meet me

Making Art Accessible to People with Dementia

THE MUSEUM OF MODERN ART
The MoMA Alzheimer’s Project:
Making Art Accessible to People with Dementia
Made Possible by MetLife Foundation
meetme
# Table of Contents

## FOREWORD
Glenn D. Lowry

## INTRODUCTION
Francesca Rosenberg

## DEMENTIA
Background on Alzheimer’s Disease

## EXPERIENCE
Meet Me at MoMA

## PERSPECTIVES
Conversations and Testimonials

- Conversation with Jed Levine and Peter Reed of the Alzheimer’s Association
- Conversation with Mary Sano and Margaret Sewell of Mount Sinai School of Medicine
- Richard Taylor: Testimonial and Interview
- Conversation with Gene Cohen of the Center on Aging, Health & Humanities and Gay Hanna of the National Center for Creative Aging
- Interview with Anne Basting of the Center on Age & Community
- Jay Smith: Testimonial and Interview
- Roundtable with MoMA Educators

## RESEARCH
NYU Center of Excellence for Brain Aging and Dementia

- Evaluation of Meet Me at MoMA

## PRACTICE
Guides for Creating Art Programs

- Foundations for Engagement with Art

  - Overview
  - Planning a Program
  - In Front of a Work of Art
  - Facilitation Strategies

© 2009 The Museum of Modern Art, New York

In reproducing the images contained in this publication, the Museum obtained the permission of the rights holders whenever possible. If the Museum could not locate the rights holders, notwithstanding good-faith efforts, it requests that any contact information concerning such rights holders be forwarded so that they may be contacted for future editions.
Foreword

The Museum of Modern Art has long been committed to ensuring that all people have access to the very best of modern and contemporary art, regardless of age, ability, or background. From the Museum’s groundbreaking rehabilitation work with World War II veterans to the wide variety of award-winning programs it offers to children and adults with disabilities today, the Museum strives to create the most inclusive environment possible for every visitor. Access Programs at MoMA directly serve over ten thousand people with disabilities annually, including individuals with Alzheimer’s disease.

The MoMA Alzheimer’s Project is a nationwide expansion of the Museum’s commitment to this audience. This initiative enables MoMA to develop resources designed to equip museum professionals, care organizations, and individual families with methods for making art accessible to people living with early and middle-stage Alzheimer’s disease.

The MoMA Alzheimer’s Project is made possible by a major grant from MetLife Foundation. The Museum is proud to partner with the Foundation in this important effort and deeply appreciates its tremendous support. A key aspect of the project, Meet Me: Making Art Accessible to People with Dementia presents the Museum’s innovative initiatives in the field of art and Alzheimer’s disease to date. With MetLife Foundation as our partner and this publication as a tool for ongoing outreach, we look forward to continued progress toward our goal of making art accessible in our own community and beyond.

Glenn D. Lowry
Director, The Museum of Modern Art, New York
“We aim to contribute to an ideological shift in the way both institutions and individuals think about Alzheimer’s disease.”

Introduction

The journey toward this publication began several years ago when we learned that there are few opportunities for people with Alzheimer’s disease to remain involved in the community and to participate in meaningful activities that can be both educational and enjoyable. Realizing the great potential for self-awareness, expression, and empowerment through the arts, MoMA began to develop programming for this audience. In 2006, we launched the Meet Me at MoMA program for individuals with dementia and their caregivers. Through the development and evaluation of this program, it became apparent that engagement with art offers participants an opportunity to enhance their quality of life through mental stimulation, communication, personal growth, and social engagement.

Meet Me provides an overview of a program unfolding in the galleries at MoMA, commentary from experts in the fields of art, aging, and Alzheimer’s, research findings regarding the efficacy of the Meet Me at MoMA program, and guides for developing and implementing art programs in a variety of settings. The accompanying kit, comprised of art modules and reproductions of works in MoMA’s collection, serves as a complement to the book. We’ve designed the modules to inspire meaningful interactive experiences that encourage participation and self-expression.

As a testament to our belief in the communicative power of art objects, this publication is illustrated with works from MoMA’s collection. Most prominently featured are works by two artists who explore the nature of human perception—both visually and cognitively. In Map of an Englishman (2004), featured on the cover, Grayson Perry grapples with the complexity of human consciousness by attempting to map the complicated landscape of his own mind. The works of Gerhard Richter, which introduce each section, visually demonstrate that what is elusive is not without great evocative power.

These works of art remind us of the overarching goal of this project. We aim to contribute to an ideological shift in the way both institutions and individuals think about Alzheimer’s disease, a move away from concentrating on deficiency toward focusing on the many rich and satisfying emotional and intellectual experiences that are newly possible.

Francesca Rosenberg
Director, Community and Access Programs,
The Museum of Modern Art, New York
Background on Alzheimer’s Disease

About Dementia

Dementia is a general term for a group of brain disorders, of which Alzheimer’s disease is the most common. Alzheimer’s disease accounts for 50 to 70 percent of all dementia cases. Other types include vascular dementia, mixed dementia, dementia with Lewy bodies, and frontotemporal dementia. All types of dementia involve mental decline that:

- impairs normal functioning (for example, the person didn’t always have a poor memory);
- is severe enough to interfere with usual activities and daily life;
- and affects more than one of the following core mental abilities:
  1. recent memory (the ability to learn and recall new information)
  2. language (the ability to write or speak, or to understand written or spoken words)
  3. visuospatial function (the ability to understand and use symbols, maps, etc., and the brain’s ability to translate visual signs into a correct impression of where objects are in space)
  4. executive function (the ability to plan, reason, solve problems, and focus on a task).

About Alzheimer’s Disease

Alzheimer’s disease is named for the German physician Alois Alzheimer, who first described the disorder in 1906. Scientists have learned a great deal about this condition in the century since Dr. Alzheimer first drew attention to it. Today we know that Alzheimer’s disease:

- is a progressive and fatal brain disease. It destroys brain cells, interfering with memory, thinking, and behavior severely enough to affect a person’s work, hobbies, and social life. Alzheimer’s disease gets worse over time and is fatal.
- currently has no cure. But treatments for symptoms, combined with the right services and support, can make life better for the millions of Americans who live with Alzheimer’s disease. We’ve learned most of what is known about Alzheimer’s disease in the last fifteen years, and an accelerating worldwide effort is under way to find better methods of treating the disease, delaying its onset, and preventing it from developing.

Today more than five million people in the United States are living with Alzheimer’s disease. That number has doubled since 1980 and is expected to be as high as sixteen million by 2050. The direct and indirect costs of Alzheimer’s disease and other dementias amount to more than $148 billion annually. According to a 2004
report that analyzed Medicare claims data, beneficiaries with dementia cost Medicare three times more than other older beneficiaries. Based on current estimates, these costs will double every ten years.

Changes in the Brain

Just like the rest of our bodies, our brains change as we age. Most of us notice some slowed thinking and occasional problems remembering certain things. But serious memory loss, confusion, and other major changes in the way our minds work are not a normal part of aging. These symptoms may be a sign that brain cells are failing.

The brain has a hundred billion nerve cells, or neurons. Each nerve cell communicates with many others to form networks. Nerve-cell networks have special jobs: some are involved in thinking, learning, and remembering; others help us see, hear, and smell; and others tell our muscles when to move.

To do their work, brain cells operate like tiny factories, taking in supplies, generating energy, constructing equipment, and getting rid of waste. Cells also process and store information. Keeping everything running requires coordination and large amounts of fuel and oxygen. In a brain affected with Alzheimer’s disease, parts of the cells’ factories stop running well. It is not known exactly where the trouble starts, but, as in a real factory, backups and breakdowns in one system cause problems in other areas. As damage spreads, cells lose their ability to do their jobs correctly. Eventually they die.

Plaques and Tangles

Plaques and tangles — abnormal structures that can develop in the brain — are prime suspects in the damage and death of nerve cells. These were among the abnormalities that Dr. Alzheimer noticed in his patients, although he had different names for them.

Plaques build up between nerve cells. They contain deposits of beta-amyloid, a protein fragment. Tangles, which form inside dying cells, are twisted fibers of tau, another protein.

Although most people develop some plaques and tangles as they age, those with Alzheimer’s disease tend to develop far more. These plaques and tangles tend to form in a predictable pattern, beginning in areas important for learning and memory and then spreading to other regions.
Scientists researching Alzheimer’s disease are not absolutely sure what role plaques and tangles play. Most believe that they somehow block communication among nerve cells and disrupt the activities that the cells need to survive.

Stages

Staging systems provide useful frames of reference for understanding how the disease may unfold. It is important to note, though, that not everyone will experience the same symptoms or progress at the same rate. On average, people with Alzheimer’s disease die four to six years after diagnosis, but the duration of the disease can vary from three to twenty years.

Patients are first diagnosed with problems related to memory, thinking, and concentration. Individuals in the early stage typically need minimal assistance with simple daily routines. (At the time of first diagnosis, an individual may have progressed beyond this stage; “early stage” refers to the extent of the disease’s progress.)

The term “early onset” or “young onset” indicates Alzheimer’s disease in a person under the age of sixty-five. Early-onset individuals may be employed or have children still living at home. Among the issues affected families must face are ensuring financial security, obtaining benefits, and helping children cope with the disease. People who have early-onset dementia may be in any stage of the condition — early, middle, or late. It is estimated that some five hundred thousand people in their thirties, forties, and fifties have Alzheimer’s disease or a related dementia.

Common Effects of Alzheimer’s Disease

Some change in memory is normal as we grow older, but the effects of Alzheimer’s disease are more severe than simple lapses. They include difficulties with communicating, learning, thinking, and reasoning — impairments severe enough to have an impact on an individual’s work, social activities, and family life in the early and middle stages. Some of the most common effects that people with dementia and Alzheimer’s disease experience are:

- **memory loss.** Forgetting recently learned information is one of the most common early signs of dementia. Some people may begin to forget more and more often or be unable to recall information at a later time.
- **difficulty performing familiar tasks.** Some may find it hard to plan or complete everyday tasks. They may lose track of the steps involved in preparing a meal, placing a telephone call, or playing a game.
• **problems with language.** They may forget simple words or make unusual substitutions, making their speech or writing hard to understand. They may be unable to find their toothbrush, for example, and ask for “that thing for my mouth.”

• **disorientation.** Some may become lost in their own neighborhood, forget where they are and how they got there, and not know how to return home.

• **poor or decreased judgment.** They may dress inappropriately, for example, wearing several layers on a warm day or little clothing on a cold one; they may be easily deceived.

• **misplaced things.** Some people may put things in unusual places: an iron left in the freezer or a wristwatch in the sugar bowl.

• **changes in mood or behavior.** Rapid mood swings— from calm to tears to anger — for no apparent reason are common.

• **loss of initiative.** Some people may become very passive, sitting in front of the television for hours, sleeping more than usual, or not wanting to take part in their usual activities.

This information has been adapted with permission from the Alzheimer’s Association Web site. For more information, please consult www.alz.org.
experience

This section presents discussions around artworks culled from actual programs in MoMA’s galleries as well as thoughts and reflections from participants and MoMA staff on their experiences. The discussions in the galleries, fragments of longer conversations, highlight poignant remarks rather than document the full exchange in front of each work. The quotations touch on how participation has enhanced the quality of life for the person with dementia, his or her caregiver, and the MoMA staff who facilitate the program.

A timeline of the Museum’s community and access initiatives is included at the bottom of this section. It provides a sketch of MoMA’s long history and its commitment to serving all audiences.

We invite you to step into the Meet Me at MoMA experience.
It's 2:00 and already there are couples seated in the lobby area exchanging greetings, hugs, and stories. The program officially begins at 2:30, but it's not unusual for people to come early. For them the visit is never just about the art or the group discussion. It's also about the ritual: going to MoMA, seeing the staff, chatting with the other participants. It's about sharing what has happened over the past few weeks, what their children are doing, where they went on vacation. But, of course, it's also about the art. “What are we going to see today?” someone asks as she walks up to the registration desk. Even these exchanges, the camaraderie, the socialization, the being-part-of, the civic pride — it's about all of that too.

“Even on the telephone the staff are different. They are not at all, ‘Oh, what are you bothering me for?’ It is quite different here. The whole program from the beginning, from the first telephone call, has been extraordinary. You feel totally welcome.” MoMA participant

**HISTORY OF COMMUNITY AND ACCESS INITIATIVES**

1929 The Museum of Modern Art is founded as an educational institution, dedicated to helping people understand and enjoy the visual arts of the time.

1937 The Museum's educational programs are founded. The first program is an art-appreciation course in the Young People's Gallery.
1942  The Armed Services Program is established to send materials and exhibitions to the Armed Services and to provide therapy programs for veterans with disabilities.

1944  The War Veterans’ Art Center is established.
“It’s even at the level of printing first names on our name tags, so that when there is back-and-forth between the educator and somebody in the group, it’s always on a first-name basis. Everything is geared to draw people in and to break down those barriers.” MoMA participant
“As I walk from gallery to gallery I find myself grinning with a strange feeling of joy. I love the Museum environment. Being there without the crowds is a gift.” MoMA participant
1972 A grant from the Edward John Noble Foundation allows the Museum to establish an Education Office. MoMA is one of the first art museums in the world to offer “Touch Tours” of original sculptures for people who are blind or partially sighted.
EDUCATOR: So what do you all see in this painting? What do you notice first?

PARTICIPANT: This is the field where they’ve been walking. And then you get the water.

PARTICIPANT: There are no people. Just grass and the water.

EDUCATOR: Exactly. There are no people.

PARTICIPANT: I see the light.

EDUCATOR: Very interesting. The light, right. Can everybody see what Jane is referring to, this light that seems to be there? Very good point. What else?

PARTICIPANT: It’s peaceful.

EDUCATOR: Peaceful, very nice. And what makes you say that it’s peaceful?

PARTICIPANT: Well, it’s very still.

EDUCATOR: Okay, that’s right, very still. It’s true, there’s not a lot of action, right? Very still. And yet just sort of a suggestion of quiet flowing water. Anything else that you notice?

PARTICIPANT: Dots. The technique.

EDUCATOR: Great, you notice the technique. Okay, so tell me about the technique.

PARTICIPANT: All the dots don’t appear as dots when you stand back, but they are in the sky, in the clouds, in the water.

EDUCATOR: That’s right. So, Mary is mentioning the dots. When we’re up close, we see the dots, right? When we move back we don’t see the dots. What’s happening to the dots?

PARTICIPANT: They’re blending in.

EDUCATOR: They are blending in. How are they blending in?

PARTICIPANT: They’re merging.

EDUCATOR: They’re merging, okay…And what’s making them merge?

PARTICIPANT: Our eyes.

1978  The Department of Education is established.

1988  Infrared listening systems are installed in MoMA’s theaters to enhance access for deaf and hard of hearing individuals.

TTY/TDD pay telephones are installed in the Museum.
1992  The Museum receives the Manhattan Borough President’s Access New York Award.

The Museum organizes its first teleconference courses for homebound individuals.
EDUCATOR: Your eyes. Exactly. Your eyes are merging them, blending them together, right? That’s exactly what’s happening. Georges Seurat did not use big brush strokes. He actually just used the tip of his brush and did these little dots. Most of the time, when artists wanted to get many different colors, they would mix them, but Seurat didn’t mix them. He put little dots of color next to each other. Very interesting move, revolutionary. So as you move away from the painting, your eyes are going to blend these dots of color together. So Seurat is really interested in color theory, and in the way we see things. The way our eyes create images.

PARTICIPANT: He’s innovative.

EDUCATOR: He’s innovative, great. And so what we want to delve into a bit is, what does artistic innovation bring, to us, to the artists, to the world? Let’s ponder that a bit as we look at this painting…
“My husband’s family lives predominately on the West Coast, and twice different members of the family came to visit, and he very proudly brought them to the Museum as his guests. That made a huge difference for him and he normally wouldn’t have done that. He looked forward to his monthly visit to MoMA. We started calling it David’s museum.” MoMA participant.

1995 The Museum offers the first art history course specifically developed for blind and visually impaired visitors.

The Museum installs touchable objects and Braille labels for the first time as part of the exhibition Mutant Materials in Contemporary Design.

A portable FM sound enhancement system is purchased to provide individuals with hearing loss better access to gallery programs.
EDUCATOR: Natalie, you’re laughing.

PARTICIPANT: I never realized how absolutely masculine these women were. (Laughter)

EDUCATOR: Oh, okay. I’m going to ask you to elaborate. I’ll repeat: Natalie said, “I never realized how absolutely masculine these women were.” What about these women makes them look masculine?

PARTICIPANT: Okay. Well, the woman to the left—well, take a look at her arm. It’s almost a man’s arm. The legs and feet are almost men’s feet. Even her long arm has a sense of strength that is not really akin to a female arm. I mean, these are brothel women, so they should be very sexy and intriguing, and yet they’re not.

EDUCATOR: Did everybody know that these were women in a brothel? What are these women doing?

PARTICIPANT: They’re showing themselves.

EDUCATOR: They’re showing themselves. They’re posing. This is a traditional idea, right? A portrait of nudes. But you mentioned that their features are not necessarily what we’d expect from women in a brothel. They’re strong, muscular; they’re manly, right?
PARTICIPANT: However, he breaks everything up. Everything is broken up, including the mask-clad faces.

EDUCATOR: Exactly. These are very geometric, right? Look at these hard angles, semicircles, triangles. And if you bring it all together, you have geometric shapes, you have color schemes, you have different perspectives. You even have a different scale, a very large painting. This was finished in 1907 and is considered one of the first paintings in a movement that becomes very famous. Does anybody know the name?

PARTICIPANT: Cubist.

EDUCATOR: Cubist, exactly. This is the beginning of what gets to be called Cubism. You see a lot of geometric shapes, you see elements within the scene from multiple perspectives, and in places we’re getting very close to abstraction, but we’re not there yet. Lots of very interesting operations wrought on painting’s tradition in this work, which we don’t have time to really cover completely, unless we spend a few days here together, which I’m sure many of us would be fine with. (Laughter) But we did touch on some very interesting aspects of the work...
VSA Arts and MetLife Foundation award MoMA the Access Innovation in the Arts Award for the Museum’s programs for visitors with disabilities.

A panel discussion on the exhibition Workspheres: Designing the Workplace of Tomorrow is the first program for the general public to include both sign language interpretation and open captioning.
“For me the joy was more watching him enjoy it so much. But he has in fact studied art more than I have. Watching him and talking to him afterward about how much he got from it — and he was so excited about it — that just meant so much.” MoMA participant
EDUCATOR: Here’s a scene, and every single person on earth has probably gone and seen one of these guys. All right, so, what do you see in this painting?

PARTICIPANT: A fat doctor. A doctor who needs to go on a diet.

EDUCATOR: A doctor who needs to go on a diet is one of the comments. All right. Everybody agrees with the fact that it’s a doctor? Yes? What gives it away?

PARTICIPANT: His white robe.

EDUCATOR: Yes! Anything else, or is that it? The title of the painting is Dr. Mayer-Hermann. So if we had any doubt, the title tells us who this is.

PARTICIPANT: I think he’s a surgeon.

EDUCATOR: He’s a surgeon, okay, because of … ?

PARTICIPANT: The light.

EDUCATOR: The light, okay, very nice. An operating room is suggested by the lights. Dr. Mayer-Hermann was actually a surgeon. You’re right. This painting is by a German artist, Otto Dix, and it’s from 1926. Dix was one of this doctor’s patients. Now, here’s an interesting thing. Otto Dix is known for...
depicting the miseries of life in paintings of crippled war veterans, prostitutes, people who were suffering. But here you get a portrait of a very well-established, respected person. But how is Dix portraying this doctor, and what do you think he’s commenting on?

PARTICIPANT: I think he has a pinky ring. (Laughter)

EDUCATOR: Wow, talk about looking at detail. You’re right, Olga.

PARTICIPANT: My mom just said he looks like a fat cat.

“You feel younger, more vibrant, when you go home … more connected with the world.” MoMA participant

EDUCATOR: Like a fat cat! Okay!

PARTICIPANT: I feel the anxiety even looking at him that you would in a doctor’s office.

EDUCATOR: That’s right, that’s right. He’s bringing out the anxiety that we feel when we go to the doctor, and the doctor’s office, especially since we’re right in front of him, right? It feels like we’re there, that he’s interrogating us, like he’s going to examine us or something. So the very interesting thing that Dix does is that he paints a frontal portrait of this doctor with all the elements seen in the office. What else?
“I realize that when you have Alzheimer’s, you don’t know if your memory is correct. The program gave me the confidence to know that I had been able to retain my appreciation of art and that I could zero in on the points that were necessary in the artwork that I was seeing. And that was important. That really was important. And to verbalize it... because first you’re talking about a perception of it, and recalling it, but then you verbalize that perception, and you are able to verbalize what that means. And boy, is that important!” MoMA participant
2003  Art inSight, a program for blind and partially sighted individuals, is launched.

MoMA pilots programs with groups of people with Alzheimer’s disease from assisted-living residences.
EDUCATOR: All right, now, everybody look at this painting and tell me, how many different kinds of shapes do you see here?

PARTICIPANT: Two.

EDUCATOR: Two — rectangles and squares. That’s it. So, very simple, because we only have straight lines. This is all straight lines, horizontals, verticals. Now, what about the colors? Tell me the colors that you see.

PARTICIPANT: Yellow.

PARTICIPANT: Red.

PARTICIPANT: White.

PARTICIPANT: And it jumps around. Broadway Boogie Woogie. We’re dancing.

PARTICIPANT: Right there. Gray.

EDUCATOR: Gray, right. So we have blue, red, yellow, the primary colors, plus white and gray. So we have two shapes, straight lines, and the three primary colors, plus white and gray. And then Jane called out its title, Broadway Boogie Woogie, and started to dance. What does this painting make you think of?

PARTICIPANT: LEGO.

PARTICIPANT: Well, New York streets.

PARTICIPANT: Buildings with lights.

PARTICIPANT: Happiness.

EDUCATOR: Happiness! Interesting. And Jane was kind of pointing to the rhythm and the flow of this painting, Broadway Boogie Woogie. This was painted in 1942 and 1943. And Mondrian was what you can really call an abstract artist, because you don’t immediately recognize something that you see in real life. But in fact he’s going to the profound structures and he’s bringing out the flow, the rhythm. Broadway suggests all that you guys were saying. Streets, buildings, lights, movement, rhythm, action, dances, people, cars, chaos, and order, and he achieves this effect with this syncopated play of colors, right? But he also does it in an arrangement that makes you think of all the things associated with a particular city, instead of just one specific element of that city, right? It’s where style and content and form really come together.
“It’s one thing to have a wonderful, rich experience for an hour and a half. It’s another thing to take something home with you from this experience that improves your life. It’s just once a month, and I say that because during the course of a month all I hear about is, ‘When do we go back to MoMA?’ First it was just the Museum, then it was MoMA by name.” MoMA participant

2004–2005 With the opening of the expanded Museum in Manhattan, extended outreach programs are created for older adults, with educators working both at the Museum and off-site at senior day centers, nursing homes, and other care organizations. The Visual Descriptions audio guide, an audio program designed for and by blind and partially sighted individuals, is offered.
MoMA expands and deepens its commitment to working with individuals with Alzheimer’s disease and their families. All MoMA Community and Access Programs educators receive training from local Alzheimer’s organizations. Educators also participate in internal professional development workshops that focus on gallery teaching strategies, artwork selection, communication techniques, and activities appropriate for people with Alzheimer’s disease.
2005 Annual Grandparents Day is established, allowing older adults — with or without grandchildren — private access to the Museum for a day of intergenerational art activities and gallery programs.

CreateAbility, a family program for children and adults with learning and developmental disabilities, is launched.

Community and Access Programs partnerships are formed with a select number of schools and community organizations.
It’s 4:00 P.M. Hard to say goodbye. It’s been such a great experience for participants and staff alike. There are smiles all around, we’re giving out Museum passes and reproductions of the works we saw, and everyone is getting ready to go. We start to head toward the elevators and back down to the lobby. Downstairs, a participant unexpectedly takes me aside. She keeps coming to the program even though her husband passed away not so long ago. They used to come together all the time and always participated and truly enjoyed it. Now, she still comes when she can, a part of the group, a part of the family. “This is so great,” she says now, during our private moment together. “You know, for two years, this was our happy hour.”

2005 Several new community programs that provide access to a host of new and intergenerational audiences are launched, including Wider Angles, Double Exposures, and Welcome to MoMA.

2006 MoMA establishes Meet Me at MoMA, regularly offered interactive tours of the collection for individuals with Alzheimer’s disease and their caregivers. The Fan Fox and Leslie R. Samuels Foundation provides important early program support.
“Then there is the fact that one has art cards to take home to reinforce the experience, and also Museum passes to come back to visit the works of art in a different environment during days when the Museum is actually open, and realizing that this is not a quiet tomb with beautiful works of art. It’s actually a living, breathing institution with an awful lot of people that revere those works of art, and the fact that you’re part of that experience is quite remarkable. That makes for a tremendous long-term experience.”
MoMA participant
MoMA receives the Ruth Green Advocacy Award from the League for the Hard of Hearing. MetLife Foundation awards MoMA with a major grant to develop The MoMA Alzheimer’s Project.

2008–2009 MoMA continues to expand the reach of The Alzheimer’s Project. By June 2009, MoMA educators have held workshops and training sessions in fifteen states for staff from over fifty museums.
This section features conversations with leading authorities in the fields of Alzheimer’s disease and creativity and aging. It begins with an etching by Grayson Perry in which the artist attempts to map the landscape of his mind.

Two national advocates describe their experiences of living with Alzheimer’s disease and provide insight into the disease’s effects on daily life and cognitive functioning and the inherent need for self-expression of those affected by dementia.

Interviews with professionals in the fields of art, aging, and Alzheimer’s disease give a sense of the importance of and potential for personal growth for older adults in general and individuals with Alzheimer’s disease in particular. The conversations focus on the benefits of meaningful programs for individuals, families, professionals, and institutions, as well as society in general.
Grayson Perry once described *Map of an Englishman* (2004) as illustrating his “prejudices, fears, desires and vanities.” The extraordinarily detailed map of an island, etched in the Tudor style, represents the complex geography of the artist’s consciousness. The names given to the various regions, buildings, and seas that define the landscape are at times comical—Aliens, Argh; sweet—Tender, Romance; and bleak—Loss, Regret, Frozac.

The work’s tone can be unsettling: the areas labeled Normal, Love, and Easy are so small they can be easily missed, while Fear is a large and prominent area, ominously darkened by a dense forest of trees. Through this cartographic self-portrait Perry invites viewers to intimately share in his hopes and neuroses and consider both the breadth and the intricacy of human experience.
Conversation with Jed Levine and Peter Reed of the Alzheimer’s Association

Jed Levine is Executive Vice President and Director of Programs and Services at the Alzheimer’s Association, New York City Chapter.

Peter Reed, Ph.D., is former Senior Director of Programs at the Alzheimer’s Association National Office.

MoMA: In your experience, what are some of the programs or services that people with Alzheimer’s disease are asking for?

Peter Reed: I think one of the things that came out loud and clear when we conducted our town hall meetings and heard directly from people with dementia was that people are looking for ways to remain involved in the community and to participate in activities that they enjoy in their daily life. It gets fairly complicated, though, because there’s the stigma that’s associated with the disease, and there’s almost resistance on the part of everyone else to allow them to continue to maintain their relationships, to maintain their friendships and their connections with other people, to remain a part of community organizations that they’ve been a part of. They are looking for new opportunities and different things that they can do that are specific to them as people with Alzheimer’s disease.

MoMA: How would you characterize a successful activity or program?

Peter Reed: There is a need for programs that are not necessarily therapeutic but that engage people socially and give them an outlet, programs that give them an opportunity to express themselves, to connect with others who are going through a similar experience, and to maintain meaning and dignity in their lives. It is really very important, and it’s something that people with early-stage Alzheimer’s disease are telling us they really need and want, and there aren’t a whole lot of programs around the country that enable them to remain active in that way. It’s certainly something that needs to be developed, and where there are ideas and models, such as the one MoMA has developed, they need to be disseminated more widely.

Jed Levine: We are not solely cognitive beings but have social, creative, and emotional sides that can be nurtured through programs. No one is claiming that museum programs delay progression of the disease, but they do improve quality of life and may have a secondary impact on depression and isolation.

MoMA: You have both mentioned a need for programming with a social component. How important is community building when it comes to this population?

Jed Levine: Part of our goal at the N.Y.C. Alzheimer’s Association is to create a sense of community to combat isolation. MoMA creates that sense of community, too. Part of it is the nature of the educators — caring, compassionate, and smart. People with dementia are accepted for who they are, and everybody can relax and enjoy the moment together. All people need meaning in their life.

Peter Reed: Art museums are natural gathering places where people can come together, share their experiences and ideas, and get beyond the disease, which I think is really nice. It’s not a support group, you’re not talking about Alzheimer’s disease. You’re just expressing
yourself and enjoying a discussion about a great work of art—something that is very creative and inspiring to others—it allows people to continue to flex their creative muscle.

**MoMA:** What should museum educators know or understand about people with early-onset or young-onset Alzheimer’s disease? Is there anything about this sector of the population that is different than those who are diagnosed later in life?

**Peter Reed:** The experiences of younger people with the disease really relate to where they are in their life course, now that they are experiencing cognitive challenges. So, for example, many of them probably were working, many of them probably have young children, and so there really is a different experience. Also, they’re unable to access a lot of the federal funds that are available for medical care. I think that the most important thing in terms of programming is recognizing that if there are younger people that want to participate, that’s great, but they also need to acknowledge and embrace the fact that there are older people there as well. The dynamic between an older person and younger people with different needs can sometimes be a challenge. The museum educators need to make sure that people are being mutually respectful and patient with each other.

**MoMA:** What do you think that all participants, regardless of age or cognitive ability, take away with them after the program?

**Jed Levine:** I believe that there is an emotional carryover from a museum program. It’s an enormous gift to give people, especially for lifelong patrons of the arts: an important part of who they are and an opportunity to normalize their lives again, to share the museum’s wonderful richness, to regain that relationship when there’s no Alzheimer’s in the room.
Conversation with Mary Sano and Margaret Sewell of Mount Sinai School of Medicine

Mary Sano, Ph.D., is Director of the Alzheimer’s Disease Research Center and Professor of Psychiatry at Mount Sinai School of Medicine, and Director of Research and Development at James J. Peters Veterans Administration Medical Center in New York.

Margaret (Meg) Sewell, Ph.D., is Assistant Clinical Professor of Psychiatry at Mount Sinai School of Medicine and Director of Education Core at the Alzheimer’s Disease Research Center in New York.

MoMA: Based on your research, do you think that there is value for individuals with dementia in engaging with art?

Mary Sano: I’ve observed MoMA’s program, and the thing I am most impressed by is the positive engagement between the person with Alzheimer’s disease and the educator and their caregiver. You can see them become more verbal, more engaged.

Meg Sewell: Interestingly, memories that are visually encoded are very vivid and can be easily stimulated, so you look at a painting and you may suddenly remember a house you had on Cape Cod when you were fourteen years old. Research has shown that memories that get encoded visually versus just aurally are very powerful, both in normal aging and in patients who have cognitive impairment. Consequently, visual stimulation is very powerful. It may also trigger visual memories that a person may not be able to expand upon verbally.

MoMA: What research has been done that validates this notion?

Meg Sewell: There’s been some research on patients with dementia — again, not just regularly aging people — and music therapy and art therapy, very broadly defined, that has shown interesting changes in cognition, sustained attention, behavioral symptoms, self-esteem, increased socialization, and sense of well being, which is important, but a lot remains to be understood. The point I want to make is that I think it’s good that the outcomes are more quality-of-life or person oriented, rather than focusing on improving performance on memory tests. I don’t think we need to say, “Ugh, well, there’s no scientific proof that this works, because you didn’t remember words on my memory test after you participated in one of these programs.” I think it’s much more reasonable and important in the long run to focus on quality-of-life outcomes. They’re more meaningful, they’re more practical, and they’re more realistic for this group of people.

MoMA: In terms of Alzheimer’s disease and other dementias, do you know of other non-pharmacological treatments that are being explored?

Mary Sano: There is a lot of interest in keeping individuals engaged in socializing activities. The thing I’ve been particularly impressed by in MoMA’s program is the training of the educators who understand that the individuals may have some perceptual difficulties. So they help them find their way through the picture by pointing out objects and drawing their attention to certain things.

MoMA: Both of you have observed the Meet Me at MoMA program. What advice would you give to museum staff who plan to work with this audience?
Mary Sano: I was really struck by the fact that the program didn’t depend on a person’s specific history with art. I thought it was very mature and respected the individual. The educators acknowledged that people had lives and histories before they came to have a disease, and they called upon that. I thought the program was highly structured and planned. There was enough staff, spaces, and resources so that the people who were there had the full attention that they needed. It’s done on a day when the Museum is closed, and everybody can sit. It’s physically manageable, and the groups aren’t large. You can’t take those things for granted. I think that those are the features that make people more likely to attend. Keeping it at that level is really, really important to make it successful.

Meg Sewell: A successful experience involves interaction with a sense of humor, along with redirection and validation of the patient. Tangentiality, getting off topic, is a big issue in this population, so you may be talking about the use of color in a painting, and someone will say, “I wanted to paint my room red, and they wouldn’t let me.” It’s okay. That’s their own association. Help guide them back, or feel free to go off on their tangent—sometimes their tangents are more interesting than what you were talking about anyway! Most importantly, be sure to validate whatever it is that they’re able to bring to the program in any way that you can.

MoMA: What should educators know about the early versus the later stages of the disease?

Mary Sano: When I saw MoMA’s program, there were both early and more impaired individuals there, and I was impressed with what appeared to be real positive experiences even in the more impaired individuals. I think it’s so obvious when you see the faces of the people participating in that program that it has great value. You don’t have to make people’s memories better. You just have to give them a chance to have a nice time with someone that they’re spending time with.

MoMA: Why is early diagnosis so important?

Meg Sewell: You want to offer patients and their families an opportunity while the patient still has autonomy to make choices about their life: to talk about end-of-life care, advanced directives, finances, family issues, living arrangements, for them to be able to participate with dignity as a person in their future and engage in the world around them, in programs like this, while they still have the ability to do that.

Mary Sano: We know that one of the toughest parts of this disease is keeping family members and partners engaged with the patient. These programs offer an activity that they can share and enjoy and allow them to keep their bond strong so that the caregiver is then able to keep caring for the patient, maybe in another moment in time when they’re more difficult, when they are having more problems or when they feel fatigued themselves. I think that’s really where the strength lies.

MoMA: Do you see a role for the medical community in supporting, promoting, and expanding these types of programs?

Mary Sano: I’m not exactly sure what role they can play, except to encourage people to participate. I think that in some ways some of the advantages to such programs is that they de-medicalize individuals with a disease and allow them to go back to being the person they once were.
Richard Taylor
Ph.D., is the author of *Alzheimer’s from the Inside Out.*
My name is Richard Taylor. I live in Houston, Texas, and for the past few years I have been living with the symptoms and diagnosis of dementia, probably of the Alzheimer’s type.

For as long as I can remember, I have feared snakes. I have at one time or another in my life feared polio, shots, tall women, death by suffocation, failing a spelling test, asking a girl to go out with me, the atomic bomb, going to weddings where aunts would kiss me, and did I mention women who were taller than I?

I am older now, we have all but eliminated polio as a disease in the world, shots don’t bother me, frankly I seldom run into women who are taller than I, I still become anxious at the thought of drowning, I don’t have to take spelling tests (thank heavens for spell check), I’ve learned to live with the bomb(s), I can now outrun most of my kissing aunts,
and most all of my family is through getting married (or at least I hope so as far as my own children are concerned).

So what’s left for me to fear? I’m not concerned with being stalked by lions or dinosaurs. I’m large enough that street criminals don’t present much of a threat to me. However, most unfortunately for me, I now am living with the disease of dementia, probably of the Alzheimer’s type. I AM PROBABLY MORE FEAR-FILLED NOW THAN I HAVE EVER BEEN IN MY LIFE.

I am fearful of tomorrow, and tomorrow, and tomorrow. I am beginning to be fearful of my todays. I am fearful of myself and my ability to know what is going on within and around me. I am fearful that I am now leading a purposeless life; I’m just waiting around for the disease to take its toll on me. I am fearful of others because I sometimes know, and sometimes suspect, that those
Interview with Richard Taylor

**MoMA:** Richard, how do you think art and, more specifically, engagement with art can be beneficial for people with dementia?

**Richard Taylor:** First let me talk about self-expression and dementia. The idea that you’re losing your cognitive abilities is very destructive to your self-esteem and your self-image, that you’re losing control of the most fundamental of all processes: how your brain works. And both directly and indirectly that lesson — both the opportunities and your willingness to be self-expressive — causes people to pull into themselves. They do this because other people tell them they’re saying good-bye to them, and so when you’re saying good-bye, it’s not the time to get into a long conversation. And because they can see it in other people’s eyes, people don’t have a value for themselves. So over time I think they just stop thinking about themselves, and pull into themselves.

Concurrent with that and the disease process is losing some of your inhibitions, that is, the things that kept you from being as self-expressive as you might have been earlier in life. That’s just a fact of what’s happening in your brain. So, the very time you can be more self-expressive is the very time when you’re less self-confident to be self-expressive, but the self-confidence has nothing to do with your ability to draw, or write, or read, or sing; it’s a much deeper level of loss of confidence. All these programs that are beginning to blossom in the arts are all addressing and creating opportunities for people with dementia to be self-expressive in ways that they’ve never been before, and it’s easier for them to be that way as they’re not inhibited with their form of expression.

**MoMA:** I would even add that when one loses some inhibitions, when one doesn’t have certain controls, let’s say, one can really do very interesting work.

**Richard Taylor:** Yes. But then there’s a parallel force — a kind of an anti-self-expression force going on at the same time.

**MoMA:** Do you mean within the person?

**Richard Taylor:** Yes. As the person is feeling insecure about themselves — about their future — they’re full of fears.

**MoMA:** In the past you’ve said that being diagnosed with dementia is quite different than being diagnosed with other illnesses. What do you mean by that?

**Richard Taylor:** When you’re diagnosed with dementia of whatever kind, everybody goes home and cries. Everybody is just worried about how bad it’s going to be. And that really makes it very difficult to deal with it, and makes it fundamentally different in how people respond to it. There’s a hopelessness about it. Nobody thinks that there is a way to compensate for what’s happening.

**MoMA:** When describing your own diagnosis, you often say that you’ve been diagnosed with dementia, probably of the Alzheimer’s type. How do you characterize what is called “Alzheimer’s disease”?

**Richard Taylor:** It’s not a discrete process in human beings. It’s not a foreign process. It’s not like it’s introduced where you have a virus or a bacteria. We don’t know what causes it. We don’t know its progression. We don’t know how to differentiate it from the other fifty forms of dementia, right? It may just be the natural response of aging brains, because no two brains are exactly the same in terms of how they work.
around me are not being truthful with me. In fact it would be easier to list what I am not fearful of: my family, my granddaughters, my dog, my garden, the Dalai Lama, and a few other people and things.

I have many fears about what is going on inside of me. I fear I am losing control of what rightly or wrongly I have long thought I was in control of: me, who I am, how I am, how I think, what I think about. It all seems up for grabs now. What happens when I lose confidence in my ability to think… when I begin to suspect and then confirm that what I thought was true was in fact not true—at least in the eyes of most others—when I know my thoughts are confusing rather than clarifying to me?

I’m fearful of my own self. I’m fearful of not knowing who I am. What’s going on around me, my sense of a lack of control, lack of knowledge of myself and my world.
We get these variances in how people grow old. Just because one person is ninety-one and has all their faculties doesn’t mean that that’s the gold standard, and that’s how everybody should be, and everybody who is not is diseased. They may not be diseased at all. It’s the wrong way to look at them.

MoMA: Coming back to the idea of art and expression, do you think that social institutions and society at large might also be discouraging people with dementia from exploring their expressive sides?

Richard Taylor: Well, yes, they’re not encouraged to do it, even by their caregivers, because there’s this sense that they’re fading away, that they’re damaged, that they’re losing themselves, and you don’t want to embarrass people by pointing out their deficits. You just don’t engage them. People will say to me, “I didn’t call you because I didn’t know what to say on the phone.” They don’t want to embarrass me, but actually they don’t want to embarrass themselves by asking me a question that I can’t answer because I can’t remember or I don’t understand it.

MoMA: You are an advocate for creating meaningful programs. What should people creating these programs take into account?

Richard Taylor: They should be thinking about their belief in the possibilities within people who have dementia for original thought, for a metaperspective on themselves, for personal growth. People who have dementia are not perceived as having the capacity to learn anything new. They’re just hanging on to what they had, and everybody’s job is to hang on for them or with them. The idea that you can be failing cognitively and still learn something new is foreign to most people, and I see it as potentially very satisfying to people who know that they’re failing, that they can also realize they still have the capacity and the desire to learn something new, feel something new, to have an insight that is original and that other people honor.

MoMA: How do you see that translating to museum programs, specifically?

Richard Taylor: People in museums should be sensitive to how people with dementia need to be — I call it re-abled. People who come in might be beaten down because nobody’s had a conversation with them in a year or two years or five years about anything other than what they want to eat for dinner — that’s probably true of half the people who come to the museum. They need a more tolerant audience than the general population.

MoMA: You mentioned that it is often thought that people with Alzheimer’s disease cannot function at an abstract level, that they cannot learn. Which common assumptions related to Alzheimer’s disease do you believe are myths and which are really legitimate?

Richard Taylor: There are two dynamics going on with dementia. One is that people can’t recall things, they forget things; and the other is that the process that recalls things is not functioning properly. The things are there to be recalled; they either can’t access them — they learn something, but now they can’t remember it — or they learn something but when they access it, it comes back in a different form, so they actually unlearned it as they’re re-processing. It’s a myth that people in an IQ sense get dumber as they get Alzheimer’s. It’s a myth that they can’t understand, but it’s a reality that they forget quickly. It’s a reality that they recall things in different ways than they have actually learned them because they may not recall them accurately. That’s not justification for not teaching them something initially. Unfortunately though, that’s what happens — people just give up.
I’m fearful of my own shadow because I don’t know who that is who sometimes follows me around morphing from a giant to a dwarf as I change directions when walking.

So how can you empathize with my situation? You who are still scared of snakes, losing your job, that your hair is falling out, that you have bad breath? I don’t mean to diminish the importance of your fears; I just want you to ponder the ultimate fear, fear of watching yourself, as you know yourself and as others know you, die, morph into someone no one knows and perhaps no one including you may particularly like or love.

I just want you to ponder how it feels to be out of control of your thought process (and sometimes be aware of it, and sometimes not be aware of it, and never know what state you are in), to not trust what you see, hear, smell. This is my world. This is what is going on between my ears some of the time.
MoMA: You’ve worked a lot with different associations, institutions, etc. What can be done to change thinking about Alzheimer’s disease at an institutional level? How do you think cultural organizations can assist in helping people work through the disease differently?

Richard Taylor: Frankly, I think there’s a very paternalistic attitude with a lot of institutions; you know, “Isn’t it amazing that somebody with Alzheimer’s can paint? Oh, there’s still something left, isn’t it amazing,” as opposed to it was always there and has never left. Most organizations are caregiver-driven, caregiver-focused, caregiver-peopled. I think museum programs can help caregivers get a better perspective on their loved one as a whole person because you’re giving them the opportunity to actually watch their loved ones talk to other people and act like a whole person. You’re also presenting the opportunity for individuals with dementia and their caregivers to become socially networked with others.

MoMA: For assisted-living facilities, nursing homes, etc., making trips to a local museum or gallery can be incredibly challenging. How do you think we might convince the staff at these facilities that these trips are worthwhile?

Richard Taylor: I think you have to sit down and try to find a kindred spirit there who understands—who appreciates that this isn’t a field trip, this just isn’t an exposure to the market or a show. This is really an exercise in self-expression. That’s how you have to say it. This isn’t a “go look at the art”; this is a “go look at yourself,” and the art is just a stimulus for that. You’ve got to break the mind-set that this is a field trip, just going to observe something. You have to distinguish for them the difference between purposeful activities like going to a museum and other activities like going to a show or festival. This is an opportunity for self-expression. People participate in this; they help define it rather than just observe it; they are not just a part of it, they are “it.” They are what’s happening in it. It just happens in front of a piece of art.

MoMA: Richard, one last thing before we go. How are you feeling these days? How is this disease transforming or affecting you?

Richard Taylor: I’m much more scattered than I was when you last saw me, but I can sit down and still have a conversation like this. I loved this. It’s reaffirming to me, but I won’t be able to recall most of what I said now, because I used to be able to do that. These insights just sort of come and spill out, and then they’re gone for me.
Conversation with Gene Cohen of the Center on Aging, Health & Humanities and Gay Hanna of the National Center for Creative Aging

Gene Cohen, M.D., Ph.D., is Director of the Center on Aging, Health & Humanities at The George Washington University, Washington, D.C.

Gay Hanna, Ph.D., M.F.A., is Executive Director of the National Center for Creative Aging, Washington, D.C.

MoMA: Dr. Cohen, why don’t you begin by talking a bit about your research into memory and the imagination.

Gene Cohen: We’re born with no memories, but we’re immediately responding to things that are stirring our imagination. Similarly, when memory is going, the capacity for imagination is still there, so even in the absence of understanding something from the perspective of specific memories — concrete facts — the imagination helps people enjoy what they’re looking at. When we enter middle age the two hemispheres of our brain begin to work more closely together. Prior to that, we used them both, but depending on the task, we would use left-brain more for some activities, and right for others. It’s not the same as what people sort of narrowly saw as right-brain versus left-brain people. It’s not at all that simple. Everybody uses both sides, but in middle age they begin to use both sides of the brain together. I’ve described it as moving to all-wheel drive. I’ve also suggested that any activity that uses
both sides of the brain optimally is, in effect, savored by the brain. It’s like chocolate to the brain. It’s like you have a new capacity or skill. One of the things that people don’t realize that’s also going on here is that with the dementia people still have their imagination. Especially if they’re beyond mid-stage or early dementia there’s still a lot of capacity; in mid-stage, where there’s a lot of impairment, the imagination is stronger than the memory.

MoMA: What can arts programs offer people with dementia and their caregivers?

Gay Hanna: The power of art to engage is clinically so very strong, in terms of serving people with Alzheimer’s and memory loss. The energy coming from the visual art itself engages in ways that are so unexpected, and actually they’re quite mystical, so I don’t think anyone really knows why this happens. The ability of the museum educators to break through and engage, always with the highest expectations, I think that is what we are finding is so important in our work.

Gene Cohen: There’s been such a shortage of quality-of-life experiences for individuals with Alzheimer’s — still you hear that there’s no treatment for Alzheimer’s disease and it’s such a narrow use of the term. It means that right now we don’t know how to prevent it; we don’t know how to cure it; we don’t know how to stop it. But there are all kinds of treatments that affect your quality of life and, in that broad spirit, what museums like MoMA are doing is a major contribution. They’re getting people out; they’re mobilizing the caregivers as well as the patients.

MoMA: If you were trying to convince a museum to begin a program like Meet Me at MoMA, what would you say?

Gay Hanna: That it’s highly replicable and can be adapted to any museum of any size. It serves an untapped demographic that’s huge and that’s growing, and it will build new partnerships and awareness for the museum and what it can do. I think it’s a very easy sell. I think the challenge, which is being met beautifully by MoMA, is coming forward with that clear, replicable model. Programs such as Meet Me at MoMA are really changing the whole paradigm of aging — from aging as a time of loss to aging as a time of gain and growth.

Gene Cohen: People want to tell their story. This is a period of life where you see a growing interest in writing autobiography, memoirs, genealogy, so this storytelling about one’s life is normalizing, and also, in general, a lot of people who attend theater, opera, concerts, and museums are older persons, so it’s normalizing in that sense to do so. I think museum programs are a terrific thing to do and help both the patients and the caregivers. These are the types of things that people remember; they eclipse the many ugly and depressing and distressing experiences. Having an upbeat experience, that’s what most people tend to remember. It displaces a lot of the garbage in the memory.

MoMA: How do you see these types of programs affecting society at large?

Gay Hanna: There’s a growing field in education called geragogy, which focuses on learning and teaching in later life. This is all emerging because our demographics are changing so dramatically, and will be for decades. We are interested in people living longer and healthier lives, and even if they aren’t so healthy they need to have a way to be engaged and to find meaning and purpose. We as a society need to change our expectations.
Interview with Anne Basting of the Center on Age & Community

Anne Basting, Ph.D., is Director of the Center on Age & Community at the University of Wisconsin-Milwaukee.

MoMA: Let’s start, if you would, by talking about why it’s important to bring art — in its broadest context — into the lives of people with Alzheimer’s disease.

Anne Basting: It’s important for the reason that art is important in anyone’s life. It’s a way of thinking and a way of experiencing the world, and a way of expressing yourself for anyone, so in some ways you go back to the inherent value of art, in general. I think the shocking thing really is that people have assumed that this wasn’t possible for people with dementia.

MoMA: And why do you think art can be so effective when working with this audience?

Anne Basting: I think one of the reasons it’s particularly effective for people with cognitive disabilities is that rational language and communication is exactly what it covers. Art offers emotional communication and the opportunity to train not only the people with dementia how to communicate emotionally, or how to use their remaining capacity to do so, but also to train the staff and caregivers who do the same thing. So, you’re basically creating a mode of communication or a way for people on both sides of the care partnership to communicate through the arts, which is essentially emotional communication.

MoMA: How do you define success in a program?

Anne Basting: I think it is improved well being and quality of life for both sides of the care partnership. When you’re able to increase the sense of well being and the quality of life, you’re enabling people to make choices longer.

MoMA: What aspects of quality of life could these programs address?

Anne Basting: The vast majority of people are cared for at home, and the vast majority of them don’t have any services at all. They’re off the radar; we don’t even know about them in aging services. These are the people who, if they heard that a cultural institution had a program, could be in a potentially life-changing situation. Over and over again we hear, “My friends never come around anymore; our family lives too far away.” There’s no socialization, which is so crucial, and there’s no inspiration. That’s one of the things about art; it can inspire you to think beyond your situation. So I think making cultural institutions, including art museums, part of the solution and part of the support network can have a dramatic difference on the experience of caregiving.

MoMA: What effect has your work with individuals with memory loss had on you on a personal level?

Anne Basting: In this kind of work, it’s really crucial to recognize a couple of points. One is that people with dementia are capable of growth and skill building, really, truthfully, at any point. If you begin where they are, they can build skills, grow, and understand themselves more through their own self-expression. The second is that it’s a reciprocal process, not you doing charity work. There’s an incredible opportunity for the facilitator to grow as well. If you look at it as one dimensional, you’re going to miss out on a rich, rewarding experience. I do think that people with memory loss and dementia, and people who are in
situations of struggling with loss, offer a unique view on life. They bring you into the present moment in a way that you otherwise might not be in the world of Black-Berries, calendars, instant communication with other people, and forward-driving productivity. It’s almost as if because you’re trying to be in the world of the person that you’re interacting with, they’re giving you the gift of that real-time moment. They remind you of the importance and the essence of human connection and communication, and that’s a really powerful place to be. They also see the artwork through that same lens, and it’s a really valuable way to see the world.

**MoMA:** How does this audience differ from other groups you’ve worked with?

**Anne Basting:** They are vibrant members of my community, and this is really no different than all the other work I’ve done with other groups. We had to change communication techniques a little bit, but it’s not a huge shift. As with any different type of group, you’re exposing yourself to a different view of the world.

**MoMA:** I’m thinking about the feedback that we have received from caregivers who take part in Meet Me at MoMA, and one thing that they seem particularly thankful for is that when they come to the Museum, the condition of their loved one, their memory loss, is a nonissue. I think what programs should strive for is this idea of normalcy.

**Anne Basting:** I think that’s exactly right, and there’s actually some research on that. One of the things that happens is that, as a family caregiver, it’s as though nothing exists other than that disease, it completely consumes your life. To get out and get into a place where the disease doesn’t even feel present, where you don’t have to think about it for that time, where you’re being honored and inspired instead, and invited to express yourself — that is a huge relief.

**MoMA:** How could cultural institutions contribute to this process of reducing the stigma surrounding the disease?

**Anne Basting:** Why should we set up this parallel universe for people with dementia and their families?

Why should they go to adult day centers when they — living at home — can actually use their own cultural institutions for support? In some ways the role of institutions is to serve their community, and this is in many ways just another group within the community.

**MoMA:** This is really a societal issue. How can we bring about this cultural transformation?

**Anne Basting:** I think the whole key is in mainstreaming, because imagine if — and this actually happens, because enough people are experiencing this in their lives — the waitress at the corner diner actually knows exactly what you’re going through, because her grandmother has it. So when you go down to the corner diner to have your ritual mid-morning cup of coffee and a doughnut with your husband, it’s fine. You are in a safe place, where you don’t have to worry about editing him, or that people are going to give you the hairy eyeball. It could be the same thing at cultural institutions. There may be a time when this kind of training is just normal for staff, so you just can go and not worry, you know? That’s the whole thing — and it feels like it’s happening pretty swiftly, and it can make all the difference in the world.
Jay Smith

is a former architect and an advocate for Alzheimer’s disease research and programming.
I had no idea that I had been dealing with memory loss or anything related to Alzheimer’s for several years. My diagnosis was a complete surprise. I had gone on disability from work a year and a half earlier because I was just too tired to work anymore.

After three months of seeing doctors, we had no answers except a false diagnosis of mild sleep apnea, and Alzheimer’s had been ruled out by a neurologist. So I was at a dead end. When I finally got the diagnosis, my wife, Marilyn, and I kind of gulped. “My God, Alzheimer’s. You know, I’ve heard of that. What do we do?” And so we went directly from the doctor’s office to a Barnes & Noble.

We combed the shelves and came away with four or five books on Alzheimer’s and began our reading, thinking, “We’ve got to find out about this. Now we know what the answer is to what I’ve been dealing with for the last two or three years, let’s start dealing with it.
Let’s start finding out what it is, what the choices are.” We hit the road running. There was no period of denial. There was no emotional reaction. It was a relief to have an answer. And so what began was a new life of taking my life back.

Today I think of myself not as an Alzheimer’s patient, but as a person living my life with Alzheimer’s disease. I’m starting to get comfortable with it, and during the three years since diagnosis, I’ve become an advocate, committed to changing the face of Alzheimer’s, eliminating stigma, increasing awareness, and influencing public policy.

I believe that exercise, good diet, stress reduction, support groups, socializing, and staying active are powerful tools we can use now to fight the disease while researchers continue their quest for better treatments. I don’t put my energy into hoping for a cure in time for me. I turn my attention to living
Interview with Jay Smith

**MoMA:** Why don’t you begin by telling us briefly about how you reached your diagnosis.

**Jay Smith:** When severe fatigue abruptly ended my professional career four years ago, I began to completely refocus my life. My career as an architect had been focused on planning and designing buildings for the justice system throughout California and the West.

My disability began an intensive search for the cause of my symptoms that quickly came to a dead end three months later with no answer. Over the next year I began to refocus my life as part of a holistic mind-body-spirit approach to taking care of myself. My return to doctors after that year-long hiatus came as a result of my fight with my disability insurer for my disability income benefits. In denying my appeal, the insurance company offered to keep my claim open for ninety days to allow me to submit neuropsychological test results in support of my assertion of cognitive impairment. I found a neuropsychologist and took the tests. The tests clearly indicated memory loss, and he recommended we see a doctor to find out the cause. We made an appointment to see my doctor. Upon reading the report, he told us I probably had early Alzheimer’s. He started me on Aricept, ordered a PET scan, and gave me a referral to a neurologist to review its results. It’s good for patients to know what’s wrong with them and to be able to take charge of their lives.

**MoMA:** What we hear a lot is that people who have Alzheimer’s disease or dementia can become apathetic and go into a shell. You, on the other hand, are very active and driven.

**Jay Smith:** Through my advocacy and media outreach, I am doing everything I can to put a new face on early Alzheimer’s disease, learning and demonstrating that there is lots of living to do and much to contribute while living the hopefully many productive years available after diagnosis, and helping to change the conventional mindset about the disease, demystify it, and reduce the stigma.

As we confront the wave of aging baby boomers, who will be getting their diagnoses earlier, while having many years of living still ahead, the Alzheimer’s community must now embrace the new, public face of early Alzheimer’s and finally overcome and put an end to the widespread counterproductive, even crippling, belief that there is nothing we can do.

**MoMA:** What do you think are some of the prevalent myths associated with the disease that are contributing to the stigma that surrounds it?

**Jay Smith:** In the history of the disease, people have typically been diagnosed pretty far along. The prevalent myths about the disease are based on that, that people are already gone, sliding down the slippery slope of losing their minds. It’s important for the patient to know what’s wrong with them once they begin experiencing symptoms. In the future, we’ll even be talking about how important it is for them to know way before they even have symptoms. The person in early diagnosis can take up the lifestyle changes that are known to improve brain plasticity. And if we don’t diagnose people earlier, then how are we going to test promising drugs’ effects on the very early stages?

**MoMA:** Have there been benefits — as strange as the question sounds — to knowing that you have Alzheimer’s disease? Has your attitude or behavior changed since diagnosis?
this life. But medical science is starting to say that we can improve our health and possibly slow Alzheimer’s progression with a vigorous program of good diet, exercise, and stress reduction, and that a healthy-heart lifestyle is the best strategy for a healthy brain. I take medications to treat my symptoms, attend three support-group meetings, and do volunteer advocacy work for the Alzheimer’s Association in Los Angeles. But my best therapy is traveling with my wife, playing guitar and mandolin, attending music camps, singing in a choir, reading, and meditation.

My own personal mantra—and my advice to others who are just beginning the course that I began three years ago—has become “Live your life as if there’s no tomorrow, and treat yourself so you will have as many tomorrows as possible.”
Jay Smith: Oh, yes, absolutely. It’s refocused me on the importance of enjoying life, being present, and being connected with my family and my friends. I’m enjoying my music — mandolin lessons and my chorus — which started about a year or two before the disability. It’s caused me to completely change my priorities. I just got in touch, through this process, with what my real underlying life’s priorities were. As it became clear, it came down to four: commitment to family; commitment to self-expression, my own self-expression through music and singing and so forth; commitment to lifelong learning, which now looks like a bookshelf full of information on Alzheimer’s, natural healing, mind-body-spirit meditation, and yoga; and then, finally — let’s see, oh yeah, this has always been a footnote, and I’ve avoided it all my life — service to community, giving back. That one was kind of a surprise to me, because it’s like I’ve always resisted that.

MoMA: Why had you resisted it, and why do you think it kicked in now?

Jay Smith: Well, it kicked in now because with my experience I have so much to share, and so much I can impact, improving the lives of thousands, if not hundreds of thousands of others like me.

MoMA: You spoke earlier about your own artistic endeavors. What do you think could be the benefits in general of engaging in forms of self-expression?

Jay Smith: There’s a lot of science about this, creative expression itself, and it includes that whole orb — creativity, self-expression, living in the present. Art, self-discovery, and creativity are an important part of that. Talk about putting you in the moment — it really does it. I wish I could quantify the benefits for you. It just gives me a reason to get up in the morning.

MoMA: What do you think museum educators, or anyone else working with this population, should know or understand about people with Alzheimer’s disease?

Jay Smith: In many ways, people living with early Alzheimer’s are no different. We want to learn about and enjoy beautiful and inspirational objects and ideas. But we are different in some special ways. It can be very difficult for us to hold more than one idea at a time. It is nearly impossible to multitask. Reading a book takes more time, as we have to go more slowly and read paragraphs over and over. Following a plot line in a movie is getting tougher for me. Focusing on an abstract idea might be challenging for some. So concepts should be presented clearly and directly. Select and emphasize a main theme or idea, and describe it forcefully. Present one idea at a time.

MoMA: What do you think a museum program, specifically, can bring to people?

Jay Smith: Most people don’t go to the art museum very often, and probably not as often as they should for their own good. Experience of art is important to self-discovery, so that brings us right to what we’re talking about. Any program should be geared to opening people up to appreciate the beauty in the natural environment and in the man-made world — whether it be music, art, design, nature, animals, whatever it is, and extend the experience of art into everyday living. I think you’ve really come down to a question for me to continue to ponder. It sort of brings us back to the issue of self-discovery, finding your true self.
Roundtable with MoMA Educators

Wendy Woon is The Edward John Noble Foundation Deputy Director for Education.

Francesca Rosenberg is Director of Community and Access Programs.

Amir Parsa is Manager of The MoMA Alzheimer’s Project.

Laurel Humble is Assistant for The MoMA Alzheimer’s Project.

Carrie McGee is Assistant Educator for Community and Access Programs.

Wendy Woon: Why do you think Meet Me at MoMA is an effective program?

Carrie McGee: At a basic level, engaging with art is fitting for people with memory loss because it does not require the use of short-term memory. Works of art—for the most part—are stationary objects. They don’t move or change over time. Beyond that, engagement with art triggers both intellectual and emotional stimulation, and individuals with dementia are perfectly capable of responding to both types.

Francesca Rosenberg: Art also engages because it enables people to tap into the imagination. Even though memory may be affected by the progression of Alzheimer’s disease, the imagination is still alive and rich. Art can serve as a tool for allowing the mind to roam. Whatever the medium—painting, sculpture, photography, and so on—and whatever the genre,
representational, abstract, expressionistic, etc., the works can serve to stir the imagination.

Amir Parsa: People talk about art as if it is clearly definable, as if it’s all the same thing. It’s in fact sometimes difficult to point out what these objects we refer to as “art objects” have in common. But I think the fact that we cannot clearly define art, that there is a wide range of possible definitions, makes this — and really a lot of our educational programs — successful. It allows for a certain type of engagement where opinions can truly be validated, where inquiries and digressions and insights lead to a wide range of legitimate interpretations, which in turn really allows people to understand and appreciate that they are contributors, part of a community of interpreters. The process becomes very exploratory and thus social and interactive and stimulating.

Laurel Humble: I think that, on top of that, we try to encourage people to determine their own narrative. We're not trying to convince them that one particular interpretation is the only correct one. We're not there to make people follow what has been established as the storyline of art history and theory. We definitely provide some of that information but the program is really about using that information as well as the interpretations of other participants to determine your own story for the work and reach your own conclusions.

Amir Parsa: That’s why you have to emphasize the importance of the educators: they should not just lecture, but facilitate this type of exploration and discussion while giving information in relevant ways that allow participants to make connections.

Carrie McGee: It’s important to point out that this program is not simply about looking at art; it’s interactive. We use works of art to provoke dialogue. For individuals with Alzheimer’s disease, this is especially important. The way the disease can affect your ability to communicate as well as the stigma attached to it can make many individuals feel isolated. In this program we bring people together and encourage conversation and interpersonal connections.

Wendy Woon: Do most participants have prior experience with art?

Carrie McGee: Yes and no. We see participants who were never interested in art before coming to Meet Me at MoMA become incredibly engaged. They return to the Museum again and again, contributing valuable insights to the group discussion. I think it is because we are highlighting their strengths. We’re asking them to think critically and to engage with art — and they rise to the occasion. Works of art are challenging to decipher and interpret for all audiences, so the program offers participants a chance to strengthen their sense of self and be empowered intellectually. An entire new world of interest can open up in this later chapter in life.

Laurel Humble: And it is precisely at the time when you’re hearing that you won’t be able to learn anything new. I think that along with highlighting people's strengths we are also simply expanding their worlds. I don’t mean by just exposing them to the Museum and its collection, though I think that is very important for some, but more importantly we afford participants an opportunity to think beyond their current state. That brings us back to what Francesca was saying about the imagination, but the program moves beyond imagining to actually learning about developments in the practice of particular artists and art history, in general. Furthermore, you can connect the works to current and historical events.
**Wendy Woon:** How is this program different from other educational programs offered at museums?

**Carrie McGee:** People ask that a lot. I think one answer is that it’s not that different; we’re utilizing and experimenting with various strategies from the fields of museum and art education. We’re just adapting them for this audience based on what we’ve learned about Alzheimer’s disease and its effects on cognitive function. Another answer is that we emphasize the social component of this program much more than we do with other programs. Socialization is a fundamental part of the program.

**Wendy Woon:** What’s interesting to think about is how this program can inform other educational programs.

**Amir Parsa:** I agree. It’s not that different from a regular museum visit. In reality, the educator is engaged in the design of a certain type of interaction. I teach and conduct programs with that same frame of mind for all audiences. Educational programs are ways of creating connections to the world and to yourself. It’s a way of knowing the world, relating to and understanding the world. That is still very true with this audience. In fact, the life experiences of participants, along with the changes relating to their cognitive abilities lead to great interactions, insights, and ways of seeing the world. In that vein, storytelling and socializing become central to the program.

**Carrie McGee:** It makes you wonder why museum programs for adults don’t encourage socialization and personal connection more often. I guess it’s thought that providing space for the personal, emotional side of interpretation somehow detracts from the intellectual exploration. We’ve learned from this program that it doesn’t, it enhances it.

**Francesca Rosenberg:** A good educator can weave it all together and make the experience that much richer. By encouraging participants to share their perspectives, we are asking them to connect the works to their own lives, to make them relevant. That in turn may tap into an emotional memory that, as we’ve learned, can have a stronger or longer-lasting impact than other types of memory. Also, at Meet Me at MoMA there is equal participation between participants with dementia and caregivers. It’s because of this narrative aspect. Everyone has a story to share.

**Wendy Woon:** Francesca, going back to what you were saying earlier about educators — what should educators be mindful of when working with this audience?

**Francesca Rosenberg:** It is essential for the educator to be attuned to all signs of engagement. In order to effectively communicate and connect, the educator must not only listen to participants’ words but also read their facial expressions and body language. One becomes highly aware of the level of engagement by concentrating on these various factors. This is true for all good teaching. I think it is important to emphasize nonverbal communication and that nonverbal signs can be just as meaningful as the words that come out of someone’s mouth.

**Amir Parsa:** Through teaching the program you gain insight into the nature of engagement and how we determine and measure it. We’ve really come to the conclusion that it doesn’t just take one shape or form. There are various forms of engagement and they don’t manifest themselves in one particular way.
Wendy Woon: I would say the same thing about learning in general and forms of communication, including lifelong learning and digital learning.

Laurel Humble: In addition to how we communicate with participants when discussing art, we’ve also learned how important it is to communicate the overall goals of the program to everyone from the outset, to make sure they understand that it will be an interactive experience and that we want everyone’s opinions. You have to take steps to break down any barriers that might hinder communication and be explicit when describing what is expected during the program and when encouraging group participation.

Wendy Woon: Why do you enjoy working with this audience in particular?

Francesca Rosenberg: In this program there truly is a reciprocal relationship between participants and staff. As museum educators we learn a great deal from the participants during each and every program. Older adults have lived! Using works of art as a starting point, they, and they alone, can teach us about what it was like to live through World War II, to experience Coney Island in its heyday, and to participate in the Civil Rights movement. The participants open my eyes to elements of the paintings and interpretations that I had not considered. We are the students and they are the teachers.

Carrie McGee: Yes, many of the participants were alive when many of the works of art in our collection were made. They provide perspectives that no other generation can provide. They share such a wealth of information, which adds a new layer of interpretation. Once this generation is gone that can never happen again.

Amir Parsa: If you value how people see the world differently, and how cognitive changes allow for that change in perspective, then you can also be transformed. That’s what happens. You learn and you are transformed by your interactions and the interpretations and the stories and the experiences of others.

Wendy Woon: How has the program changed or evolved since its inception?

Carrie McGee: It looks very different than when it first began three years ago. In addition to participating in training led by staff from the New York City Chapter of the Alzheimer’s Association and Mount Sinai School of Medicine, we’ve gone to conferences across the country to be sure we’re staying current as the field develops. We’ve taken what we’ve learned and applied it directly to our practice.

Amir Parsa: We’ve rethought the components of the program, devised new strategies for engaging participants, reexamined the types of artwork that can be used, and really transformed the essence of the program.

Francesca Rosenberg: The key to maintaining a successful and effective program is constant reassessment and evaluation. We hear directly from the participants as well as our staff about what is working and what is not working. We try to improve our teaching by observing other educators and critiquing our own practice. The staff need to be reflective and self-aware. If you establish a program just to check off a box, you won’t provide a meaningful experience for anyone.

Laurel Humble: Also, over the course of the last year and a half, as we’ve traveled the country and been in contact with museum and other professionals establishing similar programs, we’ve heard of numerous adaptations that are all wonderful ideas. There isn’t any...
one answer. It’s great to connect the specific logistics and structure of the program to the particularities of your collection, gallery or facility spaces, and audience.

Amir Parsa: We’re leading training, as well, and by presenting and modeling our program we have the opportunity to analyze in depth every aspect of what we do. That allows us to fine-tune the details of our practice while learning from families affected by the disease, museum professionals, and staff from care organizations.

Wendy Woon: Why is a museum the right venue for a program for people with dementia?

Amir Parsa: A museum is a clean space, a contemplative space. It’s a safe and stimulating space. More importantly though, it is where meaningful experiences can take place. Meaningful, leading to personal growth, but also leading to interactions and conversations that have multiple psychosocial benefits.

Laurel Humble: With this program there is a sense of ownership in your experience. Yes, we decide ahead of time which works to discuss and then lead the groups through the galleries, but you are there when the Museum is closed, and you have the galleries all to yourself. You have a personal educator who will not only share art-historical information and answer your questions but also listen closely to your insights and then connect them to the interpretations of others. So while your experience is highly individualized, at the same time it is linked to the experiences of others, which I think is very reaffirming. It is validating and situates you within a greater group.

Amir Parsa: That’s right. It allows you to connect to the efforts, ideas, struggles, and visions of others, including the artists. It also allows you to reconnect to yourself, in addition to feeling that you are still an important part of the social fabric, a valued human being engaging with the world.

Carrie McGee: It’s also important to note that, as valued cultural institutions, museums are in a position to help deconstruct the stigma surrounding this disease. Time and time again individuals with Alzheimer’s say that one of the greatest challenges they face is the overwhelming stigma surrounding the disease and its effect on the way they are treated in society. Museums can set an example by showing that people with dementia are, as Amir said, valued members of the community.

Francesca Rosenberg: Part of our goal is to act as a catalyst for change. We would like to help people affected by the disease think differently about the possibilities for a life with Alzheimer’s disease or other dementia. There are ample opportunities to remain active members in the community through engaging in meaningful activities. For those who are less familiar with the disease, the program can serve as a learning experience to make them aware and demystify it. It’s not a role that we necessarily think of for the Museum but it is in a way our responsibility.

Laurel Humble: It is definitely our responsibility. We should remember that museums serve as model institutions. They have the potential to set an example for the public through engagement with the community.

Francesca Rosenberg: In fact MoMA was founded as an educational institution with this idea in mind. People affected by dementia form a significant portion of the community, and with the changing demographics this segment of the population will only continue to grow.

Wendy Woon: What have each of you taken away from your experience with the Meet Me at MoMA program?
Laurel Humble: The program is very inspiring. It teaches you about the value of life-long learning, of exposing yourself to new ideas and situations, be it through engagement with art or any other means. These experiences are important at any stage in your life and contribute to continuous personal growth and development.

Amir Parsa: Different cognitive abilities or ways of interpreting the world are really valuable and can contribute not just to each person in a program, but also to society at large. The experience leads you to value everyone at the point at which they are functioning. We should really emphasize that there is much to learn from people, and the perspectives, narratives, and connections that they bring to various situations and conversations.

Carrie McGee: Most people in these individuals’ lives “knew them when...” We didn’t. We never met them before they were diagnosed. We accept them and value them as they are. We know them now. During the program, we’re not thinking about Alzheimer’s, we’re just human beings, sharing an experience together in the present.

Francesca Rosenberg: The art acts as the spark for rich discussions and insights that we all hold dear. There’s a buzz, a generosity of spirit, a connection that has been forged between the attendees and the staff. We’re all thinking about the here and now. By the end of each program, everyone is uplifted.
This section presents the findings of an evidence-based research study undertaken to gauge the efficacy of the Meet Me at MoMA program. The study was designed by the Psychosocial Research and Support Program of the New York University Center of Excellence for Brain Aging and Dementia in partnership with The Museum of Modern Art and carried out over the course of nine months. In this report Mary Mittelman, Dr.P.H., and Cynthia Epstein, L.C.S.W., outline the process of developing and implementing the study and highlight the most significant results.

Mary Mittelman, Dr.P.H., is Director of the Psychosocial Research and Support Program of the NYU Center of Excellence for Brain Aging and Dementia and Research Professor in the Department of Psychiatry at the NYU School of Medicine.

Cynthia Epstein, L.C.S.W., is Social Worker and Clinical Investigator at the NYU Center of Excellence for Brain Aging and Dementia.

This study is part of The MoMA Alzheimer’s Project: Making Art Accessible to People with Dementia, made possible by MetLife Foundation.
Overview

The Evaluation

This report describes the findings of a study designed to evaluate the efficacy of the Meet Me at MoMA program for people in the early stage of dementia and their family caregivers. This groundbreaking study provides the first formal evaluation that demonstrates, with both quantitative and qualitative evidence, the many benefits of making art accessible to people with Alzheimer’s disease and their caregivers. It also points out the elements of the program that have the greatest positive impact and those components that might be modified to further enhance its effects. This evaluation provides valuable information about the feasibility of assessing people in the early stage of dementia and suggests new directions for future programs and studies.

The Program

MoMA offers its Meet Me at MoMA program once a month on a Tuesday, when the Museum is closed to other visitors. Groups are small in size, usually no more than eight people with dementia plus their family members and caregivers, for a total of sixteen people. Often, there are up to six groups in different Museum galleries simultaneously. Participants are greeted in a common registration area and given name tags, portable stools or wheelchairs, and personal listening devices for sound amplification, if needed. A trained educator leads each group through a tour of four or five artworks related to a theme and presented in a predetermined sequence. Each tour lasts roughly one and a half hours, with about fifteen to twenty minutes spent at each artwork. Several discussion questions are posed to engage participants in observing, describing, interpreting, and connecting to the works and to each other. Historical points about the artworks are conveyed throughout the tour, and smaller group discussions are also often used to spark further interaction among participants.

Study Design

Participants and Eligibility

The research study focused on people in the early stage of Alzheimer’s disease and their family caregivers, who together constitute the primary audience of the Meet Me at MoMA program. This cohort includes people with dementia who are most likely to be able to respond to and/or fill out the questionnaires, as well as their family members. Together
they form a critical “dyad” for the Museum’s program, which offers potential benefits for each individually as well as potential for enhancing the relationship between them.

We further restricted subjects to those attending the program for the first time, for two reasons: 1) to identify a group with the same degree of exposure to the program; and 2) to reflect our expectation that the first visit might have the most powerful impact.

Development of an Assessment Battery

Researchers selected a battery of scales that were reviewed and modified by MoMA staff. In order to capture all aspects of the Museum experience, there were quantitative measures consisting of self-rating scales to be administered immediately before and one week after the Meet Me at MoMA program and qualitative assessments of responses to the Museum visit. In addition, observer-rated scales were developed collaboratively by consultant Linda Buettner, Ph.D., NYU researchers, and MoMA staff.

- **Self-Rating Scales**: A questionnaire packet was designed to capture the general emotional state of participants. The packet of scales for the people with dementia was slightly modified to be shorter and simpler than the packet designed for the caregiver. For example, it did not include the social-support questionnaire given to the caregiver, as the experience of NYU researchers suggested that this scale would be too difficult for the participants with dementia to complete. The evaluation of people in the early stage of dementia is in a relatively early stage of development. Until recently, there have been few studies in which people with dementia were asked to respond for themselves rather than ask a caregiver to respond for them. The packet had several measures, including a family-relationships scale (Family Assessment Measure [Communication, Affective Expression & Involvement Subscales; Skinner, Steinhauser & Santa-Barbara, 1983]), a self-esteem scale (Rosenberg Self-esteem Scale [α = .78; Rosenberg, 1965]), and a quality-of-life scale (QOL-AD, Logsdon et al., 1999) that have been used in other studies involving this cohort. Additionally, the Smiley-Face Assessment Scale (below), which is a self-report instrument with a pictorial response system with five faces ranging from very unhappy to very happy, was used to measure the mood of the participants immediately before and immediately after attending the program.

- **Observer-Rated Scales**: We also wanted to use an instrument to record the observations of the people with dementia and the group dynamics during the tour. With the assistance of Linda Buettner, NYU and MoMA staff modified an already-existing scale to be more appropriate to people in the early stage of dementia and to measuring their responses to works of art and to the educator. Two forms were created: one evaluated responses to the

---

**Smiley-Face Assessment Scale**

- **Very Sad**
- **Somewhat Sad**
- **Neutral**
- **Somewhat Happy**
- **Very Happy**
Museum experience of an individual study participant with dementia; the second form evaluated the group as a whole, including study participants and other participants of the program who were not involved in the study.

- Take-Home Evaluation: A separate form was created to capture both qualitative and quantitative feedback about participants’ experiences during and in the days following the program. Participants were asked to return this form to MoMA within three days of the visit. Again, the form for the person with dementia was slightly modified to be easier to complete.

### Procedures

#### Recruitment

Participants were identified either by NYU or MoMA staff. Upon calling to register for the program, MoMA staff invited callers to enroll in the study and determined eligibility using a script approved by the NYU Institutional Review Board. Upon confirmation of eligibility, MoMA staff sent a letter detailing the procedure for the entire study as a reminder for participants.

#### First visit

On their first visit, participants arrived one and a half hours before the Meet Me at MoMA program to fill out the initial questionnaire packets. MoMA and NYU staff welcomed participants and explained the goals of the study. The study protocol, including a consent form, was completed with individual assistance available for each person with dementia. Participants then ate lunch and were escorted back to the lobby to join other Meet Me at MoMA attendees. Both immediately before and after the tour, Smiley-Face Assessment Scales were administered to all study participants. After the Meet Me at MoMA program, take-home evaluations were distributed to study participants, to be sent back to MoMA within three days.

#### Second visit

The second visit occurred one week (eight days) after the first visit. Each participant received a call from MoMA staff confirming the time and date of the visit. All participants returned to the Museum to complete the follow-up assessment, which consisted of the same questionnaire packet as the initial visit. Over lunch, a special interactive discussion was facilitated by one of the MoMA educators. All participants received gifts of appreciation, including a book of highlights from the MoMA collection and free passes to visit the Museum again. Participants were also invited to stay and visit the galleries afterward, as the second visit was scheduled on a day when the Museum was open to the public.
Third visit

A small subgroup of participants was invited to take part in a focus group led by NYU staff with MoMA staff assistance that was planned to take place at least three months after the initial visit. This session was designed to record participants’ perceived benefits from the Meet Me at MoMA program and to enable them to offer comments and suggestions to MoMA staff. Two focus groups were conducted, one in June and one in August 2008. The group conversations were recorded and transcribed.

Results

Recruitment and Retention

Recruitment presented two major challenges: identifying the best venues for locating people in the early stage of dementia and determining that the stage assignment was correct.

The majority of participants were subjects of the NYU Alzheimer’s Disease Center and were informed about the study by its staff. Other sources were memory programs and support groups offered by the New York City Alzheimer’s Association and local medical centers. The data analysis was based on 37 persons with dementia and 37 caregivers.

Health problems and doctor appointments were the most frequent reasons given for inability to attend all parts of the study. However, the attendance of the vast majority of participants proved to be highly reliable.

Demographic Characteristics of Participants

More than three quarters of participating caregivers were spouses of persons with dementia (75.7%). The others were adult children (24.3%). Most caregivers (67.6%) were women, and the majority was highly educated. Almost all (86.5%) had at least a college degree, and more than half (51.4%) had a graduate degree. Slightly more than half of the caregivers (51.4%) were retired. Ten (27%) were employed full time, and four (10.8%) were employed part time.

“It was like the [man] I knew before this illness. The task of reacting to a picture is not beyond his capabilities—it has made me think of trying to focus more on ‘feelings’ than ‘words’ in my interaction with him.”

MoMA participant
Participants’ Reactions to the Research Process

We found that people who were in the mildest part of the early stage could, for the most part, complete the questionnaires by themselves. Those who were even slightly more advanced needed to have one-on-one support to answer the questions. In retrospect, the packet of questionnaires was probably too extensive and strained the ability of individuals in early-stage Alzheimer’s disease to attend to the task, which became stressful due to its length and the complexity of the questions. Our findings suggest which of the scales are likely to be suitable for use in future studies with people who have early-stage dementia and that these scales should be administered on an individual basis with assistance available as needed.

Self-Rating Scales

*Questionnaire packet: Change from baseline (immediately before) to one week after Museum visit*

We measured the subjective impression of family relationships of both the person with dementia and the caregiver with a scale that consisted of thirteen questions. There was an observable positive trend on this measure for caregivers, although the change did not reach statistical significance.

We measured the self-esteem of the person with dementia and the caregiver with a ten-item scale. There was little change in self-esteem for caregivers, but there was an observable positive trend for people with dementia.

We asked caregivers about the number of people to whom they felt close and about their satisfaction with social support. The number of people to whom the caregivers said they felt close increased from the first week to the next, with a meaningful change from an average of 7.0 to an average of 9.38 people.

Caregiver mood improved as a result of the Meet Me at MoMA experience. This was reflected in several of our outcome measures. For example, we observed that caregiver health-related quality of life improved. This was in large part due to a statistically significant improvement in one question that asked about caregiver emotional health: “During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?”

“The program presented the opportunity to focus, to interact, to listen, and to conceptualize. Overall, I believe the experience was intellectually stimulating for my mother and cognitively awakened her.”

MoMA participant
**Smiley-Face Assessment Scale: Measure of mood change from immediately before to immediately after Museum visit**

Using smiley faces to elicit information about mood revealed a statistically significant and substantively visible change in mood in both caregivers and people with dementia, as illustrated by the graphs below. In fact, the Smiley Face Assessment Scale was the most effective measure in terms of statistical significance of the change observed. As the figures below illustrate, there was more variability in the responses of the people with dementia (longer distance from top to bottom of the error bars) than in those of the caregivers. Nevertheless, both groups clearly improved in mood on this measure, and no one left the Museum less happy than when they arrived.

**Mood of Caregiver Reflected by Smiley Faces**
Comparison of Intake and Immediately after Visit

Five faces from very unhappy (coded 1) to very happy (coded 5)

**Mood of Person with Dementia Reflected by Smiley Faces**
Comparison of Intake and Immediately after Visit

Five faces from very unhappy (coded 1) to very happy (coded 5)
**Observer-Rated Scales**

*Individual reactions during Museum visit*

At each monthly session, one person with dementia in each of two gallery tour groups was observed by two raters as the tour proceeded through the first four artworks. It should be noted that occasionally five artworks were included in the Meet Me at MoMA tour, but in those cases we did not rate the fifth one. While there was some variability between raters, they tended to code in the same general range, so we have aggregated their overall findings.

**Total time participants spent looking at the educator**

- **Artwork 1**
- **Artwork 2**
- **Artwork 3**
- **Artwork 4**
The majority of participants with dementia spent a significant amount of time looking at the educator and at the art. The majority of participants with dementia kept their eyes on the educators for more than half the time. There was a small reduction of attention during the discussion of artwork 4, but the majority still paid attention to the educator for at least six of the ten minutes they were observed.

Below, we illustrate the amount of time the people with dementia spent looking at the work of art. It is clear that they spent a significant amount of time looking at the art, and this continued throughout the four artworks.

*Total time participants spent looking at the work of art*

![Bar graphs showing time spent looking at artwork by participants with dementia.](image)
During the course of the Meet Me at MoMA tour, participants with dementia rarely responded to the educator spontaneously, without prompting. This may be because they were waiting for the prompt from the educator before speaking. On the other hand, this may reflect reduced verbal ability or reduced initiative due to the illness. It may also be that the participation of some of the caregivers, which could be quite enthusiastic, discouraged some of the people with dementia from responding.

We were also interested in how frequently the people with dementia responded verbally to their family caregivers. The data suggests that this was not a frequent occurrence, and may be due to their being appropriately focused on the educator and the art rather than talking among themselves. However, when the group moved from one work of art to the next, we observed conversations between the person with dementia and the caregiver and sometimes overheard that they were related to the art.

We rated the number of times the participants used humor, smiled, or laughed. This occurred on numerous occasions, although the frequency did not increase from one artwork to the next. The group apparently felt comfortable with each other from the inception of the visit, perhaps because some of the study participants had eaten lunch together beforehand, and other members of the group (who were not part of the study) were repeat visitors. In general there was a mood of levity and occasional joking by the people with dementia.

Negative reactions such as crying, verbal expressions of sadness, or agitation were almost never observed among study participants. There were occasions when a participant appeared to fidget or to be distracted, but the distress, if that is what it was, never interfered with the participant’s ability to remain in the group or took away from the overall enjoyment of the experience.

**Group interaction during Museum visit**

At each monthly session two people observed group interaction in each of the two gallery-tour groups for the first four artworks discussed. In order to capture the overall group dynamics, each observer counted the number of times he or she saw people with dementia respond to the educator, the number of responses of people with dementia to their caregiver, the number of unprompted or spontaneous comments by people with dementia, the number of times people with dementia and their caregivers touched each other affectionately, the number of caregivers who responded to the educator, and the number of times participants laughed or used humor.

“It’s been a privilege for me as a caregiver to participate in this. The educators have been engaging and the commentary on the paintings and sculptures from the other group members with Alzheimer’s disease and their caregivers is thought provoking.”

MoMA participant
The average number of participants in a group was 13.8, of whom 6.72 were people with dementia, 6.09 were family caregivers, and .97 were professional caregivers. There was considerable variability, with the minimum number 10 and the maximum 20.

The average number of responses by the people with dementia to the educators ranged from 1.53 to 1.69, with no consistent trend from artwork 1 to artwork 4. Analysis of the average number of responses by the person with dementia to his or her caregiver (from .28 to .35) also yielded no trend from artwork 1 to artwork 4. It should be noted that there was a huge variability in responses.

We tabulated the average number of responses or comments that were made by participants with dementia spontaneously, without prompting. The average was about the same as the number of comments made to the caregivers (from .20 to .35), and again, there was considerable variability.

The number of times caregivers and patients touched to convey affection, while few, increased from artwork 1 to artwork 4.

Finally, we tabulated the average number of times people laughed or used humor, which we hypothesized was an indicator of group cohesiveness and comfort with each other. The average increased from artwork 1 through artwork 3 and decreased in artwork 4.

Our hypothesis was that all the interactions would increase from the first to the fourth artwork. While we did not observe all the trends we expected, the many interactions we saw suggest consistent interest and focus on the educator and the art.
Take-Home Evaluation

Responses by caregivers

This form was designed to capture both quantitative and qualitative data about participants’ experiences during and up to three days after the program. Responses to pre-coded questions are listed in the tables below. Forty caregivers completed this form and returned it to MoMA (including a few who were not participating in the rest of the study).

1. What attracted you to the Meet Me at MoMA program? Responses provided by us are tabulated below:

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>An opportunity for the person with memory problems to participate in a program</td>
<td>34</td>
<td>85.0</td>
</tr>
<tr>
<td>An activity I can do with the person with memory problems</td>
<td>33</td>
<td>82.5</td>
</tr>
<tr>
<td>A chance for a special outing with the person with memory problems</td>
<td>26</td>
<td>65.0</td>
</tr>
<tr>
<td>The opportunity to go to a museum</td>
<td>17</td>
<td>42.5</td>
</tr>
</tbody>
</table>

Other responses from one or two caregivers conveyed common themes related to finding an experience that would meet the needs of the person with dementia and the caregiving family member in a stimulating yet nontargeting environment.

2. Do you have past experience visiting art museums or creating art? The vast majority of respondents (93.8% of those who responded) had past experience with art.

3. We asked about caregiving responsibilities and relationships. 89.7% of respondents said they had primary responsibility and 87.5% lived with the person with dementia.

4. We asked whether the caregiver enjoyed the experience, and 97.5% (all but one) said yes. We asked if the caregiver thought the person with dementia enjoyed the experience, and again 97.5% said yes.

5. We asked, “Were you surprised in any way by the response of the person with memory problems?” and, “If so, please explain.” Among respondents, fifteen (37.5%) said they were surprised. Among those respondents, 80% were surprised by the degree of engagement of the person with dementia during the program. The increased alertness and
interest in the environment was attributed to the skill of the educators, the stimulating yet calm atmosphere, and the sharing of the experience with others. The caregivers expressed their joy at sharing a pleasant experience with the person with dementia, which is evidenced in a subsequent question:

6. “What was the best thing about the Museum visit?” Responses are tabulated below:

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive experience created by educators and staff</td>
<td>12</td>
<td>80.0</td>
</tr>
<tr>
<td>Engagement of person with dementia</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Positive interaction of person with dementia and caregiver</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Privacy due to Museum being closed</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>Enhanced self-esteem of person with dementia</td>
<td>2</td>
<td>13.3</td>
</tr>
</tbody>
</table>

It seems that the positive responses to the Museum experience are results of the combination of the many aspects of the program. The approach of the educators seems to contribute to the positive and fulfilling experience. The experience is supported by all the staff and by the relative privacy afforded the participants because the Museum is closed. It suggests to participants that they are V.I.P.’s, as they are given a private tour when the galleries are empty.

7. We asked about other effects of the Meet Me at MoMA experience. From these non-pre-coded responses we get a sense of the uplift that people with dementia (as reported by their caregivers) derived from the experience:

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced self-esteem of person with dementia</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Person with dementia more responsive to environment</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Person with dementia in a better mood</td>
<td>2</td>
<td>13.3</td>
</tr>
</tbody>
</table>

8. We asked whether there was anything bad about the Museum visit. The overwhelming response was “No.”

9. When we asked whether these first-time participants planned to return for another Meet Me at MoMA visit, 92.5% said “Yes.”
10. We asked whether the caregiver was considering other activities with the person with dementia as a result of the Meet Me at MoMA experience. Among those who responded, 88.2% said “Yes,” and 11.8% said “No.” It is evident that the experience fills an important need, and that participants would like to engage in other activities that offer the same benefits as the MoMA program. They listed visits to other museums most frequently as other activities. A few participants also suggested activities like visiting public gardens or enrolling in other classes. These responses make it clear that caregivers are looking for activities that will be emotionally and intellectually stimulating.

11. We asked caregivers a series of questions about the effect of the Museum visit on the person with dementia: Did the visit have an effect on the person with dementia’s conversation, appetite, mood, and sleep? Possible answers were “more than usual,” “unchanged,” or “less than usual.” The effects on conversation and mood were especially positive. Among the responses, 55% said the mood of the person with dementia was better and 45% said it was unchanged. No one said the mood of the person with dementia was worse. Additionally, 55% said that there was more conversation than usual following the program.

12. We asked caregivers to rate their overall satisfaction with the Meet Me at MoMA experience. The responses were coded from 10 to 1, with 10 being very high and 1 being very low. Among the twenty-nine who responded, 75.9% gave the visit the highest possible rating.

Finally, we asked a series of open-ended questions. There are a number of remarks by caregivers that warrant direct quotation.

1. It was like the [man] I knew before this illness. The task of reacting to a picture is not beyond his capabilities — it has made me think of trying to focus more on “feelings” than “words” in my interaction with him. Thank you for a great day. Thank you.

2. The opportunity for a creative, artistic experience together with my spouse in a protected, suitable environment [was the best thing about our visit]. As my husband’s condition declines the MoMA experience becomes more and more a cherished blessing.

3. [The educator’s] pace and conversation, as well as the idea of seeing a few things well, was really perfect. Mom completely enjoyed the afternoon. I was worried at first that she was not commenting. However, when [the educator] asked her if she liked Picasso’s [Les Demoiselles d’Avignon], she replied, “I love this painting, the color, composition.” It was wonderful to see mother looking at art again. Thank you so much.

“Bill really looks forward to attending — our conversation on the way home is so positive.”

MoMA participant
4. The lecturer was very attuned to each individual and their capabilities. This made the visit just perfect. Thank you for this beautiful and touching day.

Overall, the responses confirm the high esteem in which family members hold the program and point to the elements of most value to them. The pleasure of the family members at sharing an experience that is gratifying both to them and to their relative with dementia, at seeing the person with dementia expressing himself or herself, and at seeing him or her being received with respect was described as a blessing. The importance of the group and the desire for more socializing with people in a similar situation in an environment both gracious and beautiful was touchingly conveyed.

Responses by people with dementia

We asked people with dementia to respond to a series of questions. To the question, “Did you enjoy the museum experience?” 100% of the participants said “Yes.” To the question, “Was there anything bad about the museum visit?” only one said “Yes.” When asked whether they talked about it afterwards, 90% said “Yes.” When asked if their mood was better, 96.4% (all but one) said “Yes.”

The take-home evaluation also provided an opportunity for participants with dementia to make comments and suggestions. When asked, “What was the best thing about your visit?” eleven participants listed the educators. Also noted were discussing and looking at the artwork, socializing with others, and the private atmosphere. To the question, “Was there anything bad about the visit?” only one participant responded affirmatively, stating that there was too much paperwork.

We asked participants if they observed any change in themselves as a result of the program. Three participants reported enhanced self-esteem. Also listed one time each were increased energy, sense of enlightenment, and recollection of the past.

As with caregivers, we asked participants with dementia if there were other activities they would like to do. Similar programs for people with dementia and visits to other museums were both listed five times each. Three participants expressed a desire to create their own artwork.

“I was able to reflect upon my appreciation of the artist and could recall much of what I learned in school.”
MoMA participant
Summary of take-home evaluation responses

The contribution of the educators to the MoMA program is evident in the very positive responses in the take-home evaluations, reinforcing this finding in other scales. The style of the educators, which encourages interaction and group cohesion, leads to a socially as well as emotionally and intellectually satisfying experience. The feeling of enhanced self-esteem and the desire for more programs like Meet Me at MoMA suggest that both the structure and content of the program are ingredients of its success. One respondent mentioned that the research protocol was too long, a view that was shared by the researchers. For future studies, the protocol, which was an experiment in and of itself, could be shortened to include only scales that showed change resulting from the Meet Me at MoMA experience.

Focus-Group Discussions

Four different couples attended each of the two focus groups that were held at least three months after each couple’s initial participation in Meet Me at MoMA. The expressions of gratitude for the program were extremely touching and speak to the excellence of the Meet Me at MoMA program and the great need for more such activities. The comments of the people with dementia pointed to the pleasure of enjoying a stimulating experience in a safe environment and to the resulting enhanced feelings of self-worth they derived from participation and learning. For the caregivers, the pleasure of the art experience is enhanced by sharing it with their spouses and with other couples facing the same diagnosis. Furthermore, the relief of knowing that their spouses will be treated with dignity and that all their responses will be met with acceptance was greatly appreciated.

The suggestions for improving the Meet Me at MoMA program included making the arrival experience less confusing and extending the program to allow for more socializing afterward. Finally, it was clear from the responses that the Meet Me at MoMA experience at least temporarily counteracts participants’ social isolation, which is a very poignant issue for families coping with dementia.
Summary

Conclusions

The fact that attendees of the Meet Me at MoMA program return month after month speaks eloquently to the meaning and value it holds for participants. Coming to MoMA again, a place many had visited in the past but were reluctant to return to, was a welcome confirmation that not all valued parts of life have to be forfeited to Alzheimer’s disease. This research has helped to identify the specific aspects of the MoMA program that individually and together coalesce to create its impact.

- The Importance of the Educator: Beyond a doubt, it is the style and approach of the educators — which is never overly didactic or condescending, but rather warm and interactive — and the interaction with them that participants single out as being of exceptional importance to them. The way in which they involve the participants with dementia and elicit their comments, which are then met with genuine interest and appreciation, rekindles feelings of self-worth.

- Intellectual Stimulation: Having the opportunity to learn, to be intellectually stimulated, to experience great art together was felt to be a “blessing.”

- Shared Experiences: The family members expressed profound gratitude that the person they care about could have such an experience and, just as important, that they could share it together. For married couples, the opportunity to participate in an activity that is of interest to both partners validated their identity as a couple. Sons and daughters also expressed their pleasure in taking part in an activity with their parents in which both could be relaxed and engaged.

- Social Interaction: For so many couples in which one has dementia, what were once “normal” social interactions become events fraught with strain and shame. While they did remark that the program was inherently a socializing activity, many participants expressed the wish that the program could be extended to include more social interaction after the gallery tour.

- Accepting Environment: The educators, together with the entire MoMA staff, create a sense of safety and convey feelings of regard for the participants. The value placed on the person with dementia at least temporarily removes the stigma of Alzheimer’s disease so that participants can enjoy the MoMA experience. It is possible that the extraordinary
attention that was lavished on study participants may have heightened their feelings of being welcome and important, but this also serves to point out how much people with dementia feel the loss of status in the community and how much they appreciate efforts made on their behalf. The wish to continue to attend as a couple, where the limitations of the ill spouse would not affect the experience for the well, makes this kind of program particularly valuable.

- Emotional Carryover: For both the persons with dementia and their caregivers there were positive changes to mood both directly after the program and in the days following the Museum visit. Caregivers reported fewer emotional problems, and all but one person with dementia reported elevated mood.

- Program Extension: Almost all caregivers planned to return to the Museum for future programs, which is a testament to their positive experiences. The Meet Me at MoMA program also serves as a catalyst for new conversation in the days to follow.

The study design, which included a variety of measures to gather both qualitative and quantitative data through self-report and observation has yielded a comprehensive understanding of how and why the Meet Me at MoMA program impacts attendees and provides suggestions for modifications and future expansion.

Going Forward

Study participants were very grateful for the Meet Me at MoMA program. As they began to know each other from repeated visits, the desire for more socializing became clear. The setting itself sends the message to the person with dementia that he or she continues to be a person of value, and those participants for whom it was a familiar place can now return with their self-esteem safe and even nurtured.

There were several statistically significant findings from this study, which is gratifying, considering the small sample of participants. They are suggestive of the potential of the Meet Me at MoMA program to improve the lives of people with dementia and their caregivers. A longer-term study with a larger number of participants to corroborate and expand the findings of this first study is recommended. This would provide additional evidence for programming that is geared to bring enjoyment and stimulation to people with dementia and their family members and could have major ramifications for the development of interventions for people with Alzheimer’s disease and their caregivers.

“A very pleasant ‘date’ for us both — after 42 years of marriage.”
MoMA participant
This section details the practice of creating meaningful experiences with art. It contains four guides. The first guide, Foundations for Engagement with Art, presents an in-depth look at the preparations necessary to conduct an art-looking experience with individuals with Alzheimer’s disease and their caregivers.

The next three guides, Guide for Museums, Guide for Care Organizations, and Guide for Families, also explain how to prepare content and lead discussions using works of art, while delving into considerations specific to their users.
Foundations for Engagement with Art

This guide explains how to engage individuals with dementia and their caregivers with art. The methods can be used with groups or one-on-one, and can be adapted for various settings, from art museums and galleries to care organizations and private homes. These foundations can help to create meaningful experiences in any environment.

Overview 112
Planning a Program 112
In Front of a Work of Art 118
Facilitation Strategies 122
Overview

Engaging with Art

Engagement with art can have significant benefits for people with dementia and their caregivers. This is true whether the experience involves looking at and discussing art or creating art. In both cases, art can be used as a vehicle for meaningful self-expression. Indeed, engagement with art, through close looking and discussion, offers a person with Alzheimer’s disease the chance to:

- Explore and exchange ideas about art and artists
- Experience intellectual stimulation
- Make connections between personal stories and the world at large
- Access personal experiences and long-term memories
- Participate in a meaningful activity that fosters personal growth

In addition to the above benefits, caregivers also gain from art experiences by exploring their own interests in art while the person in their care is present, safe, and engaged. In some settings, such as museums and care organizations, they can interact socially with other caregivers, share stories, and learn in a supportive environment where they are relaxed both physically and mentally.

Furthermore, their relationship with the person in their care may be enhanced because art programs provide singular opportunities for communication and connection. Finally, participants learn about each other in a new context and gain new insights into each other’s ideas and interests.

Defining Art

Definitions of art vary greatly among theorists, philosophers, art historians, artists, and art educators. Indeed, one of the aims of individual artists and one of the primary characteristics of modern and contemporary art movements is the constant redefining of what constitutes art. Getting a sense of what is meant by “art” is important, regardless of how open-ended we leave that definition, since our concept of art dictates what objects or images will be discussed and how participants will engage in these discussions.

Overall, in this book, our use of the terms art, the arts, or artworks refers to works generally included in the categories of visual arts—namely, sculpture, painting, drawing, prints, film, photography, architecture, design, and multimedia projects. All of these mediums are represented in MoMA’s collection and whether on exhibit in the galleries or accessible online are freely labeled “art.” They can all be used to spark engagement and discussion.

Planning a Program

The most essential steps for preparing an art-looking experience are listed below and explained in detail on the following pages. A sample module for a museum program is detailed throughout to show you how a specific theme might be developed.

- Select a theme that will be your organizing principle.
- Select four to six works to view and discuss in relation to the theme.
- Determine the sequence in which you will view the works.
• Prepare three to five art-historical points per work to insert into the conversation at an appropriate moment.
• Prepare three to five questions per work that could spark conversation about each work.
• Plan small-group conversations to conduct toward the middle of your program.

Selecting a Theme

Select a theme that is appropriate and relevant for individuals with cognitive impairment but that captures the interest and imagination of all participants. Your theme should be general enough to be accessible for everyone and appropriate for an adult audience.

Possible themes include:
• Portraiture
• Materials in Sculpture
• Art and Music
• The Road to Abstraction
• Why is This Art?
• The Portrayal of Women in Art
• Telling Stories through Photographs
• Museum Collection Highlights

You could also focus on a single artist (such as Pablo Picasso or Vincent van Gogh), an art movement (like Impressionism or Cubism), art from a geographical region (South America or Europe, for instance), or art from a certain time period (such as the Renaissance or the nineteenth century).

If you are working with individuals or a group that you know—or if you learned of their interests in advance—try to choose a theme you think will pique their interest.

IN OUR EXAMPLE

For an upcoming tour at MoMA, we selected the theme The City in Modern Art.

Selecting the Works of Art

Once you have selected a theme, choose four to six relevant works. It is possible that you might not fit all the works within the allotted time, but it is better to be prepared with too many works than not enough. You may select the theme and the works simultaneously. You might have certain works in mind that you want to talk about, and you might select a theme that accommodates those works. You can create positive and purposeful experiences with almost any work of art. Choose works that you find interesting, that you are comfortable speaking about, and that you think will engage the audience. You can focus on just one medium (such as painting, sculpture, or photography) or present works in different mediums.

If you will be viewing original works in a museum or gallery, be aware of their scale and how they are installed. Very small works may be hard for a group to see, and works that are installed close to others may be difficult to focus on. Also keep in mind where the works are in relation to one another and the level of mobility of your group.

“From a museum perspective, it’s about being inclusive of all audiences, and thinking about the fact that so many of our supporters now are of the aging baby boomer generation. We’re going to be inclusive throughout one’s entire life.”
Courtney Gerber, Assistant Director of Education, Tour Programs, Education and Community Programs, The Walker Art Center, Minneapolis
For our tour, we chose five paintings:

1. *London Bridge* (1906), by André Derain
2. *Street, Dresden* (1908), by Ernst Ludwig Kirchner
3. *The City Rises* (1910), by Umberto Boccioni
4. *In the North the Negro had better educational facilities* (1940–41), by Jacob Lawrence
5. *Broadway Boogie Woogie* (1942–43), by Piet Mondrian

Because our tour focuses on a specific type of landscape (cityscape), we purposely selected works by artists who worked at different times and were from various geographical regions. The works present an interesting overview of several key styles and techniques while showing very different interpretations of the modern city. These points offer intriguing opportunities for discussion and allow participants to tap into their own lives and experiences.

### Determining the Sequence

The sequence in which you view the works should offer a helpful way to connect them in the context of the theme you have chosen. It should be coherent in terms of the thematic connection between one work and the next and the location of works relative to one another (if using original works in gallery spaces). If the works are scattered throughout a museum or gallery, their various locations will influence the sequence. It may simply be chronological, from the oldest work to the newest or vice versa. The order will also depend on the questions you plan to ask.

“Sometimes it is easy to assume that a person with Alzheimer’s isn’t aware of his or her surroundings. Conversations around art can help trigger imaginative responses, humorous reactions, and unexpected personal anecdotes.”

Susan Putterman Jacobson, former Curator of Contemporary Collection and Director of the Judaica Museum at The Hebrew Home at Riverdale, Riverdale, New York
to ask and the ways you will link the works to each other. As a rule of thumb, it is often better to begin with works that are simpler in composition and move to those that are more complex or to move from more figurative works to those that are more abstract. Alternatively, you can begin with works that fit your theme in a literal fashion and move toward those that relate more metaphorically or conceptually.

While selecting the works and determining the sequence, ask yourself:

- How will I introduce the theme?
- How do the works relate to the theme and each other, and in what order is this best expressed?
- How will I make a seamless transition from one work to the next?
- What are some questions I will ask about the works?
- What art-historical information will I share?
- How will I relate the works to my theme in my summary and conclusion?

**IN OUR EXAMPLE**

We decided to use a chronological sequence for our selected works. Doing so allows us to organize our discussion through a logical progression in time. In addition, this arrangement progresses from a concrete, representational image to more abstract compositions. It also allows us to discuss developments in the history of modern art through various artists’ depictions of similar subject matter.

---

### Preparing Art-Historical Information

Using online resources, exhibition catalogues, wall labels, and books, research the works and the artists that you will be discussing. Look into each artist’s practice, the time period in which he or she lived and worked, and information regarding any movements or artist groups he or she was a member of. You can also include information about the subject matter, quotations from the artist, or quotations from contemporary critics about the work or the artist’s general style. Of all this information, select a few main ideas that are relevant to the work and your theme and are conducive to conversation. Settle on a limited number of points for each work (three or four); this will help you avoid lecturing and encourage a wider range of participation.

Art-historical information should be used throughout the discussion to strengthen participants’ understanding and appreciation of the work and help place the work in the context of developments in art and world history. When discussing a work, always share the information typically found on a museum label with your participants—the name of the artist, date of the work, and materials used. This can be done at the beginning, the end, or at a relevant moment during the discussion. You can give the title of a work as a way to encourage further discussion. You might say, “Picasso titled this work *Girl before a Mirror*,” and then follow with, “Does knowing the title change the way you think about the work? How?” Provide additional information during the program as it becomes relevant based on participants’ responses. For example, if you’re looking at *Broadway Boogie Woogie* by Piet Mondrian, and someone says, “This looks like a map of Times Square,” you could mention that when Mondrian painted this picture in 1942–43, he had recently moved to New York City.
Remember that this is a conversation and not a lecture. Your goal is not only to provide art-historical facts but also to encourage the participants to engage in a discussion and share their own opinions. Sharing art-historical information can validate participants’ responses and spark new conversation.

**IN OUR EXAMPLE**

Here is some information about each work that we plan to bring into the conversation at appropriate times.

1. *London Bridge*, by André Derain

   Derain was a member of the French movement that came to be known as Fauvism. The Fauves, or “wild beasts,” were known for their unbridled use of color. Their disregard for the natural coloring of objects shocked their contemporaries. In this painting, Derain applies wild color in his depiction of the heavily trafficked London Bridge, with multiple boats and barges in the River Thames below. Derain was encouraged to visit London in the early 1900s by the dealer Ambroise Vollard. While there he painted many different views of the city, focusing mainly on the various monuments and bridges along the Thames.

2. *Street, Dresden*, by Ernst Ludwig Kirchner

   Kirchner was a member of the German Expressionist group Die Brücke (The Bridge). The artists of Die Brücke explored the emotional effects of color and composition in the depiction of contemporary life. Through the use of bright, unrealistic colors, Kirchner energized this scene of Königstrasse street in Dresden.

3. *The City Rises*, by Umberto Boccioni

   Boccioni was a key figure of the Italian Futurist movement. This group of motivated writers, musicians, and visual artists sought to abandon the air of nostalgia that they felt was restricting Italian society. They encouraged their compatriots to embrace the infinite potential of the future, powered by technological advancements and humans’ will for change. Boccioni uses “lines of force” to communicate this idea of progression in his dynamic composition of a city being built.

4. *In the North the Negro had better educational facilities*, by Jacob Lawrence

   Lawrence’s family was one of the thousands of African American families to migrate to the North around the time of World War I. They eventually settled in New York City’s Harlem neighborhood, where Lawrence began taking art classes. In 1940 he began The Migration Series, a multipanel series of images that narrates this great migration in American history. Each panel was worked simultaneously, resulting in a uniformity of palette and similarity in overall composition among the sixty panels.

5. *Broadway Boogie Woogie*, by Piet Mondrian

   Through the course of his career Mondrian abandoned representation to focus on the depiction of “pure” forms. For Mondrian this meant the exclusive use of primary colors and geometric shapes. In 1940 he moved from London to New York City. There he joined a vibrant society, constantly in flux. He was influenced not only by the rhythm of city life but also by the syncopated beat of jazz music.

“Participants may display symptoms of the disease when they first arrive — agitation, anxiety, and apathy. However, participants requiring wheelchairs at first have been known to cast aside the chairs soon after entering the intimate and quiet galleries.”

MoMA educator
Preparing Discussion Questions

Prepare three to five questions to frame the discussion of each work as it relates to your theme, knowing that when you are actually in front of the work you will inevitably ask many more questions based on participants’ responses.

Below are some helpful tips to keep in mind throughout the discussion:

- Ask concrete questions and be specific. Ask “What do you see in this painting?” instead of “What is going on here?”
- Alternate between open-ended questions and questions with definite answers, and be ready to mix in or switch to either/or or yes/no questions to keep the discussion moving. For example, you might ask, “Does this work suggest a specific season?” If no one responds, you could name the seasons, or ask, “Do the colors in the painting make you think of the summer or the spring?” Or, further, you could invite yes/no answers to simpler questions, such as “Does this painting make you think of springtime?”
- Be aware that some participants may not speak. This does not mean that they are not engaged. They are likely benefiting from the experience in multiple ways.
- Be conscious of making comparisons to works you have already discussed, which may not be easily recalled by the participants. You should only compare works that are easily visible at the same time.

IN OUR EXAMPLE

1. *London Bridge*, by André Derain
   - What part of the city does this painting represent?
   - What city do you think this might be, and why?
   - Where is the viewer in relation to the bridge?

2. *Street, Dresden*, by Ernst Ludwig Kirchner
   - What are the people in this painting doing?
   - What is peculiar about Kirchner’s use of color in this scene?
   - What is the overall mood of this work?

3. *The City Rises*, by Umberto Boccioni
   - What seems to be happening in this painting? What are the figures doing?
   - What are some clues that reveal that this painting depicts a city?
   - What is the emotional impact of the way Boccioni has decided to depict the city? Consider his choice of brushstroke, color, and composition.

“For the caregivers this is also a wonderful experience. Some have come because they are sent or because the person they work for can still ask. Some have come because once exposed to the program they want to.”

MoMA participant
4. **In the North the Negro had better educational facilities**, by Jacob Lawrence
   - How is this work related to our theme of the city?
   - Do the people in this work look like they come from a particular background?
   - What is the impact of the formal choices the artist has made on our viewing experience?

5. **Broadway Boogie Woogie**, by Piet Mondrian
   - How many shapes and colors are used in this painting?
   - What does this painting make you imagine or think of? Does it represent any particular place or thing?
   - The title of this painting is *Broadway Boogie Woogie*. Knowing this, how does your understanding of the painting change?

### In Front of a Work of Art

It is essential to use inquiry-based techniques to facilitate the experience. That is, do not lecture or continuously provide information but rather ask questions to allow participants to reach their own interpretations through a lively discussion. In order to understand what types of questions to prepare and ask, it is important to familiarize yourself with the different parts of a discussion: Observation, Description, Interpretation, Connection, Small-Group Conversation, and Summary. While the framework for discussing a work of art that follows is designed for a group, it can be easily adapted for a one-on-one conversation. For an example of how this method can be applied directly to a specific work of art see In Front of *London Bridge* on page 121.

#### Observation

Invite participants to approach the work and take a close look before they take their seats. Make sure each participant has an unrestricted view of the work. Tell the group that the first step is to look closely, and provide a timeframe for this observation.

Participants should have adequate time to look at the work and not feel like they are being rushed. Encourage them to take a “visual inventory” of the work of art quietly, focusing on it and noticing details for about one minute.

#### Description

Next, begin to describe the work as a group to establish a fundamental understanding of what is being seen. It is useful to start by simply listing what everyone sees. Description rests upon the exploration of the formal properties of the work, as well as naming recognizable subject matter. Touch on:

- Line and Shape. For example, ask, “What lines and shapes do you see in this drawing?”
- Color. For example, ask, “Does any one color dominate this painting?”
- Composition. For example, ask, “Where is the female figure in relation to the landscape?”
- Material. For example, ask, “What do you think this sculpture is made of?”

“There are so many things Dad can’t do the way he used to, but when we go to the Museum it seems to engage his mind by triggering so many memories.”

MoMA participant
This process allows a wide range of participation and will benefit future interpretation. If participants immediately interpret the work, ask them which visual clue led them to that idea. Once you feel that the group has thoroughly described the work, summarize all the elements mentioned and point out any important details that have been missed.

**Interpretation**

Now you are ready to interpret the work. Interpretation rests on assigning meaning to various elements of the work and thinking about its overall significance. Responses can vary widely. Encourage breadth and variety, and use ideas generated to expand the conversation. Ask questions that prompt participants to reflect on what is not clearly visible in the work but perhaps merely suggested. Touch on:

- **Time and Place.** For example, ask, “What season is suggested by this scene?”
- **Narrative.** For example, ask, “What is implied by the way these two figures are interacting?”
- **Mood or Psychological Effect.** For example, ask, “What overall mood is conveyed in this photograph?”
- **Artist’s Intention** (related to choice of subject matter, use of formal properties and technique, and overall aesthetic philosophy). For example, ask, “Why do you think the artist used these found objects together to create this sculpture?”
- **Artist’s Biographical Information.** For example, ask, “What possible influence do you see of this artist’s native land in this drawing?”
- **Historical and Social Context.** For example, ask, “This painting was done in 1940. Are there elements within the work that you associate with the political events of that time?”

Follow your inquiries with deepening questions, such as, “Could you say a little bit more about that?” or, “What do you see that makes you say that?” Balance your questions by sharing art-historical information relevant to the responses you receive from the group to validate individual interpretations, make connections, and encourage further discussion.

Allow for a wide range of interpretive freedom. Repeat remarks and link ideas. Enable participants to come to their own conclusions, instilling in them a sense of pride, accomplishment, and a deeper understanding of the work.

**Connection**

Encourage members of the group to connect the works to their life experiences. This process will help the participants gain new insights and will make the works more relevant to them. Ask if the participants like the works, and feel free to share your own opinions, making it clear that your remarks are subjective. There are various ways of making connections to:

- **Personal Life Experience.** For example, ask, “Does this look like the New York of today or the New York of when you were a child?”
- **Psychological and Emotional Effect.** For example, ask, “How does this painting make you feel?”
• Personal Opinion. For example, ask, “Do you like this painting?”

• Cultural Changes and World Events. For example, ask, “Does this war scene remind you of any specific war or historical conflict?”

• Other Artwork and the Art-Historical Canon. For example, ask, “How does this drawing of a landscape compare to the painting next to it that depicts the same scene?”

Small-Group Conversation (Turn and Talk)

When working with a group, conversations in smaller groups provide a chance for individuals to share stories and connect on a more personal or imaginative level to the work. This activity also gives participants who are more reticent in the larger group a chance to engage on a more intimate level.

At some point during the program have each pair of participants (the person with dementia and his or her caregiver) join one or two other pairs (for a total of four or six people in each smaller group). It is best to do this toward the middle of the program. Make sure to go through the observation, description, and interpretation phases before initiating the Turn and Talk.

Tell the groups to discuss a particular idea or theme that relates to the work of art. Your prompt should be straightforward and appropriate to the participants’ cognitive abilities. The discussions should last no longer than ten minutes. At the end of the period bring everyone back together and encourage participants to share their conversations with the whole group.

IN OUR EXAMPLE

At Kirchner’s painting we invite participants to imagine a busy street in New York City and think of how they would depict it. What medium would they use? What colors and techniques? How would those choices relate to the overall feel of that busy street?

At Jacob Lawrence’s work, we discuss societal transformations in the United States in past decades, including shifts in public policy and initiatives in social reform.

The first activity is more imaginative, while the second relates to participants’ personal histories. We do not necessarily do two activities in one tour, as they may take a long time. We’ve included these examples to demonstrate the variety of opportunities for integrating a small-group conversation. In addition, it always helps to have several activities prepared and to introduce the relevant ones based on the overall dynamics of the participants and the tour itself.

Summary

Toward the end of the discussion of each work (and at the end of the program), bring together the various threads of conversation, summarizing and synthesizing the points you have touched on. Thank the participants and open up the discussion to final comments.

“When we were discussing a painting by Chagall my husband said it brought back memories of the cemetery where his mother was buried when he was a child of eight. He had never mentioned that before.”

MoMA participant
In Front of *London Bridge*

We have included a list of questions for different parts of the discussion of Derain’s *London Bridge*, the first work in our example program, *The City in Modern Art*.

**Observation**

Before we begin our discussion, why don’t we take a minute to look closely at this painting?

**Description**

What are some recognizable buildings or structures in this painting?

Where is this scene? Indoors or outdoors?

Are the artist’s brushstrokes visible? If so, describe them.

What colors do you see in the water? What about the sky?

**Interpretation**

What is the overall feeling you get from this London scene?

Why do you think Derain chose to paint this bridge? Do you think it held special meaning for him or that he saw it often?

Why do you think the water is painted green and yellow?

What time of day do you think this scene represents?

What title would you give this work? Why?

**Connection**

How does this scene relate to your experience of the city?

The most prominent aspect of this work is the bridge. When you think of bridges, is there one in particular that comes to mind? Why?

Is this a place you’d like to visit? Why or why not?

Can you think of other artists who painted city scenes? How do they compare?
Facilitation Strategies

Certain facilitation strategies can help create a supportive environment.

Frame of Mind

Throughout the program be sure to:

• Internalize the goals of the experience: share, explore, and enjoy the experience.

• Remain relaxed and allow the conversation to go in unexpected directions.

• Convey a sense of lightness and humor.

• Support and show interest in the comments and interpretations of all participants.

• Stay attuned to the effects of the disease on participants, and be patient.

• Never mention Alzheimer’s disease.

• Always keep in mind that this is a reciprocally rich and rewarding experience.

Communication Techniques

The communication strategies below address the specific needs of individuals with dementia.

• Make eye contact with the participants.

• Be aware of nonverbal communication: facial expressions, body language, and gestures.

• Talk directly to the person with Alzheimer’s disease, even if he or she is nonverbal.

• Emphasize and define key words.

• Avoid vague words and colloquial expressions.

• Supplement or reinforce words by referring and pointing to the artwork.

• If you are having trouble understanding a comment, try to interpret what is being said, and clarify with the participant.

• Never chastise any member of the group. Instead, validate frequently and with sincerity.

Group Dynamics

If you are working with a group it can be difficult to balance the interests, abilities, and personalities of each of the participants. Below are a few tips that will help keep the entire group engaged and involved.

• Always repeat answers and questions that come up so that all can hear. When you cannot hear what a participant is saying, approach him or her and listen, and then walk back to the front and repeat the comment for the whole group.

• Encourage genial debate among the participants.

• Do not create multiple planes of conversation; rather, maintain one thread of conversation that involves both caregivers and individuals with dementia.

• Allow participants to comment as much as they like, but do not let any one person monopolize the conversation.

• Patiently and creatively bring to a close a comment that goes on too long.

• Make a theme out of the responses, build on them, repeat them, and take them in different directions.

• Summarize often. This helps to keep people’s attention and reinforces the information shared.
Challenging Scenarios

Inevitably, challenging situations will arise, whether you are working with a group or one-on-one. Consider what you might do if the following scenarios occur:

- A participant makes a comment that seems to have little to do with the artwork being discussed; several people in your group seem reluctant to speak no matter what strategy you use to draw them out; a caregiver and a person with dementia keep having side conversations; a participant repeats the same point during the entire program. There are many ways to handle these different scenarios, but in all cases you should take into consideration the following when responding to the situation:

  1. **Provide a meaningful and positive experience.** You want people to leave the program feeling good about themselves and their participation. Never chastise or be patronizing. Being sincere in your interactions and genuinely committed to an exchange of ideas will go a long way in validating everyone’s experiences.

  2. **Trust that nonverbal communication will go a long way in providing a positive experience.** If people are not responding verbally, it does not mean that they are not engaged. Look for clues of engagement: are participants looking at you or at the work? Do they seem to be taking an interest in what is going on? Some people might be more reluctant to talk in a large group.

  3. **Try to invite participants into the group conversation using different strategies.** For example, you can ask questions that invite contributions from everyone (such as, “Do you like this painting?”). Or, if you notice someone smiling or pointing to the work, invite him or her to share what they are thinking.

- Remember that one goal of the program is to encourage positive interactions between individuals with dementia and their caregivers. If a person with dementia and his or her caregiver are having side conversations, allow them to continue as long as they are not disruptive to the group.

- Remember that personal connections and narratives should be encouraged. If a participant makes comments that seem unrelated to the work, trust that some element of the work or the experience is allowing him or her to make a direct or indirect link. For example, if someone begins to talk about lions in Africa when viewing a cityscape, it might be that they are associating colors or other elements of the painting with Africa or they are making indirect connections to life experience. They might have taken a trip to Africa in the past and thus are relating to the painting in terms of travel and their personal experience. Always be aware of the possibilities of these connections.

- Be aware of cognitive issues related to Alzheimer’s disease and prepare and act accordingly. If a person makes the same comment repeatedly, acknowledge it often, perhaps in different ways. Try to connect it to a new piece of information or another comment from the group, or use it as a jumping-off point to start a new thread of conversation.

After the tour, you might feel that you could have handled a situation better than you did on the spot. Do not be too hard on yourself. Learn from each experience and strategize how you will handle similar situations in the future.

Overall, your enthusiasm and sincerity will lead to positive experiences. Being well prepared and constantly aware of the dynamics at work one-on-one or in the group will go a long way in creating a positive atmosphere and a great interaction.
This guide details how to establish a museum program for individuals with Alzheimer’s disease and their caregivers. Educational programming is at the heart of a museum’s public mission and serves as a gateway for exploring works of art and cultural history. Offerings should extend to all audiences, including individuals with cognitive disabilities. The program should focus on participants’ abilities in order to create an accepting and engaging environment in which the disease is a nonissue.
Designing a Program

Program Goals

It is important at the outset to have a clear idea of why you want to develop a program for individuals with Alzheimer’s disease and what you hope to accomplish. Think about the following:

- What are your goals?
- What would you consider a successful program?
- Who is your target audience — people with Alzheimer’s disease living in their own homes or those in assisted-living facilities, or both? What about caregivers?
- What difference will your program make for your museum? For the community?
- How can you use what you learn through working with this audience to improve other educational programs?

Once you have answered these questions, discuss them with other management staff in your museum. Talk to all the people who will need to support the initiative for it to succeed — involving them in framing the goals encourages their support from the beginning. It is also vital to keep an open line of communication between museum staff involved in the program and individuals affected by Alzheimer’s disease and specialists in the field. Their recommendations and input are essential to the success of your program.

Program Content

The museum setting is an ideal environment for both art-looking and art-making experiences. Depending on the size of your museum, the collection, spaces available for creative activities, and other considerations related to staffing and logistics, both of these types of engagement could provide meaningful experiences and could be sustained over time.

When developing the museum’s offerings, you will need to take into account the number of programs and the types of activities participants will engage in. It is possible to create separate art-looking and art-making programs, and it is also perfectly feasible to create models wherein participants look at works and subsequently go into classrooms or designated spaces to create their own works.

Program Types

Below are two types of programs you can offer on-site at the museum:

1. Programs for groups coming from care organizations — such as residential care centers, nursing homes, or other assisted-living facilities — or from support groups or other organizations. These could be regularly scheduled or offered upon request and could be initiated by either the museum or the outside organization. If possible, send educators from the museum off-site to work with participants at the facility. Ideally, if the condition of participants allows, extended off-site programs should include at least one visit to the museum. You may want to begin by focusing on a small number of care organizations, and then add others over time. If you already work with a specific facility, check to see if they have a dementia division that you could connect with.

2. Regularly scheduled programs for individual families in which a person with Alzheimer’s disease
visits in the company of one or more family members and/or a professional caregiver. These families would come to the museum and tour the galleries with other families in a group led by a museum educator. Participants would be required to register for the program in advance, and registration would be handled on a first-come, first-served basis.

The number of regularly scheduled programs for groups of individual families would depend on the museum’s capacity. Start with one event per month or every other month to allow you to make adjustments. As your audience grows, you may consider increasing the number of programs or implement changes.

**Dates and Times**

The dates and times you select must match the needs of your museum but also the needs of people with Alzheimer’s disease.

Identify dates and times that are best for the museum. These might include times when the museum is closed to the public, when other tour groups are not scheduled, or when normal attendance is typically low. With these dates and times in mind, consider what might be best for your participants. Typically, later mornings (after 10:30 A.M.) are better than early mornings for people with Alzheimer’s disease, and early afternoon, shortly after lunch, is better than later in the day. Programs should last no longer than two hours. Depending on the time you select, you may want to find a suitable space for participants to have refreshments before or after the gallery program.

**Number of Participants**

It is important to keep the size of each group small, ideally limited to eight people with Alzheimer’s disease plus their family members and caregivers, for a total of sixteen people. You may be able to host more than one group at a time, but the total number of groups your museum can accommodate will be determined by:

- the museum’s size.
- the presence of general visitors or other groups, such as school groups or membership groups.
- staffing.
- available funding.

Again, start small. After you gain experience, you will have a better sense of how many people you can accommodate and still offer an effective program.

As demand for the program grows, you may find that your requests exceed your capacity. If so, share your needs and limitations with your colleagues to see if adjustments can be made to meet the demand.

**Costs**

Ideally the program would be free of charge for participants, but it also must be financially sustainable. Some ways to minimize costs are to:

- train volunteer docents or have full-time staff lead the program.
- have participants cover their own transportation costs.
- schedule group tours during open museum hours to avoid additional security costs.

“Working with this audience has improved my overall practice as an educator. The communication strategies used to ensure that the participants are getting the most out of their experience can really be applied to interactions with all visitors.”

MoMA educator
• form partnerships with organizations and agencies that serve people with Alzheimer’s disease.

When you are beginning to plan your programs, look for potential sources of funding in local businesses, foundations, and the health-care industry. Invite the museum’s decision makers, board members from Alzheimer’s disease organizations, and city, county, and state officials to join you on a tour to get them interested in the program. Letters of support from participants may help make a case for additional funding.

Contact Information

Ensure that people interested in the program are able to learn more about it and to register. To the extent possible, establish:

• an e-mail address and a Web site.
• a phone number that connects directly to staff involved in the program.
• a staff member who can answer phone inquiries and handle registration.

Evaluation

Think about how you will evaluate your program from the very beginning, taking into consideration the goals you have established. How will you measure success? What tools and criteria will you use? Build your evaluation plan as you design your program rather than waiting until the program has already been implemented.

Staffing the Program

Effective programs rely on trained, capable staff. For this program in particular, you will need a team of educators, reservationists and check-in staff, program assistants, and security personnel.

Educators

Good educators are essential for a successful program. You will need one educator for each group of sixteen participants, eight people with dementia and their accompanying caregivers. Your program’s educators do not need to have prior experience working with people with Alzheimer’s disease or knowledge of the effects of the disease. They can acquire this information through training workshops and informational resources. They will expand their knowledge as they gain experience facilitating the program.

There are, however, some aspects of their backgrounds, experience, and expertise that are very important. Consider the pool of educators currently engaged in the other education programs at your museum—the full-time staff, freelance educators, and docents—especially those who:

• are comfortable and experienced with people of varying ages and abilities (older adults, special-education groups, nonverbal individuals).
• have a strong knowledge of art and art history.
• have a strong knowledge of the nuances of art education in general and museum education in particular.

Of the educators who have these qualities, approach those who best demonstrate patience, kindness, creativity, flexibility, and humor during their programs.

“It’s really a professional growth moment, as we’re picking apart what we do, fine-tuning parts of it, using the skills that exist, but also enhancing them. It’s fostering growth among all of us.”

Courtney Gerber, Assistant Director of Education, Tour Programs, Education and Community Programs, The Walker Art Center, Minneapolis
and who do not simply lecture. Invite educators to a general information session about Alzheimer’s disease and the issues involved in working with people with dementia to gauge their interest.

Ideal educators for your program know how to invite and facilitate conversation while providing art-historical information at appropriate moments. They weave together the points made in the group’s conversation and manage the varying responses and opinions. They use their reservoirs of knowledge to give insight into the works and also to validate participants’ responses and ideas.

If your programs are led by docents, it might be useful to have guidelines for their participation in this particular program, such as requiring them to have previously worked with older adults; led interactive gallery tours on-site within the past six months; attended docent training on a regular basis; and been evaluated positively within the past year.

Other Staff

Whether you will be hosting a group attending as a single unit from a care organization or individual families that call in and register, you will need staff and/or volunteers to perform some important functions.

Reservationists/check-in staff

If possible, two staff members should be responsible for registering participants over the phone ahead of time and planning and coordinating the check-in process on the day of the program. Sharing this responsibility allows for backup in case of illness or vacation and ensures that someone knowledgeable is always available to talk to participants. These staff members should be paid individuals who are familiar with your museum and able to aid participants as needed. They should also have broad experience with visitors with disabilities. If your museum already provides accessible programs, the staff of those programs will be well suited to this one, too. Having consistent, dedicated employees for these two functions makes for closer relationships between staff and participants.

Program assistants

At least one additional person, either paid or volunteer, should accompany each educator on the tour. This person’s main function is to handle any logistical issues that arise, allowing the educator to concentrate on the group discussion. Common tasks include:

- distributing materials such as name tags.
- escorting participants to the restroom.
- getting wheelchairs when they are needed.
- distributing personal listening devices for sound amplification when necessary.
- carrying portable stools.
- protecting the art, along with the security guard.

Having a second staff member allows for one person at the front and the back of the group, keeping it intact as it moves through the museum. It may be possible for your staff to perform multiple functions, with one of the check-in personnel accompanying a group as it tours the museum and the other remaining at the check-in site for the first half hour of the program to greet late arrivals and help them join a tour already in progress.
In most cases, groups coming from care organizations will bring the appropriate number of professional caregivers and aides. Even so, a second staff member or volunteer assisting the educator with the logistics of the tour will create a smoother visit.

Security personnel

The security requirements and policies of your museum should be strictly followed. If the museum is closed, you will typically need one security guard for every group of up to twenty-five people. During open hours, you might not need guards assigned specifically to your group.

Staff Training

All staff and volunteers will need a working knowledge of dementia, its effects on cognitive capacities, its effect on caregivers, and the implications for the program. Plan an initial workshop for educators and volunteers to give everyone an overview of Alzheimer’s disease. Consider inviting a representative from your local Alzheimer’s Association chapter or medical center to provide this information. The workshop should include basic information about the program and communication techniques for working with this audience. Follow this initial training with a practical workshop that gives participants an opportunity to plan a tour themselves.

View your staff and volunteers as a team. Provide opportunities for strong and productive working partnerships, such as regularly scheduled meetings. Encourage educators to observe each other, to learn different styles, and provide critiques of teaching strategies.

Proposed structure for staff-training workshop

1. Invite all educators, docents, program assistants and other staff—anyone involved in the program at any level—to the workshop. Bring everyone up to date on the development of the program: the logistical issues, the dates the program will be offered, the number of participants you expect, and other matters. Go over the goals of both the program and the training.

2. Invite a representative from an Alzheimer’s Association chapter or local medical center to give an overview of Alzheimer’s disease and other dementias. Ask him or her to cover such topics as the definition of Alzheimer’s disease, the number of people affected and what this means for the community as a whole, the effects of Alzheimer’s disease on the cognitive capacities of those affected, and the impact of Alzheimer’s disease on caregivers. It is essential to understand the disease and how it affects both the person with the diagnosis and his or her caregiver. This information will help educators and docents devise ways to tailor their gallery tours to this audience.

3. Invite a number of individuals living with the disease along with their caregivers to speak about their experiences. If possible, coordinate a panel discussion with these individuals, moderated by someone—whether from the museum or a care organization—that they already know and trust. A moderated panel will provide insight into the experiences of those affected by dementia, along with information about the types of experiences and programming they would value.

4. Demonstrate how to lead a tour. This demonstration should last about one hour and can take place in the galleries. Make the program’s different steps very clear by describing and discussing each of the components. The demonstration should give your educators a better idea of how to construct a tour, including what kinds of questions to ask and how to balance art-historical information with an interactive discussion.
5. Give the staff an opportunity to create their own tour in the galleries using original works of art or in the meeting room using reproductions. This exercise is most essential for those who will be leading tours, though all staff should be welcome to stay. Divide the educators and docents into teams of no more than six members. Tell each group to select a theme using images from your collection. Their preparation should include:

- the selection of four works that they will discuss in relation to the theme.
- a sequence for the works.
- a route through the galleries and other spaces that covers the works they want to address and takes into account the physical limitations of the participants.
- three to five discussion questions per work.
- three to five art-historical points per work.
- a small-group conversation activity (Turn and Talk) to introduce toward the middle of the tour.

Give the teams up to thirty minutes to prepare their tours, with the training leaders floating between groups to observe and help.

6. Have a spokesperson from each group present the tour. This is also an opportunity for everyone to discuss what to do in different scenarios that could unfold in a real program. Remind your staff that discussing these scenarios may help them to be more prepared, but that each tour will be very different and offer unexpected challenges and delights. For examples of situations that could arise, see the Challenging Scenarios section of Foundations for Engagement with Art (page 123).

7. Once you have shared the tours and discussed ideas, open the floor to questions and concerns. Assure the staff that the program will grow organically and that you will reassemble periodically to exchange experiences in order to improve the program.

8. Ask staff to evaluate the workshop, to tell you what worked, what did not, and what would improve the training in the future. Design simple forms for this purpose.

9. A homework assignment for the docents, to be presented in a follow-up workshop, might be useful. This will allow them the opportunity to practice, reflect, and decide whether they would like to lead tours, assist on tours, or not work with the program at all. It will also help the staff evaluate the docents and recommend those who are most committed.

10. Ask participants to read Background on Alzheimer’s Disease (page 12) in this book and visit www.alz.org for more information on the disease. Furthermore, ask them to read Foundations for Engagement with Art (page 111). This guide includes basics for planning tours and facilitating group discussions and will reinforce what was learned during the workshop.

11. Invite educators and docents to observe tours in action. Seeing an actual program before leading one can alleviate any remaining concerns and put educators and docents at ease.
Spreading the Word

As you design your program, think about how you will reach out to your community and develop the strong partnerships that will help your program grow and thrive.

Developing Partners

Identify and develop relationships with key groups and constituencies, such as:

- Alzheimer’s Association chapters and regional offices.
- local medical centers.
- assisted-living facilities.
- nursing homes.
- adult day centers.

Meet with representatives from these groups to familiarize yourself with the world of dementia care and to involve them in the program. The earlier in your planning you can do this, the better. Their advice and contributions will help your program meet your community’s expectations and needs. Ask people in these groups to suggest other organizations to contact and to elicit support for your marketing and outreach.

When you contact assisted-living facilities, adult day centers, or nursing homes, explain the program, determine whether or not there is any interest, and answer questions. Once you have determined that you will develop a partnership, visit the facility in order to:

- meet key staff.
- meet some of the people with Alzheimer’s disease.

- become more familiar with the environment and daily activities.
- learn about the special needs or requirements of individuals likely to participate in your program.

The visit should, if possible, include the facility’s activity coordinator and a museum educator who is likely to conduct the program. You might also bring some postcards or posters of artwork that might be included on a typical tour in order to help familiarize facility staff with your museum’s collection.

Informing the Community

You should use a variety of methods to let the community know about your program and invite participation. You can also share information and updates through the partnerships you have developed.

Regular mailings

Send invitations by regular mail and/or e-mail. At first you can use a mailing list made up of museum members and others included on community/access mailing lists, but eventually you should create a mailing list specifically focused on people with Alzheimer’s disease and their caregivers. Send these invitations as often as you have programs. If you hold programs monthly, mail the notices monthly in enough time for recipients to register for the program you are advertising.

At each program, check that you have current mailing information for all of the participants and update and expand your address list accordingly. Ask your participants to help you by inviting other individuals and informing facility staff who might be interested in the program.

“The woman who cares for my grandmother has recruited any number of caregivers to come with their charges. This experience has proved an important way for them to connect with the people they care for, as well as with each other.”

MoMA participant
Web site

Highlight the program on your museum’s Web site with a link to more detailed information on the program, such as:

- an explanation of its intended audience.
- dates and times of programs.
- a brief description of what happens before, during, and after programs.
- clear instructions and contact information for people who want to learn more or register.
- suggestions for what participants might do before and after a program to extend the experience.
- details about accessibility, transportation, parking, cost, and other logistics.

Use large type that is easy to read. Remember to credit your funders and supporters. Images of art to be included in upcoming programs can help make the site more inviting and enticing. Once the program is underway, you might also post photographs of the program, participants, and educators, but be sure to get written permission from them ahead of time.

Brochures

Prepare pamphlets or brochures that include much of the same information as the Web site. Use large print and images to enhance readability. Place these brochures in a prominent location at the reception desk of your museum. Mail them to key groups, constituencies, families, and healthcare professionals working in the field. Distribute them whenever you meet with or speak to community groups.

Meetings and conferences

Speak about your program’s offerings at support groups, community meetings, and local or regional conferences. Present the information and discuss the benefits for participants and the community as a whole.

Logistics

Paying attention to the administrative logistics early in your planning will pave the way for a smooth program later. Some important aspects are reservations and scheduling, transportation and parking, check-in and checkout procedures, and how you will handle last-minute adjustments.

Reservations and Scheduling

The person who handles phone reservations is the first point of contact for most participants. The initial telephone interaction sets the tone for your program and should be as clear as possible. When taking a group reservation it is important to find out:

- the number of participants with Alzheimer’s disease, their gender, and their age.
- the number of caregivers.
- whether any of the participants are nonverbal.
- whether any of the participants needs a wheelchair.
- if applicable, the relationship of the caregiver to the person with dementia.
- whether any participant has other disabilities, including hearing difficulties.
• whether participants have any previous museum experience.
• whether participants have any previous art-making experience.
• how they learned about the program.
• any other special needs or information.

Be sure to share the reservationist’s name and number for questions, your cancellation policy, and the cost of the program, if any. If you are registering a group, follow up a few days before the tour by contacting the group leader. Confirm all relevant information, including the date and time of the program, the number of participants, and arrival instructions.

If you are registering participants individually, take the same information for each reservation and compile it as you go. If many families register, it may be difficult to confirm with them before the program. It is always best to expect that some families will not make it, while others may show up without preregistering.

**Transportation and Parking**

Think ahead about how participants will get to and from the museum. Tell them about various options and help them as much as possible in their planning. Everyone will greatly appreciate a trip that is made as simple as possible. For individuals or groups providing their own transportation, consider:

• how far away they are and how long the trip will take.
• what the best route is to the museum.

• whether public transportation is available or there are free (or inexpensive) means of transportation for people with disabilities (such as Access-A-Ride or other services).
• whether there is reasonably priced parking close by or a lot that gives a museum discount.

**Check-in and Checkout**

Determine the optimal place for check-in and check-out. Look for a site that:

• is relatively small.
• is wheelchair accessible.
• has a coat rack or checkroom nearby.
• has restrooms nearby.
• is as close to parking and the entrance as possible.
• is protected from heavy pedestrian traffic coming in and out of the museum.
• is quiet and free from distracting noise.
• has enough chairs or benches for participants to sit comfortably while waiting to begin.
• is within a short walking distance to your destination or is close to elevators.

In addition to a list of all registered participants, arrange to have supplies and equipment at the check-in site: portable stools, wheelchairs, coat racks, personal listening devices (which amplify the sound of the educator’s voice), name tags (which help you communicate on a first-name basis with individual participants and will help them remember staff names), and information about future programs. If you are going to have more than one group at a time, assigning
different-colored name tags to each will help to distinguish them. Finally, plan what you will do at the end of the tour, including:

- sharing information about upcoming programs and offerings.
- collecting stools and personal listening devices.
- helping participants get their coats and other belongings.
- guiding participants to the restrooms.
- asking participants to complete written or oral evaluations (keeping in mind that individuals with dementia may need assistance).
- helping to locate cars, vans, buses, or other transportation.

If possible, provide small reproductions of works of art for participants to take home and offer participants passes so they can return to your museum on their own for free.

**Last-Minute Adjustments**

Very few plans are implemented exactly as designed, so expect the unexpected. When your program is in its early stages, try to meet with the staff the day before the program. Revisit your plan and identify any changes:

- Have there been cancellations?
- Has the number of participants changed?
- Do the groups need to be adjusted?
- Are enough educators/staff/volunteers available and ready?

- Are there any special issues (such as building maintenance, works no longer on view, special exhibit installations) to take into account?
- Is there anything else that could potentially affect the program, such as weather or holidays?

Stay in touch with each other during the hours preceding the program. Go over the details and make last-minute modifications, if necessary. Success requires close and direct communication among committed staff.

Most importantly, be flexible. Some participants will be early, others will arrive late. One of the check-in staff should remain at your check-in location for thirty minutes beyond the program’s scheduled start time to accommodate late arrivals. Welcome everyone who wishes to participate.

**Art-Looking Programs**

Whether you will be hosting a group from a care organization or a group of individual families for an art-looking program, you should develop a model that fits the specific needs and interests of your participants. Foundations for Engagement with Art (page 111) describes in detail the process outlined below and provides specific examples. If you are working off-site at a care organization, the essence of your program will be similar to the museum experience. You will, however, need to use reproductions or digital images, and take into consideration other logistical issues relevant to the site you are visiting. Guide for Care Organizations (page 143) touches on issues to consider at facilities outside the museum setting.

“Particularly for people who have Alzheimer’s and their caregivers, it is important to have a focused experience without any distractions — and that certainly is provided.”

MoMA participant
Preparing a Tour

**Selecting a theme**

Your theme should be appropriate and relevant for individuals with cognitive impairment and should capture the interest and imagination of all participants. You can focus on a particular artist, topic, or period, highlight important works from your museum’s collection, or focus on special exhibitions.

**Selecting the works of art**

Choose four to six works that fit into your theme and plot your route between them. Sequence the works in a way that connects them to the theme that you have chosen. The location of the works relative to one another (if using original works in gallery spaces) and the activities that will take place in front of them will also help determine the sequence. Make sure to take into consideration the scale of the works as well as the number of adjacent works: do not select artworks that are too small and avoid walls or areas where there is an overload of images. Avoid excess travel: do not choose works that are too far away from each other. Also consider the comfort level of the galleries you will visit (lighting, seating, temperature) and be aware of other events that might be taking place and could potentially distract participants.

**Preparing art-historical information**

Research the works and artists that you will be showing and discussing using your museum’s resources, exhibition catalogues, museum wall labels, and books. Plan to weave information into your conversation that will enhance participants’ understanding, help validate their interpretations, and spark their interest. You may also prepare to answer questions relating to general museum operation, such as protocol for acquiring work, planning exhibitions, and the logistics of displaying works. This “insider information” makes participants feel that they are getting a behind-the-scenes tour.

**Preparing discussion questions**

Plan three to five concrete discussion questions that invite exploration of each work. Start with simple questions like, “What do you see in this painting?” or, “What colors does the artist use?” As the group gets more comfortable, you will move on to more interpretive questions such as, “What would you title this painting?” or, “What do you think happens next?”

**Planning a small-group conversation (Turn and Talk)**

Prepare a discussion-based activity connected to one of the works to facilitate further discussion and foster interaction among the participants. The activity should be straightforward and allow participants to connect the work and theme to their personal lives and imaginations.
**The Day of the Program**

**Welcome**

On the day of the program, prepare all necessary materials for check-in. As participants arrive, greet them warmly. Give them name tags, stools, and personal listening devices, if necessary. Take their coats and do whatever else you can to make them as comfortable as possible.

**Starting your tour**

While waiting for the program to begin, try to connect with the participants by chatting, asking about their day, or sharing some personal information about yourself. As the program begins, put participants at ease by giving them information about where they are and what they will be doing. Let them know that the program is meant to be an interactive, discussion-based exploration, not a lecture, and that they will concentrate on only a handful of works. This program may be quite different from what they are used to. Introduce the theme and mention the names of some of the artists whose works you will view.

**In the galleries**

As you move toward the first work, let the participants enjoy the space and environment of the museum itself. Move slowly, pointing out various elements of the architecture and design. Share some anecdotes about the history of the museum and its development. Allow the presence of the artworks and the museum environment to become a part of the experience.

While in the galleries, it is important to keep in mind the following structure and guidelines, which are also detailed in Foundations for Engagement with Art (page 111). Adhering to these steps creates a supportive and engaging environment. Maintain a sense of humor and sincerity in your conversation while you take participants through the following phases of their engagement with each work:

**OBSERVATION**

Invite participants to take a close look at the work of art before they take their seats. Give them plenty of time to settle in and get comfortable. The seating arrangement should allow for every person to have an unrestricted view of the work. Once they are seated, encourage participants to observe quietly for about one minute before they begin to describe what they see.

**DESCRIPTION**

Start by simply asking people to list what they see and to describe the work. Ask questions that prompt description, talk directly to each participant, and make eye contact. Repeat and summarize all the observations to create a full visual inventory of the work.

**INTERPRETATION**

After taking a complete visual inventory, prompt interpretation of the work. Encourage breadth and variety of interpretation. Ask different kinds of questions to foster more creative explorations. Provide art-historical information that is relevant to the group’s responses and interests.

**CONNECTION**

As the program progresses, have participants connect the artwork to their lives and experiences and to the world. This will enable the group to gain new insights about the work and each other. Do not hesitate to invite opinions or share your own perspective.

“I think for the people who are planning these programs and giving the tours we have to remember to be as selfless as possible. We should not get too tied up in our own anxieties and live in the moment as the people in the program are.”

Celeste V. Fetta, Manager of Adult and Higher Education and Acting Chair of the Adult Education Department, The Virginia Museum of Fine Arts, Richmond, Virginia
Art-Making Programs

There is a wide range of mediums, materials, techniques, and strategies that you can use within art-making programs. Projects will depend on the educator’s areas of interest and expertise, as well as the interests and abilities of participants. This portion of the guide provides an outline for general planning and implementation of art-making programs both at your museum and off-site. For sample projects related to specific themes, see the Art Modules included with this publication.

It is important to determine the participants’ interest in making art. Some adults who have not made art regularly throughout their lives may not be comfortable with this type of expression, while others may be very keen to get involved. When determining whether you will offer art-making programs, take the following into consideration:

- The experience and comfort-level of your staff. Are the educators comfortable facilitating both art-looking and art-making programs? Are they interested in working with the same group over time, if requested? Are they available to work off-site at a care organization, if necessary?
- The size of the group. Is the group too large? Will members be sufficiently interested and engaged? Will group size affect their ability to participate?
- Logistical considerations related to the art-making program or to a program that includes both art-making and art-looking components. For example, if you are thinking of looking and discussing art in the galleries followed by an art-making activity, will you have enough time? (A program should not exceed two hours.) Will a studio space be available? Are the studios close to the galleries and easily accessible?

Designing the Projects

Project goals

Consider the goals of your program and the ways in which you will complement art-making projects in the studio with discussions of original works of art or reproductions. If you are working off-site, think about the amount of time you will spend discussing artwork and the amount of time you will spend creating artwork. Also, the nature of the project will depend on how many programs you will have with the same participants. You can produce more in-depth work if you have multiple art-making programs with the same group, but you can also create interesting work in one program.
Overall, keep the projects clear and enjoyable. You want to tap into participants’ artistic potential and creativity without overwhelming them with complex instructions. Design projects that are interesting and intriguing to participants, but do not necessarily demand advanced artistic skills, and avoid those that could be deemed childish. Provide some structure while leaving plenty of room for flexibility and individual adaptations. Be sure to take into account the physical limitations and reduced dexterity that may come with aging when choosing materials and processes. Invite caregivers to participate when possible and appropriate.

Selecting a theme

Your project should have an overall theme to provide structure and purpose to the experience. In relation to this theme, research artists whose work you can show as examples. If you are in the museum, you can visit the galleries prior to the studio component or after launching some of the activities. There should be a lot of synergy between discussion of artworks in the museum and the hands-on engagement of the participants. Make it clear that you are showing these works as reflection and study pieces only and not suggesting that the participants should try to produce similar results.

Making samples

Showing samples of finished artwork or works in progress will help participants get a better idea of what they can create. A handmade example will create an opportunity for you to share something personal with the group. The sample should demonstrate a level of ability that is accessible to all participants.

Preparing materials and supplies

Make sure you have enough supplies for everyone. Anticipate that some participants may want to make more than one object. If you are traveling off-site, make sure to plan ahead regarding what materials you need to bring and what the off-site facility can provide.

Providing instructions

Use step-by-step directions that are easy to understand and follow. For projects that have a limited number of steps, write out the instructions ahead of time to share on the day of the program. Showing examples of works in progress can help to make instructions easier to understand.

Implementing the Program

Introducing the program

Welcome the group with warmth and enthusiasm. Ask if any participants are artists or have experience making art. Explain what participants will be creating and how. Introduce them to the supplies you have brought and explain how to use them. Tell everyone the overall theme to help provide a framework for the project. Explain the amount of time you will be spending in the studio and the way you will connect the work in the studio to conversations in the galleries.

Discussing artwork

Using the strategies outlined in Foundations for Engagement with Art (page 111), lead participants in a discussion of one or more works by other artists, relating them to your overall theme. Make sure to address materials and techniques and the formal
properties of the works. Although it is always best to look at original works of art in the galleries, you could also use reproductions in the studio. Remember to leave images visible as participants work on their own projects. If you are working off-site, make sure to bring reproductions and/or plan to show digital images.

**Creating a positive work environment**

Choose the most comfortable and least distracting classroom or studio space available. The seating, lighting, and temperature should all be optimal in terms of comfort. During the participants’ first program, you might even tell them about the function of the studio for this and other programs at the museum in order to familiarize them with the space. If you are working off-site, make sure to plan with the staff of the facility ahead of time to reserve and prepare a space with minimal distractions.

Help participants get started with their projects by assisting them at any level necessary. Share instructions and repeat as often as needed. Make sure to balance your aims for the program with the particular mood and interests of the group. Do your best to adjust to distractions of all kinds.

**Supporting participants**

Create a “failure-free” experience, one that is safe and that builds confidence, and be ready to adjust if needed to accommodate differences in ability and interest. Show patience with your words and your tone, use humor, and share personal stories to set an informal mood. Do not be condescending. Offer positive reinforcement with specific praise; for example, “I like your use of green in this painting” is more useful than a general evaluative comment such as “This is great.”

**Presenting artwork**

Have participants share their work with the rest of the group and say as much as they like about it. They can do this alone or together with their caregivers. Presenting the work allows participants to connect with each other as well as with staff, and it helps everyone feel validated and successful.

**Displaying artwork**

If the museum has a space to display work created as part of education programs, consider reserving that space for an upcoming exhibition of the participants’ work. If you have secured the space and know that the exhibition will take place at the conclusion of the programs, let participants know from the outset. Invite family, friends, funders, and others you believe might be interested. Participants will be empowered by viewing their own and others’ creations. Works should be accompanied by labels that provide the artist’s name and title of the work in large, legible type. If you are working off-site, encourage the staff of the facility to display the participants’ works. If your studio programs have involved different groups, the final exhibition can include a chosen piece by each participant. After the show, return the work to the participants.

“We have witnessed incredible responses from participants. Many have been inspired by the gallery discussions and have made numerous connections to their own lives. In addition, working with our partners has been an extremely fulfilling and rewarding experience on many levels for the museum staff.”

This guide focuses on the structure and set-up of off-site programs at museums or art galleries and on-site programs at your facility. Programs at your facility can be a source of pleasure and pride for participants. They also allow everyone to engage with art in a safe and familiar environment and might allow for greater participation, as some individuals may not be physically capable of making a trip off-site. Museum visits can also provide intellectual stimulation through social experiences. At the end of this guide, you will find a brief primer on issues to consider when planning a trip to a museum.

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Planning</td>
<td>144</td>
</tr>
<tr>
<td>Art-Looking Programs</td>
<td>146</td>
</tr>
<tr>
<td>Art-Making Programs</td>
<td>148</td>
</tr>
<tr>
<td>Museum Visits</td>
<td>150</td>
</tr>
</tbody>
</table>
General Planning

Logistical Considerations

Program content

Within your own organization, consider offering:

1. Art-looking programs: These programs could be initiated by your staff, participants, or art educators from nearby museums or other arts organizations. Artworks can be chosen from books, Web sites, or other collections and displayed as large-scale reproductions, projected slides, or digital images.

2. Art-making programs: Artists in your community may be interested in sharing their talents with your facility and leading a creative art-making experience. This could include drawing, painting, sculpture, collage, or photography. Your staff could also facilitate these art-making workshops.

You can also create a program that includes both art-looking and art-making. At the end of this guide you will find a sample program conducted by a MoMA educator at a care organization. This four-week program integrates both art-looking and art-making sessions.

Participants

With any program, keep the size of the groups small. A group of six to eight people with dementia is ideal. If more people will be participating, try to create smaller subgroups to individualize the experience as much as possible and to address the specific interests and needs of each person. You may also wish to invite family members and professional caregivers to participate.

Dates and times

Programs can be regularly scheduled or offered upon request. Choose dates and times that are best for your organization and the participants. Work around other scheduled or anticipated activities to avoid conflicts.

Programs should last no longer than two hours. Start small, perhaps with a program every other month, and plan to expand as you gain experience. Prepare a schedule of programs and share it with your staff.

Spaces

Find a space that is relatively intimate and quiet, wheelchair accessible, and near restrooms and elevators. Try to use warm and welcoming rooms that evoke positive associations. Make sure the space has sturdy tables, enough comfortable chairs for all, and adequate lighting. Arrange the tables and chairs to encourage conversation and allow everyone to see the artwork easily. If you plan to make art, be sure to give each person enough space to work.

Costs

You may incur costs for art-making supplies, reproductions of art, equipment for displaying reproductions, and hiring educators. Consider minimizing expenses by seeking sponsors and patrons, applying for grants, soliciting donated artwork and reproductions, and exploring partnerships with other relevant organizations to share costs.

Advertising

Prepare a flyer and/or an article in your newsletter to let individuals and their families know about the program. Display the flyer around the organization in well-trafficked areas. Work with people in charge of public relations and marketing at your organization.

“Art has the potential to unlock doors and elicit responses that are unexpected and refreshing and energizing.”
Susan Puterman Jacobson, former Curator of Contemporary Collection and Director of the Judaica Museum at The Hebrew Home at Riverdale, Riverdale, New York
who can help to further disseminate the information. Include an e-mail address and a phone number in the flyer that connects directly to knowledgeable staff who can answer questions.

**Preparation and last-minute adjustments**

To get off to a good start, set up the room and arrange any equipment and supplies one hour before the program begins. Ask the educator and other assistants to arrive early to help with set-up. Have another staff member bring the participants to the designated room and help them get comfortable. Prepare name tags for the staff and all the participants in order to help everyone become familiar with each other from the beginning. In addition, it is wise to recognize that very few plans are implemented exactly as designed, so expect the unexpected. When your program is in its early stages, meet with your program staff the day before the program to revisit your plan and identify needed changes. Then stay flexible and adjust to the abilities and interests of the participants.

**Resources**

There are many resources for artworks to discuss. Most art institutions have reproductions available for purchase in their stores, in the form of posters or postcards. If you will distribute reproductions to each participant, make sure to have one larger work to keep at the front to use as a reference. Museum Web sites often include reproductions of the works in their collections as well as information about the artists and art movements they are associated with. You can use these Web sites to download images to print or to project onto a screen. If you are using a computer or a television, make sure the screen is big enough, the lighting appropriate, and the environment comfortable.

In addition, you can tap into the interests of participants with artwork that you have in the facility or that they already have at home. Decorative objects, family photographs, and other works can all be used to engage in both art-looking and art-making experiences.

MoMA’s online collection is an extensive resource, containing images and information about modern and contemporary works and artists. You can access the online collection at www.moma.org/collection. A set of art modules with accompanying art cards and a DVD of images from MoMA’s collection are included with this publication.

**Staffing**

Effective programs rely on trained, committed staff. For this program, you will need a program coordinator, art educators, and assistants.

**Program coordinator**

You will need one staff person to coordinate and oversee the program. Ideally, this individual would be a paid, full-time staff member who is experienced with working with people with dementia, interested in art, and highly organized. He or she will be responsible for planning the programs, locating art educators and assistants, advertising the program, inviting and signing up participants, reserving appropriate spaces, gathering art supplies and other material, and trouble-shooting during the program.

“This is a quality experience for Alzheimer’s patients and their caregivers out in the world. The benefit to the community is that it definitely helps to break down the stereotype of a person with Alzheimer’s.”

Kathleen T. Burg, Director, Chessed Project, Taos, New Mexico
Art educators

Ideally, your art programs would be led by professional art educators or teaching artists from your community who are hired by you or a partnering organization, or who volunteer their time and expertise. They can be identified through local museums, artists’ groups and consortiums, or local universities and art schools. Reach out to local organizations to elicit interest and involvement. Establish written agreements with the educator to document expectations and time commitments. Look for educators who engage the participants and have experience working with people with disabilities. Be sure that your staff interacts with the educators on a regular basis.

Assistants

Additional staff or volunteers can help support the art-looking or art-making experiences outlined in the following sections. They can help participants focus by giving them individualized attention. They can also be of great assistance in the planning stages, during workshops, or on visits to museums.

Art-Looking Programs

If you are hosting an educator from outside your facility, he or she will plan the program content and may ask you to assist with logistical aspects of the program. If your staff will be leading the art-looking program, they should be familiar with specific strategies for planning and facilitating discussions. Anyone who will be leading a program should read Foundations for Engagement with Art (page 111), which provides specific examples and describes the following process in detail.

Preparing the Experience

Selecting a theme

Your theme should be appropriate and relevant for individuals with cognitive impairment and also capture the interest and imagination of all participants. Consider themes such as: Portraiture, Identity and Community, Materials and Processes, Landscapes, Real and Imaginary Worlds, Women in Art, or Story-telling in Art. You could also focus on a single artist, an art movement, art from a specific geographical region, or art from a certain time period. Themes like Relationships, Seasons, or Holidays and Celebrations might be especially accessible for all audiences.

Selecting the works of art

Choose four to six works that fit into your theme. Try to select works that you find interesting, that you are comfortable speaking about, and that you think will engage the audience. The more at ease you are with your choices, the more contagious your enthusiasm will be to others.

Preparing art-historical information

Research the works and artists that you will be showing and discussing using online resources, exhibition catalogues, museum wall labels, and books. Plan to weave relevant information into your conversation that will enhance participants’ understanding, help validate their interpretations, and spark further conversation.

Preparing questions

Plan three to five concrete discussion questions per work that invite exploration of that work. Start with simple questions like, “What do you see in this

“The MoMA event, with its thoughtful design and compassionate staff, makes it possible for my husband and me to both participate as a ‘normal’ couple, as responsive viewers of great art.”

MoMA participant
In front of a work of art

OBSERVATION
Invite participants to take a close look at any artwork before they take their seats. Original work or large reproductions can be displayed on an easel, a wall, or anywhere else they can be easily viewed by all. Reproductions can be passed around and/or shown on a screen or a white wall using a projector or on a computer monitor. Dim the lights closest to the projection wall so that the image is clear and visible, but keep as many lights on as possible. The seating arrangement should allow for every person to have an unobstructed view of the work. If you are passing around reproductions, make sure you allow enough time for everyone to have a close look. Encourage participants to observe quietly for a minute before they begin to describe what they see.

DESCRIPTION
Start by simply asking people to list what they see and describe the work. Ask questions that prompt description: What do you see in this painting? Is this person inside or outside? Talk directly to each participant and make eye contact.

INTERPRETATION
After taking a complete visual inventory, ask participants to begin interpreting the work. Encourage breadth and variety of interpretation. Keep building on what is said and connect ideas. Balance your questions with art-historical information that is relevant to the group’s responses and interests.

CONNECTION
As the discussion progresses, have participants connect the artwork to their lives and experiences, and to the world. This will encourage the group to

“The first time that we took a group to the museum we videotaped the tour. On the video you can actually see the affect of one of the people in the group change — from being, ‘I don’t want to be here,’ to, ‘Wow, look at that painting, and look at what I see in it.’”

Mary Ann Johnson, Program Director, The Alzheimer’s Association, Greater Richmond Chapter, Richmond, Virginia
interact in interesting ways and gain new insights into the work and each other. Do not hesitate to invite opinions or to share your own perspective.

SMALL-GROUP CONVERSATION (TURN AND TALK)
Toward the middle of the program, integrate a smaller discussion activity. Ask the group to divide into smaller groups of six or fewer people to discuss works more intimately. Give the groups a prompt that will encourage them to connect the work to their own personal life experiences: For example, ask participants to discuss whether they prefer to live in the city or the country and why, or to describe their favorite place to spend time and why it is meaningful.

SUMMARY
Toward the end of the discussion of each work (and at the end of the program), bring together the various threads of conversation, summarizing and synthesizing the ideas and opinions that have come up. Show your enthusiasm and focus on the meaning and value of these explorations.

Art-Making Programs
There is a wide range of mediums, materials, techniques, and strategies you can use in art-making programs. Projects will depend on the teaching artist’s areas of interest and expertise, as well as the interests and abilities of participants. This section provides an outline for general planning and implementation. The specifics of each art-making project determine the details both the coordinator and the art educator must take into account. For sample projects related to specific themes, see the Art Modules included with this publication.

Designing the Projects

Project goals
Consider the goals of your program and an underlying theme. Keep the projects clear and enjoyable. Tap into participants’ artistic potential and creativity without overwhelming them with complex instructions. At the same time, make sure to avoid projects that could be deemed condescending. Design projects that are interesting and intriguing to participants, while not necessarily demanding advanced artistic skills. Provide some structure while leaving plenty of room for flexibility and individual adaptations. Be sure to take into account the physical limitations and reduced dexterity that may come with aging when choosing materials and processes. Invite caregivers to participate when possible and appropriate.

Selecting a theme
Your program should have an overall theme to provide structure and purpose to the experience. In relation to this theme, research artists whose work you can show as examples. Sharing photographs and reproductions from catalogues or books or stories about relevant artists will spark interesting discussion among participants as they work on their own art projects. Make it clear that you are showing these works as inspiration only and not suggesting that the participants should produce similar results (i.e., avoid “create your own Van Gogh” or “create your own Pollock” projects).

Making samples
Showing samples of finished artwork or works in progress will help participants get a better idea of what they can make. A handmade example will create an

“One of our clients asked one of the staff if they had ever heard of Grandma Moses and stated that she was ‘Grandma Gertha.’ The pride and confidence she exuded in her accomplishments as an artist were truly amazing.”

Karleen Gardner, Curator of Education, Memphis Brooks Museum of Art, Memphis
opportunity for you to share something personal with the group. The sample should demonstrate a level of ability that is accessible to all participants.

Preparing materials and supplies

Prepare your supplies ahead of time. Make sure you have enough for all participants plus some extra materials. Anticipate that some participants may want to make more than one work.

Providing instructions

Use step-by-step directions that are easy to understand and follow. You may want to write out the instructions to help participants remember them. Be mindful of your delivery: speak loudly, clearly, and at a moderate pace.

Implementing the Program

Introducing the program

Welcome the group with warmth and enthusiasm. Ask if any participants are artists or have experience making art. Explain what participants will be creating and how. Introduce them to the supplies you have brought and how to use them and tell everyone the overall theme in order to help provide a framework for the project.

Discussing artwork

Using the strategies outlined in the Art-Looking Programs section (page 147), lead participants in a discussion of one or two works by other artists that relate to your overall theme. This conversation links the work they will be making to the scope of art history and can act as a useful and inspiring prelude to the project.

Creating a positive work environment

Help participants get started with their projects by assisting them at any level necessary. Repeat instructions as often as needed. Make sure to balance your aims for the program with the particular mood and interests of the group. Do your best to adjust to distractions of all kinds.

Supporting participants

Support a “failure-free” experience, one that is safe and that builds confidence, and be ready to adjust if needed to accommodate differences in ability and interest. Show patience with your words and your tone, use humor, and share personal stories to set an informal mood. Offer positive reinforcement with specific praise; for example, “I like your use of green in this painting” is more useful than a general evaluative comment such as “This is great.” Offer insights and recommendations that can help a participant’s process.

Presenting artwork

Have participants share as much as they like about their work with the rest of the group. They can do this alone or with their caregivers. Presenting the work allows participants to connect with each other as well as with staff, and it helps everyone feel validated.

Displaying artwork

If possible, exhibit participants’ artwork for all to see. Viewing their own and others’ creations will empower participants and may inspire future engagement. Works
Museum Visits

Local museums may offer programs specifically for people with dementia. Learn more about them and how you can register. Your best contact is likely to be the museum’s education department, specifically the person who coordinates programs for individuals with disabilities or community groups. If you would like to lead a group within the museum, it would be best to contact the museum to learn about their policy regarding outside educators. If a museum in your area is interested in starting a program, refer them to the Guide for Museums in this book (page 125).

Logistical Considerations

Participants

Invite those individuals whom you feel will enjoy the experience and who are physically capable of making the trip. A group of six to eight people with dementia is ideal. If possible, invite family members and professional caregivers, including your staff, to either travel with you or meet you at the museum so that they can participate.

Scheduling

Coordinate with the museum in order to take into account their needs as well as those of your group. Consider your organization’s scheduling requirements and other factors when planning the trip. Visit on a day when the museum is not too busy or on a day when the museum is closed, if possible. Museum staff can assist you in determining which dates and times are best.

Costs

Ideally, your program should be free to participants, but it also must be financially sustainable. Consider minimizing costs by attending free existing programs, seeking sponsors, applying for grants, and exploring partnerships with museums or other organizations.

Transportation

Consider how you will get participants to and from the museum. Gather directions and maps, and locate wheelchair-accessible entrances and parking lots in order to ensure a stress-free experience. Find out ahead of time if the museum can provide stools for all participants and wheelchairs, if necessary.

Museum policies

Make sure that all participants, staff, and family members are aware of the museum’s rules and policies. Go over the most important factors, such as safety and respect for the works of art and the museum in your facility and right before entering the galleries.

The Museum Experience

Frame of mind

By taking the aforementioned logistical issues into consideration ahead of time, you will help to create a stress-free atmosphere that will enable participants
to focus on the experience of being in a museum and engaging with art. Additionally, you can further improve the experience by:

- Giving your group plenty of time to get to the museum.
- Talking about the museum on your way there.
- Exploring the museum space once you are inside. As you walk through the galleries, you can talk about the architecture of the space. The goal is to experience art but also the museum itself.
- Remembering that fatigue can set in. In general, two hours in a museum setting is the limit for any visitor’s attention and concentration. Consider taking breaks and exploring non-exhibition spaces such as cafés and gardens for relaxation. You could also consider scheduling time for a snack or meal with the whole group after the museum visit.
- Making lightness and humor central to your interactions. Make sure to balance your aims with the particular mood and interests of the participants in the group.
- Adjusting to distractions of all kinds, like agitation, interruptions, or a lack of initiative or interest. It is fine if the viewing plan changes or you do not make it to a work you intended to see.
- Continuing to reflect on the experience after the program by sharing your experiences and listening to others share their stories. You can tie your visit to further discussions and art-making projects in your facility.

**In the galleries**

If you are participating in a museum program, take advantage of the fact that someone else is leading the group. Explore your own interests in the works of art while remaining with the group, and participate in the discussions.

If you are not participating in a structured museum program but rather designing one yourself, think of the visit as a two-tiered experience. In the first tier, you will be leading the group and should have a general idea of what you will be seeing in terms of particular works or a particular exhibition. Follow the strategies and structures detailed in Foundations for Engagement with Art (page 111). In the second tier, allow the group to roam freely and look at and discuss whatever appeals to them. You can divide the group into smaller units and assign volunteers and caregivers to each unit. Make sure there are people from your staff accompanying all groups. Do not attempt to cover too much ground in one visit. Rather, focus on in-depth engagement with fewer works.

The visit should be integrated into your organization’s overall art program. The museum experience can complement the art-looking or art-making programs that are offered on-site at your organization.

“**I think one of the benefits is that this is an opportunity to see the person you love being successful in the community. It’s an opportunity to actually participate in an activity with the person who has dementia.**”

Courtney Gerber, Assistant Director of Education, Tour Programs, Education and Community Programs, Walker Art Center, Minneapolis
Sample Program

To create a multiweek program for participants in your organization, refer to the Art Modules included with this publication. You have the option of sequencing multiple existing modules to create a multipart program that includes both art-looking and art-making components, or you can mix images provided as art cards or on the DVD to create your own themes. If possible, you may incorporate trips to a museum into the program.

The following example features a four-part program at a care organization that includes both art-looking and art-making sessions. This program was conducted by a MoMA educator with a group of individuals with early-stage Alzheimer’s disease.

The program was divided into separate art-looking and art-making, or studio, sessions. At the beginning of each studio session, the educator introduced reproductions of images from the previous art-looking session to incorporate the ideas discussed then into the art-making process. Although some participants who are in the early stages of the disease may be able to recall the artworks from the earlier discussion with little difficulty, it is always useful to reintroduce the images.

Part I: The Importance of Place

Theme

Choosing a broad theme for the first session is a good idea. Everyone can relate to “place”—feelings inspired by a place, loving a place filled with good memories, being moved by a specific scene in a specific place. By tapping into long-term memories, the educator thought she would get responses from a broader spectrum of the group.

Week I: Art-looking sessions

Jacob August Riis. Bandits’ Roost, 59 ½ Mulberry Street. 1888

Georges-Pierre Seurat. Port-en-Bassin, Entrance to the Harbor. 1888

Jacob Lawrence. Street Shadows. 1959

Piet Mondrian. Broadway Boogie Woogie. 1942–43

The educator took several factors into consideration when choosing these works. First, she wanted to show a range of mediums and a range of techniques or artistic styles to encourage experimentation with materials during the studio session to follow. She was also concerned with appealing to a broad range of interests: she tried to include works that are representational and works that are abstract.
During the program, when she realized that she would not have the opportunity to get through all four works, she decided to use the works done by New York artists — she had started with Riis, and participants loved talking about the way things used to look in New York, as most of them were native New Yorkers. She thought Jacob Lawrence was a perfect complement for their discussion of the city.

During this session, the participants were very engaged and constantly asked questions and shared personal experiences — to the point that they spent almost thirty minutes discussing just the first work. Rather than rushing them along, the educator felt it would be more beneficial to get everyone to share as much as possible. She adjusted the number of works and the amount of time spent discussing each work to the group’s interest.

Keep in mind the value and meaning of these types of connections. Rather than sticking to a plan without flexibility, it is much more fruitful to allow participants’ responses and interests to direct the discussion. Digressions, sharing of personal experiences, storytelling, and reflections on life and art should be encouraged.

Week II: Studio session

The educator chose a watercolor project so the group could experiment with color and composition in a free-form way. Each participant spent an hour creating a piece inspired by a place that was special to him or her. The images discussed during Week I were shown again in Week II to provide reference to a variety of styles and places.

Overall response

The educator was very pleased with the outcome of the first two sessions. The participants had much to contribute, and while some were more verbal than others, everyone seemed engaged and stimulated. Some group members were a little disconcerted that they would have to make art, saying things like, “I’m not an artist,” and, “You’ll want to throw it away when I’m done,” but everyone tried, and everyone — including a ninety-two-year-old woman who was very concerned because she had been an accountant and “not creative” — seemed pleased with their work. The educator considered the project a success the moment everyone had made a mark on their paper because this meant they had overcome their fear of doing something “right” and let their intuition take over.
Part II: The Power of a Portrait

Theme

The educator introduced this theme because it allowed for in-depth discussion of a topic that was easily accessible to all participants. She wanted to focus on artists’ choices to generate a lively discussion about technique in order to inspire participants to experiment during the studio session.

Week III: Art-looking session

Chuck Close. Self-Portrait. 1991

Ernst Ludwig Kirchner. Street, Dresden. 1908

Henri Matisse. The Red Studio. 1911

Pablo Picasso. Girl before a Mirror. 1932

The educator chose works that demonstrated a range of artistic styles and techniques. She started with Close, and the group marveled at the large scale of the work (about eight feet tall and seven feet wide) and at what they felt was the psychological state of the painter. The group was very interested in the artist’s personal life and what caused him to paint the way he did. When looking at the work by Kirchner, participants brought up the idea of loneliness.

Also, the subject matter and time periods of the other paintings led the group to discuss feelings related to identity as well as the social and political context within which the works were made. This conversation also enabled some participants to access long-term memories, which led to very meaningful exchanges.

Week IV: Studio session

During the follow-up studio session, the group spent an hour working with self-hardening clay to create portraits that depicted themselves or someone else of their choosing. These could be done with any degree of realism and in any style they chose. The group worked with basic modeling tools, and the educator encouraged experimentation with materials. The project was sophisticated yet simple enough to complete in one session so that workshop participants felt a sense of accomplishment at the program’s end.

It was also very important to the educator that every week be filled with some activity that was different from what had come before it. She wanted the group to have a chance to “get messy,” to work with various media, and to experiment with materials they had never tried before.
Overall response

The discussion was very productive, as participants made many connections to the works and to each other. The group was more comfortable this time when the educator presented the art-making activity.

Some were intimidated by the clay, and some were unwilling to get messy — but everyone tried to work with the material. The group’s coordinator noted that the tactile materials seemed to bring many people out of their shells. She thought it might be nice to use clay again if there was time during a future session.

Some participants were very happy with their work and proud to take it home, while others were less impressed by their skills but welcomed the challenge and engagement during the workshops. Everyone reported having a very positive experience during the discussion and studio sessions. The educator remarked, “I do believe I learned more from them than they did from me in our time together!”
This guide provides information for planning a trip to a museum and creating stimulating art experiences at home. Visits to museums and cultural institutions foster positive interactions with others and with art. Explorations at home allow participants to engage with art in a familiar environment. It is ideal to relate your experiences at home with visits to museums, galleries, and other cultural institutions. An example that incorporates both runs throughout the guide.
Art Outings

Visits to art museums and galleries can be rich and rewarding experiences. Viewing original works of art in quiet, contemplative spaces that allow for social interaction can be beneficial for everyone involved and provide an opportunity for self-reflection and self-expression. There are many ways to visit a museum or gallery, and you can involve a variety of people in your experience.

Independent Visits and Programs

Family visits to museums and galleries

A trip to a museum or a gallery in a pair or with family and/or friends can be both convenient and rewarding. Such visits can be extremely enriching and can provide a relaxing break for everyone involved. They are easy to plan and are adaptable to various personal schedules and needs. You might also consider establishing an informal group of families dealing with memory loss who would like to travel as a group. These are families that you might meet at care organizations, in support groups, or in a number of other circumstances.

In our example, a daughter (D.) and her father (F.) plan to go to the The Museum of Modern Art together. F. has always had a passing interest in art, but has a hard time “appreciating” contemporary art because, he says, “I don’t really understand much of what’s going on in the works.”

Museum programs

Local museums may offer programs for people with dementia. Learn more about them and how you can register. The museum’s education department will most likely be the best contact, and some may have an access division, which caters to individuals with various special needs and disabilities.

Support groups

Visiting museums or galleries with a support group is also an option. You might want to join a support group that schedules regular outings to cultural centers or reach out to your local Alzheimer’s Association chapter or to other organizations that offer support groups. Encourage support-group leaders to contact museum staff to set up a tour or to establish a more extensive partnership program.
Day trips with care organizations

If at any point the care recipient attends an adult day center or other care organization, a group from the center may be planning art programs either on- or off-site. Consider taking trips together with members of the facility. If possible, invite other caregivers and family members to either travel with you or meet you at the museum so that they too can engage in interactive discussions with their loved ones.

Logistical Considerations

Scheduling

Whether you are considering an existing program or coordinating your own trip, make sure you are fully aware of the museum’s policies, hours of operation, and accessibility and other issues that might affect your trip. Familiarize yourself with the museum’s scheduling procedures, along with policies regarding small or large groups. Calling ahead to see when the museum is the least crowded can help make the visit work more effectively. Afternoon outings allow you adequate time to prepare.

Spaces

Make sure you are aware of the particularities of the space you are visiting. Having a sense of the flow of people in the lobby and in the galleries will help you avoid overcrowded areas or otherwise unwelcoming spaces. You should also know the locations of restaurants, bathrooms, and other amenities. If beneficial, ask if wheelchairs are available for loan. Most museums have wheelchairs and will provide them upon request.

Costs

Many museums, galleries, or cultural centers provide discounted or free admission for older adults and/or free programs for individuals with dementia and their caregivers. Before planning the trip, inquire about issues related to costs for yourself or for a group. Some museums offer passes that allow a free follow-up visit when you participate in a program. If you are attending as part of a larger group, you might consider minimizing costs by sharing transportation expenses and exploring museum membership discounts.

“I sat down and critiqued one of the paintings that I saw. And that brought back things that I had studied, and that made me start thinking that I didn’t lose everything that I was afraid I was losing.”

MoMA participant
D. and F. had previously attended a Meet Me at MoMA program and received passes that allowed them to come to MoMA for free with three other family members (up to five people). D.’s husband and his sister are also interested in attending and making the Museum visit a meaningful and enriching family experience. They decide to go to MoMA later in the afternoon, around 3:00 p.m. They commit to leaving at 5:00 p.m. at the latest, in order to prevent fatigue from setting in, and plan an early dinner to complete the outing. Luckily, D.’s sister-in-law has a car, so they decide to drive on a Wednesday afternoon and park in one of the parking lots that provide discounts to MoMA visitors.

**Transportation and parking**

For trips to museums or galleries, think ahead about how you will get to and from the site. Gather directions and maps, and locate wheelchair-accessible entrances and parking lots, if necessary, in order to ensure a stress-free traveling experience.

**The Museum Experience**

**Enjoying the museum**

Every effort should be made to make the museum experience as enjoyable as possible. Give yourself plenty of time to get there, and do not be in a rush. The goal is to experience and access art and also take in the benefits of the museum itself, as well as the social aspects of the outing. If you are participating in a program, take advantage of the fact that someone else is leading the group and use the time to relax, explore your own interest in the works discussed, and get a psychological and emotional lift. The experience will be more rewarding if you also feel that you are being personally nurtured.

**Choosing the works**

If you are not participating in a scheduled program and will be facilitating the experience yourself, be sure to provide a general framework that will focus all participants and give the trip purpose. When planning, think of your visit as a two-tiered experience. In the first tier, you should have a general idea of what you will be seeing, in terms of particular works or a particular exhibition. In the second tier, allow yourself to roam freely and look at and discuss whatever is most appealing. Make sure to take into consideration the interests and backgrounds of everyone in the group. Do not attempt to cover too much ground in one visit. Rather, focus on prolonged engagement with fewer works. Throughout take note of the works viewed so you can discuss them at home using reproductions or digital images.

“This opens a wonderful opportunity for people to connect and to get over the ‘fear’ or ‘discomfort’ of being with the elderly, especially those with dementia. This is a great gift, and an important one in an aging society.”

MoMA participant
Ernst Ludwig Kirchner. *Street, Dresden.* 1908

Remember that fatigue can set in, so make sure you do not tire yourself out or become frustrated with the range and scope of things to see. In general, more than two hours in any museum setting is physically and mentally taxing. Consider taking breaks and exploring non-exhibition spaces, such as the café and garden, for relaxation. You could also consider going out for a snack or meal after the museum visit to allow time for reflection and relaxation.

Helen Levitt. *New York.* c. 1940

D, thinks that taking her father to look at more iconic and accessible works will prompt him to explore some of the Contemporary galleries. She plans to focus on particular works in the Painting and Sculpture galleries that she has researched in advance using the Museum’s Web site. Afterward she plans for them to stroll through the Contemporary galleries, allowing their explorations to go into uncharted and unplanned directions and to make connections to the works they have just viewed. When they get to the Museum, they go directly to the Painting and Sculpture galleries on the fifth floor. They look at three works in depth, all of which depict cityscapes. One particular work is especially intriguing to them: *Street, Dresden* by Ernst Ludwig Kirchner. They appreciate both the subject matter of the work and the signature style with which Kirchner transforms this urban street scene.

The family strolls through the third-floor galleries to explore some photography—a favorite of F’s, who had dabbled in photography and always appreciated the extent to which black-and-white photography had infused artistic practices with new ideas and a new aesthetic. Without having planned it, they stumble upon some photographs by Helen Levitt depicting New York street scenes, which provide great fodder for conversation about the ways New York has changed and the beauty of the photographs themselves. In addition, a natural conversation unfolds around Kirchner’s depiction of street scenes in comparison to Levitt’s. (D. had bought a print of Kirchner’s painting that they use for comparison.) After another twenty minutes in the Photography galleries, the group takes a break in the Sculpture Garden, then goes to the Contemporary galleries.

“The program provides a wonderful opportunity, not only for the family members with dementia to participate, but everyone’s invited to participate in the discussion, and that makes it more fun than just watching your loved one blossom. The memories that I’ll have of this experience are quite moving, and they’re emblazoned in my temporal lobe.”

MoMA participant
Setting the tone

Throughout, use a positive attitude and enthusiasm to set the tone. Make sure to balance your aims with the particular mood and interests of everyone you are with. Do your best to adjust to distractions of all kinds. It is fine if the viewing plan changes or a work is not seen; there will be other opportunities. Finally, keep reflecting on the process by sharing your experiences and listening to each other’s stories.

Throughout, the pace is relaxed and the tone of the exchanges is jovial. Everyone makes sure to take their time looking. They describe elements and delve into some personal interpretations and associations. D. photographs the works viewed when allowed as they go through the galleries.

Leading the experience

Take time in front of the works of art. Ideally, you should spend about ten minutes looking at and discussing each artwork, depending on the number of people in your group, and less if you visit as a pair. You might consider taking longer in front of images of particular interest, but move on if there is a lack of conversation. You might want to mix in some extended explorations with faster viewing of works to add variety. If you are going to a particular exhibition, use the museum’s resources, such as wall texts, labels, and audio guides, to help facilitate your experience.

D. and F. make some connections to other times they have come to the Museum and to other personal experiences. In the Contemporary galleries on the second floor, they discuss the ways current artists are thinking about cities and incorporating those ideas into the materials they use. They come across some bewildering work that gradually becomes accessible as they explore it more thoroughly by reading the wall texts and continuing the conversation among themselves. They feel satisfied about being able to make connections to the more representational work nearby in the same gallery. A work by Tony Cragg catches their attention and provokes an interesting exchange: the artist had chosen to not just represent a city street but to bring materials found in an urban setting into the gallery to create an arresting and beautiful assemblage.

Tony Cragg. Grey Moon. 1985
Deciphering the works of art

The following steps are meant to enhance your exploration of works and help develop a stimulating conversation. Adjust and adapt them as you see fit, based on the people you are visiting with. The following is an outline of the material covered in detail in Foundations for Engagement with Art (page 111).

OBSERVE
Make sure to take enough time to observe all aspects of the work independently. Encourage each participant to take a visual inventory of the work without speaking.

DESCRIBE
Next simply describe the work. Ask questions that prompt description: What do you see in this painting? What are some words you would use to describe this person or place? A complete visual inventory will help you to see details you might have otherwise overlooked and will enrich the conversation that follows. Once you feel you have spent enough time describing, summarize what has been said.

INTERPRET
Having described the work in detail, begin to interpret the various components. Touch on subject matter, composition, technique, and social and historical contexts. Encourage breadth and variety of interpretation.

CONNECT
As you continue your explorations, connect the artwork to your lives and experiences. This will encourage new insights and interactions. Do not hesitate to share personal opinions. Learn from each other and enjoy each other’s company.

SUMMARIZE
Toward the end of the exploration, bring together the various threads of conversation that have come up. Connect ideas and opinions, and consider the meaning and value of the day’s experience.

After another forty minutes, everyone is ready to call it a day. D.’s sister-in-law validates her parking ticket and goes out to get the car while the rest of the group waits in the lobby. They go uptown to have dinner at one of F.’s favorite restaurants, where they discuss what has affected them that day using reproductions of the artworks as prompts.

“I think it’s very interesting how my father — and others there with dementia — project feelings. I suppose we all do this, but it gives them a chance to express feelings in ways that I’m not sure they can otherwise.”

MoMA participant
Beyond the Museum

You can extend the museum experience to other settings using the suggestions included in the following section, Art at Home. Consider the themes explored during your museum visit and plan a follow-up discussion or a follow-up art-making project for you and other family members to do. Make sure that the context of the conversations or the project is stimulating and relevant to everyone’s interests. When at all possible, use reproductions of the works discussed to inspire the creative process. Gather reproductions of the works you concentrated on during your visit by either purchasing postcards or prints at the museum’s store or by locating them online. Introduce the images in future gatherings to help remember the museum trip and to further your discussion.

Art at Home

Engaging with art at home can also be enriching and rewarding. Because this experience is between the caregiver and the person with dementia, there is plenty of leeway to adjust and adapt the parameters and the components set forth in this section. Since there is a deep intimacy between you and the person you will be sharing these experiences with, feel free to transform the guidelines to best serve the psychological, emotional, and intellectual needs of both of you.

The next day, since their Museum experience had been an enlightening and fun outing, and unexpected connections had been made about street and city scenes, D. and her father decide to block out some time in the afternoon to visit the MoMA Web site (www.moma.org) and access additional work by artists they had seen the day before, bring out some of F.’s photographs and other reproductions of artworks they have in the house, and record some of F.’s stories about the city. F. had always been an avid reader and writer but recently had become reluctant to write. However, he is keen on recording the tales he would have written a few years earlier, and D. is excited to make an audio collection of her father’s stories. The afternoon proves a success.

“For me, the caregiver, it was a most enjoyable activity, while, at the same time, I was helping my husband. This doesn’t happen too often.”

MoMA participant
Logistical Considerations

Participants

You can engage in art-looking and art-making activities at home. However, if you think that other family members or families going through similar experiences would benefit from social time together, you could hold art-viewing gatherings with multiple families at each other’s homes. In that case, make sure to adapt the logistical elements to accommodate the number of people who will be present. For everyone to get better acquainted with techniques and strategies for facilitating art-looking and art-making activities, look into museum offerings, local art programs, and community resources.

Dates and times

Choose dates and times that are best for you. Work around other schedules or anticipated activities to avoid conflicts or overload. Your engagements should probably not last any longer than two hours, but if there is enough interest, factor in additional time for socialization or art-making.

Spaces

The optimal space is relatively intimate and quiet. Try to use warm and welcoming rooms that evoke positive associations. Make sure the space has sturdy tables, comfortable seating, and adequate lighting. Arrange the tables and chairs so that everyone can see each other to encourage conversation. If you plan to make art, be sure to have enough table space to work on.

Costs

There are minimal costs associated with these art experiences at home. You can use resources provided by MoMA, and you can use the Internet to download images from Web sites free of charge. Costs may be incurred for art-making supplies and reproductions of artworks.

Professional educator

The level of interest among family members or a group of families may be such that you think hiring a professional educator would be desirable. Ideally, this individual would be experienced in working with people with dementia, interested in art, and highly organized. He or she will
be responsible for planning the sessions, gathering supplies and other material, and leading the conversation. Educators can be identified through museums, arts organizations, and universities or art schools.

Resources

There are many resources for images to discuss with family members. First, consider what is already in your home: the art that you display in the house, decorative art objects, and family photographs. In addition, many art institutions have reproductions available for purchase in their stores in the form of posters, postcards, or prints. Museums Web sites often include reproductions of the works in their collections as well as information about the artists and the art movements they are associated with. You can download images from these Web sites to either print or view on a computer screen. If you are using a computer or a television, make sure the screen is big enough, the lighting appropriate, and the environment comfortable.

MoMA’s online collection is an extensive resource, containing images and information about modern and contemporary artists. You can access the online collection at www.moma.org/collection. Additionally, Art Modules with accompanying art cards and a DVD of images are included with this publication.

The Viewing Experience

The more familiar you are with the images you will be discussing the better. Follow the steps outlined below to ensure that you are prepared to lead an engaging discussion. It is recommended that you turn to Foundations for Engagement with Art (page 11) to equip yourself with the tools necessary to develop and facilitate a comprehensive viewing experience.

Selecting a theme

Your theme should be appropriate and relevant for all participants and one that you feel comfortable discussing. You could focus on artworks that share a subject matter or medium, a single artist, an art movement, art from a specific geographical region, or art from a certain time period. You should take into account those styles, periods, mediums, or artists that you like or that intrigue you and everyone else involved. If you know that particular themes will resonate, it is worthwhile to pursue them. Consider Art of the Twentieth Century, Portraiture,
Impressionism and Post-Impressionism, Materials in Sculpture, Landscapes, Women in Art, or Photography and Narrative. If you would like to pursue a more general overview of the definitions and histories of art, a theme such as What is Art? might be appropriate.

Selecting the works of art

Choose four to six works that fit into your theme. Be amenable to integrating personal items, such as family photographs, that might generate conversation. You might even consider beginning your exploration by making connection to the art that is around you. For example, you could suggest how a chair in the home might be a work of art. Steer clear of works that you think might be in any way unsettling.

Determining the sequence

The sequence in which you view the works should connect them in the context of the theme you have chosen. The sequence may simply be chronological, or it may move from works that are more figurative to those that are more abstract, or from simpler works to those that are more complex in composition. Order the works in a way that you feel is clear and sensible.

Preparing questions and gathering information

Plan to ask questions that provoke a lively experience. Your questions should promote further inquiry and exploration. Using online resources, exhibition catalogues, museum wall labels, museum audio guides, and books, research the works and artists that you will be discussing. Plan to weave historical and other relevant information into your conversation. Again, this should be very natural and unforced. Beware of the tendency to want to share all the information that you have about the work of art.

Discussing the works

Ideally, you should spend about ten minutes discussing any one image or work, depending on the number of people present. However, feel free to move on from a work if there is very little interest, or to continue and explore that work longer if it leads to further connections. Be open to digressions and to linking conversation points to personal experiences. Make sure that you are empathetic to all comments and questions, and allow all voices to be heard.

“We have some caregivers who keep coming to the program even after their loved one has passed. They say the program gave them memories at the end that were positive. Living within the moment is what they definitely do while here but they also create memories the caregiver can hold on to.”

MoMA educator
Creative Projects

Both you and your loved one can engage in creative endeavors, either individually or in a collaborative effort. Individual interests should be addressed in these art-making experiences, and they can include such mediums as drawing, painting, printmaking, photography, storytelling, and writing and any others that appeal to all participants. There is a wide range of materials, techniques, and strategies that you can use when making art. This section provides a general outline for planning and implementing the program. The specifics of each art-making project will determine the details. For projects related to specific themes, see the Art Modules included with this publication.

Finally, that weekend D. takes out her camera and with her father takes photographs of their neighborhood. They truly collaborate in terms of choosing the subjects, talking about the angles and composition they want to use, and debating the merits of one shot over another. They make great use of their digital camera, and when they return home they upload the images to the computer.

Creating optimal conditions

Consider the goals and the process of your project; keep it simple and fun. The aim is to initiate self-expression and tap into artistic potential. While instructions should not be too complicated, make sure to avoid projects that could be deemed childish. Design projects that are conceptually intriguing but do not demand advanced skills in any particular area. Provide some structure while still leaving plenty of room for flexibility and individuality. If applicable, take into account the participants’ physical limitations and reduced dexterity when choosing materials and processes.

D. makes sure to have all the necessary material and equipment ready and places the computer in a very accessible and cozy area, where F. feels comfortable. They have a good time juxtaposing Kirchner’s and Levitt’s images from the Museum’s collection with their own street scenes and cityscapes.

Preparing background information

Sharing photos and reproductions of works of art from catalogues or books may inspire the creative process. Research the artists whose work you will be showing and share this
information. If you are regularly going out to museums, it is useful to consider the works you have seen and discussed while engaging in your own creative endeavors. This links the work you will be making to the scope of art history and can provide ideas for the project. Make sure you are showing works as inspiration only and not suggesting that participants should try to produce similar works.

**Tailoring projects to participants’ interests**

Think of participants’ previous experiences with art-making. For example, if one person was interested in wood and furniture making, think of the ways you could channel that into a more focused practice. Adjust interests creatively: for example, if someone was fond of writing stories or poems but does not feel physically capable of writing, propose that they tell their stories and record them.

**Preparing instructions**

Use step-by-step directions that are not too lengthy and are easy to follow. Write out the instructions to help you remember them, and explain them clearly at a moderate pace.

**Supplying material**

Provide an ample amount of materials. Make sure you have enough to create more than one work. Showing samples of finished artwork or works in progress will help give a better idea of what the process could lead to.

In addition, D. had taken digital photographs of the works they saw at the Museum and she displays slide shows on the computer regularly over the following weeks. The slide shows allow D. and F. to continue to connect their experiences at MoMA to their photography project.

**Supporting participants**

Get started with your project, offering assistance to participants at any level necessary. Repeat instructions as often as needed and offer positive reinforcement. Show patience with your words and your tone, and use humor and stories to set an informal mood. Offer praise and critique with sincerity. If participants conclude that what they are producing is simply

“What the program will do for me is give me some memories. It gives me something to hang on to, because it’s been difficult to watch the man that I love dearly not be the man that I love. So I have something to hang on to. He now doesn’t remember it, but I have it. And that’s extremely important.”

MoMA participant
“no good,” find ways of getting beyond this response with positive reinforcement to help the
person to see the merits in what they made. Avoid simplistic evaluations: saying something
is “good” or “bad” may not sufficiently connect to the participant’s needs. Instead, allow your
conversation about the works to become descriptive and associative rather than evaluative.
For example, a comment such as “I really like the way you applied the paint and created so
much texture in this work” or remarks about particular techniques, gestures, or choices can
create a dynamic and fruitful conversation.

The Museum experience and the extended activities at home provide D. and her father with quality
time together and some extremely meaningful engagement. They both grew and learned while
revisiting their interests, thinking about their own lives, and discussing the ways other artists engaged
with their communities using different mediums.

**Showing the work**

Displaying the art in a social context reinforces the fact that what has been created is of value.
The work becomes a spark for further conversation and promotes continued pride. Sharing the
work also provides opportunities for further discussion on the part of all participants.
Selected Biographies

Francesca Rosenberg is Director of Community and Access Programs in MoMA’s Department of Education. In her fourteen years at the Museum, she and her colleagues have won national respect for their efforts to make the Museum’s extensive resources accessible to all. In 2000 MoMA’s Access program was awarded the Access Innovation in the Arts Award by MetLife Foundation and VSA Arts. In 2007 Ms. Rosenberg received the Ruth Green Advocacy Award from the League for the Hard of Hearing. Ms. Rosenberg serves on the steering committee of the Museum Access Consortium New York, and is the coauthor of Making Art Accessible to Blind and Visually Impaired Individuals (1996). She lectures widely and is the author of numerous articles on issues related to making art accessible to people with disabilities.

Amir Parsa has been Lecturer and Educator at MoMA since 2004 and is currently Manager of The MoMA Alzheimer’s Project. Mr. Parsa has designed and implemented programming for various audiences at MoMA, linking the arts to literacy, community, and health. He has lectured on a wide range of topics in modern and contemporary art as well as creative programming design at MoMA and at museums, libraries, and other institutions across the United States. He is an internationally acclaimed writer and poet and the author of several literary books in French, English, and Persian, most recently Erre, Divan, and Drive-by Cannibalism in the Baroque Tradition. He holds a B.A. from Princeton and an M.A. and M.Phil. from Columbia University.

Laurel Humble is Assistant for The MoMA Alzheimer’s Project. In that role she coordinates and teaches the Meet Me at MoMA program in addition to leading training for professional and family caregivers. Throughout her career at MoMA she has taught programs for individuals with special needs and disabilities and groups from community organizations, as well as high school students from across New York City. Ms. Humble graduated from the University of Georgia with a B.A. in art history with a concentration on the work of Jackson Pollock and the New York School.

Carrie McGee is Assistant Educator for Community and Access Programs at MoMA. She is responsible for developing and managing a variety of programs for people with disabilities as well as programs for community organizations, senior centers, and social service agencies. Ms. McGee also trains educators and teaches gallery and studio programs at the Museum. She has been a featured speaker at numerous national and international conferences. She holds a B.A. in English literature and a B.F.A. in photography from the University of Michigan and is currently pursuing an M.A. in art history at Hunter College in New York.
Wendy Woon, The Edward John Noble Foundation Deputy Director for Education, has over twenty-six years of award-winning experience in museum education. She oversees all educational departments at MoMA, including Interpretation and Research, Adult and Academic Programs, Community and Access Programs, Digital Learning, and School and Family Programs. Ms. Woon holds an M.F.A. from The School of the Art Institute of Chicago and a B.F.A., Honors, from Queen’s University, Canada. She has taught at the graduate level at The School of the Art Institute of Chicago and New York University. She was a New York City Scholar at Columbia University in 2007–8.

Anne Basting, Ph.D., is Director of the Center on Age & Community and an Associate Professor in the Department of Theatre at University of Wisconsin-Milwaukee. Dr. Basting has written extensively on issues of aging and representation, and her essays have been published in such journals as The Drama Review, American Theatre, and Journal of Aging Studies and in the anthologies Figuring Age, Mental Wellness in Aging, and Aging and the Meaning of Time. Her latest book is titled Forget Memory: Creating Better Lives for People with Dementia (Johns Hopkins, 2009). Dr. Basting is the recipient of fellowships from the Rockefeller Foundation and the Brookdale Foundation and numerous major grants for her scholarly and creative endeavors. Her creative work includes nearly a dozen plays and public performances. Dr. Basting continues to direct the TimeSlips Creative Storytelling Project, which she founded in 1998.

Gene D. Cohen, M.D., Ph.D., directs the Center on Aging, Health & Humanities at The George Washington University. He is a former president of the Gerontological Society of America. He served as acting director of the National Institute on Aging and as the first chief of the Center on Aging at the National Institute of Mental Health. He is the author of the first book on creativity and aging, The Creative Age (2001). His newest book, The Mature Mind (2006), is being translated into six languages. He recently created Making Memories Together, the first patented game for people and families affected by Alzheimer’s disease.

Cynthia Epstein, L.C.S.W., is a social worker and clinical investigator at the NYU Center of Excellence for Brain Aging and Dementia, where she helps develop, implement, and evaluate psychosocial research interventions for people with Alzheimer’s disease and their families. In addition to her private psychotherapy and geriatric consulting practice, she has coauthored Counseling the Alzheimer’s Caregiver, A Resource for Health Care Professionals, the handbook How to Get the Best Health Care for Your Relative with Alzheimer’s Disease, The Comfort of Home for Alzheimer’s Disease: A Guide for Caregivers, and
“Coping with Alzheimer’s Disease: Clinical Intervention With Families,” which was published in Dementia and Social Work Practice.

Gay Powell Hanna, Ph.D., M.F.A., is Executive Director of the National Center for Creative Aging. She served as Executive Director of the Society for the Arts in Healthcare from 2003 to 2007. She has held faculty positions at Florida State University and the University of South Florida and directed VSA Arts of Florida. Dr. Hanna is also a contributing author to numerous publications, including Fundamentals of Arts Management, 4th Edition; Arts Education for the Exceptional Learner; and Aging and the Arts, Generations. In addition Dr. Hanna is a practicing artist with an active studio and work in collections throughout the southeastern United States.

Jed A. Levine, Executive Vice President and Director of Programs and Services at the New York City Chapter of the Alzheimer’s Association, is the author of numerous articles on Alzheimer’s disease and Alzheimer’s care, including a monthly column for local newspapers. He is the coauthor of a chapter in Improving Hospital Care for Persons with Dementia.

Mr. Levine holds a master’s degree in applied human development with a specialization in community recreation services and gerontology from Columbia University’s Teachers College and is trained as a creative-arts therapist. In addition to holding several university positions, he is a frequent lecturer on Alzheimer’s disease and related activities, early-stage programming, and person-centered care.

Mary S. Mittelman, Dr.P.H., is Director of the Psychosocial Research and Support Program at the NYU Center of Excellence for Brain Aging and Dementia and Research Professor in the Department of Psychiatry at New York University School of Medicine. She is principal investigator of the NYU-Spouse Caregiver Intervention study and a member of the scientific advisory boards of several Alzheimer’s centers and the Geriatric Mental Health Alliance. She recently received the Maggie Kuhn Award from Presbyterian Senior Services for her work helping older adults. Her publications include articles in Journal of the American Medical Association and Neurology, among others. Dr. Mittelman has co-written several books, including The Comfort of Home for Alzheimer’s Disease: A Guide for Caregivers (2008). Dr. Mittelman has also contributed to textbooks for researchers and health care practitioners.

Peter Reed, Ph.D., is former Senior Director of Programs for the Alzheimer’s Association National Office. In this position he coordinated the Association’s program planning and evaluation process by facilitating the translation of research into evidence-based programming to improve the lives of people with dementia. Dr. Reed was codirector of the Association’s Campaign for Quality Residential Care. Dr. Reed came to the
Association from the University of North Carolina at Chapel Hill, where he received his Ph.D. from the School of Public Health. He is currently President and Chief Executive Officer of the Center for Health Improvement.

Mary Sano, M.D., Ph.D., is Professor of Psychiatry and Director of the Alzheimer’s Disease Research Center at Mount Sinai School of Medicine. She is also Director of Research and Development at the Bronx Veterans Administration Hospital. Currently she is Director of a national multicenter study known as CLASP (Cholesterol Lowering in Alzheimer’s Disease to Slow Progression). Dr. Sano is a neuropsychologist by training and has been involved in designing and conducting clinical trials for Alzheimer’s disease, Parkinson’s disease, and mild cognitive impairment of aging. In 1989 she received the Florence and Herbert Irving Clinical Research Career Award to develop methodologies for the assessment of therapeutic agents in Alzheimer’s disease.

Margaret C. Sewell, Ph.D., is Assistant Clinical Professor of Psychiatry at Mount Sinai School of Medicine, where she is Director of Education for the Alzheimer’s Disease Research Center and the Director of the Memory Enhancement Program. She earned her degree in clinical psychology from New York University and completed her postdoctoral fellowship at Weill Cornell Medical Center. Dr. Sewell lectures widely on issues related to healthy aging and memory, and she maintains a private practice where she conducts psychotherapy and neuropsychological evaluations.

Wantland J. (Jay) Smith, seventy, was diagnosed with early Alzheimer’s disease in the fall of 2005 after taking disability retirement in early 2004 due to fatigue. A member of the American Institute of Architects, over the course of his career he was involved in the creation of many facilities for the justice system and served as chair of its national Committee on Architecture for Justice in 1995. Mr. Smith has been active with the Alzheimer’s Association since his diagnosis, as cocreator of his chapter’s first early-stage memory-loss forum in Los Angeles and as a public policy advocate, and he was recently appointed to the board of directors of the organization’s Los Angeles Chapter.

Richard Taylor, Ph.D., a retired psychologist, was diagnosed with dementia, probably of the Alzheimer’s type, at the age of fifty-eight. He has discovered / created a new purpose for himself. After writing Alzheimer’s from the Inside Out (Health Professions Press, 2006), he now speaks out and speaks up to professionals, caregivers, politicians, and all who will listen about his experiences with and reactions to living with the symptoms of dementia. While Dr. Taylor still leads a vibrant life, control of his concentration is frequently elusive. His language facility is still mostly intact, although he increasingly searches for the right word. His garden becomes smaller and smaller each year, he plays bridge (with a cheat sheet) once a week, and is halfway through editing another book of his writings.
Acknowledgments

We are grateful to MetLife Foundation for its visionary commitment to The MoMA Alzheimer’s Project and this publication.

This publication has come about thanks to a multitude of people.

Many thanks are offered to the experts and advocates whose voices are put into written words in the publication. The richness and depth of their contributions are evident in the diversity of issues addressed in their testimonials and interviews. Richard Taylor and Jay Smith’s unflagging work is paving the way for what will surely be more meaningful programming and greater awareness of issues associated with Alzheimer’s disease. The research, writings, and work of Anne Basting, Gene Cohen, Gay Powell Hanna, Jed Levine, Peter Reed, Mary Sano, and Margaret Sewell are not only leading the way for a better understanding of issues related to dementia and creativity, but spawning programmatic changes that can bring about social transformations.

We have relied, throughout the project, on the insights, assistance, and the wise counsel of participants in our Meet Me at MoMA programs. Rhoda and Arthur Auslander, Dr. Barry Belgorod and Madeleine Belgorod, David Green and Diana Holbrook, Doug Holbrook, Ina and Harold Heller, Karen and Rachel Henes, Harriette and Morris Jaffee, Florence and Hal Josephs, Edith and Paul Nathan, Gordon and Mary Ann Pradl, Natalie and Lee Robbins, Evelyn and George Rapoport, Ann and Jessica Willis, and Abby and Gloria Zalaznick have all responded to our many requests for commentaries, opinions, and review of material. Their contributions have been invaluable.

The New York University Center of Excellence for Brain Aging and Dementia team was a pleasure to work with throughout the evaluation of our Meet Me at MoMA program: Mary Mittelman, Cynthia Epstein, Olanta Barton, Courtney McKeown, Ronit Notkin, and June Aaronson, along with Linda Buettner, were instrumental in helping us understand the benefits of the program through evidence-based research. Lisa Mazzola, Barbara Palley, Gwen Farrelly, and Riva Blumenfeld from MoMA were extremely generous with their time during the observational phase of the study.

We deeply appreciate the assistance of our many partners at care organizations who have shared their stories and expertise, thereby helping us to better understand our audience and improve our programs. From the of the Alzheimer’s Association, New York City Chapter, they are: Jed Levine, Executive Vice President, Director of Programs and Services; Della Frazier-Rios, Senior Vice President, Director of Education and Outreach; Amy Trommer, Dementia Care Trainer; Nancy Lee Hendley, Dementia Care Trainer; and Paulette Michaud, Manager of Early Stage Services. From Art Education for the Blind, they are: Elisabeth Axel, Nina Levent, and Joan Pursley.

We thank the following people across the country from the Alzheimer’s Association for their guidance and efforts: Jeannette Ruby, former Associate Director,
Foundations Relations, National Office; Shelley Morrison Bluethmann, Director, Early Stage Initiatives, National Office; Marykate Wilson, Senior Director, Constituent Marketing, National Office; Mary Ann Johnson, Program Director, Greater Richmond Chapter; and Nicole Feingold, Early Stage Clinical Manager, California Southland Chapter. In addition, Marin Gillis, Director of Medical Humanities and Ethics, University of Nevada School of Medicine; Jackie Welsh, Director of Development and Marketing, New Jersey Visiting Nurses Association; Susan Putterman, former Chief Curator, Hebrew Home for the Aged; and Maureen Wells, Daytripping Program Director, have all been gracious with their time and consultation.

We gratefully acknowledge Artists for Alzheimer’s help as an initial resource for Meet Me at MoMA.

We would like to thank our colleagues at museums across the country who have launched programs for people with Alzheimer’s disease and kindly shared their experiences for this publication: Celeste Fetta, Manager of Adult and Higher Education and Acting Chair, Adult Education Department, Virginia Museum of Fine Arts; Courtney Gerber, Assistant Director of Education, Tour Programs, Education and Community Programs, Walker Art Center; Jennifer Kalter, Manager of School and Family Programs, American Folk Art Museum; Karleen Gardner, Curator of Education, Memphis Brooks Museum of Art; Holly Victor, Marketing Director, Kirkland Museum of Fine and Decorative Art; Colin Robertson, Curator of Education, Nevada Museum of Art; and Rebecca McGinnis, Access Coordinator, Metropolitan Museum of Art. All believe in the value of this program and have launched initiatives that will greatly benefit their respective communities.

Much closer to home, we would like to acknowledge those at The Museum of Modern Art for their direction and support. Thanks to Glenn D. Lowry, Director, for his commitment to making the Museum accessible to all. Wendy Woon, The Edward John Noble Foundation Deputy Director for Education, has been an enthusiastic advocate on this project from the start. She sets a tone of scholarship, warmth, and respect that defines the Department of Education. The Museum of Modern Art’s Board of Trustees and the Trustee Committee on Education are acknowledged with gratitude.

As always, the success of MoMA’s programs rests on the incomparable skill, passion, and dedication of the Community and Access Programs educators: Gema Alava-Crisostomo, Xanthe Alban-Davies, Riva Blumenfeld, Kirstin Broussard, Kerry Downey, Rebecca Goyette, Marisa Horowitz, Andrew Ondrejcak, Sally Paul, Gordon M. Sasaki, Alexandra Perkinson, Anne Spurgeon, Paula Stuttman, Amanda Williams, and Calder Zwicky.

We would also like to thank the other MoMA staff, interns, and volunteers who have been involved in Meet Me at MoMA and The MoMA Alzheimer’s Project for their staunch support and hard work: Kirsten Schroeder, Community and Access Programs Coordinator; Kristy Maruca, Administrative Assistant; Alexandra Perkinson,
Twelve-Month Intern; and interns Meryl Schwartz, Jane Braun, and Barbara Johnson as well as volunteers Diana Holbrook, Hannah Kates, Linda Roberts, Michael Sohtz, Lois Tyson-Campbell, and Ellen Wilkinson.

We have relied greatly on the talents and dedication of colleagues throughout the Museum. Michael Margitich, Senior Deputy Director for External Affairs; Lisa Mantone, Director of Development; Sara Pinto, Associate Director of Development; Heidi Ihrig, Development Associate; and Elizabeth Piercey, Development Assistant, have been indispensable allies in their dedicated pursuit of the necessary financial support. Dan Nishimoto, Education Department Manager, has provided sage advice and assistance with all financial matters. Thanks are due to several people in the Department of Marketing and Communications for skillfully and tirelessly disseminating information about The MoMA Alzheimer’s Project: Kim Mitchell, Chief Communications Officer; Margaret Doyle, Assistant Director; and Kim Donica, Publicity Coordinator. In Imaging Services, Robert Kastler, Production Manager; Roberto Rivera, Production Assistant; and Collections Photographers John Wronn, Jonathan Muzikar, and Thomas Griesel graciously provided images for reproduction. Nancy Adelson, Associate General Counsel, and Henry Lanman, Associate General Counsel, provided sound advice on legal matters.

Various editors and consultants have been instrumental at the many phases of the creation of this publication. Consultant Susan Toal saw the project in action early on. With a keen eye and useful insights she provided assistance in detailing our program. Her professionalism and enthusiasm are appreciated. We are thankful to David Frankel, MoMA Editorial Director, for his support; Libby Hruska, MoMA Editor, who steered the early phases of the publication; Ron Broadhurst, who did the overall edit; and Rebecca Roberts, MoMA Senior Assistant Editor, who joined the editorial process at the final stage.

Finally, great gratitude is due to our graphic design team, an indefatigable and creative bunch who immediately entered into the spirit of the project and molded the publication into its unique and elegant design. The publication was overseen and executed by Hsien-Yin Ingrid Chou, Assistant Director; with Bonnie Ralston and Samuel Sherman, Senior Designers; Charles Watlington, Freelance Designer; and Claire Corey, Production Manager. Their imagination and boundless energy allowed us to translate the essence of our program and our endeavor onto the page.
List of Artworks

Umberto Boccioni (Italian, 1882–1916). The City Rises. 1910. Oil on canvas, 6' 6 1/4" x 9' 10 1/4" (199.3 x 301 cm). Mrs. Simon Guggenheim Fund. Pages 62, 114

Fernando Botero (Colombian, born 1932). The Presidential Family. 1967. Oil on canvas, 6' 8 1/4" x 6' 3 3/4" (203.5 x 196.2 cm). Gift of Warren D. Benedek. Page 71 (detail)

Marc Chagall (French, born Belarus, 1887–1985). I and the Village. 1911. Oil on canvas, 6' 3 1/4" x 5' 9 1/4" (1.92 x 1.51 m). Mrs. Simon Guggenheim Fund. © 2009 Artists Rights Society (ARS), New York/ADAGP, Paris. Page 75 (detail)


Tony Cragg (British, born 1949). Grey Moon. 1985. Gray and white plastic found objects, overall approximately 7' 2 1/4" x 5' 2 1/4" (210 x 152.1 cm). Partial and promised gift of UBS. © 2009 Tony Cragg. Page 162

André Derain (French, 1880–1954). London Bridge. 1906. Oil on canvas, 26 x 39" (66 x 99.1 cm). Gift of Mr. and Mrs. Charles Zadok. © 2009 Artists Rights Society (ARS), New York/ADAGP, Paris. Pages 61 (detail), 114, 121

Edward Hopper (American, 1882–1967). Gas. 1940. Oil on canvas, 26 1/4" x 40 1/4" (66.7 x 102.2 cm). Mrs. Simon Guggenheim Fund. Page 76 (detail)

Ernst Ludwig Kirchner (German, 1880–1938). Street. Dresden. 1908 (reworked 1919; dated on painting 1907). Oil on canvas, 59 1/4" x 6' 6 1/4" (177.3 x 199 cm). Purchase. © Ingeborg & Dr. Wolfgang Henze-Ketterer, Wichtrach/Bern. Pages 65, 114, 154, 161

Jacob Lawrence (American, 1917–2000). in the North the Negro had better educational facilities. 1940–41. Tempera on gesso on composition board, 12 x 18" (30.5 x 45.7 cm). Gift of Mrs. David M. Levy. © 2009 Artists Rights Society (ARS), New York. Pages 59, 114


Piet Mondrian (Dutch, 1872–1944). *Broadway Boogie Woogie*. 1942–43. Oil on canvas, 50 x 50" (127 x 127 cm). Given anonymously. Pages 114, 153


Pablo Picasso (Spanish, 1881–1973). *Girl before a Mirror*. 1932. Oil on canvas, 64 x 51 ½" (162.3 x 130.2 cm). Gift of Mrs. Simon Guggenheim. © 2009 Estate of Pablo Picasso / Artists Rights Society (ARS), New York. Pages 56 (detail), 155

Gerhard Richter (German, born 1932). *Helen*. 1963. Oil and graphite on canvas, 42 ½ x 39 ¼" (108.6 x 99.4 cm). Partial and promised gift of UBS. © 2009 Gerhard Richter. Page 77 (detail)


Gerhard Richter (German, born 1932). *23.2.91*. 1991. Colored ink and watercolor on paper with pencil on board, 9 ¾ x 13 ½" (24.2 x 33.3 cm). Gift of The Patsy R. Taylor Family Trust. © 2009 Gerhard Richter. Pages 106–7 (detail)


Andrew Wyeth (American, 1917–2009). *Christina’s World*. 1948. Tempera on gessoed panel, 32 ¼ x 47 ¾" (81.9 x 121.3 cm). Purchase. Page 69

All works are in the collection of The Museum of Modern Art, New York.

From the Archives


Board of Trustees of The Museum of Modern Art

David Rockefeller*
Honorary Chairman

Ronald S. Lauder
Honorary Chairman

Robert B. Menschel*
Chairman Emeritus

Agnes Gund
President Emerita

Donald B. Marron
President Emeritus

Jerry I. Speyer
Chairman

Marie-Josée Kravis
President

Sid R. Bass
Leon D. Black
Kathleen Fuld
Mimi Haas
Richard E. Salomon
Vice Chairmen

Glenn D. Lowry
Director

Richard E. Salomon
Treasurer

James Gara
Assistant Treasurer

Patty Lips hutz
Secretary

Wallis Annenberg
Celeste Bartos*

Sid R. Bass
Leon D. Black
Eli Broad
Clarissa Alcock Bronfman
Donald L. Bryant, Jr.
Thomas S. Carroll*
Patricia Phelps de Cisneros
Mrs. Jan Cowles**
Douglas S. Cramer*
Paula Crown
Lewis B. Cullman**
H.R.H. Duke Franz of Bavaria**
Kathleen Fuld
Gianluigi Gabetti*
Howard Gardner
Maurice R. Greenberg**
Vartan Gregorian
Agnes Gund
Mimi Haas

Alexandra A. Herzan
Marlene Hess
Barbara Jakobson
Werner H. Kramarsky*
Jill Kraus
Marie-Josée Kravis
June Noble Larkin*
Ronald S. Lauder
Thomas H. Lee
Michael Lynne
Donald B. Marron
Wynton Marsalis**
Robert B. Menschel*
Harvey S. Shipley Miller
Philip S. Niarchos
James G. Niven
Peter Norton
Maja Oeri
Richard E. Oldenburg**
Michael S. Ovitz
Richard D. Parsons
Peter G. Peterson*
Mrs. Milton Petrie**
Gifford Phillips*
Emily Rauh Pulitzer
David Rockefeller*
David Rockefeller, Jr.
Sharon Percy Rockefeller
Lord Rogers of Riverside**

Richard E. Salomon
Ted Sann**
Anna Marie Shaprio
Gilbert Silverman**
Anna Deavere Smith
Jerry I. Speyer
Emily Spiegel**
Joanne M. Stern*
Mrs. Donald B. Straus*

Yoshio Taniguchi**
David Teiger**
Eugene V. Thaw**
Jeanne C. Thayer*
Joan Tisch*
Edgar Wachenheim III
Thomas W. Weisel
Gary Winnick
EX OFFICIO

Glenn D. Lowry

Director

Peter Norton
Chairman of the Board of P.S.1

Michael R. Bloomberg

Mayor of the City of New York

William C. Thompson, Jr.
Comptroller of the City of New York

Christine C. Quinn
Speaker of the Council of the City of New York

Jo Carole Lauder
President of The International Council

Franny Heller Zorn and William S. Susman
Co-Chairmen of The Contemporary Arts Council

*Life Trustee
**Honorary Trustee

TRUSTEE COMMITTEE ON EDUCATION

David Rockefeller, Jr.
Chairman

Maria Allwin
Thomas Cahill
Lewis B. Cullman

Christina R. Davis
Margot Ernst
Dr. Akosua Barthwell Evans
Kathy Fuld
Dr. Howard Gardner
Vartan Gregorian
E. Louise Hartwell
Alexandra Herzan
Werner Kramarsky
Marie-Josée Kravis
Sydie Lansing
June Noble Larkin
Jo Carole Lauder
Dr. Stuart Lewis
Ruth Lipper

Hadley Palmer
Barbara G. Sahlman
B. Z. Schwartz

Anna Deavere Smith
Diana Taylor
Pamela Thomas-Graham
Maxine Prisyon Warshaw
Robin Wright

Robert Menschel
Ann Morfogen
Victoria Niarchos
Jamie Niven
The MoMA Alzheimer’s Project:
Making Art Accessible to People with Dementia
Made Possible by MetLife Foundation
The Museum of Modern Art strives to enable rewarding experiences with art for people of all ages, and MoMA’s Department of Education has a long history of serving children and adults with disabilities and special needs. In 2006 the Museum launched Meet Me at MoMA, a program specifically for people with Alzheimer’s disease and their caregivers. One year later, thanks to the generosity of MetLife Foundation, the Museum began The MoMA Alzheimer’s Project, a national initiative to develop and share resources for making art accessible to this audience.

This kit — containing art modules and reproductions of artworks — is designed to serve as a framework for engagement with art. The primary goal is to help you create meaningful and interactive experiences that encourage self-expression and personal growth for people with Alzheimer’s disease and their caregivers. In the accompanying book you will find information that may enhance your experience using the art modules. Furthermore, the book also includes an overview of a program as it unfolds in the galleries at MoMA; commentary from experts in the fields of art, aging, and Alzheimer’s disease; findings from an evidence-based research study on the efficacy of the Meet Me at MoMA program; and, finally, resource guides for creating, developing, and implementing arts programs in a variety of settings, including museums, care organizations, and individual homes.

Looking at art and creating art have tremendous potential to improve quality of life for millions of people affected by Alzheimer’s disease. Indeed, experiences with art are often transformative, enabling all people to live with dignity, purpose, and joy.

Francesca Rosenberg
Director, Community and Access Programs,
The Museum of Modern Art, New York
Table of Contents

Components of the Kit 4
Components of a Module 5

MODULE ONE: Tradition and Innovation in Modern Painting 7
MODULE TWO: Images of America 11
MODULE THREE: Modern Portraits 15
MODULE FOUR: The City in Modern Art 19
MODULE FIVE: Family Pictures 23
MODULE SIX: Music and Art 27
MODULE SEVEN: Modern Visions of Light 31
MODULE EIGHT: Art and Politics 35
List of Artworks 39
Art Modules

These modules provide engaging and accessible ways to discuss and create art. Each is structured around a theme and includes five works of art, discussion questions, art-historical information, conversational activities, and an art-making activity. The modules are not ordered sequentially, and each can be used independently as a single unit. When using this kit, it is important to be flexible and allow the needs and interests of the participants to shape the experience. For example, you do not need to cover all five works or engage in every activity included in a module. Additionally, you can extend a single module over multiple sessions. Also, any number of modules can be sequenced in order to create a coherent extended program. Furthermore, you can develop new themes by rearranging the reproductions provided in this kit.

Reproductions

All artworks presented in this kit are from MoMA’s collection. The DVD contains all the images included in all eight art modules. The ten art cards are reproductions of the artworks in the first four art modules only. The digital images can be viewed on a television or a computer or projected on a screen or wall, depending upon the equipment available to you. You can use the art cards or DVD to look closely at the work in a small group or one-on-one. More information about using the DVD can be found in the back of this kit.
Components of a Module

Images of Artworks

Each module is composed of five works from MoMA’s collection grouped thematically. They include work in various mediums, including painting, sculpture, and photography.

Discussion Questions and Art-Historical Information

The discussion questions should be used to invite description, interpretation, and connection. The art-historical content provides information for each work in relation to the overall theme. Together, the questions and information can launch and enhance your conversation.

Conversational Activities (Turn and Talks)

Each module contains two conversational activities, each in relation to a specific work. If you are working with a group, about midway through your discussion of a designated image divide everyone into smaller groups of four to six people. Give the prompt to foster interaction among the participants. After five to ten minutes, bring everyone back together and invite participants to share their conversations with the group as a whole. These smaller discussions allow for a more intimate experience. In addition, these prompts can easily be used in a one-on-one conversation.

Art-Making Activity

The final component of each module is an art-making activity that is related to the theme and works discussed. We suggest materials and processes that can be used in various settings and adapted to the abilities of all participants.

Please refer to Foundations for Engagement with Art in the accompanying book (page 111) for more information on close analysis of art. The guide also includes detailed information on strategies for leading conversations that can be applied to your discussions about the artwork in these modules.
The selected works are among the most iconic in MoMA’s collection. They share a common medium—painting—and represent various steps in the development of new artistic languages at the turn of the twentieth century. They illustrate developments in modern art and demonstrate how celebrated artists have built on and broken with artistic tradition to forge new ground in representation and artistic practice. Given the focus on innovation, the works are arranged chronologically. This sequence allows the conversation to progress historically and shows how each work builds on tradition to bring about innovation.
Vincent van Gogh. *The Starry Night*. 1889

- What do you notice first when you look at this painting?
- How would you describe the colors?
- How do you feel when you look at this painting? What in the painting makes you feel that way?

*The Starry Night*, by Vincent van Gogh (1853–1890), is among the most recognizable images in the history of art, and certainly one of the most reproduced. It is a landscape Van Gogh painted in Saint-Rémy, in the south of France. The painting is a quintessential example of the artist’s short and textured brushstroke. Furthermore, Van Gogh does not adhere to traditional uses of color but instead favors an imaginative, expressive palette, as in the rolling blue mountains in the background and the bright-yellow stars in the sky. His style influenced generations of artists who appreciated his sense of drama and unconventional use of color.

André Derain. *London Bridge*. 1906

- What time of day do you think is depicted in this painting? How can you tell?
- Why do you think Derain uses the colors that he does? What is the emotional effect of his color choices on the viewer?
- The title of this work is *London Bridge*. Can you imagine London looking the way it is represented here? Why or why not?

André Derain (1880–1954) was a member of the French group of artists who came to be known as the *Fauves*, or “wild beasts.” Their use of color, often not corresponding to reality, earned them this title. In the early twentieth century, Derain left Paris to travel to London, where he painted numerous cityscapes, frequently set along the River Thames, including this rendition of London Bridge. In his new surroundings, Derain continued his exploration of perception and color in his innovative style.

- What is the first word that comes to your mind when looking at this painting?

- How is the representation of these figures different from that in traditional paintings? Consider the shape of the figures and their facial expressions, proportions, and colors.

- This painting is eight feet tall and over seven feet wide. What are the emotional effects of the scale of this work? Why do you think Picasso created such a large painting?

This work by Pablo Picasso (1881–1973) is considered to be among the most important paintings of the twentieth century. Picasso innovated at multiple levels, exploring the formal possibilities of painting and radically shifting the experience of the viewer. Geometric shapes are used to delineate the women, as if they are seen from multiple perspectives. Picasso incorporated the traditional motif of female nudes as well as African art, as seen in the masklike faces of the two women on the right.

**TURN AND TALK:** In preliminary sketches Picasso included two male figures in this composition—a sailor and a doctor—but ultimately chose not to include them. How would these figures have altered the composition and your interpretation of the scene? How would you change the scene?

Ernst Ludwig Kirchner. *Street, Dresden*. 1908

- What type of place is represented in this painting?

- Does anything in the painting give you a sense of the time period depicted?

- What words would you use to describe the overall mood of this work?

During the nineteenth century, the population in Dresden and other German cities skyrocketed, yet Ernst Ludwig Kirchner (1880–1938) wrote, “The more I mixed with people the more I felt my loneliness.” As a member of *Die Brücke* (The Bridge), a German Expressionist art movement, Kirchner investigated the expressive potential of color, form, and composition in depictions of everyday German life. In *Street, Dresden* he highlights the relationship between individuals and their urban environment, including the other people present. Through formal elements he conveys a sense of the highly congested street and at the same time the separateness and emotional isolation between the figures.

**TURN AND TALK:** Share a personal story of a trip to a big city. Did this experience take place during your childhood or more recently? Do you prefer cities, small towns, or suburbs? How do you feel when you are in a city?
Umberto Boccioni. *The City Rises*. 1910

- Are there figures or objects that you can recognize in this painting? If so, what and where are they? What could they symbolize?

- The title of this work is *The City Rises*. How does knowing this title affect the way you view the painting?

- What is the significance of brushstroke in this work? How does it contribute to the mood of the painting?

In 1906 Umberto Boccioni (1882–1916) moved from the Italian countryside to Paris, where he was inspired by the modern city and by the new technologies available to him. After meeting Filippo Tommaso Marinetti, founder of the Futurist movement, Boccioni, along with other Italian artists, shifted the movement beyond writing into visual art. The goal of these artists was to abandon nostalgia for Italy’s past and propel society into the future by embracing technological advancements. Boccioni integrated notions of modernity and technology into his paintings not only through depictions of dynamic cities but also through optical distortion and blurred lines and figures, which capture the movement of the city like a camera would.

**Art-Making Activity**

In this module, we looked at different ways artists have altered traditional forms and styles in painting. Ask participants to create a simple landscape image (for example, trees or mountains) using acrylic, tempera, or watercolor paints on paper. They can depict the scene any way that they like. Once the first version of this landscape has been made, ask them to re-create the landscape on a different piece of paper. This time ask them to change either the color palette (for example, use colors that are not representative of what they really see) or the technique for applying paint (for example, use the tip of the brush, large brushstrokes, or a smaller paintbrush). Afterward, hold the works up side-by-side and discuss how the changes made have altered the overall appearance of the landscape. Ask participants about the motivation behind the changes. Repeat the activity with different materials and techniques as many times as participants would like or as the schedule allows.
The selected works offer glimpses of life in the United States during the twentieth century. The images include scenes created by artists from different countries and offer a range of interpretations of both urban and rural life. The chronological sequence allows for a discussion of the important changes that were occurring not only in American history but also in the development of art. Throughout the discussion, consider how American culture and identity are defined and represented in visual art.
Edward Hopper. *Gas*. 1940

- Is there anything in this painting that strikes you as distinctly “American”? Why or why not?
- What elements of the landscape are familiar to you, if any?
- If this painting were to depict a present-day gas station, how would it differ from the one seen here?

Edward Hopper (1882–1967) studied illustration and painting at the New York Institute of Art and Design, where he and his fellow students were encouraged to create realistic depictions of modern life. Because abstraction reigned supreme then, many critics considered Hopper and his colleagues to be painting in a style that was all but obsolete. Eventually, though, his work came to be considered an important precursor to a generation of Pop artists and Photo-Realist painters. Most of Hopper’s paintings concentrate on the subtle interactions of human beings with each other and/or their surroundings.

Jacob Lawrence. *In the North the Negro had better educational facilities*. 1940–41

- Who are the figures in this painting? Where do you think they are?
- Consider the title of this work. Do you think this work depicts educational facilities in the North or the South? Why?
- Have you or your family ever moved to another region, and, if so, what were the motivations for the move?

Jacob Lawrence (1917–2000) is among the best-known twentieth-century American artists. Throughout his lengthy artistic career, Lawrence concentrated on depicting the history and struggles of African Americans, and his work often portrays important periods in African American history. Lawrence was only twenty-three when he completed the sixty-panel series of paintings originally entitled *Migration of the Negro*. This series depicts the Great Migration of African Americans from the rural South to the urban North, of which Lawrence’s parents were a part. The paintings were shown in New York and brought him national recognition after they were featured in a 1941 issue of *Fortune* magazine.

**TURN AND TALK:** Discuss your own educational experience. What was your early schooling like? How do you think your opportunities and experiences compare to those of children today?
Piet Mondrian. *Broadway Boogie Woogie*. 1942–43

- What shapes and colors do you see in this painting? Why do you suppose the artist exclusively uses straight lines and primary colors?
- If this image represented a place, where might it be? Would it be urban or rural?

Mondrian titled this work *Broadway Boogie Woogie*. What does “boogie woogie” mean to you? How does knowing the title affect the way you look at the work?

Piet Mondrian (1872–1944) made art intimately related to his spiritual and philosophical studies. In his work he sought to transcend specific subject matter to represent the universal. Over the course of the development of his aesthetic doctrine, called Neo-Plasticism, he gradually limited his compositions to what he considered “pure” forms—horizontal and vertical lines—resulting in a strict rectilinearity and a palette of black, white, and primary colors exclusively. In 1940 Mondrian moved to New York City, where he would remain until his death. He took great interest in city life and jazz music, to which he was introduced in New York, and he soon began, as he said, “to put a little boogie-woogie” into his paintings.

Andrew Wyeth. *Christina’s World*. 1948

- Why do you think this figure is in the field? What might she be looking at?
- What part of America does this painting depict?
- What is the overall tone of this work?

Andrew Wyeth (1917–2009) was an American painter. He often depicted the land and inhabitants around his hometown of Chadds Ford, Pennsylvania, and those near his summer home in Cushing, Maine. As a representational artist, Wyeth's paintings sharply contrasted with abstraction, which gained currency in American art in the mid-twentieth century. Wyeth vividly recorded arid landscapes and rural houses and shacks, painting minute details and nuances of light and shadow. Wyeth's paintings often contain strong emotional currents and symbolic content. There is great mystery in *Christina’s World*, and the ambiguities associated with the woman and the scene allow the viewer to form multiple narratives.

**TURN AND TALK:** Create a narrative for this scene. Consider the main figure. Why is she in this field? What is she about to do?
Art-Making Activity

In this module, we looked at various representations of American life in the twentieth century. Ask participants to create a collaged image that represents America to them. Suggest that their image can depict the America of today or represent some time in the past. Provide newspapers and magazines in which participants may find the images for their collages. At the end, have participants share their collages with the rest of the group.

Jeff Wall. After “Invisible Man” by Ralph Ellison, the Prologue. 1999–2000

- What kind of place is represented in this photograph? How would you describe it?
- Is this a real room? Do you think Wall found this place, or constructed it?
- What time period do you think this photograph suggests?

Jeff Wall (born 1946) is a contemporary artist living and working in Canada whose medium of choice is photography. This photograph, After “Invisible Man” by Ralph Ellison, the Prologue, is a reference to the famous American novel that tells the story of one unnamed African American’s struggle to be recognized by white society around the time of World War II. In this visual rendition Wall stays true to the time period in which the novel is set. The scene was imagined and created by the artist with the help of assistants, and incorporates many details from the novel, including 1,369 light bulbs: the exact number cited in Ellison’s prologue.
The selected works allow for an examination of some of the ways modern painters have depicted others and themselves. In looking at these works, consider how each artist’s style and his use of color, scale, and composition affects the figure he depicts. Also take into account the setting of the work and what information it conveys about the person represented or the artist himself.
Discussion Questions and Art-Historical Information

**Pablo Picasso. Les Demoiselles d’Avignon.** 1907

- What is the first thing you notice when you look at this painting?
- How would you describe the faces of these women? How do they vary?
- The women in this painting are staring directly at the viewer. How does that make you feel?

Rather than adhering to established conventions of composition and painting technique, Pablo Picasso (1881–1973) broke with traditional methods of representation. In this painting he distorted form, accentuated some details while leaving out others altogether, and presented multiple perspectives within the same work, instead of trying to faithfully re-create likenesses of the figures and the scene. In *Les Demoiselles d’Avignon* Picasso represents five prostitutes posing. Avignon was a street in Barcelona famed for its brothels.

**Andrew Wyeth. Christina’s World.** 1948

- What do you think is happening in this painting? Where is this woman and what is she doing?
- How would you describe this woman’s posture and body language?
- If you could see this woman’s face, what do you think her expression would be? Why?

Andrew Wyeth (1917–2009) was an American painter who spent most of his life living and painting in Maine and Pennsylvania. In Wyeth’s style of painting, known as magic realism, commonplace scenes contain a sense of mystery and uncertainty. This painting depicts Christina Olson, the artist’s neighbor in Maine, who had a neuromuscular disorder possibly caused by polio. Wyeth described Christina as “limited physically but by no means spiritually.” Olson refused to use a wheelchair, preferring to crawl. Wyeth explained, “The challenge to me was to do justice to her extraordinary conquest of a life which most people would consider hopeless.”
Edward Hopper. *Gas.* 1940

- During what time period do you think this painting is set?
- What region of the country might this scene depict?
- How do you think this figure is feeling? What is the overall mood of the painting?

Edward Hopper (1882–1967) studied commercial illustration and worked as an illustrator in New York. He spent his summers painting in New England. In most of Hopper’s works, he highlights the mundane activities of the everyday in a realistic fashion. In paying attention to these quotidian tasks and often focusing on solitary figures, he imbued his paintings with a sense of loneliness and ambiguity and elevated the importance of each individual’s intimate relationship with his or her surroundings.

**TURN AND TALK:** Create a narrative for this scene. What do you think has just happened at this gas station? What could happen next?

Jeff Wall. *After “Invisible Man” by Ralph Ellison, the Prologue.* 1999–2000

- What is this figure doing? What might his posture reveal about his emotional state?
- How would you describe this environment? What does it convey about this man’s life?
- Why do you think he is living in this place?

Jeff Wall (born 1946) is a contemporary photographer from Canada. *After “Invisible Man” by Ralph Ellison, the Prologue* references a literary work: Ralph Ellison’s 1952 novel *Invisible Man.* In the novel’s prologue, Ellison introduces the protagonist and narrator, who is never named, in his underground home. In Wall’s rendition he presents this man from an angle that denies us a view of his face. Instead, he uses the figure’s surroundings to help the viewer establish his identity and his place within American society.

**TURN AND TALK:** Discuss your favorite story or book. Is there a character you identify with or a particular part you find most poignant? Why is it so meaningful to you?
In this module, we considered how different artists have represented themselves and others. Ask participants to work in pairs to make collage portraits of one another. Use colored poster board as a background and decorative papers of various colors, patterns, and textures for the collage. Ask participants to look at the overall shape or outline of their partner’s head. Suggest they sketch a light pencil line of that shape on their poster board to guide them. They can then start cutting, tearing, and gluing paper to fill in the outline of the portrait. You can also provide pre-cut pieces of paper. Next, instruct them to move on to the details. These can include hair, ears, neck, glasses, jewelry, or clothing. Tell them they can use different textures and colors of materials to describe the various surfaces they see and that the portrait need not be realistic.

Vincent van Gogh. *The Starry Night*. 1889

- What is the first word that comes to your mind when you look at this painting?
- How would you describe this place?
- How can we think of this work as a type of self-portrait?

In 1888 Vincent van Gogh (1853–1890) went to Provence, where he found the brilliant light and vivid colors of the nighttime intoxicating. He remarked, “It often seems to me that the night is much more alive and richly colored than the day.” Even though this is a night scene, the colors are extremely bright and intense. While this scene was inspired by the view from Van Gogh’s mental institution in Saint-Rémy, the village depicted was partly invented, perhaps based on memories of his native Holland. Thus the painting is derived from actual observation but also from Van Gogh’s imagination and memories. Van Gogh championed individual expression over absolute realism. *Starry Night* he offers a glimpse into his personal history as well as insight into his thoughts and imagination.
The selected images are depictions of urban landscapes throughout the development of modern art. Each work illustrates the unique perspective of the artist as well as his relationship to his urban surroundings. The works progress in chronological order, ending with the highly abstract *Broadway Boogie Woogie*. Throughout, consider topics such as the development and growth of cities and the benefits and challenges of city life.
ANDRÉ DERAIN.

London Bridge. 1906

- What part of the city does this painting represent?
- What city do you think this might be, and why?
- Where is the viewer in relation to the bridge?

André Derain (1880–1954) was a member of the French movement that came to be known as Fauvism. The Fauves, or “wild beasts,” were known for their unbridled use of color. Their disregard for the natural coloring of objects shocked their contemporaries. In this painting, Derain applies wild color in his depiction of the heavily trafficked London Bridge, with multiple boats and barges in the River Thames below. Derain was encouraged to visit London in the early 1900s by the dealer Ambroise Vollard. While there he painted many different views of the city, focusing mainly on the various monuments and bridges along the Thames.

ERNST LUDWIG KIRCHNER.

Street. Dresden. 1908

- What are the people in this painting doing?
- What is peculiar about Kirchner’s use of color in this scene?
- What is the overall mood of this work?

Ernst Ludwig Kirchner (1880–1938) was a member of the German Expressionist group Die Brücke (The Bridge). The artists of Die Brücke explored the emotional effects of color and composition in the depiction of contemporary life. Through the use of bright, unrealistic colors, Kirchner energized this scene of Königstrasse street in Dresden

TURN AND TALK: Imagine a busy street in your town or city and think of how you would depict it. Which street would you pick? Why? What medium would you use? What colors and techniques?
Umberto Boccioni. *The City Rises.* 1910

- What seems to be happening in this painting?
  What are the figures doing?
- What are some clues that reveal that this painting depicts a city?
- What is the emotional impact of the way Boccioni has decided to depict the city? Consider his choice of brushstroke, color, and composition.

Umberto Boccioni (1882–1916) was a key figure of the Italian Futurist movement. This group of writers, musicians, and visual artists sought to abandon the air of nostalgia they felt was restricting Italian society. They encouraged their compatriots to embrace the infinite potential of the future, powered by technological advancements and humans’ will for change. Boccioni uses “lines of force” to communicate this idea of progression in his dynamic composition of a city being built.

Jacob Lawrence. *In the North the Negro had better educational facilities.* 1940–41

- How is this work related to our theme of the city?
- Do the people in this work look like they come from a particular background?
- What is the impact of the formal choices the artist has made on our viewing experience?

Jacob Lawrence (1917–2000) and his family were some of the thousands of African Americans to migrate to the North around the time of World War I. They eventually relocated to New York City’s Harlem neighborhood, where Lawrence began taking art classes. In 1940 he began The Migration Series, a multipanel series of images that narrates this great migration in American history. The panels were worked simultaneously, resulting in a uniformity of palette and similarity in overall composition among the sixty panels.

**TURN AND TALK:** Discuss the transformations you have witnessed in American society in the past decades, thinking in particular about shifts in public policy and initiatives in social reform.
Art-Making Activity

In this module, we discussed how artists have represented urban settings. Ask participants to make a representation of a city they have lived in, visited, or imagined. Encourage them to think about what elements of city life they will include and what materials they will use to represent the landscape. Provide various materials, such as paper, pencils, watercolors, and acrylic. Help them to think about how the formal decisions they make will affect the overall impact of their works. Make sure that participants are aware that their depiction does not need to be realistic but can be a rendition of a personal vision.

Piet Mondrian. *Broadway Boogie Woogie*. 1942–43

- How many shapes and colors are used in this painting?
- What does this painting make you imagine or think of? Does it represent any particular place or thing?
- The title of this painting is *Broadway Boogie Woogie*. Knowing this, how does your understanding of the painting change?

Through the course of his career, Piet Mondrian (1872–1944) abandoned representation to focus on the depiction of “pure” forms. For Mondrian this meant the exclusive use of primary colors and geometric shapes. In 1940 he moved from London to New York City. There he joined a vibrant society, constantly in flux. He was influenced not only by the rhythm of city life but also by the syncopated beat of jazz music.
The selected works offer several perspectives on the idea of “family” as represented in modern art. The initial works exhibit more traditional interpretations, while the subsequent works are more abstract both in style and in relation to the theme. Throughout, consider such topics as the representation of the figures and their relationships to each other, to the artist, and to their surroundings.
Discussion Questions and Art-Historical Information

Édouard Vuillard. *Interior, Mother and Sister of the Artist*. 1893

- Who might these women be, and what is their relationship to each other? Do you think they have any relationship with the artist?
- What might Vuillard be telling us about their personalities by painting them in this way?
- Do you relate to either of these figures? What is your role in your family, either now or when you were growing up?

The majority of paintings by Édouard Vuillard (1868–1940) depict domestic interiors and public scenes. They are often rendered with an overall blurred quality, with different textures and patterns blending into each other. Vuillard’s mother earned a living for her family as a dressmaker. The influence of her profession can be seen in Vuillard’s inclusion of intricate decorative patterns. In *Interior, Mother and Sister of the Artist*, he incorporates these patterns throughout the domestic space, seen not only on the clothing of his sister (the figure on the left) but also on the wallpaper. The mother anchors the composition, with the walls and floor all angling in toward her seated figure.

Dorothea Lange. *Migrant Mother, Nipomo, California*. 1936

- When and where do you think this photograph was taken?
- Describe the face of the woman in the center. How do you think she is feeling? What might she be thinking?
- What is the role of this woman in her family?

Dorothea Lange (1895–1965) began her career as a photographer in her native New York City before moving to San Francisco. Together Lange and her husband documented the poverty and exploitation of migrant workers during and after the Great Depression. *Migrant Mother, Nipomo, California* is perhaps her most famous work and became the iconic image of the Great Depression. In an interview with the *New York Times*, Lange spoke about her experience taking the photograph: “I did not ask her name or her history. She told me her age, that she was thirty-two. She said that they had been living on frozen vegetables from the surrounding fields, and birds that the children killed. She had just sold the tires from her car to buy food. There she sat in that lean-to tent with her children huddled around her, and seemed to know that my pictures might help her, and so she helped me.” Lange captures the desperation of this mother as well as the strong ties which existed in this family nucleus.
Max Beckmann. *Family Picture*. 1920

- Who is represented in this painting? What are the figures doing?
- How would you describe the relationship between the figures?
- The title of this work is *Family Picture*. How is this painting similar to or different from your own family pictures?

After serving as a medic in World War I, Max Beckmann (1884–1950) transformed his artistic style to incorporate altered perspective and proportion. In contrast to popular trends, he rejected abstract painting and embraced traditional subject matter such as portraits, still lifes, and genre scenes. In *Family Picture*, Beckmann paints a typical genre scene of the various stages of life, ranging from infancy to old age, within one family. The relationships of the figures, however, remain ambiguous.

Marc Chagall. *I and the Village*. 1911

- How does this work relate to our theme of family?
- What are some other ways to think about the idea of a family? Could it include friends? Animals? A community or village?
- Are there specific places that you associate with your family?

Marc Chagall (1887–1985) was born to a large Jewish family in a village in Belarus, at that time part of the Russian empire. In the early twentieth century he moved to Paris. His work often includes imagery from his childhood, including details of Hasidic culture. In *I and the Village*, Chagall includes figures in rural dress, vernacular buildings, and domesticated animals. The large man and goat in the center dominate the composition and seem to have a strong bond, as illustrated by a faint sight line that connects the two figures’ eyes.

**TURN AND TALK:** Which city or village do you consider your “hometown”? Is it where you live now or where you grew up? How would you paint this place? Which specific places or people would you include?
Art-Making Activity

In this module we discussed how different artists have represented families, both their own and others'. Ask participants to create a work that depicts their family, using colored pencils and pastels. You might even ask participants to bring in actual family portraits or copies of photographs and other memorabilia. They can collage these family photographs into their work. Finally, have participants share a story that relates to their family or the work.


- Who is depicted in this portrait? Do you think these figures are related? Why?
- What do you think is their social status? Consider how they are dressed and how they are posed.
- Is this a positive or a negative rendition? Can you surmise any opinion of the presidential family on Botero’s behalf?

Colombian artist Fernando Botero (born 1932) traveled to Europe at a young age with the goal of studying the work of the Old Masters. Characterized by bloated figures, his work often depicts contemporary life in his native Colombia as well as portraits of militarists and people in power. In his work Botero explores both the nature of politics and power as well as the formal possibilities of painting.

**TURN AND TALK:** Discuss past or current depictions of political families in the United States or abroad. How are they represented? Are they posed or candid? Are they positive or negative depictions?
The selected works touch on various ways artists have explored music in art. The images offer a range of opportunities to discuss various styles, forms, and ideas related to movement, rhythm, and other elements related to music. The relationship between music, composition, and art is explored through subject matter, materials, and the overall interaction of the elements within the work.
Discussion Questions and Art-Historical Information

**Henri Rousseau. The Sleeping Gypsy. 1897**

- How would you describe this scene?
- What time of day do you think is depicted in this painting?
- Why is this figure carrying a musical instrument? What is her role in society? Where do you think she is coming from? Where might she be going?
- What do you think the relationship is between the person and the lion?

Henri Rousseau (1844–1910) was a self-taught artist who went against the grain of academic style and subject matter by flattening figures and objects. His style was refreshing to some of the leading avant-garde artists of the time, including Pablo Picasso. In *The Sleeping Gypsy*, Rousseau exercises his acute sensibility for color and line in his depiction of a gypsy and lion in the middle of a desert-like setting. With minimal modeling, he reduces all forms to flattened shapes, giving a dreamlike quality to the work.

**Pablo Picasso. Three Musicians. 1921**

- Which geometric shapes do you see in this image?
- How many musicians are there? How has Picasso depicted these musicians? What material has he used?
- Where might these musicians be performing? What kind of music do you think they are playing?

Pablo Picasso (1881–1973) and Georges Braque were the two pioneers of Cubism, developing it roughly between 1907 and 1914. Their collaboration spawned the collage technique, in which pieces of paper and other materials are adhered to a surface to create an image. *Three Musicians* is characterized by the illusion of this collage technique: the figures are composed of multiple painted shapes that resemble pieces of paper or other materials. Of the three figures, the two characters on the left, a masked Pierrot, or sad clown (far left), and a Harlequin, are associated with the *commedia dell’arte*, a form of improvisational theater that began in Italy in the sixteenth century. While these characters add a certain humor to the scene, the darkened palette lends a somber quality, creating an overall sense of ambiguity in the work.

- What are the people in this painting doing? Where do you think they are? What are some elements that help you identify the specific time frame and location of this painting?

- How would you describe the central figure? How does she present herself? Can you determine her social status?

- What kind of music do you think is played at this dance hall?

After moving to the Montmartre district of Paris, Henri de Toulouse-Lautrec (1864–1901) began frequenting dance halls and other social venues. This particular scene illustrates the Moulin Rouge, one of the many cabarets that were a distinguishing feature of Paris nightlife toward the close of the nineteenth century. The painting highlights one particular dancer, Louise Weber, nicknamed “La Goulue,” the reigning belle of this milieu. In his representation of the figures and the dance hall, Toulouse-Lautrec applied artistic techniques learned through his study of Japanese woodblock prints, including a cropped scene, shallow spaces, and outlined figures. These characteristics are also seen in his commercial posters, for which he was well known.

**TURN AND TALK:** Discuss your favorite music venue. What kind of music is played there? Is there dancing? What kind?

Henri Matisse. *Dance (I)*. 1909

- Where do you think this scene takes place and what are the figures doing?

- What kind of mood do their body positions and movements suggest?

- How do the artist’s decisions regarding color, composition, and lack of detail affect your interpretation of this scene?

Henri Matisse (1869–1954) was one of the main artists of the avant-garde movement known as *Fauvism*, which explored the expressive potential of color. After returning from travels in North Africa, he started to experiment with innovative treatments of the human figure, inspired by classical decorations, African tribal sculpture, and ongoing developments in the work of his contemporaries. *Dance (I)* combines remnants of the Fauvists’ use of color with Matisse’s desire to treat the female form as a fluid visual balance of opposing rhythms and volumes. In the year just before Matisse painted *Dance (I)* he wrote, “What I dream of is an art of balance, of purity and serenity devoid of troubling or depressing subject-matter... a soothing, calming influence on the mind, something like a good armchair which provides relaxation from physical fatigue.”

**TURN AND TALK:** If you were to paint a scene with dancers, what kind of dance would they perform and in what setting? What would the dancers be wearing? Would this performance be a large spectacle or a small show?
Art-Making Activity

In this module, we considered how different artists have incorporated or alluded to music and rhythm in their artistic practice. In this activity, play different styles of music while participants are creating a painting of a figure. Offer some suggestions: a musician, a dancer, a friend, a self-portrait, etc. The best materials for this project are those that can be used more fluidly while the music is being played. Consider using watercolors or acrylic paint. Provide paint brushes of different sizes and large pieces of paper to paint on. Allow participants to work at their own pace.

Romare Bearden. *The Dove*, 1964

- Who and what is represented in this work? Are these elements easy to identify?
- How do you think this work was made? What materials were used?
- In what different ways do movement and rhythm come into play in this work?
- What type of music do you associate with this scene?

Although he studied and worked as an artist for multiple decades before, it was not until 1964 that Romare Bearden (1911–1988) began to make the collages that would become his signature works. In *The Dove*, he uses the collage technique to represent his own Harlem community. This work is part of a series titled The Prevalence of Ritual, in which Bearden repeatedly represented the activities that made up everyday existence in his neighborhood. Using imagery found in newspapers and magazines, Bearden created a vibrant and rhythmic street scene.
The selected works explore different ways that artists have incorporated the theme or image of light into their practice. Included are a photograph and four paintings: two mediums whose relationship with light is essential. When discussing these works take note of where light is seen and how it affects the viewer’s perception of the place that is depicted. Also consider the effect of the absence of light in some of the works.
Discussion Questions and Art-Historical Information

René Magritte. *The Empire of Light, II*. 1950

- What are some words that you would use to describe this scene?
- What time of day would you say is depicted in this painting? What do you see that makes you say that?
- Why do you think Magritte has included elements of both night and day here?

As one of the most important Surrealists, René Magritte (1898–1967) often painted scenes filled with ambiguity. This image is one of a series in which Magritte presented the same street scene simultaneously during the day and at nighttime. In his adherence to this illusionist technique, Magritte’s aesthetic was similar to that of his fellow Surrealist Salvador Dalí, who referred to this style as “hand-painted dream photographs.”

Jacob August Riis. *Bandits’ Roost, 59 1⁄2 Mulberry Street*. 1888

- Who are the people in this photograph and where are they?
- Photography literally means “writing with light.” What are the different ways that light is present and absent in this work?
- What are the differences between photography and painting? What possibilities does photography offer for depicting certain scenes?

Jacob August Riis (1849–1914) was an early proponent of the documentary potential of photography. He used his camera to capture the climate and conditions of the slums of New York City in an effort to promote social change. After the advent of the flash, Riis began photographing tenements and other overcrowded urban areas at night, casting a harsh light on the poor living conditions of his subjects. *Bandits’ Roost, 59 1⁄2 Mulberry Street* represents a notorious spot in downtown Manhattan. Riis began photographing this street as a police reporter for *The Tribune* in 1878. From then on, this street and its surroundings would remain an important subject in his work.

**TURN AND TALK:** If you were to photograph certain parts of your hometown, which would you choose and why? How would your depictions differ based on the time of day?
Jacob Lawrence. *Street Shadows*. 1959

- Where does this scene take place? Can you determine the time of day or the season?
- How does Lawrence depict light and shadows?
- What title would you give to this work? Once you learn the actual title, does it change your perception of the work?

Jacob Lawrence (1917–2000) is one of the most celebrated African American artists to date. While living in New York, he studied at the Art Students League and at Studio 306 in Harlem and worked under the Works Progress Administration (WPA). Although abstract paintings were in vogue at the time, Lawrence maintained a dedication to creating representational paintings. In *Street Shadows*, Lawrence depicts a busy urban block. The scene is filled with stylized figures and buildings as well as planes of light and shadow.


- What natural and man-made elements do you see in this painting?
- Where can you see light in this scene?
- What is the emotional impact of the painting?

Paul Cézanne (1839–1906) is often called the father of modern art. He used conventional content, such as landscape, still life, and portraiture, to deepen his explorations of form and perception and to question the traditions of painting. In this painting he applied large patches of different hues, laid on with wide brushstrokes that sweep rhythmically across the surface. No drawn contours bound the shapes of the houses, trees, or rocks. Rather, the play of light and shadow creates a sense of three-dimensionality. *L'Estaque* is one of many landscapes Cézanne created in the south of France, where he was able to paint numerous landscapes from a variety of viewpoints and angles, further investigating ideas of our visual relationship to our surroundings.
Art-Making Activity

In this module, we considered different ways artists have explored the effects of light on certain settings and how we perceive them. In this activity, have participants consider how daylight affects a certain place that they know well. Ask participants to think of a specific place from their past or present. Give them paint, pastels, or paper—any medium that allows for extensive use of color. Ask them to depict this place during the day. When they are done, ask them to consider the exact same place at night—and to illustrate it on a separate piece of paper. Lead a discussion to compare and contrast the two renditions: How do they differ? How has the lighting changed? Has a new tone or mood been created?


- What space do you think this painting depicts? How does this theater look different than current movie theaters?
- What is the woman in blue doing? How do you think she is feeling?
- What are the different ways that lighting plays a role in this painting? Where can it be seen? What kind of mood does it create?

Paintings by Edward Hopper (1882–1967) are often realistic, but also often full of ambiguity. Feelings of loneliness and isolation pervade his paintings, particularly his later works, which typically contain one solitary figure or, at times, a few figures that do not interact. Through the use of strong, shadow-casting light, he emphasizes mood and illuminates the scene. Personal and emotive, his works are charged with narrative potential.

**TURN AND TALK:** Discuss the woman standing to the side. Why is she not watching the film? What might she be thinking about? What will she do once the movie ends?
The selected images are depictions of political figures and conditions throughout modern history. Included are works from a variety of countries: Germany, Mexico, and the United States. Because of their inherent ties to political history, the works are ordered chronologically. Throughout, consider how politicians present themselves and how they are perceived by others. The works can stimulate discussion about the living conditions created by particular political movements and events as well as their effects in subsequent years.
**Discussion Questions and Art-Historical Information**

**Otto Dix. Dr. Mayer-Hermann. 1926**

- Who is the man in this painting? What is his profession?
- Do you think this is a positive or negative representation of a doctor?
- How do the elements of the doctor’s office reflect Dix’s opinion of his subject?

Otto Dix (1891–1969) is best known for the depictions of indigent war veterans and prostitutes that he painted after his service in the German Army during World War I. He also painted portraits of members of the upper echelons of German society. In this portrait of Dr. Mayer-Hermann, Dix’s actual physician, he maintains his honest and unforgiving style. The frontal pose of the figure, as well as the various circular forms inside the doctor’s office, all emphasize his unhealthy rotundity. This realism was the signature characteristic of the Neue Sachlichkeit (New Objectivity) movement, of which Dix was a chief member. Through this almost satirical portrait Dix highlights and critiques the life of excess led by the thriving middle class of the Weimar Republic.

**Diego Rivera. Agrarian Leader Zapata. 1931**

- What are some possible narratives suggested by this scene? What has just happened? What will happen next?
- Which social classes do the people in this painting belong to?
- What emotions do you associate with these characters?

Diego Rivera (1886–1957) was one of the Mexican artists that became known for their murals depicting events related to important advancements and figures in Mexican history. Having visited Europe on multiple occasions in the early twentieth century, Rivera was exposed to both the avant-garde trends of Paris and the continent’s rich artistic history. He also traveled to Italy, where he studied the Renaissance fresco tradition. In *Agrarian Leader Zapata*, Rivera paints the revolutionary Emiliano Zapata, backed by his army of peasants, holding the proud horse of his enemy, who lies dead behind him. This fresco was created for a 1931 solo exhibition at The Museum of Modern Art. It is a replica of a portion of a mural painted the year before in the Palace of Cortés in Cuernavaca.
Garry Winogrand. Democratic National Convention. 1960

- Where do you think this photograph was taken?
- How is it different from other photographs of politicians that you have seen?
- Why do you think the photographer chose to shoot from this viewpoint? How does this perspective affect the way you interpret the image?

This photograph is one of a series that depicts various gatherings and social functions, taken by Garry Winogrand (1928–1984) in the 1960s. Winogrand adhered to the documentary tradition of photography and commented on the social and political conditions that created the scenarios he focused on. In Democratic National Convention, Winogrand captures the future president John F. Kennedy speaking to his constituents from two different perspectives. In the foreground he shows the typical experience of the public, viewing the event on a television screen. This image is juxtaposed with a behind-the-scenes look. This photograph touches on different aspects of American politics, issues of honesty and transparency, and the role of the media in relaying political events.

**TURN AND TALK:** Discuss a specific political moment that was important to you. Where were you when it happened? Were you there in person, or did you watch it on television? How did that event affect your life and the country?

Jasper Johns. Map. 1961

- How has Johns altered the traditional image of a map of the United States?
- How would you describe Johns’s use of color and brushstroke in the painting? How does it inform your interpretation of this work?
- What are the political undertones of the transformation of this map?

Jasper Johns (born 1930) began his career in New York City during the height of Abstract Expressionism. Jackson Pollock, Willem de Kooning, and Mark Rothko, the artists most associated with the movement, were celebrated for their individualistic and emotionally revealing large-scale works. In Map, Johns adopts their highly expressive brushstroke and applies it to the representation of a recognizable and rather mundane image: a map of the United States. Through the use of everyday images, such as maps, targets, and flags, Johns is able to focus on the process of creation rather than the subject matter. In addition, Map alludes to the representation and meaning of political symbols.

**TURN AND TALK:** Think about how you would create your own version of the map of the United States. Which elements would you change? What emotional effect would you try to create?
Art-Making Activity

In this module we discussed how artists have responded to and represented political events and ideas. In relation to this theme, ask participants to make a propagandistic poster of a particular political figure, party, or event. They can use a variety of materials and mediums. In addition, ask them to include a slogan to go with the poster. Invite participants to tell a story relating to an event or figure that is or was particularly important to them and influenced their life in some way.

Gerhard Richter. *Flugzeug II*. 1966

- What type of airplanes do you think are depicted in this work? What are they used for?
- Why do you think Richter used a photograph as his starting point for this print?
- Have you seen similar images of aircraft elsewhere?

Gerhard Richter (born 1932) began incorporating photography in his practice in the early 1960s. Richter used images that he found in newspapers and other publications, and investigated the effect of mass media on perception. Richter began making prints in 1965 and has completed more than one hundred. This print of fighter planes reflects the World War II bombing of his native Dresden and the debates around German rearmament prevalent in the national press at the time. The printing strategy creates an effect for the viewer that is similar to that of newspaper illustrations.
List of Artworks

All works are in the collection of the Museum of Modern Art, New York.


Max Beckmann (German, 1884–1950). Family. 1936. Oil on canvas, 67⅛ x 50⅛ (170.3 x 127.7 cm). Gift of Mrs. Simon Guggenheim Fund.


Vincent van Gogh (Dutch, 1853–1890). The Starry Night. 1889. Oil on canvas, 29 x 36⅝ (74.7 x 93.2 cm). Acquired through the Lillie P. Bliss Bequest.


Ernst Ludwig Kirchner (German, 1880–1938). Street, Dresden. 1908 (reworked 1913; dated on painting 1907). Oil on canvas, 59¼ x 66⅜ (150.5 x 168.5 cm). Purchase, Dr. Ingbröth & Dr. Wolfgang Henze-Ketterer, Wichtrach/Bern.


Jacob Lawrence (American, 1917–2000). In the North the Negro had better economic facilities. 1939–41. Tempera on gesso on composition board, 12 x 18 (30.5 x 45.7 cm). Gift of Mrs. David M. Levy. © 2009 Jacob Lawrence.


Rene Magritte (Belgian, 1898–1967). The Empire of Light. 1940. Oil on canvas, 31 x 23 (78.8 x 59.1 cm). Gift of D. and J. de Menil. © 2009 C. Herscovici, Brussels / Artists Rights Society (ARS), New York.


Henri Rousseau (French, 1844–1910). The Sleeping Gypsy. 1897. Oil on canvas, 51⅛ x 6⅞ (129.5 x 200.7 cm). Gift of Mrs. Simon Guggenheim.


Jeff Wall (Canadian, born 1946). After "Invisible Man" by Ralph Ellison, the Prologue. 1999–2000, printed 2000. Silver dye bleach transparency; aluminum light box, 5' 8⅛ x 8' 2¼ (172 x 248.9 cm). The Photography Council Fund, Horace W. Goldsmith Fund through Robert B. Menschel, and acquired through the generosity of Jo Carle and Ronald S. Lauder and Carol and David Appel. © 2009 Jeff Wall.

Included in this kit are eight art modules, a DVD, and ten art cards. The DVD contains all the images discussed in all eight art modules. The art cards are reproductions of the artworks used in the first four modules only.

There are two ways to navigate the DVD:

1. By Art Module: Select an individual art module and go through all five of its works, using the questions and art-historical information printed in the booklet to aid your discussion.

2. By Artwork: You can select single images to discuss independently or in conjunction with other artworks to create your own theme. The images are listed alphabetically by the last name of the artist. You can also view the entire set of images as a fifteen-minute slideshow.

The DVD does not contain the questions and the art-historical information provided in the art modules. Its main purpose is to provide multiple ways of arranging and displaying artworks, and to allow for the creation of new themes. The art modules booklet should be used in conjunction with the DVD in order to facilitate an art-looking and/or art-making experience.

For more information on making art accessible to people with dementia, visit The MoMA Alzheimer’s Project’s Web site at www.moma.org/alzheimersproject.

The MoMA Alzheimer’s Project: Making Art Accessible to People with Dementia
Made Possible by MetLife Foundation