Available online at www.sciencedirect.com
SciVerse ScienceDirect
Poetics 41 (2013) 27–47
POETICS
www.elsevier.com/locate/poetic

Access to what? Alzheimer's disease and esthetic sense-making in the contemporary art museum

Gemma Mangione

Northwestern University, Department of Sociology, 1810 Chicago Avenue, Evanston, IL 60208, United States

---

Abstract

Drawing on ethnographic fieldwork and in-depth interviews at two metropolitan art museums, I examine how educators and participants frame the benefits of art museum programs for people with Alzheimer's disease. Both groups see participation in recreational activities, such as museum tours, as an important way to maintain normalcy in the face of chronic illness. This corresponds to art museums' institutional logic of open "access." In exploring what people see the programs as giving *access to*, I show that educators frame art in relativist language to facilitate interaction, a frame I call "art-means-everything." In contrast, participants—people with Alzheimer's and their caregivers—experience art in terms of beauty and ideas, or a frame of "art-means-aesthetics." For sociologists of art and cultural organizations, this study calls for attention to how institutional meanings emerge at the local level. It also suggests opportunities for greater dialogue between sociological studies of culture and health.

---

1. Introduction

> Michaela, a tour guide at a major metropolitan art museum, is standing in what is known as a "period room"—a collection of artworks organized in a replica of a room once in a private residence. She gestures to a portrait of a beautiful ivory-skinned woman, who dons a gentle half-smile and a jade green dress made of crushed velvet. Addressing a group of eight people seated on stools in front of her, she asks: "What kind of a woman do we think she is?" Dolores, a slight woman with elegantly coiffed gray hair, says: "She's someone who cares." Michaela agrees: she looks like a "nice person."

E-mail address: gmmangione@u.northwestern.edu.

0304-422X/$ – see front matter © 2012 Elsevier B.V. All rights reserved.
http://dx.doi.org/10.1016/j.poetic.2012.11.004

> Beatrice, who sits in her stool while holding her walker, says in a firm, clear voice: ‘‘She is a lady of leisure. I wonder if she has some cause she’s attached to. Something she’s interested in, to which she gives her time.’’ Michaela looks at the painting and responds: ‘‘That’s very interesting. You’d like to know if she’s into more than just wealth and beauty.’’ Beatrice nods and says, ‘‘I’d like to know more about her *substance*.’’
>
> Michaela turns to Matthew, a frail, white-haired man with big brown eyes, seated in a wheelchair next to a Hispanic woman named Anita. She asks for his thoughts. A silence, and then Matthew says: ‘‘She sure is a good-looking dame.’’ The group bursts into laughter.

Passer-bys in the gallery observing the scene described above might find little unusual about the discussion of the ‘‘good-looking dame.’’ They might notice the majority of the group members were elderly and that many needed special accommodations: a wheelchair, a walker, headphones attached to assisted-listening devices. However, if they were regular museum-goers, they might know that older adults frequently attend tours led by a member of the museum’s education department. Accordingly, they may have stayed just long enough to hear Michaela tell the group the portrait was of a princess who died very young, joined in the murmurs of pity, and moved on without a second thought.

What the passer-bys would likely not have known was that this tour was part of a specific initiative geared toward people with Alzheimer’s disease and their familial and professional caregivers.[1] Such targeted outreach gained traction in 2006, when the Museum of Modern Art (MoMA) in New York launched ‘‘Meet Me at MoMA’’ following a number of focused interviews and pilot programs with people with Alzheimer’s; the development of educator workshops oriented around new pedagogical practices in the galleries; and the establishment of bi-annual training sessions with professionals from the New York City Alzheimer’s Association and the Mount Sinai School of Medicine (MoMA, 2009). Through the MoMA Alzheimer’s Project, MoMA staff have provided resources and training to museums serving this unique visitor group, thereby facilitating the diffusion of their program model nationwide (MoMA, 2009). Thus while the history of art museum education is built upon arguments that museum-going is ‘‘good’’ for people in various ways, the rhetoric used to justify the ameliorative aspect of contemplating art seems to have shifted. Learning about high culture—what Arnold (1993 [1869], p. 79) once termed the ‘‘best that has been thought and known’’—is no longer about civilizing society and restoring its ‘‘sweetness and light.’’ As the development of these initiatives would imply, museum-going is good for our health.

Understanding the work of this somewhat odd ideological combination is the task of what follows. This article draws on in-depth interviews and ethnographic fieldwork to ask: How do museum educators and program participants frame the benefits of museum-going for people with Alzheimer’s? More broadly: What does this reveal about how people encounter art objects and interpret them as meaningful?

---

[1] Dementia is a syndrome characterized by loss of cognitive and intellectual faculties; it is most frequently associated with degenerative brain diseases, the most common among these being Alzheimer’s disease (Ropper and Samuels, 2009). However, my subjects often used dementia and Alzheimer’s interchangeably. Given that one of the museums I studied advertised their program to people with ‘‘Alzheimer’s’’ and the other to people with ‘‘dementia’’—and that the museums do not always have information on the specific dementia disease diagnosed to program participants—I have elected to use ‘‘Alzheimer’s’’ consistently throughout this article, since the term is more familiar.

To answer these questions, I first describe the institutional context of these initiatives by identifying the mission of and constraints facing the program area in which they are located. I show how both museum educators and program participants jointly emphasize an institutional logic of ‘‘access’’ for museum tours, elaborating a democratic philosophy that has characterized the American art museum since its founding (Zeller, 1989). In so doing, both types of actors maintain that participation in everyday recreational activities is just as important for people experiencing illness as more targeted therapies. However, access functions as a precondition, not an art-specific idea, and examining ‘‘access to what?’’ reveals disjuncture between the types. Museum educators frame the experience of art as fundamentally interpretive and open-ended, a frame I call ‘‘art-means-everything.’’ This frame can be explained by the educators' professional position—which necessitates constructing the museum as an egalitarian space and art as an accessible resource—and by their reliance on outside health- and lifestyle-oriented consultants who emphasize program goals of engagement and validation. In contrast, participants draw on a frame emphasizing art's ideas and beauty, understanding ‘‘art-means-aesthetics’’ even when they are ostensibly engaged with it for other reasons.[2] I focus my analysis on how these seemingly contradictory frames work together to facilitate esthetic experience. These findings point to the general importance of studying institutional logics at the level of interaction, particularly for research on interpretations of art objects within organizations of high culture.

2. Within the maelstrom: objects, experience and a place for meaning

Museum education is hardly a new phenomenon: ‘‘Museums have always had education staffs and early museums used education as a justification for their existence’’ (Alexander, 1996, p. 107). Furthermore, so long as there have been education departments in museums, there too have coexisted fundamental ‘‘tensions of mission’’ between elitist and democratic ideologies (Zolberg, 1986; see also DiMaggio, 1982, 1991; Zolberg, 1974, 1992). More than any other museum professional, museum educators are charged with making the organization in which they work accessible to a wide spectrum of audiences.

Beginning in the 1960s, policy-level shifts emphasizing greater public accountability of cultural institutions resulted in museums broadening their programs to target disenfranchised publics (Alexander, 1996). Several essays in Tepper and Ivey (2008) link this move to larger debates about the extent to which cultural participation relates to and informs assessment of the health of U.S. democracy, while further illustrating how efforts to account for this participation have become an unavoidable legitimation process for cultural organizations. Other recent studies of cultural policy internationally highlight how competing ideas about the abstract cultural value and measurable social impact of art have influenced policy development and agendas (Bjørnsen, 2012; Dubois, 2011), and how they explain motivations underlying public funding of the arts (Feder and Katz-Gerro, 2012).

These shifts taken broadly have had substantial consequences for the political sustainability of cultural capital—appreciation and knowledge of high cultural art forms—as the signature

---

[2] In emphasizing ‘‘beauty and ideas’’ as central to aesthetics, I draw upon Fine's (1992, p. 1269) emphasis on the ‘‘cognitive (satisfaction) and affective (sensory) components of esthetic judgments’’ and his acknowledgment that the literature on aesthetics focuses on ‘‘qualities of mind . . . or the qualities of an object that produce the recognition that one has had an aesthetic experience.’’ In so doing I also agree with, and aim to contribute to, what he highlights as this literature's oversight of the ‘‘interactional, relational, or institutional features of esthetic evaluation’’ (Fine, 1992, p. 1269, fn. 2).

carrying card of museum visitors (Bourdieu, 1984; Bourdieu and Darbel, 1990 [1969]; see also Bourdieu and Passeron, 1990 [1977]). As Swidler (1986) has argued, "unsettled" times—that which characterize the art museum's shift from a temple of elite worship toward a fully participatory, public institution—are distinguished by ideologies that establish new cultural repertoires influencing action. In what follows, I take "access" as one such ideology, defining it as the institutional logic that museums should reach out and serve all visitor publics, both present and potential.[3] Notably, the museum educators and unique group of museum visitors considered in this article operate under, embrace and elaborate the rising dominance of the access logic. But proclaiming the import of access for a cultural institution says little about what that institution can offer its resultant publics once they get through the door. This article examines how people facing changing and competing ideas about the social role of museums ultimately negotiate a visitor-object encounter through which art is seen as meaningful. Empirically, I illustrate the cultural and institutional repertoires in play as people arrive at their answers for "access to what?"

In so doing, I respond to a long-standing call in the sociological study of art to identify the mechanisms and range of social meanings through which people make sense of it (Bowler, 1994; Griswold, 1987a,b; Wolff, 1992); and, more recently, to Acord and DeNora's (2008, p. 233) suggestion for sociologists of art and culture to interpret actions not using "*her or his* presumptions of culture . . . as resources" but instead to "look at how actors themselves make links and produce cultural significance in everyday life, to illuminate *their* resources as *they* locate them." Ultimately, this study focuses on the object-actor encounter to argue for a return to meaning by exploring what art objects signify to those who are both using and experiencing them.[4] While the frames I discuss in my analysis vary among actors, they indicate a shared underlying principle. Art, on its own terms, is "good" for people; this view is both present and persistent within an institutional maelstrom of competing interests that might otherwise eclipse its relevance. My argument thus foregrounds the mechanisms enabling the continued meaningfulness of "art for art's sake" via a case and within a particular institutional context in which such rhetoric may be seen as beyond the pale.

To better theorize the interactions through which objects emerge as meaningful in my case, I draw upon and bridge three apposite areas of literature concerned with objects, experience and meaning: two investigating the intersections of art and health; and one examining museum-going from a symbolic interactionist perspective, upon which I build my analytical framework. The first branch of the former extends medical sociologists' interest in how *illness narratives*—first-person testimonials of life-threatening or terminal illness—illustrate people's search for meaning in their illness experience beyond what the "medical story can tell" (Frank, 1995, p. 6; Kleinman, 1988). Medical sociologists have traditionally viewed illness narratives as discursive. Of late, however, a focus on visual representations highlights how "the portrayal of health and illness in the arts is of potential importance for understanding how people render key life

---

[3] Friedland and Alford (1991, p. 248) define institutional logics as "... a set of material practices and symbolic constructions—which constitutes [an institutional order's] organizing principles and which is available to organizations and individuals to elaborate." In this article, I consider the interpretive work museum educators facilitate between artworks and visitors as a "material practice," one that has been connected to the democratic "organizing principle" of the American art museum. With an eye to my analytical framework, Scott's (2008, pp. 186–188) discussion of the close association of the logic concept to the cultural frame bears note.

[4] As Griswold (1987b, p. 1111) has argued, meaning is made "by the interaction of a socially situated, presupposing recipient and a cultural object."

experiences meaningful, making sense of them'' (Radley et al., 1997, p. 18). By examining how artistic production among women with breast cancer collectivizes the issues surrounding the disease (Radley and Bell, 2007) and how depictions of the sick give expressive form to the otherwise inchoate experience of suffering (Radley, 1999, 2002), medical sociologists argue that artistic representations of illness enable sensitivity ''to the intermediary role of art in the elucidation of meaning'' (Radley and Bell, 2011, p. 221) by standing at ''the intersection of art, medicine and social action'' (Radley and Bell, 2011, p. 219).

This interest in art's mediating potential parallels a recent move in the sociology of art from ''art worlds to arts-in-action'' (Acord and DeNora, 2008, p. 223; see also de la Fuente, 2007; DeNora, 2002). Literature examining art ''in action'' draws upon the emphasis within science and technology studies on objects' agency and materiality to push past what scholars have termed the long-standing blindspot in the sociology of art—a focus on ''the artwork itself'' (Becker et al., 2006, p. xiii)—and to argue for greater attention to the roles art plays in the organization of social life. Arts therapies have been taken as an empirical case through which to pursue this agenda (DeNora, 2000; Hara, 2011), suggesting possibilities for cross-talk between sociological literatures on medicine and culture that, while engaging similar themes, have not necessarily been in explicit dialogue.[5] Such studies illustrate how art functions both as a medium of social relations and a proxy for forms of expression often denied or unavailable to those experiencing illness. This latter finding is consistent with the museum experience of people with Alzheimer's, as programs developed for them within the institution offer a platform of expression to a social group otherwise seen as unable to communicate and interact productively in everyday society (Beard, 2004).

Jointly, these two areas of literature examining art and health draw attention to how objects play a unique role in meaning-making: ''how specific features of artistic forms *emerge* as meaningful and consequential within interactions'' (Acord and DeNora, 2008, p. 226). This focus is central to symbolic interactionism's ''commitment to the object and materiality'' (vom Lehn et al., 2001, p. 190), which has characterized a range of research that includes formative work in the sociology of art (Becker, 2008 [1982]). Literature employing symbolic interactionist theory to study the interpretive work of museum visitors calls attention to the fundamentally interactive nature of that work and to how studying viewers in situ (as I do in this study) reveals the emergence of interpretation through discourse (Bruder and Ucok, 2000; vom Lehn et al., 2001).[6] This research's focus on talk helpfully broadens the scope of the arts and health literature, which focuses predominantly on how the *production* of artistic work relates to identity construction, and significantly less on how external actors with alternate interests or agendas may shape the interpretation or encounter of that work. I take this as an empirical question in what follows, given the heterogeneity of actors (including the objects themselves) interacting in the art encounters considered.

---

[5] Further evidence for this theme includes *Music and Arts in Action*, a journal that was founded in 2008 ''to provide a forum for considering the arts and esthetic media as active ingredients in social life'' (MAiA, 2008, p. 1). The journal has since published a number of articles on arts therapies, as well as a special issue on music and the arts in health (introduced in Sonke, 2011).

[6] See also Acord (2010) for another examination of how esthetic meaning-making emerges through actor-object interaction, taking curatorial exhibition installation as an empirical case. Additionally relevant here is Gubrium's (1986, p. 39) use of symbolic interactionism in his studies of Alzheimer's disease to argue that ''from medical opinion to custodial concern, the Alzheimer's disease experience is considered to be an interpersonal one, as the 'two victims' theme suggests, never the sole problem or burden of the victim proper.''

As my interest is in what Goffman (1974) termed ‘‘the organization of experience’’—a phenomenon he considered primarily through the study of interaction—I identify frame categories and illustrate frame development through coding and analysis of ethnographic findings that buttress or complicate conclusions that I draw from the interview data. In so doing, I refer to Benford and Snow's (2000, p. 614) note about the distinction between schemas and frames. Citing Goffman, these authors maintain that actors negotiate frames through interaction; frames constitute ‘‘a broader, interpretive answer or definition to ‘what is going on' or ‘should be going on''' (Benford and Snow, 2000, p. 614, fn. 3). These are not in opposition to, but instead ‘‘highly interactive'' with, schemas—defined as participants' pre-existing expectations of people, objects and environments in their social world. Benford and Snow's (2000, pp. 623–624) discussion of how frames emerge through discursive practices, and not simply through top-down, strategic organization action, is also of import for my analytic framework, particularly because it offers a way to think about framing as an elastic interpretive lens not confined to its primary analytic use in the study of social movements.

Importantly, the frame concept enables connections between the literatures on objecthood and interaction and those focused on the broader institutional environment and systems of meaning within which cultural organizations operate. In studying how frames function as a way to illustrate the benefits of museum-going for people with Alzheimer's, I draw upon Snow et al.'s (1986) elaboration of Goffman's ‘‘frame'' as phenomenological explanation to think instead about framing as *process*: the study of how rhetorical and metaphorical justifications work in practice. Examining this work within the particular organizational context of the accessible museum speaks to my, and the authors', interest in using frames to illustrate links between micro-level interactive processes and structural/organizational factors and perspectives. Such an approach corresponds with recent shifts in institutional theory highlighting how the people who ‘‘inhabit'' institutions make sense of, respond to and interpret macro cultural logics otherwise seen as constraining and fixed (Hallett and Ventresca, 2006). This line of research emphasizes the utility of symbolic interactionist frameworks in the study of organizations. It is thus particularly valuable for studies of esthetic experience and meaning-making within museums that may otherwise, following Bourdieu, favor more structural analyses.

3. Data and methods

3.1. Site selection and data collection

I collected data over two summers at two art museums located in a major metropolitan area that each offer programs for people with Alzheimer's and their caregivers. The first museum, which I call the Large Metropolitan Museum, or LMM, is one of the foremost art museums in the world, with a collection representing all continents and spanning from classical antiquity to contemporary American. The second, the Small Metropolitan Museum, or SMM, is a smaller institution with a niche collection showcasing work of self-taught, or ‘‘folk,'' artists. I call the LMM's educational tours for people with Alzheimer's and their caregivers ‘‘Look and Learn,'' and the SMM's ‘‘See and Share,'' and provide a brief overview of these tours in Section 3.2.

My rationale for case selection was the museums' diverse collections, pursuing the hypothesis that both practitioners and participants would consider some types of art more effective than others for meeting program goals. However, with few exceptions, those on both sides of the tours found it unfair to exclude a priori some works in favor of others simply because the programs in questions were developed for people with Alzheimer's. When preferences were voiced, they were usually specific to the tastes of participants, not in reference to the needs of people with cognitive impairments. This finding is particularly important when contrasted with more generalized discussions of museum-going that are present throughout my case. For the most part, participants who attended museum programs for people with Alzheimer's at several institutions considered them as collective phenomena and did not distinguish between institutions unless pressed.

I draw here upon 30 in-depth interviews with 35 subjects. I spoke with the full sample of education staff at both museums responsible for program development and implementation, and all educators (on staff or freelance) who lead programs for people with Alzheimer's there. This resulted in 13 total interviews with museum personnel.[7] I also conducted five interviews with all outside personnel working collaboratively with these educators, including two Alzheimer's Association representatives and three medical professionals broadly involved in program evaluation and research. Interview length for these two subject groups ranged from approximately 30 minutes to nearly two hours, averaging one hour. Participant interviews totaled 12, seven of which were with caregivers sitting alone and five of which were with caregiver-patient dyads (thus, in total, 17 participants sat for interviews.) These interviews ranged from approximately 40 minutes to 90 minutes, again averaging one hour.

All interviews were open-ended and semi-structured, and participants were encouraged to raise new questions and topics they felt were relevant. Across subject groups, interviews focused on how people became involved in the art museum programs; how they defined program goals and success; what (if any) benefits programs offered participants; the importance or uniqueness of art in offering those benefits; and the strengths and weaknesses of various program formats, educator styles or types of art in offering those benefits. In addition to these standard questions, I asked program personnel how these programs related to their other professional duties; what training, if any, they had undergone or conducted as part of their involvement with the programs; and how they felt that training had contributed to or otherwise improved the initiatives. Additional questions for program participants covered how the programs compared to other medical and non-medical resources they might have pursued post-diagnosis.

Ethnographic data includes numerous informal conversations and scheduled meetings with educators and participants; formal observations of 10 tours between the two museums, ranging from one hour to 90 minutes; and three additional two-hour events organized collaboratively by the Alzheimer's Association and the LMM, which I call "Museum Meet."[8] Museum Meet events are designed to showcase the museum as a tool for interaction and engagement, and Alzheimer's Association representatives recruit caregivers to the event by framing it as a health education resource. Over the course of the program, a single museum educator models for caregivers some questioning strategies that might aid them in facilitating communication with their loved one or client with Alzheimer's, either at the museum or with pictures of art objects at home. In this, Museum Meet programs differ from the Look and Learn and See and Share tours, which provide a thematic learning experience for people with Alzheimer's and caregivers centered on discussion of 3–5 artworks. I discuss the structure of these tours at greater length in the following section.

---

[7] This does not include my three follow-up interviews with full-time LMM and SMM staff. These conversations focused specifically on the institutional context and history of the programs for visitors with Alzheimer's.

[8] I also observed five additional LMM access programs: three art-making programs for people with Alzheimer's and two programs for non-Alzheimer's groups (one for developmentally disabled young adults and another for a group of women with multiple sclerosis). This and my review of training materials for LMM educators provided insight into the institutional context of the educators' work, though I do not explicitly refer to this data here.

When observing programs at the museums, I usually served as a volunteer, assisting with the distribution and transportation of equipment and helping to guide visitors between galleries. I participated in tour conversations to a minimal degree and primarily when in the company of smaller visitor groups, so as to avoid calling attention to myself as a silent observer on otherwise highly interactive programs. When educators introduced me, they primarily did so by saying I would be ‘‘helping out with the program today,’’ and on occasion at tour's end participants would ask me if I was a student. While the educators themselves were familiar with the exact nature of my study, participants—excepting those I interviewed—were not. As with other ethnographic studies of educational tours, my note-taking throughout the program was reasonable, if not typical (see Wynn, 2010, 2011). On one tour attended by only four people including myself, I took minimal notes throughout in efforts to be sensitive to the intimacy of the conversation.[9] For all programs, I sat in the back so as to be as unobtrusive as possible and to better observe the full group.

3.2. What is a museum gallery tour?

At both the LMM and SMM, tours consist of object-based discussion organized around a theme, which could be an entire collection, such as ‘‘Greek and Roman art;’’ a specific exhibition; or something across collections, such as ‘‘fashion’’ or ‘‘animals.’’ Educators select 3–5 art objects for discussion that fit within the assigned theme. Over the course of the tour, they facilitate object-based conversation in what they term an ‘‘inquiry-based’’ approach. Discussion around a given artwork typically begins with open-ended questions: ‘‘What strikes you about this work?’’ ‘‘What do you notice?’’ Once multiple (hopefully all) participants have offered insights—all of which the educator typically repeats back to the group and affirms—the educator provides historical background on the work. However, educators' continual emphasis is on developing dialogue through close looking, both with program participants and among them, giving particular attention to participant ‘‘dyads,’’ or caregivers paired with a visitor with Alzheimer's. Tours at both institutions include volunteers who assist with the distribution of nametags, assisted listening devices (if requested) and stools they set up for participants in the galleries. Educators give participants passes at program's end so they can return to the museum on their own at a later date.

Given the vastness of the Large Metropolitan Museum compared to the Small Metropolitan Museum, tour attendance varies considerably between institutions. Look and Learn programs are capped at 40 people, with no more than 5 dyads per educator and 4–5 educators per tour. This cap has practical purposes. Smaller groups make navigating through the galleries easier, since the programs often take place when the heavily-attended LMM is open to the public. In contrast, SMM tours are capped at 10 participants total, led by a single educator. Consequently, tours tend to be more intimate, due not only to the size of the group, but also the nature of the space. While SMM tours are also held when the museum is open to the public, visitor traffic is significantly lower in the SMM galleries, a fact that participants praised when comparing programs.

---

[9] As I discuss in the following section, one to two volunteers followed most of the tours I observed, as well as (albeit on much rarer occasions) museum staff from other institutions; students; interns; and outside consultants participating in program development and evaluation. Regardless, I generally timed my note-taking to when the educators were talking to avoid making participants feel they were under examination.

4. The access logic: what the museum does, and what therapy does not

Understanding how museum educators and participants frame the benefits of museum programs for people with Alzheimer's and their caregivers necessitates an overview of these initiatives. Museum programs for people with Alzheimer's are located in the access division of museum education departments. According to one LMM staffer, Elaine, access education has the same goals as museum education: to facilitate engagement with the museum's collection and promote a ''deeper understanding'' about art through educational programs and resources. However, access is chiefly concerned with ''knocking down the barriers that exist for people with disabilities to achieve that ... broad goal.'' Served primarily through by-request group tours, audiences span a wide range. As Lauren, another full-time LMM access staff member, states: ''We work with people with visual impairments, people who are deaf and hard-of-hearing, people with developmental and learning disabilities, autism, people with HIV/AIDS, people who have ... Rett's Syndrome or MS [multiple sclerosis.] Anything, really.''[10] Notwithstanding the heterogeneity of visitors served, educators do not typically have access to much information about the people they teach. More often than not, they must develop strategies to adapt to visitors' capabilities through interaction, rather than planning for them in advance.

This context provides important background for understanding how access staff and educators I interviewed easily contextualized Look and Learn (at the LMM) and See and Share (at the SMM) into their larger work with access audiences. Three-quarters of those I spoke with explicitly stated that their job was to take groups of people about whom they knew relatively nothing, and who very well might not otherwise be comfortable in a museum environment, and figure out how to make that experience fulfilling for them. Thus, at the end of the day, people with Alzheimer's and their caregivers were just another group. As Kate, an LMM educator, said: ''Honestly, there are diverse audiences in a public tour ... [Look and Learn] is just another diverse group. You just can't make preconceptions about people.'' Another stated: ''Learning more about the many forms of dementia [from different medical professionals] ... none of that *really* matters. What really matters is getting in front of a group of people and seeing what works.''

This congruency between the programs for those with Alzheimer's and other access programs is particularly meaningful when considering the educators' reluctance during conversations of program benefits to classify their work with access audiences as something far afield of museum education and specifically, as therapy. As educators voiced to me repeatedly, what defines a therapist is someone who trains as a therapist and is paid as a therapist. However, the medical definition of therapy is a program improving physiological or psychological health with identifiable, consistent and measurable goals and outcomes.[11] As I pointed out to LMM and SMM staff and educators, both museums (following MoMA) favored partnering with medical

---

[10] As Bury (2000) has written, disability is a heterogeneous category, encompassing illness, injury, aging and genetic conditions.

[11] For example, the medical professionals involved with these programs had a clear, consistent vocabulary for distinguishing the museum initiatives from a ''therapy.'' A clinical psychiatrist who works closely with MoMA staff stated the programs were ''very explorative'' and could not be considered a type of therapy because ''the research is not there yet,'' though she added that the institutions were ''working to get there.'' A health professional working with the LMM to train and evaluate their educators stated: ''There is art therapy, but that's not what we're doing. I think of therapy as doing something that's either going to improve or sustain function. And I just don't think that's the goal.''

personnel to ascertain goals and outcomes, or what Lauren termed ‘‘long-term effects.’’ Why, then, wouldn’t they be open to embracing the therapist label down the line, or as an extension of their existing professional skill sets?

Here it is necessary to return to the discussion of what access means in institutional context. Recalling Elaine’s comments above, access programs have the same goals as museum education but have to concentrate on ‘‘knocking down the barriers’’ that interfere with certain groups achieving those goals. In this way, educators elaborate the ‘‘museum is for everyone’’ idea by enabling a view of access programming that is fundamentally about meeting people where they are, instead of concentrating on where they should be. Thus, when probed to explain why they were ‘‘not therapists,’’ educators contrasted their impressions of a therapist’s work with an explanation of their own professional goals and interests. As Dolly, an educator at the SMM, stated: ‘‘I know there’s research that’s done [with these programs], but I’m usually not involved in that . . . you’re sharing an experience with [the visitors], and you’re not looking for a particular outcome other than did they enjoy themselves, did they learn something.’’ Furthermore, several of the educators I interviewed took issue with the very idea of improving function, as seen in these examples:

> I find the word therapy like the word disabled . . . I find the word therapy to be more critical. [Like] art therapy would be to sit and evaluate how you drew, why you drew it, where it comes from, where it’s going. I’m more interested in interactions, and [being] able to demonstrate that when you’re not threatened, there’s a whole part of you that usually is shoved in a pocket that could come out and get some air.

> . . . what I’m trying to do for people . . . is not focus on what they have . . . you just have to treat everyone with respect and try to gauge their level, not ever speaking down, especially with adults . . . Making sure they’re coming along with you in your thought process as you’re teaching.

Ultimately, museum educators argued that people with Alzheimer’s should be able to enjoy the same experiences as everyone else, not limited in any way by their disease. Thus, this group first organized and understood the experience and benefits of museum-going by pointing to ‘‘access’’ as an organizing principle. They maintained that to medicalize the benefits of an otherwise non-medical experience burdened the program experience with a veiled prejudice: an assumption people with disabilities gain the most from initiatives that have biomedically-oriented goals. The scope of this ‘‘access’’ logic is best captured in this quote, from an interview with LMM educator Abigail speaking about the goals of Look and Learn:

> . . . Just sort of . . . normalizing dementia . . . You know, to have people out in a dignified setting where they experience their intellect and their memory and their emotions. I think that’s just a great thing. I think that’s just part of being human, and I think that’s something that can be dangerously left by the wayside when people are experiencing dementia.

‘‘Normalizing’’ is significant here, because it characterized a view of access elaborated both by educators and participants. Consider this caregiver, Ben, speaking about Look and Learn:

> [The program] doesn’t feel like a therapy, and I think that’s a good thing . . . I don’t know how [my wife, participant with Alzheimer’s] would react if it were more obviously therapeutically-oriented . . . I think she would recognize that . . . simply by the nature of the

> activities that are going on, it's therapeutic, whether it's intended to be or not. It's getting her to think about things that otherwise she wouldn't, getting her involved in conversations she otherwise wouldn't have. It gets her to express her opinions. It's very different from anything that's going on in our lives right now.

This quote indicates that Ben rejected the idea that making the participants with Alzheimer's better physiologically or psychologically was the only path to wellness (Metzl and Kirkland, 2010). Other participants, such as this caregiver, stated the educators had a respect for them that contrasted some of the other professionals with whom they interacted:

> The art educators [are] . . . absolutely wonderful people . . . The desire to help, to support, to get involved, to stimulate through questions but also to drawing people out, calling on them. It's really treating everyone, particularly the key members [the people with Alzheimer's] with a lot of dignity . . . you're not going to get that in other programs. People are treated as children. Kindergartners. Between baby talk and all the other stuff, or disciplinarians. So it's being treated as an adult, with respect, but an understanding of the need to support.

The patient's experience of Alzheimer's is often discussed as a particularly marginalizing one, viewed as a form of "social death:" "the loss of all those qualities by which we have come to define our humanness" (Robertson, 1991, p. 143). This caregiver's comment about the educators' abilities to treat as adults participants with the disease illustrates this marginalization, and how meaningful "normalizing" experiences may be for this group. Ultimately, creating a space for this population to participate in museum programs via the logic of access restored some semblance of normalcy in a world otherwise shattered by what Bury (1982) terms the "biographical disruption" of chronic illness.

5. Access to what?

5.1. Museum educators: the "art-means-everything" frame

Ultimately, access gets people in the door and legitimizes why they are there, but understanding how it functions in practice requires attention to the interpretive strategies developed to answer the question: access to what? In what follows, I illustrate how museum educators working with visitors with Alzheimer's emphasized an open-ended view of art in response to two prevailing discourses: art as an elite form of high culture, and art as a resource for health and well-being.

When leading programs, and often in their interviews, museum educators consistently emphasized art's polyvocality: art could, essentially, mean "everything." The development of this art-means-everything frame is best understood through a process Goffman (1974, pp. 43–44; see also Snow et al., 1986, pp. 473–474) termed "keying:" "activities . . . that are already meaningful from the standpoint of some primary framework [here, access] transposed in terms of another framework." Consider Natalie, an LMM educator, and her thoughts on the benefits of art as experienced through museum-going for people with Alzheimer's:

> I'm sure there's instances at home where they [participants with Alzheimer's] say the wrong thing, or they say something that doesn't make sense or they call someone the wrong name or they don't remember where they are. In the museum, they're always just fine. Whatever they say—if they see that in the work of art—it's *there*.

Consistently on the tours I observed, educators opened discussion by minimizing fact-based questions in favor of descriptive and opinion-based inquiries, such as: “What’s her countenance? Is she acting sad? Happy?”; “What do you notice about this painting?”; “Could you see this work in your home?” Furthermore, on all but two of the tours, educators explicitly described art to participants as fundamentally interpretive. Before starting a tour of Greek and Roman galleries at the LMM, Tali told her group: “The bottom line is, anything you would want to say or contribute about the art is incredible.” Dolly, discussing a table rug on a See and Share tour, told one participant with Alzheimer’s the tree he had identified as “apple” was: “Sure, likely a fruit tree. Though we’re just speculating here. That’s the nice thing about art—we can look and we can come up with many different ideas.”

Of course, while art offers limitless potential for opinion and observation, on occasion answers are just wrong. The issue of whether it was a fruit tree or not was second to Dolly framing the artistic encounter as one with limited potential for failure. Educators constructed the art-means-everything frame through interaction and consequently, despite best efforts, it *did* have potential for failure. The following scene from a discussion earlier in Michaela’s tour provides one example:

> We are looking at a large sculpted head of a Roman emperor, on a pedestal at least 8 feet from the ground. Michaela’s questions have been met with some silences, and she states: “When we come to a museum and look at something important like this, we look for clues to understand what it means. What it means to us. Sometimes the facts are less important.”
>
> Michaela explains that once upon a time, the statue may have been painted, but all the colors washed away. She asks if the participants think the original colors would have been bright or dull.
>
> Nearly all the participants with Alzheimer’s say the colors would be “quiet” or “dull.” Michaela looks from participant to participant and clasps and unclasps her hands. “Quiet. Dull. OK.” She repeats each answer after the participants offer it, nodding, and says, “Really? That’s . . . that’s interesting.” She looks up at the bust and squints, folding her arms over her chest. “I don’t know!” She says brightly.
>
> Meanwhile the caregivers in attendance—all of them professional aide—are murmuring among themselves that someone like this emperor would have wanted a flashy sculpture. Jaslene says “bright,” almost half to herself, and Anita speaks up: “I think if I were him, I’d want to be noticed.” Jaslene nods and says he was a “powerful man . . . I think the statue would be very bright.”
>
> Michaela nods several times, and seems satisfied. She says: “Do you think powerful men want to be noticed?” Jaslene says, “Yes, absolutely.”

Despite Michaela’s encouragement that what a work means to an individual visitor is “less important” than the facts, the fact remained that the Roman statue had once been painted vibrantly and not in muted colors, as participants first suggested.

Important here is what accounts for the art-means-everything frame. Specifically: Was framing fueled by the educators’ assessment of what is best for people with Alzheimer’s, or best for museum visitors taken broadly?

As it turns out, this framing was viewed as equally important to both groups. It bears note that the outside professionals the museum educators consulted had a similar language and logic to "art-means-everything." Gia, a staff member at the Alzheimer's Association, spoke about how tour strategies might be adapted as communication strategies (emphasis mine): "The goal is for caregivers ... to be able to learn to utilize art, *and it doesn't even have to be art in the museum*, to stimulate conversation." "It doesn't even have to be art in the museum" reveals how undifferentiated a vocabulary this particular group of consultants could give to the use of art. If art can be "everything," it has limitless potential for validation; the implication is that this group perceived the most important need for the Alzheimer's patients was encouragement and expression.

However, educators expressed hesitation in fully embracing this idea. Recall the description of Museum Meet: collaboratively organized by the LMM and the Alzheimer's Association, the event is intended to position the museum and more broadly, conversations around art as a resource for interactions between dyads. Thus, these programs in particular, and the varying professional agendas that characterize them, uniquely illuminate the relationship between the access logic and art-means-everything frame. Art-means-everything allows any visitor to walk through the door of the museum without presupposing what they will find, thus enabling access, on whomever's terms it's defined.

That the terms of access might be different is significant, however, and it is further evident when considering a moment from this Museum Meet event, in which an LMM educator leads a discussion of a late 19th-century Impressionist work:

> A caregiver dressed in a cream-colored suit animatedly elaborates how the painting reminds her of a Japanese garden. She says there is something about the painting that really evokes this for her, adding that she thinks the woman in the garden might be Japanese. There is a hint of uncertainty in her voice—it lifts up a bit at the end—and the educator says, with a slight shake of the head and a pleasant smile, "She's ... she's not, but ..." Gia, the Alzheimer's Association representative attending the tour, perks up and says from her stool: "She could be [Japanese]! Why not?!" The educator says, "Well, he [the artist] could perhaps be painting her in a way that suggests something like that" and Gia nods vigorously saying, "Absolutely, absolutely." The educator then says, with a firmness in her voice: "It's just, we happen to know the model is French." She stands back from the painting again and states that there is a flat, almost lithographic approach to the work that is "certainly reminiscent" of Japanese woodblock prints.

Following the event, I asked the educator how she felt regarding the confusion about the painting. At first, she sighed, telling me she thought she could have "handled it better." But then she went on to say: "I just don't want to placate them [the participants.] Though I don't want to be a fuddy-duddy art historian type either." Ultimately, she added: "We can't forget that part of this is about truth—a certain truth to the object."

If one is to consider the "truth to the object" in concert with Dolly's comment regarding participants' "learning something" as an important tour outcome; Abigail's earlier discussion of how the museum programs allowed participants to experience their intellect; or, Michaela's vacillating between emphasizing an interpretive platform and her unwillingness to let participants get the facts wrong in their discussion of the Roman head,[12] it is evident that

---

[12] Or, two LMM tours I observed in which the educators lectured extensively at each object, repeatedly fielding conceptual and fact-based questions from participants. Both of these tours were with predominantly high-functioning people with Alzheimer's, further evidence for the educators' professed interest in responding to and meeting people "where they were."

educators were well aware that art does not always mean ‘‘everything,’’ but that competing ideas about program benefits constrained their ability to emphasize alternative frames. These examples together also suggest that ‘‘access’’ and ‘‘art-means-everything’’ fail to create a perfect relativism, because the educators were actually undertaking work against the most relativist conclusion of all: that art could be interchangeable with any other resource, or that, recalling Gia, ‘‘it doesn’t even have to be [about] art in the museum.’’ The educators’ view of access was ultimately more than just getting the participants out and getting them talking; their goal, in fact, *was getting them out and talking through and about art.*

However, given that nearly all of the educators interviewed maintained Look and Learn and See and Share were overwhelmingly similar to their other programs; their insistence on providing ‘‘normalizing’’ experiences to this group by offering access to a standard museum-going experience; and that nearly all educators defined program success for me as high visitor engagement, however difficult that might be to assess, the art-means-everything frame is arguably *not* restricted to educators’ interactions with people with Alzheimer’s. This finding is best explained with attention to the competing institutional logics within the museum setting described above or, recalling Goffman (1974, p. 257), that organizational premises are often involved in the framing of events and experiences. Given the unsettled moment in which museums find themselves, ‘‘art-for-art’s-sake’’ can no longer stand on its own two feet. This results in adaptive work on the part of the educators to create other mechanisms and points of entry to the esthetic experience. Educators often alluded to this idea in their interviews:

> What does museum education really do? It’s a question museum education needs to ask itself . . . We’re not turning everyone into artists or even art historians. I’m just trying to teach people to access the museum on their own terms.
>
> My goal as a museum educator is to bring people to works of art to teach them what I know, if they’re interested. But mostly to get out of the way—and assist them in having their own interaction with the work of art. So that they can do it on their own next time, without me, so that they can feel more and more comfortable in an art museum, so that they can realize that they bring a lot to the conversation that they might not be explicitly aware of.

Returning to the primary question—how people think museum-going benefits participants—the link between the two explanations I have offered to account for art-means-everything is how the frame makes museum-going positive and non-threatening. This is a crucial aspect of its success not only for people with Alzheimer’s, but also for all visitors. Art-means-everything functions as a strategy in which actors working on behalf of the accessible museum can put visitors from myriad backgrounds and with diverse capacities at ease and validate their contributions to the museum-going experience. As stated, museum educators mobilize this frame primarily to open doors to other levels of esthetic engagement and thus are troubled by the idea that the benefits of their programs may not be art-specific.

However, these same educators were also motivated by a desire to identify measurable benefits of their programs, as is evident in their collaborative work with health- and lifestyle-oriented professionals. Consider this insight from a staff member at the SMM, which illustrates the rise in emphasis on instrumental measures within cultural organizations described above: ‘‘We can think as educators that our programs are all worthwhile—and we can *know* our programs are doing great things—but sometimes other people that you need to get permission from for these programs would like to hear about the science part of it.’’

The Museum Meet programs illustrate that one therapeutic benefit educators were comfortable with resulted from positioning museum-going as a tool for caregivers to build conversation and find new modes of interacting with their loved one or client.[13] The art-means-everything frame thus enabled healthcare professionals and educators to meet halfway. The former maintained anything that gets people with Alzheimer's positively engaged and interacting is beneficial; the latter, accustomed to engaging museum visitors in efforts to combat perceptions of art as high and forbidding, was able to meet this need via art-means-everything and still consider the approach unique to the successful museum-going experience they were trying to create.

5.2. Program participants: the "art-means-aesthetics" frame

Turning now to participants, facilitating access was, as with the museum educators, not the only benefit of the programs they favored. Again, one must ask: access to what?

Only one of the 17 participants interviewed—a professional caregiver—explicitly called upon the art-means-everything frame to describe what she liked best about the museum programs. On the whole, participants were more likely to view the programs' benefits through an "aesthetic" frame, one that highlighted art's pleasures in its beauty and ideas. While participants expressed delight with, and called repeated attention to, the interactive element of the programs and the platform for expression educators provided, participants with Alzheimer's said they enjoyed acquiring new knowledge. As Joshua stated, "I like something new coming into my head, which I didn't have at the time." Consider this conversation with one participant with Alzheimer's, Brian:

> *Brian*: I find that it [Look and Learn] stimulates me mentally. And it gives a fulfillment. And it's also of course an opportunity to see all the exhibits.
> *Interviewer*: Can you tell me what is fulfilling about it for you?
> *Brian*: . . . It is the journey through a painter's life that you try to appreciate and understand, and mentally it gives me an understanding of the effort and the artistry that he is capable of and presenting it to the world. It's like an open book—a dictionary of him.

Even caregivers revealed some of their most treasured moments were those in which their companion responded to the intellectual aspect of the tour. Consider these two caregivers, wives of program participants with Alzheimer's:

> On occasion, though not every time we go, [my husband] will say something . . . about a particular painting that is shocking. Because it is so astute, it is so profound, it is so on target that I have to tell you—a couple of times I have had to leave the group and walk away, or gone to the ladies' room, or gone behind something, and just started to cry . . . If [we] weren't at the museum, looking at a painting, or having that experience—then he wouldn't be thinking this way.

---

[13] A physician at a local medical school collaborating with an LMM educator also saw this as the primary psychosocial boon of the programs, stating in his interview: ". . . I think we've [this educator and I] realized in conversations we've had with one another and with the participants that the programs can offer new ways of coping, coping with outbursts of behavior, coping with the withdrawal, offering other things to do or ways to stimulate instead of plopping them in front of the television."

> [The museum program] puts [her husband, participant with dementia] in a different mental state . . . I've always marveled and wondered at the insightfulness of the discussion in the questions, participation and answers . . . the brain is still operating. There is a level and I feel—it's a level of hope. And that's very important, you know, that not all is lost. You can't remember what you ate for breakfast but the intellect is still operating.

While on the surface art-means-everything and arts-means-aesthetics seem contradictory, observing the museum tours reveals the frames' mutual constitution. This makes further sense when considering how educators position art-means-everything as a tactic for facilitating other levels of esthetic engagement. Consider the anecdote with which I began this article: Michaela asked open-ended questions, affirming each reading of the French princess as correct and interesting. Prompted to participate, program attendees respond to the woman in green velvet esthetically: She is, in fact, "a good-looking dame." Further evidence for interplay presents itself when remembering how earlier in her tour, when Michaela asked a fact-based question with a single "correct" answer—would the original colors on the head of the Roman emperor have been "bright" or "dull"?—the ability of participants to offer esthetic judgments was notably constrained. Similarly, the LMM educator's correction of the caregiver attending "Museum Meet" concluded the dialogue she had been conducting with that visitor, as well as the latter's interpretation of the potentially "Japanese" model.

Consider also these moments from two different "See and Share" programs offered three weeks apart, featuring dialogues among the educator, Dolly; a visitor with Alzheimer's, Joseph; and his wife, Edith:

> We are on stools in front of a crewel bed cover, embroidered with an array of varying organic forms and a serpentine border of vines, alternating warm and cool tones on a deep black background. Dolly tells the group that the pattern of the work we're looking at can be seen in English pattern books, and thus the work reveals important cross-cultural influence. She asks: "Well, could you see this work in your home?" Joseph says, immediately, "No." Dolly says, "Joseph says no. Why not, Joseph?" Joseph says: "It's a little too hard for me to look at." Good-natured laughs bubble up among the group of visitors, and Joseph says, "I like simpler things, this is a little too much for me to look at." Dolly smiles and says, "Alright, Joseph says no way . . . would anyone want the blanket in their home?" Joseph's wife says, "You know, I would! I see it as a focal point, a piece to draw your eyes to. I really think the colors are so exquisite, particularly the greens—the olive, the muted greens." Dolly says, "Yes, Edith is pointing out that the blanket could be the real focal point of a room."
>
> The group is seated in front of a vibrantly colored canvas, stuffed underneath the surface at points, revealing unusual bulging protrusions. Dolly asks for thoughts. Joseph sits quietly on a red stool next to Edith, who touches her hand to his back. He asks Dolly: "Do people who are artists come in and say: 'I like this? . . . I will now make works like this?'" He spreads his arms wide apart, to frame the work in front of him. Dolly says, "Well you know, I think art is such a personal thing. Some people come in and like it, like you, Bob"—addressing another participant with Alzheimer's—"but others don't." Joseph says, "I don't like it. Except for the blue—I like that. That's interesting. But all that other stuff—it's just not interesting." Dolly nods. "Yes, I can see that." She stands aside and looks at the canvas: "You know, it almost seems to me like it could be a self-portrait, maybe, but I'm not sure . . ."

Here it is evident that art-means-everything enables art-means-aesthetics. Dolly framing art as subjective enables Joseph and Edith to articulate their taste (or distaste) for the objects on view. Regardless, one sees the same event is experienced differently. Dolly's emphasis here is on validating that no interpretation of art is incorrect, while Joseph and Edith's emphasis is on the interpretation itself. Joseph's assertion—''I don't like it. Except for the blue—I like that''—and Edith's discussion of the ''greens'' indicates they are responding to what they specifically see as problematic, or beautiful, about the object. Receivers reject the art-means-everything frame, for to them art is something that stimulates a particular affective response. The stuffed canvas is a big mess; the colors are ''exquisite;'' the princess is a ''good-looking dame.'' While educators are concentrating on opening the door to any experience of art, participants enjoy an esthetic experience walking through it.

6. Conclusion

I have argued here for greater attention to how people elaborate institutional logics and give meaning to cultural objects through their interactions. To do so, I mapped the relationship among frames describing the benefits of museum-going programs geared toward people with Alzheimer's and their caregivers. I first illustrated that museum educators and program participants jointly discuss museum programs for this group as valuable for their normalizing aspects: for providing ''access.'' This language and logic is of particular symbolic import for the unique group these programs serve; it is, furthermore, of growing significance vis-à-vis the American museum's current role in democratic society. It does not, however, answer the question of what benefits participants are viewed as gaining *access to.* Pursuing this question, I have further demonstrated how museum educators working with visitors are more likely to de-emphasize the import of aesthetics. Their use of the art-means-everything frame indicates sensitivity both to the elitist master narrative of the museum and a perceived need for validation specific to this population, one influenced by ideas about the therapeutic needs of medical patients. For program participants, however, such concerns are secondary. When attending a museum, they enjoy close looking and participating in a communal sharing of ideas and judgments of taste. Quite simply, they take pleasure in the art.

These differences noted, one should not here lose sight of the fact that museum educators' and program participants' frames ultimately reveal a similar belief: that art is important regardless of one's social location. Art may be something everyone can like, or something someone can enjoy or reject via a particular mental response; in either case it can be therapeutic, but it is never meaningless. This conviction in the value of art in part explains why educators consistently differentiated their goals from that of therapists and why they were so hesitant to fully embrace the position of Alzheimer's Association representatives stating (as above) that anything that gets Alzheimer's patients talking is an asset: again, that ''it doesn't even have to be art in a museum.''[14] At several times throughout this article, I have illustrated the extent to which educators' emphasis on polyvocality enabled esthetic responses to, and evaluations of, objects discussed on tours. I have further shown that the potential for error in fact-based questions could often shut down the expressive moments that participants with Alzheimer's and their caregivers

---

[14] Consider also how a consulting health professional phrased the benefits of museum programs for caregivers: ''. . . I think, you know, it's sort of like when you're dealing with a baby, or a toddler, and you run out of things to do and you need some new ideas.''

so valued. If one considers this symbiosis between otherwise contradictory frames, the adaptive art-means-everything work undertaken by educators within a maelstrom of institutional and symbolic constraints—the need for instrumental measures; the emphasis on the participation of disenfranchised audiences; the limited a priori familiarity with those audiences; the politically dangerous overtones of unabashedly embracing ‘‘art-for-art's sake’’—was, in a manner of speaking, successful. Encountering the object, and engaging it via conversation with these professionals, participants valued an esthetic experience.

In considering implications of these findings, it seems significant that notwithstanding a similar starting point to that of participants and a similar end goal, the educators' discussion of art's impact was substantially more cautious. Due to the aforementioned constraints, these professionals were so concentrated on managing alternative discourses about art that they faced greater difficulty defending the possibility participants would value it on its own terms. This point raises important questions about the potential stakes of these interacting frames, into which this study can offer some preliminary insight drawing principally from the definitional competition between ‘‘access’’ and ‘‘therapy’’ described. As sociologists of health and illness have highlighted, people with disabilities—like members of many minority groups—face the unique challenge of having their special needs recognized while also being seen and treated no differently than people without disabilities (Low, 1996). This conflict maps somewhat effectively onto analogous ‘‘tensions of [elitist and democratic] mission’’ faced by art museums. In essence, for participants, access matters—but ‘‘access to’’ art museums specifically, with their institutionalized valuation of intellectual and esthetic experience, seems also to matter a great deal. This finding suggests that heavy elaboration or minimization of the fact that enjoying art in a museum may simply be ‘‘good’’ for people may have unintended consequences for a group whose capacity for experiencing and articulating cognitive and sensory judgments is both constrained and—as several caregivers reminded me in interviews—ever-declining.

Ultimately, this article has considered art museum programs for people with Alzheimer's as a way to better theorize interpretations of artworks within cultural institutions, thereby contributing to a growing interest in the sociology of art to study the practices bringing objects into greater conversation with people and environments. As Acord and DeNora (2008) have argued, this agenda is part of a larger project for cultural sociology, enabling sociologists to better understand experiential moments of meaning-making that are relevant for many projects in the study of social life. With an eye to both the cross-talk I have proposed in the sociological literatures on culture and health, and the implications outlined in this conclusion, it bears note that what little has been written about the integration of wellness resources into mainstream medicine suggests that the process distorts non-medical practices, ultimately leaving them mere supplements to conventional medicine (Wiese et al., 2010, pp. 334–337). This suggests that even in a study of alternative health practices (a category into which these museum programs may one day fall), future research might do more to investigate what (and how) cultural ideas anchor such practices (Swidler, 2001), since those ideas may have consequences for their success and failure.

Acknowledgements

Many thanks to Wendy Griswold, Carol Heimer, Steven Epstein, Gary Alan Fine, Amy Binder, David Reinecke, Jaimie Morse, Diana Rodriguez Franco, Daphne Demetry, Jessica Koski, the members of the Northwestern University Ethnography Workshop, the editors of

Poetics and three anonymous reviewers for their helpful comments, advice and encouragement throughout the writing and editing process. Additional thanks to the museum educators and program participants discussed in this study, for providing the researcher ''access to'' their work and lives. The author is solely responsible for any omissions or errors.

References

Acord, S.K., 2010. Beyond the head: the practical work of curating contemporary art. Qualitative Sociology 33, 447–467.

Acord, S.K., DeNora, T., 2008. Culture and the arts: from art worlds to arts-in-action. The Annals of the American Academy of Political and Social Science 619, 223–237 256–257.

Alexander, V.D., 1996. From philanthropy to funding: the effects of corporate and public support on American art museums. Poetics 24, 87–129.

Arnold, M., 1993 [1869]. Culture and anarchy: an essay in political and social criticism (1867–9). In: Collin, S. (Ed.), Culture and Anarchy and Other Writings. Cambridge University Press, Cambridge, UK, pp. 53–211.

Becker, H.S., 2008 [1982]. Art Worlds. University of California Press, Berkeley, CA.

Becker, H.S., Faulkner, R.R., Kirshenblatt-Gimblett, B. (Eds.), 2006. Art from Start to Finish. University of Chicago Press, Chicago.

Beard, R., 2004. Advocating voice: organizational, historical and social milieux of the Alzheimer's disease movement. Sociology of Health & Illness 26, 797–819.

Benford, R.D., Snow, D.A., 2000. Framing processes and social movements: an overview and assessment. Annual Review of Sociology 26, 611–639.

Bjørnsen, E., 2012. Norwegian cultural policy—a civilising mission? The Cultural Rucksack and abstract faith in the transforming powers of the arts. Poetics 40, 382–404.

Bowler, A., 1994. Methodological dilemmas in the sociology of art. In: Crane, D. (Ed.), The Sociology of Culture: Emerging Theoretical Perspectives. Blackwell, Malden, MA, pp. 247–266.

Bourdieu, P., Darbel, A., 1990 [1969]. The Love of Art: European Art Museums and their Public. With Schnapper, D. Stanford University Press, Stanford, CA.

Bourdieu, P., Passeron, J.C., 1990 [1977]. Reproduction: In Education, Society, Culture. Sage, Beverly Hills, CA.

Bourdieu, P., 1984. Distinction: A Social Critique of the Judgement of Taste. Harvard University Press, Cambridge, MA.

Bruder, K.A., Ucok, O., 2000. Interactive art interpretation: how viewers make sense of paintings in conversation. Symbolic Interaction 23 (4), 337–358.

Bury, M., 1982. Chronic illness as biographical disruption. Sociology of Health & Illness 4 (2), 167–182.

Bury, M., 2000. On chronic illness and disability. In: Bird, C.E., Conrad, P., Fremont, A.E. (Eds.), Handbook of Medical Sociology. 5th ed. Prentice Hall, Upper Saddle River, NJ, pp. 184–200.

de la Fuente, E., 2007. The ''new sociology of art'': putting art back into social science approaches to the arts. Cultural Sociology 1 (3), 409–425.

DeNora, T., 2000. Music in Everyday Life. Cambridge University Press, New York.

DeNora, T., 2002. Music in action: performing gender on the Viennese concert stage, 1790–1810. Poetics 30, 19–33.

DiMaggio, P.J., 1982. Cultural entrepreneurship in nineteenth-century Boston, part I: the creation of an organizational base for high culture in America. Media, Culture and Society 4, 33–50.

DiMaggio, P.J., 1991. Constructing an organizational field as a professional project: U.S. art museums, 1920–1940. In: Powell, W.W., DiMaggio, P.J. (Eds.), The New Institutionalism in Organizational Analysis. University of Chicago Press, Chicago, pp. 267–292.

Dubois, V., 2011. Cultural capital theory vs. cultural policy beliefs: how Pierre Bourdieu could have become a cultural policy advisor and why he did not. Poetics 39, 491–506.

Feder, T., Katz-Gerro, T., 2012. Who benefits from public funding of the performing arts? Comparing the art provision and the hegemony-distinction approaches. Poetics 40, 359–381.

Fine, G.A., 1992. The culture of production: aesthetic choices and constraints in culinary work. American Journal of Sociology 97, 1268–1294.

Frank, A., 1995. The Wounded Storyteller. University of Chicago Press, Chicago.

Friedland, R., Alford, R., 1991. Bringing society back in: symbols, practices, and institutional contradictions. In: Powell, W.W., DiMaggio, P.J. (Eds.), The New Institutionalism in Organizational Analysis. University of Chicago Press, Chicago, pp. 223–262.

Goffman, E., 1974. Frame Analysis: An Essay on the Organization of Experience. Harvard University Press, Cambridge, MA.

Gubrium, J.F., 1986. The social preservation of mind: The Alzheimer's disease experience. Symbolic Interaction 9 (1), 37–51.

Griswold, W., 1987a. A methodological framework for the sociology of culture. Sociological Methodology 17, 1–35.

Griswold, W., 1987b. The fabrication of meaning: literary interpretation in the United States, Great Britain, and the West Indies. American Journal of Sociology 92, 1077–1117.

Hallett, T., Ventresca, M.J., 2006. Inhabited institutions: social interactions and organizational forms in Gouldner's Patterns of Industrial Bureaucracy. Theory and Society 35 (2), 213–236.

Hara, M., 2011. Music in dementia care: increased understanding through mixed research methods. Music and Arts in Action 3 (2), 34–58.

Kleinman, A., 1988. The Illness Narratives: Suffering, Healing and the Human Condition. Basic Books, New York.

Low, J., 1996. Negotiating identities, negotiating environments: an interpretation of the experiences of students with disabilities. Disability & Society 11, 235–248.

Metzl, J., Kirkland, A., 2010. Against Health: How Health Became the New Morality. New York University Press, New York.

MAiA, 2008. Editorial. Music and Arts in Action 1 (1), 1–3.

Museum of Modern Art (MoMA), 2009. The MoMA Alzheimer's Project: Making Art Accessible to People with Dementia: A Guide for Museums. http://www.moma.org/docs/learn/GuideforMuseums.pdf (accessed 13.11.12).

Radley, A., Lupton, D., Ritter, C., 1997. Editorial—health: an invitation and introduction. Health 1, 5–21.

Radley, A., 1999. The aesthetics of illness: narrative, horror and the sublime. Sociology of Health & Illness 21 (6), 778–796.

Radley, A., 2002. Portrayals of suffering: on looking away, looking at, and the comprehension of illness experience. Body and Society 8, 1–23.

Radley, A., Bell, S.E., 2007. Artworks, collective experience and claims for social justice: the case of women living with breast cancer. Sociology of Health & Illness 29, 366–390.

Radley, A., Bell, S.E., 2011. Another way of knowing: art, disease and illness experience. Health 15 (3), 219–222.

Robertson, A., 1991. The politics of Alzheimer's disease: a case study in apocalyptic demography. In: Minkler, M., Estes, C.L. (Eds.), Critical Perspectives on Aging: The Political and Moral Economy of Growing Old. Baywood Publishing Company, Amityville, NY, pp. 135–150.

Ropper, A.H., Samuels, M.A., 2009. Dementia and the amnesic (Korsakoff) syndrome with comments on the neurology of intelligence and memory. In: Ropper, A.H., Samuels, M.A. (Eds.), Adams and Victor's Principles of Neurology. 9th ed. McGraw-Hill, New York http://www.accessmedicine.com.turing.library.northwestern.edu/content.aspx?aID=3633470 (accessed 13.11.12).

Scott, W.R., 2008. Institutions and Organizations: Ideas and Interests. Sage, Thousand Oaks, CA.

Sonke, J., 2011. Music and the arts in health: a perspective from the United States. Music and Arts in Action 3 (2), 5–14.

Snow, D.A., Rochford, E.B., Worden, S.K., Benford, R.D., 1986. Frame alignment processes, micromobilization, and movement participation. American Sociological Review 51, 464–481.

Swidler, A., 1986. Culture in action: symbols and strategies. American Sociological Review 51, 273–286.

Swidler, A., 2001. What anchors cultural practices. In: Schatzki, T.R., Knorr Cetina, K., von Savigney, E. (Eds.), The Practice Turn in Contemporary Theory. Routledge, London, pp. 74–92.

Tepper, S.J., Ivey, B. (Eds.), 2008. Engaging Art: The Next Great Transformation of America's Cultural Life. Routledge, New York.

vom Lehn, D., Heath, C., Hindmarsh, J., 2001. Exhibiting interaction: conduct and collaboration in museums and galleries. Symbolic Interaction 24 (2), 189–216.

Wiese, M., Oster, C., Pincombe, J., 2010. Understanding the emerging relationship between complementary medicine and mainstream health care: a review of the literature. Health 2010 (14), 326–342.

Wolff, J., 1992. Excess and inhibition: interdisciplinarity in the study of art. In: Grossberg, L., Nelson, C., Treichler, P.A. (Eds.), Cultural Studies. Routledge, London, pp. 706–717.

Wynn, J., 2010. City tour guides: urban alchemists at work. City & Community 9 (2), 145–164.

Wynn, J., 2011. The Tour Guide: Walking and Talking New York. University of Chicago Press, Chicago.

Zeller, T., 1989. The historical and philosophical foundations of art museum education in America. In: Berry, N., Mayer, S. (Eds.), Museum Education: History, Theory and Practice. National Art Education Association, Reston, VA, pp. 10–89.

Zolberg, V.L., 1974. The Art Institute of Chicago: The Sociology of a Cultural Organization. Ph.D. Dissertation. University of Chicago.

Zolberg, V.L., 1986. Tensions of mission in American art museums. In: DiMaggio, P.J. (Ed.), Nonprofit Enterprise in the Arts: Studies in Mission and Constraint. Oxford University Press, New York, pp. 184–198.

Zolberg, V.L., 1992. Barrier or leveler? The case of the art museum. In: Lamont, M., Fournier, M. (Eds.), Cultivating Differences: Symbolic Boundaries and the Making of Inequality. University of Chicago Press, Chicago, pp. 187–209.

Gemma Mangione is a graduate student in sociology at Northwestern University whose research focuses on culture, art, health and illness, and organizations. Her dissertation examines how cultural institutions innovate their mission and practices to serve visitors with disabilities, comparing art museums and botanic gardens in the United States.