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Paul M Camic and Helen J Chatterjee
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Museums and art galleries as partners for public health interventions

Authors

Paul M Camic

RSPH, FRSA, Professor of Psychology and Public Health; Research Director, Department of Applied Psychology, School of Applied and Social Sciences, Canterbury Christ Church University, Salomons Campus, Tunbridge Wells, Kent TN3 0TG, UK
Email: paul.camic@canterbury.ac.uk

Helen J Chatterjee

Senior Lecturer in Biology and Deputy Director of Museums, School of Life and Medical Sciences and UCL Museums & Public Engagement, University College London, UK

Corresponding author:

Paul Camic, as above

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Abstract

The majority of public health programmes are based in schools, places of employment and in community settings. Likewise, nearly all health-care interventions occur in clinics and hospitals. An underdeveloped area for public health-related planning that carries international implications is the cultural heritage sector, and specifically museums and art galleries. This paper presents a rationale for the use of museums and art galleries as sites for public health interventions and health promotion programmes through discussing the social role of these organisations in the health and well-being of the communities they serve. Recent research from several countries is reviewed and integrated into a proposed framework for future collaboration between cultural heritage, health-care and university sectors to further advance research, policy development and evidence-based practice.

CULTURAL HERITAGE AND PUBLIC HEALTH

Most public health practitioners and researchers are probably not likely to consider the heritage sector, and specifically museums and art galleries, as venues for interventions focused on health and well-being, two areas directly related to public health policy and programming. This article begins with a rationale as to why museums and galleries offer the possibility to be good partners to carry out public health policy initiatives; this is followed by a discussion about the social role that museums/galleries can play in health care, along with some examples of recent research. We conclude by presenting a framework for museum and gallery involvement with recommendations about future engagement.

Throughout much of the world, health-care treatment is delivered in clinics and hospitals while health promotion and illness prevention activities mostly occur in schools, community organisations and the workplace. While these are suitable locations that reach a great many people, there are other organisations and sectors that could be approached as partners in public health research and practice development. One such potential partner is the cultural heritage sector, a segment of which comprises museums and art galleries. (The term 'museums' will be used here to encompass art galleries and museums.) There

are over 19,300 museums throughout the European Economic Area (EU member states, Norway and Switzerland)¹ and about the same number in Canada and the USA,² which make these organisations well placed to reach a diverse population across rural and urban settings.

Museums have experienced a great deal of change in recent years and many have become more aware of the needs and interests of their local communities³ while also expanding the types of activities offered, including the development of in-house programmes and outreach activities to those who are often socially excluded from participation due to a range of exclusionary practices and circumstances.^{4,5,52} Possibly unknown to the health-care sector, numerous museums currently offer innovative programmes that seek to address challenging health-care problems, offer support to caregivers and provide education, often within an aesthetically pleasing environment. Some of these programmes, activities and research studies, for example, have addressed health and well-being issues such as mental health problems,^{7,8} dementia,⁹⁻¹² cancer,^{13,14} lifelong learning for older adults,^{15,16} health education¹⁷ and social capital.¹⁸

While museums can sometimes be intimidating places, they are nearly always non-stigmatising settings in that they are not institutions where diagnosis and treatment of medical and mental

health problems occur, nor are they settings where one experiences embarrassment, shame or criticism for attending. Museums *can* be places that encourage people to learn about themselves, their culture and society, and the larger world around them. Many museums also have websites that provide continuous virtual access to objects and other cultural information from their collections, thus extending their boundaries worldwide and unrestrained by opening hours. In addition, when attending the majority of UK national and US federal museums no cost is incurred for regular admission, while in many other European countries entrance fees are reduced or free for children, students, older adults and those unemployed, making access less dependent on financial ability while also encouraging frequent attendance across all age groups; two ideal variables for public health programming.

PLACES OF CULTURAL ACTIVITY, ENGAGEMENT AND INTERACTION

There is increasing evidence from quantitative and qualitative studies in different countries that arts-based and other cultural programmes can reduce adverse psychological¹⁹ and physiological²⁰ symptoms and are positive determinants for survival,^{21,22} well-being and quality of life²³ and self-reported health.^{24,25} The process of cultural impact on health and well-being is complex, and beyond the scope of this article; however, recent research supports the importance of cultural stimuli that can engage people but 'who (also) need to be willing to open themselves up to the experiences involved'²⁶ and participate regularly to more fully realise the benefits. Public health-oriented programmes in museums need to consider that not all activities will be suitable for all people. They will also need to take into account how best to boost regular engagement, knowing that it is likely to have greater benefit than infrequent participation. Encouraging people to 'open themselves up' within the confines of a publically accessible cultural activity may be a tall order and will require thoughtful programme development by reflective and sensitive staff to the nuances of human differences.

Several authors have described the social role of museums,^{6,27,28} particularly their importance as agents to increase social inclusion and reduce socially excluding practices across communities, by providing environments and processes to re-examine behaviour, attitudes and beliefs.²⁹

Although not all museums concur that they should play a role to decrease social exclusion or improve health, some have chosen to do so. The Marmot Review³⁰ draws together a range of research that exemplifies a direct link between health and well-being and sociality:

Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely. Social networks have a larger impact on the risk of mortality than on the risk of developing disease, that is, it is not so much that social networks stop you from getting ill, but that they help you to recover when you do get ill. (p. 138)

This notion ties in with many recent UK policy initiatives that recognise the growing importance of the involvement of third sector organisations in community-based health improvement programmes, and not least with the recent Health and Social Care Act 2012,³¹ which will see radical reforms to health service delivery. Given the economic challenges facing the cultural, health and social care sectors, and an increased focus on community-based public health interventions as part of the current UK government's Big Society policy,³² we argue that the time has never been more pertinent for a closer engagement between museums and health and social care providers.

Silverman²⁸ suggests that museums contribute to the pursuit of health and well-being in five major ways: (1) promoting relaxation; (2) an immediate intervention of beneficial change in physiology, emotions or both; (3) encouraging introspection, which can be beneficial for mental health; (4) fostering health education; and (5) acting as public health advocates and enhancing health-care envi-

ronments. While these suggestions are possibly useful, one of the biggest challenges is to demonstrate the value of museum interventions in terms of recognised health and well-being outcomes. Some of the best evidence to date, of the health and well-being benefits afforded by museum interventions, has focused around museum object handling and viewing paintings.^{7,8,10,29} The objects held by museums contain the stories of civilisation but they can also stimulate people to create their own stories or to weave the story of an object, real or imagined, into one's daily life. Object handling in museums, while once forbidden, is now increasingly a part of in-house and outreach programmes across different age groups as the biopsychosocial and neuroscientific aspects of touch and tactile interpretation become known.³³ Recently completed research with medical and psychiatric patients demonstrated the health-care potential of museum objects 'to assist with counselling on issues of illness, death, loss and mourning, and to help restore dignity, respect and a sense of identity.'³⁴

Mack³⁵ has described objects as 'containers or memory' and several authors have noted that museum objects trigger memories in ways that other information-bearing materials do not.^{13,36,37} For this reason many museums offer reminiscence and memory activities, and evidence suggests that these activities can affect mood, ideas of self-worth and general sense of well-being.^{8,10,28,34,36} During such encounters participants report that object interactions help them recall memories and encourage interactivity. Furthermore, the intrinsic material properties and the significance of the objects are often highlighted as participants report a sense of privilege at being afforded the opportunity to touch precious objects. Some museums have taken the notion of memory and reminiscence interventions a step further and extended such activities to the training of health-care professionals who care for people with dementia and other cognitive disorders.³⁸ Numerous practice-based examples and research demonstrates how museum interventions contribute to emotional well-being; these outcomes

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are drawn together by Wood³⁹ but have also been cited by others.^{7,40}

- Sense of connection, and belonging
- Human capital: using and improving skills
- Optimism and hope
- Moral values, beliefs
- Identity capital, self-esteem
- Emotional capital, resilience
- Opportunity for success
- Recognition of achievement
- Support
- Quiet, rest, sanctuary
- Social capital, relationships
- Meaningful pursuits
- Safe, rich museum environment
- Access to arts and culture

It is argued that when people interact with museums and their collections, the objects' material, physical and intrinsic properties trigger a variety of emotional and sensory responses, cognitive associations, memories and projections.⁴¹ Pearce⁴² suggests that such encounters lead to a process of symbolisation, while Gregory and Whitcomb⁴⁵ and Dudley⁴⁶ argue that the multi-sensory aspect of cultural encounters elicits ideas and meaning-making opportunities. Meaning making has emerged from other studies of museum interventions,^{11,28,44,45} while other researchers (e.g. Lanceley *et al.*¹³) have drawn upon the psychoanalytic conception of Winnicott's⁴⁶ transitional object to explore how museum objects can offer an 'intermediate area of experience' (p. 2) between the self and not-me object, where the (museum) object becomes an externalised representation of unconscious wishes and desires.

The role and interplay of sensory modalities may help explain why kinaesthetic museum interventions afford well-being benefits. Thomson *et al.*¹⁴ proposed that museum interventions draw upon Paivio's⁴⁷ 'dual coding' model, which suggests that verbal and visual material are connected in a short-term working memory store, and Baddeley's⁴⁸ modality effect, which proposes cognitive advantages to working memory when auditory and visual modalities are integrated. Thomson *et al.*'s¹⁴ research also highlighted the interplay of touch in the

multi-sensory museum experience and they infer that since three senses are at play during museum interventions (touch, auditory and visual), a triple-coding model could help explain the cognitive advantages that lead to health and well-being outcomes. Camic,⁴⁹ in a study looking at the use of 'found objects' in a non-clinical adult population across eight countries, identified 'a *found object process* that involves the interaction of aesthetic, cognitive, emotive, mnemonic, ecological, and creative factors in the seeking, discovery, and utilization' of finding and using material objects (pp. 87–8).

Despite an enhanced understanding of the possible cognitive and psychosocial evidence regarding the benefits of arts- and health-focused interventions in museums/galleries, research is still in an early stage and tends to lack control or comparison groups that would better allow assessment of impact and health economic analysis. Notwithstanding this, numerous examples of well-described cases and small-scale empirical studies exist, some of which are outlined above, and these can be used to confer the multifarious health and well-being benefits of museum interventions.

A 'CULTURE AND HEALTH' FRAMEWORK FOR MUSEUM AND GALLERY INVOLVEMENT

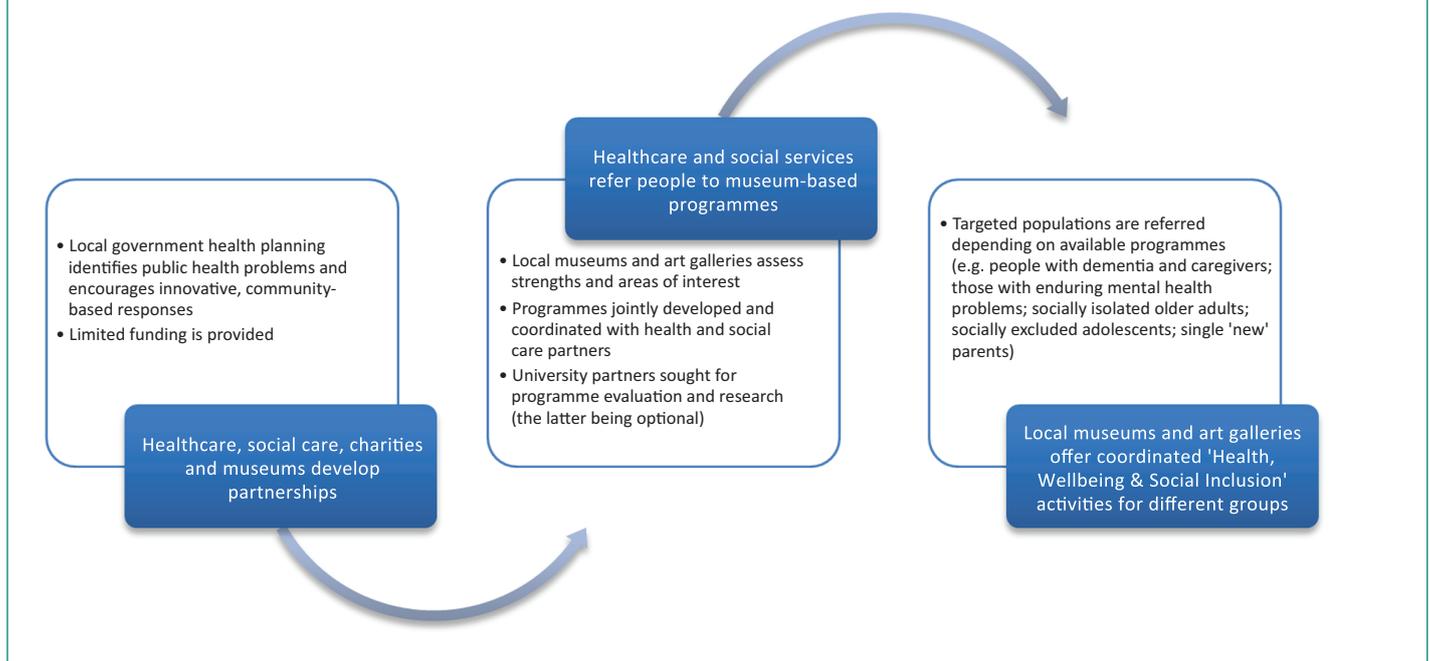
In order to assist professionals from both the heritage and public health sectors to make the best use of museums as complementary partners in public health work, it would be useful to have an overarching framework from which to consider the values, assumptions, practices, problems and populations that could be best served from museum involvement. One such framework, we suggest, would involve cultural involvement (with museums) and the public health activities of health promotion and health education⁵⁰ while addressing the problems of well-being⁵¹ and social exclusion⁵² (Figure 1). Rather than attempting to address all known health and well-being concerns, a more productive and strategic approach would involve museums developing partnerships with local health-care authorities, health-care funders and

other local museums and galleries to coordinate resources, knowledge and expertise. While some museums have developed partnerships with health and social care services in the UK and elsewhere, this is far from the norm. As a key element of the framework, these partnerships would provide the fundamental structure for supporting programme development, outreach to communities and research. Partnership working also suggests an avenue for further health behaviour research about those who currently attend and do not attend museums/galleries so that health promotion/education can be more focused and evidenced based within these settings.

While valuing their independence and unique focus as distinct cultural organisations, local *and* shared coordination of museum-based public health services – 'culture and health planning' – can enhance the variety of programmes offered and also increase their sustainability;^{23,53} two exemplars of this type of framework are seen through health-care and museum networks in Boston, Massachusetts⁵⁴ and the northwest of England.⁴¹ The public health implications for such an expanded network of partners is highly significant. Throughout Europe, for example, in large market towns or medium-sized cities, one is likely to find local history and culture museums, perhaps a science/natural history museum and specialty museums, and one or two art galleries, along with a health authority and health-care delivery organisations. Coordinating arts and health initiatives through the suggested framework would likely be challenging, however, as different ways of working (e.g. the differences in the medical and social models of health and illness),⁵⁵ dissimilar organisational cultures and indeed, vastly disparate business rationales would need to be addressed and bridged in the early planning stages. The benefits of working with a 'culture and health framework', however, could see a radically different way to engage local public health offices, regional governments and museums/galleries to best address the needs of local communities, reduce overlap of programmes, share resources and deliver health intervention

Figure 1

Culture and health framework for museum and gallery involvement in public health



and promotion activities. Museums have the potential to develop a type of 'arts on prescription' scheme as advocated by O'Neill²⁶ and similar to the social prescribing research Stickley and Hui have reported.⁵⁶ O'Neill's referral-ready museum service recommends a system that links staff from the health service and/or voluntary organisations with staff in cultural organisations, so that the former can refer their patients/clients/members to the latter, in a similar way that we have suggested in the culture and health framework.

Another benefit of the framework would be to provide research opportunities to coordinate the development of improved evaluation strategies using similar assessment tools^{14,57,58} that could help shape future programme improvements. A further advantage of collaboration and coordination between the heritage and health-care sectors could lead to the development of new research partnerships with universities, further adding to the growing evidence of the impact of cultural activities on

health,^{59,60,61} a goal that Cliff⁶² has forcefully argued for in order to support and encourage more evidence-based practice.

CONCLUSION

Innovative health-care and public health intervention programmes have demonstrated that they can be delivered in alternative venues and through a variety of means, some of which have been discussed in this article within the cultural heritage sector of museums and art galleries. Museums and art galleries are obviously structured differently from health-care organisations and both have traditionally been focused on distinctly separate and divergent purposes. Yet, these differences in purpose, scope and structure can also be drawn upon to help address some of the problems related to health promotion, illness prevention, well-being and quality of life for people across a range of age groups, with different risk factors, and from different socio-economic and ethnic groups, only some of which we have cited above.

Large-scale epidemiological population surveys in Sweden, Norway, the UK and the USA have demonstrated strong positive correlations between cultural activities and health. Medium- and smaller-scale quantitative and qualitative studies involving museums, art galleries and material objects in Australia, Canada, the UK and the USA, among other countries, have begun to build an evidence base to address specific problems and issues that are ideally suited for public health interventions and programmes. Although much more needs to be done, a foundation has been laid that encourages the further development of evidenced-based practice in this area. Future research would greatly benefit from a systematic or structured literature review that focused on health and well-being research within a museum and art gallery context. Additional research should also use social comparison and control groups in order to more rigorously assess the impact of the overall museum/art gallery experience, but also in relation to measuring specific health and social outcomes.

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