

What are the benefits of museums and heritage for health and wellbeing?

In recent years there has been a considerable increase in programmes targeting the health and wellbeing of museum audiences (incl. galleries). In tandem there is a growing field of research which seeks to understand and evaluate the benefits of museum activities for individual and societal health and wellbeing (e.g. Camic, Tischler, & Pearman 2014; Eeckelaar, Camic, & Springham 2012; Lanceley et al., 2012; Paddon, Thomson, Menon, Lanceley, & Chatterjee, 2014; Thomson, Ander, Menon, Lanceley, & Chatterjee, 2012a; Thomson, Ander, Lanceley, Menon & Chatterjee, 2012b; also see: *Arts & Health Special Issue on Culture, Museums and Wellbeing*, Volume 7(3), 2015).

Chatterjee and Noble reviewed and summarized various studies to determine the many positive outcomes that museums in health can bring about (Chatterjee and Noble 2013, p. 115), concluding that museums provide:

- positive social experiences, leading to reduced social isolation
- opportunities for learning and acquiring new skills
- calming experiences, leading to decreased anxiety
- increased positive emotions, such as optimism, hope, and enjoyment
- increased self-esteem and sense of identity
- increased inspiration and opportunities for meaning making
- positive distraction from clinical environments, including hospitals and care homes
- increased communication between families, carers and health professionals.

Whilst there is still a need for further research into museums and health, it is clear that museum engagement can bring about many health and wellbeing benefits. For instance, research has shown that collections from museums, libraries and archives can act as agents or vehicles which elicit emotional responses (Chatterjee and Noble 2013; Chatterjee 2016). Psychosocial evidence indicates that the intrinsic, physical and material properties of objects can trigger memories, projections, sensory, emotional, and cognitive associations (Baumeister 1991; Frogett et al 2011; Chatterjee and Noble 2013; Chatterjee 2016). In a museum-object intervention study with female cancer patients for example, Lanceley et al (2012) showed that museum objects acted as vehicles which enabled the participants to explore issues of fear, loss of the healthy self, fertility, and death; in this sense they became transitional objects (Winnicott 1992) which elicited a sense of power, comfort and support.

Many of these studies demonstrate that when participants engage in creative cultural activities, such as museum activities, which include cognitive, physical and emotional involvement, there are positive benefits for mental and physical health (see Chatterjee 2016; Morse et al 2015). Such activities also usually contain a social component and it is likely that this is an important aspect of creative cultural participation (e.g. Secker et al 2011). Cuypers et al (2012) conducted a large population study in Norway involving over 50,000 adult participants to assess the role of cultural activities (including museum participation) on perceptions of health, anxiety, depression and satisfaction with life. Results showed participation in both receptive and creative cultural activities was significantly associated with good health, good satisfaction with life, and low anxiety and depression, even when the data was adjusted for confounding factors.

What are the challenges in making more good work happen?

- Training and support for museum professionals; Funding to ensure programmes are sustainable and not 'one-offs'; Understanding and navigating the health/social care/commissioning landscape.

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