

Introduction

Amy Jane Barnes

For this edition of *Museum Worlds: Advances in Research*, we have asked a group of museum practitioners to respond to a thought-provoking article about a Taiwanese project that explored the particular needs of visitors diagnosed with schizophrenia. Allegaert, Besley, Coleborne, Chynoweth, Gale, and Sirik have used Chen et al.'s article as a jumping off point from which to write on the broader topic of mental health provision in museums' engagement programs from their own international perspectives. The forum was convened by Sandra Dudley and curated by Amy Jane Barnes.

The potential health and well-being benefits of museums are hot topics in museology at present. Recent publications (see, e.g., Chatterjee and Noble 2013) and research undertaken by the Research Centre for Museums and Galleries (RCMG) and University College London (RCMG 2014; Chatterjee et al. 2009; Vogelpoel et al. 2013), among others, has demonstrated the positive effects of museum visits and object handling on the health and well-being of audiences, be this facilitated by museum visits or outreach programs. A holistic, people-focused concept of health and well-being has gained particular currency.

Museums are safe. It is a quiet place. It is somewhere you can go. Somewhere out of the house where you can go and do, without being challenged. People say "I come here because it is peaceful." And you can just look at things. You don't need to read anything. You can talk to someone, if you want to talk. I mean, how many organisations can offer that? (project participant, quoted by *MLA Renaissance East Midlands* 2011: 2)

But aside from a substantial body of work dedicated to providing programs for people with dementia, Alzheimer's disease, and their carers,¹ comparatively little scholarly research has been published to date (certainly in the English language) with an emphasis on meeting the particular needs and expectations of people with diagnosed mental health conditions.² And yet, as Chen et al. point out in their article, it is estimated that one in four adults in the UK will experience a mental health condition to some extent at some point during their lifetime, while in the United States and New Zealand, studies have suggested a higher percentage of the population may be affected (e.g., above 50 percent; see Horder 2010). Mental health provision and care is, thus, an issue that will affect us all, either personally or by association, with a family member or friend affected, and as such it is something with which we all must engage and is increasingly recognized by national associations, policy makers, and initiatives, directly or tangentially.³

Following in the established practice of researchers and practitioners who have advocated for the needs of the socially excluded and disabled in museums, each of the contributors to this forum strongly advocate for service users with mental health conditions to be given the opportunity to speak up and be heard by museums and for museums, in collaboration with affected groups, to take an activist stance in challenging the social stigma associated with a mental health diagnosis.

Writ large and clear within these contributions is the message that visitors with mental health conditions seek from the museum experience, in general terms, what other visitors want. And yet, as Besley and Chynoweth powerfully highlight, just as in other sectors of society, museums have often treated mental illness and those affected by mental illness as too challenging. Focusing on finding the "compassion" in museum provision for users with mental health conditions, Besley persuasively argues for museum workers to explore the "potentiality and limits" of "a new museum ethics of compassion." Chynoweth comes to a

similar conclusion in her moving account of Rhonda Trivett’s experiences of the Australian care and later mental health sectors and subsequent involvement in an oral history project at the National Museum of Australia. Advised by a manager to “[k]eep your distance and see a counselor,” Chynoweth provides evidence of Besley’s concern that for many institutions, mental health has been “off-limits, approached tentatively and with caution” (Besley), and reflects on her colleagues’ reaction to her compassion and failure to “keep her distance” in her contact with Rhonda. As Besley advocates for “compassion,” Chynoweth similarly concludes that “empathy” is key: “[a]ppropriate systemic support” for museum staff working with people with challenging mental health conditions will follow “when museum managers validate emotional content in museums” (Chynoweth). Sirik’s account of the activities undertaken by the Museum of Memory and other institutions in collaboration demonstrates cultural approaches to healing undertaken in Cambodia that directly confront the history of Cambodia under the Khmer Rouge and seek to soothe the traumatic memories and experiences of those who lived under Pol Pot’s regime, educate younger generations, and promote peace.

Drawing on the experience of their own practice, Allegaert, Coleborne, and Gale separately reflect on the challenges of representing mental health in all its complexities. Allegaert looks at the exploration of what is conceived of as normal and abnormal in relation to the presentation of a collection of objects associated with psychiatry and cultural responses to them, with the explicit objective of generating debate in society. Coleborne’s observations unfold in relation to the historical and changing roles and contexts of medical museums and their collections, “concomitant . . . [with the extension of] the museum’s social and cultural role” (Coleborne). Gale reminds us that “mental illness” is multifaceted and extraordinarily diverse in the conditions (and the attendant needs and expectations of its sufferers) encompassed by the term. Bringing the narrative full circle, Gale asserts, “If people with

Comment [CM1]: Can you provide some transition from these two first articles that deal with mental illness issues in general to this issue of specifically confronting traumatic memories? Right now this seems like an abrupt move.

mental illness share any common aspiration, perhaps it is the desire not to be categorized and treated solely in terms of their psychiatric diagnoses.”

The articles that comprise this forum go some way toward redressing the current lack in museological research on mental health—its representations and therapeutic programs designed with users who experience psychiatric and psychological difficulties in mind. They should prompt new scholarly engagement with the particular issues and ideas presented here, and ultimately foster welcoming, compassionate, and therapeutic museum environments in which people with mental health conditions are empowered, supported, and “find their place alongside all the other stories that museums and galleries use their collections to tell” (Gale).

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Comment [A2]: The copy-editor changed this to ‘coeditor’, but that just doesn’t look ‘right’, so have changed it back!

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Notes

¹ See, for example, the very successful and much imitated Meet Me at MoMA project (<http://www.moma.org/meetme/>, accessed 28 April 2014) and *Lost in Time and Space* at Modern Art Oxford (see Plumb 2012).

² Notable exceptions include Besley and Low (2010), Dodd (2002), and O’Neill (2010).

³ See, e.g., the UK Museum Association’s *Museums Change Lives* policy document (MA 2013); the Happy Museum project based at the Museum of East Anglian Life (<http://www.happymuseumproject.org/>, accessed 28 April 2014); and the American Alliance of Museum’s *Museums on Call* report (AAM 2013).