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Museum-based collaborative projects in relation to health and wellbeing: the *Messy Realities* project at the Pitt Rivers Museum

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Table of Contents

Abstract	1
Introduction	2
Chapter 1: Museums, social work, health, and wellbeing in the United Kingdom: history and current practice	7
A brief history of social work in museums	7
Museum projects’ impact on health and wellbeing: evidence and practice.....	10
Museums in Health: main practices	13
Concluding thoughts	18
Chapter 2: Social engagement practices in <i>Messy Realities</i> and <i>Messy Futures</i>	20
The <i>Messy Realities</i> project	20
<i>Messy Realities</i> : a critical evaluation of the project.....	23
The <i>Messy Futures</i> exhibition.....	25
Concluding thoughts	28
Chapter 3: <i>Messy Realities</i>: the project’s impact on health and wellbeing	30
The Pitt Rivers Museum as a <i>trading zone</i> : lifting participants’ confidence and social interactions.....	30
Object handling during <i>Messy Realities</i> : the unifying potential of technology	34
Role enactment during <i>Messy Realities</i> : from ‘patients’ and ‘caregivers’ to ‘curators’	37
Concluding thoughts	40
Conclusion	42
Illustrations	46
Bibliography	51

Abstract:

The recent field of Museums in Health researches the outcomes of museum projects, exhibitions, and visits on the health and wellbeing of the public. While a growing number of studies are aimed at researching collaborative museum projects and exhibitions, a wider evidence base demonstrating museums' essential role in public health and wellbeing is still lacking. This research is aimed at determining the correlation between museum projects and the mental and physical health and wellbeing of project participants. This correlation is examined through an analysis of the *Messy Realities* project, held between 2018 and 2022 at the Pitt Rivers Museum in Oxford; qualitative data provided by the project team is reviewed and compared to similar initiatives based in the United Kingdom. This research has found that the *Messy Realities* project had positive outcomes on the health and wellbeing of the project's community participants: these outcomes were found to be related to role enactment practices, object handling activities, and to the museum as a collaborative environment. Nevertheless, further research based on quantitative evidence is recommended to unequivocally demonstrate a positive correlation between collaborative museum projects and the enhancement of health and wellbeing.

Introduction

Since their shift to public institutions, museums have fulfilled social functions. Between the late 18th century and the 19th century, public museums and their collections became essential tools to educate the population, especially the middle and lower classes, and therefore to help regulate social behaviour.¹ In countries like the United Kingdom, this was deemed essential, because of the numerous social issues plaguing the population prompted by industrialisation, such as alcoholism, poverty, and low educational levels.² As sites of culture, museums acted as the ideal setting for the governmental monitoring of citizens, and represented an educational opportunity for the lower class.

In the 21st century, Western museums have found themselves at the centre of a larger cultural debate around public institutions and their connection to power structures. As proposed by numerous scholars, museums are not neutral spaces: as ‘temples of knowledge’, they enact and further historical patterns of exclusion.³ Museums are being recognized as powerful instruments at the service of governmental power, which have historically played a large part in shaping knowledge, common memory, and identity, therefore taking part in institutional racism, sexism, and the exclusion of marginalized groups and communities.⁴ For this reason, many Western museums have recently strived to counteract their historical role in practices of exclusion, and become sites of social inclusion and participation for their local community. This process has translated into two main types of initiatives: on the one hand, museums have started to use their collections to advocate for social change, by educating their public on issues experienced by historically marginalized communities; on the other hand, they have started cooperating with these underrepresented groups, such as the LGBTQ+, BIPOC (Black, Indigenous and people of colour) and disabled communities, through collaborative projects and exhibitions.

Another recent preoccupation confronted by Western museums, which often accompanies collaborative projects with marginalized communities, is the topic of mental and physical health and wellbeing. In fact, numerous studies have linked social exclusion and poverty, which are factors that disproportionately affect marginalized communities, to worse health and wellbeing conditions. The 2010 Marmot Review has reported that health complications such as cancer and circulatory diseases are related to low educational levels, insufficient living

¹ Bennett, *The birth of the museum*, 19-21.

² Silverman, *The Social Work of Museums*, 8.

³ Duncan, “Art museums and the ritual of citizenship”.

⁴ Hooper-Greenhill, *Museums and the Interpretation of Visual Culture*; Sandell, *Museums, Society, Inequality*.

conditions, and poor mental health.⁵ Moreover, social factors, such as low household income, were proven to be correlated to severe mental health issues, such as psychotic disorders, and to a lesser degree to more common health disorders.⁶

A number of scholars have reported the positive effects of museums' collections on the health and wellbeing of visitors, the beneficial outcomes of museum projects involving social participation, and museums' potential to mitigate socio-economic inequalities. Lois Silverman has pointed out the fundamental social function of museums in combating exclusion, reducing inequalities, and promoting health and wellbeing. Her 2010 work *The social work of museums* discusses the role of museums as sites able to meet specific human needs: educational experience, associational experience, or the chance to connect to other people, and reverential experience, or the link with something that inspires reverence, such as museum artifacts.⁷ Reverence is defined as the set of cognitive and emotional responses elicited by the observing and handling of particular objects, such as museum artifacts. Reverential experiences can be sparked by the recognition of the historical and cultural value of the museum object, causing visitors to feel a sense of connection towards human societies throughout time and space.⁸ François Matarasso has written a thorough report on the social impact of participation in museums, with evidence related to several case studies, mostly based in the United Kingdom, and collected through surveys, interviews, and questionnaires. The report found that social participation in museums can have positive effects on the personal development of the participants, such as an increase in their social activity, self-confidence, skill-set level, and overall sense of self-worth. Moreover, participation in museum projects can increase group cohesion, reduce social isolation, and promote tolerance. Regarding marginalized communities, the report found that participation in museums can empower them at an organisational, political, and social level; lastly, social participation initiatives were correlated to the improvement of participants' health and wellbeing, through means of education, relaxation, and enjoyment.⁹

Nonetheless, concerns have been raised regarding social participation practices in museums. Referring to museums in the United Kingdom, Josie Appleton has criticized the new practice of transforming museums in politicised sites at the service of a 'social inclusion agenda'.¹⁰ Appleton notes how this cultural shift has been characterised by empty buzzwords and limited, ambiguous practice that does not translate into a deeper connection with the

⁵ *Fair society, healthy lives: the Marmot review*, 52.

⁶ *Ibid.*, 54.

⁷ Silverman, *The Social Work of Museums*, 16-17.

⁸ *Ibid.*, 17.

⁹ Matarasso, *Use or ornament? The social impact of participation in the arts*.

¹⁰ Appleton, "Museums for the people?".

museum public. This malpractice has been caused by decades of financial crisis in the cultural sector, rendering the very existence of museums precarious in a new, market-oriented society: to defend themselves from the cuts, the museum sector had to establish evaluation criteria related to social inclusion policies, causing museums to become governmental instruments.¹¹ Sharing some of these concerns, James Cuno has criticized the notion that museums hold first and foremost a social function: when museums' performances are evaluated on the basis of their social impact and commitment to the public's necessities, their practice will necessarily shift to accommodate these factors, eventually sacrificing their primary educational and archival functions.¹²

Moreover, concerns have been raised regarding the recently established field of 'Museums in Health', which researches the effects of the museum experience on health and wellbeing, and proposes that museums, given their capacity for social inclusion, can mitigate social inequalities and contribute to the improvement of the health and wellbeing of a community. Given the recent nature of research on museums, health, and wellbeing, data is still sparse, and mostly of qualitative nature, obtained through questionnaires and interviews. A 2005 report published by the Museums, Libraries and Archives Council (MLA) highlighted some of the weaknesses affecting the sector: one of the main issues is the lack of comparative studies reviewing the evidence collected in museums based in the United Kingdom;¹³ a second weakness is the lack of a unifying model to adequately measure social participation's outcomes. Additionally, while there is growing evidence of the positive effects of museum projects on health and wellbeing, further research in the field is needed to fully demonstrate the physical and psychological effects of cultural participation in museum initiatives.¹⁴ Lastly, the evidence collected by museums is often aimed at obtaining or maintaining economic funding, and is therefore partially biased, largely based on short-term effects and lacking evidence of long-term outcomes.¹⁵

This research is concerned with analysing the correlation between collaborative projects in museums and mental and physical health and wellbeing. While data on social engagement initiatives in museums has been collected in the past, the qualitative nature of the evidence, the partially biased nature of the reports, and the lack of comparative analysis make for a lacking evidence base. Specifically, this research will look at three main aspects of collaborative projects in museums in relation to health and wellbeing. First, the correlation between the

¹¹ Ibid.

¹² Cuno, "Whose Money? Whose Power? Whose Art History?", 7.

¹³ Museums, Libraries and Archives Council, "New Directions in Social Policy", 63-64.

¹⁴ Chatterjee, Noble, *Museums, Health and Well-Being*, 123.

¹⁵ Museums, Libraries and Archives Council, "New Directions in Social Policy", 63-64.

museum setting and the health and wellbeing of participants will be examined, through the notion of *trading zone*, as employed by Sandell, Dodd and Jones.¹⁶ Secondly, this research will look into the group dynamics formed during community projects, and their effects on project members, by applying the concepts of ‘role engulfment’ and ‘role enactment’.¹⁷ The third aspect considered will be the relation between participants and museum artifacts, particularly through the sense of touch, and the effects of this practice on health and wellbeing. These three aspects will be investigated to demonstrate that museum’s collaborative projects can enhance health and wellbeing, combat social exclusion, and positively impact their local community.

To do so, this research will focus particularly on one case study of a collaborative project involving community members: the *Messy Realities* project, and the subsequent *Messy Futures* exhibition, both held at the Pitt Rivers Museum in Oxford between 2018 and 2022. The case study chosen for the purpose of this research is located in the United Kingdom, because of the leading position of the country’s museum sector regarding community engagement practices. The project, a collaboration between the museum’s staff, a group of Oxford researchers studying the complex relationship between Assistive Living Technologies and their users, and members of the local community living with chronic health conditions, resulted in four workshops and two exhibitions held inside the Pitt Rivers Museum. As an ethnological museum, the Pitt Rivers is a relevant example to look at the correlation between social participation projects, health and wellbeing, and the effects of object handling and role enactment practices. Focusing specifically on ethnological museums, and restricting this research to a singular case study, will allow for a more in-depth analysis of the effects of collaborative museum projects on the health and wellbeing of participants. However, this will render the research’s results inapplicable to other types of museums, such as art galleries.

To analyse the correlation between the project’s structure and the health and wellbeing of community participants, a range of methods will be employed in this research. The initiative will be investigated in depth, using the resources made available by the Pitt Rivers Museum in the form of a project report and resources on the museum’s website. Additionally, a personal visit to the *Messy Futures* exhibition in Oxford and the attendance of an online conference presenting the project, held by the Pitt Rivers Museum on the 23rd of March, were helpful in gathering additional information on the project. The evidence collected will be critically analysed according to the three research areas previously highlighted: the museum setting, role enactment practices, and the handling of museum artifacts. Possible limitations to this research will be caused by the lack of quantitative data gathered by the project’s team, and of a specific

¹⁶ Sandell, Dodd, Jones, “Trading Zones: Collaborative Ventures in Disability History”.

¹⁷ Silverman, “The therapeutic potential of museums as pathways to inclusion”; *The Social Work of Museums*.

framework for reading the project's outcomes, given the recent establishment of the field of Museums in Health and the sparsity of research on the topic.

The first section of this research will be focused on the historical and contemporary relation between museums, social work, and health and wellbeing, the general guidelines set by British associations on social participation work in museums, and the socio-political factors influencing museums' practice in the United Kingdom. Moreover, three main areas of study related to collaborative projects in museums will be introduced: the effects of role enactment, the practice of object handling, and the museum as a *trading zone*. The second chapter will reflect on the *Messy Realities* project and the subsequent *Messy Futures* exhibition at the Pitt Rivers Museum in Oxford, as an example of a social participation project involving community members. The third and final section will look at the outcomes of the *Messy Realities* project, compare them to similar projects in the United Kingdom, and investigate the project's outcomes through the three main areas of research mentioned above: the museum as a *trading zone*, role enactment practices, and the handling of museum artifacts. These three areas of study will be helpful to analyse the *Messy Realities* project and its impact on the health and wellbeing of participants.

Chapter 1: Museums, social work, health, and wellbeing in the United Kingdom: history and current practice

This first chapter will look at the rise of practices related to social work, health, and wellbeing in museums, particularly in the United Kingdom. Firstly, this chapter will introduce the historical context that paved the way for the introduction of social work in museums, starting from the second half of the 18th century with the significant example of the Victoria & Albert Museum in London. Moreover, this section will highlight more recent museum practices in the

United Kingdom, and how political, economic, and social factors impacted the social work enacted by museums. The focus of this chapter will then shift to recent museum practices focusing on the mental and physical health and wellbeing of local communities, especially those underrepresented and marginalized. Lastly, three main areas of research will be highlighted, because of their relevance to the *Messy Realities* project: role enactment, object handling practices, and the museum as a *trading zone*.

A brief history of social work in museums

Between the end of the 18th century and the beginning of the 19th century, scholars and politicians alike started exploring the possible role of museums and cultural institutions as both educational and recreational sites for the masses. A defining event in this regard is the opening of the South Kensington Museum in London, later renamed the Victoria & Albert Museum. The museum was opened to the public in 1857, shortly after the 1851 Great Exhibition, held in the purposefully built Cristal Palace in Hyde Park to display the cultural, technological, and scientific achievements of the state. After the success of the Great Exhibition, the decision of opening a permanent museum with a collection focused on applied arts and sciences, and open to the general public, was made by Queen Victoria and Prince Albert. The man chosen as the museum's first director was Sir Henry Cole, already instrumental in the planning of the Great Exhibition, and a stern believer in the educational function of museums. From its opening, the South Kensington Museum was designed to guarantee access to a larger section of population, particularly the working class. Longer opening hours and gas lighting in the galleries allowed working-class men to visit the museum in the evening accompanied by their families, as an alternative to public houses.¹⁸ The initiative proved successful, and between 1857 and 1883, out of fifteen million total visits to the museum, more than six and a half millions were registered in the evening hours.¹⁹ With time, cultural institutions became more and more responsible for the care of citizens and tasked with educating and entertaining a larger group of individuals than ever before. Nonetheless, museums remained mostly at the service of the more educated and richer class, furthering their chosen beliefs and ideas and proposing them as the norm.²⁰

Since the 19th century, museums have retained their function as educational institutions. Nevertheless, in addition to their educational and archival functions, in the last three decades museums have started exploring their role as social institutions, instrumental to the social

¹⁸ Silverman, *The Social Work of Museums*, 9.

¹⁹ Bennett, *The birth of the museum*, 70.

²⁰ Janes, Conaty, *Looking Reality in the Eye*, 2-3.

cohesion of a community. For this reason, the concept of social exclusion has become instrumental in cultural policies in the United Kingdom and elsewhere. The concept of social exclusion is still complex to define: in politics, the label has nowadays replaced the notion of 'poverty', to allow for a more inclusive vocabulary. On the other hand, in the cultural field its significance is still fairly broad: the term social exclusion reflects on the network of social relationships between individuals and their environment, as a developing dynamic that encompasses several aspects of life in a community, including the economic, social, political, and cultural factors.²¹ As public sites, museums and cultural institutions are therefore partially responsible for historical patterns of social exclusion. Museums are in charge of the construction and representation of common identities, and they do so through a process of selection, which has historically excluded minority groups from being adequately represented. Moreover, museums exert their social function through cultural projects aimed at their local communities, and their administrative decisions on these projects can determine the exclusion of certain groups from participating in cultural activities. Lastly, museums' policies can regulate and limit access to specific social and cultural groups; therefore, museums are continuously involved in processes of social inclusion and exclusion.

Starting with the rise of New Labour in 1997, after two decades of conservative governments, the United Kingdom has been involved in combating social exclusion by expanding their economic, political, and cultural policies to include marginalized and underrepresented groups. This was deemed essential because of the rise of socio-economic inequalities: data reports that between 1979 and the election of Tony Blair in 1997, the number of people living in poverty went from 5 to 14 million.²² In 1997, the Social Exclusion Unit was established, to monitor social inclusion in socio-cultural practices, including museums and cultural sites. Nevertheless, during this time the cultural sector was still severely hit by previous conservative policies, that had made great cuts to the cultural budget and established an accountability policy, in which cultural sites were asked to report on their revenues to justify their funding. However, after 1997 a shift in British cultural policies occurred: museums were now held accountable not on the basis of their economic revenues, but on their social and educational functions. The national government started pushing cultural policies aimed at increasing access and participation to cultural institutions and museums, recognizing that the cultural sector could be a powerful instrument in tackling social exclusion and socio-economic inequalities. These cultural reforms were corroborated by evidence suggesting the negative effects of social exclusion on health and wellbeing, and the positive outcomes of cultural

²¹ Sandell, "Museums as Agents of Social Inclusion", 404-405.

²² *Ibid.*, 402.

participation on reducing socio-economic inequalities and enhancing the wellbeing of a community.

Therefore, the notions of health and wellbeing have become linked to museum practice, and merit a brief mention. Health is defined by the World Health Organization as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’.²³ A more recent definition of mental health states that it is ‘a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community’.²⁴ Lastly, the definition of wellbeing is more complex and ambiguous, and has been related to life quality and the general happiness of individuals.²⁵

This newfound interest from the British government has translated into the implementation of museums’ initiatives aimed at enhancing the health and wellbeing of their local community, particularly towards more vulnerable, marginalized, and underrepresented groups. These initiatives often include practices of consultation, co-curation of exhibitions, and collaboration in projects and events. These practices require the involvement of a group of people, usually belonging to a homogeneous group, in the development of a temporary exhibition or the renewal of a museum’s display. This process usually involves mutual discussions and workshops between the museum staff and the group.

Museum projects’ impact on health and wellbeing: evidence and practice

An important push for museum’s initiatives working to combat social inequalities and enhance public health and wellbeing in the United Kingdom was the publishing of the 2010 Marmot Review, titled ‘Fair Society, Healthy Lives’. The review aimed at finding evidence on the effects of adverse socio-economic factors on health and wellbeing, and advised on the need for future policies aimed at reducing health inequalities in the United Kingdom. The review found that adult learning and participation practices can positively affect a person’s health, and that people’s connection to their community and physical environment has a strong impact on their physical health and wellbeing.²⁶ For these reasons, the review recommended stronger national support towards the implementation of local community regenerations programmes, and the

²³ World Health Organization, “Constitution”, World Health Organization, 7 April 1948, Accessed 5 April 2022, <https://www.who.int/about/governance/constitution>

²⁴ World Health Organization, “Mental health: strengthening our response”, World Health Organization, 30 March 2018, Accessed 5 April 2022, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

²⁵ Chatterjee, Noble, *Museums, Health and Well-Being*, 6.

²⁶ Marmot, *Fair society, healthy lives: the Marmot review*.

establishment of collaborative projects involving community members, in order to fight social isolation and its consequences on health and wellbeing.²⁷

However, after the publishing of the Marmot Review in 2010, major economic and social changes, stemmed from the 2008 global economic crisis, deeply affected the museum sector's funding in the United Kingdom. The general elections of 2010 saw the rise of David Cameron, leader of the Conservative party, and a return to austerity in public spending. The cultural sector went through numerous economic cuts, and some of the public associations devoted to managing and overseeing cultural projects, such as the Museums, Libraries and Archives Council (MLA), were disassembled. It is reported that between 2010 and 2016, local authority spending on museums and galleries went down by 31%.²⁸ On the other hand, recent policy changes in the British National Health Service (NHS) made the role of museums regarding health and wellbeing more prominent, by branching out some responsibilities to local authorities and broadening the list of organisations providing public health services to include charities, the private sector, and voluntary organisations.

An example of this newfound collaboration between cultural institutions and the health sector is the practice of 'social prescribing', also referred to as 'community referral'. The term relates to the recent practice of referring patients to non-clinical services, often connected to the cultural sector, such as museums and galleries. Several studies have shown the positive effects of creative and group activities on the mental and physical wellbeing of individuals, especially vulnerable groups such as people impacted by chronic physical illnesses, depression, anxiety and eating disorders: participating in creative activities can raise the quality of life, improve self-confidence, and reduce social isolations.²⁹ Moreover, common benefits to social prescribing include physical health and psychological wellbeing improvements, an increase in social activity and the gaining of new practical skills and knowledge.³⁰ Participants are referred to social prescribing activities by primary care services, such as General Practitioners, with the aim of responding to a range of necessities related to the socio-economic conditions and emotional sphere of the patient, without necessarily recurring to standard clinical practices. In fact, data shows that around one in five patients in the United Kingdom refers to their General Practitioner for issues that are mainly related to their socio-economic environment.³¹ Following a widespread implementation of social prescribing referrals, a 28% drop in visits to General

²⁷ Ibid., 136.

²⁸ Morse, "The social role of museums", 52.

²⁹ Chatterjee, Camic, Lockyer, Thomson, "Non-clinical community interventions: a systematised review of social prescribing schemes", 2.

³⁰ Ibid., 18.

³¹ Torjesen, "Social prescribing could help alleviate pressure on GPs", 1.

Practitioners was registered, and a 24% reduction in admissions to the Accident and Emergency department (A&E).³²

Findings from the 2010 Marmot Review were crucial for the founding of the new-born field of ‘Museums in Health’. The objectives posed by the review, and the guidelines set to achieve them, show how cultural institutions can form part of a larger effort into raising the socio-economic conditions of British citizens and bridge the gap in health inequalities. As reported by numerous scholars, museums in the United Kingdom have shown great potential in addressing issues of socio-economic inequalities, by creating cultural projects and programmes encouraging cultural participation, combating social exclusion, and positively impacting the wellbeing of their communities.³³ Since the publishing of the Marmot review, museums and cultural institutions in the United Kingdom have started gathering and providing data on their community projects, to demonstrate the positive effects of collaborative museum initiatives on the mental and physical health and wellbeing of participants. Oftentimes, the evidence provided is of qualitative nature, recorded through questionnaires, reviews and interviews to the participants. Nevertheless, the information gathered by these institutions corroborates the work done in the United Kingdom to establish museums as essential tools in alleviating issues related to socio-economic conditions and poor health.

Museum projects have predominantly focused on working with marginalized groups dealing with adverse social and economic conditions. For example, several initiatives organized in British museums are geared toward people living with dementia, a syndrome that determines a decline in cognitive function and that usually affects older people; dementia causes impairment in memory, comprehension, language, and learning abilities.³⁴ According to the National Health Service (NHS), around 850,000 people live with dementia in the United Kingdom, with an associated economic cost of £23 billion a year, a cost that is predicted to triple by 2040. In addition to this, there is also a high social and psychological cost that burdens people affected by dementia and their caretakers.³⁵ Towards them, numerous museums have developed projects that engage with a practice known as ‘reminiscence therapy’. Reminiscence

³² Polley, Bertotti, Kimberlee, Pilkington, Refsum, “A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications”, 4.

³³ Matarasso, *Use or ornament? The social impact of participation in the arts*; Sandell, “Museums as Agents of Social Inclusion”; Silverman, *The Social Work of Museums*; Froggett et al., “Who Cares? Museums, Health and Well-being”; Neal, “Can creative engagement in museums improve the mental health and wellbeing of people experiencing mental distress?”; Chatterjee, Noble, *Museums, Health and Well-Being*; Dodd, Jones, *Mind, body, spirit*.

³⁴ World Health Organization, “Dementia”, World Health Organization, 2 September 2021, Accessed 21 April 2022, <https://www.who.int/news-room/fact-sheets/detail/dementia>

³⁵ National Health Service, “Dementia”, National Health Service, Accessed 21 April 2022, <https://www.england.nhs.uk/mental-health/dementia/#:~:text=There%20is%20a%20considerable%20economic,cancer%2C%20heart%20disease%20and%20stroke.>

is often used to treat dementia and other illnesses related to cognitive decline: it usually includes the use of objects and props as a way to reconnect individuals to their past and memories. In a museum setting, this form of therapy can incorporate the touching and handling of artifacts and museum objects, with the aim of helping participants in recalling past events. Studies on reminiscence practices in museum settings report that they can have positive effects on participants' sense of self-worth and confidence, their practical skills and knowledge, the building of social relationships and personal identity, and general wellbeing.³⁶

Numerous museums' projects engaging with community health and wellbeing tackle social inequalities, regarded by studies as key co-factors in the degeneration of mental and physical health.³⁷ Because of this, museums' projects are engaging with individuals impacted by adverse socio-economic conditions: this can include young people 'at risk', marginalized communities (BIPOC, LGBTQ+, and immigrants amongst others), homeless people, war veterans, people living with addictions, prison inmates and more. Following these collaborative projects, the positive effects of cultural participation have been documented through both qualitative and quantitative data. Projects' outcomes show that involvement in museum projects and activities can positively affect the personal development of participants by increasing their practical and social skills, raising confidence, providing a space for their voices to be heard, and increasing their overall health and wellbeing. Furthermore, museum collaborative projects reportedly increase community cohesion, create new social connections between the members, and empower them to take control of their public image and narrative.³⁸

Lastly, several museum programmes engage with people with special needs such as autism, visual or auditory impairments, Down syndrome, and others. Museums can provide a space for experimentation and inclusion for these individuals and their caretakers, in which they can challenge the traditional and often negative notions that historically shaped their public identities in mainstream culture, and shape future cultural representations of disabled people. People with special needs can therefore be part of fruitful collaborations with museums, by providing their personal experience and expertise regarding life with disabilities, and by collaborating with museum staff through practices of consultation and co-curation, to construct museum displays that present their history in a more inclusive and nuanced manner.³⁹

Museums in Health: main practices

³⁶ Froggett, Farrier, Poursanidou, Hacking, "Who Cares? Museums, Health and Well-being", 10.

³⁷ Marmot, *Fair society, healthy lives: the Marmot review*.

³⁸ Matarasso, *Use or ornament? The social impact of participation in the arts*.

³⁹ Sandell, Dodd, Jones, "Trading Zones: Collaborative Ventures in Disability History", 7-9.

Museum projects concerned with the mental and physical health and wellbeing of their local communities are becoming widespread in the United Kingdom and elsewhere. However, the sector of Museums in Health still lacks significant research on the positive outcomes of collaborative museum projects in relation to health and wellbeing, and specific national guidelines have yet to be set regarding these projects. Nevertheless, numerous scholars have focused their research on the effects of museums and museum projects on the wellbeing of local communities. For the purpose of this analysis, three research areas will be highlighted, because of their pertinence to the *Messy Realities* project held at the Pitt Rivers Museum in Oxford and potential future museum projects. These three areas of research will be helpful in analysing possible correlations between the health and wellbeing of the project's participants and some of the project features.

The first aspect worth analysing is the setting of the project inside the Pitt Rivers Museum, and the outcomes of this choice on community participants. To examine if the museum environment influenced the project outcomes related to health and wellbeing, the notion of museums as *trading zones* will be employed. A second, equally important feature of collaborative museum projects is their capacity for what Silverman has characterized as 'role enactment'. Role enactment occurs when marginalized individuals step out of the social roles traditionally assigned to them, to embrace new, more positive roles, such as 'museum collaborators', or 'community participants'.⁴⁰ The third factor considered for the purpose of this research is the existing correlation between object handling and health and wellbeing. In the field of Museums in Health, object handling is being explored as a promising practice in community projects, especially in relation to reminiscence activities with people living with dementia. Therefore, object handling can be considered a helpful practice in museum projects related to health and wellbeing.

Moreover, studies have shown that object handling, role enactment practices, and collections-based museum projects are particularly relevant when collaborating with people living with physical and mental disabilities.⁴¹ For this reason, they will be helpful in assessing the outcomes of the *Messy Realities* project, which involved people living with chronic health conditions, their caretakers, and a team of researchers working to develop ALTs (Assistive Living Technologies) better suited for these individuals.

The museum environment as a *trading zone*

⁴⁰ Silverman, *The Social Work of Museums*, 56.

⁴¹ Chatterjee, ed., *Touch in Museums*; Sandell, Dodd, Jones, "Trading Zones"; Silverman, *The Social Work of Museums*.

Museum projects involving community members frequently rely heavily on short-term funding from external partners: because of this, these projects risk falling into the category of ‘empowerment-lite’. Empowerment-lite has been characterized as a practice of unequal collaboration between the museum staff and community participants, resulting in projects and exhibitions that do not respond to the needs of the community involved. Oftentimes, the main purpose of projects practising empowerment-lite is to further the museum’s agenda and secure future economical funding.⁴²

In contrast to this practice, Sandell, Dodd, and Jones have proposed the notion of *trading zone*, to identify meaningful museum practice, characterised by a long-term commitment to the community’s wellbeing. The concept of *trading zone*, coined by Peter Galison, first originated in the field of technology, and refers to a metaphorical and physical space where individuals of different expertise and background can unite and collaborate in an equal manner. In relation to the cultural sector, Sandell, Dodd, and Jones have employed the term to characterise museums providing a safe environment for disabled people, where they are able to collaborate with the museum staff and provide their expertise to develop museum projects and displays. Historical representations of disability in museums have been largely informed by medical practice and focused on portraying disabled people as ‘lacking’ and in need to be cured. This representation of disability reinforces the popular narrative depicting disabled people as ‘different’ from general society, and contributes to their social isolation and the scarcity of their representation in mainstream media. Nevertheless, museums have the capacity for hosting complex, nuanced exhibitions on the lives of disabled people: many artifacts held in museums around the United Kingdom are closely connected to the history of disability, even if only in rare instances this relation is made explicit by the museum.⁴³

Because of this, the concept of *trading zone* becomes central in the debate surrounding museum collections and the lives and experiences of disabled people. *Trading zones* entail an equal collaboration between all project members, therefore rejecting the traditional role of museums as the sole authorities in charge of the public’s education; in *trading zones*, both parties, the museum and the community participants, equally contribute to the project. By thinking of museums as potential *trading zones*, a more structured protocol regarding the relationship between the museum staff and disabled people could be set, one that places both parties on the same level of authority and that contemplates a mutual exchange of expertise. Through the model of the *trading zone*, museums could become a democratic setting for

⁴² Lynch, “Whose cake is it anyway?”, 6-7.

⁴³ Sandell, Dodd, Jones, “Trading Zones: Collaborative Ventures in Disability History”.

debating issues regarding the disabled community, or other historically marginalized and underrepresented communities, resulting in equal collaborations between the staff and the local community and complex, informative exhibitions. While museums can provide historically significant artifacts and archival and academic knowledge, community participants in collaborative projects can match this contribution by offering their personal experience and skills, a new perspective able to shift entirely the significance of museum's artifacts. This, however, does not render the museum a neutral space, but rather a site for collaboration and exchange of expertise and information. Moreover, the museum would represent the space in which this exchange between equal partners would be made visible, through a collaborative exhibition or display.

Therefore, there are numerous benefits to transforming museums into *trading zones*. Firstly, museums could collaborate with underrepresented and marginalized communities, gaining access to their expertise and incorporating their personal history into museum displays and practices, therefore minimising the risk of misinformation and insensitivity. Secondly, the museum public would benefit from this type of work, by becoming more aware of the daily issues that marginalized communities face, which impact their social and economic status. Lastly, these underrepresented groups, such as the disabled community, would benefit from having a wider and more nuanced representation in mainstream media and get the chance to tell their personal stories. By treating museums as *trading zones*, all three components, the museum, the community participants, and the museum public would benefit. The concept of *trading zone* will be helpful to assess how the *Messy Realities* project's setting in the Pitt Rivers Museum helped in creating a collaborative environment, where the researchers, the museum staff, and the community participants were treated as equal partners.

Museum projects and role enactment

The concept of 'role engulfment' is central to understanding the mental health and wellbeing of people living with adverse health conditions and their caregivers. The additional challenges experienced by people living with disabilities often lead to what is defined as 'role engulfment', or the feeling of being trapped in their identity as 'disabled', caused by the loss of other major roles in society and the reduction of outside sources of self-evaluation. Similarly, individuals often experience reduced social activities and a shrinking in their social circle because of their role as caregivers of disabled people, leading to them feeling trapped and limited in their identity as 'caregivers'. Therefore, both people living with disabilities and their caregivers often experience feelings related to role engulfment, which has been noted to have a severe

impact on individuals' social life and sense of self, negatively affecting individuals' wellbeing.⁴⁴

It has been suggested that museums could act as sites where individuals can regain their social identity. This could be achieved through community projects involving people experiencing social engulfment, such as people living with long-term health conditions and their caregivers. Museum projects can provide community participants with a new, more positive social role: by interacting with the museum environment, the collections, and the other project participants, individuals can develop new social roles that are unrelated to their social identity as people living with disabilities or caregivers. This is achieved through various aspects of collaborative museum projects. Firstly, museum projects can foster the creation of social groups, and therefore counteract the shrinking of social circles often experienced by people living with disabilities and their caregivers. Moreover, museums can provide a space to experiment with new identities, including those of 'experts' and 'contributors' to the museum's displays. The positive connotations associated with these social roles can enhance individuals' self-confidence and prevent them to perceive themselves only as 'caretakers' or 'patients', roles that carry negative social implications: this process has been defined as 'role enactment'. Qualitative evidence has shown that role enactment practices in museum projects can counteract role engulfment and promote wellbeing amongst the participants.⁴⁵ Research on role engulfment and role enactment will be useful to evaluate how the *Messy Realities* project at the Pitt Rivers Museums integrated role enactment practices, and the impact this practice had on community members living with long-term health conditions.

Object handling and the sense of touch

In recent years, the practice of object handling, particularly in relation to museum artifacts, has been linked to Reminiscence Therapy, and used to interact with patients living with dementia and other illnesses related to cognitive decline. While research into the correlation between object handling and wellbeing is still sparse, some studies have shown that this practice can have positive effects on both hospital patients in a medicalized setting and community members participating in museum projects. A study conducted at the Alzheimer's Society day-care centre in London examined the effects of museum object handling on a small number of people living with dementia. The artifacts were chosen for their unique tactile and visual properties, and the project participants were encouraged to handle them and discuss their feelings in relation to the objects. Before and after each session, the participants were asked to compile

⁴⁴ Skaff, Pearlin, "Caregiving: Role Engulfment and the Loss of Self".

⁴⁵ Silverman, *The Social Work of Museums*, 56.

the Canterbury Wellbeing Scale, a questionnaire measuring wellbeing in relation to factors such as confidence, social engagement, and general feelings of happiness. The study outcomes clearly indicated positive effects on the wellbeing of the patients, with a more pronounced positive change for those living with early-stage dementia.⁴⁶

A second study on museum objects therapy measured changes in the wellbeing of a small number of patients at the University College Hospital in London after the handling of museum artifacts. In this instance, the project subjects were handed a 'loan box', containing various objects from the collections of the University College London, such as artworks, natural history objects, and archaeological artifacts. Following the study, the researchers found that 57% of the patients reported a positive change in their general wellbeing after the object handling session, and that 38% of the patients felt a positive difference in the perception of their health status. Moreover, the hospital staff reported an improvement in their relationship with the patients, and the study's participants described the object-handling sessions as a distraction from their illness.⁴⁷

Often related to object handling activities, Reminiscence Therapy has become a central practice in museum projects in the United Kingdom and elsewhere. Studies have shown that reminiscence work in museum settings can have positive effects on personal confidence and self-worth, improve practical skills and knowledge and encourage the formation of social groups: all of these factors positively affect general wellbeing.⁴⁸ Reminiscence work can be aided by museum object handling, which provides a starting point for group discussions involving the recounting of personal stories and life experiences and encourages interaction between group members. Moreover, participants in museums' object handling sessions have reported feeling a sense of privilege in being allowed to touch and handle invaluable museum artifacts, having positive effects on their confidence and self-image.⁴⁹ Therefore, object handling has been recognised as a powerful tool to positively impact the health and wellbeing of project participants in museum settings. For this reason, the *Messy Realities* project's object handling sessions will be analysed to assess their contribution to the project's outcomes in relation to the health and wellbeing of the participants.

Concluding thoughts

⁴⁶ Camic, Hulbert, Kimmel, "Museum object handling: A health-promoting community-based activity for dementia care".

⁴⁷ Chatterjee, Noble, "Object Therapy: A Student-selected Component Exploring the Potential of Museum Object Handling as an Enrichment Activity for Patients in Hospital".

⁴⁸ Froggett, Farrier, Poursanidou, Hacking, "Who Cares? Museums, Health and Well-being", 10.

⁴⁹ Dodd, Jones, *Mind, body, spirit*, 26.

This chapter has given an overview of the main practices of British museums in relation to social inclusion, mental and physical health, and wellbeing. Moreover, this chapter has highlighted three fundamental areas of practice in collaborative museum projects: object handling, role enactment practices, and the notion of the museum as a *trading zone* as theorised by Sandell, Dodd and Jones. Previous research has found all three of these practices to be helpful in improving the health and wellbeing of project participants. The notion of *trading zone* has highlighted the potential of museums as sites of collaboration and exchange of expertise and knowledge. Role enactment practices in museum projects involving people living with disabilities and their caretakers have been shown to foster the creation of positive social roles, and therefore increase participants' self-confidence. Lastly, the practice of handling museum artifacts has been shown to aid social interactions, both in the context of the museum project and in daily life, and to increase the participants' confidence. These three practices will be further explored in the third chapter and related to the *Messy Realities* project and the *Messy Futures* exhibition, to analyse their impact on the participants' health and wellbeing.

Chapter 2: Social engagement practices in *Messy Realities* and *Messy Futures*

This section will look at the *Messy Realities* project and the *Messy Futures* exhibition more in-depth. The aim of this chapter is to critically review the social engagement methods employed throughout the project and look at the curatorial choices made for the *Messy Futures* exhibition. The starting points for this review will be the 2018 public engagement report written about the *Messy Realities* project by Gemma Hughes, one of the researchers involved in the initiative, and a personal visit to the Pitt Rivers Museum and the *Messy Futures* exhibition in March 2022.

The *Messy Realities* project

In 2018, the Pitt Rivers Museum embarked on a collaborative public engagement project titled '*Messy Realities: The Secret Life of Technology*'. The programme was partially funded by the Wellcome Trust, a global charitable foundation supporting scientific research and projects on mental and physical health, social inclusion, and climate change. The project was the result of the collaboration between the Pitt Rivers Museum and researchers from the Interdisciplinary Research in Health Sciences (IRIHS) group, based at the Nuffield Department of Primary Care Health Sciences in Oxford. The researchers from IRIHS, led by Professor Trish Greenhalgh, were interested in exploring the complex relationship between Assistive Living Technologies (ALTs) and people living with chronic conditions, through a cultural project involving the local community titled 'Studies in Co-creating Assistive Living Solutions' (SCALS). Chronic conditions are defined as 'conditions that last one year or more and require ongoing medical attention, or limit activities of daily living or both'; chronic diseases include cardiovascular diseases, cancer, diabetes, and autoimmune diseases, and are caused by a range of genetic,

environmental, and physiological factors.⁵⁰ Data shows that chronic conditions affect disproportionately low-income areas and older people.⁵¹

The research team had observed a disconnect between the design of Assistive Living Technologies and their actual use by people living with chronic physical conditions, and wanted the project to reflect on the human aspects of technology. In addition to the Pitt Rivers Museum's staff and the team of researchers from IRIHS, other partners were brought in to contribute to the participatory workshops: *Messy Realities* included members of the local community employing Assistive Living Technologies in their daily lives, such as people living with chronic health conditions and older people; caretakers of people with chronic physical conditions; and two design students from the City of Oxford College. Throughout the project, the team of researchers and the Pitt Rivers Museum closely collaborated in designing the project, curating the subsequent exhibition, and evaluating the qualitative evidence collected during the seminars. While the IRIHS team provided their expertise in researching and designing Assistive Living Technologies, the museum administration was instrumental in recruiting possible community participants, thanks to their relationships to previous external collaborators such as Young Dementia UK.

The aim of the project was to 'explore how both new and old technologies can be adapted and combined pragmatically for unique individual use' and to 'generate new insights about the design of ALTs' (Assistive Living Technologies).⁵² The *Messy Realities* project was conceived in the hopes of bridging the gap between the usual features that Assistive Living Technologies possess, and that are considered important by designers, and the issues encountered by regular users, which can lead to premature abandonment of these technologies out of personal frustration. To do so, the team of researchers chose three main areas to explore during the project: the first one was 'Personalisation', or the practice of modifying the structure and purpose of Assistive Living Technologies according to one person's specific needs; the second section was titled 'Meaningful activity', and concerned the development of technologies that can aid users in activities which are meaningful to them, instead of obstructing them; lastly, the third area explored during the project was that of 'Progression', or the notion that the

⁵⁰ Centers for Disease Control and Prevention, "About Chronic Diseases", *Centers for Disease Control and Prevention*, 27 April 2022, Accessed 30 April 2022, <https://www.cdc.gov/chronicdisease/about/index.htm#:~:text=Chronic%20diseases%20are%20defined%20broadly,disability%20in%20the%20United%20States>.

⁵¹ World Health Organization, "Noncommunicable diseases", *World Health Organisation*, 13 April 2021, Accessed 30 April 2022, <https://www.who.int/en/news-room/fact-sheets/detail/noncommunicable-diseases>

⁵² Hughes, "Engaging in the 'messy reality' of implementing assisted living technologies: A series of workshops to generate new insights", 3.

worsening with time of chronic physical conditions brings out other, non-physical challenges, such as social isolation and the access to public services.⁵³

The project consisted of a series of events held at the Pitt Rivers Museum from January 2018 to September 2018: four workshops, an engagement event during Pitt Fest 2018 (an annual event showing the work of researchers at the Pitt Rivers Museum), and a final, temporary exhibition inside the museum. A group of around twenty people was involved in the workshops, coming from different backgrounds and fulfilling different roles. Nine participants were members of the community, affected by chronic physical conditions, and therefore users of Assistive Living Technologies (ALTs); the rest of the members came either from the research team, the museum staff, or were design students at the City of Oxford College.

During these workshops (Fig. 1., Fig. 2.), all members of the project were encouraged to handle and compare the Assistive Living Technologies brought by the team of researchers with a selection of artifacts from the Pitt Rivers Museum's collections. The collections of the Pitt Rivers Museum include both archaeological and ethnological artifacts; a large part of the collection was donated in 1884 by the archaeologist Augustus Henry Lane Fox Pitt Rivers (1827-1900) to the University of Oxford. The museum collection is organized through the juxtaposition of artifacts with a similar form or function, to illustrate the differences and similarities in technologies produced around the world and throughout time. These almost unique typological displays constitute an important historical feature of the Pitt Rivers Museum, and they contribute to its reputation as a 'museum of a museum'. Therefore, the museum setting was instrumental in encouraging the project participants to compare the ethnological artifacts to the modern technology provided by the research team. The objects from the ethnographic collection were chosen in consultation with the museum's staff, and on the basis of their possible commonalities with ALTs: some of them had a similar, medical function in the culture of provenance, and others had a similar form or material composition but largely differed in use.

A range of methods were explored by the research team to initiate dialogue around the human aspects of Assistive Living Technologies, such as storyboards, photographs, and crafting activities. The three storyboards (Fig. 3.) developed by the team reflected the three major themes that were chosen to explore: Personalisation, Meaningful activity, and Progression; they showed three fictional, individual stories, and encouraged the sharing of personal experiences by the community participants during the workshops. The use of storyboards was helpful in sparking a conversation on the role of ASLs in the participants' lives

⁵³ Ibid., 6.

throughout the workshops. Moreover, two design students participated in the *Messy Realities* project's workshops and listened to the concerns and opinions expressed by the community partners regarding their complex relationship with Assistive Living Technologies. Throughout the project, they developed new possible designs for ALTs, that would take into consideration a wider array of challenges and needs of people living with chronic physical conditions, older people, and their caretakers.

In July 2018, after the end of the *Messy Realities* project, a co-curated temporary display was shown inside the Didcot case, in the Lower Gallery of the Pitt Rivers Museum, to present to the museum public the results of the workshops (Fig. 4.). The display remained on show at the museum until October 2018 and reflected on the meaning of technology throughout time. The aim of the display was to engage visitors on the themes explored during the project: for this reason, the exhibition invited visitors to express their opinion on the topic, by answering the question 'What is technology?'. The temporary display included some of the objects that were discussed by the group during the workshops, and that were considered representative of the central themes guiding the project by the community partners. Additionally, the display included objects produced during the workshops, such as drawings made by the community members. Lastly, the two design partners contributed to the *Messy Realities* exhibition by designing new projects for Assistive Living Technologies, based on the discussions held during the workshops between the community participants and the team of researchers.

The central aspects of the display were assembled in co-curation with the community members: for example, the label text and the leaflet were developed based on the instructions given by the community participants. This aspect allowed for the museum display to take into consideration the necessities and desires of a wider range of people: the community participants made sure that the exhibition would be accessible to wheelchair users, by placing the display on a lower eye level, and ensured the visibility and clarity of the label text, which was denser in content but in a bigger size than usual. This attention to accessibility is fundamental, considering the focus of the exhibition was on the role that technologies around the world and throughout time play in disabled people's lives. Throughout the duration of the *Messy Realities* exhibition, visitors to the Pitt Rivers Museum were asked to share their thoughts on the objects displayed in the case, and more generally around the theme of technology, by writing on post-It notes provided by the museum.

***Messy Realities*: a critical evaluation of the project**

The *Messy Realities* project ran from January 2018 to September 2018 inside the Pitt Rivers Museum in Oxford. The workshops were held on the 23rd of April, the 30th of April, the 14th of

May, and the 11th of June. During the first workshop inside the Pitt Rivers Museum, participants were invited to handle and comment on dosset boxes and Tupperware, both used regularly by some of the participants to store medicines, and then compare their function and look to ethnological artifacts from the museum, such as a Japanese medicine box. The comparisons started a dialogue around medicine and social status, with participants sharing their stories in connection to these objects. Moreover, the group discussed alternative medicine and magic, both in relation to amulets from the museum's collection and to the daily habits and rituals of some of the community participants, such as carrying crystals and similar objects. Comparing the ethnological artifacts from the museum's collection to everyday objects that are commonly used by people living with chronic conditions can spark discussions highlighting the differences and commonalities in form and aesthetic features between them. Nonetheless, all the objects discussed shared similar functions in the communities of origin, suggesting how human cultures throughout time and space share certain needs and desires, such as the ones for beauty and comfort.

During the second workshop, which focused on the theme of 'personalization', the group toured the Pitt Rivers Museum's collection to find commonalities between the ethnographical artifacts and the objects brought by the team of researchers. A common distinction that emerged was how the materials used to design these objects reflect the status of the person using them, and how the museum's objects often appeared more aesthetically pleasing and personalised in comparison to Assistive Living Technologies. The third workshop introduced the themes of conservation, time, and the 'soul' of objects, by looking at the development of technology through the centuries and introducing modern technologies designed to counteract the social isolation of individuals living with dementia. One of these technologies was Paro, a robot seal developed in Japan that can communicate through physical movements and voice, and can learn to adapt to the patients' behaviour. This technology has shown promising results in reducing stress and improving social interactions in patients with dementia. In the fourth and last workshop, the group discussed the planned *Messy Realities* display: every member was given the chance to offer their perspective regarding the look and overall message of the display. The recommendations made by the project participants reflected their daily needs as people living with long-term health conditions and their caretakers.

After each session, the participants were asked to comment on their experience with a one-word summary and to fill in a questionnaire related to the workshop. Moreover, the museum staff and the team of researchers were asked to keep a journal detailing their experience throughout the project: these three practices were used to monitor and evaluate the *Messy Realities* project. The feedback given by the project participants through the one-word

summary was mostly positive, with individuals describing the workshops as ‘thought-provoking’, ‘enjoyable’, and ‘fun’.⁵⁴ However, this evaluation method does not allow for a complete representation of the thoughts of the participants regarding the project. Asking the community members for a lengthier contribution could have helped better illustrate the impact that *Messy Realities* made on them, particularly regarding how their relationship with Assistive Living Technologies evolved following their engagement in the project.

Through the questionnaires, researchers were able to receive new insight into the field of Assistive Living Technologies, particularly in relation to how technologies are able to connect and form communities. Another central topic that emerged during the workshops was the lack of aesthetic satisfaction in using ALTs and other medical devices felt by the community members: participants concluded that the aesthetic appearance of technology can influence how people interact with it. The sanitized appearance of most Assistive Living Technology was perceived as potentially stigmatizing for users, and therefore able to lead to its complete rejection. Lastly, emerging from the participating researchers’ observations was the understanding that good technologies are adaptable and customizable according to personal necessities and desires.

At the end of the project, participants expressed their hopes for future technologies by stating that they ‘would like to see a future where technology is more, not less, intrinsically human. Our hopes are not only that this will inspire better, more beautiful and more soulful design but that the processes of designing, making and adapting can create and connect communities.’⁵⁵ However, the project highlighted the numerous open issues in regard to Assistive Living Technologies and their users, and the need for scientific and technological progress to align themselves with human necessities. Following the end of the project, some of the objects used during the workshops to aid the debate amongst participants, such as a pendant alarm, a support pillow, and others, were donated to the Pitt Rivers Museum. As a museum collecting and displaying technologies from around the world, the Pitt Rivers Museum was deemed the appropriate location to connect these objects to the larger debate around physical health and wellbeing, the personalisation and aesthetic components of technologies, and the networks that can be traced between contemporary and old technologies and their users.

The *Messy Futures* exhibition

Despite the ending of the *Messy Realities* project after the temporary exhibition held in the Lower Gallery of the Pitt Rivers Museum, the collaboration between the Pitt Rivers Museum,

⁵⁴ Hughes, “Engaging in the ‘messy reality’ of implementing assisted living technologies”, 14.

⁵⁵ Hughes, “Engaging in the ‘messy reality’ of implementing assisted living technologies”, 16.

the team of researchers from the Interdisciplinary Research in Health Sciences (IRIHS) group, and the community members who participated in the project did not stop. In fact, from September 2021 until the beginning of April 2022, another temporary exhibition was held inside the Pitt Rivers Museum. The exhibition, titled '*Messy Futures*', showcased some of the photographs taken during the *Messy Realities* project, and took place in the Long Gallery of the museum. The start point of *Messy Futures* was the *Messy Realities* project's outcomes, particularly the notion that designers should shift their attention to the personalisation of Assistive Living Technologies according to individual necessities. *Messy Futures* aimed at showing to the museum public the daily life of people living with long-term health conditions. The pictures, taken by the photographer Suzy Prior, included some of the ethnographic artifacts and everyday objects that were discussed by the community partners during the *Messy Realities* project, associated according to their resemblance in function and/or form. These associations reflect the thoughts and creativity of the community partners and illustrate the individual stories of people living with chronic health conditions.

The first banner located in the Long Gallery presented the exhibition's main themes and explained the relationship between the different partners in the project: researchers, designers, and community partners. The group behind *Messy Futures* chose to represent this relationship through the notion of a 'Triangle of Power': at the centre of the project are the objects, particularly the ethnological collection of the Pitt Rivers Museum, and all the group participants provide their knowledge and expertise at an equal level. The prominence of this banner exemplifies how central an equal collaboration between the members involved was to the completion of the project.

The exhibition was divided into four thematical sections: the first one was titled 'Eat, Sleep, Pills, Repeat', and showed some of the objects that regulate the daily life of people with long-term health needs. For example, one of the photographs, titled 'Dinner Date: Anything but Peas!' (Fig. 5.) displayed four objects against a black background: the first one was a S'Up Spoon, a spoon with a lid, designed by Grant Douglas and 4c Design to make eating easier for people with poor hand control; the second object was a Pera Carved Wooden Spoon for elders, from the Ainu people, an indigenous group from Japan; the third object was a vibrating spoon from the Chinese brand Gyenno, an object designed for people suffering from hand tremor, which can be caused by Parkinson's disease and other degenerative disorders; the fourth and last object is a presentation plate made by the British brand Genware. The four objects shown all related to the act of eating and showed the differences in design that individuals with chronic conditions may need to facilitate their life. Moreover, the photograph showed the connection made by the community partners between the two recent design spoons and the ethnological

artifact from Japan: all three of these objects are designed for a specific group of people, elders and people with motor issues.

The second section of the exhibition was titled ‘Out of Control...In Control by Design’, and explored the constant change experienced by individuals with chronic health conditions, and the necessity of adaptation as a way to retake control of their lives, including through the modification of the technologies employed daily. The subsequent section, titled ‘Well Protected?’, looked at a range of artifacts associated with magical and healing powers, in relation to pendant alarms, which are electronic devices with buttons to ask for help in case of a fall, and are typically worn by elderly and disabled people living alone. The connecting link between the ethnological objects and the pendant alarms shown in the photographs was not only their similar shape, but also the sense of security and comfort that these objects bring to their owners; as amulets are made in societies around the world to provide protective powers, the pendant alarms provide a similar sense of protection for individuals living with chronic health conditions. The fourth and last section of the *Messy Futures* exhibition was titled ‘Tweak & Adapt’, and referred once again to the necessity of adapting technologies to the needs of people living with long-term health needs.

The choice of making *Messy Futures* into a photographic exhibition can have both positive and negative outcomes on the visitors’ experience. On one hand, the photographs constitute a visually simple rendition of the object groupings made by the project participants, making the exhibition accessible to a wider public while still portraying the results of the *Messy Realities* workshops. Moreover, using only photographs meant that the ethnological objects depicted could still be physically exhibited in the main galleries of the Pitt Rivers Museum. On the other hand, the wall labels that accompanied the four sections of the exhibition lacked any visible input from the community members or a noticeable connection to the workshops. Moreover, the singular photographs in each section were accompanied by only a small label containing the title of the image and a brief mention of the objects depicted. The significance of the object groupings could have been made more explicit by quoting excerpts from the *Messy Realities* workshops, in which the participants paired them based on their common life experiences and desires for the future. Overall, the *Messy Futures* exhibition did not fully illustrate the complex debates that unfolded during the project on the issues of personalisation and beauty. Visitors could have benefitted from a more thorough written presentation of these themes; alternatively, the exhibition could have included video footage from the *Messy Realities* project or interviews with the participants. This would have helped visitors to fully understand the symbolic significance of the object groupings and the impact made by the project on its participants.

In addition to the four thematical sections with photographs, a part of *Messy Futures* was interactive and invited the public to respond to some of the questions raised by the exhibition. The first interactive section asked the public three questions: ‘What is most important to you when thinking about your own health and technology?’, ‘What is most important to you when choosing a new technology?’, and ‘What has most often made you discard a technology?’. Visitors could use stickers provided by the Pitt Rivers Museum, with numbers from one to six, to express how strongly they agreed with the different statements shown. The second section invited the museum public to take a flyer and compile it: on one side, the flyer invited visitors to develop a design for a new technology in five steps, including a final sketch of the object; the other side posed some questions related to the adaptation of everyday technologies, which changes the visitors made to technologies in the past to make them more accessible, and what gave them the inspiration for it. Lastly, a big magnetic board (Fig. 8.) showed some objects, some ethnographic and some employed by people living with long-term health conditions, such as the tripod cane, the pill box, and the vibrating spoon shown in the exhibition’s photographs: the public was invited to reflect on these objects and describe their feelings towards them, by placing next to them magnets reading words such as ‘comforting’, ‘meaningful’, ‘tool’, ‘unfamiliar’ and ‘frustrating’. These interactive elements can be helpful in engaging the general museum public with the topic of Assistive Living Technologies. The questions posed to the visitors can spark a reflection on how technologies can play different roles based on the health conditions of the users. Throughout the exhibition, people without disabilities can learn about the daily challenges that people living with chronic health conditions face when employing modern technologies. In the final interactive section, the visitors can then reflect on the aesthetic and structural differences existing between common modern technologies and those developed for assistive living, and how these aspects may impact the daily lives of people with disabilities.

Concluding thoughts

The first section of this chapter has illustrated the main features of the *Messy Realities* project and the social engagement methods employed throughout the initiative, such as the grouping of museum artifacts and modern technologies and the use of storyboards to spark dialogue on the complex relationship between Assistive Living Technologies and their users. Moreover, the main evaluation methods employed by the IRIHS team of researchers to measure social engagement were illustrated and critically reviewed. It has been suggested that the project could have benefitted from a more thorough evaluation method, such as lengthier conversations with the community members to analyse how their relationship with Assistive Living

Technologies evolved throughout the four workshops. The subsequent section of the chapter has focused on the recent *Messy Futures* exhibition, giving an overview of the curatorial choices made for the exhibition and evaluating their efficacy in engaging with the general museum public. Furthermore, this section has suggested some of the strengths and weaknesses of *Messy Futures*. On one hand, the accessibility of the photographic exhibition and its partially interactive nature have been praised; on the other hand, some critical points, such as the lack of written contributions by project members and the scarcity of explanatory wall labels, were highlighted.

Chapter 3: *Messy Realities*: the project's impact on health and wellbeing

This third and last chapter will look at the *Messy Realities* project and the *Messy Futures* exhibition through the lens of the three main areas of practice discussed in the first chapter, to assess the outcomes of the project in terms of the health and wellbeing of the community participants. Previous evidence of the positive impact of these three types of practice (object handling, role enactment, and the notion of *trading zone*) on project participants will be supported and expanded by the findings illustrated in this chapter. Moreover, this chapter will compare some of the outcomes and aspects of the *Messy Realities* project to similar projects that took place in museums and cultural institutions in the United Kingdom; quantitative and qualitative data will be presented to corroborate the hypothesis that the *Messy Realities* project influenced the health and wellbeing of the project's participants. Firstly, this research will be concerned with assessing if the physical location, the Pitt Rivers Museum, influenced the *Messy Realities* project outcomes in relation to health and wellbeing, and if the *Messy Realities* project can be considered an example of a *trading zone*. Secondly, the object handling sessions of the *Messy Realities* project will be looked at, to assess if this practice positively contributed to the health and wellbeing of the project participants. Lastly, the third section of this chapter will look more in-depth at the community participants' social identities, to assess if the *Messy Realities* project allowed them to perform what has been defined by Silverman as 'role enactment'.

The Pitt Rivers Museum as a *trading zone*: lifting participants' confidence and social interactions

Sandell, Dodd, and Jones have previously linked the concept of *trading zone*, first used in the field of science and technology studies, to museum practice, to denote good practice in collaborative projects between the disabled community and the museum staff. Museum projects as *trading zones* entail a fair collaboration between every party involved, resulting in exhibitions and displays where the contribution of each member can be equally measured. Moreover, museums acting as *trading zones* require the participation of community participants, collaborating with the museum staff, and contributing to the project according to their personal set of skills and personal backgrounds. This section will look into the *Messy Realities* project and the *Messy Futures* exhibition, to assess if they can be classified as examples of *trading zones*.

Messy Realities: The Secret Life of Technology was held at the Pitt Rivers Museum in 2018; around 20 people were involved in the project, and every one of the four workshops organized

by the team involved at least two researchers from the IRIHS team, two design students, and nine community members living with long-term health conditions or acting as caretakers of people living with long-term conditions, in addition to a couple of members of the museum staff. Throughout the project, the facilitation team, responsible for the organization of the workshops, ensured that each party, the community members, the team of researchers, and the museum staff, were fairly represented inside the group. This guaranteed equal collaboration from each of the sub-groups involved in the final *Messy Realities* exhibition, held inside the Pitt Rivers Museum in 2018. During the project, each party contributed according to their set of skills and personal experience, resulting in a nuanced exhibition reflecting on the link between modern technologies used by people living with long-term conditions and ethnological artifacts from the museum's collection.

Throughout the *Messy Realities* project, community participants' contribution came through lengthy discussions about the role of technology in their lives. As individuals living with chronic health conditions, the community members discussed their complex relationship to the Assistive Living Technologies they employed daily. In particular, community participants highlighted their need for personalisation, as a way of adapting technologies to individual necessities and desires, and to make up for lacking or confining technologies. Moreover, community participants discussed their dissatisfaction with the design of ALTs, which often sacrifice aesthetic features in exchange for practicality. After the end of the project, the team of researchers working with ALTs (Assistive Living Technologies) reported having gained a more nuanced vision of technologies, especially in relation to the importance of personalisation according to individual's needs and the fundamental role of aesthetics and beauty in ALTs. Therefore, contributions by the community participants were instrumental to the research began by the SCALS (Studies in Co-Creating Assisted Living Solutions) team, and shaped future research on designing Assistive Living Technologies able to better accommodate the needs of users.

Similarly, the contribution given by the SCALS team was fundamental for the project's outcomes: researchers were asked to provide a range of materials and technologies, which were employed during the workshops to guide the discussions. An example are the storyboards illustrating the themes of personalisation, meaningful activity, and progression, and designed specifically for the *Messy Realities* project; the storyboards provided a starting point for the discussions around the impact of technology on the lives of people living with chronic conditions, by showing through vignettes the stories of three different fictional characters interacting with ALTs. More importantly, the team of researchers provided the *Messy Realities* project with examples of Assistive Living Technologies, made available to the project's

participants, for them to interact with, and discuss their form and function in relation to their personal background. These objects were donated to the Pitt Rivers Museum at the end of the project: the museum is now able to employ these technologies to educate its public on the experiences of people living with chronic health conditions, and to collaborate and dialogue with the local disabled community in future museum projects.

Lastly, the contribution of the museum staff and of the museum setting can not be underestimated: the staff acted as mediators between the community participants and the team of researchers, providing a safe, educational space for both parties to discuss the role of Assistive Living Technologies in user's lives. Moreover, the Pitt Rivers Museum provided participants with its vast collection of artifacts, which were looked at, handled, and discussed at length during the workshops. The museum objects provided a fundamental medium for the project members to discuss their personal stories in relation to ALTs, and highlighted the connection between modern technologies and ancient artifacts, sparking a debate around the universality of certain needs such as comfort, safety, and beauty. One researcher described the museum setting as 'disruptive', because of how the museum artifacts sparked new reflections on the Assistive Living Technologies presented, challenging their preconceptions about these technologies.⁵⁶ Lastly, setting the *Messy Realities* project inside the Pitt Rivers Museum provided the group with a 'non-medicalized' and neutral space, where researchers and people living with chronic conditions could interact without being burdened by the hierarchies usually influencing the relationship between doctors and patients, researchers and subjects. All of these factors demonstrate how the *Messy Realities* project constitutes an example of *trading zone*, in which every member equally contributed to the project's outcomes and traditional hierarchies were discarded in favour of an equitable, fruitful and balanced collaboration between all the parties involved. As an example of *trading zone*, it is now worth exploring how the museum setting impacted the health and wellbeing of the community participants during the *Messy Realities* project.

Studies have shown a range of benefits brought by the museum experience: museum projects aid the development of social skills and self-esteem, and foster the formation of social groups. Additionally, museums assist group empowerment, especially when it comes to marginalized and underrepresented groups, by incentivizing teamwork, promoting more conscious and nuanced cultural representations and social awareness through exhibitions and projects, and providing individuals with a sense of accomplishment through the organization of collaborative projects and exhibitions.⁵⁷ Dodd and Jones have linked individuals' health and

⁵⁶ Hughes, "Engaging in the 'messy reality' of implementing assisted living technologies", 21.

⁵⁷ Silverman, *The Social Work of Museums*.

wellbeing to their overall environment, including their socio-economic conditions, education levels, employment status, and ‘social capital’, or the network of relationships between individuals and society.⁵⁸ Additionally, the 2010 Marmot Review has evidenced a correlation between social inequalities and physical health and wellbeing.⁵⁹ Therefore, through collaborative projects, museums can raise the level of ‘social capital’ and reduce social isolation, by involving traditionally marginalized groups, such as the disabled community, in collaborative projects. As a result, museum collaborative projects can positively impact the overall health and wellbeing of a community.

Quantitative and qualitative data collected during collaborative projects in the United Kingdom corroborates this hypothesis. A 2010 initiative held at Sudley House, a house museum in Liverpool, involved adults living with mental health issues, their caretakers, and healthcare professionals operating in the area, engaging them in creative sessions inside the museum. The project’s outcomes showed that both the mental health patients and their caretakers reported positive effects on their self-esteem, independence, and sense of identity following the project.⁶⁰ A collaborative project held in 2011 in the region of North Wales, aimed at people suffering from mental distress and with a history of mental health problems, set out to demonstrate the correlation between creative engagement in museum settings and positive outcomes related to the mental health and wellbeing of the participants. Data on the project reported that participants showed lower levels of anxiety, stress, and depression, with some individuals experiencing long-term benefits; in addition, participants reported an overall increase in social interaction.⁶¹

The qualitative evidence collected during the *Messy Realities* project is aligned with these findings: feedback from some of the community members shows the workshops were positively received by the participants, with individuals describing the project as ‘thought-provoking’, ‘enjoyable’, and ‘educational’.⁶² Particularly, one community participant reported:

“[...] I have never taken recreational drugs but I was on such a ‘high’ after Monday’s session I imagine that’s what it is like. It seems real stimulation is lacking for most of us ‘oldies’. I suppose normally we associate we others around our own age and in like-minded groups; but with your sessions the mixture of ages (18—80 on Monday) with such a diverse

⁵⁸ Dodd, Jones, *Mind, body, spirit*.

⁵⁹ Marmot, *Fair society, healthy lives: the Marmot review*.

⁶⁰ Chatterjee, Noble, *Museums, Health and Well-Being*, 80-81.

⁶¹ Neal, “Can creative engagement in museums improve the mental health and wellbeing of people experiencing mental distress?”.

⁶² Hughes, “Engaging in the ‘messy reality’ of implementing assisted living technologies”, 14.

range of experience and knowledge really gelling together was inspiring. It made me feel young again.”

This quote by a community participant shows that the setting of the *Messy Realities* project in the Pitt Rivers Museum allowed for a diverse group of people coming together, to share their diverse set of skills; this had a positive effect on the wellbeing of the participants, who felt part of a community defined not by their age or physical condition, but by the sharing of knowledge.

Object handling during *Messy Realities*: the unifying potential of technology

Museums engaging with individuals living with dementia and other degenerative disorders often work with projects involving the practice of reminiscence. Reminiscence therapy encourages participants to revisit past memories, as an attempt to improve brain function: it often involves props, used to stimulate memories and provide a starting point for the group discussion. The physical handling of these props has shown promising results in reminiscence work, as scholars report that the sense of touch provides an added degree of efficacy in this type of therapy.⁶³

Object handling was a core practice throughout the *Messy Realities* project: the community participants, researchers, and museum staff were all encouraged to handle museum artifacts from the Pitt Rivers Museum’s collections and Assistive Living Technologies provided by the SCALS team. The museum artifacts were chosen by the group on the basis of their resemblance to the modern technologies, either in form or function, in order to reflect on the use of technology throughout time and around the world: the selection included amulets, medicine boxes, walking sticks and others. The chosen artifacts were introduced by the museum staff during the workshops, in order to familiarize the community participants and the team of researchers with their original function, provenance, and cultural significance. The modern technologies provided by the team of researchers included pillows, pendant alarms, walking sticks, health monitors, and similar devices typically employed by people living with chronic health conditions. During the workshops, the museum artifacts and the Assistive Living Technologies were grouped together based on the associations made by the community participants, who reflected on their complex relationship with ALTs. The grouping of these objects stimulated discussions on the role of technologies in the community participants’ lives. Moreover, the juxtaposition of ALTs to museum artifacts sparked a debate around the

⁶³ Chatterjee, Noble, “Object Therapy: A Student-selected Component Exploring the Potential of Museum Object Handling as an Enrichment Activity for Patients in Hospital”; Camic, Hulbert, Kimmel, “Museum object handling: A health-promoting community-based activity for dementia care”.

importance of personalization of technologies, and the community participants voiced their dissatisfaction with the medicalized look of modern technologies, and their desire for beauty in everyday objects. The object groupings were then photographed by Suzy Prior: these photographs constituted the core of the *Messy Futures* exhibition, held at the Pitt Rivers Museum between 2021 and 2022. The second chapter of this research lists some of these object groupings, and the way in which they were presented during the exhibition. The observations made by the community participants were helpful for the SCALS team, who organized the collaborative project with the aim of gaining new insights on Assistive Living Technologies, in order to adapt future technologies to the needs and desires of their users, and the often surprising object groupings broadened the context of their future research.

The use of museum artifacts was therefore central during the *Messy Realities* project: it provided a starting point for the discussions around the role of technologies throughout time and space, it allowed for a comparison between modern and ancient technologies based on their function and aesthetic appearance, and provided the SCALS team with new insights on their ongoing research and the community participants with new knowledge on the history of technology. At the start and end of the *Messy Realities* project, participants were asked to define what technology meant to them, and how it influenced their daily lives. The *Messy Realities* report reveals that by the end of the project, the participants showed an acquired knowledge of modern and ancient technologies alike. Participants were able to give lengthier and more complex answers on their relationship to technology, and some of the community members expressed a newfound appreciation for the aesthetic appearance and ritual function of technologies. Lastly, one participant noted that their concept of technology had broadened to include the ancient artifacts shown during the workshops, by saying: “I think we've proved ‘technology’ is much more than ‘modern’ and ‘high tech’”.⁶⁴

The next section of this research is concerned with assessing if the practice of object handling, undertaken during the *Messy Realities* project at the Pitt Rivers Museum, influenced the health and wellbeing of the community participants. Numerous studies have reported the influence of museum objects on visitors, and the emotional and cognitive responses elicited by the handling of museum objects during collaborative museum projects. Museum artifacts have been shown to provoke what has been defined as the ‘reverential experience’, or the feeling of being connected to something bigger than oneself, linking individuals to a larger community, encompassing present and past civilizations.⁶⁵ This experience is associated with the feeling of appreciation of the immense cultural, historical, and artistic value of these artifacts that

⁶⁴ Hughes, “Engaging in the ‘messy reality’ of implementing assisted living technologies”, 15.

⁶⁵ Silverman, *The Social Work of Museums*, 17.

individuals experience when visiting a museum. Furthermore, the reverential experience is connected to the recognition of the universal potential for creativity unifying all human cultures throughout time. Museum artifacts can therefore stimulate a sense of belonging in society and promote social inclusion, by acting as symbols of something larger, connected to personal and collective identity. This is especially central in museum projects involving marginalized and underrepresented groups, such as the disabled community, which often experience feelings of detachment from mainstream society. Moreover, when these museum objects are handled by community members, the sensory stimulation can provide a way to access past memories and emotions, therefore acting as a ‘creative third’, suspended between personal experiences and cultural significance.⁶⁶ Museum artifacts can therefore stimulate dialogue and introspection during collaborative projects, encouraging the formation of social groups. Lastly, another important factor in museum handling sessions is the intrinsic value of the artifacts provided by the museum: their cultural, historical, and symbolical significance has been proven to elicit an emotional response in community participants, who feel the privilege of being able to handle invaluable cultural artifacts.⁶⁷ This feeling of privilege has been linked to an increase in overall self-confidence.⁶⁸

For all the above reasons, museum artifacts are fundamental in regard to museum projects connected to health and wellbeing: collections of artifacts are what differentiate museums from other cultural institutions and sites devoted to community health and wellbeing, such as hospitals and care homes. The emotional, physical, and cognitive responses elicited by the handling of museum objects have been linked to an improvement in health and wellbeing; this correlation can be explained through holistic theories on health, which consider the influence of external social, economic, and cultural inputs on individual’s wellbeing.⁶⁹ The positive outcomes of object handling on health and wellbeing are therefore linked to their intrinsic material qualities, but also to the values and significance placed on the artifacts by the individuals handling them. These values are entirely dependent on the personal experiences and memories of the observer and can not be predicted by the museum staff.

Quantitative evidence on object handling in hospital settings supports these notions, as shown in the first chapter of this research: studies in hospitals and care facilities involving museum objects have shown that patients report an increase in their overall wellbeing and health status perception in connection to the handling sessions.⁷⁰ Object handling practices in

⁶⁶ Froggett, Farrier, Poursanidou, Hacking, “Who Cares? Museums, Health and Well-being”, 67-68.

⁶⁷ Chatterjee, Noble, *Museums, Health and Well-Being*, 39-40.

⁶⁸ Dodd, Jones, *Mind, body, spirit*, 26.

⁶⁹ Ibid.

⁷⁰ Chatterjee, Noble, “Object Therapy: A Student-selected Component Exploring the Potential of Museum Object Handling as an Enrichment Activity for Patients in Hospital”; Chatterjee, ed., *Touch in Museums*, 221.

museum settings could further benefit the health and wellbeing of the project participants: combining the positive outcomes of handling museum artifacts with the positive effects given by a museum-based setting, discussed in the section above, could potentially guarantee greater results in improving community health and wellbeing.

Role enactment during *Messy Realities*: from ‘patients’ and ‘caregivers’ to ‘curators’

As evidenced in the first chapter of this research, people living with disabilities and chronic health conditions often experience what has been defined as ‘role engulfment’, or the feeling of being trapped in their personal identity as ‘disabled’; caregivers of people with disabilities can equally experience role engulfment. This process is caused by the social stigma related to physical and mental disabilities, and the consequent reduction in social contact between people with disabilities and their relatives and mainstream society. As health and wellbeing are intrinsically connected to social and cultural factors, the isolation felt by these individuals can negatively impact their overall wellbeing. For these reasons, research in the field of social work has been concerned with finding ways to prevent or mitigate role engulfment; a possible solution to the issue is the therapeutic practice of ‘role enactment’. Role enactment entails the participation of individuals in group activities that allow them to perform a different social role from that of ‘disabled person’ or ‘caregiver’. Role enactment has been proven to positively impact self-esteem and self-perception, particularly in the case of marginalized individuals.

As role engulfment involves the loss of all personal identities except for the singular, stigmatizing identity given by mainstream society, role enactment requires the gaining of new personal and social identities. Social work studies have determined three types of identities: social identity, related to the feeling of belonging in one’s community; personal identity, connected to the feeling of personal autonomy, and self-esteem, related to outside perception of the self.⁷¹ Therefore, projects involving role enactment must be aimed at enhancing each one of these three identities.

Collaborative museum projects provide several occasions for role enactment. Art projects, in which community members are asked to engage in creative sessions while guided by the museum staff, allow participants to enact the role of ‘artists’, while developing their practical skills and knowledge. Museum projects based on workshop discussions are centred around the idea of equal collaboration between the museum staff and the community participants, raising their role from mere museum visitors to the status of ‘contributors’ or ‘consultants’. Lastly, the exhibitions and displays resulting from museum collaborative projects allow community

⁷¹ Silverman, *The Social Work of Museums*, 54.

members to actively participate in the creation of an educational and recreative experience for their local community, where their contribution to the project is valued and made explicit. Through the exhibition process, community participants develop new competencies and knowledge, which can increase the number of roles they serve in society, and make them gain new confidence in their own abilities. All of these positively contribute to self-esteem, allow for a raise in personal development and autonomy, and contribute to the formation of social groups, reducing social isolation and improving participants' social identity. This is especially helpful for groups experiencing role engulfment: museum projects can offer the chance to enact new, valued social roles or to see in a positive light previous, stigmatized social roles, such as that of 'disabled', or 'caregiver'. Studies researching the effects of role enactment in museum settings in relation to health and wellbeing corroborate this hypothesis: positive outcomes related to museum participation include an increase in self-confidence, practical skills and knowledge, personal creativity, and social inclusion.⁷² As seen beforehand, these outcomes can increase overall wellbeing and impact individuals' health, as a correlation has been found between physical health and social, economic, and cultural factors.⁷³

In this next session, processes of role enactment during the *Messy Realities* project will be explored. The 2018 project at the Pitt Rivers Museum had two main physical outcomes: a 2018 exhibition in the Didcot Case, situated in the Lower Gallery of the museum, and a 2021 photographic exhibition in the Long Gallery, titled '*Messy Futures*'. While the main objectives of the project were to connect researchers and people living with chronic health conditions, and to investigate the role of Assistive Living Technologies in the daily lives of their users, the resulting exhibitions had a crucial impact on the community participants. Both the exhibitions were co-produced by the museum staff, the team of researchers, and the community members. Individuals living with chronic health conditions and their caregivers greatly influenced some of the physical features of the 2018 *Messy Realities* exhibition: the display case contained some of the object pairings discussed during the workshops, with both museum artifacts and ALTs donated by the team of researchers, but also some original contributions made by the community participants, such as drawings and everyday objects. The display was organized to be as clearly organized as possible, and easy to view from a lower level, to be more inclusive towards people using wheelchairs and children. The text and labels were developed by the museum staff in close collaboration with community members, who voiced their dissatisfaction with some of the usual features of museum texts: for this reason, the text was in a larger font and more predominant and explanatory than usual.

⁷² Chatterjee, Noble, *Museums, Health and Well-Being*, 80-81; Matarasso, *Use or Ornament?*.

⁷³ Marmot, *Fair society, healthy lives: the Marmot review*.

Similarly, the community members were involved in the exhibition-making process of *Messy Futures*. The first wall panel of the exhibition credited the researchers, community members, and museum staff participating in the project as equally involved in the making of the exhibition. The project defined this collaboration as a ‘triangle of power’, in which every member’s input was valued. At the core of the project were the museum artifacts, which “provoked a response in each of us, leading to a sense of equality (we all had areas of expertise) and openness (we all had lots to learn)”.⁷⁴ This equal collaboration had a positive, long-term impact on the wellbeing of some of the project participants: during an online conference, held after the end of the project in March 2022, a community member named Susan, caretaker of her husband John, reported:

“We didn’t know this at the time but the project gave me and John a whole bunch of tools that helped us get through the pandemic in much better ways than would have been possible if we hadn’t met [...] all of you at the Museum. We learnt about life hacks for Parkinson’s, some of which John is still benefitting from [...]. And now I am doing more research into Parkinson’s with Flavie, one of the neuroscientists we met on the project [...].”⁷⁵

A similar sentiment was echoed by Jean, one of the community participants from the *Messy Realities* project:

“I asked for your email address so that I could say a really big THANK YOU. As you can see I am taking advantage of the little bit of IT technology I have managed to acquire. I have enjoyed them very much indeed. It felt like being a student again. I wasn’t a teacher, wife, mother, helper, carer etc, responsible for others, but just ME [...].”⁷⁶

These comments show the long-lasting impact made by the role enactment practices during the *Messy Realities* project and the *Messy Futures* exhibition on the lives and wellbeing of the community participants. Community participants living with chronic health conditions gained new knowledge and practical skills thanks to the projects, which helped them relate more positively to their health and general wellbeing. The projects also fostered the formation of groups and the blending of community participants and researchers, which resulted in future

⁷⁴ Wall text, Long Gallery, *Messy Futures*, Pitt Rivers Museum, Oxford, United Kingdom.

⁷⁵ *Messy Futures: connecting collections, research and people living with long-term health needs*, Online event, 23 March 2022.

⁷⁶ Hughes, “Engaging in the ‘messy reality’ of implementing assisted living technologies”, 14.

collaborations between the parties. It also allowed for caretakers and people with disabilities to develop their personal and social identities outside of their assigned roles, gaining new self-confidence by doing so.

Concluding thoughts

This chapter has shown that museums are well equipped to enhance the health and wellbeing of their local community through community projects and exhibitions. This is particularly true in the case of historically marginalized and underrepresented groups, such as the disabled community, who are more at risk of social isolation and role engulfment. As evidence of this, the *Messy Realities* project and the *Messy Futures* exhibition, held at the Pitt Rivers Museum in Oxford, have been presented as an example of a fruitful community project increasing the health and wellbeing of its participants. Particularly, this outcome has been possible through three main factors: the museum setting, object handling, and role enactment. The Pitt Rivers Museum has provided a non-medicalized setting for researchers and patients to meet and collaborate on a common project, while rejecting the traditional hierarchies present in hospitals and care homes and the stigma associated with disabilities in mainstream society. The practice of object handling has encouraged debate and social participation amongst the members of the project, allowing for surprising connections between the museum artifacts and the Assistive Living Technologies they employ daily, which impacted the researchers' and community partners' perception of modern technology and inspired future research on the topic. The participation of the community members in the exhibit-making process boosted their confidence, provided them with useful new skills and knowledge, fostered the formation of a hybrid community including community members and researchers, and allowed for processes of role enactment, in which people living with disabilities and their caretakers could revisit their social and personal identities in a more positive light. All of these factors positively impacted the relationship of community participants to their local social and cultural life and were beneficial to their physical and mental health and overall wellbeing, with some of these outcomes having a long-term impact after the end of the project.

Conclusion

This research set out to analyse the correlation between museums, collaborative projects involving community participants, and mental and physical health and wellbeing. This research stemmed from the lack of comprehensive research on the outcomes of museums' projects in relation to the health and wellbeing of the community participants. For this reason, this research focused on a singular case study, the *Messy Realities* project, an ongoing project started in 2018 at the Pitt Rivers Museum in Oxford. The initiative was started by a group of researchers from the SCALS (Studies in Co-Creating Assisted Living Solutions) team at the Nuffield Department of Primary Care Health Sciences in Oxford, interested in researching the relationship between Assistive Living Technologies and their users, in order to develop future technologies able to adapt to the patients' needs and desires. The *Messy Realities* project, and the subsequent *Messy Futures* exhibition in 2021 involved members from the SCALS team of researchers, staff members at the Pitt Rivers Museum, and local community members, including people living with long-term health conditions and their caregivers.

The *Messy Realities* project was examined with the aid of previous research on the correlation between museum projects and outcomes on mental and physical health and

wellbeing. Previous research was instrumental in assessing if *Messy Realities* can be considered a virtuous example of a museum's collaborative project. More specifically, three main areas of research were related to the case study, in order to determine the project's outcomes in regard to the health and wellbeing of the community participants. The first aspect considered was the museum setting of the Pitt Rivers Museum in relation to the notion of *trading zone*. The *Messy Realities* project was found to be an example of a *trading zone*, as the initiative encouraged equal contribution from each of the parties involved (the researchers, the museum staff, and the community participants) and the sharing of a diverse set of skills and knowledge from the members, with the common aim of discussing new ways to relate to Assistive Living Technologies.

The second aspect reviewed was the role of object handling practices during the *Messy Realities* workshops. This research found that the qualitative data on the project supports the notion that object handling can enhance the health and wellbeing of community participants, by eliciting positive emotional and cognitive responses to the artifacts and stimulating dialogue and personal introspection, therefore aiding the formation of a social group. Research findings are therefore aligned with previous research on object handling in museum settings as a powerful tool to enhance the health and wellbeing of community participants.

The third and last aspect considered was the effect of role enactment practices on the community participants. Role enactment was obtained particularly through the exhibit-making process, with the 2018 *Messy Realities* display and the 2021 *Messy Futures* exhibition, which both largely featured the input made by the community participants. Role enactment was found to be related to a boost in self-confidence, the acquisition of new practical skills and knowledge, and of a positive outlook on participants' sense of self. These findings are consistent with previous research on role enactment both in clinical and museum settings, and illustrate the fundamental role of museums as social sites in dealing with the health and wellbeing of their local community.

Overall, the research findings are consistent with similar qualitative and quantitative data on museums, collaborative projects, and the mental and physical health and wellbeing of project participants. This research has found that a positive correlation exists between museum projects and the health and wellbeing of their local communities, particularly when it comes to marginalized groups, such as the disabled community, as demonstrated by the outcomes of the *Messy Realities* project at the Pitt Rivers Museum in Oxford.

Nevertheless, practical and theoretical limitations were found during the course of this research. As expected, a lack of quantitative data on the *Messy Realities* project's outcomes constituted an important limitation of this research. In fact, the project outcomes, reported by

the SCALS team of researchers in the form of a project report, were not sufficient to unequivocally demonstrate the positive effects of the *Messy Realities* project on the health and wellbeing of community participants. Quantitative data, collected through surveys and questionnaires, could have better shown the extent of the correlation between the project and its outcomes for the community participants. These limitations are aligned with the larger issues present in the new sector of 'Museums in Health'. Scholars working in the field have noted that further research on museum participation and health and wellbeing is necessary, in order to build a broader evidence base, that could unequivocally demonstrate the positive effects of collaborative museum projects on the health and wellbeing of local communities. Furthermore, while the holistic approach taken by museums and organizations working within the sector of Museums in Health has been helpful to explore new paths in both museum projects and clinical practice, it has also contributed to a general lack of quantitative evidence in assessing the projects' outcomes. Furthermore, the decision of restricting the scope of this research to a singular case study limits the value of the research findings. As the case study chosen, the Pitt Rivers Museum in Oxford, is an ethnological museum, this research's outcomes are not entirely applicable to museums and cultural institutions holding collections of different nature, such as art museums or scientific collections. In particular, the research's findings on object handling are relevant exclusively for ethnological and archaeological collections, as the practice involves mainly man-made objects and technologies. Nevertheless, research findings related to the museum setting as a *trading zone* and the practice of role enactment in cultural sites are still pertinent to a range of cultural practices and museum projects engaging with community participants.

Future studies on the correlation between museum projects and the health and wellbeing of participants could focus on collecting quantitative data in the form of questionnaires, to corroborate and accompany the qualitative evidence available. Moreover, while case-study based research is certainly helpful in discussing the use of specific practices in museum projects, the sector of Museums in Health would benefit from a larger number of comparative studies, looking at a range of collaborative projects in museum settings to assess frequent outcomes in terms of health and wellbeing. While comparative studies have been undertaken before, the most recent comprehensive study on museum projects, health, and wellbeing is the 2013 book *Museums, Health and Well-Being*, by Helen Chatterjee and Guy Noble. Future comparative research on the topic would have to include more recent museum projects and initiatives, to reflect the latest changes in the sector of Museums in Health.

Lastly, current research on collaborative museum projects and the outcomes related to health and wellbeing is often limited to the analysis of the short-term effects of the project on

community participants. This issue lessens the value of the research available on the topic, as positive outcomes on the health and wellbeing of the community participants can not unequivocally be related to the project itself. Future research in the field of Museums in Health should therefore consider the long-term effects of collaborative projects on the community members, by continuously engaging with the project participants, even after the end of the project.

As this research has highlighted, museums are now more than ever interested in initiating a collaboration with their local communities. This can translate into the implementation of projects involving marginalized and underrepresented social groups, with the aim of mitigating social and economic disparities. As discussed above, a correlation exists between poverty, social marginalization, and health and wellbeing. As sites of social inclusion, museums could play in the future a fundamental role in the enhancement of the mental and physical health and wellbeing of their public. Museums can present an alternative to traditional sites of care, such as hospitals and care homes, by introducing collaborative projects and initiatives tailored on the needs of their local communities. The implementation of collaborative programmes between the museum public, the museum staff, and eventual external partners has the potential to enhance the general health and wellbeing of local communities.

Illustrations



Fig. 1. *Messy Realities* project, <https://www.prm.ox.ac.uk/messy-realities>



Fig. 2. *Messy Realities* project, <https://www.prm.ox.ac.uk/messy-realities>



Fig. 3. *Messy Realities* banner and storyboard, Nuffield Primary Care Health Sciences, illustrations by Liv Bargman, <https://design-science.org.uk/nuffield-health-storyboards/>

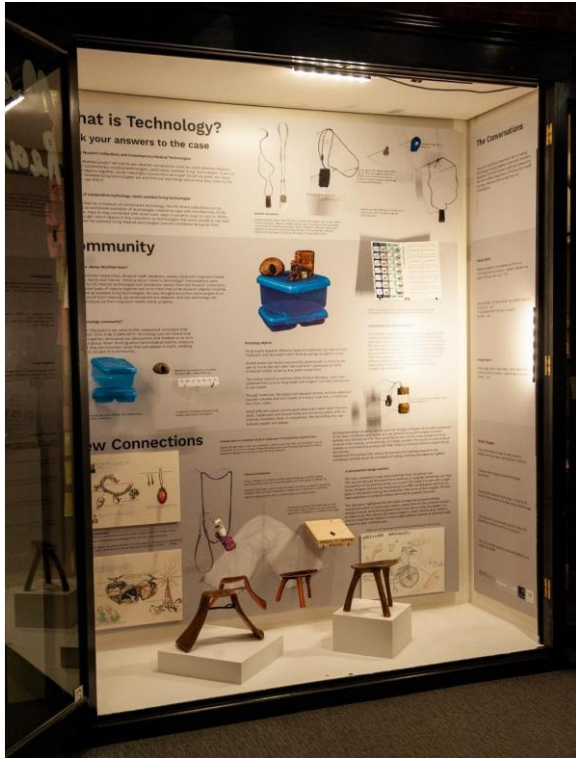


Fig. 4. *Messy Realities* display.



Fig. 5. *Messy Futures* exhibition, *DINNER DATE: ANYTHING BUT PEAS!*, photograph by Suzy Prior.



Fig. 6. *Messy Futures* exhibition, *GAIT AND STATUS*, photograph by Suzy Prior.



Fig. 7. *Messy Futures* exhibition, *BULLET BRA*, photograph by Suzy Prior.



Fig 8. Ravaglia Celeste, personal photo, *Messy Futures* exhibition banner, 25 March 2022.

Image sources

Fig. 1. Downloaded 28 May 2022, <https://www.prm.ox.ac.uk/messy-realities>

Fig. 2. Downloaded 28 May 2022, <https://www.prm.ox.ac.uk/messy-realities>

Fig. 3. Downloaded 28 May 2022, <https://design-science.org.uk/nuffield-health-storyboards/>

Fig. 4. Hughes 2018, photo 7.

Fig. 5. Downloaded 28 May 2022, <https://www.prm.ox.ac.uk/event/messy-futures>

Fig. 6. Downloaded 28 May 2022, <https://www.prm.ox.ac.uk/event/messy-futures>

Fig. 7. Downloaded 28 May 2022, <https://www.prm.ox.ac.uk/event/messy-futures>

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