## 博物館的療癒之旅:其脈絡、趨勢與啟示

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#### 摘要

博物館(含美術館)藉展覽或活動跨界健康或安適、福祉是近年來最受矚目的趨勢之一,不過由於跨界嘗試的實務繁瑣,相關論文仍多集中於個案記錄與剖析,較少宏觀性的全面檢視。因歐美博物館界起步較早,相對成熟,本文故採文獻研究法,爬梳國外實例、報告、政策,以辨識博物館療癒力的關係人及脈絡性。

研究發現顯示國家的支援,如英國文化部的社會共融及健康部的社會 處方箋等政策,對館舍致力福祉的架構有具體助益;案例歸納亦指出有心 強化療癒影響力的館舍可就特定社群推出活動,或就館藏物件發想設計, 當前的3大重要發展則為多元樣貌、常態活動及自主尋找協力夥伴。臺灣 的博物館如要在共感、療癒的溫暖議題更深入耕耘,或可更進一步審視策 略聯盟、觀眾構成、資訊傳遞、網絡連結及評鑑型態等面向。

關鍵字:療癒力、藝術治療、社會處方箋、安適、福祉

## 一、前言

2020年來勢洶洶的新冠疫情,讓全世界紛紛封城鎖國、限制人民活動,大城小鎮,幾乎無一倖免,國際博物館協會估計全球有將近9成的博物館(含美術館)被迫閉館。面臨展覽停擺、大門深鎖,措手不及的館舍只能藉雲端與觀眾維持基本互動。為安撫社會焦慮,荷蘭國立博物館率先發起模仿活動,號召大家從家居生活中尋找現成物,扮裝成畫作人物,獲得熱烈響應。也有博物館提倡正念,如紐約現代美術館本來每月一次在開館前舉辦「沉寂的早晨」(Quiet Mornings),歡迎想在上班前打坐定心的紐約客參加,現在則邀請布魯克林區的HealHaus助陣,推出冥思及藝術創作等在家也能參與的線上場次。因紐約情況嚴峻,百萬居民鬱悶,紐約皇后區美術館(Queens Museum)以英文及西班牙文進行的藝術治療,也吸引了許多渴望能從一成不變的單調及低迷中尋找破口的客群。

新冠疫情讓博物館共感、柔軟的一面意外贏得高度矚目,但其實早在新冠肺炎之前,一向客觀、硬朗的博物館藉展覽或活動跨界健康或安適(wellness)、福祉(well-being)的理念業已萌芽。美國博物館協會(American Alliance of Museums)歸納博物館至少已在10項議題小有成就:阿茲海默及失智症、自閉症、疾病預防、健康適能(health literacy)、醫院的外及計畫(hospital outreach)、醫療訓練、心理健康支援、現役及退伍軍人的健康、營養與安適、視障。<sup>1</sup> 而臺灣博物館在文化平權的信念下,積極確保人民的「文化近用」不會因為身分、年齡、性別、地域、族群、身心障礙等產生落差,也對實踐類似議題很有心得,不過由於跨界嘗試的實

<sup>&</sup>quot;Museums Health and Wellness Compendium," *American Alliance of Museums*, website: <a href="https://www.aam-us.org/programs/about-museums/museums-health-and-wellness-compendium/">https://www.aam-us.org/programs/about-museums/museums-health-and-wellness-compendium/</a> (Accessed 25 November 2020.)

務繁瑣,相關文獻多為博物館個案記錄及剖析,較少宏觀性的整體論述。<sup>2</sup>因歐美博物館起步較早,相對成熟,衛福單位對此也有較細膩的處理,本文故採文獻研究法,爬梳國外文獻及報告,並整合性地檢視國家文化、衛福政策,以描述博物館療癒(therapeutic)及健康福祉相關政策之脈絡與發展、分析當前博物館療癒及健康福祉議題之趨勢及闡述當前趨勢對臺灣博物館療癒與健康福祉議題之啟示為研究目的,期對未來臺灣博物館療癒力、幸福感的發揮做出深度建議。

#### 二、名詞解釋

雖然國際權威醫學期刊《刺胳針》(Lancet)的文化和健康小組認為健康和福祉的概念其實受文化形塑,並無放諸四海皆準的定義,但世界衛生組織(World Health Organization)的福祉5指標:我覺得心情好(I have felt cheerful in good

<sup>2</sup> 見近年吳麗娟,〈藝術即治療——美術館取向的藝術教育治療試辦經驗分享〉,《博物館學季刊》30卷 3期(2016),頁67-77、79;吳麗娟,〈從小眾客製化走向全人細緻化的文化近用實踐——以國立臺灣美術館為例〉,《博物館學季刊》33卷 3期(2019),頁71-95、97;趙欣怡,〈誰的攝影藝術?建構視障觀眾多感官影像詮釋之無障礙科技展示方法〉,《博物館學季刊》33卷 3期(2019),頁43-67、69;劉婉珍,〈發展失智友善博物館的行動理路——以國立臺灣美術館為例〉,《博物館學季刊》34卷 3期(2020),頁63-81;陳佳利,〈再現/去污名——精神疾病之展示研究〉,《博物館學季刊》28卷 3期(2019),頁67-86;陳佳利,〈在過去的時光中相遇——利物浦博物館高齡教育活動之研究〉,《博物館學季刊》31卷1期(2017),頁5-25;陳佳利、張英彥,〈博物館與身心障礙團體之文化參與權——英國與臺灣的個案研究〉,《博物館學季刊》26卷 2期(2012),頁89-109;陳佳利、游貞華,〈回憶的香氣與旋律——新北市十三行博物館失智症教育活動之行動研究〉,《博物館學季刊》32卷 2期(2012),頁79-101;陳佳利、林式穀、林俊宏、劉德祥,〈美麗境界——博物館與精神障礙者互動之角色與功能〉,《博物館學季刊》27卷 3期(2013),頁5-25、27;鄭邦彥,〈穿越污名的同志策展——一位基層博物館員的書寫與反思〉,《博物館學季刊》26卷 3期(2012),頁37-57、59等文章及其引用書目。

spirits);我覺得放鬆(I have felt calm and relaxed);我覺得有活力(I have felt active and vigorous);我睡醒後覺得已有充分休息(I woke up feeling fresh and rested);我的日常生活充滿有興趣的事(My daily life has been filled with things that interest me),還是各國衡量全民心理健康素質及個體幸福感的參考。<sup>3</sup> 另外一個專指個人及團體健康最優狀態(the optimal state of health of individuals and groups)的詞「安適」,<sup>4</sup> 也常見於日常或保健醫療書寫中,普遍為人了解。因為福祉與安適不見得需要涉及醫療專業,所以博物館就有了介入療癒的空間。

## 三、緣起與相關政策脈絡發展

紐約的皇后區美術館是美國首批看見博物館療癒力的館舍之一。1983年,皇后區美術館針對視障觀眾設計「歡迎觸碰」(Please Touch)的活動,爾後發展成「藝術近用」(ArtAccess),為不同年齡層身體、情緒、行為或認知障礙的觀眾開發各式教育項目,大受好評,其他博物館也陸續跟進。 $^5$  90年代學者Ray Williams探究觀眾和作品情感連結的論文及Silverman Lois的《博物館的療癒潛能:社福與博物館合作指南》(*The Therapeutic Potential of Museums: A Guide to Social Service / Museum* 

World Health Organization, "Wellbeing Measures in Primary Health Care/the DEPCARE Project," Report on a WHO Meeting, Stockholm, Sweden, 12-13 February 1998; Napier, A. David, et al., "Culture and Health," *The Lancet* 384.9954 (2014): 1607-1639.

<sup>4</sup> Ben. J. Smith et al., "WHO Health Promotion Glossary: New Terms," *Health Promotion International* 21.4 (2006): 345.

<sup>5</sup> Mitra Reyhani Dejkameh and Rachel Shipps, "From Please Touch to Art Access: The Expansion of a Museum-Based Art Therapy Program," *Art Therapy* 35.4 (2018): 211-217.

Collaboration)一書發表後,<sup>6</sup> 受啟蒙的藝術治療師大增,如在俄亥俄州托雷多美術館(Toledo Museum of Art)及洛杉磯的寬容博物館(Museum of Tolerance)為未成年懷孕少女及高中生舉行的工作坊,回饋都顯示活動對增進參與者自我肯定及身分認同有正面的助益。<sup>7</sup> 至於澳洲國立美術館的「為健康而藝術」(Arts for Health)則是由澳洲首都領地社區照護組織(ACT Community Care)主動向美術館提案,希望長期病患者能夠藉由在館內創作學會認可自身長處。<sup>8</sup> 在《博物館的社會工作》(The Social Work of Museum)中,Lois Silverman進一步倡議博物館是靈感和治癒的所在地,治癒(heal)可以有很多層次的解釋,包括修復社會不平、族群撕裂等創傷,但她也指出博物館至少還有幾種方式能夠具體促進個人健康:舒緩、帶來體能或情緒上的正面轉變、鼓勵反思、倡導公衛概念、優化健康照護的環境,<sup>9</sup> 於是從 北半球到南半球,社工人員、藝術治療社群及博物館教育人員以博物館作為療癒

<sup>6</sup> Ray Williams, "Honoring the Personal Response: A Strategy for Serving the Public Hunger for Connection," *Journal of Museum Education* 35.1 (2010): 93-102. 基本上是其90年代主張的再延續。另見Lois Silverman, *The Therapeutic Potential of Museums: A Guide to Social Service/Museum Collaboration* (Washington D. C.: Institute of Museum and Library Services, 1998).

<sup>7</sup> Carolyn Treadon et al., "Opening the Doors of Art Museums for Therapeutic Processes," *The Arts in Psychotherapy* 33.4 (2006): 288-301.

<sup>8</sup> Phillippa Winn, "The National Gallery of Australia, Art Therapy and Health Country Communities," 6th National Rural Health Conference, Australian Capital Territory, Canberra, March, (2001).

<sup>9</sup> Lois Silverman, *The Social Work of Museums* (London: Routledge, 2010), p. 51. 原文為 'promoting relaxation; an immediate intervention of beneficial change in physiology, emotions, or both; encouraging introspection, which can be beneficial for mental health; fostering health education; acting as public health advocates and enhancing health-care environments.'

場域、服務非傳統觀眾的探索逐漸開展。10

無獨有偶的,自詡是全世界為千障社群提供量身打造導覽先驅的倫敦維多利亞亞伯特美術館,也是因視障協會的請託,自1985年開始致力於觀眾福祉。」但比起其它國家只能單打獨鬥的館舍,英國博物館因有政府政策導引,在療癒力的推廣上氛圍更為友善。1999年,以國立博物館免費開放為競選宣言的工黨,為昭示履行選舉承諾的決心,特地由文化媒體體育部(Department of Culture, Media and Sports)執筆《為眾服務的博物館》(Museums for the Many)小冊;2000年,文化媒體體育部考慮到大開博物館之門(general issues of broadening access for all)和滿足被社會排除社群的特別需求(the special needs of socially excluded individuals and groups)還是不同,於是再以《社會變動的中心》(Centres for Social Change: Museums, Galleries and Archives for All)為題,12 重申欲與社福及健保合作、以博物館推展社會共融(social inclusion)的決心。社會共融旨在深化因年齡、性別、心理、身障、種族、經濟或移民身分等遭邊緣化社群的社會參與,藉資源近用及話語權重掌,達成培力賦權(empower)、提升自我信心,在面向上和前述博物館的療癒力有許多交疊之處。博物館人對此宣示型政策的回應極為踴躍,一方面同意深耕的必要性,一方面也不忘提醒政府公部門持續補助與扶持。13

2005年,英國半官方的博物館圖書館文獻庫理事會 (Museums, Libraries and

<sup>10</sup> 有關藝術治療與美術館在南美洲哥倫比亞的發展,可參見Andree Salom, "Reinventing the Setting: Art therapy in Museums," *The Arts in Psychotherapy* 38.2 (2011): 81-85.

<sup>11</sup> Barry Ginley, "Museums: A Whole New World for Visually Impaired People," *Disability Studies Quarterly* 33.3 (2013).

<sup>12</sup> Department of Culture, Media and Service, *Museums for the Many*, 1999; Department of Culture, Media and Service, *Centres for Social Change: Museums, Galleries and Archives for All*, 2000.

<sup>13</sup> Eilean Hooper-Greenhill et al., "Museums and Social Inclusion: The GLLAM Report," (2000).

Archives)首度嘗試將「健康與福祉」(health and well-being)、「更有力更安全的社區」(stronger and safer communities)及「強固公眾生活」(strengthening public life)並列為博物館通用社會成效(Generic Social Outcome),之後並為其列出4種主題:鼓勵健康的生活方式及對心理和身體福祉做出貢獻、支持照護與康復、給予高齡人口獨立生活的協助、幫助孩童及青少年享受生活及作出正面貢獻,<sup>14</sup> 健康與福祉在博物館界的討論遂漸成主流,也催生了倫敦大學大學學院(University College, London)跨界研究小組的《博物館、健康與福祉》(*Museums, Health and Well-being*)及萊斯特大學博物館學研究中心長達1年的《心、身、靈:博物館如何影響健康與福祉》(*Mind, Body, Spirit: How Museums Impact Health and Wellbeing*)研究。<sup>15</sup>

不過英國療癒系博物館的興起,除了有文化部的助力,還有社會照護部門的助力,如早在本世紀初,民間即已發起成立「健康中的藝術全國網絡」(National Network for Arts in Health),推行如繪畫、音樂、舞蹈等視覺及表演藝術在醫療體系中的踐行。<sup>16</sup> 據學者Staricoff蒐羅385篇文章所作的歸納,藝術進入醫療對病人確實有降低血壓、減輕疼痛、縮短住院時間、減低藥物依賴、改善醫病關係等效

<sup>14</sup> Museums, Libraries and Archives, "Generic Social Outcomes Indicator Bank for Museums, Libraries and Archives." 原文為 'encouraging healthy lifestyles and contributing to mental and physical well-being; supporting care and recovery; supporting older people to live independent lives; helping children and young people to enjoy life and make a positive contribution'.

<sup>15</sup> Helen Chatterjee and Guy Noble. *Museums, Health and Well-being* (London: Routledge, 2016); Jocelyn Dodd and Ceri Jones, *Mind, Body, Spirit: How museums Impact Health and Wellbeing*, Leicester: University of Leicester, 2014.

<sup>16</sup> Lara Dose, "National Network for the Arts in Health: Lessons Learned from Six Years of Work," *The Journal of the Royal Society for the Promotion of Health* 126.3 (2006): 110-112.

果。<sup>17</sup> 雖然這時候醫院和博物館的合作還很零星,但在英國衛生部和英格蘭藝術諮議會聯合宣導藝術與健康攜手的加持,<sup>18</sup> 且社會處方箋(social prescribing)的概念成熟後,博物館的潛力已日益凸顯。

社會處方箋旨在跳脫過往醫生開藥「治病」的方式,採全面衡量病人所處環境的綜觀態度處理健康。因越來越多家醫病人看診原因與社會疏離或社經困擾有關,英國家醫、護理師等前線醫護人員都有開立社會處方箋的權限,可將病人轉介予連結工作者(link worker),再由連結工作者與病人進行面對面會談,依需求開出運動、閱讀等非醫藥處方,改善其健康與福祉。2014年,英國倫敦大學大學學院與健保共同執行社會處方箋中的「博物館處方箋」(Museums on Prescription),轉介高齡長者到大英博物館等館舍參加活動,強化社會聯屬,倫敦大學大學學院並以自行研發的指標對參與者進行前後測,發現參加者心情愉悅,在過程中專注且受啟悟。「9因英國健保在長程計畫中表示至2020/2021年時將增加連結工作者至1千名,2023/2024年時轉介病人至90萬人,20英格蘭藝術諮議會正努力為藝術、遺產、博物館等爭取在社會處方箋中扮演更重要的角色。

若與20世紀後半期的發展對比,博物館的療癒業務在最近10餘年政策脈絡的鋪陳下,可謂生機勃勃、蓄勢待發,而此中反映的不僅是博物館對自身存在目的的時刻檢討,也是博物館對周遭環境風向的敏銳偵測,於是終得以把握機會佈署,迎向社會需求。

<sup>17</sup> Rosalia Staricoff, "Arts in Health: A Review of the Medical Literature," (2004).

<sup>18</sup> Arts Council, "A Prospectus for Arts and Health," (2007).

<sup>19</sup> Dean Veall et al., "Museums on Prescription: A Guide to Working with Older People," (2017); Linda Thomson et al., "Effects of a Museum-based Social Prescription Intervention on Quantitative Measures of Psychological Wellbeing in Older Adults," *Perspectives in Public Health* 138.1 (2018): 28-38.

<sup>20</sup> National Health Service, "The NHS Long Term Plan," (2019).

## 四、現有實踐及趨勢分析

總結現有博物館與健康福祉的個案研究,基本上可略分為觀眾導向或典藏導向,前者指的是以特定社群為標的,後者指的是從實體藏品做發想。以特定社群為標的可以和年齡或特質或狀態有關,如蒙特婁美術館的「分享博物館」(Sharing the Museum – Sharing the Douglas)是為厭食症患者、紐約現代美術館的「與我在紐約現代美術館相遇」(Meet Me at MoMA)是為失智症及其照護者、華盛頓特區菲利浦美術館(Phillips Collection)的「藝術與安適」(Art and Wellness)是為退伍軍人、達拉斯美術館的「自閉症意識家庭日」(Autism Awareness Family Celebration)則是為自閉症孩童及家屬所籌畫的專屬參觀、交流或創作等教育活動。<sup>21</sup>

從實體藏品做發想的除了展廳實體展覽,如法國羅浮的可觸式展廳(Touch Gallery),最常見的就是機動性高、可以外及的行動展示盒(loan box,或稱資源箱)。物件意義是人際關係感情聯繫的投射,<sup>22</sup> 特定主題的行動展示盒本來也是博物館教育部門的常備教材,將適用多種場合的行動展示盒送往急症醫院、老人之家或心理治療機構是英國「遺產在醫院」(Heritage in Hospital)等計畫的重心。無論

<sup>21</sup> Lea Thaler et al., "An Adjunctive, Museum-based Art Therapy Experience in the Treatment of Women with Severe Eating Disorders," *The Arts in Psychotherapy* 56 (2017): 1-6; Taylor K. Kulik and Tina Sue Fletcher, "Considering the Museum Experience of Children with Autism," *Curator: The Museum Journal* 59.1 (2016): 27-38都是單一館舍的案例,Diana Klein, *The Art of War: Examining Museums' Art Therapy Programs for Military Veterans* (University of Washington Dissertation, 2015). 的論文則檢驗多處館舍對退伍軍人所提供的療癒型教育活動。因各館相關案例甚多,此處只略舉數項以顯示其多元性。

<sup>22</sup> Brenda Cowan et al., *Museum Objects, Health and Healing: The Relationship between Exhibitions and Wellness* (Oxon: Routledge, 2019); Rob Solway et al., "Material Objects and Psychological Theory: A Conceptual Literature Review," *Arts & Health* 8.1 (2016): 82-101.

是觸覺的刺激(stimulation)或短暫的分心(distraction),藉物言志、寓情於物、睹物思人都有助於分散壓力、截斷苦悶,為參加者開啟現實世界外的一扇窗。 $^{23}$ 

當然也有博物館結合兩種導向思考,如由英國利物浦博物館主導的「記憶之屋」(House of Memories)關懷失智症病人,有在館內為失智者家屬所舉辦的工作坊,也有供外借的記憶行李箱(memory suitcase)。值得一提的是,雖然藝術創作有助自我察覺、宣洩情緒,但藝術創作並不等同於藝術治療,博物館對於使用藝術治療一詞還是十分小心。<sup>24</sup> 隨著藝術治療師在博物館的活躍,如蒙特婁美術館在2017年首開北美洲博物館先例雇用全職藝術治療師,及2020年《藝術治療在博物館及美術館》(*Art Therapy in Museums and Galleries*)專書的問世,<sup>25</sup>治療與療癒、連結(engagement)等中性詞彙的區分可望更加清楚。

社會學家涂爾幹(Émile Durkheim)在1897年的《自殺論》中主張人的福祉、 快樂和社會資本(social capital)有關,此後社會、心理及公衛學者反覆辯詰社會關 係該如何定義、不同次團體是否有不同的社會資本需求、個人究竟是與社會網路鏈

<sup>23</sup> Helen Chatterjee et al., "Museopathy: Exploring the Healing Potential of Handling Museum Objects," 
Museum and Society 7.3 (2009): 164-177; Erica Ander et al., "Heritage, Health and Well-being: 
Assessing the Impact of a Heritage Focused Intervention on Health and Well-being," International 
Journal of Heritage Studies 19.3 (2013): 229-242; Nuala Morse et al., "Effects of Creative Museum 
Outreach Sessions on Measures of Confidence, Sociability and Well-being for Mental Health and 
Addiction Recovery Service-users," Arts & Health 7.3 (2015): 231-246.

<sup>24</sup> Diana Klein, The Art of War: Examining Museums' Art Therapy Programs for Military Veterans, p.38.

<sup>25</sup> Ali Coles and Helen Jury, Art Therapy in Museums and Galleries (London: Jessica Kingsley Pub, 2020).

結弱或強的風險較大等,<sup>26</sup> 但可以確定的是,擁有某種程度的社會資本絕對和個人福祉有正相關。博物館因是對公眾開放且保全周嚴的社教機構,相對於學校或診所的嚴肅氣氛、家庭或工作的制式期待,是輕鬆、不刻意、又令人備感安心可以自行拿捏社交尺度的公共場所,豐沛內容所象徵的包容、想像及永續也有助於培養自信、增進智識及保持樂觀。<sup>27</sup> 加拿大法語醫學會(Médecins francophones du Canada)表示參觀博物館可以提高血清素濃度(Seretonin),產生快樂的感覺,英國的調查則換算參觀博物館所得的快樂約相當於一年多賺了3200英鎊所得的快樂,是療癒力的關鍵證明。<sup>28</sup>

經過多年的投入,療癒系博物館的3大趨勢:多元、常態及自發,大致已很鮮明。不但服務對象及活動樣態,越來越豐富,如有結合勞其筋骨、樂其心志的植栽

<sup>26</sup> Bryan Turner, "Social Capital, Inequality and Health: The Durkheimian Revival," *Social Theory & Health* 1.1 (2003): 4-20; Howard Kushner and Claire E. Sterk. "The Limits of Social Capital: Durkheim, Suicide, and Social Cohesion," *American Journal of Public Health* 95.7 (2005): 1139-1143: Christian Kroll, *Towards a Sociology of Happiness: Examining Social Capital and Subjective Well-being across Subgroups of Society*, The London School of Economics and Political Science, PhD Dissertation, 2011.

<sup>27</sup> Paul Camic and Helen Chatterjee, "Museums and Art Galleries as Partners for Public Health Interventions," *Perspectives in Public Health* 133.1 (2013): 66-71; Elisabeth Ioannides, "Museums as Therapeutic Environments and the Contribution of Art Therapy," *Museum International* 68.3-4 (2016):104.

Meilan Solly, "Canadian Doctors Will Soon Be Able to Prescribe Museum Visits as Treatment," *Smithsonian Magazine*, website: <a href="https://www.smithsonianmag.com/smart-news/canadian-doctors-will-soon-be-able-prescribe-museum-visits-180970599/">https://www.smithsonianmag.com/smart-news/canadian-doctors-will-soon-be-able-prescribe-museum-visits-180970599/</a> (Accessed 10 December 2020); Daniel Fujiwara, "Museums and Happiness: The Value of Participating in Museums and the Arts," (2013).

及參觀,<sup>29</sup> 偶一型的活動也延展成常態型的節目,如「與我在紐約現代美術館相遇」是從2007年延續至2014年每月1次在閉館後周二舉行的跨年度大投資。至於自發則表現於多個團體的自主組成,如英國的「快樂博物館」計畫(Happy Museum)和完成2本詳實報告的「全國博物館健康與福祉聯盟」(National Alliance for Museums, Health and Well-being,現已與其他聯盟合併,更名為Culture, Health and Wellbeing Alliance)都屬旗艦型聯盟;<sup>30</sup> 而加拿大雖無全國性的社會處方箋,但也有法語醫學會與蒙特婁美術館的主動結盟,醫生可以在醫療處方外附帶博物館處方,讓病人和親屬持簽免費入館。<sup>31</sup>

自工業革命後,博物館社會教育機構的本質已很明確,但因為療癒力與知識力的並重,需要館員將現實性轉化成溫柔力的快速行動,博物館豐沛教育能量真正為 大眾窺見、為大眾所感的契機至此終被觸發。

### 五、當前發展對臺灣博物館界的啟示

臺灣博物館對福祉核心價值的落實途徑雖和英國不盡相似,但亦受到一定程度的法令規範及自身社會敏感度的影響。在《殘障福利法》、《身心障礙者保護法》一路修法至《身心障礙者權益保障法》對空間及設施的要求,文化部《博物館法》

<sup>29</sup> Linda Thomson et al., "Art, Nature and Mental Health: Assessing the Biopsychosocial Effects of a 'Creative Green Prescription' Museum Programme Involving Horticulture, Artmaking and Collections," *Perspectives in Public Health* 140.5 (2020): 277-285.

<sup>30</sup> K. Lackoi, M. Patsou and H. J. Chatterjee, "Museums for Health and Wellbeing. A Preliminary Report," (2016); S. Desmarais, L. Bedford and H. J. Chatterjee, "Museums as Spaces for Wellbeing: A Second Report from the National Alliance for Museums, Health and Wellbeing," (2018).

<sup>31</sup> Solly, "Canadian Doctors Will Soon Be Able to Prescribe Museum Visits as Treatment".

對文化近用的捍衛,以及博物館界從現場和同儕交換所得的訊息催化下,許多館舍已於紓壓、共感、去汙名化、平權到賦權所構築而成的療癒光譜上,找到業務施力點。就算在2020年,北師美術館的「成望老太太」、故宮博物院的「有精神——失序人生試驗場」、臺南由醫生開給失智者病人逛五大博物館的「LiHA Pass」等展覽或活動,還是不懼疫情上陣。

不過臺灣博物館的療癒力要能更上層樓,我們從以上的文獻和案例還可以推衍 出幾點亟待努力的作為:

- (一)歐美的經驗顯示有國家政策做後盾,博物館的福祉業務比較容易推動,但一般而言,整合綜觀型的文獻還是太少,不利全面分析,有學者感嘆遲至2016年時歐洲博物館視障者近用的文章還是侷限於個案,缺乏完整圖像,<sup>32</sup>博物館間彼此的策略聯盟對分享及集眾之力謀事因此分外重要。另外,類似美國博物館聯盟的博物館健康與安適彙編(Museums Health and Wellness Compendium),雖然是很初步的展覽及活動索引,對公眾搜尋相關消息的確有事半功倍之效,或也值得仿效。
- (二)長期性的準備與觀眾構成的了解則是各館舍的當務之急。解悶、舒心可以是線上或一次性的,但進階的療癒就需要更深入的接觸。「與我在紐約現代美術館相遇」有許多常客;「博物館處方箋」推薦的理想時程則是活動每周場次最好長90-120分鐘,且連續舉行6到10周,間隔以不超過2週為宜,才能建立生活秩序、維持社交熱度。<sup>33</sup>也就是說,博物館必須認真審視自我財務結

<sup>32</sup> Susana Mesquita and Maria João Carneiro, "Accessibility of European Museums to Visitors with Visual Impairments," *Disability & Society* 31.3 (2016): 373-388.

<sup>33</sup> Dean Veall, et al. "Museums on Prescription: A Guide to Working with Older People," p.8.

構及觀眾腹地範圍,是否與此設定相符合。<sup>34</sup> 免費活動可以避免社經門檻, 但博物館有足夠的人力及財力長期免費支援嗎?外縣市的觀眾或許會為了超 級大展快閃造訪博物館,但有可能週週舟車勞頓的來參加意在養心的活動 嗎?更何況還有接駁及交通費用等負擔需要考量。

臺灣雖有綿密的地方文化館網路,不過地方文化館人力只有更加吃緊,都會大館和鄉鎮小館是否適合建立夥伴關係,由大館規劃、小館實行?可外及的行動展示盒是否會比館內教育活動更合適?而標的地點對行動展示盒的接受度又為何?都有待博物館更細緻的考察。

(三)另一個相關的問題是如何觸及觀眾,尤其是鮮少踏足博物館的非傳統觀眾。 「與我在紐約現代美術館相遇」的問卷填答者多是透過紐約大學阿茲海默症 研究中心招募而來,<sup>35</sup> 其他的研究也顯示活動參與者經由社福、醫院或第三 單位引介的可能性很高。<sup>36</sup> 博物館如果只在自家館舍宣傳,能夠剛好觸及目 標社群的達成率應該比不上與其他單位合作的效果,有心拓展服務範圍的博 物館,應藉大規模的觀眾研究多探詢資訊觸及管道。

跨出舒適圈與第三方搭檔,並非易事,特別是在沒有政策宣導的國家,外界 對博物館的成績可能仍很陌生,Klein的論文中也提及即使美國退伍軍人創傷 後壓力症候群的狀況廣受媒體報導,軍方對博物館藝術療癒課程的反應還是

<sup>34</sup> Sarah Harper and Kate Hamblin, "'This is Living': Good Times, Art with Older People at Dulwich Picture Gallery," (2010): 10中提到免費、長期、定期舉辦等是活動成功的主要因素。

<sup>35</sup> Mary Mittelman and Cynthia Epstein, "Research," *The MoMA Alzheimer's Project: Making Art Accessible to People with Dementia* (2008): 91.

<sup>36</sup> Linda Thomson and Helen Chatterjee, "Well-being with Objects," p.349; Linda Thomson et al., "Effects of a Museum-based Social Prescription Intervention," p.28; Linda Thomson et al., "Art, Nature and Mental Health," p. 280.

非常保守,堅持背景檢查等程序,<sup>37</sup>但與第三方搭檔有助於館內教育人員的 再訓練、館外心諮、公衛專家及資源更精確的再分配,或能開拓更多不同包 括賦權形式的嘗試。

- (四) 賦權給予成就感及榮譽感,在啟動生活態度改變上最為直接,所以美國蓋提 美術館開設「從藝術學英語」(Language through Art),讓當地眾多母語非 英語者得以發聲、產生歸屬感;關注聽障福祉的倫敦泰特美術館,不僅提供 手語導覽,還開課教授聽障人士如何自修成為導覽人員;德國國立博物館訓 練伊拉克及敘利亞難民為兼職有薪的阿拉伯語導覽,對也是以阿拉伯語為母 語的難民講述德國歷史的變遷及伊斯蘭與西方文明過往的相遇,是兼顧生計 和自我實現的賦權表現。<sup>38</sup> 不過技藝課程所需成本很高,需要博物館精密的 評估與規劃方能推進。
- (五) 評鑑指標是衡量成效的依據,如「與我在紐約現代美術館相遇」、「記憶之屋」和倫敦大學大學學院的多個子計畫,都有自己的指標,前兩者運用視覺式的笑臉或哭臉,<sup>39</sup> 大學學院則有直述句或開心(happy)、興奮(excited)、有熱情(enthusiastic)及沮喪(upset)、緊張(nervous)、有

<sup>37</sup> Diana Klein, *The Art of War: Examining Museums' Art Therapy Programs for Military Veterans*, pp. 68-69.

Tate, "Signing Art Project in a Box."; "Multaka: Museum as Meeting Point," Staatliche Museen zu Berlin., website: <a href="https://www.smb.museum/en/museums-institutions/museum-fuer-islamische-kunst/collection-research/research-cooperation/syrian-heritage-archive-project/multaka-the-museum-asmeeting-point-refugees-as-guides-in-berlin-museums/.">https://www.smb.museum/en/museums-institutions/museum-fuer-islamische-kunst/collection-research/research-cooperation/syrian-heritage-archive-project/multaka-the-museum-asmeeting-point-refugees-as-guides-in-berlin-museums/.</a> (Accessed 25 November 2020.)

<sup>39</sup> Mary Mittelman and Cynthia Epstein, "Research," p. 89; Rafaela Neiva Ganga et al., "Evaluation of the House of Memories Family Carers Awareness Day," (2017): 13.

壓力(stressed)等正負情緒的單字色卡,容易填寫,亦可避免引發挫折。<sup>40</sup> 因指標與長遠經營及經費申請息息相關,臺灣博物館在「非典型」博物館評量上也應急起直追,以方便內部及外部的溝通及修正。<sup>41</sup>

#### 六、結論

1909年,美國紐約市的自然史博物館因肺結核展獲得空前成功,決定在館內植物組、人類組、礦物組等外加設公衛組(Department of Public Health),是美國博物館史上唯一1間設立公衛組的博物館,<sup>42</sup>雖然公衛組只存在短短13年,但今日各國的博物館無論編制及性質,對安適的關心已全面上升。

本文旨在建構博物館療癒力的起源及演進,並辯識突破點及關係人(stakeholders)。研究發現顯示國家的支援,如英國文化部的社會共融及健康部的社會處方箋等政策,對館舍致力福祉的架構有具體助益;案例歸納亦指出當前博物館療癒力表現的3大重要發展為多元樣貌、常態活動及自主尋找協力夥伴,可見博物館對此經營之用心。臺灣博物館如能參照前例,在策略聯盟、觀眾構成、資訊傳

<sup>40</sup> Linda Thomson and Helen J. Chatterjee, "UCL Museum Wellbeing Measures Toolkit.," *London: AHRC 28*, (2013).

<sup>41</sup> 姜韋彤,〈博物館心智障礙高齡教育活動與評量之比較分析〉,《科技博物》23卷2期(2019), 頁97-113,一文亦強調發展評量的重要性。

<sup>42</sup> Marjorie Schwarzer, "Lessons from History: Museums and Pandemics," American Alliance of Museums, 10 March 2020, 10 March 2020, website: <a href="https://www.aam-us.org/2020/03/10/lessons-from-history-museums-and-pandemics/">https://www.aam-us.org/2020/03/10/lessons-from-history-museums-and-pandemics/</a>. (Accessed 12 March 2020.) 稱當年的肺結核展是美國博物館史上第一個超級大展,有關美國自然史博物館公衛組的成立及解散,見 Brown, Julie K. "Connecting Health and Natural History: A Failed Initiative at the American Museum of Natural History, 1909–1922." *American Journal of Public Health* 104.10 (2014): 1877-1888.

遞、網絡連結及評鑑型態等面向深入拓墾,必能更有所為。

在文創產口號震天響的時候,博物館對 GDP(Gross Domestic Production,國內生產總值)的貢獻是政策制定者所津津樂道的,不過當生活素質及心理健康成為跨世代的共同話題時,本來就被定位為薰陶美感、激發興趣、與同儕交流同樂的博物館,儼然也已是GNH(Gross National Happiness,國民幸福指數)的秘密武器。在運轉越來越快速的世界中,以人為重的博物館和社福、健保或甚至國家發展委員會及更多利益相關人如何串聯成網,共尋社會福祉,或許會成為下一階段博物館使命和政府白皮書的焦點。

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# The Therapeutic Journey of/inside Museums: Development and Analysis

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#### **Abstract**

One of the most recent and noteworthy trends in the museum sector is the increasingly important contributions that museums make to the issues concerning healthcare, wellness and well-being. However, due to the complexity of cross-disciplinary collaborations, the majority of the literature focused exclusively on the documentation and analysis of single case studies, hence a lack of macroscopic, holistic investigation into the therapeutic power of museums. Given the fact that museums in Euro-America are relatively advanced in this regard, this paper conducts a detailed and extensive literature review, collating English papers, reports and policies in the attempt to identify the stakeholders and key drives.

The research findings of this paper indicate that governmental support, such as the policies of "Social Inclusion" and "Social Prescribing," has helped construct the framework of therapeutic museums. Many museums have pursued community- or object-oriented approaches to design specialized activities or events, so as to foster a therapeutic environment. Besides, evidence suggests that museums not only endeavor to provide wide-ranging, long-term programs, but also take the initiative to forge partnerships that facilitate resource pooling. In conclusion, for museums in Taiwan to play a more significant role in enhancing people's health, the aspects of alliance-forming, audience analysis, information dissemination channels, networking, and new type of evaluations are worth their further examination.

Keywords: therapeutic power, art therapy, social prescribing, wellness, well-being