

LINKING ART AND BETTER-BEING THROUGH A SENSITIVE APPROACH TO ARTWORKS. ISSUES AND REFLECTIONS ON THE THERAPEUTIC ROLE OF THE MUSEUM (1)

Muriel Damien

Art historian, head of the collections at Musée L (UCLouvain – musée universitaire de Louvain, Belgium), initiator of Art en corps which offers sensitive mediation in museums (general public and people suffering from burnout or anxiety).

Never before in human history have we had so much brainpower available. Thanks to the development of our knowledge of the world, the improvement in our quality of life, advances in medicine and lifestyle as well as productivity, humans have freed up space in their brains for other possibilities. This cerebral availability could encourage a mental availability that has never been seen before. For sociologist Gérald Bronner, however, this plus précieux de tous les trésors is in jeopardy (Bronner, 2021: 62-86). The author blames screens, which monopolise our availability and prevent us from waiting and daydreaming. For him, another factor, and not the least, is the colossal mass of information and new knowledge in which we are immersed, and that has increased exponentially over the last twenty years. According to Bronner, 90% of the information available in the world has been written in the space of just two years (Bronner, 2021: 89-97). Our overdeveloped countries are in the grip of a major problem: this increase in available information is no longer leading to a shortage of material goods, but to a shortage of attention (Citton, 2014: 21-29, 45).

Scarcity would no longer reside in the sphere of production and material resources, but in an absence of the attention essential to consuming these goods. Attention therefore seems to have become a fundamental resource for humans in today's society (Citton, 2014: 29-33). This problem of attention is compounded by a lack of time, which manifests itself in an acceleration of the pace of our increasingly busy and demanding lives, in which we are constantly running out of time (Rosa, 2013; Rosa, 2014: 13-32). Given this state of affairs, the technologies that are supposed to save time ultimately lead to a form of alienation (2) in our relationship with the world (Rosa, 2014: 114-135). This fast pace, often experienced in the urgency and frenzy of everyday life, inevitably leads to stress which, in the long term, damages health and generates states of malaise, even illness.

The World Health Organisation (WHO) defines mental health as 'a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right and it is crucial to personal, community and socio-economic development'(3). At present, the main cause of sick leave in Belgium relates to mental health: psychological disorders such as anxiety, depression and burnout are on the increase. Indeed, between 2016 and 2021, cases of burnout and long-term depression rose by 46% in Belgium(4). Although research into burnout has increased in recent years(5), it has mainly focused on establishing and evaluating diagnoses, and museums are not immediately integrated into care programmes.

Sensitive mediation resonates with the world

In the face of the ecological crisis in the world, Baptiste Morizot proclaims the need for a return to sensitivity. Our way of interacting with living things has deteriorated due to a lack of availability, by the degeneration of our capacities for attention, sensation and perception, reducing our connection with living things (Morizot, 2020: 17-35). Reconnecting with our senses and our sensations, including through art, therefore seems to respond to the major ecological and societal issues of today, and would make up for our society's lack of time, attention and knowledge. I

In its 2019 report, the WHO indicated the major role and involvement of art in health and well-being by reporting a series of components related to artistic activities promoting health and well-being, the majority of which fall under a sensitive and sensory approach (Fancourt and Finn, 2019: 1-6). Indeed, we can read that art involves the aesthetic engagement of the visitor, the participation of the imagination, sensory activation, and the evocation of an emotion, which emerge as factors encouraging mental and physical health – in support as well as in prevention – and social interactions (Fancourt and Finn, 2019: 2-4; Juslin, 2013: 235-266; Fancourt 2017). In the museum sphere, this return to sensitivity is a necessity, according to the new definition of museums approved by the International Council of Museums (ICOM) on 24 August 2022 in Prague (6). The inclusion, experience and sustainability that appear in it bear witness to this desire to see the museum as a place that is open to new approaches to mediation. As the philosopher Charles Pépin suggests, it therefore seems crucial to take an interest in what beauty does to us (Pépin, 2013) and to develop sensitive mediation tools.

Currently underway at the Université catholique de Louvain (UCLouvain-Belgium), a PhD research project in art history entitled 'Entering into resonance with a work of art: developing a pedagogical tool for a sensory experience of a work' aims to create a form of museum mediation based on sensitivity and sensoriality. The theoretical pillars of this research (Damien, 2024) are based in particular on the theory of resonance envisaged as a relational posture towards the world and developed by Hartmut Rosa (Rosa, 2018). What's more, according to Rosa, this theory of resonance offers a solution to one of the major challenges facing society today: our relationship with time (Rosa, 2013).

Through a variety of exercises that can be adapted to all museum and heritage institutions, the mediation tool developed is based exclusively on a physical, sensorial, sensitive and emotional approach. There is a deliberate absence of any content-based information that could be used to analyse, understand or interpret the work. Conceived as an encounter, the visit is an experience that allows us to connect with ourselves and to approach art using all the information transmitted by our five senses, our body and our sensitivity: forms, materiality, colours and textures in particular. In this way, visitors become fully involved in the experience, using their bodies as tools for the visit. This mediation system is designed to be accessible to all audiences.

And what if, given its specific characteristics and the state of mental health in the population, this tool could be of use in the therapeutic sphere?

A pilot project: the Processus de reconnexion à soi par l'art



Figure 1: Introduction to sensitive mediation through tactile stimulation © Art en corps/Anne d'Huart.

According to the WHO definition, burnout affects people's physical sensations through a state of exhaustion or extreme tiredness, and a feeling of being overworked; their cognitive state through a lack of mental availability and a sharp drop in concentration; and their emotional state through emotional exhaustion, withdrawal and physical sensations(7).

The pilot project *Processus de reconnexion à soi par l'art* hosted at Musée L - musée universitaire de Louvain (UCLouvain, Louvain-la-Neuve, Belgium) was born in 2022 from the meeting of this research on sensitive mediation with a front-line psychologist (8), affiliated to the Réseau 107BW, a mental health network based in the local province. This network acts as a local actor to improve the mental health of the people concerned and their families in Walloon Brabant, the province in which Musée L is located. Carrying out this process within Musée L was also an obvious choice, since the doctoral research project is affiliated to the Institute for the Study of Civilisations, Arts and Letters (INCAL), an intersectoral platform to which the museum, which works closely with the university's research and teaching, is itself attached.

The objectives of this *Processus de reconnexion à soi par l'art* are manifold. It aims to bring out the different bodily sensations in works of art through a sensitive, sensory approach. It also aims to bring out emotions and feelings through a sensitive approach. The aim is to give patients a moment of relaxation and intimacy with themselves, and to



Figure 2: Relaxation and a change of perspective during sensitive mediation © Art en corps/Anne d'Huart.

develop their imagination. As the process is carried out in a group, it encourages patients to share their experience with others and to find social support from both their peers and the two facilitators: one a psychologist and the other an art historian who has herself experienced burnout, thereby facilitating dialogue between patients. In addition, this process aims to find another channel for addressing their symptoms and resources. It aims to discover or deepen an activation of well-being in the present moment and brings patients closer to museums, which can then be counted on as resources for coping with their mental health problems and preventing them from worsening.



Figure 3: Attention to sound stimulated during sensitive mediation © Art en corps/Anne d'Huart.

The project is conceived as a genuine therapeutic process in that the sessions are designed to be progressive. The first stage consists of an individual interview conducted by the psychologist with patients wishing to begin the process. The aim is to assess the burnout sufferer's aptitude to join a therapeutic group and to understand their motivation. The sessions are spread over five weeks, at the rate of one session per week.

Although the three processes carried out so far have evolved in order to improve and readjust their content in the light of patient feedback, the general outline of each session remains similar. Each session begins by taking stock of the patient's physical and emotional states, as recorded by a round of questioning. From the outset, participants are invited to put themselves at ease in a comfortable posture (lying down or sitting up, with or without shoes). Then, in a secluded and serene area of the museum, they are given a guided meditation based on breathing exercises, a body scan and an exercise in tactile approach with a pebble, carried out with their eyes closed (Figure 1). This essential stage provides an opportunity to awaken the senses and stimulate the body to be more receptive, and also to shift into a slower rhythm, calm the mind and become aware of being in the present moment. This is followed by a series of exercises performed in the museum's permanent exhibition space to begin the sensitive mediation, which ends with a quiet moment when patients lie down next to a chosen work (Figure 2). The session ends with a moment of exchange with peers, during which everyone is invited to share their experiences and emotions with the psychologist and art historian. Each proposal put forward is an invitation that patients can freely accept or reject as they see fit.

Examples of sensitive mediation exercises with the benefits and difficulties encountered

Among the various tools created as part of the doctoral research into sensitive mediation, several were offered to burnout patients. They were integrated into the process in such a way as to establish a genuine progression in the sensitive approach, starting with the primary senses and then moving on to the notions of empathy and presence.

Attention to **sound** is one of the first exercises, and at Musée L it is approached through the kinetic sculpture of 49 boules de même couleur sur un plan incliné mais surélevé by Pol Bury (1922-2005), created in 1966 (Figure 3). Patients are invited to sit close to the work and then quickly close their eyes. For a few minutes, in addition to the ambient noises, they hear slight arrhythmic sounds coming from the invisible mechanism of the 49 attached balls moving subtly on the inclined surface. Only then are they invited to open their eyes to see the work, adding a new dimension to their sensory perception of it. This is an opportunity to note the contribution of sound, an approach less preferred than that of sight - over-stimulated in today's world. Often, because of the subtlety of the movement of the balls, the movement and sound of the work go unnoticed by the average visitor. With this exercise, patients reconnect with their senses of hearing and sight. This distinct and successive approach enables them to distinguish the contribution of one sense from the other, and to confirm or refute the data captured by the senses. In addition, this exercise allows patients to refocus on themselves while disconnecting from the outside world. While this proposal systematically arouses wonder, it nevertheless awakens a

certain anxiety in some people, linked to the mechanical sound and its unknown origin, due to the absence of sight.



Figure 4: Activating memory during sensitive mediation © Art en corps/ Anne d'Huart.

Sensitive mediation then offers an opportunity to comprehend a work through the sense of **touch**, stimulated in an indirect way. Patients are invited to choose a work that appeals to them from a limited area. By standing facing the work in the case of a painting, drawing or engraving, or by choosing a point of view in the case of a sculpture, patients use a viewfinder to select a detail (Figure 4), followed by a memorisation exercise, then close their eyes and explore what they memorised. They repeat this operation several times to refine their memory, but above all to see what their memory retains - or not - about the detail. The mediator invites the patients to carry out this process in a spirit of kindness towards themselves and their abilities, without being judgmental but rather observing the experience. Patients are then invited to reactivate the sensations in their hands and imagine what it might feel like to touch the detail with their fingertips (Figure 5). In this way, patients can savour the full richness of a detail, taking the time to focus their attention on it, in the context of a work that may seem overwhelming to grasp in its entirety. This allows them to become aware of the memorisation process, without being judgemental towards themselves, and above all to grasp the tactile aspect of the work without actually touching it. While this experience fills the patients with wonder, above all it helps them to refocus, develop their attention span and become aware of the time it takes to discover a detail in a work of art. Indeed, slowing down and taking the time to observe a detail makes patients aware that globality and speed are not the only possible options in life. Nevertheless, for some patients, making a choice remains a real difficulty, which the mediator can remedy by restricting the space and the range of works to

reassure patients. In addition, the slowness and duration of the exercise calls for prolonged attention to the senses, which can prove difficult to maintain without distracting thoughts taking patients out of the exercise.



Figure 5: Activating the sense of touch during sensitive mediation © Art en corps/Anne d'Huart.

The **sense of movement** is tested in an exercise in which patients are invited to move in relation to the shape and movement of the work (figure 6). After observing these aspects, they use their hands, one or both arms, or their whole body to perform the movement evoked by the work. Through a process of repeated body movement, the gesture is gradually refined and integrated by the patients. After a few minutes, by closing their eyes, the patients transfer the movement inside themselves or around their bodies. They are then invited to explore the sensations and emotions created by the experience. This experience enables the patients' bodies to be placed in partial or total movement, and in this way establishes their bodies as a tool for a formal approach to a work. This exercise energises and revitalises the patients. Experiencing this movement in a playful way gives them a sense of security and a feeling of being encompassed by the form, which is generally experienced in a positive light. Patients tell us that this experience gives them access to another dimension. Daring to move their bodies in front of others can be complicated for most patients, and in this case the solution is for each patient to propose "their movement" to the group, who experiment with it in turn.



Figure 6: Sense of movement during sensitive mediation © Art en corps/ Emmanuel Joly.

Proposing an **anchoring and bonding** exercise is also an interesting experience for patients suffering from burnout, introducing a tool that can be transposed into their everyday lives. By looking at a painting depicting vertical ochre lines gathered around a thick royal blue central axis, the patients transpose both the momentum of the plastic forms and the anchoring of their own bodies. In an upright, dignified posture with their feet firmly planted on the ground - if possible without shoes - the patients become aware that they are both carried by the ground and connected to it. They are then invited to observe the central vertical line, solid as an axis around which the whole work is built. In the image of this line, the patients are encouraged to imagine, inside their bodies, a solid, robust, unshakeable and powerful mast to which they give a material, a tint, a texture: to imagine their own mast inside themselves. This powerful exercise allows them to refocus and at the same time feel anchored and connected. The personal mast imagined becomes a real tool to which patients can attach themselves when they are going through a storm or turbulence in their daily lives. Experimenting with **changing points of view** in front of a work of art has benefits in terms of how you look at a situation in your daily life and how you look at it from another perspective, especially for someone suffering from burnout who quickly feels overwhelmed. The exercise consists of choosing a work of art and then varying the body's position in relation to it, first standing in front of it, then sideways to it, then with your head upside down, and finally lying on the floor (Figures 2 and 7). Experimenting with point of view really does enable us to acquire new and different knowledge with each position we adopt in relation to the work. Becoming aware of this broadens the patient's perspective on a situation. In addition to the often unprecedented nature of lying down in a museum, which allows you to discover the place anew, this posture brings relaxation

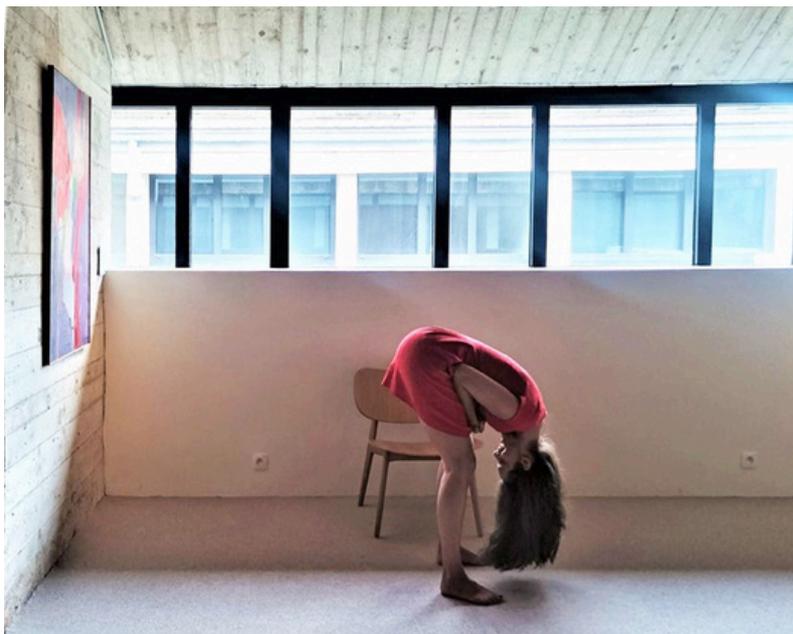


Figure 7: Reversed posture to open up to a change of point of view during sensitive mediation © Art en corps/Muriel Damien.

and considerably slows down the rhythm of the session and the body. Among the difficulties encountered by the patients, two elements stand out: the difficulty of choosing a work, and the mirror effect created, which reflects back the patients' own experiences.



Figure 8: Attention focused on the presence and materiality of the work during sensitive mediation © Art en corps/Anne d'Huart.

The presence and materiality of a work of art are explored at the end of the process through an experiment in which patients are invited to look at a sculpted group with its various figures in the round. They then choose one of them to 'meet'. By looking closely at a sculpture (figure 8), the patients experiment with proximity and distance, moving slowly as close as possible to the work, then as far away as possible, until the link with the work fades or even disappears. The exercise is then completed with the eyes closed, imagining the absence of the work. The benefit for patients lies in the development of a sense of presence of themselves in the world through the presence of the work and an approach to its materiality. In the space of a few minutes, this experience allows them to feel connected. The major difficulty lies in experimenting with movement without guidance, as the instructions are given beforehand, so they have to do it alone, which leaves room for the mind to come back in force. Imagining the absence of the work can also awaken traumas in some patients who are experiencing bereavement.



Figure 9: Experience of empathy during sensitive mediation © Art en corps/Anne d'Huart.

At the very end of the process, patients are offered the experience of **empathy with a form**. Based on the choice of a sequence of folds or a detail of a sculpted drape to which the patients feel drawn, the exercise focuses an attentive gaze on this drape (figure 9). The patients are invited to grasp and identify what attracted them to this form. Was it the crescendo or decrescendo of the folds, the play of light and shadow, the treatment of the surfaces, the clumsiness or rather the sophistication, the depth, the finesse of the selvedge, the symmetry or the organic character, the softness, the voluptuousness or the constructed weave of the drape that caught their eye? Afterwards, while continuing to focus their gaze on the drapery, the patients are invited to relate this formal detail to a part of their body or to connect it to a near or distant memory, and then to probe their emotions. As well as developing an attentive gaze and working on attention span, this experience allows the viewer to feel a deep, bodily and intimate connection with a work of art. In particular, it helps them to put into words the difficulties they have experienced. Nevertheless, it is complicated to manage the intense emotions experienced when the exercise is fully completed, just as it can remain complex to experience for someone in a burnout situation.

This therapeutic process enables patients to verbalise their experiences and the emotions they have gone through by sharing their experiences with the group. The group effect has proved to be very beneficial; patients feel less isolated and the testimonies of their peers echo their burnout, for which they often feel misunderstood by those around them. Setting weekly appointments stimulates a regular rhythm and is beneficial for giving structure to burnout patients who often lose their bearings. The temporality of the process enables us to respond to the burnout syndrome that sets in gradually and from which patients only gradually emerge. This process, based on attention and slowness, improves mental availability and concentration, two cognitive benefits directly linked to the symptoms of burnout. In addition, this process puts patients back into the social fabric by going to the museum and opens them up socially through sharing and talking, which improves their social life and restores the link with patients' emotions and physical sensations. Finally, some of the exercises give patients back their energy, which is really beneficial when they are exhausted.

Since a sensitive approach to works of art provides a sense of well-being and enables people to reconnect with their senses, embrace their emotions, slow down the hectic pace of daily life and put the mind in the background for the duration of a visit, couldn't the tool created as part of art history research help patients suffering from other pathologies linked to mental health? Couldn't the pilot project developed at Musée L be replicated in other cities and countries, helping people with psychological problems or mental disorders to improve their well-being? After all, while the WHO talks about the role of art in achieving better-being, isn't the process tried out at Musée L aimed more at a state of improvement that gradually, step by step, leads to better better-being?

Museums are now seen in the context of social issues, particularly those relating to the health and well-being of society and its citizens. In the United Kingdom in the 2000s, recognition of the health benefits of art led to the emergence of therapeutic museums, a term that has since been adopted by many English speaking countries. The development of a holistic vision of an individual's health, impacted by environmental and social factors, has encouraged public health policy to include museums as players in their own right. The United Kingdom, followed by the United States and Canada, has since served as a model for care through art and collections (Nauleau, 2018: 4). The field of museum therapy - which is defined as a therapeutic method of using the museum environment to promote physical, psychological and social well-being (9) (Legari, 2020: 277-278) - continues to develop, and a number of inspiring therapeutic projects are emerging. The aim today is clearly to open up and decompartmentalise the museum, to use the expression coined by Ewa Maczek and Angèle Fourès (Maczek and Fourès, 2020: 27) so that it becomes a resource for the well-being of its users.

Given the state of health of the Belgian population, we are delighted that on 8 March 2024 the Sénat de Belgique adopted a resolution on a complementary cultural and non-medicinal approach to mental health care and, more specifically, the caring museum (10). The federal government is therefore invited to take concrete measures to improve information, take-up and access to non-medicinal therapies; to encourage museum prescriptions; to promote a cultural approach to healthcare; and to invest in research in the field of art and health. This stage, in which many strategic policies have yet to be developed and projects created, nevertheless represents the beginnings of a political commitment to a therapeutic museum in the Belgian museum landscape.

While evidence-based practice is still needed to continue and justify the type of project developed at Musée L in the eyes of the subsidiary health care authorities, feedback from the patients concerned is encouraging the development of new mediation tools based on sensitivity and with a therapeutic orientation. Recently, Musée L welcomed patients suffering from anxiety and/or related disorders to take part in a "managing my emotions" module for a test phase (again in partnership with the 107BW network and supervised by a psychologist, and an art historian who had experienced burnout). The main objectives of this module were to experiment and learn how to listen to, understand and recognise an emotion and how it relates to feelings and sensations in contact with art, while building up one's own toolbox for dealing with emotions in everyday life. If we know what a powerful channel art is for dealing with emotions and feelings, the museum as a place can structurally provide access to art, enable patients to find peer support and become a resource for coping with their mental health problems or preventing them from getting worse. What's more, the museum can legitimately design mediation modules with a preventive and not just curative approach. A project is currently being developed to use a sensitive approach to art to support students' emotions during their studies at university, and should soon see the light of day at the Musée L.

In addition to the fact that by developing a sensitive approach to the museum we are helping to awaken a more global sensitivity to the living world, the sensitive approach through resonance, which is based on slowing down the rhythm and developing the qualities of presence with the senses, helps to improve mental health and is therefore part of a sustainable transition. Daring to use sensitive mediation for therapeutic purposes means opening up the institution to new players and partners, such as psychologists, social workers, psychiatrists and youth support centres, to help vulnerable groups and develop local solutions. It's certainly also a way for the museum to be more in resonance with its environment and its public.

Notes

1 This paper was presented at the annual congress of the International Committee for Education and Cultural Action (CECA) of the International Council of Museums (ICOM) on 22 November 2023 in Singapore. This article was supported by the Institute for the Study of Civilisations, Arts and Letters (INCAL) and the Group for Early Modern Cultural Analysis (GEMCA) at UCLouvain.

2 Hartmut Rosa takes up the concept of alienation developed by Karl Marx and the Frankfurt School, in which man is dispossessed of his power to act as an individual.

3 WHO (2022). Mental health. Available at: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>. (Accessed 15 April 2024).

4 According to figures referenced by the Institut national d'assurance maladie-invalidité (INAMI): INAMI (2024). Long-term incapacity for work: How many burnouts and long-term depressions? What cost for compensation insurance? Available at: <https://www.inami.fgov.be/fr/statistiques/statistiques-indemnitees> (Accessed 15 April 2024).

5 These include: Research on burnout in Belgium (directed by Lutgart Braeckman at the University of Gent-UGent); The BParent research program (directed by Isabelle Roskam and Moira Mikolajczak at the Catholic University of Louvain-UCLouvain); Burnout Assessment Tool (directed by Hans De Witte and Wilmar Schaufeli at the Katholieke Universiteit Leuven-KULeuven in Belgium and the University of Utrecht-UU in the Netherlands).

6 ICOM (2022). ICOM approves a new museum definition. Available at : <https://icom.museum/en/news/icom-approves-a-new-museum-definition> (Accessed 15 April 2024).

7 WHO (2019). Burn-out an "occupational phenomenon": International Classification of Diseases. Available at: <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases> (Accessed 15 April 2024).

8 Since 2021, Belgium's National Institute for Health and Disability Insurance (INAMI) has been providing front-line psychological care for children, adolescents and adults. The aim is to build resilience and self-care or, if necessary, to provide treatment that goes beyond building resilience.

9 According to the Grand dictionnaire terminologique de l'Office québécois de la langue française. Office québécois de la langue française (2020). Museotherapy. Available at: <https://vitrinelinguistique.oqlf.gouv.qc.ca/fiche-gdt/fiche/26557613/museotherapie> (Accessed 15 April 2024).

10 Sénat de Belgique (2024).7-482/5. Available at : <https://www.senate.be/www/webdriver?MItabObj=pdf&MIcolObj=pdf&MIInamObj=pdfid&MItypeObj=application/pdf&MIvalObj=117441443> (Accessed 15 April 2024).

Bibliography

Bronner, G. (2021). *Apocalypse cognitive*. Paris, Presses Universitaires de France/Humensis.

Citton, Y. (2014). *Pour une écologie de l'attention*. Paris, Éditions du Seuil (Points, 903).

Damien, M. (2024). 'Être en résonance avec une œuvre. Considérations théoriques pour une approche sensible de l'art', in Digonnet, R., Pardoën, M. et Wicky, E. (eds.). *Transmission des savoirs sensibles 1*. Available at: <https://expression-sensible.fr/transmission-des-savoirs-sensibles-2> (Accessed 15 April 2024).

Fancourt, D. (2017). *Arts in Health. Designing and Researching Interventions*. Oxford, Oxford University Press.

Fancourt, D. and Finn, S. (2019). *What is the Evidence on the Role of Arts in Improving Health and Well-being? A Scoping Review*. Health. World Health Organization. Regional Office for Europe (Evidence Network Synthesis Report 67).

Franck, G. and Degoutin, Ch. (2013). 'Capitalisme mental'. *Multitudes* 54 : 199-213.

Juslin, P. (2013). 'From Everyday Emotions to Aesthetic Emotions : Towards a Unified Theory of Musical Emotions'. *Physics of Life Reviews* 10 (3) : 235-266.

Legari, S. (2020). 'Muséothérapie et culture du soin dans les musées : l'engagement du Musée des beaux-arts de Montréal', in Maczek, E. and Meunier, A. (eds.) *Des musées inclusifs : engagements, démarches, réflexions* : 275-284. Dijon, Ocim/Université de Bourgogne (Les Dossiers de l'Ocim).

Maczek, E. and Fourès, A. (2020). 'Le rôle social et inclusif des musées et des lieux de culture scientifique : synthèse d'étude', in Maczek, E. et Meunier, A. (eds.), *Des musées inclusifs : engagement, démarches, réflexions* : 27-41. Dijon, Ocim/Université de Bourgogne (Les Dossiers de l'Ocim).

Morizot, B. (2020). *Manières d'être vivant. Enquêtes sur la vie à travers nous*. Paris, Actes Sud (Babel, 1832).

Nauleau, M. (2018). 'Musée + Art-thérapie = Muséothérapie ?', *La Lettre de l'OCIM* 175. Available at : <https://journals.openedition.org/ocim/1896> (Accessed 27 April 2024).

Pépin, Ch. (2013). *Quand la beauté nous sauve. Comment un paysage ou une œuvre d'art peuvent changer notre vie*. Paris, Robert Laffont éditions, (Marabout poche).

Rosa, H. (2013), transl. from germ. by Renault, D. *Accélération. Une critique sociale du temps*. Paris, Éditions La Découverte (Poche, 393).

Rosa, H. (2014), transl. from germ. by Chaumont, Th. *Aliénation et accélération. Vers une théorie critique de la modernité*, Paris, Éditions La Découverte (Sciences humaines et sociales, 406).

Rosa, H. (2018), transl. from germ. by S. Zilberfard et S. Raquillet, Sarah. *Résonance. Une sociologie de la relation au monde*, Paris, Éditions La Découverte.

GROWING, HEALING, KNOWING, AND SHARING: THE COMMUNITY MUSEUM OF TRADITIONAL MEDICINE OF HUANCOLLO, BOLIVIA EXHIBITION REVIEW

Isabel Collazos Gottret

Postgraduate Researcher, University of Leicester

The community museum of traditional medicine is in the centre of Huancollo, in the Bolivian Altiplano. The building, a repurposed single large room made of adobe (fig. 1), is next to both the Andin Spa, a health facility for traditional Indigenous remedies, and the community's meeting building. As an ayllu originario, Huancollo holds a status unique for Indigenous communities(1) in Bolivia, meaning that the community, though dependent on Tiwanaku municipality, practices a form of Aymara government based on rules, procedures and collective responsibilities (Ayllu Originario Huancollo, 2013). Huancollo's community museum was created through adhering to the Qhapaq Ñan(2) network of community museums.

Huancollo community museum gives us the opportunity to examine rootedness in three ways. The first are the literal roots, the plants collected and used by the comunarios, the community members, for healing. The second foundational roots are Huancollo's role resisting the erasure of ancestral knowledge and preserving it through its healers. The third are the interdependent roots through which the museum was created, that is the present-day international heritage sector, and the precolonial roads and communications that have shaped Andin cultures and ecosystems for centuries. By examining the displays in the museum, I will analyse these three roots in the context of Huancollo and its museum.

To begin, I will examine the use of medicinal plants in the museum. In the middle of the museum, a display of harvested plants floats over the visitors' heads. Inside transparent cylinders, plants have been dried and labelled with their name and use (fig. 2). Next to this installation, there is a panel shaped like a colourful wheel picturing plants and their medicinal uses (fig 3). Andin plants such as wira wira and muña are displayed next to more common ones, like garlic and peppermint. The museum focuses on the knowledge behind the uses, regardless of origin or how common the exhibited plants are. By not distinguishing in the museum narrative and objects between what would appear as 'authentic' and 'ancestral' and the 'contemporary' and 'every-day', the community shows its long history and interaction with plants and knowledge that have travelled and enrooted themselves, through trade or colonisation, in the Bolivian Andes.

To become museum objects, the plants go through a process of conservation and exhibition. Huancollo museum uses tools of display that spotlight them, inviting visitors in, while keeping at an appropriate distance. This contrasts with the second part of the visit, where one leaves the museum space to go next door, to the Andin Spa, guided by its doctor. The Andin Spa is a treatment centre, created in 2009 through the national government with international financing (Los Tiempos Digital, 2009). Officially, it is not an exhibition space, and conventionally, a museum visitor would not expect to be taken there. However, visiting it provided a different type of relation to the plants and their users (doctors and patients). Behind the counter of the Andin Spa's pharmacy (fig 4), there are multiple bags full of leaves, roots and bark. The doctor/guide takes a handful from a random bag, says what it is and answers any questions the visitors have – 'Where does it grow?', 'What is it used for?', 'Will it heal me?' This tactile action, which differs from the normative distance in museums between people and objects, enables a closer encounter between visitors and guides mediated by the healing plants. The medicinal plants become agents that assign the community as healers, custodians and transmitters of knowledge.

The fact that community guides blur the line between exhibition and healing space during visits(3) demonstrate that the theme of the community museum, traditional medicine, is rooted in Huancollo's social practices. In the museum, the knowledge and practice of traditional medicine is presented mainly through panels of treatments for illnesses (fig 5) and spiritual practices. In the centre of the room a big conical panel states the name of the Law that recognised traditional Indigenous medicine in Bolivia in 2013. While Indigenous knowledge and spirituality has been consistently repressed and erased by colonial and republican authorities into the 2000s (Loza, 2010), it has also been the subject of scientific research and acknowledged as intangible world heritage (4). However, the museum does not narrate the acts of resistance, but focuses on the institutional recognition of traditional medicine.

The traditional ancestral knowledge represented by Huancollo museum is not unique to this community. It represents Aymara communities and is held by numerous healers. The guides explain that all families held this knowledge and transmitted it throughout generations. While the goal is not to exalt the uniqueness of Huancollo as custodians of traditional knowledge, the museum displays portraits of key members of the community in this area: Victor Nina (naturopath healer accredited by the Health Ministry), Amauta Lucas Quispe (spiritual leader member of the Tiwanaku Amauta council), and Maura Nayra Quispe Limachi (a chiflera (5) who has a stall in the city of El Alto) (fig6). Aymara collective knowledge is thereby locally embodied in the museum's portraits of Huancollo community members who serve as branches, connecting local knowledge at a national level.

Finally, reframing Huancollo museum in terms of heritage-making, it has chosen to exhibit traditional medicine, that is intangible heritage, but has relied on material heritage for its creation. Huancollo intersects with two Bolivian World Heritage Sites: the spiritual and political site of Tiwanaku, and the Qhapaq Ñan Andin road system. It is through the latter, by means of the network of Qhapaq Ñan community museum, ASOREMUC-QÑ, that Huancollo's community museum opened (Paton, 2020). The proliferation of rural community museums in Bolivia in the 21st Century may correspond to the development of communities as political institutions with public services and public budgets (Klein, 2021), the expansion and consolidation of global community museum initiatives (Brown et al., 2024) and their recognition in the Bolivian Heritage Law of 2014. In Bolivia, these initiatives intend to cover heritage preservation needs as well as become tourist attractions for national and international visitors, but they struggle to recognise themselves as the former, and are not visible enough for the latter.

In Huancollo community museum, international heritage-making strategies appear in panels as fertilisers that intertwine the social practices of traditional medicine with complementary cultural heritage nutrients. The first panel displays a list of names and organisations that have made the museum possible, and the second one displays a map of South America showing the complete road system (fig7). Though Huancollo does not appear in the map, a picture labelled "Tiji Punku mountain in Huancollo" on the side may imply it represents the road within Huancollo territory. It is hard to represent a centuries- old path, whose traces are subtle or that has transformed into a modern road. It comes to life through its use by the comunarios of Huancollo and their relations with the other communities along the road, in this case, through heritage management. The historical ties of these Aymara communities are rebound through the community museum network, in training, fund-raising and the organisation of inter-community meetings (APC Bolivia, 2023)

Huancollo community museum of traditional medicine embodies a cultural heritage forest that seeks to connect the foundations of Indigenous knowledge with its visitors, mainly urban Bolivians, as myself, who seek unique, historical and alternative ways of being in the increasingly consumerist Bolivian society. It shows the potential coherence between Indigenous knowledge and present-day heritage-making strategies partnerships and national policy. Finally, through the encounter with community museum guides, it encourages visitors to cultivate more spaces to connect, collaborate and care for cultures. And it is in this spirit that Huancollo Museum of Traditional Medicine became a case study for my doctoral thesis⁶.

Exhibition Review – Figures Credits: All pictures have been taken by the author.



Figure 1. The entrance to Huancollo community museum



Fig.2 Exhibition of medicinal plants



Fig. 5 Exhibition panel presenting ailments and treatments



Fig. 6 Panels and installation of a chiflera's stall



Fig. 7 Panel displaying the map of the Andean Road System, Qhapaq Ñan

Notes

1 In 1994, the Bolivian State recognised rural Indigenous communities as Organización Territorial de Base. Through this status they receive public funds and govern themselves through their traditional practices.

2 Qhapaq Ñan, is a precolonial road system that traversed the Andes. In 2014, it was inscribed in UNESCO's World Heritage list by Argentina, Bolivia, Chile, Colombia, and Ecuador. The Bolivian route inscribed goes from Desaguadero to Viacha.

3 The author has visited the community museum four times from Nov 2023 to May 2024. Each time, the visit included the Andin Spa.

4 Andean cosmivision of the Kallawayaya was inscribed in the Intangible Heritage List in 2008 (originally proclaimed in 2003).

5 A chiflera is an Aymara expert in traditional medicine, who sells traditional healing and ritual products. The thesis is ongoing and due to be submitted in October 2026. This exhibition review is based on a visit that took place in November 2023 while doing exploratory fieldwork.

Bibliography

APC Bolivia (2023) '1er Encuentro Internacional de Comunidades Asociadas al Qhapaq Ñan', Agencia Plurinacional de Comunicación. Available at: <https://www.apcbolivia.org/1er-encuentro-internacional-de-comunidades-asociadas-al-qhapaq-nan/>.

Ayllu Originario Huancollo (2013) Estatuto y Reglamento del Ayllu Originario Huancollo. La Paz: Fundación TIERRA

Brown, K., Cummins, A., González Rueda, A. S., Brown, K., González Rueda, A. S. and Cummins, A. (2024) *Communities and Museums in the 21st Century: Shared Histories and Climate Action*. 1 edn.: Routledge.

Klein, H. S. (2021) 'Creating a Multiethnic Democracy, 1982–2002', in Klein, H.S. (ed.) *A Concise History of Bolivia* Cambridge Concise Histories. 3 ed. Cambridge: Cambridge University Press, pp. 239-263.

Estado Plurinacional de Bolivia, *Ley de Medicina Tradicional Ancestral Boliviana* (2013).

Estado Plurinacional de Bolivia, *Ley del Patrimonio Cultural Boliviano* (2014).

Los Tiempos Digital (2009) 'Inauguran primer "SPA andino comunitario" como oferta turística en el departamento de La Paz', *Los Tiempos*, 25-09-2009.

Loza, C. (2010) 'Kallawayaya: reconocimiento mundial a una ciencia de los Andes', in Castilla, A. (ed.) *El Museo en escena. Política y cultura en Latinoamérica*. Buenos Aires: Ed. Paidós.

Paton, J. C. (2020) *Presentación: Asociación de Representantes de Museos Comunitarios - Qhapaq Ñan*, La Paz: ASOREMUC QHAPAQ NAN.

UNESCO Andean cosmovision of the Kallawaya. Paris. Available at: <https://ich.unesco.org/en/RL/andean-cosmovision-of-the-kallawaya-00048?RL=00048> (Accessed: 18-04 2024).

UNESCO Qhapaq Ñan - Sistema vial andino. Paris: UNESCO. Available at: <https://whc.unesco.org/es/list/1459> (Accessed: 18-04 2024).

UNESCO Tiwanaku: centro espiritual y político de la cultura Tiwanaku. Paris. Available at: <https://whc.unesco.org/es/list/567> (Accessed: 18-04 2024).