



## 人口老化是社會變遷的催化劑：藝文機構相關文獻回顧

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許多證據顯示博物館與其他藝文機構，在促進健康與社會包容方面，有非常大的潛能。藝文機構是文化遺產、文物、記憶、歷史、認同及故事的儲存處，具有感動人心的潛能，因而提供參與民眾豐富生活、教育等自我提升機會。各國政府對於增進老齡人口身心健康，都在積極尋求具有成本效益的方法，因而使得藝文機構可能帶來的效益得以彰顯。

過去三十年來，隨著人口老齡化、技術創新、全球化、消費者期望改變、都市化以及政治和經濟壓力等因素，促使藝文機構功能巨大改變。相互競爭使得博物館更具包容性、社會意識和社會責任(Ross, 2004)。這些趨勢也反映於出版、教育與平權等相關政府議案中，間接促成無障礙空間設置及議案討論有更多公眾參與、議案內容更符合大眾利益，降低了菁英主義成份。

同時，社會對於老齡化的態度也有所轉變，現今許多觀點認為在退休後至產生功能障礙前的這段期間，是另一個學習成長的機會。除了廣為人知的生物醫學或衰老模型外，著重於正面、活力與健康老齡生活的生物心理社會模型(biopsychosocial model)，近年來正在蓬勃發展與推廣。運動與心理發展(psychological growth and development)相關研究也支持熟齡世代(the second half of life)存在積極改變和創造表達的潛力(Cohen, 2005)。

嬰兒潮世代目前是人口是最多的一個世代，他們於 2011 年開始退休。這世代對於那些提供他們產品和服務的政府、企業和企業家都非常有興趣。過去 50 年，嬰兒潮世代位於社會變革的最前線，而現今他們也是也積極扮演促使退休意義改變的主要角色(Hamilton & Hamilton, 2006)。在經濟、社會、價值觀、教育水平、態度、期望、健康和財富等種種方面，他們都與上一代人截然不同。這些差異顯著影響他們對於不同類型服務、活動、照護與居住之需求、偏好和消費能力。根據澳洲聯邦統計局(Australian Bureau of Statistics, 2009, 2012)的資料顯示，老年人是文化產業的主要消費者。2012 至 2014 年間，相較於 2005 至 2006 年間，65 至 74 歲群組參觀博物館的比率從 19%成長至 29%；藝術畫廊的比率從 22%成長至 28%。預期 65 至 74 歲群組於藝文機構的文化出席率(cultural attendance)在未來將持續成長。

藝術已被證實在許多方面都能對健康與幸福感產生正面影響。參與藝術活動的益處包含：

- (1) 增加控制感(sense of control)，增強免疫系統；
- (2) 社會參與(social engagement)促使血壓和心理壓力降低；
- (3) 認知挑戰(cognitive challenges)增加大腦儲備(brain reserve)；
- (4) 雙側殼核(bilateral brain)的參與使左右腦發展更為均衡(Clou & Fredhoi, 2006; Cohen, 2005, 2006)。

值得一提的是所謂藝術療法(art therapy)屬於心理治療，而藝術參與則是一種休閒活動，兩者並不相同。流行病學研究的證據顯示，經常性的參與文化活動能延長壽命，並對心理健康和幸福感產生正面影響(Bygren et al., 1996; Davies et al., 2014; Konlaan et al., 2000; O'Neill, 2010; Ruiz, 2004; Staricoff, 2004; Wilkinson et al., 2007)。

創造力需要靈活性、適應性和對新事物的開放性(Fisher & Specht, 1999)。參與藝術可以培養老年人有益身心健康的習慣、特性與態度，例如：幽默感、代際聯繫(intergenerational connections)、工藝技術、生活技能、平心面對死亡與臨終的態度、正面的情感體驗及終身學習與成長(Froggett & Little, 2008; Sheets & Liebig, 2011)。

藝術活動可以成為交流和互動的催化劑，博物館即為進行社交活動的合適處所。藝術治療(art therapy)所帶來的益處已被多方證實，顯示藝術對於心靈啟發具有意義，在正式和非正式學習中都可扮演刺激介質(stimulating mediators)的角色。藝術具有強化自我認同與自我意識、幫助思維轉化與維護心靈和諧感(sense of coherence)等功能，並進而讓參與者獲得更多良善機運、更正面的人生觀與更具彈性且更好的生活品質(Antonovsky, 1987; Davies et al., 2016; Goulding, 2013)。

博物館和醫療保健部門之間的合作，具有提升民眾健康和幸福感的潛能(Camic & Chatterjee, 2013)。在歐亞經濟聯盟(Eurasian Economic Union, EEU)中有超過 19,300 個博物館，而在加拿大和美國也有相近的數量，因而博物館和醫療保健部門合作可能產生非常廣泛的效益。許多博物館的內外部活動是針對社會邊緣人所設計，使得博物館的社交活動結合了社區利益與需求。Camic & Chatterjee (2013)發展了一個博物館和畫廊參與公共衛生的文化及健康架構。這個架構包含醫療、社會照護、慈善和博物館間共同發展的夥伴關係，也就是讓醫療保健和社會服務機構引導人們參與博物館對不同群體提供的「健康、幸福和社會包容」活動方案。

到目前為止，博物館仍然很少被社會、福利和衛生組織或機構視為合作夥伴。然而，現今這種情況正有所變化。在英國，領先的高齡友好城市曼徹斯特(Manchester)，提供了許多博物館改變老齡市民對於老齡化和文化認知的案例，這些案例同時達成促進健康與幸福感的目標。老齡關愛計畫(age-friendly programs)主要是以社區參與方式，邀請老齡市民共同為社會帶來改變。計畫中包括以下措施(Ward & Winn, 2015)：

- (1) 巡迴博物館收藏至醫院和老年護理中心訪問；
- (2) 文化冠軍(Culture Champions)，大規模招募志願者擔任文化大使；
- (3) 咖啡、蛋糕和文化系列展，結合感官的博物館導覽活動；

#### (4) 哲學咖啡廳(Philosophy Café)，非正式的討論活動。

在墨爾本(Melbourne)的維多利亞博物館(Museum Victoria)展開了一個巡迴推廣計畫，為那些可能無法參觀博物館的人介紹博物館收藏。在老年護理機構也有針對失智老人提供一些活動，例如「兒時記憶(memories of childhood)」和「美好一日(the good old days)」(<https://museumvictoria.com.au>)。

博物館在公民生活中可以發揮重要作用，扮演引領社會變革和創造更具凝聚力社會的角色。研究顯示博物館可以作為促進社會變革的催化劑，不僅可作為挑戰陳規與既有觀念的基礎，也可促進社區包容、連接與凝聚。博物館透過提供安全、豐富和刺激的環境，可對整體社會帶來具體效益和文化交流。在人口老齡化的背景下，世界上有許多博物館正在積極改變民眾對老齡化和文化的看法，並致力促進老年人的健康和福祉。許多博物館和其他藝文機構都正為老年民眾的健康和福祉作出貢獻，而博物館和其他藝文機構在促進「合齡社會(age-integrated societies)」議題上的潛力才剛開始被人們發掘。

有非常多的機會可以探索或利用藝文機構的潛能。藝文機構已經是世界上現有基礎設施的一部分，而藝術則是許多人的社交、情感和知識生活的重要組成部分。我們對現今文化背景下的年輕人和家庭了解許多，但直到最近才開始有少數研究關心長期被忽視的老年人群體。這篇短文綜合介紹了過去文獻結果，也是一個研究藝文機構對合齡社會影響潛能研究計畫的一部份。這項研究計畫旨在透過一個跨學科的研究團隊，利用藝術、歷史、考古學、策展、老年學、社會政策、教育、設計、建築、城市規劃、社會歷史和社區發展等專業知識，充實對老齡相關問題的了解。

關鍵詞：藝文機構、博物館、老齡化

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# Population ageing as catalyst for social change - The case of cultural institutions - A literature review

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There is much evidence to suggest that museums and other cultural institutions have great capacity to promote and facilitate healthy and inclusive societies. As storehouses of cultural heritage, artifacts, memories, history, identities and stories, they have the potential to engage deeply with their publics and provide them with rich social, educational, developmental and emotional opportunities. Ageing populations have acted as a catalyst for the exploration and realization of this potential as governments seek cost-effective ways of promoting healthy, positive, active ageing in place.

The role of cultural institutions has changed dramatically over the past three decades. Along with ageing populations, technological innovation, globalization, changing consumer expectations, urbanization, and political and economic pressure have all contributed to this change. Museums have been forced into the marketplace and this has led to their becoming more inclusive, socially aware and socially responsible (Ross, 2004). These trends also reflect priority issues of access, education and equality on governmental agendas, and have resulted in improved accessibility, greater public participation, reduced elitism and more democratic representation.

Concurrently, attitudes to ageing have evolved considerably and many now view the stage between retirement and functional disability or the third age, as a time of growth and opportunity. Alongside the well-known biomedical or deficit model of ageing, new models of successful, positive, active and healthy ageing based on a biopsychosocial model, have been developed and promoted in recent times. Research into psychological growth and development has pointed to the potential capacity for positive change and creative expression in the second half of life (Cohen, 2005).

The Baby Boomers, one of the largest generational cohorts to date, began retiring in 2011. This generation is of great interest to governments, businesses and entrepreneurs whose products and services are aimed at them. *“They are active agents in the changing meaning of retirement, just as they have been at the forefront of social transformation for the last 50 years”* (Hamilton & Hamilton, 2006). Boomers are quite different from the previous generation - economically, socially, in terms of their values and education levels, attitudes, expectations, health and wealth. These differences will have a major impact on the types of services, activities, care and residential accommodation that they will need, seek, prefer and be able to pay for. Older people are key consumers of culture, and data from the Australia Bureau of Statistics shows increases in cultural attendance of the 65-74 years age group from 2005/6 to 2012/14, at museums 19% to

29% and art galleries 22% to 28% (Australian Bureau of Statistics, 2009, 2012). This upward trend in cultural attendance is expected to continue.

There are multiple ways in which the arts have been shown to have a positive impact on health and wellbeing. Specifically, participation in the arts can provide: a sense of control, which triggers a boost in the immune-system cells; social engagement leading to reduced blood pressure and stress levels; cognitive challenges enhancing brain reserve; and bilateral brain involvement enabling better left and right brain integration (Clow & Fredhoi, 2006; Cohen, 2005, 2006). It is important here to differentiate between art therapy, which is a form of psychotherapy, and arts engagement, which is a leisure activity. Epidemiological research provides evidence that ‘general cultural attendance’ on a regular basis increases longevity and has a beneficial impact on mental health and wellbeing (Bygren et al., 1996; Davies et al., 2014; Konlaan et al., 2000; O’Neill, 2010; Ruiz, 2004; Staricoff, 2004; Wilkinson et. al., 2007).

Creativity requires flexibility, adaptability and openness to new ideas (Fisher & Specht, 1999). Engagement in the arts develops habits, characteristics and attitudes that can optimize health and wellbeing in older age such as: humor, intergenerational connections, mastery of craft, learning for living, comfort with death and dying, positive emotional experiences, lifelong learning, and growth (Froggett & Little, 2008; Sheets & Liebig, 2011).

Museums are places of social activity, where the arts act as catalysts for conversations and interaction. In addition to the well-documented benefits of art therapy, the arts are meaningful, stimulating mediators in both formal and informal learning. They can provide a sense of purpose that strengthens personal identity and sense of self, they can help make sense of change and maintain a sense of coherence, and they can provide opportunities for positive social encounters, all leading to self-reported perceptions of happiness, resilience and quality of life. (Antonovsky, 1987; Davies et al., 2016; Goulding, 2013).

Partnerships between museums and the healthcare sector have the potential to achieve population level impact on health and wellbeing (Camic & Chatterjee, 2013). With over 19,300 museums in the Eurasian Economic Union (EEU) and a similar number in Canada and the USA, the potential for these partnerships is great. As museums become more socially active and aware of the interests and needs of their local communities, many have developed in-house and outreach programs and activities targeted at those who are often socially excluded. Camic and Chatterjee have developed a ‘Culture and health framework for museum and gallery involvement in public health’ (Camic & Chatterjee, 2013). This framework proposes that: healthcare, social care, charities and museums develop partnerships and that health care and social services refer people to museum--based programs wherein local museums offer coordinated ‘health, wellbeing and social inclusion’ activities for different groups.

Until recently museums were rarely considered as partners by social, welfare and health organizations and agencies. However, this situation is changing rapidly and the UK’s leading age-friendly city Manchester, provides many examples of how museums are changing perceptions of ageing and culture, and contributing to the health and wellbeing of its older citizens. Age-friendly programs that focus on neighborhood participation and social change have been co-created with older citizens. These programs include initiatives such as: mobile museum collections that visit hospitals and aged care facilities; ‘Culture Champions’ a

large-scale volunteer ambassador scheme; the ‘Coffee, Cake and Culture’ series of guided museum tours combined with sensory-based activities; and ‘Philosophy Café’, informal discussion sessions (Ward & Winn, 2015). In Melbourne, Museum Victoria runs a mobile outreach program that provides access to museum collections for those who may not be able to visit the museums. Some examples developed for dementia specific audiences in aged-care settings, are ‘Memories of Childhood’ and ‘The Good Old Days’ (<https://museumvictoria.com.au>).

Museums have an important role to play in civic life and can be agents for social change and the creation of a more cohesive society. Research suggests that museums can act as catalysts for social change not only in terms of challenging stereotypes, promoting tolerance and connecting and empowering communities, but also by providing safe, rich and stimulating environments where beneficial social and cultural encounters may occur. In the context of ageing populations, there are a number of museums around the world that are now actively participating in changing the perceptions of ageing and culture, and contributing to the health and wellbeing of their older citizens. The potential of museums and other cultural institutions to contribute to the health and wellbeing of its older citizens, and to act as facilitators of age-integrated societies, is only beginning to be explored.

There is great opportunity in exploring and leveraging the potential of cultural institutions. Cultural institutions are already part of existing infrastructure the world over, and the arts are an important part of many people’s social, emotional and intellectual lives. We know much about younger people and families in the context of cultural institutions, but little about the older cohort which until recently had been largely ignored. This short article presents the findings of a literature review, part of a pilot research project examining the potential of cultural institutions to facilitate age-integrated societies. This research aims to address the gap in knowledge around older people with an interdisciplinary research team incorporating expertise in arts, history, archaeology, curation, gerontology, social policy, education, design, architecture, urban planning, social history and community development.

**Keywords:** cultural institution, museum, ageing



