



## Museums as Therapeutic Spaces: Exploring the Potential of Museotherapy in India

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**Abstract:** This study examines the therapeutic potential of museums in India, investigating how cultural institutions can address mental health challenges through five therapeutic modalities: music, art, poetry, spiritual, and nature-based interventions.

A qualitative secondary research design was employed, synthesising international scholarship, institutional reports, and documented case studies to provide a comparative analysis of global practices and emerging Indian initiatives.

Findings demonstrate significant capacity to reduce stress, enhance mindfulness, foster creativity, and promote social inclusion. Indian museums, such as the Indian Music Experience (Bengaluru), the Indian Museum (Kolkata), National Museum (New Delhi), the Assam State Museum, and the Inner Peace Museum (Hyderabad), etc., exemplify nascent therapeutic programming. However, systemic barriers, including insufficient funding, shortage of trained facilitators, policy fragmentation, and mental health stigma, impede scalable implementation. The study relies on secondary data and documented case studies rather than primary empirical research. Future investigations should employ mixed-methods approaches, including clinical assessments and longitudinal outcome measurements.

The research provides a framework for integrating therapeutic programming into museum practice, offering culturally grounded strategies for Indian institutions to enhance public health contributions.

This study addresses a critical gap in Indian museology literature by theorising museums as therapeutic landscapes and proposing evidence-based recommendations for mainstreaming museotherapy within cultural and health policy frameworks.

**Keywords:** Museotherapy, Therapeutic museums, New Museology, Mental health interventions, Art therapy, Cultural well-being.

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## INTRODUCTION

### The Evolution of Museum Purpose

Contemporary museology has witnessed a paradigmatic shift from object-centred custodianship to human-centred engagement (Silverman, 2005). This transformation, conceptualised within the New Museology discourse, repositions museums as socially responsive institutions that prioritise visitor experiences, inclusivity, and community participation over traditional curatorial paradigms (Vergo, 1989). Museums are increasingly functioning not merely as repositories of cultural capital but as dynamic public spaces that foster emotional healing, cognitive stimulation, and social cohesion.

The growing reconceptualisation of museums as spaces that contribute to public well-being becomes increasingly significant in the context of mental health crisis around the globe. WHO's findings shows that anxiety and depression alone cost the world economy nearly **US\$1 trillion yearly** in lost productivity, and approximately **12 billion working days lost** each year due to these conditions (WHO, 2024). In India, the situation is particularly alarming, as the country faces both a rising burden of mental illness and scarcity of

mental health professionals. Studies indicate that India has **only about 0.75 psychiatrists per 100,000 population**, far below the WHO-recommended minimum of 3 per 100,000 (Garg *et al.*, 2019). The National Mental Health Survey of India (2015-16), conducted by NIMHANS estimates that approximately **150 million Indians** need mental health care. Yet, the **treatment gap ranges between 70% and 92%** for various mental disorders, reflecting widespread barriers such as stigma, lack of awareness, and limited access to professional services (Gururaj *et al.*, 2016). Despite this high prevalence, the majority of individuals do not access care due to stigma, limited resources, and inadequate infrastructure.

These challenges underscore the pressing need for innovative, community-driven, and culturally sensitive interventions. Museums, as inclusive public spaces, are uniquely positioned to complement clinical services by promoting mental well-being, reducing stigma, and offering psychosocial support.

### Museotherapy: Conceptual Framework

“Museotherapy” is a new concept for wellness through the arts; it emerges at the intersection of cultural

engagement and therapeutic practice, leveraging museums' unique affordances, such as aesthetic immersion, multisensory stimulation, social interaction, and contemplative atmosphere, to promote psychological well-being (Nauleau, 2018; Bondil, 2021). This approach aligns with environmental psychology theories, which posit that restorative environments facilitate stress recovery, attention restoration, and emotional regulation (Kaplan, 1989; 1995 Ulrich *et al.*, 1991). Visiting museums provides a wide range of health and well-being benefits, supporting both physical health and psychological well-being (Cotter & Pawelski, 2021). The tranquil ambience of museum galleries can act as a refuge from the pressures of everyday life, enabling visitors to relax and mentally rejuvenate (Dupuy *et al.*, 2024).

Research indicates that engagement with art and cultural artefacts can help in reduction of cortisol levels, the hormone associated with stress, thereby enhancing mood and holistic well-being (Kaimal *et al.*, 2016; Law *et al.*, 2021).

Moreover, museums play a vital role in developing social connections and promoting community engagement, both of which are crucial for maintaining mental health (Weber, 2022).

Through guided tours, workshops, and group activities, museums enable visitors to connect with like-minded individuals and share meaningful, enriching experiences (Sutter *et al.*, 2016).

Such social interactions foster a sense of belonging while also creating opportunities for personal growth and development (Šveb Dragija & Jelinčić, 2022).

Many museums have acknowledged the significance of enhancing health and well-being by implementing specialised programs and initiatives (Camic & Chatterjee, 2013; Todd *et al.*, 2017). For example, some museums offer meditation and mindfulness sessions within their collections, providing visitors with practical tools to reduce stress and foster mindfulness (Tom Deakin, 2022). These initiatives often incorporate aspects of art therapy, leveraging the healing power of creative expression to enhance emotional resilience and foster self-awareness (Colbert *et al.*, 2013; Packer, 2008). Furthermore, many museums have integrated time outside in nature and physical activities into their offerings to promote wellbeing. Outdoor sculpture gardens and walking tours motivate visitors to combine moderate physical activity with the exploration of art and nature. Studies indicate that spending time in natural environments can elevate mood, enhance immune function, and lower stress levels (Kondo *et al.*, 2018; Hunter *et al.*, 2019). In addition, interactive exhibitions that encourage movement and physical interaction can improve cognitive performance and

promote physical wellness through playful engagement. (Camic & Chatterjee, 2013; Froggett *et al.*, 2011; Mujtaba *et al.*, 2018).

Examples from around the world show that museums and cultural institutions can offer visitors significant therapeutic benefits. According to studies conducted worldwide. Participating in museum activities, such as interacting with art, guided reflection, and cultural exchange, can improve emotional well-being and reduce stress.

**The Montreal Museum of Fine Arts (MMFA)** has implemented a prescriptive art-based intervention in which physicians prescribe museum visits as a complementary therapeutic measure, and empirical research indicates that such prescribed visits are associated with notable improvements in mental health and well-being, including reductions in psychological distress, anxiety, depressive symptoms, and social isolation (Beauchet *et al.*, 2025; Montreal Museum of Fine Arts, 2018). The United Kingdom's "Museums on Prescription" initiative reports enhanced quality of life and reduced healthcare utilisation among participants (Thomson *et al.*, 2017). The Museum of Modern Art's "Meet Me at MoMA" program for individuals with dementia has shown sustained cognitive engagement and reduced behavioural symptoms (Rosenberg, 2009).

### **The Indian Context**

Despite India's extensive cultural heritage, comprising over 1,000 museums and rich traditions in the performing arts, spiritual practices, and nature-based therapeutic applications, these aspects remain largely unexplored in Indian museological discourse. Emerging initiatives at institutions, including the Indian Music Experience, Inner Peace Museum, and Assam State Museum, suggest a nascent awareness; however, most of the programs lack systematic documentation, theoretical grounding, or integration within health policy frameworks.

This disjuncture between India's cultural resources and mental health needs presents both challenge and opportunity. Traditional Indian healing systems, such as Ayurveda, yoga, music therapy (Sangeet chikitsa), and nature-based practices, offer culturally congruent frameworks for therapeutic museum programming. However, translating these traditions into contemporary museum practice requires rigorous investigation of implementation models, outcome measurement, and scalability considerations.

### **Research Objectives**

This study addresses the following research questions:

- What therapeutic modalities can museums effectively implement within Indian cultural contexts?
- What are current practices and emerging models of museotherapy in India?

- What systemic barriers impede large-scale implementation of therapeutic museum programming?
- What evidence-based strategies can facilitate the integration of museotherapy into Indian cultural and health policy frameworks?

## LITERATURE REVIEW

### Theoretical Foundations: New Museology and Social Inclusion

New Museology, emerging in the 1980s, challenged traditional museum practices by advocating for democratisation, community participation, and social relevance (Vergo, 1989; Marstine, 2006). This paradigm emphasises museums' responsibility to address contemporary social issues, including health disparities, educational inequity, and cultural exclusion.

**Sandell (1998)** conceptualises museums as agents of social inclusion, capable of combating marginalisation through accessible programming and participatory practice.

Within this framework, therapeutic museology represents a logical extension, positioning museums as public health resources. Chatterjee and Noble (2013) argue that museums' non-clinical environments reduce stigma associated with mental health interventions while providing culturally enriching contexts for healing.

### Empirical Evidence: Museums and Well-being

Accumulating evidence documents the therapeutic efficacy of museums across diverse populations and conditions. Fancourt and Finn (2019) conducted a systematic review that identified multiple mechanisms through which cultural engagement promotes health, including stress reduction via cortisol modulation, cognitive stimulation through novelty and complexity, social connection via shared experiences, and meaning-making through narrative engagement.

Specific therapeutic modalities demonstrate distinct benefits:

**Art therapy** facilitates emotional expression, trauma processing, and identity formation through the creation and interpretation of visual art (Malchiodi, 2012). Museum-based art therapy programs report reduced anxiety, enhanced self-esteem, and improved coping strategies (Salom, 2008).

**Music therapy** enhances memory consolidation, emotional regulation, and social bonding through the use of rhythm, melody, and harmonic structures (Thaut & Hoemberg, 2014). Neuroimaging studies document music's capacity to activate reward pathways, reduce amygdala hyperactivity, and strengthen neural connectivity (Koelsch, 2014).

**Nature-based therapy** leverages Biophilia, humans' innate affinity for natural environments, to restore attentional capacity and reduce physiological stress responses (Hartig *et al.*, 2014). Exposure to natural elements in museum contexts has been shown to produce measurable improvements in heart rate variability, blood pressure, and self-reported mood (Bratman *et al.*, 2015).

### Examples of global best practices in museum-based wellbeing initiatives:

International museums have pioneered diverse therapeutic models. They illustrate a wide range of therapeutic practices integrating art, mindfulness, and healthcare. **The British Museum** offers mindfulness tours using artefacts for reflection, while **the Montreal Museum of Fine Arts** pioneered physician-prescribed museum visits, showing improvements in mental well-being and social connection. The **on UK's Museums Prescription** model further demonstrates successful collaboration between healthcare providers and museums, improving mood, self-esteem, and reducing anxiety. Similarly, **the California Academy of Sciences** combines mindfulness with scientific exploration, and **Meet Me at MoMA** supports dementia patients through object-based engagement, enhancing cognitive and emotional well-being. **The Brooklyn Museum** promotes holistic health through yoga, meditation, and wellness workshops, while **the Royal Ontario Museum** extends therapeutic engagement to nature through forest bathing experiences, collectively highlighting the growing global role of museums in promoting mental health and well-being. These cases illustrate how museums and cultural organisations across the world are implementing innovative programs to enhance health and well-being through nature, art and mindfulness activities. Institutions have the potential to become more important in fostering wellbeing in their communities as they develop and broaden their offerings. Museums can be useful tools for improving both individual and societal well-being by adopting creative programs and initiatives (H. J. Chatterjee *et al.*, 2017; Rosenberg, 2009; Alexander, 2024).

### Gaps in Indian Research

Despite growing international evidence, Indian museological scholarship exhibits limited engagement with therapeutic applications. Existing literature predominantly addresses conservation, digitisation, and educational programming. Mental health research in India rarely considers cultural institutions as intervention sites, focusing instead on clinical and community mental health models (Patel *et al.*, 2018). This study addresses this critical gap by examining therapeutic potential within Indian museum contexts.

## METHODOLOGY

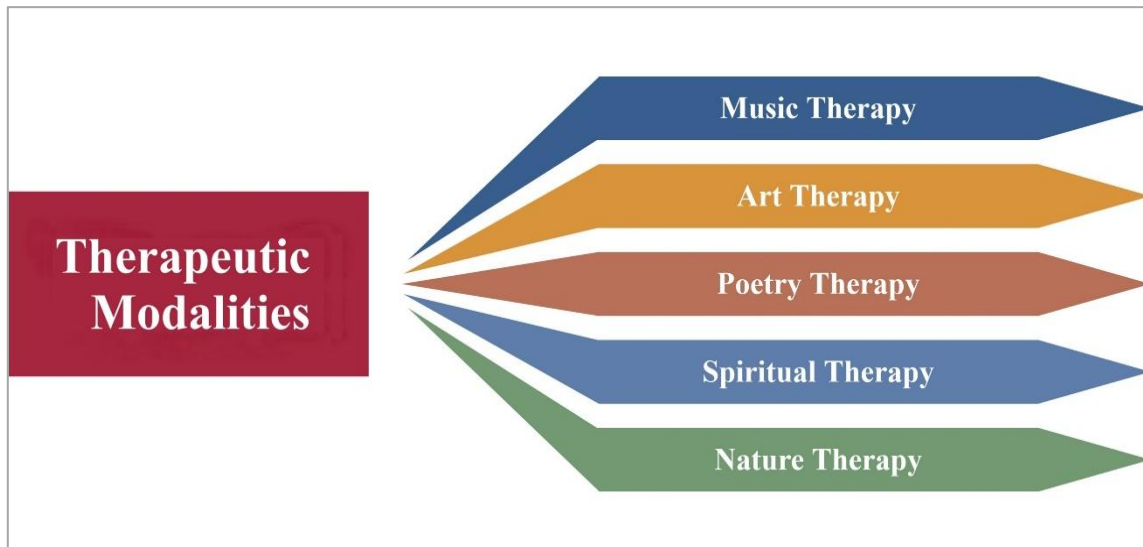
This study employs a qualitative, exploratory design based on secondary data to examine therapeutic museology in India. Data were collected from academic literature, institutional reports of international and Indian

museums, and documented case studies to identify practices, models, and outcomes. However, reliance on secondary sources limits direct observation, assessment of effectiveness, and insights into participant experiences, while the scarcity of documented Indian initiatives further constrains analysis, indicating the need for future primary and mixed-method research.

## FINDINGS

### Therapeutic Modalities in Museum Contexts

Five primary therapeutic modalities emerge from the literature and case study analysis, each offering distinct mechanisms and applications within museum environments.



#### Music Therapy

Music therapy uses structured musical activities to support cognitive, emotional, and social well-being (American Music Therapy Association, 2005). In museum settings, it includes listening sessions, participatory music-making, sound exploration, and reminiscence through music.

**The Indian Music Experience (IME), Bengaluru**, through Project Svaritha, provides inclusive experiences for neurodiverse and underprivileged children using interactive sound installations and collaborative musical activities, which have been observed to improve focus, reduce anxiety, and enhance social interaction. Similarly, **SVARAM at Auroville** incorporates sound healing through workshops using traditional instruments such as singing bowls, gongs, and bamboo instruments, drawing upon Indian traditions like Nada yoga (Sound yoga) and Sangeet chikitsa (music medicine) while adapting them to contemporary museum contexts.

Neurophysiological research documents music's capacity to modulate stress hormones, activate reward pathways, and enhance neuroplasticity (Koelsch, 2014). For individuals with dementia, music stimulates preserved memory networks, facilitating autobiographical recall and emotional expression (Madera-Cimadevilla *et al.*, 2024). For neurodiverse populations, structured musical activities promote sensory integration, communication development, and emotional regulation (Hardy & LaGasse, 2013).

#### Art Therapy

Art therapy employs visual art creation and interpretation to facilitate psychological healing, self-understanding, and behavioural change (Malchiodi, 2012). Museum-based art therapy leverages collections to inspire creative expression while providing non-threatening contexts for exploring difficult emotions.

**The Assam State Museum, Guwahati**, highlights the role of museums in promoting health and well-being through initiatives that combine cultural engagement with therapeutic support. In partnership with ONCOCARE, it organised art and music activities, guided visits, and support sessions for cancer patients, caregivers, and healthcare professionals, aiming to reduce stress, enhance emotional well-being, and encourage social inclusion. By waiving entry fees and collaborating with medical experts, the museum positioned itself as a care-oriented cultural space (Sarmah, 2019). Similarly, **the Indian Museum, Kolkata**, conducts weekly art workshops for individuals with mental disabilities, involving creative activities like drawing, painting, and crafts, which help improve emotional expression, cognitive and motor skills, and social interaction, with educators noting positive behavioural and developmental outcomes (Sen, 2022).

**According to the International Arts + Mind Lab, the National Museum of India in New Delhi** conducts wellness programmes that combine cultural engagement with holistic health practices. These include yoga sessions and guided art therapy workshops, where

participants engage in mindfulness exercises followed by creative activities inspired by museum collections, promoting self-expression, stress reduction, and overall well-being (Alexander, 2024).

“**Paint Your Feelings**” workshop by the **Museum of Art & Photography (MAP), Bengaluru** led by Disha Dutt, was an online session that combined guided meditation with art-making to support self-expression and emotional exploration. Participants used materials such as paints, crayons, and collage elements, fostering self-reflection and personal well-being (Museum of Art & Photography, 2021).

**The National Gallery of Modern Art (NGMA), Delhi**, organised community art sessions that emphasised collective creation and exploration of cultural identity. These programs, while not explicitly therapeutic, incorporated elements of expressive arts therapy, including narrative development, symbolic representation, and group cohesion-building.

Auroville’s participatory art initiatives, particularly through the Sankalpa art programme and the *Art Cart outreach project*, integrate therapeutic principles with community engagement by facilitating structured creative activities such as collaborative art-making, mandala drawing with intentional affirmations, trauma-informed art sessions, painting of prayer flags and decorated CDs, and life-story painting on sarees. These workshops provide safe, non-judgmental spaces for emotional expression, self-reflection, strengthening self-esteem, and fostering social connection among children, adults, and local community members (Van Alphen, 2017). These programs emphasise process over product, mindfulness over outcome, aligning with core art therapy principles.

“During the **COVID-19 lockdown**, the **Kiran Nadar Museum of Art (KNMA)** offered downloadable colouring worksheets for children, virtual exhibition tours, and DIY art project videos with the aim of using art as therapy to help people experience calm, peace, and focus amidst uncertainty and stress. (Jha, S. 2020).

Evidence suggests that art-making activates reward-related neural processes, significantly reduces cortisol levels, and fosters cognitive flexibility through emotionally engaging and exploratory visual activities (Kaimal *et al.*, 2016). For trauma survivors, visual expression provides an alternative communication channel when verbal articulation proves difficult (Hass-Cohen & Carr, 2008). For individuals experiencing depression, creative engagement combats anhedonia while fostering agency and mastery experiences (Smith, 2024).

### **Poetry Therapy**

Poetry therapy, also known as bibliotherapy, utilises literary engagement, including reading, writing,

and discussion of poetry and prose, to promote emotional healing and personal growth (Mazza, 2013).

Poetry has a calming effect on emotions and can be used as a recreational activity to treat psychological damage and control emotions (Porter *et al.*, 2020).

The **Ghalib Museum in Delhi** organised poetry reading circles and reflective writing workshops within spaces commemorating Mirza Ghalib's literary legacy. Participants engaged with the traditions of Urdu and Persian poetry while exploring contemporary emotional experiences through creative writing. The **Rabindranath Tagore Museum in Santiniketan** also provides contemplative environments for engaging with Tagore's philosophical and poetic works. While not structured as formal therapy, these programs facilitate introspection, cultural connection, and existential meaning-making, core therapeutic processes. The **Sahitya Academy’s "Festival of Letters"** demonstrates potential for scaled literary engagement, featuring multilingual poetry performances, author dialogues, and public writing workshops. Such initiatives could readily incorporate therapeutic frameworks to enhance mental health benefits. (Press Information Bureau, 2025). Within museums, poetry therapy capitalises on literary collections, author exhibitions, and contemplative spaces to facilitate narrative exploration and meaning-making. Research documents poetry's efficacy in enhancing emotional literacy, reducing alexithymia (the difficulty in identifying emotions), and fostering empathy (Djikic *et al.*, 2013).

Writing exercises promote cognitive restructuring, perspective-taking, and trauma integration (Pennebaker & Chung, 2011). Group poetry activities strengthen social bonds while validating diverse emotional experiences. Poetry integration in health and social care education provides students with a rich, diverse way to develop empathy and self-awareness. Its potential extends beyond the aesthetic appreciation of words, serving as a conduit for meaningful expression, empathic connection, and personal growth. (Jack & Illingworth, 2023)

### **Spiritual Therapy**

Spiritual therapy addresses existential concerns, meaning-making, and transcendent experiences through contemplative practices, philosophical inquiry, and connection with sacred traditions (Pargament, 2007). Within Indian contexts, where spirituality remains culturally central, spiritual therapy offers particularly resonant therapeutic pathways.

**The Inner Peace Museum at Kanha Shanti Vanam (Hyderabad)** exemplifies the integration of spiritual therapy, offering meditation spaces, contemplative gardens, and exhibitions that explore consciousness, mindfulness, and inner transformation. The museum's architecture and programming are explicitly designed to

facilitate spiritual experiences that support psychological well-being. **The Brahmakumaris Spiritual Museum** in Agra similarly integrates heritage exhibitions with contemplative practices, providing spaces for meditation, philosophical reflection, and the exploration of values. These institutions demonstrate how museums can honour spiritual traditions while serving therapeutic functions.

India's numerous temple museums and sacred heritage sites present additional opportunities for spiritual therapy programming, though careful navigation of religious sensitivities and secular institutional frameworks remains necessary.

Research suggests that spirituality and religious practices can help alleviate existential anxiety, foster psychological resilience, and provide frameworks for understanding suffering. In "Religion, Spirituality, and Health: The Research and Clinical Implications," Koenig reviews evidence showing that spiritual beliefs and involvement often provide coping resources, meaning, and purpose in life, as well as ways to interpret and deal with difficult life circumstances, which can reduce distress and bolster resilience. (Koenig *et al.*, 2012). Meditation and contemplative practices have been shown to have measurable effects on stress reduction, emotional regulation, and attentional control (Goyal *et al.*, 2014).

### **Nature Therapy**

Nature therapy, or Eco therapy, leverages human Biophilia, the innate affinity for natural environments, to restore psychological equilibrium and enhance well-being (Kahn & Kellert, 2002). Museum contexts, which often feature botanical gardens, natural history collections, and eco-museum experiences, provide accessible nature exposure, particularly valuable for urban populations with limited access to natural environments.

**RGRMNH, Sawai Madhopur**, combines natural history exhibitions with outdoor nature trails, botanical gardens, and wildlife observation opportunities. While not explicitly therapeutic, these offerings align with Ecotherapy principles by facilitating nature connection and environmental mindfulness. **The Tea Museum in Ooty** offers immersive experiences within tea plantations, providing sensory engagement with natural landscapes, traditional agricultural practices, and botanical diversity. Such settings exemplify how specialised museums can provide restorative nature experiences.

India's biodiversity and varied ecosystems offer a rich potential for developing therapeutic eco-museums that integrate conservation education with mental health promotion. Botanical gardens affiliated with universities and research institutions also offer opportunities for structured nature therapy programming.

Evidence demonstrates that exposure to nature decreases stress hormones, lowers blood pressure, enhances immune function, and improves cognitive performance (Bratman *et al.*, 2015; Hartig *et al.*, 2014). Research supports the idea that **even indirect exposure to nature** (such as through images, sounds, window views, or biophilic design elements) can have **measurable psychological and physiological benefits** (e.g., reduced stress, improved mood, and enhanced cognitive functioning). While Frumkin *et al.* (2017) primarily outline a research agenda based on the broad evidence base for the nature and health, they acknowledge a spectrum of nature contact, including technological nature or mediated experiences, as relevant for understanding the health effects of nature contact. Exposure to nature decreased levels of perceived stress in 5 out of 6 studies and physiologic stress in 7 out of 7 studies, and may have important applications in healthcare and public policy (Shuda *et al.*, 2020).

### **Discussion**

#### **Systemic Barriers to Implementation**

Despite demonstrated potential, several systemic barriers impede therapeutic museum programming in India:

**Resource Constraints:** Museum funding in India is often insufficient, with institutions struggling to manage basic operations, collections, and educational activities. Therapeutic programmes require additional resources such as trained facilitators, materials, accessibility support, and evaluation which are rarely available. Declining government funding and a philanthropic focus on conservation rather than programming further limit financial support, leaving museums without sustainable models to run such initiatives independently.

**Human Resource Deficits:** Therapeutic programmes require specialised skills such as art and music therapy, mental health awareness, and trauma-informed practice, yet few museum professionals in India possess these qualifications. Additionally, museology training largely focuses on curation and conservation, with limited emphasis on community engagement or well-being, restricting the scope for therapeutic innovation.

**Mental Health Stigma:** Persistent stigma around mental health in India discourages people from seeking help or participating in programmes perceived as "*psychiatric*" (Gaiha *et al.*, 2020). While museums can offer supportive, non-clinical spaces for well-being, explicitly labelling initiatives as "therapy" may reduce participation. Framing such programmes around well-being, creativity, mindfulness, or cultural engagement is often more acceptable and effective.

**Policy Fragmentation:** Cultural and health policies in India function in separate administrative spheres with little coordination, limiting collaboration between museums and healthcare systems. Museums are governed by the Ministry of Culture, while mental health

programmes fall under the Ministry of Health and Family Welfare, restricting integrated planning and funding. Unlike successful international models based on strong institutional partnerships, India lacks a supportive policy framework and infrastructure for such collaboration.

**Institutional Conservatism:** Many Indian museums continue to prioritise preservation and conservation research, and passive displays over active visitor engagement, often resulting in outdated and less interactive experiences. Introducing therapeutic programming requires a shift in institutional mindset, new skill development, and acceptance of evaluation frameworks. However, resistance to change, rigid hierarchies, limited training opportunities, and a focus on attendance rather than impact hinder innovation and effective programme assessment.

### ***Theoretical Implications***

The findings support the idea of New Museology, showing that museums can move beyond traditional custodial roles to become socially responsive spaces that address contemporary issues (Vergo, 1989). By viewing museums as therapeutic environments that support psychological well-being through sensory, symbolic, and social experiences, the study extends museological theory into the field of health promotion.

Drawing on the concept of therapeutic landscapes (Gesler, 1992; Williams, 1999), the study highlights how museum spaces through their aesthetic appeal, reflective atmosphere, social interactions, and cultural meanings can contribute to healing and well-being. This framework helps explain the role of museum environments, collections, and programmes in promoting mental health.

The study also emphasises the value of culturally rooted healing traditions in India, such as music therapy, art-based spiritual practices, poetic traditions, and nature-based healing. Integrating these indigenous approaches into museum programmes can create culturally relevant therapeutic experiences while addressing present-day mental health needs.

### ***Practical Implications***

The findings highlight that museums have an underutilised role in supporting public health, particularly through preventive and non-clinical interventions. They can function as accessible and low-cost mental health resources, offering supportive environments that complement formal care while reducing stigma especially important in contexts like India with significant treatment gaps.

Museum-based approaches are also culturally relevant, drawing on familiar practices such as engagement with heritage, creativity, spirituality, and nature, which can enhance participation compared to purely clinical models. Additionally, museums can

prioritise prevention and well-being promotion by fostering stress relief, social connection, and creative expression for wider audiences, not just those with diagnosed conditions.

Finally, museums offer strong potential for cross-sector collaboration, acting as links between cultural institutions, education, healthcare, and community organisations. Such partnerships can broaden access and strengthen the overall impact of well-being initiatives.

### ***Comparison with International Models***

Indian initiatives remain nascent compared to established international programs. Key differences include:

**Systematic integration:** International programmes, such as Museums on Prescription and MMFA initiatives, are supported by formal healthcare partnerships, physician referrals, and institutional recognition, whereas Indian efforts remain largely informal and reliant on individual initiatives without systemic backing.

**Evidence base:** Global models emphasise rigorous evaluation using validated tools and long-term studies to demonstrate impact, while Indian programmes generally lack systematic assessment, limiting their scalability and advocacy potential.

**Professional infrastructure:** International practices involve certified therapists and trained facilitators, but India faces a shortage of such professionals and limited training opportunities in therapeutic domains.

**Funding mechanisms:** While international programmes benefit from diverse funding sources, including healthcare support and philanthropy, Indian initiatives depend mainly on constrained institutional budgets or short-term grants.

Despite these limitations, Indian museums hold strengths in their rich cultural heritage, strong community ties, and traditions of collective participation, which can support effective and culturally relevant interventions.

### ***Recommendations for Policy and Practice***

Realising therapeutic potential requires multi-level interventions addressing policy, practice, education, and research dimensions.

**Policy Level:** Strengthen collaboration between cultural and health ministries through formal mechanisms and dedicated funding to support therapeutic cultural programmes within national mental health initiatives. Develop Indian social prescription models that allow healthcare providers to refer individuals to community-based programmes with proper evaluation and quality standards. Additionally, revise museum accreditation

systems to recognise and encourage therapeutic programming, incorporating well-being outcomes into institutional performance metrics.

**Institutional Practice:** Strengthen institutional capacity by training museum professionals in therapeutic facilitation, mental health awareness, trauma-informed approaches, and accessibility, while building partnerships with relevant training bodies. Develop culturally relevant, evidence-based programmes tailored to local needs, supported by careful documentation and evaluation. Enhance accessibility across physical, sensory, cognitive, and financial dimensions to ensure inclusivity, and foster collaborations with healthcare providers, NGOs, schools, and community organisations to expand outreach and support effective referrals.

**Educational Integration:** Integrate therapeutic museology into academic programmes in museology, arts management, and heritage studies through specialised courses on museum-based therapy and well-being practices. Support ongoing professional development for museum practitioners to build relevant competencies, and encourage interdisciplinary collaboration between museology and clinical training fields to develop hybrid expertise.

**Research Priorities:** Emphasise rigorous evaluation of therapeutic museum programmes using validated tools, comparison groups, and long-term studies to assess both implementation processes and well-being outcomes. Explore cultural adaptation of therapeutic approaches to suit Indian contexts while maintaining evidence-based practices. Investigate factors influencing adoption, sustainability, and scaling within museums, and assess cost-effectiveness by comparing economic value, societal benefits, and returns against conventional clinical alternatives.

## CONCLUSION

This study demonstrates that Indian museums possess substantial yet underutilised potential to contribute to mental health and well-being through therapeutic programming. Five modalities of music, art, poetry, spiritual, and nature-based therapy offer evidence-informed approaches adaptable to Indian cultural contexts. Emerging initiatives at institutions, including the Indian Music Experience, the Inner Peace Museum, and the Assam State Museum, exemplify a nascent awareness and innovation.

However, realising therapeutic potential requires addressing systemic barriers, including inadequate funding, professional capacity deficits, mental health stigma, policy fragmentation, and institutional conservatism. Strategic interventions at policy, institutional, educational, and research levels can facilitate the transformation of museums from passive repositories into active contributors to public health infrastructure.

By integrating India's rich cultural heritage with contemporary therapeutic practice, museums can offer culturally congruent, accessible, and destigmatised pathways to well-being. This vision requires reconceptualising museum purpose, investing in professional development, fostering cross-sectoral collaboration, and building rigorous evidence through systematic evaluation.

As India confronts escalating mental health challenges amid constrained clinical resources, cultural institutions represent valuable complementary resources. Museums' capacity to provide multisensory, meaningful, socially connective experiences positions them uniquely to support psychological healing and resilience. Transitioning from repositories of the past to healing sanctuaries of the present enhances museums' social relevance while addressing urgent public health needs.

Future research should employ mixed-methods empirical designs to assess the effectiveness of therapeutic programs, explore cultural adaptation processes, and examine implementation determinants within Indian contexts. Such scholarship will strengthen evidence for advocacy, inform program refinement, and advance theoretical understanding of how cultural engagement promotes well-being across diverse populations and settings.

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