



Original Research

Portable Art-Based Museum Workshops: Accessibility, Outreach, and Well-Being Outcomes for Young People with Severe Mental Health Challenges

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Abstract: Engagement with arts and cultural activities is increasingly recognized as beneficial for mental health; however, in Greece, there remains limited evidence regarding outreach museum programs for clinical populations. This study evaluates the *Portable Art Therapy Museum Workshop*, an initiative designed to examine the impact of a museum-based outreach program on the well-being of young people with severe mental health challenges, following a psychosocial approach. An art-based mixed-methods design was employed. Nineteen participants (aged 17–30 years, $M = 22$) from mental health community services engaged in a five-session portable workshop (museum visits and *art as therapy* workshops). Well-being was measured pre- and post-program using the University College London (UCL) Museum Wellbeing Wheel and analyzed with the Wilcoxon signed-rank test. Art-based qualitative observation and analysis identified three themes: Museum as Meeting Point, Self Objects, and My Personal Museum. UCL Wellbeing Wheel results showed a statistically significant improvement in psychological well-being ($p < .001$) before and after participation. Qualitative observations suggest that art objects can have multiple subjective and cultural meanings and therapeutic effects through memory and identity; that this approach helps to reduce practical, psychological, and symbolic barriers to social and cultural participation; and that it can enhance psychological well-being for young adults with severe mental health challenges.

Keywords: Cultural Accessibility, Museum Outreach, Museum and Art Therapy, Arts in Health, Mental Health Issues, Art-Objects

Introduction

This article examines the ways in which museums can function as psychosocial and therapeutic environments that support visitors in forming personally meaningful relationships with objects and, through these relationships, in reconnecting with a broader cultural and social sphere. Drawing on scholarship from arts in health, museum studies, and art therapy, alongside psychoanalytic object relations theory, the article argues that encounters with objects in museum contexts can facilitate processes of reflection, symbolization, and relational engagement. In doing so, museums are positioned not only as repositories of cultural heritage but also as active holding environments that mediate between individual experience and collective meaning, supporting well-being, identity formation, and social inclusion.

Engagement with arts and cultural activities has been increasingly recognized for its role in promoting mental health and well-being (Ander et al. 2013; Chatterjee and Camic 2015; Solway et al. 2016). The World Health Organization (WHO) (1948) has defined health as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity,” thus emphasizing the promotion of health and social well-being. A 2019 WHO report indicated that engagement with the arts may play a role in preventing illness, promoting both mental and physical health, and supporting the management and treatment of various conditions (Clift 2020). Recent studies have increasingly pointed to museum visits as a potential contributor to improved mental health and psychological well-being for individuals (Fancourt and Finn 2019; Hanna et al. 2017). Museum-based programs, with their multiple modalities—art-based, art therapeutic, receptive or passive, and in-house or portable—have been found to significantly improve individual, social, and community well-being. Museums may be seen as “holding environments” for audiences who explore personal meanings through art-making in art therapy-based museum programs (Ioannides 2016).

Museums should develop their social role, becoming community spaces and not only places of history and cultural heritage. In the effort to shape social programs, museums are increasingly engaging with accessibility, with cultural prescription, or with therapy through art. A shift in their center of interest is recognized at a global level (Silverman 2010). The encounter of art with mental health is not about reframing social experience; artistic practices are tools of both individual empowerment and collective reflection, deepening the relationship of the subject with the self, the body, the community, and the space.

When the museum is viewed as a communal space for dialogue and care, it fosters the social activation and well-being of participants by creating opportunities for free and collaborative expression, while also positioning the visitor as a co-creator. It lends meaning and value to individual experience through engagement and participation, decoding the individual’s relationship with the world by connecting the personal with the collective. At the same time, participation in experiential workshops aims at a holistic approach and at activities that encourage reflection and artistic expression. Analytically, it appears that the collaboration of artistic, therapeutic, and sociological approaches highlights art as a vital means of empowerment and transformation, with powerful applications at both an individual and a collective level (Ioannides 2023).

This article seeks to contribute to the current evidence gap in Greece by presenting an outreach *art as therapy* museum-based program. Addressing this gap is crucial if the Greek cultural sector is to demonstrate its value to society within the health sector. The aim of this research is to showcase the effectiveness of a portable outreach program on the individual well-being of young people with severe mental health issues referred from mental health services to this program. The research questions are as follows:

- How can outreach museum programs function as connector agents to enhance social inclusion and cultural accessibility for young people experiencing severe mental health challenges?
- Can museum-based outreach programs be used for individual well-being?
- Are there differences in the individual well-being change of this audience after the portable *art as therapy* museum workshop, and how are those depicted in art-making?

Methodology

Research Design

This research employed an art-based research approach (McNiff 1998), using a mixed-methods design. The qualitative elements were collected based on art-based workshops and facilitators' notes from the workshops. Triangulation was followed in order to provide data synthesis and explore the overall experience of participating in the program. The University College London (UCL) Museum Wellbeing Wheel (a twelve-item umbrella scale for younger adults) was used pre- and post- the "Portable Art Therapy Museum" workshop sessions. This instrument was chosen as appropriate for this study since it has been designed for in-house or outreach museum projects, evaluating the impact of this work on the psychological well-being of audiences. The toolkit measures psychological well-being as an indicator of the mental state of the individual. It focuses on levels of self-reported changes in mood and emotion, as these aspects of well-being are the ones that are more likely to change as a result of a short program, such as participating in a museum or gallery activity (Thomson and Chatterjee 2014).

Practice Description

The *Portable Art Therapy Museum Workshop* is grounded in the premise that art facilitates communication and connection between the personal and the social (Ioannides 2023). Drawing on arts in health and art therapy-informed practices, the program employs an *art as therapy* approach, in which creative processes are used to support emotional expression, reflection, and psychosocial engagement. This approach emphasizes the intrinsic therapeutic value of art-making, particularly for individuals who may experience difficulty articulating experiences verbally. Previous research indicates that cultural and arts-based interventions can reduce anxiety and depression while enhancing well-being (Sumner et al. 2021; Sayers and Stickley 2018; Goodman-Casanova et al. 2023).

Participant Selection

A total of nineteen participants (N = 19, aged 17–30 years) were recruited through collaborating community mental health centers specializing in early-onset and severe mental health conditions. Participants were referred by their treating clinicians using purposive

sampling, based on the following criteria: (a) clinical stability sufficient for group participation, (b) ongoing engagement with mental health services, and (c) capacity to participate in structured creative activities. All participants remained under clinical supervision throughout the program. This recruitment strategy ensured both ethical safeguarding and the relevance of the intervention to the target population.

Program Design and Mechanism

The program was developed through interdisciplinary collaboration between art psychotherapists, artists, and art historians, and was facilitated by the first author (a trained psychologist and art psychotherapist). It adapts the museum loan box/suitcase methodology (Lackoi et al. 2016), commonly used in outreach contexts, into a structured psychosocial intervention.

Central to the program is the use of curated “museum related materials” and standard art-making tools. These materials included reproductions of museum artifacts and archival images (e.g., ritual, protective, and everyday objects) and items selected (i.e., photographed) both by facilitators and participants (from museum visits to art-making workshops where presentation of selected materials were made) to stimulate emotional and memory engagement (see Figure 1). This connection was symbolically introduced through a travel box, functioning as a mediating object that bridges the clinical setting and the museum environment. In contrast, art-making materials (e.g., paper, clay, collage media, drawing tools) were used by participants to respond creatively to these stimuli. This distinction is central: museum materials evoked (during theme visits) connections that were made through images, participants’ photographs, and the presentation of archival materials, while art materials transformed these connections through art-making response workshops.

The thematic focus of the workshops was “objects and universality.” Objects were selected from museum collections based on their potential to evoke personal associations and support meaning-making processes among participants within identity transitions and mental health-related issues. Rather than privileging art-historical knowledge, emphasis was placed on the experiential and symbolic qualities of objects, allowing participants to engage with them in relation to their own lives. This approach draws on literature highlighting the relationship between objects, memory, and identity. Mack (2003, 15) describes museums as “theatres of memory,” where collections act as “containers” through which personal and collective histories can be accessed. Similarly, Watson et al. (2021) note that museum objects can evoke recollections in ways that differ from purely informational materials, often engaging affective and sensory dimensions of memory. Such processes of object-induced reminiscence have been linked to changes in mood, self-esteem, and overall well-being (Arigho 2008). In this context, recalling and reworking past experiences was approached not as a purely cognitive task but as a relational and creative process. As Bornat (2001) suggests,

engagement with memory can foster connections between individuals and support the maintenance of identity, particularly in situations marked by crisis and transition, conditions relevant to the participants in this study.

The portability of the intervention acted as a key accessibility mechanism, reducing logistical and psychological barriers by bringing museum experiences into familiar community settings. In this way, the program created an “in-between space” where participants could engage with cultural material without the immediate demands of entering formal museum environments.

Workshop Structure and Process

The program consisted of five structured sessions, combining museum engagement with art-based practice:

- Session 1: Introduction and Group Contract. This session focused on establishing group norms, boundaries, and safety, alongside an introductory art-making activity (e.g., a “navigation map”) to support orientation and trust-building.
- Sessions 2 and 4: Museum Engagement (On-Site). Receptive arts engagement-guided museum visits and mediated encounters with art objects, facilitating discussions that linked objects to personal and cultural meaning through subjective projections. Art-making (in *cartes postales*) and photography were used as connections between the museum space and the art response workshops.
- Sessions 3 and 5: Art-Based Workshops in Response. Active art-making sessions used a range of materials (e.g., clay, collage, *cartes postales*, assemblage), allowing participants to respond creatively to the themes and objects explored.

Each session followed a consistent internal structure: opening (check-in), presentation of themes and materials, art-making process (individual or collaborative), reflective discussion, and closure. The thematic framework developed progressively across sessions through interconnected explorations of:

- materialities of objects
- uses of objects across time (sacred, everyday, protective, communicative)
- personal objects and their meanings
- the museum as a “home” for objects
- the construction of a personal museum as part of one’s own narrative

Participants’ engagement was guided through open-ended prompts encouraging self-positioning and meaning-making (e.g., “Where would you place yourself within the artwork?”). Through this progression, objects functioned not simply as prompts but as mediating elements linking personal experience with broader cultural frameworks.

Process Orientation

The workshops prioritized process over product, emphasizing participation, symbolic expression, and relational engagement rather than artistic outcome. The combination of museum-derived stimuli and art-making enabled participants to move between reception and creation, observation, and expression. This dynamic supported the translation of personal experience into shared, socially legible forms, aligning with arts-based and psychosocial models of care.



Figure 1: Portable Museum Travel Box, Display of Selected Materials

Population

A total of nineteen participants ($N = 19$) were recruited from mental health community centers addressing the early onset of psychosis in young people, between October 2024 and June 2025, using purposive sampling. Participants were aged between 17 and 30 years ($M = 22$); 80% identified as “men,” 15% as “women,” and 5% as “other.” Participants reported a low frequency of museum visits but expressed motivation to experiment with art materials and media, with the aim of enhancing self-awareness.

Ethics

This study was conducted in full compliance with the ethical principles outlined in the Declaration of Helsinki, as well as the ethical guidelines for research involving human participants issued by the British Psychological Society (BPS) and the British Association of Art Therapists (BAAT). All participants were fully informed about the nature, aims, and procedures of the workshop, including their right to withdraw at any time without consequence. Written informed consent was obtained from each participant prior to participation, and consent for publication was obtained as well. Where cognitive difficulties were present, additional

clarification and support were provided to ensure comprehension of the consent process. To protect confidentiality, all participant data were anonymized using coded identifiers. Art-based materials produced during the workshops were treated as confidential clinical content and stored securely, with only anonymized quotations or aggregate data reported. The study was conducted with particular sensitivity to the vulnerabilities associated with severe mental health issues. Efforts were made to minimize emotional distress, and participants were given access to therapeutic support in case participation triggered adverse reactions. The workshops were led by an accredited art therapist/psychologist (the first author).

Practice Results

Data integration was approached by considering the quantitative and art-based material in relation to one another, rather than as separate findings. The change observed in well-being scores provided an overall indication of impact, while the artworks and visual processes helped to illuminate how this change may have been experienced by participants. Following McNiff (1998), the visual material was treated as a form of knowledge in its own right, not simply as an illustration of verbal accounts. Attention was given to recurring visual elements, spatial arrangements, and symbolic forms, which were then interpreted alongside the quantitative results. In this way, integration took place at the level of interpretation, allowing the numerical outcomes to be understood in connection with participants' expressive and relational processes.

Quantitative Analysis

Following the recommendations of Thomson and Chatterjee (2014) for analyzing the UCL Wellbeing Wheel, a Wilcoxon signed-rank test was employed to assess overall within-participant changes in well-being from pre- to post-workshop, with data pooled across all programs. All participants provided responses for each of the five sessions, both before and after the intervention. This nonparametric approach was selected as it is appropriate for ordinal well-being data and small to moderate sample sizes.

Descriptive statistics indicated a clear increase in well-being following participation in the workshops. Median well-being scores increased from 16.5 at pre-workshop to 29.0 post-workshop, suggesting that participants reported substantially higher levels of well-being after engaging in the museum activities. A Wilcoxon signed-rank test indicated a significant overall improvement in well-being, $p < .001$.

Art-Based Qualitative Analysis

The format of the five sessions began with an introductory meeting and the establishment of a group contract. In this way, the group defined its framework and objectives, enabling the self-exploratory dimension of the workshop to unfold safely. The themes emerged both visually and verbally from participants' art making and reflection, and are shown in Table 1. Overall, the group worked first on a personal/experiential level and subsequently on a

historical one, using the objects displayed in the museum space as points of departure. During the workshops, participants showed, on the one hand, difficulty with commitment and with organizing and orienting themselves in time and, on the other hand, a clear need for personal expression and connection with the group.

Table 1: Themes Based on the Workshops

<i>Theme</i>	<i>Title</i>
Theme 1	Museum as Meeting Point
Theme 2	Self Objects
Theme 3	My Personal Museum

Theme 1: Museum as Meeting Point

Theme 1 foregrounds the museum as a shared point of arrival, encounter, and negotiation, both spatially and symbolically. The introductory session, centered on the establishment of a group contract, was crucial in shaping this collective experience. Through the initial art-making activity, participants collaboratively constructed a visual “navigation map,” which articulated not only the museum as a destination but also the relational pathways leading toward it. This collective image-making process enabled the group to define the framework, boundaries, and aims of the workshops, allowing the self-exploratory dimension of the program to unfold within a context of psychological safety. Figures 2 and 3 document this early moment of collective meaning-making.

Visually, the works are characterized by fragmented routes, directional markers, and spatial separations, reflecting the participants’ diverse starting points. Roads, bridges, and transitional elements dominate the compositions, suggesting movement rather than stasis. These visual motifs indicate that the museum was not imagined as immediately accessible but as something reached through effort, navigation, and negotiation. The presence of obstacles, detours, and distance symbolizes both internal challenges, such as anxiety, disorientation, or ambivalence, and external barriers to cultural participation and social interaction, as mentioned by participants.

In line with Salom’s (2015, 49) observation that “culturally safe holding environments become highly significant when considering current object relations theories,” the museum gradually emerged as a holding environment capable of containing difference without erasing it. Rather than collapsing individual identities into a homogenous group image, the navigation maps preserved distinct trajectories while orienting them toward a shared endpoint. This balance between individuality and collectivity is central to the museum’s function as a meeting point.

From a psychodynamic perspective, the art psychotherapists intentionally worked to establish a potential space (Winnicott 1971), in which participants could experiment with expression, proximity, and distance. Everything that occurred within this space—verbal exchanges, silences, material choices, and spatial arrangements—was attentively observed and contained. This containment was essential, particularly given participants’ difficulties with commitment and temporal orientation, which are commonly associated with early-onset psychosis. The clear

structure of the task, combined with the freedom of visual expression, allowed participants to regress safely and explore preoccupations without fear of exposure or abandonment.

The physical dimension of space was equally significant. As Coles (2020) argues, space, like therapy, is defined by boundaries. The provision of a confidential room within the museum, where participants could work creatively and where each individual had a clearly defined, nonintrusive area, reinforced the sense of safety depicted symbolically in Figures 2 and 3. These physical boundaries supported the differentiation between self and other, internal and external reality, while still allowing for relational engagement. The navigation maps thus mirrored the spatial conditions of the workshop itself: separate yet connected, contained yet open.

In both Figures 2 and 3, the “Unit” appears as a central node or focal point, functioning as a symbolic anchor for the group. The Unit was not depicted as a final resolution but as a meeting place, a site where different paths converge. This potentially shows that, for participants, the museum was experienced less as an authoritative institution and more as a relational space, one that legitimized presence, waiting, and encounter, as written in Figure 2, “Not rote instruction.” The museum, in this sense, became a social and psychological threshold rather than a static destination.

Importantly, the act of collectively producing these images activated a play-space where symbolization and the management of transitions could occur. As Froggett and Trustram (2014) note, such play-spaces are not confined to childhood but persist into adult life, particularly in encounters with artworks and cultural institutions. The navigation maps demonstrate how the museum visit and the workshop environment together facilitated this adult play-space, allowing participants to rehearse forms of social connection, orientation, and belonging.



Figure 2: Participants' Artwork, “Connections. Not Rote Instruction,” Postcards, Mixed Media



Figure 3: Participants' Artwork, "Museum as a Connector," Markers, Pencils

Ultimately, Theme 1 reveals the museum as a meeting point not only in geographic or institutional terms but as a shared psychosocial construct. Figures 2 and 3 function as visual evidence of how participants collectively imagined access, distance, and convergence. This early articulation of shared space laid the groundwork for the subsequent themes, Self Objects and My Personal Museum, and provides a qualitative context for the statistically significant improvements in well-being observed across the program. The museum, experienced as reachable and relational, became a site where individual experience could be safely held and meaningfully connected to the collective.

Theme 2: Self Objects

The creation of self objects following the specialized museum tour constituted a pivotal transitional phase within the workshop process, bridging the collective encounter with museum artifacts (Theme 1) and the later construction of the personal museums (Theme 3). At this stage, participants were invited to materialize aspects of their everyday lives, internal states, and aspirational meanings through the transformation of familiar objects or the invention of new symbolic forms. These self objects operated as mediating artifacts, positioned between personal experience and social communication.

The objects produced did not merely replicate existing items but selectively incorporated elements of them—shapes, textures, functions, or symbolic associations—reworked through art-making. In several cases, this process appeared to give rise to a newly formed personal visual language. Participants frequently employed numbers, geometric forms, and animals as symbolic devices, suggesting a movement away from literal representation toward abstraction and metaphor. This shift is particularly significant for individuals experiencing severe mental health challenges, where verbal narration may be fragmented or insufficient to convey lived experience.

Figure 4 illustrates a self object in which numerical and geometric elements dominate the composition. Numbers function here not as quantifiers but as symbolic anchors, potentially referencing time, order, repetition, or control. The structured arrangement contrasts with the emotional uncertainty often described verbally by participants, indicating

how visual form can hold affect that exceeds spoken language. This object exemplifies how participants used abstraction to stabilize internal experiences, translating diffuse emotional states into contained, legible forms.

In Figures 5–7, the incorporation of doors, body shapes, and geometrical sculptures suggests a different symbolic strategy. Personal items—such as a pair of glasses in its protective case, or keys meant to regain trust from one’s family after hospitalization—and other everyday objects frequently appeared across the workshops as carriers of affective qualities: strength, vulnerability, and protection. The reflection on important personal objects allowed participants to project aspects of the self onto an external figure, creating a degree of distance that made emotional exploration safer. This displacement aligns with object-relations perspectives, in which objects can hold parts of the self that are difficult to integrate directly.

Figure 7 demonstrates a more hybrid form, combining recognizable everyday materials with invented symbolic elements. Here, the final object was intended to “hide the participant from the sun,” which later became an object of “hiding mental-health-related stigma.” As participants engaged materially—cutting, assembling, reshaping—the object appeared to “think back,” producing meanings that were not fully conscious at the outset. This divergence underscores the value of embodied, process-oriented practices, particularly in contexts where cognition, affect, and perception may be experienced as disjointed.

Across Figures 5–7, a recurring pattern emerges: the tension between familiarity and transformation. Participants began with recognizable references drawn from daily life, yet the act of making introduced slippage, alteration, and reconfiguration. This tension was not resolved but held within the object, allowing contradictory feelings, safety and risk, and control and uncertainty, to coexist. The workshop context, grounded in participation and relational containment, enabled these tensions to become socially legible rather than remaining internalized or isolating.

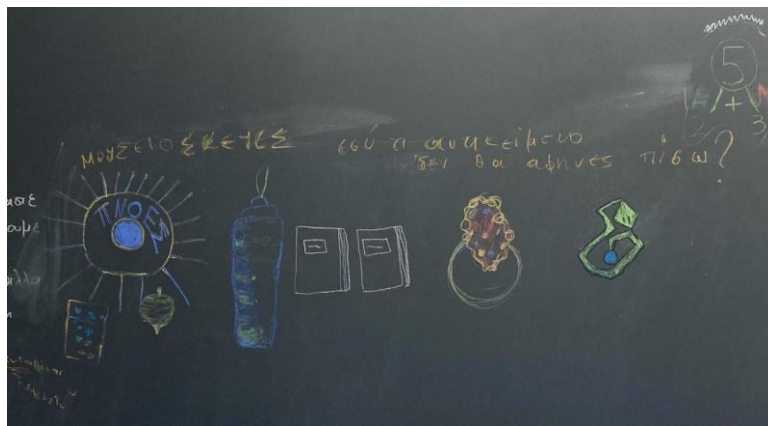


Figure 4: Participants’ Artwork, “Personal Objects,” Dry Pastel on Black (School-Like) Board



Figure 5: Participants' Art Making, Mixed Media



Figure 6a: Everyday Objects Used by a Participant with an Eating Disorder, Clay



Figure 6b: Participants' Artwork, "Functional Everyday Objects," Clay, Pencil

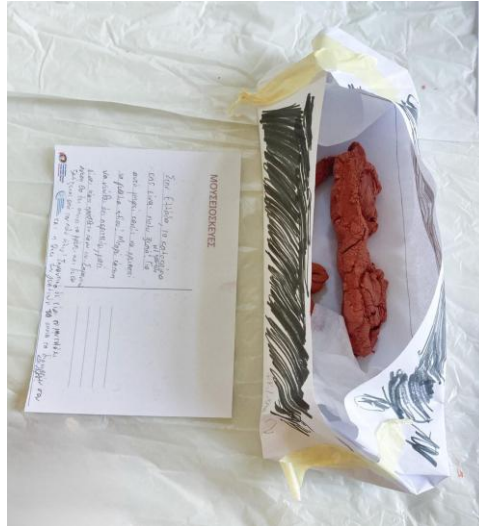


Figure 7: Participant's Artwork, "Sunglasses to Hide from the Sun," Clay and Paper Protective Case

Importantly, the self objects were not created in isolation. Their meaning was co-constructed through group witnessing, discussion, and placement within the shared workshop space. In this sense, connection functioned as a transformative agent: private experience was translated into a form that could be seen, acknowledged, and reflected upon by others (Coles 2020). This process echoes Solway et al.'s (2016) emphasis on material objects as central to psychological processes in arts-and-health contexts, particularly in their capacity to bridge inner and outer worlds.

Within the broader trajectory of the program, self objects functioned as transitional forms that prepared participants for the more complex task of curating a personal museum. The authors observed that the subjective relation with the art and art-objects allowed participants to experiment with identity, symbolism, and agency on a manageable scale, before expanding these explorations into architectural and spatial narratives. As such, Theme 2 represents a crucial moment of psychological and creative articulation, where individual tensions were transformed into shared meaning, paving the way for deeper integration and contributing to the overall improvement in well-being observed quantitatively.

Theme 3: My Personal Museum

The creation of the personal museums marked a significant moment of consolidation within the workshop process, following the second guided museum tour. At this stage, participants were invited to translate their experiential and relational encounters with the museum into a three-dimensional, self-authored structure. This task mobilized a wide range of visual materials and techniques (e.g., collage, painting) and the incorporation of personal objects to support processes of reflection, symbolization, and identity formation. Each participant constructed their own museum both from the inside and the outside, foregrounding the dynamic relationship between internal experience and external representation.

For some participants, personal objects created or shared during earlier workshops were incorporated as exhibits, functioning as transitional objects that carried emotional meaning across sessions. Others chose to construct entirely new elements, suggesting a need to reimagine or reconstruct aspects of the self without direct reliance on preexisting narratives. These differing approaches highlight variations in participants' readiness to integrate personal history, memory, and affect into the museum structure, and reflect distinct strategies for managing exposure, containment, and self-disclosure.

Across the personal museums, notable differences emerged in both content and architectural form. The construction process typically began with the interior and gradually extended outward, mirroring an inward-to-outward movement commonly observed in psychotherapeutic art processes. This progression suggests that participants initially focused on internal states, emotions, and meanings before addressing how these might be communicated, protected, or revealed to others. Structural features such as windows, open ceilings, secret doors, enclosed rooms, and skylights appeared repeatedly, functioning as symbolic devices through which participants negotiated visibility, permeability, and control.

Museums featuring windows or skylights often suggested a desire for connection with the outside world while maintaining a degree of protection (Watson et al. 2021). In contrast, structures without ceilings or with open roofs conveyed a sense of exposure, vulnerability, or openness to external influences. Secret doors and hidden rooms appeared to symbolize protected aspects of the self, areas containing memories, emotions, or experiences that were not yet ready to be shared. These architectural choices can be understood as visual metaphors for psychological boundaries and internal organization, reflecting participants' ongoing negotiation between safety and relational engagement (Froggett and Trustram 2014).

Figures 8–11 collectively demonstrate how the museum was reimaged as a personal holding environment. While museums are traditionally understood as public institutions, in this context they became intimate, self-defined spaces in which participants curated their own narratives. Salom (2008) describes museums as cultural holding environments that allow visitors to explore the interaction between their external surroundings and their inner worlds. The personal museums extended this concept further, enabling participants to internalize the museum function and transform it into a container for subjective experience (Watson et al. 2021).

Importantly, the act of curating one's own museum positioned participants simultaneously as creators, curators, and visitors of their internal worlds. This dual positioning supported reflexivity and agency, allowing participants to observe their own experiences from a distance while maintaining authorship over what was displayed, concealed, or transformed. The diversity in structural forms and exhibit choices across Figures 8–11 underscores the multiplicity of personal meanings attributed to the museum, and reflects individual differences in coping strategies, relational needs, and identity processes in transition—before and after the first psychiatric hospitalization.

The personal museum functioned as a stabilizing and integrative structure. By externalizing internal experiences into a coherent spatial form, participants were able to organize affect, negotiate fragmentation, and experiment with new configurations of selfhood, placing significant personal objects of “relation, safety, support” in the personal museums and creating individual exhibition themes. This process aligns with the broader therapeutic aim of supporting well-being through creative engagement and contributes to the quantitative findings of improved post-workshop well-being.



Figure 8: Participants' Personal Museum, Paper Box



Figure 9: Participants' Personal Museum, Paper Box



Figure 10: Participants' Personal Museum, Paper Box, Mixed Media



Figure 11a: Participants' Personal Museum, Paper Box, Mixed Media

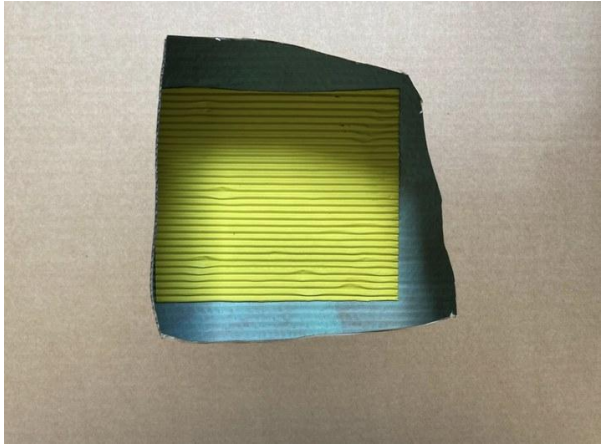


Figure 11b: Participants' Personal Museum, Paper Box, Mixed Media

Ultimately, the personal museums served not only as artistic outcomes but as embodied records of each participant's journey through the program. Drawing on the therapeutic qualities of art-objects and the psychosocial aspect of the museum, they captured the evolving relationship between self, object, and institution, reinforcing the museum's potential role as a flexible, participatory, and psychologically meaningful space for young people experiencing severe mental health challenges (Froggett and Trustram 2014).

Discussion

This study examined the potential of a portable, art therapy-informed museum program to enhance well-being and promote social inclusion among young people experiencing severe mental health challenges. The findings indicate that the *Portable Art Therapy Museum Workshop* functioned not only as a psychosocial intervention but also as a mediating structure that enabled participants to engage with cultural space in ways that were previously inaccessible to them.

The statistically significant improvement in well-being ($p < .001$) is consistent with existing literature demonstrating the benefits of arts and museum-based programs for mental health (Chatterjee and Camic 2015; Fancourt and Finn 2019; Goodman-Casanova et al. 2023; Stefanis et al. 2026). However, the qualitative findings deepen this understanding by illuminating the mechanisms through which these changes may have occurred. Across the themes Museum as Meeting Point, Self Objects, and My Personal Museum, the museum emerged as both a connector agent and a holding environment, facilitating movement between inner experience and external cultural reality.

A central contribution of this study is the conceptualization of the museum as a connector agent. Through its portable format, the program reconfigured access to cultural space by bringing curated materials into community mental health settings. This approach addressed not only practical barriers, such as mobility and cost, but also symbolic and psychological barriers, including feelings of exclusion from institutional cultural environments. The "travel box" operated as an intermediary, enabling participants to encounter museum objects within a contained and familiar setting before engaging with the physical museum. This gradual transition reflects what Camic and Chatterjee (2013) describe as the potential of museums to function as neutral, non-stigmatizing spaces, while also extending this notion by demonstrating how access can be actively constructed rather than passively granted.

At the same time, the museum functioned as a holding environment in the sense described within object relations theory (Winnicott 1971; Salom 2015). The structured yet flexible workshop framework, alongside the presence of trained facilitators, created a space in which participants could safely explore preoccupations, anxieties, and aspects of identity. The establishment of a group contract and consistent session structure contributed to this sense of containment. Within this environment, participants were able to engage in processes of

regression, play, and symbolization without fear of exposure, echoing Froggett and Trustram's (2014) understanding of museum encounters as spaces where transitional processes can occur.

The role of art-objects was particularly significant within this process. As highlighted in the literature, museum objects can function as "containers of memory" (Mack 2003), capable of eliciting personal associations and affective responses that extend beyond informational content (Watson et al. 2021). In this study, objects acted as mediating elements through which participants could access and rework personal experiences. The creation of self objects demonstrated how participants transformed these encounters into symbolic forms, developing personal visual languages that rendered internal states communicable. In line with Arigho (2008), such object-based engagement appears to support shifts in mood and self-perception, while also enabling the preservation and reconstruction of identity (Bornat 2001).

The progression toward the construction of personal museums further illustrates this dynamic. By curating their own spaces, participants moved from engaging with institutional narratives to producing their own. This shift from visitor to creator reflects a reconfiguration of cultural participation, in which individuals are positioned as active contributors rather than passive recipients. The museum, in this sense, becomes internalized as a structure for organizing and presenting personal meaning, reinforcing its function as both connector and container.

From a practical perspective, the findings suggest that this model has potential for adaptation and transferability across different contexts. Key components that appear central to its effectiveness include interdisciplinary collaboration between mental health and cultural professionals; the use of curated, theme-based object collections; a structured yet adaptable workshop format; and facilitation grounded in psychosocial and art therapy-informed principles. The portability of the model makes it particularly relevant for community-based settings where access to cultural institutions may be limited. However, its successful implementation depends not only on the materials used but on the capacity to create a relationally safe and responsive environment.

At the same time, a more critical perspective is necessary. While the findings suggest a positive impact, it is difficult to isolate the specific contribution of the museum component from other elements of the intervention, such as group processes or the therapeutic effects of art-making itself. It is possible that the observed improvements in well-being are the result of a combination of factors, rather than the museum encounter alone. Additionally, the framing of the museum as a universally accessible or "safe" space should be approached with caution, as cultural institutions can also reproduce forms of exclusion. The effectiveness of the program may therefore depend on how these dynamics are actively negotiated within the intervention.

Several limitations should be acknowledged. The small sample size and lack of a control group limit the generalizability of the findings. The short duration of the program does not allow for assessment of long-term impact, and the qualitative analysis, while rich, is partly dependent on facilitator interpretation. Future research would benefit from longitudinal

designs, comparative studies, and the inclusion of participant-led reflections to further explore the mechanisms of change.

Despite these limitations, the study contributes to a growing body of work that repositions museums within the field of arts in health. By functioning as connector agents and holding environments, museums can extend beyond their traditional roles to support well-being, social inclusion, and cultural participation. The findings suggest that accessibility is not simply a matter of entry, but of engagement, meaning-making, and belonging, processes that can be meaningfully supported through art-based and object-centered practices.

Conclusion

The *Portable Art Therapy Museum Workshop* demonstrates how museum outreach can be reimagined as a flexible and relational practice within mental health contexts. By combining curated objects, art-making processes, and a structured psychosocial framework, the program enabled participants to reconnect with both personal experience and the wider cultural sphere.

Future work should focus on developing clearer frameworks for implementation and evaluation, exploring long-term outcomes, and examining how such models can be adapted across diverse populations and institutional contexts. Further research is also needed to critically engage with questions of access, inclusion, and power within museum practice, ensuring that such interventions not only extend reach but also transform participation.

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Informed Consent

This study was conducted with the informed consent of all participants. Participants were informed of the study’s purpose, procedures, potential risks and benefits, and their right to withdraw at any time without penalty. Written consent was obtained from all participants. No existing organizational Ethics Committee was available in this context; the research design and implementation instead adhered to the ethical principles of the Declaration of Helsinki and the professional ethical codes and guidelines of the British Association of Art Therapists (BAAT) and the British Psychological Society (BPS).

Conflict of Interest

The authors declare that there is no conflict of interest.

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