‘Museums on prescription’: Reparative logic and the ethical dilemma of curating ambivalence

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Abstract This article provides an analysis of the prescription of museum visits as a form of preventative and remedial health care within Rx: Community, a 2018–2019 pilot project for social prescription based in Ontario, Canada. I turn to Melanie Klein’s psychoanalytic framework to position ‘museums-on-prescription’ as a redemptive strategy of museology’s foundational paranoid and manic reparative logic. By situating this within the representational specificity of the Canadian context, this article ultimately critiques the museum’s prescribability as a defence against the museum’s inherent ambivalence – how its purported goodness is inextricable from its historical and ongoing role as a settler colonial nation-building institution.

Keywords Melanie Klein · museums · social prescription · manic reparation · Canada

Introduction

The therapeutic potential of museums recently culminated in the framework of social prescription. Running from September 2018 until December 2019, the Alliance for Healthier Communities (AHC) in the province of Ontario, Canada launched Rx: Community,1 the first Canadian pilot project for social prescription. Social prescription seeks to revolutionize the health care system – which is a universal and publicly funded system in Canada – by referring citizens to local, non-
clinical services, such as knitting groups, food-share services, and museum visits. These structured referrals to social supports act as ‘a gateway to better overall wellbeing’ (AHC, 2020, p. 6) by addressing the serious side-effects of loneliness and social isolation. While social prescription can broadly make very real changes in the lives of individuals and communities, I consider the specific identification of museums as spaces for reparative health care and the improvement of citizen well-being. In other words, this paper analyzes ‘museums on prescription’ (Chatterjee & Noble, 2013, p. 118), which in Rx: Community offers doctor-ordered free admission to museums and thus centres the institution – its spaces and narratives – as instrumental to the facilitation of citizen well-being.

After situating Rx: Community within the wider study of arts and culture prescription, I utilize Melanie Klein’s psychoanalytic theory to provide a Kleinian reading of the historical formation of the public museum. I then posit museums-on-prescription as a manic reparative defence in which museum stakeholders seek to protect the museum as the good and loved object, which I subsequently bring to the Canadian context of Rx: Community and its prescription of visits to the Royal Ontario Museum. I argue that the museum’s prescribability extends its long history of ‘curative museology’ (Butler, 2011, p. 355) and investment in projects of repair, such as truth and reconciliation commissions. Museums-on-prescription specifically enables stakeholders to defend against depressive guilt by implying the museum’s own redemption from its violent and exclusionary history through its capacity to extend repair to its public in the name of citizen well-being, which, in Canada, is intricately tethered to practices of settler colonial nation-building. A Kleinian reading of museums-on-prescription, therefore, highlights an ethical dilemma in museology’s reparative logic and the necessity of reckoning with the world’s ambivalence, the entanglement of good and bad.

### Museums on Prescription

The social prescription pilot project Rx: Community was presented by the Alliance for Healthier Communities (AHC) in Ontario, Canada, as an innovative solution for the negative health impacts of loneliness and social isolation central to the 2017 annual report of the Ontario Chief Medical Officer of Health (AHC, 2019, p. 19). Social isolation threatens a 50% higher risk of premature death, a 64 times increased risk of dementia, as well as the negative effects of high levels of the stress hormone cortisol, including ‘inflammation, headaches, high blood pressure, high blood sugar levels, weight gain, depression, problems remembering or concentrating, and sleep problems’ (Office of Chief Medical Officer of Health, 2019, p. 4). Additionally, approximately 20% of primary care visits in Ontario are reported as non-medical yet medical professionals lack the resources and knowledge to refer clients to broader social care (AHC, 2020, pp. 8–9). Social prescription enters, therefore, as a way to reduce stress on the health care system and medical staff (AHC, 2020, p. 9), rendering all prescribed activities, including museum visits, as ‘both preventative and remedial’ (Chatterjee & Noble, 2013, p. 4).
Funded by an 18-month health and wellbeing grant from Ontario’s Ministry of Health, Rx: Community facilitated social prescription in 11 community health centres across Ontario from September 2018 to December 2019, and published its final report in March 2020 (AHC, 2020). Rx: Community expands ‘the definition of clinical care to encompass the social, environmental, and economic factors’ by connecting ‘social care (“social”) and clinical care (“prescribing”)’ (AHC, 2020, p. 6). In short, this ‘move from a “sickness” system … to a health system’ (AHC, 2020, p. 6) is a culture change that views ‘healthcare from a strengths-based instead of illness-based perspective’ and shifts ‘our perception of individuals as “patients with needs” to “person with gifts”’ (AHC, 2020, p. 42). Participants in Rx: Community identified their main motivation for accessing social prescriptions as social isolation, depression, and anxiety (AHC, 2020, p. 29). The breadth of non-medical prescriptions included help navigating social services and housing applications, access to food security services, bereavement or addiction support groups, sing-alongs, community kitchens and gardens, digital literacy workshops, exercise and time in nature, arts and craft activities, and arts and culture participation like museum visits. Ultimately, Rx: Community emphasized access ‘not only to appropriate clinical care and material supports, but also to meaningful social support and a connected community where [participants] feel a sense of belonging’ (AHC, 2020, p. 8).

The role of the museum in social prescription emerged through ‘arts on referral’ programs in the UK in 1994 (Jensen, 2019, p. 131), which then targeted museums in 2008 onwards (Thomson et al., 2018, p. 29). Since then, museums have been implicated in health and well-being predominantly in the UK in varying ways, such as initial ‘heritage in hospitals’ programs (Ander et al., 2013; Chatterjee et al., 2009; Thomson & Chatterjee, 2015) and subsequent museum object handling sessions (Chatterjee & Camic, 2015; Solway et al., 2016; Thomson et al., 2018; Vogelpoel et al., 2013). These programs facilitated one-on-one or small group activities guided by museum professionals that emphasized museum objects as catalysts for individual growth, self-reflection, and healing. It was recently proposed that these activities could be delivered as ‘psychotherapeutic object dynamics’ guided by trained psychotherapists (Cowan et al., 2019). These organized object interactions evoke art therapy, perhaps the most widespread and recognizable modality of arts and culture in health. However, art therapy emphasizes self-exploration through artistic engagement and is an already well-established field of therapeutic intervention premised on psychotherapy and psychiatry, and governed by professional bodies with a set code of ethics (Chatterjee & Noble, 2013, p. 17).
Despite their differences, all of these examples of arts and culture in health reflect direct facilitation and individual meaning-making. The implementation of museums-on-prescription in Rx: Community, though, offers museum visits. Various museum partners donated passes for doctor-ordered free admission to their museum and its exhibits. My concern, then, is how this particular modality in the Canadian pilot project centres the institution in facilitating health and well-being. What does it mean to enlist the museum into preventative health care and prescribe museological space and exhibitionary narratives as a remedial treatment for citizen well-being? To initiate my Kleinian reading of this question, I situate museums-on-prescription within critical museology, a field that has largely been overlooked within a public health and social science approach that favours quantitative and qualitative analyses of the ‘outcomes’ of social prescription.

A Kleinian Reading of the Public Museum

The founding principles of the public museum and its instrumentalization since its inception are critical to understanding the reparative logic of museums-on-prescription. The insistence on the positive remedial possibilities of museums-on-prescription resonates directly with Beverley Butler’s concept of ‘curative museology’, a ‘therapeutic turn’ characterized by the institutionalization of ‘culture as cure’ and ‘heritage healing’ (2011, p. 355). Yet, Butler argues that curative museology is a direct extension of the foundational features of the museum – that new museology continues to rely on ‘the motifs of “heritage as cure”’ implemented by old museology in its ‘Euro-Western (and distinctly colonial) grand narratives’ (2011, p. 355). In other words, the museum was always invested in curative practices and acted as a pathway to citizen well-being. Through a Kleinian reading of this historical formation, I position museums-on-prescription as the most recent manifestation of curative museology.

Kleinian psychoanalysis uniquely suits museology due to its organization around the ‘epistemophilic impulse’ (Klein, 1998, p. 188), our founding desire for meaning-making that constitutes our ‘first and basic relation to the outside world and to reality’ (Klein, 1998, p. 221). Klein’s theory of developmental positions – the paranoid-schizoid position and the depressive position – is organized directly around this knowledge-seeking impulse and designates the different modes of relational anxiety and their corresponding approach to epistemological construction. I argue that the epistemology of old museology is rooted in paranoid-schizoid attachments and desires, and new museology seeks to manically repair such paranoid anxiety.

4 Critical museology is a field of study that ‘interrogates the imaginaries, narratives, discourses, agencies, visual and optical regimes, and their articulations and integrations within diverse organizational structures that taken together constitute a field of cultural and artistic production, articulated through public and private museums; heritage sites; gardens; memorials; exhibition halls; cultural centers; and art galleries’ (Shelton, 2013, p. 8). The museum studies literature that I invoke in what follows is part of this broad field.
Old museology is widely understood as rooted in the founding principles of the public museum from the nineteenth century. While originating as exclusive royal collections or cabinets of curiosities, the museum gained a form of ‘publicness’ in the aftermath of the French Revolution when the Louvre was seized in the name of the people, that is, the working class (Bennett, 2017, p. 4). By the mid-nineteenth century, the scripts of the newly public museum were reordered according to a new ‘capitalist and industrial economic and social order’ (Bennett, 2017, p. 4). Museums, therefore, accumulated sovereign, governmental, and disciplinary forms of power, becoming ‘instruments for acting on and shaping the civic attributes of their newly extended publics’ (Bennett, 2017, p. 19).

These new public exhibitionary practices – called the ‘exhibitionary complex’ by Tony Bennett (1995) – reflect a paranoid-schizoid relation. Klein’s paranoid-schizoid position is characterized by anxiety over the ‘fear of persecution’ and thus ‘the fear of an uncontrollable overpowering object’ (Klein, 1997, p. 4). For Klein’s purposes, this fear is fuelled by the early ego’s experience of both frustration and satisfaction as embodied in the mother’s breast, which subsequently leads to the splitting of the perceived world, of internal and external objects, into part-objects that are either good or bad, loved or hated (1997, pp. 2–5). Splitting enables a dispersal of the destructive forces and thus the source of danger by projecting the bad externally and introjecting the good, a form of self-protection (Klein, 1997, pp. 5–6). For the newly public museum, the persecutory object is the ‘newly enfranchised democratic citizenries’ (Bennett, 2017, p. 181). The museum’s stakeholders instrumentalize the exhibitionary complex, I argue, as a defence against the perceived threat to ownership and control over its collections and histories. The public museum in the nineteenth century is originally constructed as a projective manifestation of this persecutory fear, of the potential destruction of the loved and good object, the museum. Consequently, the museum is situated as offering this alleged goodness to its new public in a way that seeks to protect the museum’s curated sense of reality. That is, within the stakeholders’ split internal reality that separates good and bad, loved and hated, the museum becomes a tool that maintains this phantasy in external reality, providing a sense of security through idealization and denial, through what Klein (1997, pp. 6–7) describes as the omnipotent creation of an ideal object/situation and the omnipotent annihilation of a persecutory object/situation.

This projected reality manifests in the museum’s construction of a ‘totalizing order of things, forms of life, and peoples’– an idealized and universal history of ‘Man’ (Bennett, 2017, pp. 6–7) that denies its patrilineal reproduction of the Enlightenment subject and its imperial and colonial histories (Jackson, 2013). The paranoid-schizoid epistemology of the Enlightenment subject and its instrumental reason forces ‘reality into prefabricated categories, … determined by our [emphasis added] phantasies and needs’ (Alford, 1989, p. 149) – the phantasies of a ‘white, bourgeois, male, and European or North American’ stakeholder (Bennett, 2017, p. 7). And, further, the newly public architectural space of the museum enlisted the public into ‘watching over and governing itself by bringing each visitor under the controlling gaze of other visitors’ (Bennett, 2017, p. 6), enacting a new practice of ‘show and tell’ (Bennett, 2015, p. 4). The epistemophilic instinct of old museology...
evidently reflects the desires and defences of the paranoid-schizoid position through its continual emphasis on ‘categories associated with ownership, possession, appropriation, manipulation, and control’ (Alford, 1989, p. 151).

The new museology of the late 1990s and early twenty-first century maintains the same rationale of show-and-tell as a way ‘to show visitors how to perform and what to be or aspire to, according to normative models of sociability and national identity’ (Message, 2006, p. 32). Despite actively seeking ‘to expose, exhibit, or reveal the exhibitionary complex’ (p. 50) through a postcolonial and postmodern self-reflexivity and transparency, Kylie Message (2006) illustrates the reconfiguration of ‘nineteenth-century discourses of national unity, class reform, and imperialism to twenty-first-century discourses of multiculturalism’ (p. 13). That is, the continued insistence on national unity moves from ‘the regulation of the working classes to those directed to the regulation of racial otherness’ (Message, 2006, p. 14). This reconceptualization of the museum reflects, I argue, the progression from the paranoid-schizoid position to a state of manic reparation. Manic states provide a ‘refuge not only from melancholia but also from a paranoiac condition’ (Klein, 1998, p. 277). While paranoid anxiety is characterized by persecution and splitting, the depressive position experiences melancholia over the perceived loss of the loved object and guilt over playing a violent role therein (Klein, 1998, p. 266). The museum’s stakeholders are, therefore, defending against the potential loss of their loved museum in the face of its widespread critique as a patriarchal, colonial, and imperialist institution, as well as the guilt over complicity in such histories of violent acquisition and representation.

To defend against these paranoid and depressive anxieties, manic reparation invests in a phantasy of repair premised on projective idealizations (Klein, 1998, p. 349). Unlike substantive reparation, which reconciles the entanglement of good and bad through a capacity to tolerate the limits of our omnipotence (Klein, 1997, pp. 36, 232), reparation in its manic form reflects an inadequate means to deal with the guilt and melancholia of depressive anxiety and thus a refusal of reparative failure (Klein, 1998, pp. 350–351). Manic reparation intervenes into such anxieties of helplessness by disrupting the feeling of losing control and retreating into ‘phantasies of being able to repair the damaged object magically’ (Alford, 1989, p. 92). This ‘compulsion for newness’ (p. 12), therefore, provides what Message (2006) describes as the so-called evidence of the museum’s renewal, rejuvenation, or redefinition, a mode of saving the loved object from potential disintegration. New museology, I argue, reflects Klein’s notion of triumphing (1998, p. 352), a performance of reparation that is ‘grandiose, imagining that all losses can be readily repaired, or [that] they didn’t really happen’ (Alford, 2019, p. 3). As a result, the new museum maintains ‘an image of political investment (which is both part of and extra to actual political engagement)’ (Message, 2006, p. 46).

A Kleinian reading of the public museum grounds its ‘insatiable discourse of reform’ (Bennett, 2015 7). Through Klein, I highlight the desires and defences of the museum’s historic development, which fuel its recurrent implementation of curative museology that ‘shelter elite colonizing Western-centric rhetorics within the metaphorical mega-project mantra of “culture as cure”’ (Butler, 2011, pp. 361–362). Since museums are always already sites for knowledge and power,
Klein provides insight into the ‘rearticulation of the relations between a particular set of knowledges and the apparatuses of the exhibitionary complex to account for their roles as parts of a new political rationality’ (Bennett, 2015, p. 11). Consequently, I ask, what political rationality fuels the desires of museums-on-prescription initiatives?

The Manic Reparative Desires of Museums-on-Prescription

I argue that the latest variation of manic reparative newness for the museum is its recent positioning as an agent in health and well-being. This new political rationality is embedded in the ‘redemptive formulas’ (Butler, 2011, p. 368) of curative museology. While initially presenting newness through a turn to inclusivity and diversity, these tactics are now positioned as medically beneficial. Yet, if museums seek to prevent anxiety and depression and promote social belonging, can they accurately represent and address ongoing crises, such as systemic racism or climate change? In addressing ‘how and why newness itself is always being redefined, reinvented, or revitalized’ (Message, 2006, p. 12), I show how an insistence on the museum’s reparative capacities – its capacity to facilitate both preventative and remedial health care – renders the museum already redeemed. That is, museums-on-prescription initiatives are implicitly situated as a consequence of the museum’s redemption.

The museum’s redemption is reliant on the perceived goodness of the loved object, which is felt, Klein (1997) describes, as ‘indispensable for the preservation of life’ (p. 30). That is, the threat of disintegration of the loved object ‘results in a feeling akin to death’ (Klein, 1997, p. 144) because our response to threat and vulnerability is guided by the death instinct. For Klein, the subject’s primary cause of anxiety has its origin in this foundational ‘fear of death (or fear for life)’ (1997, p. 28), and her two positions provide modes of metabolizing this fear. For museum stakeholders, then, the ‘fear of annihilation of life’ (Klein, 1997, p. 29) is, quite literally, embedded in the feared destruction of the museum as the loved object that has collected and constructed the stakeholder’s perception of history and external reality. And, because the museum persists – it has not (yet) been annihilated as an institution – this persecutory fear persists and is soothed through manic reparation. Since the destruction of specific tangible and intangible cultural heritage has, however, been witnessed, as the result of war crimes, colonial developments, or natural disasters, the potentiality of destruction of the loved object – of that which the stakeholders of the museum love – persecutes and threatens.

Museums-on-prescription directly emerges from museum studies literature that seeks to expand the museum’s goodness by adopting an allegedly new social responsibility as an agent in social change (Sandell, 2002; Janes & Conaty, 2005; Silverman, 2010). In particular, these initiatives extend what Silverman (2002) describes as the so-called ‘undeniable potential of museums as therapeutic agents’ (p. 81), especially as ‘pathways to inclusion’ (p. 69). The new museum was explicitly positioned as functioning for the public good by providing benefits like ‘restoring oneself, affirming one’s sense of self, and feeling connected to
community and culture’ (Silverman, 2002, p. 69). Such curative desires of this therapeutic turn, though, reproduce the ‘incessant demand’ for museums to be ‘deconstructed and reconstructed so as to achieve a greater degree of representational adequacy in relation to the norms of universality’ (Bennett, 2015, p. 7). As Klein (1998) describes, ‘the stronger the anxiety is of losing the loved objects, the more the ego strives to save them, and the harder the task of restoration becomes, the stricter will grow the demands which are associated with the super-ego’ (p. 269). In the face of threats against the museum’s cultural relevancy or financial viability, then, the defence of the museum’s positive role in the twenty-first century becomes more severe and expansive.

The museum’s assumed redemption through museums-on-prescription especially relies on triumphant rhetoric. As Message (2006) argues, the museum’s process of revision and reinvention ‘primarily appears to be the effect of language – and a language that is often paradoxically disconnected from any direct reference to the objects and stories that it pertains to represent or speak about’ (p. 51). This is reflected in the academic literature on museums-on-prescription. For instance, museums ‘provide a positive social experience’, ‘encourage positive feelings such as optimism, hope, and enjoyment’, are ‘calming and reduce anxiety’, ‘promote self-esteem and a sense of identity and community’, provide ‘inspirational and meaningful’ new experiences, and are ‘genuinely restorative’ (Chatterjee & Noble, 2013, p. 49). While Chatterjee and Noble (2013, p. 50) briefly acknowledge the potential of negative outcomes, they neither specifically identify any nor tackle how the positive and negative might be intertwined. Accordingly, the museum is simply understood as a ‘referral-ready’ community resource or ‘cultural service’ (Chatterjee & Noble, 2013, pp. 117–118).

This disconnection from representational specificity is particularly concerning in Rx: Community because the museum’s exhibits are the only ‘facilitators’ of the prescribed visit. Consequently, the exhibitionary narratives are tethered to and guided by the markers of success within the prescription of arts and culture for public health. For instance, the ‘Museum Well-being Measures Toolkit’ used in a UK project asks for visitor feedback based on prompted positive and negatives emotions – positive emotions include comfort, safety, security, entertainment, enlightenment, motivation and inspiration, while negative emotions include upset, distress, unhappiness, nervousness or fear (Thomson & Chatterjee, 2014, 2015). Even though one participant in the UK project critiqued these evaluative forms as ‘superficial’, Thomson and Chatterjee (2015, p. 53) only respond by noting that the project coordinator disagreed. This approach to success not only overlooks how comfort in a museum is tethered to historic and contemporary power relations and their varying distribution across intersectional identities, but it also depoliticizes the representational possibilities of the museum in regards to challenging the status quo.

In another analysis of museums-on-prescription, museums are likewise positioned as ‘nearly always non-stigmatising settings’ where one does not experience ‘embarrassment, shame, or criticism’ (Camic & Chatterjee, 2013, pp. 66–67). And, Rx: Community extends this phantasy of benevolence in its description of museum visits as ‘a welcome respite from stress and anxiety’ (AHC, 2020, p. 30).
As an on-demand referral service, museums-on-prescription reorients responsibility to the visitor for accessing its inherent goodness. As described in Rx: Community, social prescription enables the ‘self-management of health’ (AHC, 2020, p. 30) wherein clients are purportedly empowered ‘to take control of their own health and wellbeing and co-create solutions’ (p. 6). In fact, ‘personal choice in health care’ (3) was a guiding principle of social prescription’s creation in the UK in 2012 – the prevalent Big Society ethos sought to put ‘individuals at the centre of changing their own lives’ (Chatterjee & Noble, 2013, p. 119). This individualism is a direct product of neoliberalism and the ‘Third Way discourses of social inclusion and well-being’ (Message, 2007, p. 245). Museums-on-prescription is not only measured for a ‘social return on investment’ (Whelan, 2015, p. 222) that directly relies on economic interpretations of value and meaning, but also asks the visitor to monitor and govern their own conduct so as to become self-sufficient, reflexive, and self-regulative (Message, 2007, p. 242). This utilization of culture for the dissemination of a regime of self-management places the museum yet again in the culture and leisure industries, reproducing the objectification of social values and ethics of self-improvement and realization that marked nineteenth century public museums (Message, 2006, pp. 93–94). In this way, museums-on-prescription naively positions health and well-being as simply ‘up for grabs’ (Message, 2006, p. 35).

Rx: Community and the broader study of museums-on-prescription overlook the ethical and political implications of their definition of the museum, both implicitly and explicitly. This new identification of a public in need of the museum’s goodness reflects what Karl Figlio (2012, 2017) calls the ‘delusional reality’ of manic reparation. Premised on a Kleinian reading of memorialization, Figlio’s concept positions, I argue, the museum as ‘a safe, but unstable enclave’ for its stakeholders because these prescribed visitors are now the ‘repositories into which [the museum’s stakeholders] deposit their anxiety of disintegration’ (2017, p. 112). The museum’s redemptive formula provides what John Steiner initially termed a ‘psychic retreat’, a ‘retreat into an enclave in which, externally, one appears to act rationally, while maintaining, internally, a delusional world’ (Figlio, 2017, p. 82). In this context, the measurable success and gifted accessibility of museums-on-prescription conveys phantasy as reality through ‘the conviction of rational authority based on “evidence”’ (Figlio, 2017, p. 66). Delusional reality is ‘a defence against self-examination, a self-examination that could reveal a hated similarity or, more fundamentally, the hatred of the similarity that is, in the limit, oneself’ (Figlio, 2012, p. 8). And, such defence is identifiable within the avoidance of examining each stakeholder’s own complicity in the violence and exclusion, a hatred of the stakeholder’s incapacity to fully repair the museum, and thus the shared disposition of being in poor health. The stakeholders of museums-on-prescription reflect, I argue, a ‘narcissism of feeling good’ (Figlio, 2017, p. 194). They invest in the phantastical and feel-good outcomes of ‘a making-better ego’ rather than the possibility of ‘a making-better object’ (Figlio, 2017, p. 199), a reckoning with guilt and accountability, with the possibility of not feeling good or securing redemption.

Given this historical and contemporary pressure on museology to renew, redeem, or repair, the enlistment of heritage as healing continues to be overdetermined.
Museum partnerships with social prescription projects become tools for discourses of well-being wherein they are seen ‘positively as contributing to the democratization of museums and the promotion of enhanced understandings and instances of cultural citizenship (through improved community participation)’ (Message, 2007, p. 244). Yet, they in fact illustrate how ‘culture has been implicated within the transition from “government” (centralized, top-down) to “governance” (ubiquitous, top-down, bottom-up, sideways, involving subjects too)’ (Message, 2007, pp. 244–245). Museums-on-prescription reflects this uncritical ‘projection of medical symptomologies onto cultural contexts’ (Butler, 2011, p. 362) and, ultimately, a rather limited understanding of culture. The museum’s prescribability compromises politicized engagement, preserving rather than challenging ‘the museums’ disinclination to deal with contentious or particularly politically provocative histories’ (Message, 2007, p. 245). This manic reparative compromise becomes especially apparent within the Canadian context in which Rx: Community distributes its prescriptions of museum visits.

The Reparative Logic of the Canadian Exhibitionary Complex

While the first museums in Canada were established in the early twentieth century, such as the Royal Ontario Museum in 1912, and were directly tethered to the nineteenth century exhibitionary complex and its production of ‘“upstanding” citizens’ (Robertson, 2019, p. 41), the museum field was more substantially professionalized in the 1960s as a result of Canada’s celebration of its 100th birthday in 1967. The initial National Museums Act was subsequently passed in 1968 and the University of Toronto created its Master of Museum Studies program in 1969. By the 1970s, Canadian museum studies scholar Duncan Cameron had written his now famous contemplation of the museum as a temple or a forum, a reflection on the new Ontario Science Center opened in 1969. Yet, the ‘Canadian exhibitionary complex’ (Livingstone, 2016 183) is often specifically tethered to two major exhibitions in the late 1980s – The Spirit Sings: Artistic Traditions of Canada’s First Peoples at the Glenbow Museum in Calgary, Alberta, in 1988, and Into the Heart of Africa at the Royal Ontario Museum in Toronto, Ontario, in 1989 (Gordon-Walker, 2016; Livingstone, 2016; Phillips, 2011, 2015; Robertson, 2019; Wrightson, 2017).

Critiqued for their reliance on stereotypes, historicization of ongoing systems of oppression, and lack of community consultation, these two exhibitions triggered major questions around ‘whether museums can provide the venues for working through the complexities of intersectionality and decolonization’ (Robertson, 2019, p. 10) and, in general, the politics of representation within a settler colonial nation like Canada. Even though the controversy over The Spirit Sings led to the 1992 report Turning the Page: Forging New Partnerships with Museums and First

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5 For a comprehensive account of this development, see Ashley (2019), Livingstone (2016), and Robertson (2019).
Peoples, a critical resource for reconceptualizing partnerships between museums and communities, especially Indigenous populations (Livingstone, 2016; Phillips, 2011; Robertson, 2019), Canadian museology is critiqued for its continued reproduction of a colonial politics of recognition within Canada’s broader framework of multicultural nationalism.

Kelsey Wrightson (2017) describes this moment of change in Canadian museology as the catalyst for its colonial politics of recognition. Through ‘conciliatory forms of colonial accommodation and recognition’ (p. 42), the museum perpetuates its ‘history of asymmetric power relations and representation of “otherness”’ (Wrightson, 2017, p. 36). Such an approach stabilizes the status quo of power relations, perpetuates settler colonial relations of domination, and ultimately undercuts the sovereignty of Indigenous peoples (Wrightson, 2017, pp. 36–42). In turn, Caitlin Gordon-Walker (2016) situates the museum’s settler-colonial recognition politics within Canada’s broader investment in multicultural nationalism, in the construction of cultural difference around its conception of the nation. That is, ‘the inclusion of difference must not challenge the unity, authority, or legitimacy of the nation’, and ‘ideal national subjects’ authorize the recognizable or acceptable forms of difference (Gordon-Walker, 2016, pp. 8, 16). Multiculturalism is, therefore, used to legitimize its claim to national unity within its diversity, deploying discourses of tolerance and inclusion ‘to uphold the power and privilege of a core White Canadian nation’ (Gordon-Walker, 2016, p. 24). As a result, the Canadian exhibitionary complex produces ‘well-disciplined multicultural subjects’ (Gordon-Walker, 2016, p. 31) – or, rather, ‘colonized subjects’ (Wrightson, 2017, p. 38) – stymying processes of democratization or decolonization through emphatic pursuits of settler colonial nation-building (Robertson, 2019, p. 25).

The desired outcome of ‘acceptance, belonging, and citizenship’ from museums-on-prescription (Wilson et al., 2015, p. 213) becomes an attachment to white nation-building in the Canadian museum. The various studies of museums-on-prescription overlook an intersectional analysis of their participants, only vaguely referencing ‘ethnicity and culture’ (Solway et al., 2016, p. 90), a ‘sense of identity’ (Ander et al., 2013, p. 238), or ‘diverse backgrounds’ (Vogelpoel et al., 2013, p. 114), within the more comprehensive focus on age. Though Rx: Community explicitly emphasizes the need for anti-oppressive care and health equity as well as the collection of ‘socio-demographic and race-based data’ (AHC, 2020, p. 16), there is no apparent concern, at this point, for how intersectional identity impacts participation or

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6 The report was co-sponsored by the Assembly of First Nations and the Canadian Museums Association. The third edition of the report is available at https://museums.in1touch.org/uploaded/web/docs/Task_Force_Report_1994.pdf.

7 The ‘colonial politics of recognition’ is a concept articulated by Glen Coulthard in Red Skin, White Masks (2014), which in turn builds on Frantz Fanon’s theorizing in Black Skin, White Masks (1952). Through Fanon, Coulthard challenges ‘the now commonplace assumption that the structure of domination that frames Indigenous-state relations in Canada can be undermined via a liberal politics of recognition’ (2014, p. 17). The concept draws attention to and critiques ‘a conciliatory form of settler-state recognition’ (2014, p. 24) wherein national or government forms of recognition, such as multicultural ethos or inclusion policies, fail to transform the material conditions of oppression and facilitate self-determination for the oppressed.
positive outcomes in the specific activities prescribed. In the settler-colonial nation of Canada, prescribed museum visits as a respite from anxiety and stress appear like ‘aspirational models at best, and as artificial or cynical systems of regulation at worst’ (Message, 2006, p. 37). Museums-on-prescription need to be asking ‘who is being reformed by these policies – and to what end’ (Message, 2006, p. 14), or more specifically ‘who or what is being cured[,] by whom, and with what intended and unintended outcomes?’ (Butler, 2011, p. 362). The representational history and specificity of the museum highlights how there is ‘no validity to the argument that museums can be either exclusively safe or unsafe’ (Message, 2017, p. 43).

To politicize museums-on-prescription in Rx: Community, I turn to its partnership with the Royal Ontario Museum (ROM). While the ROM is not a national museum, it claims to be Canada’s largest and most comprehensive museum and is located in Toronto, Canada’s largest city, the ‘most diverse city in the world’ (Culture Trip, 2017). The contemporary ROM is predominantly shaped by Renaissance ROM (RenROM), the museum’s revitalization project from 2000 to 2008 that gave the old museum a new public face (Ashley, 2019, p. 7). These so-called megaprojects are characteristic of curative museology in the late twentieth and early twenty-first century (Butler, 2011, p. 360), providing new strategic vision to its exhibitionary complex through ‘architectural refurbishment, renewal, or rebuilding’ (Robertson, 2019, p. 80). Accordingly, the museum becomes symbolic of the neoliberal city and its ‘well-rehearsed story of creative promise’ (Robertson, 2019, p. 78).

Despite being naively celebrated for positively changing urban centres through the mere presence of striking new museum buildings – reflected, for instance, in the portrayal of museums as ‘the saviours of cities’ by William Thorsell, former director and CEO of the ROM, in a 2007 speech (Ashley, 2019, p. 28) – museum renovations are widely critiqued for their gentrification of cities, neoliberalization of arts and culture, and ‘market-savvy’ approach to safeguarding the museum (Robertson, 2019, p. 82). Due to an ongoing institutional need for private donations, the RenROM project attracted well-educated, well-connected, and wealthy donors who were sold a celebrity-like museum brand that held public recognition and reputation (Ashley, 2019, pp. 34–36). RenROM reinforced ‘an ongoing philosophical interplay of strategic values in opposition to ethical values’ wherein financial stakeholders are perceived as definable and neutralized publics are not (Ashley, 2019, p. 34). The ROM, therefore, continues to depoliticize the nuanced intersectional dynamics of its multicultural publics and the ways in which they would supposedly benefit from the museum’s promise of remedial care.

This divide is accentuated by the rhetoric of RenROM’s strategic vision. RenROM’s reopening slogan of ‘Engage the World’ deployed a ‘universalist paradigm that presumes the world can be seen and understood from an objective all-

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8 While the reports from the Alliance for Healthier Communities (AHC) note the collection of this demographic data, it is neither provided nor assessed within the materials publicly available at the time of writing.

9 This rhetoric of creativity comes from Richard Florida’s conceptualization of ‘creative industries’ and the ‘creative class’ (Robertson, 2019, p. 12). Florida has notably been a professor since 2004 at the University of Toronto, which shares a city block with the ROM.
seeing perspective’ (Gordon-Walker, 2016, p. 153). The revitalized galleries for RenROM likewise celebrate a purportedly neutral version of multicultural nationalism wherein “immigrants” should identify with the cultural traditions of their nations of origin, while “Canadians” can identify with a common heritage – of Western culture via the Middle East and the Classical world, and of maple leaves and beavers’ (Gordon-Walker, 2016, p. 166). The museum also isolated Canada from its settler colonial past by avoiding present-day conflicts in its focus on the eighteenth and nineteenth centuries in its ‘Gallery of Canada’ and established claim to ‘a historical cultural diversity that predates the founding of Canada as a nation’ in its ‘Gallery of Canada: First Peoples’ (Gordon-Walker, 2016, p. 159). 10 RenROM evidently constructed social belonging around a colonial politics of recognition, which is in turn integrated into Canada’s conception of itself as a settler nation in a depoliticized present.

More specifically, the opening blockbuster exhibition in 2009 – Dead Sea Scrolls: Words that Changed the World – was critiqued for the same oversights as the ROM’s famously controversial exhibit twenty years earlier – Into the Heart of Africa (1989) – which contributed to the formation of the Canadian exhibitionary complex (Ashley, 2019, p. 71). Despite requests from the Palestinian government for the exhibition’s cancellation due to its use of illegally acquisitioned artefacts by Israel, the ROM still used historicization as a way to deflate or ignore ongoing sociopolitical crises (Ashley, 2019, pp. 74–76). In 2010, the ROM also sought to repair its relationship to Black communities through the collaborative exhibit Stitching Community: African Canadian Quilts from Southern Ontario (Ashley, 2019 64-65). Susan Ashley (2019, p. 46), though, expresses concern for the ROM’s continual invocation of ‘community’ collaboration or consultation as code for ‘Others’, a practice that produces what Wrightson (2017) described as the museum’s maintenance of asymmetric power relations through a reliance on recognition. This concern is further enhanced by the delay in accountability for Into the Heart of Africa – the exhibition only reappeared on the ROM’s website in 2015 for the museum’s centennial and in anticipation of the 2016 project Of Africa, which featured an official apology from the ROM for the racism of the 1989 exhibit and sought to rethink its representations of Africa (Robertson, 2019, pp. 66–67). Evidently, the ROM likewise needs to be asking ‘who appears’, ‘who governs’, and ‘who benefits’ (Ashley, 2019, pp. 45-46).

The ROM’s partnership with Rx: Community fits directly into the strategic vision of RenROM as a ‘programming powerhouse’ (Ashley, 2019, p. 78). This partnership is housed within the ROM’s Community Access Network, founded in 2008, the year RenROM opened, and supported by donations from private stakeholders (ROM, 2018a). After piloting the partnership in the summer of 2018, the ROM donated 5,000 sets of free passes to Rx: Community – each pass provided general admission for the prescribed visitor and three companions from January to 10 The ROM renewed this gallery again in the aftermath of the Truth and Reconciliation Commission of Canada (2008-15) and amidst Canada’s 150th birthday in 2017, reopening in 2018 as the ‘Daphne Cockwell Gallery dedicated to First Peoples art & culture’ (ROM, 2018b; Whyte, 2018). Due to museum closures amidst the COVID-19 pandemic though, I was unable to visit the ROM during the production of this article.
December 2019 (The Canadian Press, 2019; ROM, 2018a). While I do not critique the removal of barriers to museum access in and of itself — after all, general admission to the ROM in 2020 cost 23 Canadian dollars, I am wary of the implicit manic reparative desires embedded in the ROM’s participation in Rx: Community — in the quite literal prescription (that is, Rx) of the ROM’s narration of community and belonging. By presenting a free museum visit as a benefit to someone’s overall health and sense of belonging, Rx: Community’s prescription of the ROM — and the ROM’s willingness to be prescribed — reinforces the ROM’s exhibitionary narratives as inherently curative and thus a holistic good in and of themselves, rendering the cultural ideals of the museum and the promotion of citizen well-being as one and the same.

The manic reparative nature of these desires is reflected in the rhetoric of the ROM’s social prescription programme, which places communities in need as external to its walls and health and well-being within its walls, a depoliticization of its exhibitionary space and narratives. The current director and CEO of the ROM, Josh Basseches, and the former Ontario Minister of Tourism, Culture and Sport, Michael Tibollo, both emphasized the museum’s capacity to ‘alleviate social isolation’, ‘promote physical and mental well-being’, help visitors ‘lead healthier lives’, and thus ‘improve overall quality of life’ (ROM, 2018a). In fact, participation in arts and culture activities is directly placed in the Canadian Index of Wellbeing as ‘one of eight contributors to better physical and mental health, and a creator of opportunities for socializing, relaxation and learning new things’ (Blake, 2019). A prescribed ROM visit, according to the ROM’s current CEO, helps ‘diverse or diasporic communities’ to ‘reflect, engage and make sense of our world’ and, ultimately, assess one’s ‘place in the world’ (Edwards, 2018). Such framing directly resonates with the production of a ‘good Canadian’ and a ‘desirable immigrant’ in multicultural nationalism (Gordon-Walker, 2016, p. 22).

The museum’s ‘restorative’ nature, as described by Jennifer Czajkowski, the deputy director of engagement at the ROM (The Canadian Press, 2019), celebrates discourses of tolerance, inclusivity, and recognition that reinforce the museum as ‘an apolitical institution of knowledge production and dissemination’ that separates ‘“social responsibility” from “political action”’ (Wrightson, 2017, p. 40). Rx: Community’s emphasis on the co-creation of individualized care for health and well-being becomes, in the museum, another repackaging of what Message (2006, p. 198) calls the ‘new museum-as-cultural centre’, a reconceptualization of the museum as an advocate of cultural dialogue in order to neutralize the political nature of museum work and the culture it promotes — a form of psychic retreat.

In highlighting the representational specificity of the ROM, I illustrate how manic reparative memorialization, as described by Figlio (2017), is ‘remembering false’, wherein the desire for omnipotence constructs a ‘defensive, narcissistic memory organization’ (p. 185). The dread of disintegration becomes embodied in the dread of remembering, enabling a collective forgetting that constructs, in the very process of memorializing, a rebuilding of collective memory and identity (Figlio, 2017). To lose the museum’s collective narrative is not only felt by stakeholders as a loss of control but is also a ‘loss of an orientation in the world of
reality and of the delusion of defining and sustaining national identity’ (Figlio, 2017, p. 178). The shared ego-ideal, therefore, acts as the group’s sacred definition, designating its relation to others. As a result, the reigning exhibitionary complex elucidated through the prescription of visits to the ROM marks a manic reparative approach, a form of what Figlio (2017, p. 226) calls ‘public mourning’, a defence against the collapse of its collective ego-ideal. This delusional formation of narratives works through the past into the present and future, forming ‘a paranoid-schizoid retreat from the depressive reality of damage to its actual good objects’, from what would in fact be embodied in remembering (Figlio, 2017, p. 166).

Exhibitionary practices – the practices of narrating and representing the museum (and its collective ego-ideal) to its public – clearly play a critical role in the cultural formation of the death drive, the ways in which our desires and defences against the threat of disintegration are constructed towards a ‘dispersal of anxiety’ (Klein, 1997, p. 144). While not creating the anxieties, collective belief organizes their meaning through culture, providing explanations that form a locus of meaning to make life more manageable (Alford, 1989, pp. 62–64). As the bearer of individual anxieties, then, a society forms anxieties of its own, which are refracted into its social processes and reparative measures (Figlio, 2017, pp. 52–53), such as museology and its cur(e)atorial projects. The solidification of these developmental relations into structures like the reigning exhibitionary complex are the cause of what Michael Rustin (2001, p. 130) describes as the ‘insufficient momentum to proceed with reconciliation and reconstruction’ in Western culture. That is, the necessity – for substantive reparation – of becoming cognizant of the damage and devastation and, in the Canadian context, white settler complicity therein is understood as ‘psychologically too costly’ (Rustin, 2001, p. 130). In the manic reparative desires of curative museology, then, ‘reality can only be tolerated, if at the same time, it is replaced by omnipotence’ (Figlio, 2017, p. 157).

The Ethical Dilemma of Curating Ambivalence

While I do not argue that the public implicitly accepts these manic reparative desires, I focus my argument on the limits of the exhibitionary complex, on the social role of the museum as it was ‘envisaged in the dreams and schemes of reformers’, ranging from government officials to museum leadership and major donors (Bennett, 2017, p. 5). I believe that representation in museums drives the public discourse more than the interpretative desires of the public – after all, ‘the museum sets the agenda for the audiences and tends to focus its efforts on ensuring the audience comes away with a preferred meaning’ (Ashley, 2019, p. 57). By turning to Kleinian psychoanalysis, I am not only able to read museums-on-prescription as a manic reparative desire that implies the museum’s own redemption by presenting its purported goodness, its benefits for health and well-being, as allegedly up for grabs, but also place museums-on-prescription within Klein’s more comprehensive developmental framework.

Klein (1998) emphasizes the necessity of reckoning with the world’s ambivalence – how ‘the loved object is at the same time the hated one; and, in addition to
this, that the real objects and the imaginary figures, both external and internal, are bound up with each other’ (p. 286). In other words, the stakeholders of the museum must reckon with the violence of their splitting of the good and bad, the past and present, the loved and hated – how the museum’s ‘pharmakonic qualities’ are simultaneously ‘the cure, the illness, or its cause’ (Butler, 2011, pp. 360, 356). As opposed to paranoia’s weakening of the ego, the depressive’s resignation to both loving and hating the world strengthens the ego (Klein, 1997, p. 144). Klein’s depressive position demands a relinquishment of omnipotence and an acceptance of dependence (1998, p. 360), a recognition of how the perceived health and well-being benefits of the exhibitionary complex are entangled with and inseparable from the maintenance of the asymmetrical power relations of multicultural nationalism and its colonial politics of recognition. Put simply, ambivalence necessitates reckoning with the subjective nature and power differentials of goodness and well-being. This involves the working through or mourning of what Klein describes as ‘an irretrievable loss’ (1997, p. 301), a loss of ‘love, goodness, and security’ (1998, p. 345) as static, stable, and pure entities, as preservable in some idealized form. Kleinian psychoanalysis contextualizes curative museology’s persistent desire for ‘an explanatory system capable of giving meaning to “the inexplicable”’ (Butler, 2011, p. 360), and thus the cultural construction of our epistemophilic impulse.

Non-manic reparation is, therefore, a capacity gained from the integration of the imperfection of the world – ‘to synthesize the contrasting aspects of the object’ (p. 36) and to tolerate the limits of this reality (Klein, 1997, p. 232). Reparation necessitates concern for external reality that does not rely on narcissistic aggrandization (Figlio, 2017, p. 185) – it is, in my interpretation, an acceptance of the limits of capacity, the impossibility of utter security, and thus a reconciliation with intertwined vulnerability. I believe that the museum’s stakeholders need to reckon with the ethical implications of this ambivalence, enabling investments in care that exceed merely feeling good in the present.

In posing an ethical dilemma to the manic reparative logic of museums-on-prescription, then, I call attention to how the museum distributes what Carolyn Laubender (2019) calls an ‘injury-repair framework’, which presents ‘a narrative [that] always enforces, however subtly, a normative ideal of health, wholeness, and well-being’ (pp. 65–66). Premised on David Eng’s articulation of ‘colonial object relations’, which designates ‘good liberal and bad colonial objects’ (2016, p. 11) and highlights how ‘liberal white guilt eschews ethical responsibility’ (2016, p. 15), Laubender (2019) emphasizes the limits of ascribing injury and repair ‘only as a means to assuage guilt’ (p. 62) and ‘according only to the perimeters of one’s own self’ (p. 53). The Canadian exhibitionary complex clearly reflects such ‘identificatory optics of reparation [that] script injury according to their own (colonial) desires’ (Laubender, 2019, p. 64). And, museums-on-prescription actively ‘depoliticize processes of constituting injury and repair and in so doing render them ethically ideal’ (Laubender, 2019, p. 65). Through a Kleinian reading of this new museum practice then, I demonstrate the ethico-political risks inherent to reparative endeavours in and by the museum. I believe that the question of enlisting the museum within (health) care discourses, ultimately, becomes a question of the role
of the museum\textsuperscript{11} – whether it is an institution for making-better or being-well within or according to the historically constructed status quo, or if it can engage in a more expansive and provocative notion of public pedagogy, one concerned with a broader sense of well-being, such as care for the ambivalent realities of climate change. And, given the recent state of social distancing protocols due to the global COVID-19 pandemic as well as the worldwide protests against anti-Black racism, police brutality, and the overall whiteness of heritage and museological structures as I wrote this in the summer of 2020, the question of the museum as a tool for addressing social isolation and belonging gains critical relevancy and concern. These conditions demand an exploration and articulation of the potential principles of non-manic reparative care in and through – and perhaps beyond – the museum.

Declarations

**Conflict of Interest** The author confirms that there is no conflict of interest.

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\textsuperscript{11} I purposely allude here to the ongoing debate over the new definition of the museum by the International Council of Museums (ICOM, 2021; 2020; 2019).
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