



Routledge Research in Museum Studies

MUSEUM OBJECTS, HEALTH AND HEALING

THE RELATIONSHIP BETWEEN EXHIBITIONS
AND WELLNESS

Brenda Cowan, Ross Laird and
Jason McKeown



Museum Objects, Health and Healing

Museum Objects, Health and Healing provides an innovative and interdisciplinary study of the relationship between objects, health, and healing. Shedding light on the primacy of the human need for relationships with objects, the book explores what kind of implications these relationships might have on the exhibition experience.

Merging museum and object studies, as well as psychotherapy and the psychology of well-being, the authors present a new theory entitled Psychotherapeutic Object Dynamics, which provides a cross-disciplinary study of the relationship between objects, health, and well-being. Drawing on primary research in museums, psychotherapeutic settings and professional practice throughout the US, Canada, Bosnia-Herzegovina, and the UK, the book provides an overview of the theory's origins, the breadth of its practical applications on a global level, and a framework for further understanding the potency of objects in exhibitions and daily life.

Museum Objects, Health and Healing will be essential reading for academics, researchers, and postgraduate students interested in museum studies, material culture, mental health, psychotherapy, art therapies, and anthropology. It should also be valuable reading for a wide range of practitioners, including curators, exhibition designers, psychologists, and psychotherapists.

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The Relationship between Exhibitions and Wellness

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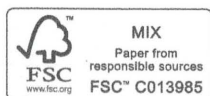
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Introduction

In the time that has passed since a bright, blue autumn morning was shattered by tragedy, the National September 11 Memorial & Museum has amassed more than 12,400 objects: contributions pouring in from survivors, relatives, rescuers, and witnesses; people moved to unburden themselves of more than 12,400 experiences of horror, bewilderment, and sadness. To mark the moment, tell the story, heal, and transcend. We're left with a man's smashed eyeglasses, mortified, frozen into a state of shock; a wristwatch in pieces, its formal composure forever lost; a battered hockey stick. These objects present themselves with a certain ambiguity, straight through the glass. There is something about the banality of it all: a woman's bloodied white pumps simply rest in a case; a widow's key waits; and a telescope looks inward. A bomb-blasted set of concrete stairs stands poised mid-museum, scarred, and dignified. It's as if the objects are holding their breath so as not to break the stillness of the whole affair, knowing that everything depends upon them now.

Moving through the museum's exhibits you can't help but marvel at them—and at everyone else marveling at them. And you can't help but wonder what on earth we are all doing here, captured in awe by these objects. Nothing about the chaotic moments that rendered these objects in their current forms makes any sense, even now, many years later. And yet, as pilgrims yearning, answering an unspoken summons, we make our way here, in the hundreds of thousands, despite our uncertainties and our ambivalence about revisiting those moments—because the objects prevail. They hold up their end of the bargain. They live on to tell the heedful tale.

§

This book is a chronicle and exploration of object-based pilgrimages, of the intricacies underpinning the meaning of objects, and of their affects in our everyday lives. This interdisciplinary research involved coordination among a museum professional from New York, a wilderness therapist from North Carolina, and a clinical consultant from British Columbia. Three individuals from very different places, backgrounds, and areas of expertise,

2 Introduction

together set on learning how objects heal. The common factor among us is objects. We three—an exhibitor of objects, a healer with objects, and a maker of objects—are individuals who have dedicated our lives, in our own varied ways, to engaging with the power that even the humblest of objects wields. We share a belief that objects keep us well, often without our knowledge, and that our understanding of the psychological underpinnings of the human-object relationship helps us to see how museums can be places of health and healing.

In our research, objects are broadly defined and include items found in nature (such as sticks, leaves, and stones); personal objects that we may refer to as everyday or ordinary; and objects that are newly made by our participants. Our research also includes cultural museum artifacts that are considered precious or rarified, including mundane (domestic) cultural antiquities but also personal objects that have been donated to museums and therein indoctrinated into the ideology of the museum artifact. Our interest in working across this wide and interrelated spectrum of objects stems from our three areas of professional practice. Additionally, we have been drawn to focus on the underlying primary factors in the human-object relationship inherent to meaning-making and personal development and health, as opposed to secondary or applied factors of monetary or commercial value. Our work focuses on the inherent relationship between mental health and the interrelated emotional, physical, and intellectual elements of objects fundamental to personal identity, social connection, and the “lifeworld.”¹

Our shared passion united us as research partners and our different disciplines naturally converged, refining the theory of Psychotherapeutic Object Dynamics, with insights into the fundamental nature of objects in human experience. Our study is contextualized in scholarship and practice in material culture, museum studies, phenomenology, psychology, psychotherapy, and the social sciences. As we discuss in detail later in the book, much of the theory and practice related to the study of objects, health, and healing is interdisciplinary and cannot be siloed. Instead, our research is scaffolded by themes across the literature as opposed to a fixed taxonomy. Our research work and theory is grounded in foundational theories and applied practices in areas including but not limited to the cognitive and perceptual function of objects in psychological development and consciousness (Arendt 1958; Csikszentmihalyi and Rochberg-Halton 1981; Taborsky 1990); the attributes and phenomenological characteristics of objects and object encounters (Dewey 1934; Merleau-Ponty 1945; Csikszentmihalyi 1990; Turkle 2007; Wood and Latham 2014); meaning-making and visitor experience (Silverman 1995; Bedford 2014), communication (Hooper-Greenhill 1995; Lemonnier 2012), and education (Dewey 1916; Vygotsky 1967; Hein 1993; Egan 1997). Furthermore, scholarship and applied practice in haptics and somatics (Wilson 1998; Macnaughton 2004; Ratcliff 2008; Bentzen 2015), object materiality (Dudley 2010), and the role of sensory-tactile engagement in health and wellness (Chatterjee 2008; Critchley 2008; Gallace and

Spence 2008; Camic 2010) have informed our understandings of the interconnectedness between the physiological effects and psychological factors inherent in the human-object experience. Altogether, these areas of research and practice have influenced the development and delineation of our theory's elements particular to the interrelationship amongst object characteristics; object associations; and human-object dynamic experiences.

The therapeutic outcomes defined within the Theory of Psychotherapeutic Object Dynamics have been shaped by scholarship and practice involving the ways in which people address trauma healing (Levine and Kline 2004; Van der Kolk 2015); grief (James and Friedman 2009); pain (Levine 2004); empathy, and prosocial behavior (Piff, Dietz, Feinberg, Stancato and Keltner 2015). In particular, we've utilized models of self-regulation (Baumeister 2017); neuroplasticity (Doidge 2015); self-awareness (Rochberg-Halton 1984; Dweck 2007; Ekman and His Holiness the Dali Lama 2008; Levitin 2015), and similar integrative themes that address growth and healing.

Towards identifying avenues for further research and recommendations for applications of the theory of Psychotherapeutic Object Dynamics, we have drawn from the literature and professional practices in private, public and nonprofit sectors of the museum and mental health communities. Clinical research in the impacts of museum object engagement on mental, emotional and physical states of health and wellbeing (Silverman 2002; Chatterjee 2008; Chatterjee and Noble 2009; Camic 2010), and models for local and global organizational collaboration in health, wellbeing, and healing in museum and healthcare environments (O'Neill 2010; Silverman 2010; the New Economics Foundation 2011; American Alliance of Museums 2018; Happy Museum Project 2019) have also influenced our recommendations for readers.

§

Based upon these foundations and our own qualitative research, we have generated a theory of the connection between objects in everyday life and psychological health, defined by common and distinct types of human-object engagement through which we identify these impacts. The framework of Psychotherapeutic Object Dynamics presents seven dynamic human-object actions that are inherent, psychologically primary, seemingly universal, and a part of how humans, by nature, use objects in particular ways that support wellness and promote healing. The theory suggests that objects are meaningful and intrinsic aspects of our lives because they are fundamentally necessary to our mental health. Much like we need certain vitamins and minerals for our bodies to be healthy, so do humans need object engagement for psychological health. We can look to specific forms of activity to identify the ways in which objects provide those necessary nutrients.

These dynamic object experiences are ubiquitous, ordinary, yet complex when examined deeply. Here is a general example: while on a visit to a tranquil beach, a man happens upon a small seashell. Curious, he picks it up, triggering a complex and transformative psychological dynamic that will impact his psychological health.² The man's recognition of the seashell demonstrates the cognitive phenomenon of "discursive interaction": the seashell takes on socially ascribed symbolic meaning the moment he interacts with it (Taborsky 1990).³ In an instant, the significance of the seashell evolves: the man's cognitive recognition of the seashell becomes transformed via subjective attributions including representations of other objects, events, and relationships (Rowe 2002), as well as newly formed associations with his pleasant experience in the moment. Those associations include sensory and emotional connections with the time, place, and his activities here—constructs of his "lifeworld" (Merleau-Ponty 1945)—and in the unity of these elements of his experience. The personal meaning of the seashell transcends mere recognition into deep perception; he has a "unified experience" (Dewey 1934). Within this simple conjuncture of person, object, and touch, the seashell becomes an embodiment of the man's larger life experience (Wood and Latham 2011) and a "witness" to his pleasant time on the beach (Hoskins 1998).

The man keeps this meaningful seashell in his pocket every day for years because it feels right to do so, such that he even feels empty or sad without it. The shell becomes a repository of his memory (Wood and Latham 2014) and a "companion in life experience" (Turkle 2007, 5). The object accompanies him as he continues along his life journey. Sometimes he touches and holds the object with pleasure, absently, or when talking about it with others, and these acts of touching, sensing, feeling, and remembering combine to produce effects that are psychological as well as physiological (Dudley 2010)⁴: he feels peaceful and relaxed when touching and holding the seashell, demonstrating the emotionally calming neurological response of "hypnogliph" as defined by neurologist Hugo Critchley (2008).

The inherent coalescence of our man's identification of and subjective association with the seashell, the attributed evocative object characteristics of the seashell, and his catalytic actions with it are intentional, affirming, and altogether construct an experience that supports his psychological connection to his personal concepts of self, identity, and connection to life continuum: the fundamental elements of human development (Dewey 1934; Csikszentmihalyi 1984). This seemingly simple yet complex interplay with an object is inherent in the construct of human consciousness; the existence of objects and our experiences with them are grounding and mentally stabilizing (Arendt 1958), and in our example of a man's engagement with a seashell, their inherent functions as psychological stabilizers are therapeutic in nature. The therapeutic elements in this example would include competencies such as self-regulation, as described by psychologist Roy Baumeister (2011); mindfulness as defined by collaborators Kabat-Zinn and the Dalai

Lama (2012); and the resilience and neuroplasticity shown in the work of neurologist Norman Doidge (2015). These mental states and competencies are vital to a person's psychological health and wellbeing.⁵ By picking up and keeping this seashell, the man is contributing to his state of normative mental health. Both the body and the mind are nurtured and changed through the object experience.

This illustration is general. Examining an authentic example, which you will encounter in our case studies, would involve more specificity regarding the person's particular feelings about the time, place, and various aspects of their experience, and its impact on their state of health. In the illustration above, we went with the hypothetical that the man's associations with the time and place were positive, such that his dynamic activity with the seashell fostered his wellbeing. But let's say the particulars of his object associations with the beach were traumatic. Something bad happened then and there, and he kept the seashell associated with that traumatic situation.

The seashell would now have negative associations related to the particular elements of the traumatic situation, the same object characteristics we described in the first illustration—bearing witness, repository of memories, life companion—but the dynamic activity of keeping the object in his pocket every day could be part of a therapeutic act of healing. His meaning-making experience and associations with the seashell, its attributed characteristics, and his action of keeping it close on a continual basis would again serve his fundamental need for connection to self, identity and life continuum. The object prevails as a reminder of the negative nature of the experience; by keeping it close, he reminds himself of his own resilience and endurance, which are vital to psychological healing. His dynamic object relationship helps him through the stages of trauma healing, which include the releasing and rearticulation of emotional and physiological response patterns (Levine 1997). These patterns, locked deep in the body-mind system as a result of traumatic experiences, could be even further reshaped and redirected by intentional therapeutic work that focuses on capacity building in the areas of resilience, self-regulation, and self-awareness (Levine and van der Kolk 2015). We could continue with the hypothetical story of our man's relationship with the seashell, and imagine that he someday gives it to someone meaningful in his life, or perhaps he at some point destroys it, forever removing it from his life. Those are also object dynamics inherent to human health and healing. But more on those later.

§

The story of our pilgrimage, so to speak, was initiated by Brenda Cowan who developed the theory via field work at an adolescent wilderness therapy facility, followed by team-based qualitative case study work performed with Ross Laird, Jason McKeown and Melisa Delibegovic at four museums and via an open sourced online survey. Altogether, 83 in-depth interviews,

observations of 9 individuals in object-based wilderness treatment, and 20 qualitative surveys have provided empirical data and illustrative examples of what the theory means and how the framework works. Our quest has been and continues to ultimately, identify how museums are places of well-being and healing, and in what specific ways.⁶

The research journey began in 2015 with the theory's origin stemming from field research at Trails Carolina, a wilderness therapeutic facility in North Carolina, which led to the formation of our partnership and a case study with the National September 11 Memorial and Museum in 2016. Additional case studies followed, including one with the War Childhood Museum in Sarajevo, Bosnia-Herzegovina in 2017, followed by the Derby Museum and Art Gallery in Derby, England in 2018, and then the Museum at FIT in New York, also in 2018. These institutions range from the highly and uniquely participatory, to more didactic in form. In each, we have seen how exhibition objects are making a powerful impact on the museum's constituencies. We are seeing that even when visitors don't overtly show emotional responses in exhibitions—or demonstrate what might be the ideal or target interactive or social engagement—they are nevertheless being impacted by objects. It's automatic; it's nature. In three highly participatory museums we worked with, where visitors, staff, and communities are engaging in sharing, donating, curating or creating the exhibitions and environments in different ways, perhaps unsurprisingly, the healthful and healing impacts were highly notable.

In particular, at the War Childhood Museum and the National September 11 Memorial & Museum where our participants⁷ had personally experienced the tragedies at the core of the museums' interpretation, their donations of personal objects to the museum collections resulted in strong feelings of "relief," "unburdening," and "peace" as a result of donating. As one participant expressed: *It's done. Over.*

It was a relief giving it away. I think I wanted to preserve the feeling of joy it gave me but when I gave it away I finally realized the gravity of it. The burden of it. And I felt the relief when giving it away. Doing this I feel liberated. It's peaceful.

I feel more relaxed in a way. Sharing the objects, my stories, makes me feel relaxed. It's important to hear stories; it helps us forgive. We can't heal society but we can heal ourselves.

Even in the more didactic and passive museum environments, people are experiencing healthful feelings and prompts to make positive change as a result of their object engagements, just perhaps in more subtle, nuanced, or less magnified ways. Observation itself is an active state, particularly when the design of the environment encourages connections, is free from distractions and provides for the basic comfort of the visitor (Bitgood 2015).⁸ When a visitor is deeply focused and engaged, the evocative characteristics of objects

on display can have a feeling of living presence to the visitor (Turkle 2007), and trigger, or activate impactful emotional connections such as reflections, ideas, and memories (Camic 2010; Chatterjee and Noble 2013; Froggett and Trustring 2014). Therein, even in a didactic museum exhibition where observation is the predominant object interaction, a visitor can experience a deepened state of mindfulness and presence with an object that elicits feelings of empathy (Cameron and Gatewood 2004), and a provocation to act (Laird 2001). In our study, we found that in exhibition spaces that were quiet and visually subdued, many of our participants described feeling sensitive and emotional when seeing the objects on display. They expressed being comfortable, moved, and like they were personally connected with the people associated with the objects on display, even though they couldn't touch or otherwise interact with them. In one interview, a participant at the War Childhood Museum described moving through the entire exhibition space, and while moving from object to object, having alternating feelings of happiness and sadness depending on the stories affiliated with each. As she went throughout the loop of the museum's galleries, she increasingly thought about herself and her family, object-by-object. Another visitor to the Museum @ FIT was significantly prompted by seeing a garment on display to make a connection with an estranged sibling, specifically with the intention of making positive change in their relationship:

Just now I got the idea – based on the quilt garment in the show – to give my sister a positive idea to care for our grandmother's quilt. I think this idea – the connection of the clothing – triggered the solution to share with my sister. I can help solve the problem maybe (how to care for the quilt) and allow the object to live on. It's a healing idea. It could change our relationship in a good way.

Conducting the case studies demanded rigor in terms of identifying useful participant samples and partner institutions, formalizing an appropriate interview methodology, maintaining consistency in data collection and analysis, and doing so with an openness to following the direction our outcomes were leading us in. The protocol for data collection in each research setting followed a structured qualitative methodology that is also open and heuristic, towards learning what people associate with objects, how they engage with objects, how their object relationships make them feel, and why they think that is. Towards compiling as complete a picture of object experiences as possible, we interviewed everyday visitors, object donors, curators, restoration specialists, staff, administrators, volunteers, historians, media experts, and museum professionals. Some of the individuals we interviewed did not have a history of visiting museums while for others, museum engagement has been a lifelong endeavor. Our sample included long term residents of the various museum communities, international tourists, refugees, visiting museum professionals, students, and immigrants.

The benefit of our own range and types of expertise enabled us to conduct this narrative-style work in a manner that was very participant-centered. With therapists present, the interview format and process allowed for significant emotional sharing and vulnerability within a safe environment, resulting in a depth of content that couldn't be responsibly attained otherwise. Employing a heuristic approach (Moustakas 1990)⁹ that would elicit significant and meaningful content while making sure the interview didn't turn into a therapy session, was challenging and took great care and mindfulness. As we discuss later on in the book, please don't try this on your own! Limitations presented themselves in instances where participants sought therapeutic advice during interviews, and we had to carefully and respectfully redirect the conversations towards the case study objectives while being mindful not to disrupt the established feelings of trust and security. We provide our methodology and scripts for your own consideration, yet with words of caution and guidance about creating a safe environment and who to have at the table. It is very easy to activate challenging emotional states in subjects when engaging them in sharing personal memories, associations and actions with objects—more so than people might realize—and with this in mind we offer information and anecdotes that are instructional as well as encouraging.

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The structure of this book is organized into sections, each one punctuated by illustrative examples from our case studies; interviews with scholars leading current research in objects, museum studies and mental health; first-hand accounts; and the theories that underscore our work. We begin with the theme of the psychological underpinnings of seemingly ordinary object engagements. Segments from interviews and stories shared by our participants that upon closer examination, can be seen as portals for entering into critical areas of scholarship related to objects. In this, we show the reader how to look at object engagement as we do. The following chapter flows from those points of entry and delves fully into a comprehensive overview of the scholarship within which we ground our research, arranged into themes including Objects and Psychological Development; Object Characteristics; Objects and Transformative Experience; Object Physicality; and Objects and Psychological Health. Section II presents the theory of Psychotherapeutic Object Dynamics in full, including the questions that sparked the premise, the deeply personal story of the theory's origin, and its formalization into a framework of specific human-object dynamic actions. Attention is paid to describing the evolving nature of the theory, its ongoing refinement, and the manner in which the empirical phases of research influenced its development into a framework of seven dynamic human-object actions including Giving/Receiving; Releasing/Unburdening; Making; Associating; Composing; Synergizing; and Touching.

Section III provides an in depth orientation to the therapeutic use of objects in wilderness therapy and mental health practice. These chapters provide a lens into contemporary object-based clinical practice through first-hand accounts and professional experiences, and serve to orient readers to the therapeutic elements of the theory of Psychotherapeutic Object Dynamics. Section IV's chapters present our empirical research conducted with the National September 11 Memorial & Museum, The War Childhood Museum, The Derby Museum and Art Gallery, and The Museum at FIT. In addition to providing the methodology and scripts utilized in our empirical research, this section articulates the findings and data analysis that directed the theory's progression. Section V examines the implications of this work: to museums interested in exploring the healthful outcomes of human-object moments in their programs and exhibitions, and to others who seek to utilize objects in a therapeutic way. This section offers possible applications of the theory in a museum environment and practical recommendations and considerations for bridging clinical and ethical mental health practice with the evolving work of museums. This is an exciting and prolific time in the world of objects, and we conclude with a summary of Psychotherapeutic Object Dynamics' potential for the museum and mental health professions moving forward, including thoughts for readers on the future of museum objects and mental health.

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Stories of the objects in our lives are as old as humanity. They have captivated people for centuries past, as they will for centuries yet to come. Our own studies with objects, health and healing, and the role that museums play, enters into a thriving world of insightful scholarship, and we are delighted to be able to contribute a new lens for seeing their wonder and beauty. It is our intent that the stories we share about people and objects in this book feel familiar and resonant with those of our readers. The chapters include contributions from the participants who opened themselves up for the purposes of our research, in addition to memoir-like field notes, journal entries, and accounts from our own professional and personal lives. These various contributions illustrate the elements of our research, but even more so the humanness of our study. More than just an academic exploration, you will learn that delving into the meanings and purposes of objects means exploring yourself, and the narrative nature of our text strives to reflect the inspirational, illuminating, and at times poetical moments that make this work so rewarding.

Notes

- 1 The phenomenological concept of 'lifeworld' incorporates the world of lived experience and the way in which events, objects, and emotions, appear to us in our conscious experience of everyday life (Husserl 1936; Carr 1970).

- 2 Our illustration resonates with the 'found object process,' a highly relevant theory that identifies a direct relationship between the process of finding objects with well-being and healing impacts (Camic 2010).
- 3 The semiotic power of objects is derived from their attributed sociocultural meanings, or 'signs' as explained in Edwina Taborsky's theory of 'action-of-textuality.' Meaning-making occurs in the immediate interaction between the observer and the object. This is referred to as 'discursive interaction,' and it is deemed key to human cognition and meaning making (1990).
- 4 Sandra Dudley's concept of 'materiality' posits that our sensory engagement with objects and their physical characteristics have implicit value in subjective association and meaning-making (2010).
- 5 There is no one universal standard of measurement for well-being. For our research we utilize well-being indicators from our own practices, and reference instruments developed by sources such as The New Economics Foundation in the United Kingdom, which is utilized in relevant current research in the well-being impacts of museum objects (New Economics Foundation 2011).
- 6 It's important to note that as we are looking at the underpinnings of the human-object experience in relationship to mental health, we are not evaluating programmatic museum-based therapies or social work as a part of our primary research. This is an influential arena of research and practice that we have drawn from and will discuss later in the book, however, facilitated programs with museum objects, health and healing are adjacent to our focus on exploring the core dynamic.
- 7 We use the word "participant" throughout this work to be inclusive of the range of individuals we interviewed, including museum visitors, staff, as well as community members and affiliates.
- 8 In his paper "An Attention-Value Model of Museum Visitors," psychologist Stephen Bitgood defines visitor attention in museums as three stages: capture, focus and engage: a model of experience that fosters outcomes such as flow, learning and satisfaction. Each stage is influenced by different contextual conditions, and can be distinguished via measurable visitor behaviors.
- 9 Moustakas's model features interview questions that elicit deeply personal, emotional responses in the subject, and promotes heightened emotional sensitivity in the researcher. The aim is to create a shared, humanistic experience in the moment that benefits the opportunity for personal insights and discovery in the subject, and allows for a deepening flow of conversation to reveal unanticipated paths of inquiry and relinquishment of preconceived outcomes in the researcher.