

Mending the Mind and the Spirit

The Role of Objects and Exhibitions in Health and Healing

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COLLECTION 9/11 MEMORIAL MUSEUM, GIFT OF RICHARD D. EICHEN. PHOTOS MATT FLYNN (LEFT AND TOP RIGHT) AND THE 9/11 MEMORIAL MUSEUM



Each of these objects bore witness to a specific moment in this 9/11 survivor's experience. To him, their grouping is critical to accurately telling his story, and in composing them he experiences the psychological attributes of self-identity, self-awareness, containment, and connection with society.

*Imagine your museum is a place of healing.
It can be.*

*Imagine your institutions contributing to the
wellbeing of your visitors.
They do.*

*Imagine that objects are necessary to peoples'
health and the stability of our society.
They are.*

A grandmother passes down her wedding ring to her granddaughter, who then wears it as her own—and an important family legacy continues. A worn but treasured childhood pocketknife complicates a busy man's travels—forcing him to check his luggage or send it ahead to his destination—because without it, he experiences a feeling of loss. In a therapeutic session held in a wilderness setting, an adolescent working through trauma composes sticks, leaves, and stones into a sculptural assemblage—conveying through it the thoughts and feelings she can't put into words.

These kinds of rituals and relationships with ordinary objects are as old as humanity. But why do we find so much meaning in objects, and in such specific ways? Why do objects bear emotional characteristics that can move us to tears, laughter, or awe? Why can they foster transpersonal experiences—such as heightened creativity, spirituality, and self-awareness?¹ What is the primal purpose of these intrinsic relationships, and what can the answer tell us about the impactful power of objects in museum exhibitions?

These are the questions I set out to explore in 2015. To find the answers, I looked beyond my own discipline—museum exhibition design—to the world of psychotherapy. Through my field research, I developed a new theory about objects, health, and healing, which I call “Psychotherapeutic Object

1 Andree Salom, *The Therapeutic Potentials of a Museum Visit* (Bogota, Colombia: Sasana Center for Transpersonal Studies, 2009).

Dynamics.”² The theory, which associates the human-object relationship with wellbeing and healing, coalesces around fundamental scholarship and practice in museum studies, psychology, and therapy. The theory suggests that object-based exhibitions have the potential to enhance the psychological healing capacities and everyday health of museum audiences, donors, staff, and participants.

A number of works—by theorists and practitioners in museums, psychology, and counseling—were fundamental to the creation of this theory. George Hein and Lois Silverman, leaders in museum research and applied practice, have established the unique power of objects to foster meaning in exhibitions because of their ability to illustrate, explain, captivate, and enable visitors to relate to content in a personally significant manner.³ In their “Object Knowledge Framework,” museum studies professors Kiersten Latham and Elizabeth Wood have defined multidimensional people-object relationships in museum environments, identifying interrelationships between theories in phenomenology (the study of human consciousness and self awareness) and the ways in which humans, on an instinctual level, seek to make

2 Brenda Cowan, *Psychotherapeutic Object Dynamics: An Examination of the Primal Dialogue between People and Objects in Therapeutic and Clinical Sociological Practices, and Implications for the Enhancement of Museum Exhibitions* (New York: SUNY/Fashion Institute of Technology, 2015).

3 George Hein, *The Museum in Transition: A Philosophical Perspective* (Washington, D.C.: Smithsonian Institution Press, 2000); Lois H. Silverman, “Meaning-Making Matters: Communication, Consequences, and Exhibit Design,” *Exhibitionist* (now *Exhibition*) 18, no. 2 (fall 1999): 9–14.

meaning out of objects. Their framework asserts four, key object-experience characteristics: Unity of the Moment; Object Link (objects as repositories); Being Transported (the transpersonal); and Connections Bigger than Self (qualities including reverence, spirituality and connections with higher things).⁴

In the fields of psychology and object-based therapy, Hungarian psychologist Mihaly Csikszentmihalyi's definition of overarching psychological object characteristics—including power (vitality and energy), self (personal identity and continuum), and society (relationship and hierarchy)⁵—provides a framework with which to examine human-object relationships and the impacts of objects in exhibitions. Social scientist Sherry Turkle's definitions of objects as evocative silent partners, life companions, repositories for memory and history, and provocateurs of action⁶—all meaning-making characteristics that are applied within therapeutic processes—provided direction to my exploration.

Propelled by these models and the desire to know more, it was during my field study at Trails Carolina that I truly came to see the connections between objects and healing. Located in North Carolina's Blue Ridge Mountains, Trails Carolina provides wilderness therapy for adolescents and families experiencing crises. I chose this therapeutic and educational facility for its unique approach: it incorporates objects within its therapies—with remarkable healing results.⁷

4 Kirsten F. Latham and Elizabeth Wood, *The Objects of Experience: Transforming Visitor-Object Encounters in Museums* (San Francisco, CA: Left Coast Press, 2015).

5 Mihaly Csikszentmihalyi, *Why We Need Things: Domestic Symbols and the Self* (Cambridge, UK: Cambridge University Press, 1981).

6 Sherry Turkle, *Evocative Objects: Things We Think With* (Cambridge, MA: The MIT Press, 2007).

7 For more information, see: The Academy at Trails Carolina, Lake Toxaway, North Carolina, www.trailsacademy.com.

At Trails Carolina, students and their therapists use objects as milestone markers and witness-bearers, as well as devices for contextualization, communication, and expression. These meaning-making exercises with objects provided the basis for my research into the psychological underpinnings of the human-object relationship, and revealed interesting points of convergence between object-based therapeutic practice and fundamental understandings in museum studies. By engaging in activities with simple objects, such as twigs, stones, beads, and string, students at Trails develop self-awareness, explore their own identity, and gain insights into the world around them. These effects are profoundly similar to the meaning-making experiences people have with objects in museum exhibitions. It raised a key question for me: if these dynamics are healthful and healing in therapeutic settings, do they likewise promote mental health in the museum setting?

This correlation emerged during my interviews with Trails Carolina's residential base staff, therapists, and the Director of Clinical and Family Services Jason McKeown, as well as during my field observations of the object-based therapy sessions conducted with teens on expedition. I also benefited from an enlightening interview with Ross Laird. A professor of psychology, counseling, and creative writing at Kwantlen Polytechnic University in British Columbia, Laird provided me with key insights into the relationship between therapy, object making, and the power of the creative process.

My cross-disciplinary journey inspired the theory of Psychotherapeutic Object Dynamics, and the notion that, as human-object forums rich in meaning making, exhibitions could likewise foster psychological wellbeing and healing. It also inspired an important collaboration, as I joined forces with Ross Laird and

Jason McKeown to see if and how museums can indeed be places of health and healing.

Testing the Psychotherapeutic Object Dynamics Theory in the Museum Setting

In 2016 the new team sought examples of the theory outside of the therapeutic setting, performing a case study interviewing object donors to the National September 11 Memorial Museum, believing that the museum's unique collection-donor relationship would provide an excellent testing ground. Our intent was to seek evidence in this setting where donors considered the institution an ally and protector that is helping to mend a shaken society by collecting personal objects related to a national tragedy. On our behalf, the institution sent out a voluntary call to potential interviewees. The call yielded a number of participants, including five women who had lost their husbands; three survivors (including one who lost her husband and one who lost a cousin); a mother who lost a son; a first responder; and an on-location journalist.

We conducted all of the interviews as a team. We felt strongly that it was critical for Ross Laird and Jason McKeown be there to provide their expertise, both with sensitive content in therapeutic settings and with victims of trauma. (Note: a museum interested in conducting studies based on the Psychotherapeutic Object Dynamics should use caution and collaborate with experts in therapy.) Our interviewing methodology utilized a heuristic approach, which generated qualitative data and explored how donors benefitted from participating in the institution's acquisitions program, how they identified with the donated objects, and their experience with the process of giving.

Throughout the interviews, subjects referred to their objects as "witnesses" to the event and their own

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fig. 1. "It helped me on the road to recovery. All those little steps along the way," said a donor who gave the 9/11 Memorial Museum her late husband's crushed wristwatch, along with his cellphone, suspenders, dollar bills, and soccer ball.



COLLECTION 9/11 MEMORIAL MUSEUM, GIFT OF SUSAN QUILTY. PHOTO MATT FLYNN

experience with donating as the means by which their stories will be told: “I need them [the objects] to bear witness for my husband.” Many referred to the need for the objects to keep the memory of their loved one alive and accurately account for the event’s details: “I wanted to make him a person, not a number.” “Each object tells a different part of the story of the day. First the ID badge, then the key, the triage gown. They tell the sequence of events. The reality of the day” (intro image). One subject explained that the objects she donated carry a great deal of emotional weight, which can be reasonably said for all of the subjects interviewed. Subjects referred to the 9/11 Memorial Museum as a trusted place where their objects would be kept safe and protected, and in that regard, the institution became an ally: “My story is braided into the museum, it’s a part of my identity.” “The museum is a better steward of the object than me.” “The museum is a protector of the objects.”⁸

What We Discovered: Objects and Exhibitions Can Be a Means of Mending

We found that people in vastly different life situations experience relationships with objects that match the themes and steps of the therapeutic process. Both at Trails Carolina and in the case study at the 9/11 Museum, people examined the concepts of self and identity through associating memories and meanings with objects; experienced the concept of life continuum through giving, receiving, donating and destroying objects; and communicated emotional states and thoughts through grouping, collecting and making objects. These relationships and behaviors

8 Of relevance is Elizabeth Merritt’s blog post, “Trust Me, I’m a Museum,” the Center for the Future of Museums, February 3, 2015; Merritt indicates that history museums and sites score 6.4 on a national scale from 1 to 10 as trusted sources for information, education and interpretation, outweighing other information media (see: futureofmuseums.blogspot.com/2015/02/trust-me-museum_3.html).

provided illustrative examples to further define the five human-object dynamics that constitute the theory of Psychotherapeutic Object Dynamics. Those dynamics are *Releasing/Unburdening*, *Associating*, *Giving/Receiving*, *Composing*, and *Making*, and the theory proposes that it is in those specific actions that people experience the healthful and healing impacts of objects.

Releasing/Unburdening is the action of releasing an object from a state of highly associative ownership into a place or state with the intent of entirely and permanently removing it from its former association (meaning) and state of ownership. Examples of this dynamic are seen at Trails Carolina when teens assign a psychological burden to a rock which they carry until they are ready to move into the next stages of healing. They will throw away, crush, or even burn the rock in an act of unburdening. Using an object to eliminate life-restricting feelings of fear or hate thus becomes an action of deep change and growth, a reminder that the experience no longer holds power over them. Trails Carolina field director Shane Dixon explains, “It is in the letting go that the power comes. And the power comes.” Similarly, donors to the 9/11 Memorial Museum demonstrated the *Releasing/Unburdening* dynamic through their various acts of donating (fig. 1): “I feel positive...freer. I almost want to give them everything,” said a widow who donated her late husband’s recovered gun. “You feel a little bit of weight was lifted off you. It was time. It kind of helped me to move forward a little,” said a survivor who donated her work ID card and damaged bank cards. One takeaway for museums is that institutions receiving donations of personal objects—or designing exhibitions in which audiences contribute objects as part of their visit—could actually be fostering psychological growth and healing.

Associating is the action of maintaining (and keeping within close physical proximity to) an object in an effort to perpetuate the knowledge/memory of the associations attributed to the object—including experiences, emotional states, places, and people. Objects that we hold dear and keep close can feel as if they have an indomitable spirit, fostering resilience, stability, endurance, and belonging. At Trails Carolina, each student is given a bead to acknowledge a milestone in their therapeutic growth; they wear it throughout their stay, and even after they leave. With the bead they associate their achievement of personal growth. In the object donor case study, *Associating* was likewise demonstrated: “This is the newest 911 memorial! I feel a part of me is missing when I don’t have it,” said a survivor who carries a piece of steel from the site in his pocket. Comparably, another survivor needed to keep some of her objects physically close: “Other objects [I didn’t donate to the museum] from my wallet I framed and put on my wall. I want to look at them. I want to think about them. I show them to people who come to my house.” *Associating* suggests healthful ramifications for museums building close ties with their immediate communities and repeat visitors through personal object donation initiatives and co-created exhibitions.

Giving/Receiving is the action of donating or offering to another person or people an object with the intention of its being accepted, and the resultant act of its being received with its attributed meanings mutually understood and held intact. It is critical that the object’s meaning remains intact from person to person. In so doing, the giver and the receiver both experience the psychological concept of connection to family, society, and the life continuum. At Trails Carolina, some students offer their bow drill kits—used for making fire—to their parents, which is an act of sharing their story, their primal power, and a desire

to seek continuance with the family (fig. 2). Refusal provides another illustration of the dynamic. Jason McKeown explained: “When a parent rejects the kid’s object it’s like they’re rejecting their kid.” The donation experiences gleaned in the case study demonstrated *Giving/Receiving*, and illustrated the healthful impacts of museum/donor reciprocity. A takeaway for museums could be developing exhibitions built around themes such as family legacy, culture, or an historical event where audience participants contribute and receive others’ objects within the designed environment, therein making deep personal connections with each other, the message of the exhibition, and the institution as a whole.

Composing is the action of bringing together and juxtaposing objects with the intent of forming and expressing concepts or ideas so as to coalesce, examine, and convey meanings that cannot otherwise be fully or entirely explained or expressed. At Trails Carolina, I observed teens grouping and juxtaposing objects to communicate feelings, dynamics, and events that they were trying to understand and explain yet couldn’t fully verbalize (fig. 3). In the museum case study, a survivor who donated items associated with his escape from the World Trade Center’s North Tower said, “It’s important that they stay together and are displayed in a group. It accurately reflects what the experience was. You can’t fake that.” A first responder shared, “They are like my twin boys. They belong together, they are a family.” Museums can take from this the need to curate and juxtapose objects in exhibitions with a careful eye towards message over categorization, consider the metaphorical possibilities in displays and object interactions, and even design exhibitions where visitors and participants actively compose and recompose the environments as part of their experience.

JASON MCKEOWN



fig. 2. *Giving/Receiving:* A student in Trails Carolina's wilderness program gave these bow drilling objects to his parents, which they will carry home with them. In giving the kit (used to build a fire), he is sharing his story, his primal power, and expressing his need to experience continuance with the family. In receiving the kit his parents contribute to his trauma recovery, resilience, and stabilization.

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fig. 3. In object-based therapy, composing objects enables a participant to focus on the ways in which juxtaposition expresses thoughts, feelings, and concepts that are difficult or impossible to convey in words. To the student at Trails Carolina, this composition of sticks, leaves, and stones transcends spoken communication and describes an emotional experience she is unable to verbalize.

Museums hold immense power to nurture and heal.

fig. 4. Here, a student uses the bow drilling tools she spent weeks making and learning how to master. Creating the tools and using them to make fire is challenging and time intensive, requiring emotional grit and self-regulation. This dynamic of *Making* enacts the stages of the therapeutic process, and contributes to significant stages of health and healing.

In therapy as in life, people can confront inner challenges and engage in the creative process in order to make progress. In *Making*, people encounter the steps leading to endurance, resilience, self-awareness, and self-regulation. Ross Laird explains: “The action of generating an object is a means of experiencing and implementing the fundamental creative process, and in so doing undergo progressive stages of psychological growth and healing.” At Trails Carolina, a capstone achievement involves making the tools and developing the skills required to make fire from sticks, stones, and string (**fig. 4**), a lengthy and intricate survival process with a powerful outcome. A wounded journalist who donated her press badge and triage tag to the 9/11 Memorial Museum describes a similar therapeutic process: “I’ve written four books since the moment and it’s very cathartic. Purging. It’s a way of emptying yourself. It helps me process and make meaning of the experience.” *Making’s* healthful and healing impacts underscore the importance of activity



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spaces in exhibitions, on and off-site programming, and opportunities to target audiences where long-term engagement designed around creating objects can make deep personal connections between exhibition content and participants.

Only the Beginning

Museums hold immense power to nurture and heal. Moving forward, we envision many ways that museum developers, designers, educators and audience experts might collaborate with psychologists, therapists, and mental health experts to apply the Psychotherapeutic Object Dynamics within their own institutions. We close with just a few examples:

Your museum might be a place of healing.

The tenets of Psychotherapeutic Object Dynamics could be adapted into an evaluation instrument to explore whether current audiences and participants experience therapeutic impacts from their museum visits. Post-visit interviews and focus groups could reveal healthful or healing impacts that align with one or more of the theory's object dynamics, as was discovered in the 9/11 Memorial Museum case study. Active engagement with objects seems the most likely mode for wellbeing and healing, however, it would be interesting to see where passive viewing might play a role.

Your institution can contribute to the wellbeing of your visitors.

The dynamics could be used as strategies for creating highly active, themed, and content rich exhibitions with the intent of providing healthful and healing outcomes for visitors and patrons. Museums could explicitly target object donations for exhibitions that

enact the dynamic of releasing/unburdening, or apply composing by designing adaptive and interactive exhibitions where visitors actively juxtapose objects and customize exhibition messages. Exhibitions could provide giving/receiving experiences around the action of reciprocity, where visitors contribute and receive objects. And directed activity spaces that provide the impacts of making could be designed within myriad types of exhibitions.

Objects are necessary to peoples' health and stability, especially in provocative exhibitions.

Psychologically activating exhibitions could be mindfully adapted in consideration of their possible consequences. Museums exhibiting provocative content could implement supportive strategies that are commonly used in object-based trauma therapies in the form of ancillary exhibits with focused object-based activities, or reflection spaces that encourage containment, resourcefulness, and resilience, contributing to visitor safety, comfort, and healing. ■

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