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## **Found Object/Readymade Art in the Treatment of Trauma and Loss**

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## Found Object/Readymade Art in the Treatment of Trauma and Loss

### Cover Page Footnote

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### Abstract

Found object/readymade art is a familiar expressive medium in art therapy that has been insufficiently explored. The present article theoretically and clinically examines found object/readymade art as a progressive therapeutic intervention in the treatment of trauma and loss. It aims to show how creating found object/readymade art enables the client to encounter and contain damaged/disconnected memories and provides a space for integrating and meaning-making in the face of rupture and loss. This is discussed through a review of found object/readymade art medium in the history of art and in art therapy and by phenomenological observation of its creating process. Specific links to the treatment of trauma and loss are incorporated, as well as the therapist's role. Clinical vignettes and examples from found object/readymade art workshops illustrate these therapeutic qualities through art therapy, psychoanalytic, and neuroscience lenses.

*Keywords:* found object, readymade art, trauma, loss

## **Found Object/Readymade Art in the Treatment of Trauma and Loss**

### **Psychotherapy Interventions with Trauma and Loss**

Both trauma and loss are stressful life events that confront individuals with a force stronger than their ability to resist. They usually elicit distress and painful emotions, challenging coping strategies and sense of wellbeing. They are associated with the breaking of continuity and/or the sense of being whole, and challenge the individual to contain the event and its implications. The need to integrate memories and mental representations is one of the cornerstones of the healing process in both experiences. In order to transform their suffering, individuals may need a space in which they can be involved in a process of re-establishing psychological wellbeing through recognition of the event's impacts, mourning process, and meaning-making, which would also illuminate the individual's strengths, creativity, and vitality. We will first elaborate on the similarities and differences of trauma and loss.

### **Psychological Trauma**

Psychological trauma is one of the most important public health challenges in the world (Bessel & van der Kolk, 2003) and has been acknowledged as having a pervasive role in mental disorders (Ross, 2015). Even though the *Diagnostic and Statistical Manual of Mental Disorders-V* limits traumatic events to "exposure to actual or threatened death, serious injury, or sexual violence," many events may be traumatic even if life threat or injury is absent (Anders, Frazier, & Frankfurt, 2011). We will thus use the classic definition of psychic trauma, which specifies that the ego has been overwhelmed by stimuli in a dangerous situation and produces lasting psychological symptoms (Blum, 2004). However, it is important to keep in mind that we tend to view trauma from our own cultural perspective even though cultures and religions may differ in how traumatic events are interpreted and impact on individuals' meaning-making of such events (Levy, Slade, & Ranasinghe, 2009).

Psychological trauma results in feelings of intense fear, helplessness, and loss of control (Renn, 2012). These feelings overwhelm adaptations and undermine sense of self-agency, emotional connection, and meanings (Herman, 1992). Traumatized individuals who develop posttraumatic stress disorder (PTSD) are characterized by three clusters of response: intrusion – in which the traumatic event continues to preoccupy them; avoidance – whereby they try to distance themselves from anything that might trigger memories and feelings associated with the trauma; and hyper-alertness – which is a general elevation of tension and vigilance.

In PTSD, a traumatic event is not remembered and registered as a past event in the same way as other life events are. Trauma continues to intrude on individuals through visual, auditory, and/or other somatic reality, in which the traumatic experience is relived as though the event is still occurring (Rothschild, 2000). Dissociative responses as a defense mechanism display an absence or avoidance of recall and contribute to fragmentation of memories (Vasterling & Brewin, 2005). Memories of the traumatic event are stored primarily as implicit, behavioral, and somatic, with no linking narrative (van der Kolk, 1994). Trauma is thus a psychophysical experience (Rothschild, 2000) with relatively weak verbal representations and poor mental integration.

A central characteristic in psychic trauma is the fragmentation of the self through dissociative coping strategies, resulting in fragments of memories that are split off from conscious awareness (Ogden & Fisher, 2015). Hence, fragmentation of experience may be related to fragmentation of personality (Renn, 2012).

Based on accumulated neuroscience knowledge of trauma that demonstrates that traumatic experience gets locked into the body, a paradigmatic shift is indicated for psychotherapy for trauma that takes into account the dominance of nonverbal, body-based, implicit processes over verbal, linguistic ones (Ogden, Minton, & Pain, 2006; Schore, 2011).

The action of art-making in the context of art therapy is a mind-body practice that might offer safe processing of traumatic memories (Gantt & Tinnin, 2009). Art therapy provides stimulating and kinesthetic activities, along with verbalizing and meaning-making, and may serve as a therapeutic method in the treatment of trauma (Hass-Cohen, Findlay, Carr, & Vanderlan, 2014). Specifically, sensory vividness, expressive emotions, and visual linkage in art therapy practice can be used to update and reconsolidate autobiographical memories (Hass-Cohen & Findlay, 2015). However, due to embodied experiences in art therapy in the treatment of trauma, trauma-related issues must be addressed sequentially: safety, trust, power/control, esteem, and intimacy (Graca, Palmer, & Occhietti, 2014).

### **Loss**

Loss may be defined as a reduction of resources in which a person has an emotional investment. Such resources may include the presence of and interactions with close others, as well as loss of identity, self-esteem, hope, trust, opportunity, and health (Harvey, 1996). Most of us experience losses (minor to major) during our lives, and they have an impact on our emotions, cognition, and behavior. The importance of loss events can frequently be seen in culture and art. Funerals are among our powerful social and religious ceremonies. Support groups abound for almost any type of loss experience (Miller & Omarzu, 1998). Harvey and Miller (1998) have suggested that major losses (e.g., death, divorce, loss of employment, chronic disease, brain injury, political repression) and the pile-up of these losses require from us the maximum effort in order to cope.

Traditional perspectives about loss (e.g., psychoanalytic and attachment theories) view grief as a form of emotional pain or dis-ease that one has to “get over.” However, current perspectives accept loss as an expected part of life that produces permanent change (Rubin, Malkinson, & Witztum, 2012). These theories also underscore the social context of grief. Culture, for example, is a crucial part of the context of bereavement, and it is often

impossible to separate an individual's grief from culturally required mourning (Rosenblatt, 1993). Sensitivity to cultural differences should help prevent ethnocentric assumptions. The major literature on loss focuses on the death of a loved one. Such a death is associated with powerful emotions and reactions that are apparent in the grieving and mourning processes and are explained primarily by the fact that we develop deep emotional connections in close relationships and struggle to maintain our bonds with our lost loved ones (Rubin et al., 2012). Theories that explain bereavement underscore the post-loss affective states of distress and describe the changes in grieving that occur as time elapses, for example, individual differences in the ability to move from loss-oriented to restoration-oriented coping (Stroebe, Schut, & Stroebe, 2005). Bereavement theories also stress the need of the bereaved to make sense of what has happened to them and their efforts to regain the ability to care about current and future life (Weiss, 2008). Two main tasks for the bereaved are apparent: accepting the death and returning to mundane activities, and in the same time maintaining symbolic relationships to the deceased (Rubin, 1981). In other words, integrating the lost relationship within a new reality (Mikulincer & Shaver, 2008).

Psychological trauma and loss are thus related phenomena. Both may affect individuals' biopsychosocial functioning, challenging and dislocating the routine of life; both may be seen as stressful experiences of which individuals must make sense, including their impacts; both events bring about the awareness of the fragility of life, shaking the sense of the individuals' safety and security; both are bound with discontinuity and inconsistencies. Moreover, severe trauma may result in loss of one's former identity, self-confidence, self-esteem, and self-reliance, as well as trust in others (Blum, 2004). "There is some loss, grief, and mourning with all traumatic experience, and the potential for trauma with all object loss" (Blum, 2004, p. 32). However, while trauma is by definition an unusual type of loss, there are many losses that do not constitute trauma (Harvey & Miller, 2000). In these cases, the

therapeutic process may focus on clients as meaning-making agents struggling to assimilate the loss within frames of significance, to make sense of the loss, and to move toward a meaningful future (Neimeyer & Levitt, 2000).

For the purpose of this paper, we focus on the therapeutic need to rework trauma and loss as stressful events that need to be recognized, contained, and claimed by the individual, as well as to find possible meaning. However, careful attention must be paid by the art therapist to specific therapeutic needs that characterize each event. Specifically, found object/readymade art as a therapeutic intervention may be helpful for reprocessing the traumatic memories; however, it may also consist of an exposure component, in which the client is subjected to some aspects of the original trauma. This suggests major importance of the intervention's timing in the treatment course.

The current article will focus on found object/readymade art as a medium that may be especially suited to enabling the individual to work through trauma and/or loss. We will first present an overview on found object/readymade art from the perspectives of art history and art therapy as related to therapeutic qualities, and then we will delineate the process of creating found object/readymade art through a phenomenological lens.

### **Found Object/Readymade Art in Art History and Art Therapy**

Four aspects integral to found object/readymade art may facilitate its functioning as a therapeutic method providing a space in which to explore, to be in touch with, and to play with fragmented and affect-loaded memories that need to be recognized and rejoined.

The term "readymade" was coined by the artist Marcel Duchamp at the beginning of the twentieth century to describe work that consisted of found objects selected and displayed as works of art. Since the artist selects the object, his/her intention intrinsically alters the context of the object in daily life, giving it an entirely new meaning (Hsu & Lai, 2013).

Duchamp is generally identified with the avant-garde, specifically Dadaism, a movement that



began in Zurich during the First World War and challenged conventional conceptions of art (Graham, 2005). Through their art, the Dadaists protested entrenched political and social values (Waldman, 1992) and promulgated anti-war messages. Thus, Dada basically stems from and binds with wounded and traumatic human society.

Found object/readymade art has had a notable presence in art practice since then. It can be described as an avant-gardist response to aesthetic convention, as “anti-art,” something that causes the “shock of the new” (Tenbaaf, 1998). Duchamp described the creative process that underlines his readymade art as total indifference to aesthetics: “a true readymade: no beauty, no ugliness, nothing particularly aesthetic about it” (Schwarz, 2000, p. 643).

This aspect, *freedom from aesthetic tradition*, drawn from the evolution of readymade, is a valuable feature of the therapeutic context. This may ease the task for clients, in contrast to creating conventional art like drawing and sculpting that might elicit self-criticism and judgment (Magides, Shalev, Trismann, Koren, & Piven, 2009). Creating readymade art may encourage clients to be freely engaged with the found object materials and to express their subjective experience. In addition, it may enable the freedom to act in the face of some conventions. In other words, readymade can be a powerful private protest in the face of self and relational constraints in the therapeutic setting.

The second aspect of found object/readymade's therapeutic potential is its *use of real objects as the raw material for artwork*. The artist actually transfigures these real objects into works of art by changing their location, which implies that we see them out of their context, thus changing our attitude toward them (Graham, 2005). Conceptualized psychoanalytically, readymade brings the real into the potential space (Winnicott, 1971) and the real into the status of a symbol (Ogden, 1993). The use of real objects as symbols might reduce the distance between the art and the real, or in Ogden's conceptualization, between the symbol

and the symbolized. This could have two implications. On the one hand, it could offer a closer representation of the individual's experience that retains its vivacity (Hollway, 2009), communicating authentic psychic realms. For example, the artist Doris Salcedo (born in 1958 in Colombia) addressed the traumatic recent history of her country in her art works. Many of her works transmute intimate belongings (such as worn shoes) of missing people in the context of political violence. These real intimate objects serve as metonymic displacement for the absent body (Wong, 2007) and may evoke the sense of loss. On the other hand, artworks that include real objects imply a possibility of evoking the lived experience of the trauma and might be perceived as "perceptually identical" (Oliner, 2012, p. 22) with the traumatic event. The real objects' similarity to the traumatic event might trigger painful emotions and/or symptoms. In these cases, extra caution should be taken by the art therapist, who must offer much closer support and containment.

The third central aspect of found object/readymade's therapeutic potential has to do with *integrating objects/materials*, some seemingly unrelated and some integrated by coincidence. The artist Richard Wentworth (born in 1947 in London), for example, deals in his readymades with bizarre coincidences as well as with the juxtaposition of materials and found objects that do not belong together. Man Ray (born in 1890 in Philadelphia) stated that the creative act rests on the coupling of different features to produce an artwork (Waldman, 1992). Duchamp saw coincidence as the basis of readymade, the only way to avoid the control of the rational, a real expression of the subconscious (Tomkins, 2013).

The integration of mental aspects that had been split as a consequence of traumatic events, and thus became "unrelated," is a therapeutic endeavor in the treatment of trauma through art therapy (Avrahami, 2005). In regards to coincidence, many events of trauma and loss have an accidental element, demonstrating our inability to control our fate. Posttraumatic and bereaved individuals inevitably deal with the accidental in life and thus may find in the

process of creating readymade a medium that resonates this aspect, but this time offering choice and control.

Finally, the last therapeutic aspect of found object/readymade is *playfulness and the humor* it may invite. Some found objects/readymade artists have expressed playfulness and humor while creating readymades (Tomkins, 2013). According to Erikson (1950), play can be seen as “the most natural self-healing measure childhood affords” (p. 222) and as “the royal road to the understanding of the . . . ego’s efforts at synthesis” (p. 209). Because synthesis and integration are essential in the treatment of trauma and loss, play, as embedded within the readymade medium, may have a vital therapeutic role.

In the context of the therapeutic relationship, when the readymade evokes humor, it may constitute a shared, intersubjective experience that is known for its significant therapeutic benefit (Lemma, 2000). Therefore, “Creativity and humor should not be considered mere peripheral or defensive activities because they allow us to appreciate the ridiculous and absurd in life all the while embracing the most important of human conditions” (Knafo, 2004, p. 540).

To summarize, we identified four central aspects of found objects/readymade art that might be enacted in the process of creating:

- (a) the freedom from aesthetic conventions,
- (b) the approximation of reality in the space of art through re-location of real objects,
- (c) the integration of objects (some unrelated; some by accident), and
- (d) playfulness and humor.

These aspects may be especially relevant to the treatment of trauma and loss; in particular, dialects and dialogs between the controlled and the accidental, between the split/fragmented and the integrated, between the reality and the symbolic space, and finally between uncontrolled fate and the playful space. These contrasts, or opposites, which at times may

collide, could evolve into dialectical coexistence within the possibility of playing with reality in the therapeutic context. The following vignette demonstrates these characteristics. It is taken from a workshop during a graduate program course in art therapy.

Michal, an art therapy student who forgot to bring objects to a found objects/readymade workshop focusing on trauma and loss, found a sketchbook in her bag that had belonged to her beloved grandmother, who had died one month previously. Her grandmother had been a woman of all trades (she sewed, knit, cooked, and more) and a Holocaust survivor who suffered a stroke in her later years. As a very active woman, she coped courageously with the consequences of the stroke. She drew in her sketchbook, despite her physical limitations, in an attempt to strengthen her motoric capabilities. The drawings depicted her childhood memories – common European scenes and landscapes. Michal, her granddaughter, is an artist, but is not as proficient an embroiderer as her grandmother had been. She took one of her grandmother's drawings from the sketchbook and embroidered on it, her hand trembling much like her grandmother's. During this phase, she remembered her grandmother with deep longing; by holding her drawing and embroidering some of its contours she felt close to her (see Figure 1). Michal's personal reflection:

I chose to deal with the loss of my grandmother, which had taken place less than a month ago. . . . I began to embroider. I was never good in those precise crafts. The embroidery thread is so delicate and I surrendered to the movement upon it meditatively. I embroidered . . . and I thought – what a pity I'm not good at it – and then I started to feel the connection, the same accuracy that had been lost to my grandmother and had become a quiver. I feel my quivering, uncertain hand that tries to trace her drawing, to trace after her . . . . There are many holes that made dots on her drawing because I missed with the needle. Suddenly they seem to be as important as my attempts to find the exact spot, the place, the memory. I think about the world

my grandmother came from, a world that had been lost to a harsh childhood. . . .

While writing, I remembered that grandma and grandpa met in a sewing factory after the war.



Figure 1. Michal's artwork.

This example exemplifies the *accidental* aspect, together with the *freedom to create* with a personal object, a *real object* that once belonged to a beloved person. The drawing paper became a space for *integrating* the grandmother's lines with her granddaughter's thread and dots. Through *playfulness*, Michal followed her grandmother's drawing lines with embroidery thread, opening a space in which to re-member through movement and touch that were similar to her grandmother's during a time of adjustment to a crisis. A process of mourning and remembering is apparent through the kinesthetic and touch channels. The sensual and kinesthetic modes of experience will be further discussed in the next section.

Michal's final artwork documents her and her grandmother's marks of coping with private loss. The readymade demonstrates how traumatic events can still be traced after three generations, with each generation holding and transmitting memories in unique ways.

### **Phases in the Found Objects/Readymade Creating Process**

The process of creating found object/readymade comprises three central phases:

1. Scanning and collecting objects/part objects from the environment;
2. Transfiguring the found objects through various methods of connecting;
3. Naming or titling, or telling a story about the readymade work.

These phases in the creative process have the potential to engage the creator within the therapeutic working-through and meaning-making, especially relating to trauma and loss memories.

### **Scanning and Collecting Objects (Including Part Objects and Damaged Objects)**

**Availability of broken/damaged/out of context objects and their therapeutic message.** Many art therapy studios have a container with various broken and useless objects as raw materials for creating art. The word trauma derives from the Greek word meaning “wounding” and “penetration” (Renn, 2012, p. 19); thus, collecting broken/faulty objects may evoke identification with their wounded aspects among clients. As a result of trauma and/or loss, the individual literally experiences themselves as damaged, wounded. On a metaphoric level, it can be said that these broken objects may give voice to the injured and painful parts in us that were caused by the trauma. In the realm of mental functioning, they also serve as representations of these elements, which the traumatized person tends to dissociate, repress, and/or mute.

The encounter with the damaged is akin to Segal’s (1957) description of art as a reparation activity in the course of psychic development. “The wish to restore and re-create (the damaged object) is thus the basis of later sublimation and creativity” (Segal, 1957, p. 197). Artistic activity allows a reparative process toward the damages we feel we have inflicted on the loved object (Abella, 2010). Segal’s (1957) insight is that “creation is really a re-creation of a once loved and once whole, but now lost and ruined object, a ruined internal

world and self” (p. 199). This reparative process may support a work of mourning, in which, as it continues, the ego is enriched, re-integrated, and enlivened (Abella, 2010).

A unique implication in this respect concerns the exchange that normally takes place between external reality (daily life) and phantasy life (Klein, 1948). A traumatic event might cause a cessation or split between the two realms that will eventually cause unassimilated experiences in the individual (Britton, 1998). Here too, a related phenomena is the risk of being divided, or worse, not connected. Thus, the broken or the deconstructed object may resonate with these traumatic consequences in the mental realm. However, along with the meeting with the damage, there is an opportunity to discover its potential as a constructive element in the new form (Shapiro, 2005). This dialectic between recognition of the broken, the damaged, and/or the missing on the one hand, and of the reconstruction, on the other, is an essential goal in the treatment of trauma and loss.

According to Shapiro (2005), there is an inherent message in offering clients these broken/useless/ruined objects as raw materials for creative work. Specifically, it communicates non-verbally that deconstruction holds a potential to create the new.

**Availability of variant objects.** An additional aspect is the availability of widely divergent objects, ranging from very soft (fabric, cotton, sponge, etc.) to very hard (nails, steel, iron, etc.); from children’s (toys, baby rattle etc.) to adult objects (subway ticket, key, etc.); from transparent to opaque; as well as prototypic gender objects (hair ribbons, razor, etc.).

The opening of the readymade box (see Figure 2) with a rich spectrum of objects can resonate the opening of a toy box in childhood, and thus may invite the individual into a playful activity. In a deeper sense, it may resonate play in childhood as a way to assimilate the world, to make sense of an experience in order to make it part of themselves (McMahon, 1992). The diversity of the objects is important in another way: it could represent more

precisely the clients' inner representations, their contrasts, subtleties, time dimensions, and contexts. This can help promote their psychic integration in a therapeutic supporting framework (Hazut, 2000).



*Figure 2.* Found objects and readymade box.

**Scanning and collecting.** Scanning and/or collecting the found object/s and/or part-object/s engage the individual in sensory, kinesthetic, and perceptual exploring activities (Landgarten, 1981; Wadson, 2000). Sensory activity can be seen here as the basic foundation of mental activity (Marshall & Magon, 1998), touching reality as part of the functioning of the ego. Since this phase is mainly sensorial, it is important to bear in mind that trauma narratives are more dominated by sensorial and perceptual aspects, as compared with daily life experiences (Crespo & Fernández-Lansac, 2015). This is consistent with the idea that verbal encoding deficits and involuntary memories are rich in sensory and emotional content (Ehlers & Clark, 2000).



Some emotional responses as well as specific memories (some of which may be painful) might be evoked during this phase. Emotional flooding might take place as this stage introduces the creator with real objects, some of which are very close to the traumatic experience or to the deceased. An example could be medical tools available in art therapy for children hospitalized in oncology departments. Caution should be taken not to retraumatize the individual with stimulating exposure stimuli (Courtois & Ford, 2013; Steele, 2003). The therapist has to be particularly alert and sensitive of this possibility and assist in containing these emotions (Magides et al., 2009) or even postpone this art medium.

By choosing the objects, the individual may experience her/his control capability through making choices. This phase is basically offering choice, which is known to be a therapeutic aspect of art therapy (Nicholas & Lister, 1999). This aspect can be seen as counter-traumatic since the traumatic state is one of psychic helplessness (Freud, 1926).

**Placing the collected objects before attaching them.** Before starting to act on the collected objects, the client places them in a group. During this phase, the client usually may think about how to join the objects, what methods and techniques to use, and into what form (two- or three-dimensional). In Bion's (1962) concepts, the collected objects may function as building blocks to be transformed into an image. They may reflect beta elements in such a way that they are still in the form of raw materials (disconnected and unprocessed), however, present and waiting to be connected in the here-and-now, to be transformed into alpha elements. This process of alpha-function may be regarded as an achievement equivalent to the ability to dream (Bion, 1962).

The presence of real objects as raw materials may reduce anxiety for some individuals (Landgarten, 1993) in comparison to starting anew on an empty canvas. In addition, these collected objects, as building blocks of art-making, are actually based in child's play, thus echoing early development.

### **The Reconstruction, Transfiguration Phase**

This phase is the actual creation of the found object/readymade artwork and requires the reconstruction of the objects/part objects through various methods such as connecting, gluing, assimilating, or manipulating the objects. The main process in this phase is connecting and integrating objects into one construct.

Trauma impacts the self by impairing the integrative capacities of the mind, which might be revealed in nonintegrated memory processes and impaired self-regulation (Solomon & Siegel, 2003). Traumatic events affect systems of attachment and meaning, leaving the individual feeling abandoned and disconnected (Herman, 2001). By actually connecting the objects, which are loaded with emotional content, the medium might enable mending broken connections in the inner world, especially in case of trauma and loss. Haeseler (2002), conducting group art therapy with American veterans after September 11, 2001, described the therapeutic effect of the reconstruction phase:

The physical process of constructing something from nothing, and of bringing lost and broken pieces together in a work of art, felt like a powerful antidote to the powerlessness I experienced when witnessing the shattering of buildings and sorting through the broken pieces looking for human life. I felt as though together we were rebuilding and creating beauty from the rubble. (p. 123)

From our clinical experience, many children of divorced parents have found object/readymade to be the preferred medium with which to build containing images such as rooms, houses, refrigerators, and bags. Some used excessive amounts of glue. Along with this therapeutic feature of integrating, many clients will be facing a novel task and might experience anxiety about their ability to handle the media. Art therapists should be familiar with these media properties in order to assist clients in their expressive process (Hinz, 2009).

The following clinical vignette will exemplify the phenomenological dimensions of the process of creating found object/readymade art in the treatment of trauma:

Dan was a seven-year-old boy who had been undergoing chemotherapy treatments for about a year. He was brought to art therapy because he suffered from many fears (mainly from thieves) and had angry outbursts. During this period of intensive chemotherapy his motor abilities were poor and drawing was a frustrating activity for him. Dan scanned the readymade box and found a few candles. He also found a large seashell and first tried to listen to the sound of the sea by placing the shell near his ear. He finally decided to use the seashell as a container and melted the candles into it until it was full (see Figure 3). In the beginning, he was afraid of lighting the matches but gradually gained more control and proficiency. He found this activity exciting and filled many seashells with wax from variously colored candles. During the repetitive activity with fire, a number of issues were raised such as the dialectic between danger and caution/safety, the permanence versus the finality of things. Holding a lighted candle and melting it into a container served as a here-and-now experience that was bound to issues of life in terms of control and lack of control, transformation, and finality.



*Figure 3.* Dan's artwork.

The repetitive melting might also symbolize Dan's subjective experience in his relationships with the close adults around him. Many of them had difficulties setting him limits because he was suffering from his illness. It was as if they were melting in their encounter with him. On the face of it, Dan's working with fire in the therapeutic setting demanded the art therapist set clear guidelines and limits for his safety. Thus, through the relational aspect, Dan could also gain a relational experience that was lacking for him at that time. This experience around the readymade may be seen as co-construction of a new way of experiencing self and other (Fonagy, 1999).

Dan's readymades hold a meaningful symbolic aspect – the seashell's presence outside its natural context, or in other words, its re-location. At that time, Dan felt himself re-located for long periods while in the hospital and not allowed to attend school because of his compromised immune system. He longed for his friends, his previous normal routine. The seemingly accidental choice of a seashell could be seen here as a preconception, in Bion's terms (1962), that was transformed into a conception. The connection to his own wishes and to what was deprived during that time can be perceived as "a lost and found experience" for him.

This vignette shows how creating readymade enabled Dan to express himself in an authentic way. By selecting objects that he encountered in the room by chance and re-locating and incorporating them into his artwork, he actually communicated his inner world (non-verbally and verbally) and gained a sense of autonomy.

This example also illustrates the repetition characterizing many readymade processes. The repeated movements in the melting process exemplified this; in other clients we can see repeated gluing of pieces, sewing, hammering nails, and many more activities common in the readymade process. This aspect may be experienced as meditative or as a space in which subjective association might be elicited. Because there is an obligatory tendency towards

repetition of the trauma in thought, feeling, and behavior in PTSD symptoms (Blum, 2004), the process of making readymade can be a safe place for the individual to work-through aspects of traumatic memories to a better conscious awareness.

This phase inherently consists of attaching objects/part objects into a whole and might be seen metaphorically as the opposite of the psychological splitting and fragmentation that are well-known reactions to trauma (Fonagy, 1991).

Like the previous phase, this one requires the client be active in creating the final art form, which is the opposite of being helpless or frozen in the context of traumatic experience. Transforming passive into active is a therapeutic goal in psychotherapy with traumatized individuals, specifically assisting them to change from perceiving themselves as victims into active survivors who take actions to control their destiny (Knafo, 2004).

### **Naming or Titling the Readymade**

This phase may entail the client's meaning-making process. By giving the new art image a title or even by verbalizing it, the client bridges the nonverbal representations that usually characterize traumatic memories (van der Kolk, 1997) with words. This phase is essential to mastering the trauma. Since it is not unique to readymade but present in all art mediums, we will only mention the specific challenge of verbalizing readymade that is usually composed of various objects, materials, contexts of time and places, techniques of connecting, and more. Highly loaded and complex visual objects, on the one hand, and verbal language, on the other, may represent a wide gap for the client that the therapist will sometimes have to cross as well. Finding the right words for describing the subjective meaning in the readymade art may thus be a real therapeutic challenge and achievement for the client, similar to finding meaning in their suffering as the only thing that helps them bear it (Knafo, 2004).

The question, “What do you see?” (Betensky, 1995) may particularly assist the client and therapist to carefully observe the multifaceted readymade object in respect to form, color, material features, images, and many more visual aspects that are intrinsic to readymade products. Observing the final product from a few vantage points may serve as “binocular vision” (Bion, 1962) that explores the different views of the same object. This is particularly important because in trauma and loss we tend to perceive the traumatic event in a single rigid way.

A short vignette from a workshop with veterans suffering from PTSD exemplifies this. The workshop was a collaboration between the famous Israeli assemblage portrait artist Hanoch Piven and a group of art therapists. In these therapeutic workshops, the clients were asked to build a self-portrait by readymade, or in other words a “drawing with objects” (Magides et al., 2009). David, a former Israeli prisoner-of-war (captive in Syria for eight months), created an assemblage with the verbal title “Release is Not a Freedom” (see Figure 4). He said:

What I did reflects the period that I have been through. The watch is the time. Eight circles, rings, are the eight months I was in captivity. From Sunday noon until I was released, it was exactly eight months. But even though I was released, release is not freedom. The butterfly is not free. It symbolizes me. What I have been through.



Figure 4. David's artwork.

This example shows how the naming and verbalizing of the readymade/assemblage can act as a gradual encounter with the memories, as well as with the dissociative aspects (memories and their emotions), in the work of assisting the reconstruction of the individual's autobiography (Avrahami, 2005). This client represented the period of captivity in a very concrete way, but also represented the concept of freedom by gluing a butterfly image, a universal symbol of freedom. It could be inferred that he had made a very communicative image in an effort to be seen and understood by others. The paradox of no longer being a prisoner but still feeling himself in mental captivity is a very strong message to the self as well as to others. This assemblage may also act as a protest against war and its lasting wounds.

### **The Art Therapist's Role in the Readymade Process**

Readymade processes are clearly challenging for the art therapist because of their complexity and their nonverbal nature. Although readymade invites the individual into a playful space, it simultaneously asks for integrative endeavors of painful memories. The final products are commonly complex with various forms, colors, materials, textures, shapes, etc., and are indeed very idiosyncratic and personal. In a way, they remind us of how psychoanalysis works with dreams, which are characterized by condensed aspects and multifaceted layers that may reveal in clarity the individual's unconscious (Greenson, 1970). In the context of trauma treatment, the therapist is requested to be a witness to the client's nonverbal and verbal narratives as they evolve during the readymade process. Careful phenomenological observation (Betensky, 1995) may assist, according to Bion's (1962) concepts, first in detecting the Beta elements – those raw, unprocessed, and unrepresented elements – and second in containing and transforming the client's nonverbal communication of implicit memories into Alpha elements.

However, in many readymade processes the therapist cannot always remain in the witness role, but is also requested to actually participate in the readymade process. The uniqueness of the client and the art therapist relating around the readymade process can be seen here as an analytic field (Baranger & Baranger, 2009; Baranger, Baranger, & Mom, 1983), specifically as the emotional dimension created by the unconscious affective interaction of patient and therapist in the context of the therapeutic process. This aspect of the client-therapist relationship is also in line with relational neuroscience, in which the mind emerges from the interactions between intrapersonal and interpersonal mind-body exchanges (Siegel, 2006, 2012). The clinical vignette featuring Dan illustrates this point.

The uniqueness inherent in readymade processes challenges our efforts to connect things that were apart, that are made of very diverse materials. This challenge requires creativity and novelty from client and therapist alike. The therapist is thus asked to direct her/his attention to the relational immediate, emerging experience during the process of creating readymade art. Finally, interpreting the readymade object in the last phase requires open, floating attention to the image as seen from different angles. It may be helpful for the art therapist to encourage the client to describe what s/he seeing as well as bodily feelings and free associations.

### **Conclusion**

The inherent qualities of readymade art as they were reviewed in this article may especially lend themselves to the treatment of trauma and loss. Found object/readymade art that deals with trauma, ruptures, and loss can be seen en masse in art galleries and museums. The art object may attempt to restore broken connections between the traumatized individual and social structures and people by imposing “form onto the destruction if only by representing it within new structure: the structure of art” (Knafo 2004, p. 539).



In the therapeutic setting, this process of creating found object/readymade art encompasses looking for lost memories, some of them fragmented, split, and dissociative; placing them as present objects; and finally, connecting them and re-locating them into a narrative. Recovery from trauma and loss requires the reconstruction of meaning, the rebuilding of hope and sense of agency. These may be embodied in the found object/readymade creating process, which in cases of trauma and loss incorporate the real and the imagined, the controlled and the accidental, the fragmented and the integrated, the lost and the found.

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