

ART THERAPY, MEANING-MAKING AND LACAN:
A PHILOSOPHICAL INQUIRY INTO TRAUMATIC LOSS

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ABSTRACT

ART THERAPY, MEANING-MAKING AND LACAN: A PHILOSOPHICAL INQUIRY INTO TRAUMATIC LOSS

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This research examines the application of Lacanian psychoanalysis in art therapy to address traumatic loss, which is defined as the sudden and violent death of a loved one, using philosophical inquiry methodology. Given the limited presence of Lacanian theory in art therapy literature, more generally, this research seeks to bridge that gap by proposing that this approach can provide a useful theoretical framework for understanding and treating traumatic loss within art therapy. By critically analyzing and synthesizing existing literature on trauma, grief, and Lacanian theory, the inquiry argues that integrating Lacanian concepts, specifically the Real, the Imaginary, the Symbolic, and the *sinthome*, into art therapy can help frame avenues for meaning-making and processing traumatic experiences. The findings suggest that Lacan's insights into how individuals process and integrate traumatic experiences can enhance the therapeutic potential of art therapy, particularly through the creation of a personalized *sinthome*. The paper concludes with a discussion of the implications for applying this model in art therapy in practice and includes recommendations for future research.

Keywords: traumatic loss, lacan, *sinthome*, the real, meaning-making, narrative, trauma, grief

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Chapter 1: Introduction

When a loved one is lost under unnatural or violent circumstances, it is referred to as a traumatic loss. This type of loss can lead to particularly severe grief, as the unexpected and abrupt nature of the event often leads to intense emotional pain, shock, and a sense of disbelief (Boelen et al., 2019). Traumatic loss, which may be related to, and grouped with Persistent and Complex Bereavement Disorder (PCBD) (APA, 2013), Prolonged Grief disorder (PGD) (APA, 2022; WHO, 2018) and complicated grief (CG) under pathological grief, faces diagnostic challenges as symptomatology may lead to any of these diagnoses or otherwise a diagnosis of Post-traumatic stress disorder (PTSD) or Major Depressive disorder (MDD) (Djelantik, 2020). A best practice for treating traumatic loss has not been established, although treatment protocols may draw from both the trauma and grief fields (Boelen & Smid, 2017; Regehr & Sussman, 2004). Art and expressive arts therapies are increasingly used in supporting clients with both grief (Green et al., 2021; Arnold, 2020; Neimeyer, 2012; Thompson & Berger, 2011; Thompson & Neimeyer, 2014) and trauma symptoms (Talwar, 2007; McNamee, 2003; Hass-Cohen, 2018; Tripp et al., 2019; Kaimal et al., 2021; Bowen-Salter et al., 2022) suggesting that there may be ways in which art therapy can support this combined experience. What remains less defined is the phenomenology of traumatic loss, and how individuals make sense of it, find meaning through it and manage to integrate traumatic experiences. This philosophical inquiry argues that integrating Lacanian concepts into art therapy can help frame avenues for meaning-making and processing traumatic experiences, aiming to fill a gap in current literature by providing new pathways for healing.

This research seeks to apply a largely unexplored approach to understanding traumatic loss in art therapy: a Lacanian model. The French psychoanalyst is most widely known for his mirror stage theory and three register theory as well as for his structural linguistic conception of the unconscious. His theories place importance on how trauma shapes our realities (Miller, 2011; Perman, 2018). In the later stages of his work (Lacan, 2005), Lacan increasingly recognized the importance of the poetic, the arts, and creative expression in the healing process (Himes, 2013). Few art therapists have engaged deeply with Lacan's concepts (Sharon-Zisser, 2018; Himes, 2013; Gerity, 1998) and no sources were found that explicitly explore a Lacanian approach to traumatic loss in art therapy, though it is possible such work exists but has not yet been identified or documented in the available literature.

Research Goals

This research seeks to make a case for the application of Lacanian theory in art therapy for the conceptualization and treatment of traumatic loss. A subsidiary goal of this research is to increase the accessibility and applicability of Lacanian thought within the field of art therapy. The research process looked to address this gap in the literature and discuss how these topics relate, differ, or could potentially converge.

Relevance to Art Therapy

Emerging research on trauma has deepened our understanding of its impact on the brain (Van der Kolk, 2014; Reis & Ortega, 2017), which in turn has informed more effective clinical interventions for trauma symptoms. To understand how individuals interpret, find meaning in, and integrate traumatic experiences are all equally important parts of this process (Beaumont, 2013; Levine, 2009; Neimeyer & Thompson, 2014; Lobban, 2014). While art therapy has deep roots in psychodynamic approaches to grief and trauma (Malchiodi, 2012; 2020; Rubin, 2016), the absence of exploration into Lacanian perspectives on traumatic loss presents a significant gap in the art therapy canon (Sharon-Zisser, 2018; Himes, 2013; Gerity, 1998). Psychodynamic art therapists may find Lacan's work of interest, as his theories offer nuanced perspectives on identity formation, desire, and language, which are core components in understanding and working with unconscious processes (Rubin, 2015; Cabaniss et al., 2011). His theories may help to inform meaning-making approaches, which are frequently applied in art therapy (Thompson & Neimeyer, 2014; Beaumont, 2014). I believe re-examining a Lacanian perspective may offer novel insights and unique opportunities to help support clients in their healing process from traumatic loss. Additionally, proliferating this area of research may also aid in bringing more general awareness of art therapy to philosophical and traumatology spheres, increasing the visibility of our growing field.

Personal Implications

As a young adult, I experienced two significant traumatic losses within the same year. This was an experience I could have never expected and to this day I'm still amazed at how I survived that period of my life. In addition to the acute grief, despair, and anger, I felt my entire sense of purpose and direction had evaporated. I no longer felt that I understood the world that I was apparently still living in. I sought professional support to help me through the worst of the early stages of grieving and shock but I would need to find a lasting strategy to continue living in

a meaningful way. Since that time, in my own life, I have seen how important the process of meaning reconstruction can be as part of a healing process. Creative activities and documentation helped me to navigate this time. A feeling that always stuck with me was that sense of alienation in my own reality in the aftermath of the traumatic events. It was upon reading Lacan's ideas that I started to feel that these elements of this experience had finally been named. His concept of the realm of the Real (Lacan, 1978) resonated with me and stuck with me for years to come. Although I didn't fully understand it at the time, I felt that it captured a truth.

My personal motivation for this research therefore has two parts:

1. I'm invested in the advancement of conceptualization and treatment of traumatic loss in the art therapy field
2. I hold a deep curiosity that has fueled my wish to engage with Lacanianism and I hope that these ideas can be shared with others in a more accessible way.

Assumptions

In this research it is assumed that art therapy is able to address both grief and traumatic loss. It is equally assumed that art therapy can and does employ meaning making approaches in its current practices. It is important to recognize that this research is written from a North American context although does address some reasons for a continental divergence. This paper should be interpreted from a constructivist perspective (Given, 2008, p. 116) and is situated within the psychodynamic framework. It's worth noting that my references to Lacan primarily draw from his later seminars, where he revisited his views, particularly regarding the transformative power of art.

Chapter summaries

Chapter 1 introduces the research goals, relevance to art therapy, and personal implications, setting the stage for the paper. Chapter 2 outlines the research methodology, including design, data collection, ethical considerations, and cultural humility. Chapter 3 offers a comprehensive literature review, covering trauma, grief, traumatic loss, and Lacanian theory, with a focus on their relevance to art therapy. Chapter 4 presents the findings, exploring the intersection of art therapy and traumatic loss through Lacanian concepts like the Traumatic Register of the Real and the creative *sinthome*. Finally, Chapter 5 discusses the findings, revisits the research goals, examines the role of Lacanian thought in art therapy today, and considers future research directions.

Chapter 2: Methodology

This chapter will describe the philosophical inquiry research method used to explore the topic of Lacanianism in art therapy for traumatic loss. This method was selected because it allows for the systematic exploration and critical examination of complex and abstract concepts that are central to the research topic. In the following sections, the research stages (Golding, 2014), materials, data collection and analysis, delimitations and limitations, and ethical considerations are presented.

Design

Philosophical inquiry is “a method of generating knowledge and perspective” (Barbules & Warnick, 2006, p. 489) and promotes the proliferation of new and synthesized literature while critiques existing literature (Stige & Strand, 2016). It is particularly well suited for conceptual topics and is often used to investigate issues that are difficult to approach using traditional empirical research methods, creative arts therapies being one of these areas (Wheeler & Murphy, 2016). Philosophical inquiry, like grounded theory research, aims to produce “little t” theory (Kapitan, 2018, p.133), which refers to research that further supports, or brings about new understanding of the phenomena of study (Kapitan, 2018). Kapitan (2018) describes the process of collecting, coding, analyzing and comparing data in an inductive manner to build theory. Philosophical inquiry enables certain concepts or phenomena to be organized and named, which allows them to be discussed and explored in the tangible world.

This research method was used to systematically examine terms, concepts and ways of knowing in Lacanian psychoanalysis as well as in the art therapy field as it pertains to traumatic loss. The philosophical inquiry process was used to explore various concepts and theories related to the experience of trauma and loss. The research aims to propose new conceptualization and treatment for traumatic loss in art therapy.

Impacts of Research. While qualitative methods such as philosophical inquiry can be seen as a favourable and unconstrained mode for the explorations of ideas (Basu, 2023, p. 276), they may also have real-world impact when the ideas are brought into practice. Given this, the importance of ethics and responsibility should not be understated. To show the potential for harm, Basu (2023) shared the following example: In a Supreme Court case arguing the grounds for the firing of an employee that came out to their boss as transgender, the written work of Kathleen Stock (a professor, philosopher and transexclusionary feminist) was repeatedly cited in

efforts to legitimize anti-trans policy positions (Basu, 2023, p.277; Burns, 2019). The harm that can be caused in such a case can be far reaching.

Research Stages

Golding (2014) has laid out the following framework for the process of philosophical inquiry in six stages in a table format (Table 1, p. 210). The first stage is *pre-inquiry*, and this is where a loose conception is established (Item 1, Table 1, p. 210). This first step involves identifying a problem, question, or curiosity that needs further investigation. This often stems from real-world experiences or abstract concepts that spark interest (Golding, 2009, p.227). The second stage is *initiate*, which is where the researcher asks what problems might exist with this conception and must then articulate the philosophical problem (Item 2). Following this is the third stage, *suggest*, which is the stage where the researcher offers possible resolutions (Item 3). The fourth stage, *reasoning and analyzing*, requires the researcher to elaborate on the resolutions and reasons on its implications (Item 4). The fifth stage is *Testing and Evaluating* (Item 5). What are the reasons for or against this position (or resolution)? The sixth and final stage is *Resolving and Concluding*: What is now the best possible resolution and how can it be best formulated (Item 6)? These stages provide instrumental structure throughout the research process.

Materials

The materials that will be used for this research consist of texts, studies, and both digital and analog literature sources. Online databases such as JSTOR, Psycnet, ProQuest, PsycINFO, APA PsycNet, and PubMed were used. An instrumental source for this writing has been *The Subject and the Self* (1996) edited by Gurewich and Tort as well as *The Four Fundamental Concepts of Psychoanalysis* (1981) of the published series *The Seminar of Jacques Lacan*, translated by Sheridan and edited by Miller. This primary source uses English translations of concepts and includes the original French where needed for clarity.

Data Collection and Analysis

Data was collected following these steps:

1. Clarify research terms and goals using a concept map (Wheeldon & Faubert, 2009)
2. Search online databases such as Sofia, JSTOR, APA PsycNet, PubMed and accessible university libraries
3. Search using keywords, including “traumatic loss,” “traumatic grief,” “bereavement,” “meaning-making,” “narrative approach,” “the real,” “the symbolic,” “the imaginary,”

“mirror stage,” “Lacan,” “art therapy,” “creative arts therapies,” and others with correct searching techniques such as using synonyms and translating some terms into French.

4. Examine references cited in key sources and cross-reference
5. Identify and evaluate assumptions of the philosophical stance across texts. Notice biases, similarities and differences in understanding
6. Categorize literature into groups by themes and/or by use
7. Make connections between categories, determine order and flow for sources

Data analysis followed Golding’s (2014) staged guidelines. I created and refined concept maps, reviewed and analyzed the collected data, outlined findings, and evaluated philosophical systems of thought, incorporating personal reflexivity throughout. Finally, I developed an extended argument to support the research questions and goals.

Reflexivity. Olmos-Vega and colleagues (2023) describe reflexivity as “a set of continuous, collaborative, and multifaceted practices through which researchers self-consciously critique, appraise, and evaluate how their subjectivity and context influence the research processes” (p. 242, para. 2). Reflexivity includes considering the history and context of these topics and my place within them, reflecting on privilege, bias and how these impact the investigation (Olmos-Vega et al., 2023, p. 242). For example, the subject I am dealing with has been described as complex and even inaccessible (Rabaté, 2003; Webb et al., 1993). Engaging in personal reflexivity, I recognize the privilege inherent in my ability to study and examine these philosophical topics. This is an opportunity not afforded to everyone, as the practical applications of philosophy often emerge much later (if at all) making this inquiry both a luxury and a responsibility. As a white woman studying the theories of a white male philosopher, I recognize that my perspective is shaped by specific cultural and linguistic contexts. Lacan’s work requires an understanding of the French language, further pointing to the privileged access required to engage in this area.

To support the reflexive process, I have kept notes in various forms, and made audio recording of the different ideas this research has stirred up in me. I have journaled to reflect on what this process has brought up in me, and at times have creatively responded to the themes. One of the key themes in my reflexivity has been the required suspension of previous logic upon which my understanding of psychic life rests, in order to fully engage with Lacan’s register theory. This shift in perspective led to feelings of frustration, particularly when trying to

find concrete examples to apply his abstract theories. I turned to my own experiences of traumatic loss as a way to ground his teachings in something tangible. Additionally, I found myself drawn to film and art as mediums through which I could better understand and apply Lacan's ideas.

Delimitations and limitations

For the scope of this research, several delimitations are imposed. First, the focus is contained to Lacanianism, traumatic loss and Art Therapy, with some attention paid to the related topics of trauma, bereavement, and meaning-making.

Data collection limitations include my language abilities and access to sources. I am limited by accessible texts written in English, French and German (limited working proficiency).

Ethical considerations

Basu (2023) contends that philosophical inquiry is not subjected to equal or enough ethical scrutiny compared to other research methodologies and proposes that it is a moral responsibility to uphold and practice ethics in this approach to research. Because philosophical inquiry does not involve human participants, often the only ethical considerations that are universally agreed upon is anti-plagiarism (Basu, 2023, p.275). The author (2023) asserts that it is impossible to apply the same ethical framework to this theoretical approach as would be used with human participants, however, she argues that philosophical inquiry has its own set of moral and epistemological challenges and may still lead to practical consequences. Philosophical research does not exist in a vacuum. When applying this methodology it is important to be aware of how our writing might be later implicated, what impact it might have, and what impact it might have out of context, as with the supreme court case example shared earlier (Basu, 2023).

Creswell (2018) writes of the importance of validity and procedures of validity in qualitative research. Using a triangulation method to support information, clarifying biases the information might have and using an external auditor before the final product is published (Creswell, 2018, p. 275) are all effective and relevant ways to ensure philosophical research is still maintaining validity and accuracy.

Cultural Humility

An ethical research practice places importance on the location and position from which one writes: geographically, socioeconomically and/or politically (Olmos-Vega et al., 2023). Self-reflexivity helps to mitigate subjectivity in qualitative research (Jackson & Tervalon, 2020,

p.49). I recognize that my place and status in the world influences my work and how I understand texts and concepts. Accordingly, I must consider where I am writing from and with what background and privilege. In my case, I am writing from a cis-gendered, white, female perspective. I currently reside in Tiohtià:ke/Montreal, Canada, located on unceded Indigenous lands (Concordia University, n.d.). As a resident of this city and as a Concordia University alumni, I express gratitude and recognize the Kanien'kehà:ka nation as the traditional custodians of the lands and waters. This acknowledgement reminds us of the lasting impacts of colonialism and the importance of working towards reconciliation while respecting the rights and cultures of Indigenous peoples. This work is accessible publicly online and therefore may be read by people of many perspectives, cultures, beliefs, groups and identity-locators. It is important that certain identity markers of the author be mentioned in a methodology section, as to not communicate ignorant bias. The subject matter of this research, namely loss and grief have historically been discussed within the framework of cultural, gendered, and other biases that shape the literature's approach to these experiences. A complex interplay of socio-economic, geographical, and political factors shapes the wide range of beliefs surrounding the expression of emotion, the role of community, and the understanding of loss. These interconnected elements influence how grief, loss, and trauma are perceived and addressed across different contexts.

In summary, this chapter has outlined the philosophical inquiry research method used to explore the intersection of Lacanianism and art therapy in the context of traumatic loss. This method supports the development of new theoretical insights while acknowledging the inherent privileges and challenges involved. The research design, materials, data collection, and analysis have been detailed, along with considerations of reflexivity, ethical practices, and cultural humility. The steps in data collection, analysis, and reflexivity ensure a rigorous and thoughtful examination, setting the stage for the literature review, findings and discussion sections that follow.

Chapter 3: Literature Review

Introduction

This chapter provides a clinical, theoretical and historical context for the development and comprehension of this philosophical inquiry into the application of Lacanian theory to experiences traumatic loss in art therapy. The literature that I was able to find on the central topic of traumatic loss, particularly within the realm of art therapy, was so sparse that it required me to examine its core components: trauma and grief. The first section will present the current understanding of trauma: its definitions, neurobiological impacts, and therapeutic approaches. The chapter will then delve into the concept of grief and its various models, and treatment methodologies. Following this, the review will address the intersection of trauma and grief, termed traumatic loss, and the challenges it presents in both diagnosis and treatment. Finally, a review of Lacanian concepts followed by incidences of Lacanian thought in art therapy literature will conclude the literature review.

Part I. Trauma

Current Understanding

Psychological trauma is currently defined clinically as a significant psychological shock that adversely affects and changes an individual's mental and physiological functioning (Tomaszewski et al., 2023). Trauma can arise from a single event, a series of events, or ongoing stressful experiences and is categorized as either relational or non-relational (Anders et al., 2012). A traumatic event may be something experienced first-hand or may be something witnessed or learned. According to the American Psychiatric Association (APA), the nature of trauma often involves actual or threatened death, serious injury, and/or sexual violence (2013). This can lead to a range of symptoms, and a diagnosis of post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (CPTSD) (APA, 2013; World Health Organization, 2019). The APA has associated the impact of trauma with a range of cognitive, emotional, behavioural and interpersonal consequences such as chronic negative affect, social withdrawal, and interpersonal challenges (2013; Hass-Cohen, 2018). Reis and Ortega (2017) remark that the study of psychological trauma goes far beyond the psychopathological category of PTSD as "trauma can be viewed as a sociopolitical event, a psychophysiological process, a physical and emotional experience, and a narrative theme in the explanations of individual and social suffering" (Kirmayer, 2007). Traumatic events can manifest in symptoms consistent with a

PTSD diagnosis; however, trauma is increasingly recognized within a broader cultural framework, where the interaction between culture and biology shapes both the experience of trauma and societal definitions of what constitutes a traumatic event (Reis & Ortega, 2017).

Neurobiological Research

The study of the effects of trauma on the brain has seen rapid growth since the 1980s and 1990s, with the 1990s designated “the decade of the brain” by the U.S. Congress due to advances in neuroscience and brain imaging such as functional magnetic resonance imaging (fMRI) scans (Jones, 1999; Reis & Ortega, 2017). At the time, the conceptualization of trauma started to include better a understanding of neuroplasticity (Kolassa & Elbert, 2007; Doidge, 2007; Huttenlocher, 2002), relationships between brain networks (Bremner, 1999; Rauch et al., 2000; Teicher et al., 2003; Shin & Liberzon, 2010), biological risk factors for developing PTSD (Yehuda, 1998; Charney et al., 1993), childhood attachment and its role in brain development (Schore, 2001; Siegel, 2012) and epigenetics and intergenerational trauma (Yehuda & Bierer, 2009; Meaney, 2001; Kellermann, 2001; Kirmayer et al., 2000). Since the 2010s, trauma research has increasingly focused on the central nervous system's role in trauma (Porges, 2011; van der Kolk, 2014), while also expanding to explore the significant impact of social determinants of health such as poverty and systemic discrimination on the experience and processing of trauma (Comas-Díaz, 2016).

Traumatic Memory

Traumatic memory is not adequately explained within the more general knowledge of memory processes (Malchiodi, 2020, p. 68). Tripp (2016) states that neuroscientific research widely recognizes how unprocessed traumatic memories are mainly stored in the right brain hemisphere and lack narrative organization. Trauma memories can then manifest as physical sensations, habits, or emotional responses, separate from normal memory recollection (Tripp, 2016). These experiences are often beyond conscious control or recall (Tripp, 2016). Van der Kolk (2014) describes how trauma memories are often fragmented and disorganized (p. 178). In his work, he found that when a trauma memory is triggered and a response ensues, the individual experiences it in the present and is unable to contextualize it in the past (Van der Kolk, 2014; Tripp, 2016). Levine (2015) further hypothesized that traumatic memories are imprinted on our memories and psyches and are unable to be updated or reintegrated (p. 17). He found that the

more a person tries to avoid triggers to flashbacks, the more inhibited and avoidant they become (Levine, 2015, p. 54).

Polyvagal Theory

Porges' (2009, 2011) polyvagal theory adds to the literature on trauma by examining the associated physiological responses connected to the nervous system. His theory outlines a hierarchical structure within the autonomic nervous system (ANS), consisting of the dorsal vagal complex (DVC), the sympathetic nervous system (SNS), and the ventral vagal complex (VVC) (Porges, 2022). Each system plays a distinct role in responding to stress and trauma (Porges, 2022). The DVC, the most "primitive" system, is responsible for shutdown and immobilization responses (Porges, 2011, p. 90). According to Porges (2011), dissociated or withdrawn trauma responses are often the result of activation in the DVC (p. 158). The DVC system conserves energy by reducing metabolic functions, resulting in a "freeze" response during extreme threats. While some perceived danger leads to freeze in one individual, it may cause a fight or flight reaction in another, which the SNS is responsible for (p. 79). The third and most evolved system, the VVC, supports social connection and emotional regulation and is crucial for trauma recovery (p. 355). Close social connection and emotional regulation are important defenses against traumatization (p. 83). These systems become disrupted in traumatized individuals, leading to a chronic state of SNS or DVC activation (p.16). SNS activation can lead to hyperarousal, anxiety and vigilance while DVC activation can result in hypoarousal, emotional numbness and depression (Tan et al., 2022). Porges (2011) posits that these systems are constantly responding to neuroception, a detector of threat or safety without awareness (p. 11). Trauma survivors can have altered neuroception, detecting danger where there is none, triggering maladaptive autonomic responses (Porges, 2003).

Best Practices

An approach that was frequently noted as an effective method for treating trauma is trauma-focused cognitive behavioural therapy (TF-CBT) (Peters et al., 2021; Rudd et al., 2019; Han et al., 2021). This evidenced-based practice is designed to help reduce PTSD symptoms among children and adolescents, as well as in families and adults (Cohen et al., 2006). TF-CBT includes relaxation techniques, psychoeducation, cognitive coping, parental skills and affective modulation skills. It may also include exposure principles and cognitive-restructuring techniques (de Arellano et al., 2014). TF-CBT has been shown to be effective in reducing trauma-related

symptoms such as PTSD, depression, anxiety, and behavioural problems in children and adolescents (Han et al., 2021), while also improving parenting practices and family communication (Goldbeck et al., 2016; Jensen et al., 2014).

Another frequently emphasized method that is noted in the literature is eye movement desensitization and reprocessing (EMDR) (Shapiro, 2001), which is widely used approach for treating trauma symptoms (Kazennaya, 2023; Van der Kolk, 2014; Vereecken & Corso, 2024). This form of psychotherapy is used to alleviate distress associated with traumatic memories (Shapiro, 2001). Developed by Francine Shapiro in the late 1980s, EMDR is based on the idea that traumatic memories can become "stuck" in the brain, causing ongoing emotional and psychological distress (Shapiro, 1989; 2001). EMDR is carried out in phases to prepare the client for the moment of revisiting the trauma memory (Gainer et al., 2020). The client first identifies the negative thought linked to the traumatic memory and then a positive thought they want to associate with that memory (Talwar, 2007, p. 27). They locate the negative thought as a sensation in their body and focus on the disturbing memory (Talwar, 2007, p. 27). While keeping the negative thought and sensation in mind, the client and therapist maintain bilateral stimulation (typically guided eye movements or tapping on both sides of the body) to stimulate both hemispheres of the brain (Shapiro, 2001; Talwar, 2007; Gainer et al., 2020).

Best Practices in Art Therapy

A systematic review by Bowen-Salter (2021) found that no best practice across the board can be determined for art therapy treatment of trauma. This review, as well as a review by Schouten and colleagues (2015), noted the difficulty in achieving documented consistency across art therapy interventions for trauma, likely due to unique client-tailored approaches and creative flexibility (p. 12). However, the review discusses several effective protocols and approaches indicating the effectiveness of art therapy for trauma treatment (Bowen-Salter, 2021; Schouten et al., 2015).

Talwar's (2007) *art therapy trauma protocol* (ATTP) is influenced by Shapiro's (2001) EMDR therapy as well as McNamee's (2003) bilateral art protocol. The aim of the ATTP is to address the non-verbal core of traumatic memory (Talwar, 2007 p. 23) and use a combination of client-centred and cognitive behavioural therapy (CBT) approaches to manage emotional distress (p. 28). This method helps clients understand emotional responses, explore personal problem-solving, and identify negative self-perceptions (Talwar, 2007, p. 28). Phase one asks the client to

suspend all thoughts and paint (Talwar, 2007, p. 30, para. 2). Once completed, the therapist asks what the dominant emotion in painting is (Talwar, 2007, p. 30, para. 2). Phase two asks the client to identify a negative self-representation or cognition alongside an alternative, positive one (Talwar, 2007, p. 30, para. 3). The client then rates the validity of the positive cognition (Talwar, 2007, p. 30, para. 3) and locates the negative cognition in the body. Next, the client is asked to paint with their non-dominant hand and concentrate on the traumatic memory, while keeping the bodily sensation and location in mind (Talwar, 2007, p. 30, para 3). In phase three, the client continues painting on new sheets of paper, switching between hands (Talwar, 2007, p. 31, para. 1). The client works through the memory until the disturbing feelings diminish or disappear (Talwar, 2007, p. 31, para. 1).

Hass-Cohen and colleagues (2018) formulated a trauma protocol named the *four-drawing art therapy trauma and resiliency protocol*. This structured approach is designed to help process the trauma and build resiliency through art making. The protocol involves creating four specific drawing, each with a unique therapeutic purpose. The first step is a trauma drawing where the client externalizes and expresses their traumatic experiences. The second step is a resiliency drawing focusing on identifying personal strengths and coping mechanisms. The third step is a self-portrait drawing, where clients enhance self-awareness and self-perception by drawing how they see themselves in the context of their trauma and resilience. The last step is the future drawing, encouraging clients to envision a positive and hopeful future. This helps client set goals and fosters a sense of optimism. Through this four-drawing framework, clients gain insight into their experiences and through art making, develop strategies for healing and growth.

Tripp and colleagues (2019) developed the *Safe Place collage protocol* for traumatic stress. This protocol is informed by mindfulness, cognitive behavioural, somatic, and art therapies (Tripp et al., 2019). Clients are prompted to explore safe and positive images as well as negative or disturbing images and are given the opportunity to challenge the potency of the disturbing images through art-making and through discussion. The result is a collection of collages, both positive and negative, that become incorporated in one single artwork that can evoke feelings of safety. Clients gain a sense of mastery in overcoming the emotionally and technically challenging aspects of this process. Further, the emergence of symbolism can construct metaphorical resolutions to stressful events (Tripp et al., 2019, p. 513).

Although no single best practice or protocol emerges, Schouten and colleagues (2015) recognize the use of trauma-focused mandala drawings, as it appeared in several art therapy intervention studies for trauma (Curr & Kasser, 2005; Henderson, 2007; Henderson & Rosen, 2007). Kaimal and colleagues (2021) found that longer-term art therapy resulted in improved perceived outcomes, compared to shorter (3 week) intervention, while Jones (2019) writes that task-oriented, stage-based models for trauma should be the foundation of any art therapy trauma intervention. It remains unclear if art therapy treatment is more effective separately, or in combination with other forms of psychotherapy (Schouten et al., 2015), however, there is some evidence that the addition of art therapy to psychotherapy treatments can increase effectiveness by reducing the severity of symptoms (Stok, 2007; Volker, 1999; Schouten et al., 2015).

Other Psychotherapeutic Approaches to Trauma

Best practices in psychotherapy and art therapy have been discussed, however, this review is non-exhaustive as there are many other approaches used for trauma treatment that are not included due to the limits of scope of this review. The following approaches are particularly relevant to this research subject: somatically informed approaches (Levine, 1997; Ogden & Fisher, 2015) and psychodynamic approaches (Blum, 2001; Freud, 1936; Garland, 1998).

Somatically informed. Somatic approaches focus on the connection between body and mind, emphasizing the relationship between physical sensations and emotional well-being (Levine, 1997; 2010). Somatic approaches aim to increase awareness of where stress is stored in the body in efforts to release it. Techniques include using breathing, mindfulness, movement and touch to regulate physiological responses to trauma (Levine, 1997; Ogden & Fisher, 2015). Somatic approaches highlight how trauma impacts not only the psychology of a client, but the physical body and physiology as well. Two examples of somatically informed approaches are Levine's *somatic experiencing* approach and Ogden's *sensorimotor* approach.

Levine's Somatic Experiencing. The somatic experiencing (SE) model, developed by Levine (1997), has been shown to reduce trauma symptoms and improve overall well-being through increasing internal experience awareness (Levine, 2010; Van der Kolk, 2014). Levine's SE model emphasizes body awareness as the foundation for trauma healing, encouraging clients to tune into bodily sensations (Levine, 1997). It involves pendulation, where clients move between distress and safety to gradually release traumatic energy (Levine, 2010, p. 92). SE aids

in the discharge of energy stored in the body, often seen in physical reactions like shaking, helping to restore balance (Levine, 1997, p. 75).

Ogden's Sensorimotor approach. Ogden and colleagues (2006, 2015) present a sensorimotor approach to trauma treatment. This model integrates somatic therapy with traditional cognitive and emotional processing therapies to treat trauma, acknowledging that trauma is a physical and physiological experience as well as a psychological one (Ogden et al., 2006). The goals of this model include increasing attunement with the body and noticing bodily sensations and movements using a bottom-up processing approach (p. 23). In agreement with somatic and polyvagal approaches, the sensorimotor model employs techniques such as grounding (p. 220), mindfulness (p. 194) and guided movement (p. 268) to help regulate the nervous system and help to restore a sense of safety and stability.

Selected Psychodynamic Approaches. Psychodynamic theories that help explain trauma will be outlined. These exclude Lacanian theories, which will be covered in a subsequent section. These particular theories are also adopted by psychodynamically orientated art therapists (Rubin, 2016).

Attachment. In attachment theory, trauma is viewed as a wound caused by excessive or intense stimuli that the ego is unable to receive or process effectively (Blum, 2001; Garland, 1998). Primary caregivers serve as protectors and regulators for infants and children, filtering stimuli they cannot yet tolerate and supporting the development of their still-maturing nervous systems (Oosterman et al., 2010). Early attachment experiences may impact the ability to self-regulate in adulthood and survive intense stimuli (Messina et al., 2023). For children who experienced relational trauma or abuse, the psychological and physiological process of self-regulation is not adequately supported, which can leave them vulnerable to more trauma and compounded stress (Orehek et al., 2017; Pallini et al., 2018), making it challenging to access coping skills and resilience. As adults, we rely on our built capacity to cope, process and care for ourselves in the face of over-stimulation to protect against events becoming traumatic (Garland, 1998). Contemporary views of attachment theory have emphasized the need to incorporate cultural and systemic factors such as racism and socioeconomic status into the study of attachment (Stern et al., 2022). Stern and colleagues (2022) argue that traditional attachment research has largely been centred on White, Western, middle-class norms, failing to account for the experiences of racialized families, namely African American families. The authors highlight

the importance of considering the broader ecological context in which attachment relationships develop, particularly within communities affected by systemic oppression (Stern et al., 2022). Their article raises critical questions for future attachment research, such as “Are certain features of insecure-avoidant internal working models – such as distrust, downplaying vulnerability and emotional needs – adaptive for staying safe in the context of racism?” (Stern et al., 2022, p. 400, para. 3).

Defense Mechanisms. Anna Freud famously articulated the theory of defense mechanisms, which are unconscious strategies we use to protect our egos and avoid anxiety (1936). These mechanisms can range from healthy to maladaptive to pathological (Cramer, 2015). Defense mechanisms protect us from anxiety-provoking internal conflicts, unacceptable impulses and the loss of good objects (Fang et al., 2020; Freud, 1946). A trauma event “overwhelms existing defenses against anxiety in a form which also provides confirmation of those deepest universal anxieties”. (Garland, 1998, p.11). Ultimately, when we cannot find ways to cope with or process a traumatic event, not only does the event mark us, but it also confirms the greatest fears that have always existed within us in the non-verbal and pre-verbal registers, leading to a loss of meaning both internally and externally (Garland, 1998).

Object Loss. The experience of losing someone or something that symbolically holds significant emotional attachment necessary for psychological functioning is referred to as object loss (Blum, 2001). A traumatic object loss may be real or symbolic (for example, the symbolic loss of an idealized parent), and shatters the individual's sense of security and/or identity. Object loss can be an important component of traumatic loss (Blum, 2001, p. 418)). Object-relations theory provides an understanding of a client’s internal working models of others in relation to their self-understanding (Blum, 2001, p. 423). Internalized objects influence thoughts, feelings, behaviours and how an individual relates to others (Blum, 2001, p. 423). Blum (2001) remarks on the adaptive qualities of internalization with a lost object, the deceased, by means of identification with their interests, values or ideals in order to maintain an internal relationship with the deceased (Blum, 2001, p. 423, p. 423)

Part II. Grief

Current understanding

The Western contemporary understanding of grief has evolved over the decades and incorporates various models and theories (Freud, 1917; Kübler-Ross, 1969; Parkes, 1972;

Worden, 1982; Rando, 1993; Doka, 1989; Klass, Silverman, & Nickman, 1996; Stroebe & Schut, 1999; Bonanno, 2004). One of the foundational models in this area is Kübler-Ross's (1969) five stages of grief. The stages she identified are denial, anger, bargaining, depression, and acceptance (Kübler-Ross, 1969). Although current grief theorists critique the models that follow a linear staged process of grieving (Corr, 2020; Stroebe et al., 2017) given that grief is a much more complex process, this model has still had a lasting influence on contemporary ideas of grief (Corr, 2020). A later significant grief model is Stroebe and Schut's (1999) the *dual process model*. This model describes how individuals experiencing grief can oscillate between loss-orientated activities (emotional and cognitions associated with the loss) and restorative-orientated activities (activities that manage secondary stressors and moving forward). Around the same time, another grief model was designed by Klass and colleagues (1996), the *Continuing Bonds Theory*. In this model, Klass and colleagues (1996) suggest that maintaining a connection with the deceased is a healthy component of the grieving process (p. 349). This model provides a contrast to previous models founded on ideas of "moving on" and "letting go" (Klass et al., 1996). Neimeyer (2001; 2016; Neimeyer & Sands, 2011; Neimeyer & Thompson, 2014; Neimeyer et al., 2010) has written extensively on meaning reconstruction and grief. His theory of grief processing prioritizes integrating the loss into a new life narrative (Neimeyer, 2001). In this model, a continual bond is also promoted through rituals and ongoing connections with the deceased (Neimeyer, 2016).

Grief Terminologies. A variety of terminology can be found in the grief and loss literature (Djelantik, 2020; Regehr & Sussman, 2004). Symptoms identified in pathological grief are normal, however, what leads to pathologizing is the duration and the intensity of the disturbing symptoms (Maciejewski et al., 2016). Pathological grief is an umbrella term that has been used to encapsulate Persistent Complex Bereavement Disorder (PCBD) and Prolonged Grief Disorder (PGD) (De Stefano et al., 2021). These terms are used to describe prolonged impairment by grief and are featured in the DSM-V (APA, 2022) and ICD-10 (World Health Organization, 2022). Both constructs include separation distress as an underlying feature as well as the long duration of symptoms as an indication for diagnosis (Boelen et al., 2019). The term complicated grief (CG) can also be found in the literature and is often used to describe the same phenomenon before the addition of the diagnostic term PCDB in the DSM-V (Wilson et al., 2022; Mason et al., 2020). All three conditions have been identified using the same Inventory for

Complicated Grief (Prigerson et al., 1995) indicating shared underlying constructs (Maciejewski et al., 2016). Djelantik (2020) has used the terminology “traumatic grief” to describe the intersection of grief and trauma. There is no current diagnosis for this term and individuals who have what is described as traumatic grief may instead be diagnosed with PCBD, PGD, PTSD or depression (Djelantik, 2020). This intersection of loss and trauma will be discussed in the following section.

Intersectionality and Grief.

Much of the research in grief, loss and thanatology has historically been dominated by Western and white-centric perspectives, neglecting a diversity of experiences in marginalized or non-western realities (Thacker & Duran, 2022, p. 1129). Thacker and Duran (2022) propose a framework of intersectionality in grief research, drawing on Crenshaw’s theoretical framework (1989; 1991), which emphasizes the need to examine how systems of power function in society. The authors suggest emerging grief research should question how minoritized identities experience grief and loss within their sociocultural contexts, taking a more systemic and intersectional stance (Thacker & Duran, 2022, p. 1129). One example of employing this would be examining how power dynamics impact views of grieving and the grieving experience itself. (Thacker & Duran, 2022, p. 1132).

General Therapeutic approaches

Approaches in supporting grief vary widely and can come in many formats, including both therapist-led therapies and community or peer-based approaches. Consequently, this list is non-exhaustive and will discuss the most documented approaches in the literature.

Therapist-facilitated.

Individual. Several types of psychotherapy have been used in the treatment of grief, including but not limited to CBT (Boelen et al., 2021; Breen et al., 2023; Saladino et al., 2023; Ruth, 2010), acceptance and commitment therapy (ACT) (Jones et al., 2022; Jones et al., 2021; Vseteckova et al., 2020), narrative therapy (NT) (Elinger et al., 2021; Keese at al., 2008; Neimeyer, 2014; Worden, 1991), mindfulness approaches including mindfulness-based stress reduction (MBSR) (Thieleman et al., 2014; Neimeyer & Young-Eisendrath, 2015; Roberts & Montgomery, 2016a) and complicated grief therapy (Shear & Bloom, 2016).

Group. Group therapy for grief is an alternative to individualized therapy. This option provides social support by forming a sense of community for the bereft (Vlasto, 2010). There is

mixed empirical support for the effectiveness of group therapy for grief, with some authors pointing out negative outcomes from the group such as compounded distress from hearing of group members' losses (Maass et al., 2022; Kato & Mann, 1999). A variety of models are applied in group therapy including CBT groups that focus on changing negative thought patterns (Breda, 2024); Wetherell, 2012), psychoeducational groups that offer education on the grieving process (Goldstein et al., 1996; Neimeyer, 2016), expressive arts therapy groups that use creative and artistic means to help individuals express and process grief (Malchiodi, 2012), and complicated grief therapy (CGT) groups designed for those experiencing intense and prolonged grief (Shear et al., 2011).

Family. For bereft families, family therapy can be an appropriate option. Various family therapy approaches have proven effective with grief, including emotionally focused family therapy (EFFT), which helps families navigate the emotional complexities associated with loss (Johnson, 2004), narrative therapy, which allows families to reframe their experiences and create new meanings around their grief (White & Epston, 1990), Bowen family systems therapy, which addresses the impact of multigenerational grief patterns on current family dynamics (Bowen, 1978), and cognitive-behavioural family therapy, which focuses on modifying dysfunctional thoughts and behaviours related to grief (Dattilio & Padesky, 1990). Two randomized controlled studies examining the efficacy of family therapy showed a reduction in the severity of prolonged grief symptoms (Kissane et al., 2016; Sandler et al., 2016). Sandler (2016) found a decrease in depression, alcohol-related problems, psychiatric distress and CG symptoms at a 6-year follow-up.

Community and Peer-based. Community and peer-based support can be more accessible options for many people (Bartone, 2017). This approach can include online grief support communities (Feigelman et al., 2018), grief support for specific types of loss (Klass & Steffen, 2018), faith-based grief support groups (Vlasto & Joseph, 2017), LGBTQ+ grief support groups (McNutt, 2019), and therapeutic peer-led support groups (Stroebe et al., 2017). Bartone (2017) systematically reviewed 32 studies examining peer support services for adults who experienced sudden loss. The review found that peer support groups consistently reduced grief symptoms and increased well-being (p. 154). Some of the reported strengths of this approach included shared experience (Davidson et al., 2012), increased sense of hope (Davidson et al.,

2006), reduced stigma (Ochocka et al., 2006), and increased feelings of acceptance, empathy and understanding (Davidson et al., 2006).

Approaches to grief and loss, bereavement in Art Therapy

Art and expressive arts are increasingly used in grief and bereavement practices (Green et al., 2021; Arnold, 2020; Neimeyer; 2012; Thompson & Berger, 2011; Thompson & Neimeyer, 2014). Certain art therapy interventions can be well suited for grieving individuals and can further enhance existing approaches to grief therapy such as the dual-process model (Stroebe & Schut, 1999) or a meaning-reconstruction model (Neimeyer, 1998, 2000, 2001; Neimeyer et al., 2001). Overlapping treatment goals such as externalization and insight also make art therapy a beneficial type of therapy for grief (Weiskittle & Gramling, 2018). Grief therapy and art therapy both argue that finding or making meaning is an important mechanism of change (Weiskittle & Gramling, 2018). Art therapy presents the opportunity to memorialize the deceased (Potash et al., 2014), and to facilitate continuing bonds with the deceased through a renegotiated relationship (Field et al., 2003). Grief boxes (Kaufman, 1996) and grief rituals (Sas & Coman, 2016) are examples of powerful art therapy interventions for loss, both allowing for remembering, honouring, capturing and processing grief responses.

Part III. Traumatic Loss

Current understanding

Traumatic loss typically refers to the loss of a loved one under unnatural and/or violent circumstances (Boelen et al., 2019). This can include death by homicide, suicide, accidents, natural disasters, war, and/or terrorism (Djelantik, 2020; Boelen et al., 2019). The grief experienced by individuals who have lost loved ones in such circumstances can be particularly severe due to the sudden and unexpected nature of the event, which can lead to intense emotional pain, shock, and a sense of disbelief (Boelen et al., 2019). Individuals experiencing traumatic loss often develop symptoms associated with PTSD, PGD or major depressive disorder (MDD) (Djelantik, 2020). Djelantik (2020) highlights the diagnostic challenges following a traumatic loss, noting that the symptoms of these three disorders often overlap. Despite this, the DSM-5 specifies that each disorder be considered mutually exclusive (APA, 2013). Primary symptoms of MDD and PTSD include anxiousness and depressed mood, while PGD is characterized by yearning for the deceased and difficulties accepting the loss (Shear, 2015) Emotional numbness, avoidance and Intrusive and distressing thoughts are also frequently associated with traumatic

loss (Regehr & Sussman, 2004). Regehr and Sussman visualized the intersection of trauma, and grief as a Venn diagram, with traumatic loss at its centre (Regehr & Sussman, 2004, p. 295). Both phenomena share avoidance, detachment, shock, anger, lack of purpose, emptiness and difficulty acknowledging the death (Regehr & Sussman, 2004, p. 295). The authors (Regehr & Sussman, 2004) state that the co-occurrence of both trauma and grief can prolong and exacerbate subsequent reactions.

Current Approaches

I was not able to find sufficient literature concerning the best practices for treating traumatic loss. The term itself is still a flexible and debated classification. Treatment protocols for both trauma and grief have been previously mentioned. Current traumatic loss intervention often draws from both areas (or other areas), depending on the nature of the symptoms and circumstances of the individual (Bryant et al., 2019; Boelen & Smid, 2017; Regehr & Sussman, 2004; Rando, 2015). Regehr and Sussman (2004) report that CBT for cognitive restructuring and reducing avoidance can be effective in combination with relational therapy aimed at resolving relational ambivalence or attachment distress. Rando (2015) points to Neimeyer and colleagues' (Currier et al., 2008) work highlighting narrative destruction after violent loss, and the importance of meaning-making in treatment. This work underlines how traumatic loss interferes with symbolisation and speaking about the events and thus supports a narrative approach (Milman et al., 2017). Smid and colleagues (2015) developed an integrated treatment model for traumatic loss symptoms: Brief Eclectic Psychotherapy for Traumatic Grief (BEP-TG). Their model is based on existing evidence-based treatment for PTSD and complicated grief. The model comprises three stages: stage one is an initial assessment and information gathering session; stage two, lasting five sessions, is grief-focused with writing reflections and confrontation with events; and stage three, lasting ten sessions, is focused on finding meaning, developing a realistic sense of safety, and minimizing sensitivity to triggers (Smid et al., 2015, p. 5). All three stages incorporate cultural sensitivity (Smid et al., 2015; de Heus et al., 2017). Regehr and Sussman (2004) and Rando (2015) caution that many clinicians jump too quickly into addressing a client's traumatic material, which risks damage if the client has not yet built sufficient coping mechanisms to confront such material. Regehr and Sussman (2004) also warn of the common misconception that all people who suffer a traumatic loss need therapeutic intervention to

prevent increased or lasting distress, as this overlooks innate elements of human resilience (Freedy et al., 1994; Beaumont, 2014).

Current research is also focused on better understanding the impact of cultural and social contexts on trauma and PTSD (Ford et al., 2015). Oppression occurs across many marginalized identities, leading to unequal access to opportunities and support (Holmes et al., 2023). Marginalized individuals face significant barriers to accessing numerous resources, including mental health services (Sattler & Zeyen, 2021; Holmes et al., 2023). Recognizing that disadvantaged persons and communities are vulnerable to trauma exposure, Ford and colleagues (2015) have examined the ways in which social and cultural contexts impact how trauma is understood. They highlight the importance of recognizing multiple vulnerability statuses, which increases susceptibility to victimization (Ford et al., 2015, p. 505) as well as differing idioms of distress across cultures (Ford et al., 2015, p. 511). The authors call for a culturally sensitive assessment and ameliorated cultural competence in trauma treatment. Holmes and colleagues (2023) advocate for revising trauma assessments to incorporate metrics of oppression while Ford and colleagues state that advancement in intersectionality in trauma work must include the individuals' interpretation of events based in a cultural framework that considers beliefs and values outside of the Western lens (2015, p. 511; Manson, 1996).

Approaches to Traumatic loss in Art Therapy

In seeking to address the absence of art therapy interventions for traumatic loss, Beaumont (2014) reviews current approaches to complicated grief and explores a place for art therapy within them. Note that pathological grief experienced after a traumatic loss is often labelled "complicated", although complicated grief may also arise from other forms of loss such as ambiguous loss (Mason et al., 2020).

Beaumont (2014) discusses CBT interventions that are theoretically well suited to be used in an art therapy practice as well as presents the benefit of extending narrative approaches to include creative and visual elements (Neimeyer & Sands, 2011). Gershman and Braddeley's (2010) "perspective photomontage" (p.4) is one example of a visual narrative exercise that can be used. This creative intervention helps the client rebuild a lasting bond with the deceased through a new life narrative using photos (Gershman & Baddeley, 2010). The therapist asks the client to look at photos and describe a biography of the deceased (Gershman & Baddeley, 2010). Together, the client and therapist create a photomontage to tell a story of both loss and life lived.

The client is then invited to envision how their own life will proceed with the inclusion of a continual bond. The therapist creates a digital collage to help visualize a continual bond (Gershman & Baddeley, 2010). The previously mentioned trauma-protocols in art therapy, such as Hass-Cohen and colleagues (2018) four-drawing art therapy trauma and resiliency protocol and Tripp and colleagues' (2019) Safe Place collage protocol for traumatic stress, might be tailored to suit sufferers of traumatic loss by incorporating relational, memorial and/or narrative elements in a stage-based and task-orientated format (Regehr and Sussman, 2004; Rando, 2015; Jones, 2019).

Part IV. Introduction to Lacan

Jacques Lacan (1901-1981) was a French psychoanalyst and a major figure in the French and European intellectual community for a large part of the 20th century (Stanford Encyclopedia of Philosophy, 2013; Encyclopaedia Britannica, n.d.; Perman, 2018). The work and writings of Lacan had a wide influence in the fields of psychoanalysis (both clinical and theoretical), continental philosophy, cultural theory as well as film and feminist theory (Miller, 2011; Perman, 2018; Stanford Encyclopedia of Philosophy, 2013). Driven by his interest in the, then, recently discovered human unconscious, Lacan was deeply invested in Freud's work and translated many of his texts into French. Despite his lasting influence in the non-English speaking world, he remains less present in the North American canon of psychoanalysis (Perman, 2018) for several plausible reasons (Leader, 2021). Lacan borrowed and extended ideas in semiotics, specifically Saussure's concept of the signifier and sign (Evans, 1996, p. 185). Lacan, like Saussure, believed that meaning through language contained both a signifier: the image or sound of a word, interconnected with a sign: the idea of what the sound or visual written word evokes (Evans, 1996; Lacan, 1993). He believed that the human unconscious was structured like a language (White, 2006) where every individual's unconscious is made up of interconnected signifiers with personal connotations, meanings, metaphors and metonymies (Perman, 2018; Lacan, 1993, p. 32).

Mirror Stage

Lacan may be best known for his concept of the mirror stage (Lacan, 2012; Evans, 1996, p. 117) which is a conceptual foundation for understanding the concepts of Lacan's three registers of experience. In this stage, it is theorized that infants aged 6 to 18 months start to recognize their reflection in a mirror and other reflective objects (Lacan, 2012, pp.1-5).

According to this theory, during this stage of development, children live in a constant state of helplessness, understanding the world as an inseparable part of their mother or primary caregiver (Lacan, 1994, p. 9). This changes in the moment that the child recognizes themselves in the mirror, which is when they are first able to perceive themselves as whole and distinct rather than fragmented and helpless (Lacan, 1994, p. 9). According to Lacan's theory (2012), this experience that changes the young child's way of perceiving themselves generate an image of an ideal whole self to be attained in adulthood (known as the "Ideal-I") p. 2). For Lacan, the "ego is the result of identifying with one's own specular image" (Evans, 1996, p. 118). In contrast, Lacan used the term "alienation" to describe the tense discrepancy or *méconnaissance*, between a sense of fragmentation and wholeness initially witnessed in the mirror. The mirror stage imitates the formation of the Imaginary order as a consequence of identification with the reflected image (Evans, 1996, p. 84). In this stage, identity and reality necessarily become shaped by images and perceptions (Evans, 1996, p. 84).

Register Theory: The Imaginary, Symbolic and Real

In keeping with Freud's view of the mind as a tripartite model, Lacan also conceptualized three constituents of the mind, or of human experiencing: the registers (also called orders) of the Real, the Symbolic, and the Imaginary (Gurewich & Tort, 1996; Lacan, 1994; Lacan, 1978). The Imaginary register is an interpersonal realm that deals with images (Gurewich & Tort, 1996, p. 27). Like the idea of the signified, this register is made up of illusions (Lacan, 1978). When we dream or daydream the content is made up of images that seem whole but could never quite be translated into something concrete in reality: the translation is always fragmented. Only in the imaginary realm does it appear whole, and this is the illusion (Levine, 2009; Perman, 2018, Gerity, 1998). The Symbolic register is associated with language, culture and laws, social norms and encompasses the unconscious (Evans, 1996, p. 204). It exists in between and in relation to others and deals with the symbolic experience of rules and norms (Lacan, 1993, p. 9). The term "symbolic" refers to how language is a tool of symbols (e.g. letters or numbers) used to communicate experience or ideas (Gurewich, 1996, p. 33; Evans, 1996, p. 203). The trouble with the symbolic register is that, like language, it only communicates a part of something and can never capture its whole meaning (Lacan, 2021, p.117). The imaginary and the symbolic registers constitute "reality" while the third register of the Real opposes reality (Stanford Encyclopedia of Philosophy, 2013). This register accounts for what experiences cannot be captured or

conceptualized by the imaginary or symbolic registers (Gurewich & Tort, 1996, p.28). The real is a traumatic realm that resists our attempts to grasp it and it disrupts the symbolic and imaginary registers. Psychological phenomena used to elucidate this concept include experiencing traumatic events, hallucinations and psychotic breaks, extreme pain or anything seemingly impossible, unknowable or symbolically-inassimilable (Evans, 1996, p. 163; Lacan, 1993, p. 55).

The Sinthome

Lacan (1975-1976) introduced the concept of the sinthome (or symptom instrument) towards the end of his life, as a departure from the traditional psychoanalytic notion of the symptom. The term is intentionally derived from an Old French spelling of “symptom” (Lacan, 2005, p.3). In psychoanalysis, symptoms are generally viewed as manifestations of unconscious conflicts or desires that can be addressed and resolved through analysis (Westenberger-Breuer, 2007). The sinthome is described as a knot, or a point of balance, that holds the orders of the Imaginary, Symbolic, and Real together in the individual’s psychic structure. Lacan considered the sinthome to be more nuanced and individual, and therefore could not be entirely analyzed or resolved (Dioguardi, 2021). The sinthome is not seen as pathological the way symptoms often are, but rather as a unique mechanism in which the individual can maintain stability and coherence despite inconsistencies, holes or ruptures in the symbolic order (Sharon-Zisser, 2018, p. 4). The sinthome exists beyond manifestations of unconscious conflicts: it encompasses the individual’s ongoing process of self-creation and identity formation in relation to the symbolic order (Dioguardi, 2021). In Lacanian psychoanalysis, the end of treatment includes the individual having created or identified a sinthome solution (Verhaeghe & Declerq, 2016, p. 8). This may include the construction of a personalized response to one’s suffering, often articulated through artistic, written, compositional and many other forms (Sharon-Zisser, 2018).

Lacan in Art Therapy

There is a noticeable absence of Lacanianism in discussions of art therapy (Sharon-Zisser, 2018), especially when compared to the discussion of other psychoanalytic figures such as Freud, Jung (Junge, 2016) or Winnicott (Rubin, 2016). Incorporating Lacanian ideas into art therapy is well-justified, given Lacan’s close engagement with art and artists, particularly the surrealists, throughout his career (Sharon-Zisser, 2018; Lacan, 1978, p.86). Despite this apparent absence, there are a few notable authors who have decidedly set out to address this gap.

Sharon-Zisser. Sharon-Zisser, an art therapist and Lacanian psychoanalyst, has written extensively about Lacanian psychoanalysis, art and art therapy (Sharon-Zisser, 2006; Sharon-Zisser, 2010; Biberman & Sharon-Zisser, 2017; Sharon-Zisser, 2018). In her work (2018), she contrasts Lacan to Freud in regard to art. According to Sharon-Zisser (2018), Freud discarded the idea that art might hold the same unconscious material as dreams or slips of the tongue, while Lacan highlighted the connection between creativity and relief from suffering, and the capacity art holds for *sinthomatic* creation (p. 3). She further discusses how Lacan's concept of *sinthome* creation, an idiosyncratic solution that makes the subject's life more bearable, is a crucial task in the aftermath of trauma or traumatic loss (Sharon-Zisser, 2018, p. 3). The author explains that by not imposing a specific sense or interpretation on an artwork, individuals are encouraged to find subjective solutions within their expressions, free from external pressures to conform to norms (Sharon-Zisser, 2018, p. 5, para. 2). In her advocacy for integrating Lacanian principles into art therapy, Sharon-Zisser reiterates the prevailing belief among art therapists of the healing power of art-making (2018). that, according to Levine (1999) 'rests ... in its capacity to hold us in the midst of... suffering so that we can bear the chaos without denial or flight (Levine, 1999, p. 31 as cited in Sharon-Zisser, 2018, p. 3) and parallels this ability with Lacan's *sinthome*.

Himes. Himes (2013), a Lacanian psychoanalyst who uses the arts in psychotherapy with cancer patients, reflects in her work on Lacan's formulation of the Real in his later seminars. She discusses how experiences of terror, horror, death and the uncanny touch the register of the Real (Himes, 2013, p. 31). According to Himes (2013), it is from this realm that art and creative expression can too be borne, and from this place something entirely new may emerge (Himes, 2013, p. 31). She suggests that artistic expression, as with encounters with the Real, subverts reality and defines it in alternative ways (Himes, 2013, p. 26). The author describes the notable shift in perspective in Lacan's later seminars, where he underscores the significance of creativity, the poetic and the connection between art and language in the symbolic real, stating that art is not pre-verbal, but rather verbal to the second power (Himes, 2013, p. 26; Lacan, 1976-77). This implies that art is not divorced from language but instead operates on a different level in the symbolic order, conveying more truth than verbal expression alone (Himes, 2013, p. 31). Himes believes this challenges the held dichotomy of language/verbal, arts/nonverbal, opening up new possibilities for understanding the role of art in therapeutic intervention (Himes, 2013, p. 26). In her concluding remarks, Himes advocates for spontaneity (Himes, 2013, p. 33). She emphasizes

that, despite careful structuring of sessions, the true effectiveness of an intervention is often revealed after the fact. Himes believes that leaving room for surprise for both the client and the therapist is crucial for accessing deeper unconscious knowledge (Himes, 2013, p. 33).

Gerity. Gerity's (1998) book review of Gurewich and Tort's 1996 book, *The Subject and the Self: Lacan and American Psychoanalysis* also invites conversation in the art therapy field about Lacanian theories. The edited book she reviews discusses Lacanian theory and the discrepancies between North American and European applications of psychoanalysis (Gurewich & Tort, 1996). In her article, Gerity (1998) explores the relevance of Lacanian theory to art therapy and acknowledges the complexity of Lacan's emphasis on structural linguistics and the view that the signifier (the word) precedes the thing itself (the signified). This appears to contrast typical perspectives in art therapy that hold that visual imagery gives meaning to the world (Gerity, 1998, p. 213). Gerity (1998) also notices diverging perspectives on the use of empathy, noting that French analysts often struggle with the concept and prefer to interpret the fantasy than to place themselves into the inner life of a client (p. 213, para. 5). Gerity (1998) reflects on the art therapist's advantage in supporting either of these concepts, with all the materials for creation at our fingertips (p.214, para. 3). The author concludes that the book effectively highlights the cultural differences in understanding Lacanian concepts and their therapeutic applications (Gerity, 1998, p. 214). She ultimately argues that the journey of understanding widely differing views was an enriching endeavor, and that art therapists should feel secure and capable of venturing into unfamiliar theoretical territory, because doing so can lead to recontextualization and build cross-cultural understanding (Gerity, 1998, p. 214).

Chapter 4: Findings

In this chapter, I present the key themes that emerged from this inquiry into the use of Lacanian concepts in art therapy for traumatic loss. The first theme that I distilled in this process was the mind-body connection. This highlights my findings of the critical role of understanding the mind-body relationship in trauma treatment, and I applied Lacanian theory to offer insights into how disruptions in interoception can be viewed as disjunctions between the Symbolic and the Real. The second theme, creative trauma narratives for meaning-making, emphasizes the importance of narrative construction in processing traumatic loss. The third theme, the traumatic register of the real: capturing a nameless phenomenon, explores Lacan's concept of the Real and its relevance to traumatic loss, proposing that art therapy provides a means to articulate the inexpressible aspects of trauma. The fourth theme, *sujet supposé savoir*, discusses the therapeutic relationship, highlighting the Lacanian concept of the "subject supposed to know" and its connection to art therapy. Finally, the themes of non-semantic expression and art beyond the symbolic address how creative and non-verbal forms of expression in art therapy can access dimensions of the psyche that lie beyond language, offering a pathway for healing that is aligned with Lacanian thought. Together, these main themes make a case for the integration of Lacanian principles into art therapy as a useful approach for helping those who have experienced traumatic loss.

Mind-body connection

The critical value of understanding the mind-body connection in art therapy for traumatic loss is a prominent theme in trauma literature (Levine, 2010; Van der Kolk, 2014; Ogden et al., 2006; Ogden & Fisher, 2015). Malchiodi (2020, p. 71) expands on the concept in art therapy by incorporating Hinz's (2009) Expressive Therapies Continuum (ETC). Building on this foundation, I propose that integrating a Lacanian perspective can further enrich the mind-body theory.

Therapeutic outcomes associated with traumatic loss may fit well with the use of art therapy as a treatment approach, for example, being able to address disrupted interoception (Elbrecht & Antcliff, 2014; Lev-Wiesel & Kissos, 2019; Gil, 2014). Malchiodi (2020, p. 66) discusses exteroception versus interoception, and how trauma disrupts these two modes of sensing. Interoception refers to noticing sensations within the body and self, such as breathing,

pains, pulse, and gut feelings, whereas exteroception refers to sensing externally through the senses (Porges, 2012). An observation suggested by the literature is that art therapy may be helpful to those with disrupted interoception due to the inherent somatic and sensorial aspects of its approach (Elbrecht & Antcliff, 2014; Elbrecht, 2012). Bottom-up approaches emphasize initially engaging with the body and with sensory experiences, and then working up to cognitive or verbal processes in therapy (Elbrecht & Antcliff, 2014; Malchiodi, 2020). Taking a bottom-up approach through sensory activity activates haptic perception, providing non-verbal access to psychological and sensorimotor processes overridden by trauma (Elbrecht & Antcliff, 2014, p. 19). A Lacanian perspective to this discussion might view disrupted interoception as the disjunction between the Symbolic and the Real, where traumatic loss is experienced (Lacan, 1978; Gurewich & Tort, 1996). Mind-body approaches to traumatic loss that aim to restore interoception would also be working to uncover and better balance these two registers.

A notable example of a mind-body approach is the use of bilateral art-making interventions (Hass-Cohen, 2008; Tripp, 2016). Bilateral art-making stimulates both brain hemispheres, which can enhance the integration of cut-off trauma memories (Malchiodi, 2011). Art-making can help relax and reduce heightened arousal seen in dysregulated nervous systems (Porges, 2009), which can lead to a reduction of PTSD symptoms such as depression, stress and anxiety (Ugurlyu et al., 2016).

According to Malchiodi (2020), art therapists supporting people who have experienced trauma should maintain a trauma-informed approach (p. 36-64). This includes an understanding of neurobiology, physiology and neurodevelopment (Malchiodi, 2020; Tomaszewski et al., 2023; Tripp, 2016; Tripp et al., 2019). Furthermore, understanding trauma's impact on memory (traumatic memory) can help shed light on how to select specific art therapy interventions and techniques for traumatic loss, for example, working sensorially to stimulate sensory memory (Van der Kolk, 2004). Trauma memory is often implicit rather than explicit, stuck in the right hemisphere where they lack narrative organization (Schoore, 2009, Tripp, 2016) which can lead to the memories of traumatic events being dissociated, fragmented or replaced (Malchiodi, 2020, p. 68). Talk therapies relying on verbal communication alone may pose limitations for some clients who have experienced traumatic loss (Levine & Land, 2016; Giacomucci & Marquit, 2020). For some who have experienced trauma, being unable to recall memories not recorded in declarative memory can lead to a sense of helplessness and frustration (Howie, 2016). In working in a

Lacanian approach, the art therapist can look to the language of the individual (verbal, visual, body or other) to get a glimpse of the psyche's structure and notice where disconnections or language breakdowns might be located (Lacan, 1993, pp. 22-23). In this perspective, traumatic memory could be examined as the psyche's struggle to symbolize encounters with the Real. In the literature review process, I found several art therapy protocols and interventions, including those by Talwar (2007), Hass-Cohen and colleagues (2018), and Tripp and colleagues (2019), that have shown effectiveness in the reduction of trauma and traumatic loss symptoms. All of these protocols and interventions have the advantage of integrating somatic and sensorial elements, elements which have been specifically recommended for trauma survivors (Malchiodi, 2012). Another strength of these art therapy protocols is their emphasis on the establishment of safety (Tripp et al., 2019) which is a core tenant of maintaining a trauma-informed practice (Malchiodi, 2020, p. 37).

The benefit of art therapy in the treatment of trauma and traumatic loss is increasingly evident through advancing neuroscientific research and brain scanning (Carolan & Hill, 2017; Hass-Cohen & Findlay, 2015; Lusebrink, 2016). Hass-Cohen and colleagues' (2016) art therapy relational neuroscience (ATR-N) approach connects findings in clinical neuroscience with art therapy treatment. The framework offers access to the affective-sensory experience of art-making to help clients feel grounded in their environment and provide a sense of relief through emotional expression and kinesthetic action (Hass-Cohen, 2016; Carolan, 2017). The ATR-N is based in six neuroscience-informed principles: creative embodiment, relational resonating, expressive communicating, adaptive responding, empathizing, and compassion, forming the acronym CREATE (Hass-Cohen, 2016, pp. 107-109). Art therapists can help clients increase self-awareness, bodily awareness and emotional awareness through a number of activities and interventions in session to strengthen the mind-body connection. Some of these may include worry drawings, where clients externalize an interoceptive sensation with art materials or body-scan drawings, used to visualize physical or physiological sensations (Malchiodi, 2020, pp. 75-85).

Creative trauma narratives for meaning-making

Niemeyer's prolific body of work in grief and narrative highlights the mechanisms and importance of meaning-making for individual wellbeing in the face of loss therapy (Milman et al., 2017; Neimeyer, 2000; Neimeyer & Sands, 2011; Neimeyer & Thompson, 2014; Neimeyer

et al., 2010). The ability to make meaning has been shown to be a protective factor in the onset of prolonged grief disorder (PGD) symptoms (Milman et al., 2017). Milman and colleagues' (2017) study noted that the presence of a disturbing or violent death impeded the ability to make meaning of the loss, showing the bidirectional impacts of traumatic loss and sense of meaning. In normal circumstances loss events are integrated into one's life narrative, however with traumatic or complicated losses, the memory can become traumatic and resist integration (Levine, 2015, p. 17). This study highlights the importance of therapeutic intervention to support meaning-making after loss, and even more crucially, after traumatic loss (Milman et al., 2017). Neimeyer's narrative approaches to meaning-making have been extended into art and expressive therapy practices, granting an even broader scope of self-expression in healing (Neimeyer & Thompson, 2014; Neimeyer, 2012).

In addition to verbal retellings, trauma narratives survive as embodied narratives existing in sensory memory and can be expressed through movement, gesture, posture, music, play, art, and enactment (Malchiodi, 2020, p. 246). Sands (2008) in extending Neimeyer's narrative technique, uses expressive arts to enrich narrative therapy approaches for suicide bereavement. In a group therapy setting, clients are asked to visualize their body sensations and disrupt thoughts arising during the sharing of their loss story. While doing this, the group members and/or therapist trace the outline of their body as they lay on large-scale paper on the ground. This drawing bridges internal experiences with external visualizations, expanding or changing the client's narrative of loss.

Neimeyer and Thompson (2014) write that finding meaning in the face of loss requires two narrative processes: the ability to process the event story of the loss, and the ability to access the back story of the relationship with the deceased in a healing way (p. 5). In a case example, Beaumont (2013) describes how for one client, recording the memories of her late husband allowed her to feel close to him and was glad to not have to "move on" just yet in the traditional sense (p. 4). The process of remembering and recording brought closure and reduced feelings of numbness, unreality, and separation distress (all symptoms of PGD) (APA, 2013). The "chapters of our lives" exercise (Neimeyer, 2006) focuses on introducing or enhancing structure in one's life by reviewing important events (p. 109). The bereft is prompted to create a table of contents for their life story and then write down chapter titles, fostering reflection and self-exploration (Neimeyer, 2006).

Gantt and Tinnin (2007; 2013) developed the intensive trauma therapy (ITT) model, an arts-based approach for PTSD and C-PTSD (Howie, 2016, p. 377). This model prompts the client to create nine images, from before the traumatic event, through the minute stages of experiencing the event, to after the event and to self-repair. The goal of this model is to achieve narrative repair, and to bypass the verbal mind to reveal repressed or dissociated memory that impedes a sense of closure (p. 378). In order to protect from potentially triggering memory, therapists can encourage clients to leave more distance by maintaining a third-person perspective, or by using characters as stand-ins (Malchiodi, 2020, p. 272; Gantt & Tinnin, 2013). Other creative techniques include using storyboarding to aid in narrative reconstruction, along with visual or graphic timelines to holistically represent memories and events and gain a new vantage point (Lister et al., 2008; Martin, 1997).

Many studies highlight the benefits of narrative therapy for trauma and PTSD (Neimeyer, 2012), as well as the efficacy of narrative art therapy in these contexts (Gantt & Tinnin, 2013). Additionally, literature exists on the significance of meaning-making after loss or traumatic loss (Currier et al., 2008; Milman et al., 2017). I did not find any art therapy protocols or interventions specifically tailored to support traumatic loss; however, it is plausible to imagine an optimal approach emerging from a combination of narrative art therapy interventions for trauma and current meaning-making (which may include narrative) strategies for loss and grief. This might look like extending current narrative art therapy interventions for trauma to include prioritization of rituals, continual bonds, relationship renegotiation and remembering (Neimeyer, 2016; Klass et al., 1996).

The Traumatic Register of the Real: Capturing a Nameless Phenomenon

Register theory (Lacan, 1978), Lacan's tripartite schema of the psyche provides, a rich framework for understanding the psychological dynamics of traumatic loss which can be utilized in art therapy. Lacan's concept of the Real describes a universal traumatic realm that, in Lacan's view, each one of us inevitably encounters at one point or another (Evans, 1996, p. 163; Lacan, 1993). In his view, humans are symbolic beings (Wright, 2020) that depend on the logic of language, the signifiers, to make sense of all things. Our individual subjectivity is based on a chain of signifiers that create meaning and context in our lives (Gurewich & Tort, 1996, p.28). Traumatic events struggle to be integrated into the symbolic realm (also known in other contexts as our narratives and identities) as it tears a hole in the symbolic fabric, leaving us disoriented

and without words to describe the experience (Wright, 2020, p. 239). Briefly touched upon in the review of the literature, traumatic events might include death, psychosis, trauma events, impossibilities or any other significant disruptions or destructions to lifestyle and identity (Evans, 1996, p. 163; Lacan, 1993, p. 55). Contact with the Real unravels the chain of signifiers in our symbolic and by proxy imaginary realms, demanding of our unconscious to construct something new in order to reintegrate events in a meaningful or graspable manner (Wright, 2020, p. 239).

As seen in the review of the literature, there is a myriad of research surrounding what trauma is and how it impacts us psychologically, neurologically and physiologically, however in throughout my literature search, it appeared to be less popular in psychological research to focus on the phenomenology of the trauma experience. This subject may extend beyond the typical scope of clinical research, yet Lacanian psychoanalysts appear to argue that the ability to conceptualize the traumatic realm of the real, both for the therapist and the client, can provide much-needed orientation and validation of experience (Himes, 2013; Sharon-Zisser, 2018; Fink, 1997). Their substantial engagement with Lacan's complex seminars suggests they find significant value in this approach, a sentiment I share as well.

The connection between Traumatic loss and Lacan's Real register is plain: traumatic loss touches the realm of the Real. Traumatic loss may evoke both symptoms of grief and symptoms of trauma, making it complicated to navigate between confrontation and avoidance (Regehr & Sussman, 2004). This oscillation is effectively captured by the concept of the Real.

Sujet Supposé Savoir

Lacanian thought fundamentally rejects the idea of the analyst as the expert who dictates interpretations to the client (Himes, 2013). Instead, the analyst acts as a guide who helps the client uncover and articulate their own unconscious truths, a view also maintained by client-centered art therapists (Rubin, 2016, pp. 223-235). Maintaining this stance hinges on a keen awareness of the *Sujet Supposé Savoir*. Lacan presents the concept of the *sujet supposé savoir* ("subject supposed to know") to refer to the client's unconscious assumption that the analyst (or therapist) holds significant knowledge about their unconscious mind, or rather, that the analyst has the ability to unlock hidden truths about their unconscious mind (Lacan, 1978; Evans, 1996, p. 199). Psychodynamic art therapists might recognize this concept as a version of transference (Fink, 1995; Rubin, 2015), which falls under the larger topic of the therapeutic relationship. The

phenomena that Lacan named the *Sujet Supposé Savoir*, is an element to the therapeutic relationship that allows clients who have experienced traumatic loss to more easily tolerate the oscillation between confrontation and avoidance, since there is a sense of trust in the therapist's knowledge and ability. Through a Lacanian lens, in a successful therapeutic process, this illusion of the *sujet supposé savoir* dissolves as the client shifts their locus of knowledge onto themselves and gains a sense of authority over self-knowledge and unconscious material (Fink, 1995).

Non-semantic expression

Lacan's later lectures emphasized the importance of non-semantic expression in therapy, leading him to revisit his views on the role of art in healing (Sharon-Zisser, 2018, p. 9). Sharon-Zisser (2018, p. 5) argues that working intermodally, which involves employing various artistic approaches to therapy such as using music, rhythm, movement, and non-figurative art-making as a means to access unconscious material is congruent with a Lacanian approach. Intermodal transfer, a term used in expressive therapies, (Knill et al., 2005) is the ability to express something across multiple artistic disciplines, and in doing so reveal new dimensional meaning to an expression, idea or feeling (p. 125). This is one way to push the limitations of the symbolic order, in efforts to express something obscured by the Real.

Art Beyond the symbolic

Lacan held that art operated within and beyond the symbolic order and was able to touch the order of the Real in ways that language fails to (Lacan, 1978). He believed that art possessed a poetic function, allowing it to operate on multiple levels of meaning and indirectly express the unconscious. Many art therapists would agree with this statement and find that the poetic and metaphoric qualities of art-making to be one of the practices' primary advantages (Moon, 2007). Furthermore, Sharon-Zisser (2018, p. 6) makes the interesting suggestion of transposing Lacan's concept of the *phantasm* into an art therapy context. The Phantasm, similar to a fantasy working as a defense, is an unconscious construct that organizes a client's life by shaping relationships to objects of desire and by making sense of internal conflicts (Sharon-Zisser, 2018, p. 5). The author argues that art therapy, through spontaneous artistic expression, provides a doorway into the phantasm. Phantasms are challenging to recognize and unravel as they are often the source of both suffering and some enjoyment (Evans, 1996, p. 61).

Intersections of the Real and creative expression in art therapy

The Real is both intangible and ever-present. It stands for what is impossible, intolerable, what escapes verbalization and yet endures. At the same time, it is argued that the Real may be the birthplace of art and creative expression, where something entirely new might emerge (Sharon-Zisser, 2018, p.3). Lacan acknowledges that sublimation may result from artmaking, but that complete (finite) sublimation is not possible for any individual (Evans, 1996, p. 200), hence the importance of a continued creative outlet. Himes (2013) describes an encounter with the Real as a subversion of reality, or an alternative definition of reality. It is after an encounter with the Real that the opportunity for a *sinthome*, or subjective solution can be formed. Creative expression and art-making provide close proximity to the Real as it is not bound by rational thought. Creative expression moves away from any literal interpretation, and thus moves away from the constraining logic of the symbolic order (Himes, 2013, p. 27). Art by nature is metaphorical and is capable of possessing dream-like qualities and dream-logic. Created artworks can be understood much like dreams: they appear to make sense while simultaneously not making sense at all. Consider the works of abstract or surreal artists. These pieces evoke a wide range of emotions and often present impossible or contradictory logic. Each viewer experiences and interprets these artworks uniquely, leading to varied personal responses and meanings. Art objects that function similarly on multiple dimensions can be created in the art therapy studio to support unconventional or abstract ways of capturing or making sense of traumatic encounters with the Real.

Formulating a Creative Sinthome for Traumatic Loss

The *sinthome* is a subjective and personalized mechanism and solution to one's conflict or suffering (Dioguardi, 2021; Sharon-Zisser, 2018). Its existence stabilizes the psychic orders of the Imaginary, Symbolic, and Real (Lacan, 1975–1976), and its formation is a primary goal of Lacanian psychoanalysis (Verhaeghe & Declerq, 2016, p. 8). Lacan originally described this concept as something inherently creative, free from the constraints of logic or conventional norms (Lacan, 1975–1976). Lacan's *sinthome* is frequently discussed conceptually, theoretically, and esoterically, which can make it challenging to translate into practical therapeutic applications. However, I propose that art therapists are particularly well-suited to explore and implement this concept in their practice with clients (Himes, 2013). To demonstrate *sinthomatic* creation, Lacan turns to the fiction of James Joyce (Lacan, 2016). In his seminar on the subject

(2016), Lacan's view is that Joyce's writing supported a fragile ego by transforming inner conflicts and desires into an artistic expression. He believed that with this outlet, Joyce was able to avoid psychosis (Sharon-Zisser, 2018, p. 4.; Evans, 1996, p. 192). It is my view that this primary goal can be similarly attained through creative collaboration with an art therapist.

Few concrete examples of what constitutes a Sinthomatic creation are provided by Lacan, which is intentional, as each sinthome is unique to the individual and often includes intangible or illogical elements. I conceptualize Lacan's sinthome as a balancing point to conflict, confusion, or emptiness within the psyche. The sinthome exists in the same realm as the *Aha-Erlebnis*, or the "Aha-moment": an event that marks a moment of recognition or enlightenment in the therapeutic process (Lacan, 2012). When a client suddenly gains awareness of an aspect of their unconscious thoughts or behaviours, this moment of clarity can serve as a turning point in the therapeutic process, leading to significant new insights or changes in perspective.

Artistic sinthome creation could allow the client to explore their traumatic loss non-verbally, experientially, sensorially, spontaneously, and intermodally across multi-media. I have witnessed this, as an example, as the surprise in finding meaning in a spontaneous artwork, or the moment when in talking about one thing, a whole other thing has become untangled. It is often indirect or seemingly unintended. Art therapists can support sinthome creation without imposing interpretation or logical sense. They can non-judgmentally encourage unique, bizarre, illogical, or fantastical qualities to their subjective solution or even be suspended in illusion and metaphor.

Although the concept has been explored by only a few authors within an art therapy context (Sharon-Zisser, 2018; Himes, 2013; Gerity, 1998) and remains largely theoretical, I have contemplated potential applications of these theories, grounded in art therapy interventions that are suited to traumatic loss. The healing potential of a creative sinthome could be fortified further by the use of symbols and metaphors, which can facilitate the exploration of meaning from a safe distance (Gantt & Badenoch, 2018; Hinz, 2019; Glass, 2006). This action-oriented process, integral to grieving (Sas & Corman, 2016), helps guide the client toward greater self-understanding and insight into their loss.

Immersing oneself creatively in a project related to the deceased (whether this may be remembering, honouring, or letting go) allows the client to maintain a connection with the deceased while actively working through, rather than avoiding unprocessed emotional responses (Beaumont, 2013). This type of activity creates a new and continued relationship to the deceased,

a healthy counterindication of PGD (Milman et al., 2017) and a common goal of grief therapies (Klass et al., 1996). In alignment with Allen's (1995) belief that "art is a way of knowing," a Lacanian art therapist might also suggest that "art is a way of knowing the sinthome", as the creative process itself is a form of inquiry that can open the realm of intuition, emotion and unconscious (Allen, 1995, p. 13). It is through the process of therapeutic creation that solution, insight, and transformation may emerge (McNiff, 1998). Sinthomatic creation might function outside the therapy room too: the finished art product can be touched, contemplated, and may be integrated into grief rituals (Sas & Coman, 2016). The object can remain in the client's life indefinitely. The creative sinthome in this way may also serve as a transitional object to the deceased (Sas & Coman, 2016). In art therapy for grief, photos, objects and new material can be integrated to create an artifact for the client to keep if they choose (Gershman & Braddeley, 2010). Narrative meaning-making perspectives can be imposed onto the creative process as well, promoting creative apperception and newfound purpose (Smid, 2020). Working towards a sinthome goal with a client provides, when appropriate, the opportunity for psychoeducation on these topics, which may increase their curiosity and (libidinal) investment in the therapy process.

Summary of the findings

The findings are organized around several key themes. The mind-body connection highlights how disruptions in interoception can be addressed through art therapy, balancing the Symbolic and the Real. Creative trauma narratives for meaning-making show the power of non-verbal expression in processing trauma. The traumatic register of the Real explores how art therapy helps articulate the inexpressible aspects of trauma. *Sujet Supposé Savoir* focuses on the therapeutic relationship, empowering clients to uncover unconscious truths. Non-semantic expression and art beyond the symbolic demonstrates art therapy's ability to access deep psychological dimensions beyond language. Finally, Formulating a Creative sinthome for Traumatic Loss underscores the creation of personalized, creative solutions through art therapy, enabling profound healing.

Conclusion

The findings have laid out an argument that a Lacanian model may be insightful in informing and treating traumatic loss in art therapy. The findings specifically point to compatible conceptualization for traumatic loss, with the use of Register theory to describe the components of one's reality and the impact of contact with the Real. The findings then suggest possible

creative and conceptual interventions for traumatic loss with the notion of the creative sinthome. I acknowledge the complexity in Lacan's written work and do not claim to have fully read or comprehended all of the published seminars. While I did spend considerable time with primary texts (Lacan, 1978; 1993; 1996; 2005; 2012), secondary sources by Lacanian experts were invaluable resources for my understanding of these theories and ideas (Gurewich & Tort, 1996; Evans, 1996; Fink, 1997). Furthermore, discovering the articles of Sharon-Zisser (2018), Gerity (1997) and Himes (2013) provided the foundation I needed to confidently explore these topics. These authors align in their view that indeed there is a place for Lacanian discussions in art therapy and have stated the value of adopting Lacan's concepts of the Real and the sinthome within the field of art therapy. These ideas have been extended and divided into several themes that make a case for the value of Lacanian art therapy for traumatic loss.

Chapter 5: Discussion

In this section, I will revisit the research question and objectives, placing them within a broader context of the topics discussed. It will discuss the epistemic value of revisiting historical models to meet contemporary therapeutic needs. This chapter will consider how the gap in the literature was addressed and discuss the challenges posed by the complexity and cultural context of Lacanian theory, which have limited its clinical application. Limitations of the research will be acknowledged, including the lack of empirical testing and the narrow focus on individuals experiencing traumatic loss. The chapter will propose future research directions, emphasizing the need for empirical studies and case reports to further explore these theoretical concepts. Finally, personal reflections will highlight how this research has deepened my understanding of both traumatic loss and of Lacanian concepts.

Revisiting the Research Question

This research sought to integrate selected Lacanian concepts into the framework of art therapy for the conceptualization and treatment of traumatic loss. A secondary goal of this research was to increase the accessibility and applicability of Lacanian thought within the field of art therapy. The initial research question that guided this inquiry was, "How might the application of Lacanian concepts enrich the conceptualization and treatment of traumatic loss within an art therapy framework?" Early in the research process, concerns arose regarding the scope of this question, specifically whether it might be too narrow or whether the topics involved have a history too extensive to be fully addressed within this framework. The narrow focus of the topic proved to be more of an advantage than a disadvantage as it allowed for more theoretical exploration, pulling from adjacent topics and fields. To address concerns about the extensive history and context of these topics, certain areas of discussion were omitted, and the most significant themes were edited for greater conciseness.

At the outset, I was uncertain about what I might discover or the conclusions I might draw. I initially anticipated finding more concrete examples of Lacanian art therapy in practice, but this was not the case. I have come to realize that the most crucial aspect of a Lacanian approach to art therapy lies in maintaining a Lacanian understanding of the mind's constituents (and other concepts) and to view traumatic experiences from this lens. It is my belief that creativity and art products (and process) in an art therapy setting can potentially, and often do emerge from the register of the Real, especially when the themes of therapy surround trauma and

traumatic loss. With these new perspectives, Given the transformative effect of Lacan's register theory on my perspective, I believe that I have accomplished the research goals of advancing the conceptualization of traumatic loss and enhancing the accessibility of Lacanian thought within art therapy.

The Epistemic Value of revisiting the past

It is always important to consider the evolving needs of our clients and the latest research advancements. Continuous learning and professional development for therapists can and should include revisiting and adapting historical models (where relevant) to meet those current needs. Additionally, we must reflect on overlooked theories with the intention of uncovering practical insights that can be meaningfully applied to contemporary practice. It can be interesting to see which issues or ideas persist or evolve over time, and to notice the themes that repeatedly attract our attention. I believe Lacan's concept of the Real is just one of many ways we as humans try to make sense of trauma, and I believe we will continue to find new ways to explain and capture the phenomenon. The process of revisiting, remembering, keeping an open mind and critically evaluating concepts that could address modern human suffering is a necessary part of a holistic therapeutic practice.

The Gap in Art Therapy Literature

Throughout this research process, I often encountered mentions of the opaqueness or difficulty of Lacan's writing and found its applications often in the theoretical and cultural sphere, such as film theory (Mulvey, 1975; Žižek, 1991), feminist theory (Grosz, 1990) and literary theory (Žižek, 1992; Sharon-Zisser & Brooks, 2010). In a clinical context, Lacanianism is used in some psychoanalytic approaches (Fink, 1997; Charles, 2012). I wondered what the reasons might be for these limited applications and assumed it was just due to psychoanalysis declining in popularity in mental health fields (Paris, 2017). Instead, I found indications that this avoidance or scarcity of engagement may also be culturally bound. Lacanianism may often be overlooked in the North American psychoanalytic canon due to the region's preference for pragmatic, clinically-oriented approaches and positivist views, influenced by its strong history of behaviourism (Leader, 2021). During Lacan's era, North American psychology favoured Freud and Erikson, who aligned with American ideals of individualism and pragmatism (Leader, 2021). In contrast, the French, with their deep-rooted tradition in philosophy and literature, could more readily embrace Lacan's ideas. Additionally, the complexity of Lacan's use of language presents

a significant barrier, even for native French speakers, making translation challenging and often unsatisfactory (Leader, 2021). These factors may explain the limited presence of Lacanianism in art therapy, however in discovering the works of Sharon-Zisser and Himes I was convinced that this approach was indeed possible, and worth exploring further in an art therapy context. It is my view that research in the creative arts should maintain curiosity, flexibility and creativity in the research process, and should feel encouraged to explore novel or dated theories in efforts to find new applications.

Considerations and Limitations

The potential advantages discussed in this inquiry are largely theoretical and haven't been empirically tested, which is an important limitation to acknowledge. Since these ideas are untested, there's currently no way to test or measure them empirically. Another limitation is the narrow focus on a specific population: individuals who have experienced traumatic loss and are seeking art therapy. This focus makes it difficult to generalize the findings to other groups or contexts. Additionally, the reliance on Lacanian theory requires accepting a constructivist view of reality, which assumes a constructivist view of reality, might not resonate with all clients or therapists. This theoretical work needs to be brought into practice to test its relevance and utility. The effectiveness of this approach will depend on various factors, such as the specific clientele, the therapist's approach, and how these ideas are implemented in real-world settings. Only through practical application can we determine whether these hypotheses hold true and whether this approach is genuinely beneficial.

Future Research

A valuable direction for future research would be for Lacanian art therapists to broaden the scope of application to include cases of traumatic loss, which could significantly advance the concepts proposed in this paper. Structured reports from art therapists detailing the process of sinthomatic creation during sessions would be essential for reinforcing the ideas presented. Concrete intervention designs should be proposed, tested, and implemented through pilot projects. Reports that document sessions with clients could provide a more tangible understanding of sinthomatic creation in practice, including the stages and conditions necessary for its development. Following the availability of case studies, further research might set out to design art therapy intervention plans or protocols, equipping researchers with the tools needed to embark on a pilot project or in-depth study.

Personal reflections

Recognition of the order of the Real captures a nameless phenomenon, giving some sense of orientation to the empty shock of trauma that tears a hole in one's previously established sense of meaning. Brushes with the Real unravel the symbolic order, requiring it to reconstitute anew. The act of curiosity and commitment to reading Lacan has in itself generated libidinal investment and allowed me to find purpose despite a history of senseless events. By engaging with creative flexibility in my analytical approach, I have broadened my conceptualization of both traumatic loss and of what art therapy can do. I have explored how Lacan's ideas can not only directly influence art therapy practices but also how they have reshaped my framework for understanding my clients' unconscious and their experiences of trauma. I'm happy to have had the opportunity to spend this much time with Lacanian psychoanalysis as it is an area that has always interested and mystified me. I remain interested and somewhat less mystified. Any opportunity to build my understanding of or improve my therapeutic approach toward traumatic loss is a valuable one. Traumatic loss has impacted my life significantly and I feel strongly for those who have similar holes in their hearts and in their psyches. Art has undoubtedly become my subjective solution as has the narratives I've reconstructed through trusting the creative process that unfolds.

Conclusion

This chapter revisited the initial research impetus and discussed how the scope was narrowed and directed. The importance of engaging with older theories was stated and the utility of this methodology was affirmed. This chapter provided some wider context for the research process, and for why the gap in the literature might exist. The discussion also acknowledged the study's limitations, including the theoretical nature of the findings and the specific focus on traumatic loss. The proposed future research directions aim to bridge the gap between theory and practice and lastly, I provided personal reflections on this process and subject matter.

Chapter 6: Conclusion

This exploration of Lacanian perspectives on traumatic loss in art therapy suggests a promising direction for both theoretical development and therapeutic practice. While the groundwork for using art therapy to address grief (Arnold, 2020; Thompson & Berger, 2011; Lister et al., 2008; Thompson & Neimeyer, 2014) and trauma (Talwar, 2007; Hass-Cohen et al., 2018; Tripp et al., 2019) has been laid, a Lacanian perspective introduces new dimensions that highlight the symbolic and metaphorical aspects of suffering and healing. The limited presence of Lacanianism in art therapy, particularly concerning traumatic loss, reveals a notable gap in existing literature and practices. Integrating Lacan's ideas, such as the *sinthome* and Register theory, could benefit interventions by offering a pertinent framework for how trauma is experienced, aiding in how individuals might reconstruct meaning after a traumatic loss.

This philosophical inquiry presented a thorough literature review of central topics and terms. Current understandings and best practices were provided for each section, where applicable. Applications in art therapy were also considered. Following the literature review, the most promising themes were presented in the findings. Highlighted are the mind-body connection, creative trauma narrative techniques and the register of the Real. Additionally, the *sujet supposé savoir*, non-semantic expression and art beyond the symbolic are significant themes that emerged. The discussions chapter takes a step back to review the research process and discuss topics outside the scope of this inquiry. It also addresses personal reflections on the experience.

As researchers and therapists continue to explore the complexities of trauma and traumatic loss, it's crucial to reexamine existing theories and expand therapeutic approaches. Integrating Lacanian theory into art therapy may offer new perspectives on supporting individuals as they work through trauma and loss and seek meaning and resilience. This inquiry encourages a thoughtful application of Lacanian concepts within art therapy, aiming not just to enhance clinical effectiveness, but also to enrich our understanding of the human psyche's response to trauma.

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