

*Un Petit Sac à Dos Avec Quelques Viatiques: Object Relations, the Expressive Arts, and the  
(Re-)Animation of Resourceful, Pleasurable, and Adaptive Object-Life in the  
Rehabilitation of Torture Survivors*

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## **Abstract**

The torture experience represents a profound affront to both intrapsychological and interpersonal life. The rehabilitation of torture survivors, who often present with complex post-traumatic impairment, has become a sub-specialization of psychotherapeutic practice. Torture survivors often present with significant alterations to what are otherwise believed to be stable personality traits and psychodynamic structures. As such, a psychodynamic approach to the rehabilitation of torture survivors, which targets the psychodynamic structures that subtend the personality, may be reasonably indicated. The purpose of this project is to provide an overview of the core concepts and practices of object relations informed psychotherapeutic modalities and expressive arts therapy. In light of the clinical, psychodynamic, and intergenerational consequences of the torture experience for both survivors and their families, this research project will also integrate core concepts and practices from object relations informed psychotherapeutic modalities and expressive arts therapy in the formulation of a novel psychotherapeutic approach: object relations informed expressive arts therapy (OR-EXAT). The purpose of this innovative psychotherapeutic approach is to advance both theoretical and practical considerations in the rehabilitation of torture survivors.

*Keywords:* object-relations, expressive arts therapy, torture, survivors, rehabilitation

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## **Dedications**

This work is dedicated to the victims and survivors of torture in both Israel and the Occupied Palestinian Territory (OPT). This work is also dedicated to my neighbour, J.M., a second-generation Holocaust survivor who died by suicide on August 20<sup>th</sup>, 2025.

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You who are safe in your warm houses. You who find, returning in the evening, hot food and friendly faces... I commend these words to you. Carve them in your hearts, at home, in the street....

-- Levi, *Survival in Auschwitz*

The [human mind] is under no obligation to make sense to you.

-- Tyson, Interview (brackets my own)

## Chapter One – Significance, Relevance, and Reflexivity

The torture experience, and its associated complex traumas, represents perhaps the most noxious affront to intra-psychological and internalized interpersonal life. From a constructivist perspective, the purpose of this research project is to explore the integration of psychoanalytic object relations theory and expressive arts therapy (EXAT) in the psychotherapeutic rehabilitation of torture survivors.

This research question will be explored and expanded along the following lines of research and critical inquiry:

1. To provide an overview of core concepts and psychotherapeutic practices from object relations theory. These concepts and practices will be most pertinent to a theoretical and practical integration with expressive arts therapy theory and practice.
2. To provide an overview of core concepts and psychotherapeutic practices from expressive arts therapy theory and practice. These concepts and practices will be most pertinent to a theoretical and practical integration with object relations theory.
3. To provide an overview of the clinical, psychodynamic, and intergenerational consequences of the torture experience for both survivors of torture and their children.
4. To integrate core concepts from object relations theory and practice and expressive arts therapy theory and practice in the formulation of a novel psychotherapeutic approach – object relations informed expressive arts therapy (OR-EXAT) – in the psychotherapeutic rehabilitation of torture survivors.

## **Significance and Context**

### ***Torture, Personality, and The Biomedical Model***

The torture experience is a complex interpersonal trauma that is often compounded by peri-traumatic stressors, including, but not limited to, forced displacement and re-settlement stressors (Kira, 2017). In its Tokyo Declaration, the World Health Organization (WHO) defines torture as “[the] deliberate, systematic, or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason.” (World Health Organization as cited in Baçoğlu, 1992, p. 1)

According to a reductionist biomedical model, these complex biopsychosocial sequela – include, but may not be limited to, symptom profiles associated with the clinical constructs of post-traumatic stress disorder (PTSD), depression, anxiety, complex post-traumatic stress disorder (CPTSD) (World Health Organization, 2019), disorders of extreme stress not otherwise specified (DESNOS), and stress-induced personality disorders (APA, 2022; Kira et al., 2023; Hárđi & Kroó, 2011; Hermann, 1992; Hyland et al., 2023; Miller, 1992; Sapporta et al., 1992). Furthermore, among trauma survivors who meet the diagnostic criteria for PTSD, 30-40% remain treatment resistant to existing therapeutic approaches (Mitchell et al., 2022). These rates of treatment resistance may even be higher for survivors of torture (Campbell, 2007; Miller, 1992; Somnier et al., 1992).

### ***Expressive Arts Therapy and The Phantom of Object Relations***

EXAT is a post-modern approach to psychotherapy (Corey, 2021), which can be readily integrated with trauma-focused treatment modalities – such as somatic experiencing (SE) (Levine, 2010), sensorimotor psychotherapy (SP) (Ogden et al., 2006) and accelerated

experiential dynamic psychotherapy (AEDP) (Fosha, 2021). This powerful and effective integration is possible because EXAT shares similar qualities to these “bottom-up” psychotherapeutic modalities. However, as a critical difference, EXAT more effectively supports an integrative psychodynamic exploration of intrapsychic objectivity, internalization, and identity exploration, and this within the unfolding phenomenological experience of both human and non-human object-relatedness itself.

As a post-modern theory and practice, EXAT therapy differentiates itself from the major depth psychology traditions by rejecting many of their core constructs and practices. This, however, does not mean that EXAT is fundamentally different in the core mechanisms of its therapeutic action as each finds ways – albeit, with different kinds of interventions – to access, work-through, and transform implicit memory structures and their associated object relations (Hyland, 2023; Solomon, 1991).

### ***Object Relations Theory and the Phantom of Complex Trauma***

The idea of *the phantom* is a psychodynamic construct used to describe the way in which a split-off, traumatized part of a person is made to inhabit and exist in the mind of someone else (Abraham & Torok, 1994, as cited in Maniadakis, 2010), and not infrequently in the mind of a child. If the psychodynamic unconscious represents a disavowed phantom in the world of EXAT, then war, loss, mass trauma, torture, genocide, and complex intergenerational trauma represent different but similarly exiled phantoms in the object relations tradition. It is particularly important and perhaps in some ways – though little spoken – rather telling, that the conceptual emergence of the Neo-Freudian construct of *internal objects*, which occurred between the years 1934 to 1943, did so within an exceptionally complex historical context. This unique and influential historical context was characterized by the death of Freud, by war and immanent

invasion, by the Nazi destruction of psychoanalysis on mainland Europe, and by unprecedented widespread forced displacement, mass traumatization, mass torture, and attempted genocide (Bergen, 2016; Hinshelwood, 2020; Rustin, 2023).

**Figure 1**

*Alongside II*



*Note.* Detail from a photograph of Freud's Office at Berggasse 19, Vienna, by Edmund Engelman, 1938, taken days before the Freud family left for London.

For this reason, a corollary intention of this research project is to foster a higher order reintegration – in each of these perspectives, EXAT and object relations theory respectively – of each of their own disavowed phantoms. This will entail the reintegration of the unconscious and its object relations into EXAT theory and practice, and the reintegration of complex trauma within the conceptual and practical aspects of object relations theory. In this regard, OR-EXAT

theory and practice may be described as the fruitful consequence of this both tolerable and arguably necessary convergence, of this higher order cognitive synthesis and implicit reintegration.

### **Relevance and Importance**

Despite international humanitarian efforts and the postwar human rights movement(s), torture continues to exist and remains widespread – as both an overt and covert practice – within a variety of institutional and domestic settings (OHCHR, n.d.).

Since a considerable proportion of torture survivors remain treatment resistant to contemporary first-line treatments (Mitchell et al., 2022), it is imperative that new treatment approaches be developed and integrated into existing rehabilitation practices.

The relevance and importance of this research is also highlighted by recent developments in evidence-based, trauma-informed, and trauma-focused psychotherapeutic practice(s). These recent developments privilege somatic to cognitive experience, present-moment awareness to the narrative recapitulation of past events, and a rich and mindful engagement with sensorimotor processes, to detached and cognitively mediated introspective analysis (Fosha, 2021; Levine, 2010; McNiff, 1996; Ogden et al., 2006).

Lastly, recent developments in phenomenological psychology continue to advance our understanding of the significance – and clinical relevance – of *liminality* within the otherwise dualistic constructs of self/object and subject/other (Yanchar, 2023). These theoretical and practical interests and advancements gestures forward towards the more recently emergent constructs of *spatial frames of reference* (Hanley et al., 2019), *self-extension* (Hanley et al.,

2023), and the *human experiential field* (Grangeiro et al., 2023). Each of these are central to an understanding and application of OR-EXAT and will be explored in more detail in chapter three.

### **Theoretical and Conceptual Framework**

One of the significant challenges when writing about trauma has to do with the impact that the topic has on the reader and writer. It is important to acknowledge that writing about torture is not the same as writing about most other things. We cannot, I believe, read or write about torture as though it were not already something somewhat intellectually and emotionally overwhelming, and therefore somewhat problematic.

I am not the first person to encounter these problems, and I have found the work of others, including Friedlander (1993), LaCapra (2016), and Sebald (2014), to be helpful. As intellectuals, they are likely to have known of each other, and more than this, were likely familiar with each other's work. More importantly, they are similarly concerned, as historians, writers, and bearers of conscience, about how we can think about, write about, and represent experiences that are in many ways *unspeakable* and *unrepresentable*, and so, arguably, and perhaps for this same reason, understandably *unexperienceable*. Nonetheless, and despite these difficulties, they offer something of a way forward. In doing so, they map out four important themes or an intersecting axis of cautious self-awareness: acting-out versus working-through; the helpful role of commentary; the problem(s) of narrative fetishism; and the notion that *this is difficult, and we don't have to do this perfectly (it's okay not to do this perfectly)*.

#### ***Acting-Out and Working-Through***

According to Freud, *acting-out* may be understood as any action in the present in which a person relives unconscious wishes and phantasies with a sensation of both urgency and

immediacy that is heightened by a refusal or an inability to recognize their repetitive character or their source (Leplanche et al., as cited in Lacapra, 2016). In contrast, *working-through* may be understood as a kind of psychological work that allows a person to free themselves from the grip(s) of repetition by accepting (or integrating) these same repressed elements (Leplanche et al., 1989, as cited in LaCapra, 2016). Although in a clinical or psychotherapeutic sense, acting-out has primary connotations associated with compulsive behaviour, this does not eliminate the real possibility that acting-out can take place symbolically or discursively, as in a written text.

LaCapra (2016) identifies six ways in which unresolved trauma can be acted-out in a text, both in relation to its subject matter and its readers. These include possession by the repressed past; repetition compulsion; unworked-through transference; certain modes of performativity; certain modes of inconsolable melancholy; and certain modes of the sublime (LaCapra, 2016). I will explore LaCapra's (2016) six ways of acting-out in my positionality statement. And more specifically, the ways that I am personally vulnerable to acting-out through the composition of this text.

### ***The Helpful Role of Commentary***

As a way to minimize the unavoidable tendency to act-out unresolved traumas and conflicts, Friedlander (2013) suggests adding commentary to texts dealing with traumatic themes. This I believe can also be as helpful when writing-psychology (i.e. psychiography). By disrupting the facile linear progression of the narration, by introducing alternative interpretations, and by questioning any partial conclusions, we may more or less effectively withstand a defensive compulsion for clinical closure.

### ***The Problem of Narrative Fetishism***

*Narrative fetishism* is also a valuable concept. As described by Santner (as cited in LaCapra, 2016), narrative fetishism can be understood as the conscious or unconscious composition of a text that seeks to undo, through phantasy, displacement, and/or compensatory mechanisms, an experience of trauma and its associated sequela. From a psychodynamic perspective, according to Santner, these mechanisms function as a refusal or an inability to mourn by simulating conditions of *intactness* in lieu of *fragmentation*. This is important for many reasons, and there are many kinds of written works – or maybe more specifically, narrative structures – that are more or less vulnerable to this sort of fetishization. Arguably, narratives that are relatively holistic, desultory, and even to some extent *non-sensical* (in a primary process sort of way), are perhaps less vulnerable to a mis-representative simulation of intactness.

### ***This is Difficult and We Do not Have to do It Perfectly (It is Okay not to do this Perfectly)***

Writing and reading about trauma and torture is challenging work. Friedlander indirectly points to something similar, if tangentially, in his observation that there exists an “impossibility of establishing any direct reference to some aspects at least of the concrete *reality* that we call [torture]” (Friedlander as cited in LaCapra, 2016, p. 212; brackets my own). In this regard, perhaps it is helpfully liberating to acknowledge that the *excess of this phenomenon*, in relation to our capacity for understanding, absolves us of the obligation to fully or completely understand it. For if a target is somewhat nebulous, then surely no arrow can hit it, and just as surely as no arrow can hit it, then so too no arrow can entirely miss it.

My hunch is that an approach that fosters a cautious self-awareness of these tendencies to act-out or fetishize narrative representation(s), and through the thoughtful and judicious use, for

example, of para-linguistic imagery, can help in creating a written text that may be more accessible, realistic, and insightful to those who read it.

### **Reflexivity, Identity, and Positionality**

As a way to be more accountable for the privilege associated with my identities and social locations, and so to cultivate a critical reflexivity that I hope will inform and guide this research, what follows is a brief statement of my positionality, as well as an overview of my relationship to EXAT. I will also consider the ethical dimensions of this research, and how to best incorporate anti-oppressive and self-reflective practices throughout this work.

#### ***Privilege and Oppression***

I am a white, English-speaking, Polish-Canadian settler on these unceded lands and ancestral territories of the x<sup>w</sup>məθk<sup>w</sup>əyəm (Musqueam), Sk̓w̓x̓wú7mesh (Squamish), and səlilwətał (Tsleil-Waututh) Nations (City of Vancouver, 2023). I have the cognitive and logocentric capacity, skill, and privilege to assimilate and generate westernized, colonial, and non-Indigenous forms of knowing. I am able-bodied, cis-gendered, and identify, following bell hooks (as cited in Brownworth, 2022), as *queer-pas-gay*.

I am a first-generation immigrant of mixed Christian and Jewish ancestry, only learning of my Ashkenazi Jewish heritage in my late thirties (or about seven years ago). I am an intergenerational survivor of child abuse and neglect, domestic violence, war, torture, and genocide. I struggle at times with my mental health, which compromises my ability to cope with higher levels or prolonged experiences of stress.

I identify as lower middle-class and have been educated in formal western post-secondary institutions. I completed my undergraduate degree with a major in psychology, and a

post-baccalaureate certificate in EXAT. I am concurrently completing advanced training in somatic psychotherapy as I complete my master's degree in clinical counselling.

### ***Expressive Arts Therapy - From Hurting to Healing to Helping***

As an intergenerational survivor of war, political violence, and torture, about ten years ago, as a client, I received integrative psychodynamic psychotherapy, including EXAT, at the Vancouver Association for Survivors of Torture (VAST). Today, I work as a clinical counsellor and registered expressive arts therapist at VAST. I provide individual and group psychotherapy to adults and children, all of whom have been forcibly displaced, and some of whom have also experienced torture.

As someone who has experienced complex trauma, I have also come to experience how the reexpansion and (re-)animation of the personality requires an integrative and holistic engagement with all our information-processing systems. This involves the (re-)animation of sensorimotor, interoceptive, imaginative, affective, and cognitive information processing capacities. Furthermore, my own rehabilitation has depended as much on the (re-)animation of an embodied and creative life, as it has on safe, playful, candid, and mutually caring relationships with others. For these reasons, I am curious to explore how the creative imagination, alongside adaptive object relations, can more fully support rehabilitation and healing in the aftermath of complex trauma.

### ***The Challenges of Writing About Trauma: Acting-Out or Working-Through?***

As already mentioned above, LaCapra (2016) identifies six mechanisms that promote the acting-out of unresolved trauma by the author of a text. When the subject matter of a text pertains to trauma, or the traumatic past, any author becomes vulnerable to acting-out this same

traumatic past. Each of these mechanisms will be briefly explored in relation to my own personal vulnerabilities as the author of this text.

**Possession by the Repressed Past.** I have been uncommonly interested in the themes of violence and human experiences *in extremis* from quite an early age. This is likely a form of unconscious possession by my own family's and community's experiences of violence in Eastern Europe throughout much of the 20<sup>th</sup> century. Becoming obsessed with themes of violence in the present can be a form of possession by a repressed past. Composing a research project about trauma and torture can easily enact possession if, on the one hand, the personally violent past remains unacknowledged, and, on the other, if the project becomes overly focused or fixated on depictions of violence. By acknowledging both my family's and my own personal experiences of violence, and by centering the text around themes that pertain to understanding and rehabilitation in the aftermath of trauma, I hope to explore this challenging subject matter in a way that is dispossessed of an un-repressed past without becoming either oblivious or indifferent to it.

**Repetition Compulsion.** This pertains to the repetition of traumatic events from the past in the present, and not as way to derive pleasure from the repetition, but to experience feelings of control or mastery, which were lacking during the traumatic experiences themselves. In this way, trauma can be overtly or subtly repeated in both the content of a text, or indeed throughout the very process of writing it. For instance, in many ways I neglected my own well-being when writing this text: I did not rest enough, nor eat well. And this, I believe, reenacted unresolved harms from my personal past. With that said, I made the intentional effort to *physically move my body* throughout my many writing sessions, counteracting in this way the felt-immobility, which is frequently a central characteristic of unresolved trauma. In the aftermath of writing the first draft of this work I also had a chance to rest and to balance my diet. What was not possible in the

course of trauma, or in the course of writing about trauma, can be made possible in the aftermath of trauma, or indeed as well in the aftermath of writing about it.

**Unworked-Through Transference.** This pertains to the specific re-enactment of past object relational dynamics in present relationships in an effort to resolve and master, in the present, past conflicts. Briefly, I was able to observe three major experiences of unworked-through transference: firstly, the relational need/compulsion to be “better than others”; the relational need/compulsion to be “rescued” by a powerful other; and thirdly, the relational need/compulsion for others to experience what I have experienced, and to become overwhelmed by what has overwhelmed me. This may also be described as the relational need/compulsion to perpetrate violence on others. I believe I was able to work-through these transference conflicts in several ways. Firstly, I consciously adopted a narrative voice whose primary intention has been to communicate and connect, as opposed to impress or disorient. Secondly, I came to understand that I can constructively work on a project about trauma and torture without there being a need to be rescued from it. This is because a project about trauma and torture *is not trauma and torture*. There is no need for anyone to be rescued. Lastly, I have worked-through the need/compulsion to overwhelm another by reducing the length of this project to within reasonable parameters. Also, I have removed several images from the original draft whose purpose was not to deepen connection and communication, but to evoke, unconsciously, shock, disgust, disorientation, and confusion (i.e., some of the hallmarks of overwhelming experience, some of the hallmarks of trauma).

**Certain Modes of Performativity.** This refers to the re-enactment in a text of dynamics that reproduce those that were present in the very same traumatic context that is now being written about. A purely constative approach, for example, that merely describes the facts as they

pertain to traumatic themes and experiences would be inadequate and insufficient, LaCapra argues, because such an approach can reproduce, for example, the dissociative emotional numbing that is frequently a precursor to unresolved trauma. In writing this text, I made a conscious decision to not merely present a positivistic (i.e. constative) account of torture and its consequences, but also, and more importantly, to remain both somatically involved in this process. Likewise, I made the conscious decision to remain emotionally involved, and, if and when possible, attend to my emotional well-being so as not to become overwhelmed. In doing so, I can confidently state that most of this text has been written more or less within my window of tolerance (Ogden et al., 2006), and thus within the optimal range of autonomic arousal to support the working-through of trauma, as opposed to its acting-out.

**Certain Modes of Inconsolable Melancholy.** According to LaCapra, inconsolable melancholy refers to an author's fixation on loss whereby, as a process, the need for mourning remains unsatisfied and incomplete. Although, as he argues, the process of mourning for historical traumas can never be fully worked-through, there is a significant difference, for both reader and writer, between a textual fixation on mourning and textual moments of grief and sadness.

I believe that this text has been able to avoid the former pitfall in a number of ways. Firstly, I have already extensively felt and shared with others my own profound sense of inconsolable loss as it relates to these themes. If nothing else, I have certainly not failed to directly confront and experience, in both personal and public ways, the broadly negative psychological impact, including the profound and inconsolable grief, associated with massive traumatization. If anything, having done so has not only made this text possible, but it has made my psychotherapy with survivors not only tenable, but sustainable. In a psychotherapeutic

context, in other words, one quickly learns that although inconsolable grief often presents strongly at the outset of therapy, it is only the starting point, and more often than not, only the beginning to its working-through and diminution.

**Certain Modes of the Sublime.** Lastly, LaCapra identifies certain modes of the sublime that, within a text, come to valorize, idolize, and sacralise traumatic events. This is a problem, according to LaCapra, because it impedes a process of affective and historicized engagement with the very same events, such that the more difficult and complicated process of working-through is impeded. The uncritical sacralization of traumatic events does not only impede a true understanding, as well as the more difficult process of mourning, but it also fosters, I believe, an uncritical hagiography of violence itself, in which the human capacity for violence and victimization become the measure, and the standard of comparison, for all things.

In a text, the sacralization of trauma can happen in many ways. One such way is to elicit a belief in the reader that the text in question is *exceptional* or *great*. There are rhetorical techniques, including performed erudition, performed sophistication, and even performed inaccessibility, which can evoke in the reader a felt-sense of the sublime. In this way, the painful emotions and details associated with real human trauma become unseen and unfelt. And within a kind of self-protecting and self-perpetuating performance of virtuosity become sacralised. In this way, by means of rhetorical device, this subject matter, no matter how troubling, disturbing, or noxious, risks becoming hallowed. Moreover, by sacralising violence, violence also risks becoming aestheticized. In other words, it risks becoming a source of experienced beauty. And this too is obviously its own problem.

Unfortunately, I don't think this text has completely averted the sacralization of violence. For instance, in chapter three, I present the biographies of three survivor-artists *set*

*apart*. I also present two Holocaust survivor-artists *set apart*. My hope is that the way I *set apart* these biographies, or indeed *set apart* the trauma and associated tortures of the Holocaust more generally, is in such a way that the reader comes to believe that *these things can happen to anyone*. Which I believe is true. Moreover, my hope is to communicate that there is something inevitably cross-cultural, and therefore *democratizable*, to the experience of torture. That on some level, torture is both common and therefore not special. Common, and for this reason, *important*.

My hope is that by outlining the challenges and pitfalls associated with writing about torture, and also by sharing my intentions and actions to address these same challenges, I can at least avoid these major pitfalls. In doing so, I hope to present a text that is both tolerably challenging, but also favourable to shared growth, deeper understanding, and some kind of collective working-through.

### **Ethical, Critical, and Anti-Oppressive Research Practice**

Lastly, this topic is important to me because as a somatically trained expressive arts therapist my goal is to explore and enact ethically, culturally congruent, and trauma-informed best practices in the remediation of trauma-related impairment related to the torture experience. In this regard, as a clinician, it is my ethical aspiration to not only respect a client's cultural diversity, customs, and beliefs, but also – in light of this cultural diversity “to maintain competency in all practice areas through continuing education” (BCACC, 2014, p. 6). I certainly see this research project as an important continuation of my education, and therefore as a manifestation of my ethical commitment.

This research topic will enable me to critically explore foundational, if albeit no longer hegemonic conceptualizations and constructs of psychotherapy, alongside more post-modern approaches. My intention, in this regard, is to cultivate a self-aware and subversive meta-phenomenological inquiry (Yanchar, 2023) that can serve to undermine white supremacist values (University of Michigan, 2023) and also advance, in the context of my location on Turtle Island, the process of Truth and Reconciliation (Truth and Reconciliation Commission of Canada, 2015). And this, together, as a form of on-going, aspirational, cross-cultural, and reparative stewardship. Or, in other words, we cannot understand, prevent, and rehabilitate torture, here, and where we are, I believe, without recognizing, understanding, and being reparatively accountable for the torture of Indigenous persons, including many thousands of children, who were forcibly displaced and whose very resources have been and continue to be appropriated to support practices of on-going colonialism and colonial knowledge-seeking<sup>1</sup>.

### **Key Terms**

What follows is a comprehensive glossary of key terms. Several of these terms, especially those pertaining to object relations and EXAT theory, have been briefly defined here, but will also be expanded upon as part of a literature review in chapter two.

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<sup>1</sup> VAST is actively engaged in a variety of municipal, national, and international human rights and advocacy initiatives. One of these on-going initiatives is advocacy for the legal recognition that the “students” of “Indian residential schools” are torture survivors as defined by the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT). Defining survivors of the “Indian residential schools” as survivors of torture under the UNCAT will mandate the Canadian government to provide survivors with the same compensation and rehabilitation services entitled to survivors of torture under international human rights law.

### ***Alienating Identification***

The process by which a parent expels into their child's psyche rejected parts of themselves (Abraham & Torok, 1994, as cited in Maniadas, 2010).

### ***Alternate World Experience***

In the imagination and in creative expression, *object-images* emerge and things happen in a way that is characterized by a “surprising unpredictable unexpectedness” (Knill et al., 2005, p. 81). Consonant with what Nasim et al. (2019, 2021) call *innovative moments, an alternate world experience* facilitates new perceptions, insights, and solutions to old problems and situations (Knill et al., 2005).

### ***Complex Post-Traumatic Stress Disorder (CPTSD)***

This alternative diagnostic category to PTSD comprehensively emphasizes a more broadly negative impairment (Hárdi & Kroó, 2011). *Complex post-traumatic stress disorder (CPTSD)* emphasises maladaptive changes in identity and personality, as well as the symptom clusters of re-experiencing, avoidance, and hypervigilance associated with PTSD (Hyland et al., 2023), that are frequently a consequence of the torture experience (Campbell, 2007; Hárdi & Kroó, 2011). This is important, since a single diagnosis of CPTSD – which includes *both* domains of maladaptive functioning – avoids the stigma associated with a dual DSM diagnosis (e.g. PTSD and borderline personality disorder [BPD]) (Navarre, 2025).

### ***Complex Trauma***

*Complex trauma* may be defined as a form of repetitive interpersonal *trauma* often associated, for example, with child abuse or forced captivity (Herman, 1992; World Health Organization, 2019).

### ***Countertransference***

According to Freud, *countertransference* is the unconscious reaction on the part of the clinician to a client's transference (LaCapra, 2016; Rustin, 2023; Sayin & Ceylan, 2013). In essence, it is the clinician's transference in relation to their client.

### ***Crystallization***

*Crystallization* means amplifying the imagination in order to more fully reveal the sense or meaning of an image. It means "maturing" an image, and so more completely revealing its form and poetic truth (Knill et al., 2005).

### ***Expressive Arts Therapy (EXAT)***

*EXAT* is a form of postmodern psychotherapy that integrates theoretical aspects of depth psychology and transpersonal psychology with innate constructs and techniques to facilitate client transformation (Knill et al., 2005).

### ***Holding Environment***

The construct of *holding environment* originates in psychodynamic theory and practice (Adame, 2022) and describes interpersonal and inter-psychic experiences of felt-containment and emotional co-regulation (Baldini et al., 2014; Sayin & Ceylan, 2013; Siegel, 2001).

### ***Human Experiential Field***

An egocentric frame of self-reference is characterized by a predominantly internal orientation that is delimited by the physical boundary of the body. In contrast, an allocentric frame of reference extends beyond this immediate physical boundary into both the internal and external environments, and potentially into all things and experiences (Hanley & Garland, 2019). Both the egocentric and allocentric frames of reference and their associated object-images and dynamics of self-extension constitute the *human experiential field* (Hanley & Garland, 2019).

### ***Human Object-Image***

A *human object-image* is any object that is characterized by the core features of anthropomorphism (human form) and/or by their capacity to either a) mentalize another and/or b) be mentalized by another.

### ***Image***

In EXAT, the basic unit of creative expression is the *image*. Much like wakeful, conscious experience, *images* are essentially multi-sensory, intermodal, and integrative (Knill et al., 2005).

### ***Intermodal Transfer***

The process by which themes, images, and stories in one modality are expressed, expanded upon, and crystallized in another (McNiff, 1996).

### ***Mentalization***

The ability to meaningfully reflect upon one's own or another's mind is called *mentalization*. It is the capacity to have mental experiences such as thoughts, emotions, and sensations but also to have second-order mental experiences *about these mental experiences* (Rucker & Sharp, 2025).

### ***Multimodal Approach***

EXAT invites participants to express their emotional imaginations using a technique called *intermodal transfer*. This means employing a variety of expressive practices and modalities, often over the course of a single session (McNiff, 1996).

### ***Narrative Fetishism***

The conscious or unconscious composition of a text that seeks to undo, through phantasy, displacement, and/or compensatory mechanisms, an experience of trauma and its associated sequela.

### ***Non-Human Object-Image***

A *non-human object-image* is any object that is characterized by an absence of the core feature of anthropomorphism (human form) and/or by the absence of a capacity to either a) mentalize another and/or b) be mentalized by another.

### ***Noxious Object-Image***

A noxious object-image is any self-affect-object unit (Greenberg & Mitchell, 1983; Kernberg, 2015, 2024; Svrakic & Zorumski, 2021) that is characterized by the primary affects of terror, rage, helplessness, and shame.

### ***Object***

An *object* is anything or anyone into whom, or into which, one invests strong emotion, and that in turn dynamically co-constitutes the experience of *Self* (Greenberg & Mitchell, 1983).

### ***Object-Life***

Also known as *object-world*. The totality of the *Self's* inward and outward self-extension within the human experiential field. In other words, the totality of the *self's* self-affect-object units that can be located in either three-dimensional or imaginary space.

### ***Object Relations Informed Expressive Arts Therapy (OR-EXAT)***

An integrative psychotherapeutic approach that combines the theories, practices, and techniques of object relations informed psychotherapeutic practice and expressive arts therapy (EXAT).

### ***Object Relations Theory***

Object relations theory proposes that complex non-linear dynamics between infants and their caregivers – centering around self-affect-object experiences of gratification and frustration – are of paramount importance to the development of personality and self-organization

(Greenberg & Mitchell, 1983; Hamilton, 1989; Hinshelwood, 1997; Kernberg, 2015, 2024; Svrakic & Zorumski, 2021).

### ***Personalization***

In *EXAT*, *images* are not mere representations of some aspect of the literal, everyday self (e.g. this image represents my anger). To interpret *images* in this way is to *personalize* the image (Knill et al., 2005).

### ***Personification***

In expressive arts therapy, images are *personified*, which is to say, conceived – allocentrically – as other and apart from the self. Images remain in relationship to the self, but retain an independent life of their own, a life through which they are experienced as alive and autonomous (Knill et al., 2005).

### ***Phantom***

The idea of *the phantom* is a psychodynamic construct used to describe the way in which a split-off, traumatized part of a person is made to inhabit and exist in the mind of someone else (Abraham & Torok, 1994, as cited in Maniadakis, 2010), and not infrequently the mind of a child.

### ***Post-Traumatic Stress Disorder (PTSD)***

A diagnostic category that emphasizes negative impairment in terms of syndromal symptoms of re-experiencing, avoidance, and hypervigilance in the aftermath of traumatic experience (American Psychiatric Association, 2022; Hyland et al., 2023).

### ***Protoconversations***

Dialogical, co-regulating, and paraverbal exchanges that subtend the development of object relational dynamics. Although this term has been traditionally employed to qualify early

infant-caregiver dynamics (Carretero et al., 2022; Yoo et al., 2018), protoconversations take place across the lifespan (Tomasello et al., 2005), and also, arguably, characterize dialogical, co-regulating, and paraverbal exchanges between the self and non-human objects. For example, non-human objects are animated through the imagination or are otherwise co-emergent and co-constitutive of self-experience, as in, for example, the processes of creating/improvising art.

### ***(Re-)Animation***

The reintegration of resourceful, pleasurable, and adaptive object-images – including a diversity of spatial, non-human, and human object-images – into post-traumatic life.

### ***Resistance Object-Images***

*Resistance object-images* may be defined as self-affect-object units that are primarily characterized by the *affects of resistance*, namely, those of anger, disdain, vengefulness, and disgust. When resistance is perceived to be successful, these self-affect-object units may also be characterized by pride, satisfaction, and gladness (Reynolds, 2019).

### ***Resourceful, Pleasurable, and Adaptive Object-Image***

A resourceful, pleasurable, and adaptive object-image is any self-affect-object unit (Greenberg & Mitchell, 1983; Kernberg, 2015, 2024; Svrakic & Zorumski, 2021) that is characterized by the primary affects of gladness, peacefulness, love, gratitude, playfulness, and restfulness.

### ***Self***

Object relations exist within a dynamic human experiential field in which both pre-conscious and conscious life pendulates between noxious and resourceful, pleasurable, and adaptive experiences (Levine, 2010). Moreover, central to our experiences of objects in the world is the fact that, from a psychodynamic perspective, we experience *ourselves* in relationship to the

so-called “external world” as inflected by our own internalized and affectively charged object relations. As such, our experience of *Self* is intrinsically linked to our internalized experiences vis-à-vis the external world. (Greenberg & Mitchell, 1983; Kernberg, 2015, 2024; Svrakic & Zorumski, 2021)

### ***Self-Extension***

The construct of self-extension qualifies the ways in which self-experience extends beyond both the minimal and narrative self (i.e. the selves of the *felt-present* and the *narrativized past and future* [Hanley et al., 2023]). The most integrative iteration of self-extension theory posits five domains of self-extension: intrapersonal, interpersonal, collective, spatial-material, and transpersonal (Hanley et al., 2023).

### ***Spatial Object-Image***

A *spatial object-image* may be defined as a constellation of self-affect-object units (Greenberg & Mitchell, 1983; Kernberg, 2015, 2024; Svrakic & Zorumski, 2021) that typically co-occur in time and space. Spatial object-images may be characterized as predominantly noxious or resourceful, pleasurable, and adaptive.

### ***The Third***

The art-object, and so object-image, which possesses an intrinsic otherness. It is there, here, in its thingness, in its haptic and embodied materiality, alive in its meaning and self-contained energy (Knill et al., 2005).

### ***Transference***

Freud describes transference as a form of repetition compulsion, or acting-out, within interpersonal relationships (Freud as cited in LaCapra, 2016; Rustin, 2023; Sayin & Ceylan, 2013).

***Trauma***

*Trauma* is defined as an experiential exposure to actual or threatened death, significant injury, or sexual violence, either directly, by witnessing it, or by learning of it happening to a close loved one (American Psychiatric Association, 2022).

***Triphasic Model of Trauma Rehabilitation***

A model of trauma recovery that consists in three non-linear and typically re-iterated phases: Phase I – Safety and Stabilization; Phase II – Remembrance and Mourning; and Phase III – Reconnection and Integration (Herman, 1992).

***Working-Through***

According to Freud, *working-through* may be understood as a kind of psychological work that allows a person to free themselves from the grip(s) of a repetition compulsion by integrating repressed elements into their pre-conscious and conscious levels of self-understanding and self-awareness (Leplanche et al., in LaCapra, 2016).

## **Chapter 2 – The Human Torture Experience, Object Relations, and Expressive Arts Therapy**

The human torture experience represents a significant affront to the intrapsychological structures that subtend felt-safety and trust in both the interpersonal and material worlds. A large body of evidence suggests that the torture experience negatively impacts the human personality, resulting in widespread and often protracted biopsychosocial impairment. Object relations theory and practice have been central to our understanding and remediation of maladaptive personality impairment (Kernberg & Coliger, 2005). Expressive arts therapy is an empirically-validated approach in the remediation of unresolved trauma presentations (Malchiodi, 2020). In this chapter, core concepts from object relations theory and practice and expressive arts therapy theory and practice will be presented and summarized. First, however, the complex biopsychosocial and intergenerational consequences of the human torture experience will be described and summarized.

### **Torture: Physical, Psychological, and Intergenerational Consequences**

There is no consensus among experts about how to precisely define torture (Hárdi & Kroó, 2011). In its Tokyo Declaration, the World Health Organization (WHO) defines torture as “[the] wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason” (World Health Organization, 1992, as cited in Başoğlu, 1992, p. 1).

Although torture has always remained a relatively understudied domain of human life (Campbell, 2007), in modern times a multi-dimensional discourse has evolved in an effort to understand and remediate the psychosocial and cultural consequences of long-term and frequent

exposure to those interpersonal traumata that are involved in the torture experience (Campbell, 2007; Hárdi & Kroó, 2011).

The common element of this especially noxious form of human-to-human violence is the intentional undermining of a victim's values, beliefs, self-schemas, and personality formation (Charura, 2024; Esala et al., 2018; Ginzburg et al., 2011; Hárdi & Kroó, 2011; Kira et al., 2006; Nickerson et al., 2014).

Without appropriate rehabilitation, the physical, psychological, and social consequences of torture tend to be varied, severe, and prolonged in duration (Esala et al., 2018; Ginzburg et al., 2011; Kira et al., 2006; Nickerson et al., 2014; Rasmussen et al., 2007; Weierstall et al., 2011).

### ***Physical Effects***

Victims of torture are frequently physically traumatized and self-report persistent pain in various body sites (de C. Williams et al., 2010; Liedl et al., 2011; McColl et al., 2010). The physical sequelae of torture mainly involve the musculoskeletal system (Skylv, 1992) and primarily involve the head and lower back (de C. Williams et al., 2010; McColl et al., 2010). In general, the physical consequences of torture are similar to those observed in survivors of physical assaults and traffic accidents. Physical examination, however, rarely shows signs of organ damage. This is likely a consequence of torture related organ damage resulting in premature death in detention or prison settings (Skylv, 1992).

### ***Psychological Effects***

The torture literature tends to be of limited quality, and most aspects of the torture experience have been insufficiently studied (Ginzburg & Neria, 2011; Somnier et al., 1992). There is a poverty of controlled studies (Ginzburg & Neria, 2011) which make it difficult to differentiate the effects of peri-traumatic variables – such as harassment by authorities, the

**Figure 2***Alongside IV*

*Note.* Original digital art, 2025, adapted from online image ([www.wikihow.com/Ink-Blot- Test](http://www.wikihow.com/Ink-Blot-Test)). Own work.

effects of war, detention, disrupted ties with loved ones, imprisonment, internal displacement, exile, and other psychosocial vulnerabilities (Baker, 1992; Paker et al., 1992; Somnier et al., 1992) – from those directly experienced as a consequence of torture.

The psychological impacts of torture are often diverse, treatment-resistant (Ginzburg et al., 2011), and chronic in course (Esala et al., 2018; Ginzburg et al., 2011; Kira et al., 2006; Nickerson et al., 2014; Rasmussen et al., 2007; Weierstall et al., 2011). In addition to persistent physical pain (Charura, 2024), survivors of torture may experience psychic metamorphosis and collapse, identity disorientation, severe fragmentation of mental functioning (Hárdi & Kroó, 2011), psychosis (Kira et al., 2006) long-term emotional distress (Carlsson et al., 2006), the distortion of self-concept and core personality structures (Charura, 2024; Esala et al., 2018;

Ginzburg et al., 2011; Hárdi & Kroó, 2011; Kira et al., 2006; Nickerson et al., 2014), a regression to or the entrenchment of immature psychological defence mechanisms (Hárdi & Kroó, 2011), as well as high levels of social and occupational disability (APA, 2013).

Clinically, the most common psychiatric presentations for survivors of torture are post-traumatic stress disorder (PTSD), mood disorders, and anxiety disorders (Campbell, 2007; Charura, 2024; Daud et al., 2005; Esala et al., 2018; Ginzburg et al., 2011; Hárdi & Kroó, 2011; Kira et al., 2006; McColl et al., 2010; Nickerson et al., 2014; Rasmussen et al., 2007).

**Complex Post-Traumatic Stress Disorder.** With respect to torture survivors, the clinical diagnosis of PTSD fails to capture the political and historical contexts of torture-related trauma(s). Specific to individual psychosocial functioning, this diagnostic category of PTSD fails to recognize those maladaptive changes in identity and personality that are frequently a consequence of the torture experience (Campbell, 2007; Hárdi & Kroó, 2011).

In an effort to bridge this gap, researchers and clinicians developed an alternative diagnosis to PTSD: *complex post-traumatic stress disorder* (CPTSD) (Charura, 2024; Kira et al., 2006; Nickerson et al., 2014). This alternative diagnostic category comprehensively emphasizes this more broadly negative impairment, which is underrepresented in the classic diagnostic category of PTSD (Hárdi & Kroó, 2011).

### ***Intergenerational Consequences***

The research indicates that there is significant symptom cluster overlap between CPTSD and personality disorders (PDs) (specifically borderline personality disorder [BPD]), which can make a differential diagnosis challenging, if not untenable (Luxenberg et al., 2001). This may certainly be the case if the torture experience is transgenerational, and therefore also implicative

of severe disruptions in parent-child attachment – as in the case when torture survivors reenact their torture experiences with their children.

**Complex Post-Traumatic Stress Disorder, Personality Disorder, and the Negative Psychosocial Outcomes in the Children of Torture Survivors.** “The goal (of torture),” as stated by Bustos, “is to destroy the individual’s personality...” (1990, as cited in Weierstall et al., 2011). When this goal succeeds, in terms of post-traumatic adjustment, a torture survivor’s contextually maladaptive personality structure may come to closely resemble the cluster B family of personality disorders – including BPD, narcissistic personality disorder (NDP), and antisocial personality disorder (ASPD). Whether or not the expression and entrenchment of these problematic personality characterologies are a major consequence of pre-traumatic factors – such as the moderate heritability of these disorders (Torgersen et al., 2012) – or whether the chronic and extreme levels of stress associated with the torture experience behaves as a diathesis for their development, or whether a victim’s PTSD or CPTSD status comes to resemble – in terms of symptomology, globality, and chronicity – that of a personality disorder, no matter the exact etiological course of the disorder, the consequences for the victim of torture and for their immediate family may be markedly similar.

The children of torture survivors may be traumatized through emotional neglect and parental indifference, or, in possibly the worst-case scenario, through parent-child reenactments of the parent’s torture experience (Campbell, 2007). If and when the torture survivor’s post-trauma personality structure is characterized by child-directed hostility, the children of these survivors are more likely to develop mental health problems than are children with parents with any other psychiatric diagnosis – including children of parents with even a severe diagnosis, such as schizophrenia or bipolar disorder (Berg-Nielsen & Wichström, 2012).

There are well established clinical and theoretical connections between a) the psychosocial sequelae of torture, b) fragmented object relations, c) immature psychological defence mechanisms, d) PDs (especially cluster-B disorders), e) the physical abuse of children, and f) the psychopathology of physically abused children in both childhood and adulthood.

Certain forms of PTSD and CPTSD resemble cluster-B PDs in terms of symptom similarity and overlap. The level of comorbidity of PTSD with other psychiatric disorders, including PDs, is high (~80%) (APA, 2013). Both survivors of torture as well as individuals with PDs show significant use of immature defence mechanisms (Hárdi & Kroó, 2011; Hilsenroth et al., 1993; Perry et al., 2013). Those with PDs on the whole show a substantial prevalence of immature defense mechanisms, with subjects with BPD and NPD showing the highest levels of splitting (Perry et al., 2013). Individuals with BPD (most closely resembling CPTSD associated personality impairment (Luxenberg et al., 2001) employ the greatest number of immature defence mechanisms, and show the greatest aggressiveness of those with BPD, NPD, or cluster-C PDs (Hilsenroth et al., 1993). Parents who abuse their children are more likely to use immature defence mechanisms than either a normal or a comparison population (Brennan et al., 1990). The particular cluster of immature defence mechanisms employed by these parents resembles those most frequently employed by individuals with BPD (Prodgers, 1984).

**Psychoanalytic Theory and Intergenerational Trauma.** Psychoanalytic theory contributes to our understanding of the intergenerational transmission of trauma. Fainberg's concept of *alienating identification*, and Abraham and Torok's (1994, as cited in Maniadakis, 2010) concept of *the phantom* are especially relevant in this regard (1994, as cited in Maniadakis, 2010).

*Alienating identification* refers to the process by which a parent expels into their child's psyche rejected parts of themselves. The idea of *the phantom* is used to describe the way in which the split-off, traumatized part of a person is made to inhabit and exist in the mind of someone else – in this case, in the mind of the now traumatized child. These two processes are consistent with the most prominent defense mechanisms – including denial, splitting, and projection – employed not only by survivors of torture (Hárdi & Kroó, 2011) but as well by those parents who physically abuse their children (Finzi et al., 2003).

Alienating identification and the transmission and entrenchment of phantom objects into the mind of a child may be affected in a number of interrelated and developmentally harmful ways (Williams, 2004). In the first, those parts of themselves that a victim of torture may come to reject may include, amongst others, and in the broader context of the torture experience, those aspects of themselves that are terrified, vulnerable to harm or abandonment, and ultimately dependent on other human beings for their welfare. It is precisely these aspects of the self that may come to be rejected by a survivor of torture through the not uncommon process of identifying with the perpetrators of their abuse. Because the perpetrator rejects their victim's helplessness and vulnerabilities, a survivor may learn to reject these as well. Also, the victim may identify with their torturer's hatred for them, and later defensively project this same hatred onto their children. Through this process, the child comes to experience the parent's rejected terror, vulnerability, and self-hatred in the form of other- and child-directed forms of parental hostility and aggression.

In this way, the transmission of *the phantom*, or the split-off, traumatized part of the parent, may be accomplished by a perverse reversal of the torturer/tortured dyad within the context of the parental relationship. The victim of torture may appropriate the role of the

perpetrator, and may employ their child in acute, chronic, direct, or indirect reenactments of their torture experience. Through these expressions of subtle or overt emotional indifference, callous expressions of criticism and hostility, and outright re-expressions and reenactments of physical battery and sadistic assault, the survivor, now perpetrator, seeks to regain a sense of power by identifying with their torturers' omnipotence. In this way, the victim rejects and disidentifies with their own split-off negative image of weakness, submissiveness, and infantilism to which, in relation to their perpetrators, they have been reduced. By traumatizing their children, a survivor of torture regains a sense of power by a) identifying with their own abusers, and b) projecting their traumatized negative image, consisting of their former weakness, submissiveness, and infantilism, onto their children. While children, in their innate physical and emotional vulnerability, powerlessness and dependency, are extremely capable to stand-in, if only in proxy, for their parent's traumatized self-parts.

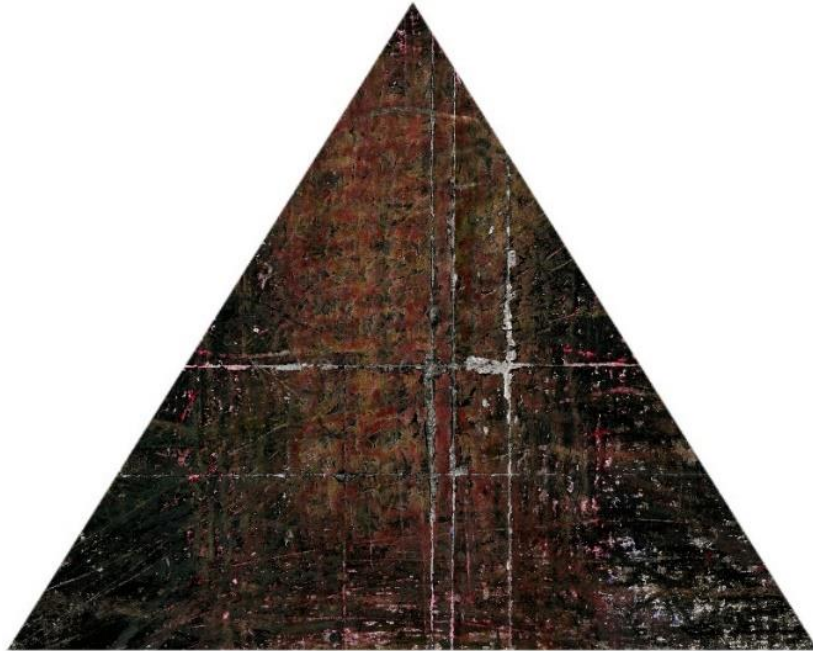
**Personality Disorder, Torture Related Role Schemata, and Internalized Object Relations.** A major consequence of the torture experience is the disintegration of formerly adaptive schemas of self and other and a replacement of the same by those that are more consistent with both the torture experience, and, likewise, other schematic forms more consistent with cluster-B PDs.

Individuals with full or partial PTSD are more likely to meet the diagnostic criteria for BPD and NPD (Pietrzak et al., 2011). Survivors of torture are more likely to exhibit borderline levels of both self-perceptive and interpersonal instability (Luxenberg et al., 2001). In addition, highly reactive and externalizing expressions of a survivor's intrapsychic distress, especially in their displacement of hostility and aggression, may resemble, in both quality and in interpersonal effect, those pertinent to antisocial personality impairment (APA, 2013). For a comparison

between stress-related disorder symptomatology and cluster-B PD symptomatology please see Appendix A.

**Figure 3**

*Untitled*



*Note.* Original pastel on paper and digital art, 2025, Own work.

It may be argued for these reasons, as well as for the relatively high diagnostic overlap and co-morbidity between each of these three Cluster-B PDs (Kraus & Reynolds, 2001) – namely NPD, BPD, and ASPD – that taken together these three dysfunctional personality formations may be conceived as representing a potentially dynamic, tripartite object relational schema, which is actually a reflection of those implicit object relations that make the torture experience and worldview more or less consciously comprehensible. These three interrelated object relational schemata, and their maladaptive personality correlates may be conceived as follows:

1. **Victim** – associated with borderline personality functioning (i.e. BPD)
2. **Perpetrator** – associated with anti-social personality functioning (i.e. ASPD)
3. **Superior-Other** – associated with narcissistic personality functioning (i.e. NPD)

In this context, a survivor's unstable self-image, and corollary analogues in terms of affect, attitude, and behaviour, may represent, and in different contexts and at separate times, one or several combinations of these object relational dyads. In one context, the survivor may be vulnerable to victimization. In another, they may play a central part in the victimization of others. They may also unsuccessfully attempt, by way of narcissistic patterns of affect and self-esteem regulation, to transcend deeply shameful affective experiences associated with chronic interpersonal neglect, callousness, and cruelty.

Ultimately, a survivor of torture may come to inhabit a deeply distorted worldview, and its associated role schema and object relations, that although arguably adaptive during their torture experience, may nonetheless contribute to profound and persistent psychosocial impairment in their post-traumatic lives (Hárdi & Kroó, 2011).

Since the complex post-traumatic impairment observed in survivors of torture consists in both disturbances in self-organization, as well as the dysregulation of autonomic arousal, it is imperative that an effective treatment approach include both domains – maladaptive object relations and autonomic nervous system dysregulation – as targets of psychotherapeutic intervention (Hyland et al., 2023). What follows are summaries of both object relations and expressive arts therapy theories and practices. The intention is to present, in chapter three, a psychotherapeutic approach that integrates these same theories and practices in the rehabilitation of torture survivors.

## **Object Relations Theory**

The core constructs of object relations theory include *objects*, *internal objects*, *object formation*, *object relations*, *object relational dynamics*, *the Self*, and *the holding environment*.

### ***Objects***

The construct of “object” and “objects” in contemporary psychodynamic theory can trace its origin to Freud. Although less developed than his dual-drive theory and the tripartite structural model of the human psyche, Freud nonetheless introduced the concept of object and objects into his theories of human psychological development (Hamilton, 1989).

It was not until the post-Freudian British Object relations school, and Relational Psychoanalysis in America, that interpersonal and relational contexts became central to psychodynamic theory. In a manner that seeks *rapprochement* between Freudian, post-Freudian, and contemporary integrative psychodynamic models, an *object* is anything or anyone into whom, or into which, one invests strong emotions. For an *object* to be an *object*, in a psychodynamic sense, it must be a *cathected object*. A cathected object is any person, any physical object, or even any idea, belief, or image, into which one has invested or allocated a significant measure of emotional or mental energy (Greenberg & Mitchell, 1983).

### ***Object Formation***

Object formation can be understood, as described by Kernberg, as the formation of triadic *self-affect-object units* (Greenberg & Mitchell, 1983; Kernberg, 2015, 2024; Svrakic & Zorumski, 2021). These self-affect-object units are characterized by either predominantly positive (libidinal) or negative (aggressive) affects (Greenberg & Mitchell, 1983; Kernberg, 2015, 2024; Svrakic & Zorumski, 2021). The formation and internalization of an object consists

not of a merely reproduced image of the object, but rather as the complex internalization of an “interactive experience with an object” (Svrakic & Zorumski, 2021, p. 2).

### ***Object Relations***

Fundamentally, object relations are concerned with how individuals develop in relation to the people around them (Hamilton, 1989). In this regard, the British object relations school attended much more closely than Freud to the first few months of life – and in particular to the earliest interactive experiences between mother and infant (Rustin, 2023).

If attachment theory is concerned, most broadly, with how and why the *quality* of developmental relationships impacts individual behavior and if the related construct of internal working model(s) is concerned with how the quality of developmental relationships impact relatively accessible cognitive schemas about self, world, and others (Svrakic & Zorumski, 2021), then object relations may be said to be concerned with the unconscious, implicit correlates of early developmental relationships.

Of special importance, these earliest and most influential object relations are formed in a context of heightened dependency, helplessness, and peak positive and negative affects. In this highly vulnerable and influential phase of development, these peak affects are characterized by zones of survival-supportive felt-comfort *or* life-threatening endangerment (Svrakic & Zorumski, 2021).

### ***Object Relational Dynamics***

Object relations theory believes that infants are object-related since birth (Greenberg & Mitchell, 1983; Hamilton, 1989; Hinshelwood, 1997; Kernberg, 2015, 2024; Svrakic & Zorumski, 2021). Unlike Freud who conceptualized the earliest infant caregiver relationship as developmentally linear and centered around the infant’s dynamic experiences of gratification and

frustration (Hamilton, 1989), object relations theory proposes complex non-linear dynamics between infants and their caregivers.

Klein, and later Bion, recognized that the mother receives, identifies with, processes, and then “returns” the intense emotional experiences of the infant back to the infant (Hamilton, 1989). For Kernberg, these earliest object relational dynamics are informed by the basic affective systems, which bridge physiological processes to mental life (Kernberg, 2015). These primarily positive (i.e. care, lust, seeking, play) and negative (i.e. separation distress, fear, and rage) affective peaks come to dominate and encode the earliest iterations of conscious human experience, which, given the immaturity of the human nervous system at this age, can only become encoded into unconscious memory systems of the rapidly developing right brain (Schore, 2000).

Taken together, not only do the earliest object relations inform temperamental and behavioural development, but likewise set the stage for more or less adaptive aspects of the individual human personality throughout the lifespan.

### ***The Self***

Importantly, object relations theory conceives of the *self* as a developmental achievement that emerges from the affectively charged object relational interactions between the developing infant, the significant objects in their lives, and their environments (Hamilton, 1989; Kernberg, 2015, 2024; Svrakic & Zorumski, 2021).

Moreover, in terms of this co-emergence of the self, object relations theory proposes that infants, in the natural course of their development, engage in developmentally appropriate, if immature, defence mechanisms. These primarily involve the *idealization* of and *identification* with the life-sustaining aspects of themselves, their caregivers, and their environments, as well as



*environment* by which their client's peak emotional experiences are regulated (Rustin, 2023, Hamilton, 1989).

The construct of *holding environment* originates in psychodynamic theory and practice (Adame, 2022). From an object relations perspective, the construct of *holding environment* describes interpersonal and inter-psychic experiences of felt-containment and emotional co-regulation (Baldini et al., 2014; Sayin & Ceylan, 2013; Siegel, 2001).

The holding environment and the process of containment can be understood in terms of a dyadic interpersonal relationship in which one pole of the dyad (i.e. the mother or the psychotherapist), consciously and unconsciously shapes the flow of information and energy in the second pole of the dyad (i.e. the infant or the patient).

### **Object Relations Practice**

The core constructs of object relations informed psychodynamic practice include *acting-out and working-through*, *transference*, and *countertransference* are described in greater detail below. Also, three psychodynamic psychotherapeutic modalities informed by object relations theory – including *mentalization-based therapy* (MBT), *transference-focused psychotherapy* (TFP), and *accelerated experiential dynamic psychotherapy* (AEDP) – will be summarized.

#### ***Acting-Out and Working-Through***

One of the central concerns in psychodynamic practice is that of the unconscious, automatic, and maladaptive repetition of unresolved and unintegrated experiences from the past in the present. Unlike ordinary experiences, unresolved and unintegrated experiences from the past are too anxiety-provoking, frightening, and/or overwhelming to be resolved or integrated at the time they occur (Svrakic & Zorumski, 2021).

The repetition compulsion, or acting-out, has been described as a desire for mastery over the past in the present, instead of more directly: *mastery over the past* (Svrakic & Zorumski, 2021). As such, acting-out may be described as a *failure of integration*.

In contrast, according to Freud, working-through is a kind of psychic-work, which intentionally happens in psychotherapy, whereby a person gradually comes to accept and integrate still repressed and dis-integrated aspects of their self-experiences. In the course of this process, a person frees themselves from the often painful and problematic grip of their repetition compulsion.

In this way, we can understand *working-through* as a form of learned behaviour that provides more complex object relational gratification related to social belonging and connection, which, for distinct reasons, has been repressed and dis-integrated from the functioning of the psyche (Svrakic & Zorumski, 2021)<sup>2</sup>.

### ***Transference***

Freud was the first to describe the psychodynamic phenomena of transference. He conceptualized transference as a form of repetition compulsion, or acting-out, within interpersonal relationships (LaCapra, 2016; Rustin, 2023; Sayin & Ceylan, 2013). More specifically, Freud understood transference as a compulsive redirection of desires and feelings

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<sup>2</sup> Working-through unresolved trauma, in a basic sense, involves the discharge of autonomic nervous system energy that is bound within the acted-out freeze response (Levine, 2010), and the explicit re-presentation and reintegration of the repressed wishes and phantasies associated with the defensive action systems (i.e. fight and flight) (Ogden et al., 2006). Moreover, as traumatic impairment – especially in response to interpersonal trauma – often becomes entrenched under conditions of pathogenic aloneness (Fosha, 2021), it is important to revisit and work-through this potentially acted-out pathogenic aloneness in the context of secure-object relatedness (i.e. as a corrective relational experience of attuned presence that optimally characterizes *good enough* psychotherapy).

from an “old object” – often unconsciously retained from childhood – towards the “new object,” in a person’s present-day life. This retention and compulsion repetition is often characterized by conflictual needs and desires, or, in other words, by strong, and therefore potentially anxiety provoking, aggressively or libidinally charged emotions such as lust, terror, or rage. Within the psychodynamic psychotherapeutic relationship, it is the clinician who – willingly and intentionally – becomes this “new object” to enable the client to both initially act-out and then work-through their conflicted desires and needs (LaCapra, 2016; Rustin, 2023; Sayin & Ceylan, 2013).

### ***Countertransference***

Freud was also the first to identify the phenomenon of countertransference. According to Freud, countertransference is the unconscious reaction on the part of the clinician to a client’s transference (LaCapra, 2016; Rustin, 2023; Sayin & Ceylan, 2013). In essence, it is the *clinician’s transference* vis-a-vis their client. In this way, we may understand countertransference in terms of acted-out and compulsively repeated redirection of desires and feelings from an “old object,” towards a “new object” in the clinician’s present-day life (i.e. towards the client).

### ***Three Object Relations Informed Psychotherapies***

These three evidence-based approaches to psychotherapy foreground the importance of adaptive object relations, as well as adaptive *mentalization*, to both psychological and interpersonal functioning (Levy & Spina, 2025; Rucker & Sharp, 2025). Mentalization is the ability to meaningfully reflect upon one’s own or another’s mind. It is the capacity not only to have mental experiences – such as thoughts, emotions, and sensations – but to have second-order mental experiences *about these mental experiences* – such as thoughts about thoughts and

emotions (Rucker & Sharp, 2025). Also, when we perceive others, and are also able to reflect on *their* separate thoughts, emotions, and sensations, this too reflects the capacity for mentalization.

**Mentalization-Based Therapy.** The core evidence-based premise of mentalization-based therapy (MBT) is that psychopathology is significantly correlated with impairment to this capacity for mentalization. The inability to effectively and/or accurately reflect upon the contents of experience – What emotion is this? Is this thought true? Am I feeling cold or hungry? – significantly contributes to both internal and interpersonal stress and distress (Levy & Spina, 2025; Rucker & Sharp, 2025). By increasing reflective functioning and mentalization capacity, mentalization-based psychotherapy has been shown to lead to enduring personality change (Levy & Spina, 2025; Rucker & Sharp, 2025).

**Transference-Focused Psychotherapy.** Similar to MBT, the goal of transference-focused psychotherapy (TFP) is to effect adaptive and enduring personality change and improve psychosocial functioning by improving a client’s mentalization capacity (Rucker & Sharp, 2025). However, since transference-focused psychotherapy is based on Kernberg’s model of personality development (Levy & Spina, 2025), psychotherapeutic change is believed to happen not at the level of cognition, but at the level of implicit and internalized object relations. For this reason, TFP is indicated for client’s who present with chronic anger, diminished mentalization capacity, pathogenic narcissism, and significant challenges in developing a working-alliance (Levy & Spina, 2025). Moreover, TFP has shown promising results in the remediation of complex post-traumatic impairment (Melegkovits et al., 2023).

**Accelerated Experiential Dynamic Psychotherapy.** Accelerated experiential dynamic psychotherapy (AEDP) belongs to a family of recently developed psychotherapies which privilege bottom-up and embodied information processing as both central and critical to effective

psychotherapeutic treatment. AEDP posits that psychopathology stems from the unwilled and unwanted aloneness in the face of overwhelming events and emotions (Fosha, 2021). AEDP seeks to work-through personality defences and interpersonal conflicts through present-moment and embodied corrective experiences of felt-connection and felt-security.

Taken together, these three anthropocentric psychodynamically-informed psychotherapies focus on psychotherapeutic change at the level of cognitions, emotions, and relational-experiences. The purpose of these modalities is to effect positive psychotherapeutic change in terms of personality functioning by improving a client's mentalization capacities, as well as by remediating their maladaptive object relations.

### **Expressive Arts Therapy Theory**

The theoretical basis of expressive arts therapy theory integrates postmodernism, transpersonal psychology, depth psychology, phenomenology, anthropology, and interpersonal neurobiology. Also, expressive arts therapy theory and practice are informed by endemic constructs: such as *personification* and *crystallization*.

### ***Postmodernism and Psychotherapy***

Postmodernism as a philosophical approach can trace its origins to the existentialist philosophies of the 19th and 20th centuries. Postmodern approaches to psychotherapy – including expressive arts therapy – were developed, or (re-)emerged, as a way to uphold the resilient, resistant, and embodied dignity of the human person and human community. The most important impact of postmodern theory on psychotherapy has been the *narrative turn* in postmodern psychotherapeutic theory and practice. *Narrativising* our understanding means that what is believed to be true about our experiences is based on narratives that are socially

constructed and so, consequently, entrenched in social power relations that are more or less oppressive or more or less liberating (Stupak & Dyga, 2018).

Also, the construct of decentering is central to many post-modern psychotherapeutic approaches. When the suffering person *centers* on their problem, they are typically attempting to find a solution by rationally analyzing their problem. When one decenters from the problem, one begins to explore the problem at a distance, obliquely, or from an unfamiliar perspective. In doing so, one increases the possibility of having an unfamiliar experience of themselves, others, and the world. And in doing so, one is able to return to the old problem with new knowledge, novel resources, and with a renewed or otherwise altered sense of themselves (Knill et al., 2005).

### ***Transpersonal Psychology***

Transpersonal psychology is concerned with both the spiritual and transcendent experiences of human beings. In particular, it is concerned with how spirituality and transcendent experiences can foster growth and promote healing in a variety of individual and collective contexts. In contrast to purely rational approaches to understanding human nature, or the nature of psychotherapy, transpersonal approaches believe that non-rational, inexplicable, paradoxical, and perhaps even *impossible experiences, occurrences, and outcomes*, cannot and should not be discounted from a comprehensive understanding of human life and human transformation (Hartelius et al., 2007). The expressive arts can foster these transcendent states, and offer an experience of decentering chaos, letting go of control, and ultimately of ego-death, which are broadly characteristic of transcendent states and experiences across a variety of spiritual and transcendence-seeking traditions and practices (Knill et al., 2005).

### ***Depth Psychology***

The Freudian, Jungian, and Adlerian contributions to psychological theory and psychotherapeutic practice – as well as their respective successors – together represent a family of theory and practice that can be broadly labelled as *depth psychology* (Chodorow, 1991). The central tenet to all depth psychologies is the active and impactful presence of unconscious or implicit information processing systems that significantly impact conscious human experience.

### ***Phenomenology***

Phenomenology emerged in the 19th century in response to Cartesian dualism, which understood mind and body as being essentially separate. Husserl, Heidegger, and Merleau-Ponty are perhaps the most representative of this school of thought. Each proposed a framework for integrating human life, the non-human world, and the experiential interface that intimately connects the two (Fonagy et al., 2019; Gallagher, 2012).

### ***Cross-Cultural Rites of Healing***

Expressive arts therapy may also be understood from an anthropological and cross-cultural perspective that seeks to understand traditional healing practices (McNiff, 1992). *Shamans*, broadly speaking, are traditional healers who employ sacred spaces, symbolism, ritual, as well as sacred plants and medicines, to meet the spiritual needs of their communities (Winkelman, 2012). In a comparable way, expressive arts therapy creates sacred spaces and fosters forms of symbol creation and ritual enactment to create an imaginal other-worldly experience to support the well-being of participants.

### ***Interpersonal Neurobiology***

Interpersonal neurobiology combines research and theory from diverse disciplines – including biology, psychology, sociology, anthropology, chemistry, physics, mathematics, and systems theory – to propose a conciliatory and integrative approach to understanding the human

mind, mental health, and optimal human functioning (Siegel et al., 2021). Most generally, interpersonal neurobiology defines the human mind as a self-organizing system of differentiated parts whose health and optimal functioning is determined by the quality of information flow (i.e. the quality of integration) between these differentiated parts, and the social environment in which the mind develops and persists throughout the lifespan (Siegel et al., 2021). In this context, these differentiated parts may be understood as the interrelated if distinct triadic self-affect-object units that, from an object relations perspective, subtend intra-psychological and interpersonal life (Kernberg, 2015, 2022, 2024).

### ***Expressive Arts Therapy Constructs***

Expressive arts therapy theory has also developed several, arguably, endemic constructs, including: the *helpless situation*, the *alternate world experience*, the *image*, *personalization* and *personification*, *crystallization*, the *multimodal approach*, *intermodal transfer*, and *the third*. Each of these will be described below.

**The Helpless Situation.** The suffering self is often experienced as helpless, as lacking in resources, as lacking in skills, as experiencing the limits of too little or too much, and of being captive to a helpless and hopeless situation (Knill et al., 2005). In such a situation, there is a kind of *not knowing how to change things* from within a particular phenomenological framing, that oftentimes is *already too well known*. This painful constriction indicates a need for the expansive and restorative capacities of the expressive arts. Most specifically, the restorative capacities of an *alternative world experience* that supports participants in expanding their otherwise constricted experiential frames (Knill et al., 2005) become significant.

**Alternative World Experience.** In imaginative spaces, things emerge, and things happen in a way that is characterized by a “surprising unpredictable unexpectedness” (Knill et al., 2005,

p. 81). Consonant with what Nasim et al. (2019, 2021) have described as *innovative moments* – which are positively correlated with positive perceptions of psychotherapy as well as psychotherapeutic efficacy more generally – the objects and actions of *surprising unpredictable unexpectedness* become newly available and create an alternate world experience that can support new perceptions, insights, and solutions.

**The Image.** In expressive arts, the basic unit of expression is the *image*. Images can be explored across different expressive media. In this way, imagery explored through the arts – and much like wakeful, conscious experience – is essentially multi-sensory, intermodal, and integrative (Knill et al., 2005).

**Personalization and Personification.** Images are not mere representations or expressions of some aspect of the literal, everyday self (e.g. this image represents my anger). To represent in this ego-centric way is to personalize the image. Rather, in expressive arts therapy, images are personified, which is to say, conceived as other and apart from the self – in relationship to the self, certainly, but as having an independent life of their own, a life through which they are experienced as alive and autonomous (Knill et al., 2005).

**Crystallization.** Crystallization means amplifying the imagination in order to more fully reveal the sense or meaning of an image. It means moving more deeply and more fully into the world of the imagination, and, from within this world, maturing the image and so more completely revealing its form and poetic truth (Knill et al., 2005).

**Multimodal Approach and Intermodal Transfer.** Expressive arts therapy invites participants to express their emotional imaginations inter-modally. This means employing a wide range of different expressive practices and modalities (e.g. movement, visual arts, and creative writing) (i.e. multimodality) (Knill et al., 2005). Intermodal transfer is the process by which

themes, images, and stories in one modality are transferred into and expressed, expanded upon, and crystallized in another.

**The Third.** The third – the art-object – is not a mere extension of the client-artist (i.e. is not merely a personalized extension of the artist’s psychological life), nor is it a mere extension or container for the psychotherapist’s interpretations or pre-existing conceptual framework. The art-object instead possesses an intrinsic *otherness*. It is there, here, in its thingness, in its haptic and embodied materiality, alive in its meaning, energy, and desire.

### **Expressive Arts Therapy Practice**

A discussion of expressive arts therapy as a practice can be broadly approached by first delisting its core considerations. Afterwards, it will be fruitful to explore the architecture (Knill et al., 2005) of an expressive arts therapy session.

#### ***Core Considerations***

There are several core considerations that are foundational to expressive arts therapy practice. These may be best understood as a series of guiding concepts and principles.

**The Co-Creation of Sanctuary.** This guiding principle reminds us that the work that takes place in expressive arts therapy is often experienced as sacred and may elicit in participants an attitude of reverence that needs to be held and contained with care and respect (McNiff, 1992).

**Simple Methods, Profound Experiences.** Paradoxically, by restricting the frame of expression – and perhaps even reducing it to its simplest methods (e.g. one colour, one brush) – the freedom to discover something new becomes all the more available (Knill et al., 2005).

**Privilege Doing, Not Knowing.** It is more important to privilege the *process* than to privilege *an understanding of the experience*. Preoccupation with questions of “why” can draw precious resources away from engaging with the creative process and emergent imagery (McNiff, 1992).

**Low Skill and High Sensitivity.** Sensitivity to the expressive potential of the artistic materials is far more important than skillful, expert execution. Heightened value is placed on the capacity to express authentically, emotionally, as opposed to a capacity for skilled or performed mastery (Knill et al., 2005).

### ***The Architecture of a Session***

The architecture of an expressive art therapy session consists of several phases, including: *the habitual world experience of the client, opening the session, bridging, art-making, aesthetic analysis, harvesting, and closing the session* (Knill et al., 2005).

**The Habitual World Experience of the Client.** Just before the opening of the session, there is the habitual world experience of the client-artist. Stuck, problematic, and limiting – the habitual world experience has brought the client-artist to therapy (Knill et al., 2005).

**Opening.** The opening of a session is primarily defined and structured not by expressive arts therapy per se, but more by the particular school of therapy that a practitioner employs. For example, a psychodynamic practitioner may open the session by inquiring about dreams (Schaverien, 2005). A more somatically-oriented practitioner may open the session by inviting the client to become more aware of their posture or movement urges (Levine, 2010; Ogden et al., 2006).

**Bridging.** At this stage of a session, the therapist-artist will guide the client-artist towards art-making disciplines and materials (Knill et al., 2005). It is important at this stage to foster the motivation to creatively express and discover something new.

**Art-Making.** This is precisely the alternate world experience in which the client explores and creates imagery through different media. This is meant to be an immersive experience in which heightened attention and care is directed towards the creation of a work. Letting go and giving up control through diverse and improvised practices of creative expression fosters experiences of strangeness, playfulness, challenge, newness, and feeling-moved, all of which can characterize the art-making process.

**Aesthetic Analysis.** Aesthetic analysis means taking-in and talking about the art-work and the creative process with the client-artist. Aesthetic analysis, though rarely a linear process, entails four parts (Knill et al., 2005): analysing the “surface” of the work; analysing the “process” of shaping the work; analysing the “experience” of creating or doing the work; and lastly, analysing what the work says and how it is important to the client-artist.

**Harvesting.** Prompts are offered and the client-artist is invited to discover for themselves what is it about these art-making experiences that they found helpful, supportive, and empowering; what is it about these art-making experiences that can be of service and resourceful to their everyday lives, or indeed, more specifically, with regards to the initial presenting problem (Knill et al., 2005).

**Closing.** There is no specific or particular way to close an expressive arts therapy session. Asking the client what they would like to do with their art is important. Helping the client prepare the art to take home with them or reassuring them in terms of how the art will be stored is often appreciated. If the client seems eager to continue exploring the imagery in their art-work,

a “homework” assignment can be offered as a way to help the client satisfy their curiosity and can be used as a spring-board to open the next session (Knill et al., 2005).

Object relational and expressive arts therapy theory and practice can be integrated to better understand how each works separately, but also to develop an integrated psychotherapeutic approach – object relations informed expressive arts therapy (OR-EXAT) – that is potentially more effective than either approach alone. This may be especially true in the rehabilitation of torture survivors, who often present with dysregulated autonomic arousal and disruptions in self-organization (Hyland et al., 2023)

### **A New Psychotherapeutic Approach**

Unresolved trauma associated with the torture experience is characterized by complex and often treatment resistant psychosocial impairment (Hárdi & Kroó, 2011). This impairment is not only associated with unresolved traumatic memories, but also with alterations to internalized object relations, which appear to subtend maladaptive personality change observed among torture survivors (Svrakic & Zorumski, 2021). For survivors of torture, both unresolved traumatic memories and maladaptive personality change appear to drive complex post-traumatic symptomatology (Hyland et al., 2023) and increase the risk for intergenerational trauma among the children of survivors (Campbell, 2007).

EXAT is an evidence-based psychotherapeutic approach that supports trauma integration and resolution by engaging sensorimotor systems in conjunction with the imagination to broaden experiential capacities beyond the debilitating constraints of hyperarousal and dissociation (Malchiodi, 2020). Object relations informed theory and psychotherapeutic practice offer important evidence-based insights into the development and maintenance of personality

dynamics informed by the powerful developmental experiences of hate and love throughout the lifespan (Kernberg, 2015, 2022, 2024).

An approach that integrates both EXAT and object relations informed psychotherapeutic theories and practices may effectively address the complex impairment observed in survivors of torture, which remains, to a significant extent, treatment resistant to current psychotherapeutic approaches and modalities (Mitchell et al., 2022).

## **Chapter 3 - Object Relations Informed Expressive Arts Therapy and the Rehabilitation of Torture Survivors**

### **Object Relations Informed Expressive Arts Therapy and Theoretical Considerations**

To better understand the rehabilitation of torture survivors, as well as OR-EXAT, it will be helpful to present an integrated EXAT and object relational theoretical lens. However, let us first review the broadly noxious object-world of the torture experience that, as evidence indicates, subtends traumatic memories and disturbances in self-organization.

This noxious world, for purposes of understanding and analysis, may be abstractly divided into three parts: *noxious spatial object-images*, *noxious non-human object-images*, and *noxious human object-images*.

#### ***Noxious Spatial Object-Images***

Noxious spaces may be described as broadly object relational locations that primarily contain and localize experiences characterized by the primary affects of terror, rage, helplessness, and shame in three-dimensional space. These spaces elicit the core mammalian defensive actions systems, including threat avoidance, attentive immobility, withdrawal, aggressive defence, appeasement, and tonic immobility (Cantor & Price, 2007; Ogden et al., 2006).

#### ***Noxious Non-Human Object-Images***

Noxious non-human objects include those objects that elicit the primary affects of terror, rage, helplessness, and shame. These may include the gross instruments or implements of torture (e.g. hooks, cables, batons), as well as the embodied and weaponized part-objects of perpetrators (e.g. their fists, their feet, their genitals). Noxious non-human objects also include any non-human objects that have been associated with noxious non-human objects by virtue of mere

association during episodes of heightened autonomic arousal. Noxious non-human objects may also include aspects of sensory perception, including specifically noxious odours, sounds, tastes, and haptic sensations, such as levels of humidity and temperature. Also, noxious non-human objects may include aspects of interoceptive and proprioceptive perception that have been associated with the primary affects of terror, rage, helplessness, and shame.

### ***Noxious Human Objects-Images***

Noxious human objects, as such, may be defined as anthropomorphic forms (i.e. human beings, artificial intelligence [AI] systems) whose purported intentions, desires, emotions, and/or beliefs drive their behaviour to either systematically or spontaneously hurt, degrade, torment, and either intentionally or accidentally murder their victims.

## **Integrating Core Concepts from Object Relations Theory and Expressive Arts**

### **Therapy Theory**

The importance of integrating object relations theory with expressive arts therapy theory rests, arguably, on the ability of this integrated approach to both process traumatic memories *and* restore adaptive self-organization.

In contrast to all that is *noxious* about the torture experience, the *resourceful, pleasurable, and adaptive* (re-)animation of spaces, non-human objects, and human objects subtends the adaptive action systems of daily life (Ogden et al., 2006) as well as the reinternalization of a resourceful, pleasurable, and adaptive object-world. For a summary of the theoretical integration of object relations theory and EXAT theory, please see Appendix B.

## **Integrating Core Concepts of Object Relations Informed Expressive Arts Therapy Theory with the Triphasic Model of Psychotherapy for Post-Traumatic Rehabilitation**

In 1992, Judith Herman proposed a triphasic model of trauma rehabilitation. This model remains highly influential today and continues to influence evidence-based and evidence-informed psychotherapeutic practices. In fact, converging evidence continues to support the use of this triphasic approach to trauma rehabilitation (Goldstein et al., 2022). These phases include phase I – safety and stabilization; phase II – remembrance and mourning; and phase III – reconnection and integration. For a summary of these phases, please see Appendix C.

Integrating this triphasic approach with OR-EXAT can be understood as integrating each of these phases within a broader process that can be described as the *(re-)animation of object-life*. In terms of OR-EXAT for the rehabilitation of torture survivors, the (re-)animation of object-life may be understood in terms of three interrelated subprocesses, each of which have the potential to integrate traumatic memories and restore adaptive self-organization:

1. The (re-)animation of resourceful, pleasurable, and adaptive spatial object-images,
2. The (re-)animation of resourceful, pleasurable, and adaptive non-human object-images, and
3. The (re-)animation of resourceful, pleasurable, and adaptive human object-images.

### **The (Re-)Animation of Resourceful, Pleasurable, and Adaptive Spatial, Non-Human, and Human Object-Images**

To better understand the theoretical and practical (re-)animation of resourceful, pleasurable, and adaptive spatial, non-human, and human object-images, I would like to explore the lives of three torture survivor-artists: Henry Darger, Primo Levi, and Ruth Kluger. For the

purpose of this work, biographical elements of each survivor-artist will be employed to illustrate a different sub-domain of this broader *(re-)animation of object-life*. Since the torture experience is intrinsically linked to *oppression*, object-images of spatial, non-human, and human resistance will also be described.

**Figure 4**

*Alongside VI*



*Note.* Original digital art, 2025, adapted from a digital photograph by Ewa Przygodzka, 2025. Own work.

## Henry Darger – The (Re)-Animation of Resourceful, Pleasurable, and Adaptive

### Spatial Object-Images

Henry Joseph Darger Jr. was an American writer and artist. His mother died when he was four years old. When he was eight years old, he was also separated from his father. Eventually, he was taken to what was then called *The Illinois Asylum for Feeble-Minded Children* in Lincoln, Illinois. The Lincoln asylum's “practices” included forced child labor and severe punishments. These would have been comparable, it seems, to the “practices” employed in the Canadian “Indian residential school system”<sup>3</sup> for Aboriginal children.

Shortly after his escape, he secured employment in various Catholic hospitals, where he continued to work his entire adult life. He retired at the age of seventy-one. He lived in the same Chicago apartment for 43 years where he also kept an art-studio. When he died, a fifteen-thousand-page manuscript was discovered in his apartment, in addition to hundreds of paintings, collage works, and drawings, some over thirty feet long. This extraordinary manuscript describes a complex narrative, with an accompanying visual mythology, depicting the rebellion of child slaves against their brutal adult overlords. Since the posthumous discovery of his writings and visual art, Henry Darger has become a celebrated outsider artist. His work is on permanent display at *Intuit*, the Center for Intuitive and Outsider Art in Chicago (MacGregor, 2002).

### *(Re-)Animating Spatial Object-Images of Resistance*

Spatial object-images of resistance are those internal and external spaces or environments in which a survivor can resist the oppression of another. Spatial object-images of resistance can

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<sup>3</sup> I place the terms “practice” and “residential school system” in quotation marks here to emphasize the euphemistic and rhetorical function of these terms. More plainly stated, these “schools” were torture camps for children, and these “practices” were torture (Woolford, 2016).

be cultivated within broader spatial object-images of oppression. For instance, this may be seen in the way that an underground university continues to operate under conditions of on-going foreign occupation. In the context of Henry Darger's torture experiences, the most obvious spatial object-image of oppression was the asylum to which he was forcibly confined as a child. Likewise, the most obvious spatial object-image of resistance was the world outside the asylum, and in particular the city of Chicago, to which he was able to escape (MacGregor, 2002).

***(Re-)Animating Resourceful, Pleasurable, and Adaptive Spatial Object-Images in Non-Threatening Daily Life***

Darger lived most of his life in a rented room. The Catholic Church where he attended mass sometimes several times a day was a short walk away. Besides the hospitals where he

**Figure 5**

*Alongside VII*



*Note.* Photograph of Henry Darger's room, circa 1970. (<https://www.theartnewspaper.com/2022/08/03/henry-darger-estate-lawsuit-outsider-artist-chicago>).

worked, both his private residence and this church appeared to be the most important spatial object-images in his life. In fact, one can see a certain cross pollination between his private room and the church: even though the one presents as sacred and symmetrically complete, and the other as profane and personal, one can reasonably describe, having looked at photographs of each, how they are both characterized by a complex and self-contained fecundity (MacGregor, 2002).

### ***Remembering and Mourning Noxious Spatial Object-Images***

In his writing and art, Darger frequently depicted scenes of brutal violence. The violence depicted is typically enacted upon children by violent adult men. In the extreme, some of these pictures depict the crucifixion and evisceration of children. Part of the upper caption of one such picture reads: *the children who are naked are made to suffer from the worst torture*. These pictures are often set in barren landscapes that are charged with energized cruelty and terror (MacGregor, 2002).

### ***(Re-)Animating Resourceful, Pleasurable, and Adaptive Spatial Object-Images into the Daily Tasks of Living***

(Re-)animating pleasurable spatial object-images into the daily tasks of living involves the reintegration of resourceful spaces into post-traumatic life. This may include, as well, a reconnection to resourceful spaces that once characterized a survivor's pre-traumatic object-world. For Darger, the hospitals where he worked, churches, and his home, became resourceful, pleasurable, and adaptive spaces in his post-traumatic world. One may also consider the resourceful imagined spaces that he created as part of his visual and verbal art. These imagined

## Figure 6

### *Alongside VIII*



*Note.* Original digital art, 2025, Own work.

spatial object-images, of often wondrous colour, became part of Darger’s larger pharmacopoetic armarium of object-imagery, and which, taken together, day by day, and over decades, came to embody and signify the resourceful and courageous richness and breadth of his post-traumatic object-life (Knill et al., 2005; MacGregor, 2002).

### **Primo Levi – The (Re)-Animation of Resourceful, Pleasurable, and Adaptive Non-Human Object-Images**

Primo Levi was an excellent student who regularly finished first in his class. When he was captured with a group of Italian partisans in the winter of 1944 he had just finished his university education. He was first deported to a massive detention camp at Fossoli, near Modena, and a few weeks later to Auschwitz III – Monowitz. He survived until the liberation of the camp in the winter of 1945. As a torture survivor, he experienced starvation and forced labour that was designed, from the first, to kill him. He also frequently witnessed the torture and murder of other “prisoners.” Because he knew some German, and because he knew chemistry (it was his major

of study), he was successful in securing “indoor work” in a chemical laboratory at Buna: the rubber manufacturing plant at Auschwitz III. After the liberation of the camp, Levi travelled home to Tourin. There he found employment as a chemist in a paint factory. He wrote about his experiences in the camps, as well as about his liberation and return home. He is considered a foremost writer of the Holocaust and is believed to have committed suicide at the age of sixty-seven (Levi, 1996).

***(Re-)Animating Non-Human Object-Images of Resistance***

During his torture experience, Levi actively resisted the scientific projects with which he was tasked. He did so by destroying chemical samples and by interfering with laboratory equipment (Levi, as cited in Amis, 2023). He reports that sabotage of this sort and under those conditions was understandably quite dangerous, and so the trick was to interfere with the equipment such that it would break down some time after he was done using it. In this way, the non-human objects and tools of the laboratory had become for Levi the object-images of both real and symbolic resistance.

***(Re-)Animating Resourceful, Pleasurable, and Adaptive Non-Human Object-Images in Non-Threatening Daily Life***

Levi was able to exercise his considerable conceptual, perceptual, and verbal abilities to come to a brave and helpful knowledge of his experiences in both the concentration camp and death camp systems. In fact, one may even describe his second major written work, *The Reawakening*, which narrates his return home, as Levi’s self-therapeutic process of *re-realizing the real* (1995), or as a stepping across the plane of a mirror, as into a field so unimaginable, in fact, *so real*, that even a single instance of this perception might compel the belief that nothing could ever, in this world, perish.

### ***Remembering and Mourning Noxious Non-Human Object-Images***

Much of Levi's first major work – *Survival in Auschwitz* – is concerned with the relationships and object-world of a particular complex of noxious non-human object-images (1996a). Because he is such a capable perceiver of even minute details, Levi has been able to describe the noxious non-human object-world of his torture experience with extraordinary clarity and insight. Levi's acts of remembering and mourning, through distinct acts of writing, were not only able to transform his traumatic experiences, but also, and quite importantly, restore for himself a measure of that kind of dignity that can only be restored if and when we are met by another's commitment to understand and uphold us, and indeed, in such a way as if being understood and upheld were themselves, as I believe they are, the optimal basis for human life.

### ***(Re-)Animating Resourceful, Pleasurable, and Adaptive Non-Human Object-Images into the Daily Tasks of Living***

Here I would like to remark on two aspects of Levi's life after his torture experience that point to a (re-)animated relationship to non-human objects. In the first instance, it did not take long for Levi to recommit himself to his occupation as a chemist, or indeed, to discover his vocation as a writer. He not only wrote a unique and celebrated work titled *The Periodic Table* (1996b), in which he was able to marry the mindsets unique to each manner of work, but he also became a regular contributor of science-minded articles written for local newspapers. It may be said, in this regard, that the verifiable veracity of the objective sciences contained within themselves, as they did for Levi, not only an intriguing world of evolving and universally applicable knowledge, but as well, the antidote to the very same superstition and ignorance upon which the cataclysm of the Third Germany was based.

## **Ruth Kluger – The (Re)-Animation of Human Object-Images**

Ruth Kluger was born in Austria in 1931 and was deported at the age of ten to Auschwitz II – Birkenau. She “survived” with her mother and a camp-adopted sister, Susi. In June 1944, Kluger was “transferred” from Auschwitz II to Chistianstadt, a sub-division of the Gross-Rosen forced labour camp. Later, forced to evacuate Gross-Rosen, they escaped together into the unsurveilled streets of a German village. After this torture experience, in 1947, at the age of sixteen, Kluger emigrated from Austria to the United States. She eventually completed her Ph.D. in German literature. And she first published the memoir of her torture experience in 1992, almost 50 years after her “liberation” (Kluger, 2012). In English, her memoir is titled: *Still Alive – A Holocaust Girlhood Remembered*.

### ***(Re-)Animating Human Object-Images of Resistance***

At the moment of her escape, according to her account, Kluger experienced the (re)-animating human object-image of her own capacities for resistance. Here, it is best to quote at length:

[O]n that evening I experienced the unforgettable, prickly feeling of what it means to reconstitute yourself, not to be determined by others, to say yes or no as you like, to stand at a crossroad where there had been a one-way street, to leave constraint behind with nothing in front, and call that nothing good. (Kluger, 2012, p. 130)

Kluger also describes her adopted sister, Susi, and her mother, Alma – and this despite the many misunderstandings between her and Alma – as primary resources throughout her torture experience. However, most striking to Kluger was the prisoner-functionary who saved her life in the camp. For a longer description, in Kluger’s own words, of this experience please see Appendix D. Kluger’s memoir, from which this longer excerpt is taken, is especially important

because her reflection and analysis stem from her being a female child survivor, an identity that would have put her at greater risk, compared to many of her adult male counterparts, of being murdered, and therefore denied direct postwar representation. For now, I will preface here, with Kluger's own words, this longer passage that can be found in Appendix D: "*Listen to me, don't take it apart, absorb it as I am telling it and remember it*" (p. 109; italics for emphasis).

***(Re-)Animating Resourceful, Pleasurable, and Adaptive Human Object-Images in Non-Threatening Daily Life***

It is less clear if or indeed in what way Kluger was able to discover or (re-)animate resourceful, pleasurable, and adaptive human object-images in non-threatening daily life. She did eventually marry but divorced. She became a mom but by her own admission rather reluctantly. However, she did immerse herself in the lives and worlds of other writers, scholars, and artists, and became herself, it is easy to argue, a lifelong artist, student, and teacher. And as part of her professional role, she became immersed, to a lesser or greater extent, in the lives of her students. In fact, I think we can confidently say that she became and eventually integrated all three aspects of this self object-image identity: *student-artist-teacher*.

***Remembering and Mourning Noxious Human Object-Images***

Of the many accounts in her memoir, I was uniquely struck by her account of one Dr. Fessler, the Viennese-American psychiatrist who her mother had sent her to see. Her written account of Dr. Fessler is a good example of both remembering and resisting a noxious human object-image. And as this account evokes in her a tolerable anger, it strikes me as an important integrative account as she describes her refusal to be negatively impacted by her memories of this person or by her memories of his words and behavior (Kluger, 2012). This account also conveys, I believe, a sound warning to all psychotherapists or skilled-helpers who work with

survivors of torture: *victim blaming*, *pathologizing*, and “*tough love*” have no rightful place in this work.

***(Re-)Animating Resourceful, Pleasurable, and Adaptive Human Object-Images into the Daily Tasks of Living***

I wonder to what extent Ruth was able to integrate pleasurable human object-images into the daily tasks of living. There is less information about her than about her male counterparts, such as Darger and Levi, and what biographical information we have stems mostly from her memoir. If we take her memoir as a proxy measure for the (re-)animation of resourcefulness, pleasurableness, and adaptiveness in human relationships after her “liberation” from the camps, then we can only conclude that human object-images, in their contrasting complexity, came to form a valuable tapestry of both philosophical, psychological, and relational insight for both herself and her readers.

She did her part in the education of proxy witnesses (Frank, 2002), speaking to interviewers and attending events as a survivor of the Holocaust. The quality of her presence between the generations is captured, I believe, in her description of the relationship between her mother Alma and Alma’s great-granddaughter Isabela. This intergenerational object relational bridge, upon which one can imagine Ruth standing midspan, is not only personally important to her, but also serves as a symbolic reminder of the importance of bridging these resourceful, pleasurable, and adaptive human object-images, and their associated object relations, not only across generations of *kinship*, but across, as well, generations of *care* and *concern* (i.e. as between proxy witness and survivor; or student and teacher).

In this way, by exploring the lives of these three artist-survivors, it is possible to summarize the theoretical basis of OR-EXAT in terms of the triphasic model of trauma

rehabilitation in a way that highlights and theoretically integrates not only the construct of object-images, but also the reality of survivors' pre- and post-traumatic object-lives.

For a summary of this integration, please see Appendix E.

### **Integrating Object Relational and Expressive Arts Therapy Core Practices and Techniques**

By integrating the theories of object relations and EXAT we can better understand, expand upon, and integrate the psychotherapeutic core practices and techniques pertinent to each. Also, by integrating the core practices and techniques of object relations informed psychotherapies and EXAT with the psychological and phenomenological constructs of *allocentric frames of reference*, *self-extension*, and the *human experiential field*, we may begin to propose innovative practices and techniques. For a summary of the integration of EXAT core practices and techniques (Knill et al., 2005; McNiff, 1996), with the core practices and techniques of three object relations informed psychotherapeutic modalities – mindfulness-based therapy (MBT), transference-focused psychotherapy (TFP), and Accelerated Experiential Dynamic Psychotherapy (Fosha, 2021; Levy & Spina, 2025; Rucker & Sharp, 2025) – please see Appendix F.

Moreover, a meta-integration can be formulated that constructively integrates the core practices and techniques of OR-EXAT practice, the triphasic approach to trauma rehabilitation, and the session-by-session direction and target of sensorimotor<sup>4</sup>, cognitive, and/or object

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<sup>4</sup> Repeated trauma, such as typically characterizes the torture experience, is associated with dysregulation of subcortical systems responsible for sensorimotor processing. This subcortical dysregulation appears to contribute to the dysregulation of higher cortical systems, including those intrinsic to emotional regulation, social cognition, and goal-

relational transformation (Hyland et al., 2023). In doing so, we can articulate a meta-integrative practice – OR-EXAT – whose goal is to foster the three major tasks of trauma-recovery in light of both posttraumatic symptomatology and those disturbances in self-organization that are intrinsic to complex trauma presentations, including those typical of torture survivors. For a summary, this meta-integrative practice may be seen in Appendix G.

### **Egocentric and Allocentric Frames of References, Self-Extension, and the Human Experiential Field**

Object relations may be said to exist within a dynamic human experiential field in which both pre-conscious and conscious life pendulates between noxious and resourceful, pleasurable, and adaptive experiences (Levine, 2010). Moreover, central to our experiences of objects in the world is that, from a psychodynamic perspective, we experience the so-called “external world” as a reflection of our own internalized and

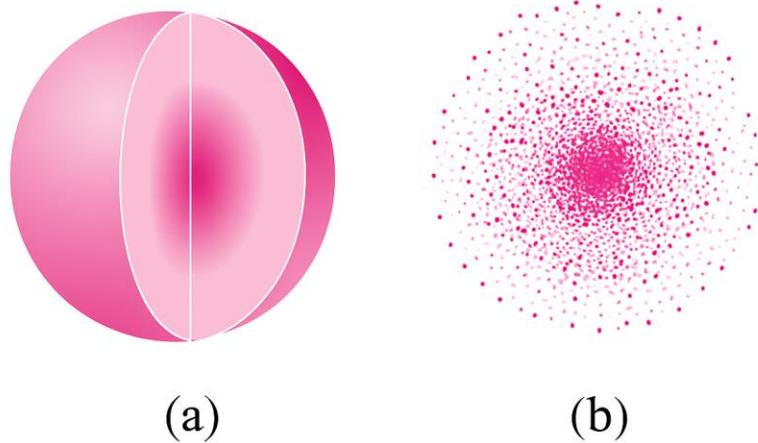
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oriented action (Harricharan et al., 2021; Kearney & Lanius, 2022). Adjunct treatments that engage the sensorimotor system – such as SE, SP, AEDP, and EXAT – are effective at accessing and regulating these subcortical systems prior to the cognitive and psychodynamic processing, reprocessing, and integration of traumatic memories and disturbances in self-organization (Harricharan et al., 2021; Kearney & Lanius, 2022). The sensorimotor engagement with the imagination and the arts can simultaneously re-regulate lower cortical information processing systems and allow clients to engage in dynamic and therapeutic object relational experiences. These same salutogenic experiences can support both the integration of traumatic memories as well as the (re-)animation of resourceful, pleasurable, and adaptive object relations, and so ultimately subtend, within the broader human experiential field, a more resourceful, pleasurable, and adaptive object-life.

affectively charged object relations. As such, our experience of *Self* is intrinsically linked to our internalized experiences vis-a-vis the external world. In this way, we may

**Figure 7**

*Self, Self-Extension, and Object-Life*



*Note.* A visual representation of self-extension/self-constitution (a), and the embodied and externalized object-world (b). Illustration adapted from Oak Park Unified School District (n.d.) with the help of AI.

define the *human experiential field* as both the internal (i.e. embodied) and external three-dimensional space that is inflected by objects and internalized/externalized object relational dynamics.

Although the concept of *Self* is complex, it may be elucidated by a discussion of the constructs of egocentric and allocentric frames of reference, self-extension, and the human experiential field.

### ***Egocentric and Allocentric Frames of Reference***

An egocentric frame of self-reference subtends the *felt-experience* of external sensory perception, interoception, and proprioception. In contrast, an allocentric frame of self-reference subtends the *felt-connection* with “other” people and things in our environments. With this said, there appears to be no brain structure or network that is exclusively self-oriented or self-constituent, such that our phenomenological experiences of “self” and “other” appear to be the result of higher-order information processes that together determine what is and what is not experienced as *Self* (Hanley & Garland, 2019).

### ***Self-Extension***

The most integrative iteration of self-extension theories posits five domains of self-extension: intrapersonal, interpersonal, collective, spatial-material, and transpersonal (Hanley et al., 2023). From a psychotherapeutic perspective, this intrinsic fluidity and adaptability of self-experience reasonably supports the development and application of psychotherapeutic practices and techniques that both encourage allocentric frames of self-reference, as well as resourceful, pleasurable, and adaptive experiences of self-extension (Hanley et al., 2023) across these five domains<sup>5</sup>.

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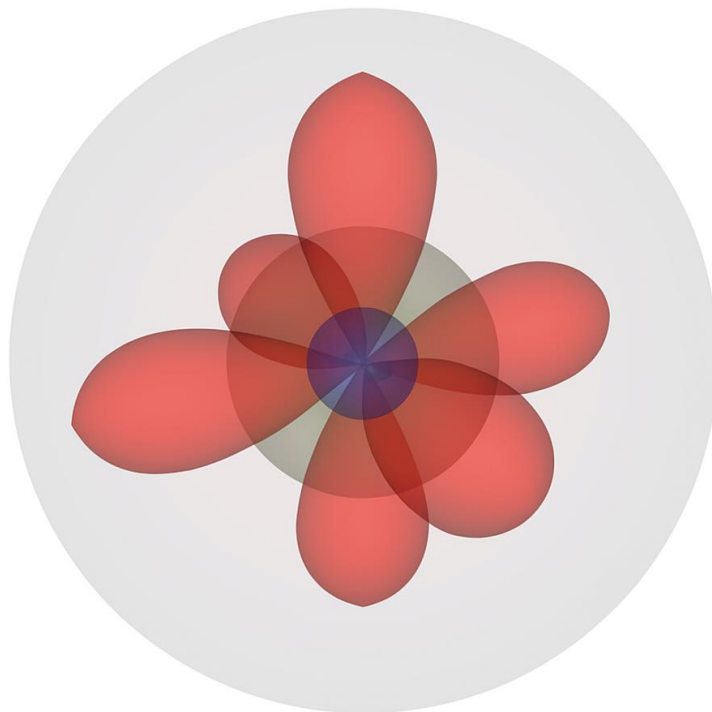
<sup>5</sup> For torture survivors, who have generally experienced a profound affront to object relational life, and who may, for this reason, have come to experience their worlds, and so also their Selves, as primarily *noxious*, the rehabilitation of the Self cannot, arguably, take-place without the rehabilitation of an object-life that transcends the mere experiences of the individual or egocentric self. These meta-objects of self-transcending experience may be said to belong to the broader experiences of self-extension discussed above.

### ***The Human Experiential Field***

An egocentric frame of self-reference is characterized by a predominantly internal orientation that is delimited by the physical boundary of the body. In contrast,

#### **Figure 8**

*The Human Experiential Field*



*Note.* A visual representation of the human experiential field as the sum of all object relations across the five domains of self-extension – *intrapersonal, interpersonal, collective, spatial-material, and transpersonal* – within both internal (embodied) and external (three-dimensional) space. Adapted from Oak Park Unified School District (n.d.) with the help of AI.

an allocentric frame of reference extends beyond this internal experience/physical boundary into the environment, and thus, potentially, into all things (Hanley & Garland, 2019). Both of these dynamic frames of reference – and their associated dynamic object-images – constitute the human experiential field.

In this way, we may also define *object-life* or *object-world* as the totality of any self's object relational dynamics, self-extended inwardly and outwardly, within the human experiential field.

### ***Practical Implications***

This formulation has important implications when it comes to psychotherapeutic practice generally, and OR-EXET core practices and skills in particular. For example, it has been shown that a shift in spatial and phenomenological self-reference, from egocentrism to allocentrism, and which can be induced through different psychotherapeutic techniques, is correlated with increased positive affect and decreased negative affect (Hanley & Garland, 2019). Also, the internalization and identification of resourceful, pleasurable, and adaptive object-images, and their subsequent internalization and (re-)externalization into the human experiential field, can serve to remediate the experiential constriction integral to predominantly noxious object-life.

Playfulness, fantasy, and imagination – which are subtended by dynamic experience of self-extension and allocentrism – are also critical to the development of mentalization, which, as discussed in previous chapters, is integral to resourceful, pleasurable, and adaptive self-organization (Rodomonti et al., 2021; Rubinstein & Lahad, 2023).

Moreover, it also appears that experiences of self-extension into three-dimensional space are neither arbitrary nor equally valanced. For instance, a recent study exploring three-dimensional self-boundary visualization found that vertical experiences induced significantly higher levels of bliss, expansiveness, and timelessness than did horizontal experiences (Sohst et al., 2023).

Indeed, it would seem that psychotherapeutic techniques, including visualization techniques, have taken advantage of the imagination's capacity to visualize the Self in relation to imagined object-images oriented to the Self in three-dimensional space. One example of this would be the resourceful visualization of *kind and loving eyes* in three-dimensional space (Conty et al., 2016; Limbach, 2023).

Taken together, the intentional visualization of object-images can induce the resourceful *felt-connection* to objects of self-extension in three-dimensional space with, as it were, *one's eyes open*. Such inductions can plausibly not only serve as a reliable well-spring of resourceful, pleasurable, and adaptive objects in a person's object-life, but also, in time, this therapeutic practice can reasonably support the transformation and gradual entrenchment of resourceful, pleasurable, and adaptive object relational dynamics, and thus resourceful, pleasurable, and adaptive self-organization.

### **Specific Techniques of Object Relations Informed Expressive Arts Therapy**

The metatherapeutic goal of OR-EXAT in the rehabilitation of torture survivors is the (re-)animation of resourceful, pleasurable, and adaptive object-life across the five domains of self-extension and across the three phases of trauma recovery.

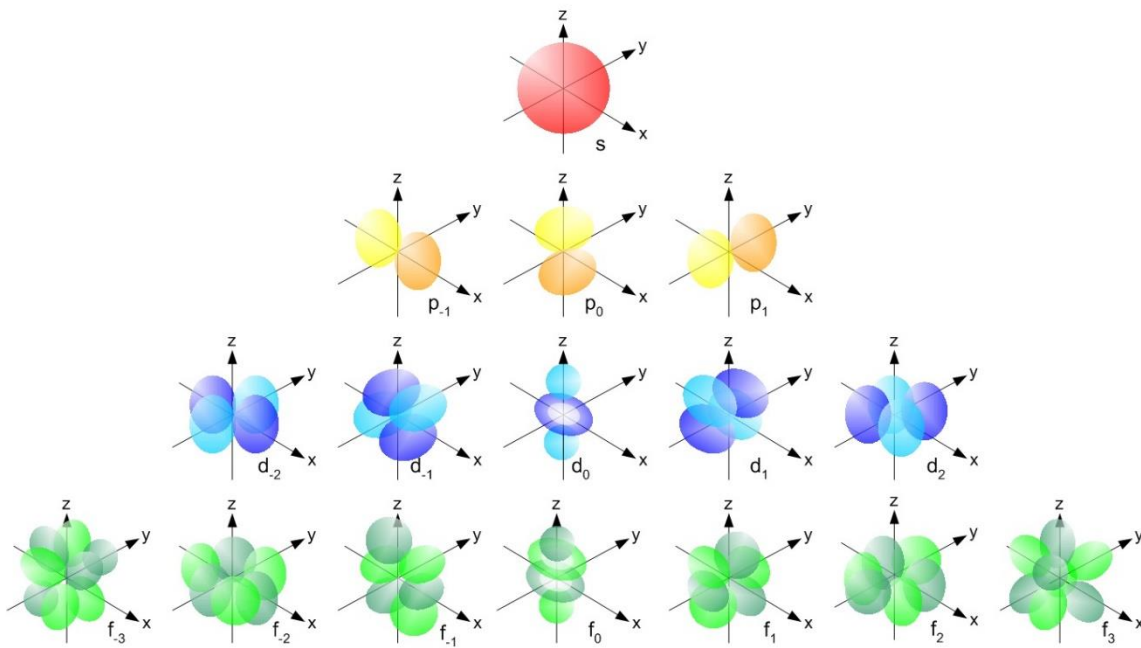
Core techniques of OR-EXAT to support in this work include the mindful exploration of each of the five self-extension domains across both egocentric and allocentric frames of reference, and across different spatial frames of self-reference in three-dimensional space: namely, *inside*, *outside*, *around*, *above*, and *below*:

1. Visualizing resourceful, pleasurable, and adaptive object-images *inside* – with eyes closed and open. Exploring the *felt-experience* (egocentric frame of reference) and the *felt-connection* (allocentric frame of reference). Exploring these object-images through the expressive arts.
2. Visualizing resourceful, pleasurable, and adaptive object-images *outside* – with eyes closed and open. Exploring the *felt-experience* (egocentric frame of reference) and the *felt-connection* (allocentric frame of reference). Exploring these object-images through the expressive arts.
3. Exploring resourceful, pleasurable, and adaptive object-images *around one* - with eyes closed and open. Exploring the *felt-experience* (egocentric frame of reference) and the *felt-connection* (allocentric frame of reference). Exploring these object-images through the expressive arts.
4. Exploring resourceful, pleasurable, and adaptive object-images *above one* - with eyes closed and open. Exploring the *felt-experience* (egocentric frame of reference) and the *felt-connection* (allocentric frame of reference). Exploring these object-images through the expressive arts.
5. Exploring resourceful, pleasurable, and adaptive object-images *below one* - with eyes closed and open. Exploring the *felt-experience* (egocentric frame of

reference) and the *felt-connection* (allocentric frame of reference). Exploring these object-images through the expressive arts.

**Figure 9**

*Dimensions of Allocentric Self-Extension in Spatial Orientation to the Embodied Self*



*Note.* A visual representation of the self-extension domains across the four major allocentric frames of reference (i.e. interpersonal, community, spatial-material, and transpersonal) and across different spatial orientations to the embodied self: namely, *inside*, *outside*, *around*, *above*, and *below*. Adapted from Oak Park Unified School District (2014) with the help of AI.

By integrating object relational and EXAT core practices and techniques with those derived from the constructs of egocentric and allocentric frames of reference, self-

extension, and the human experiential field, we may propose and study these specifically novel interventions/techniques and their efficacy in the rehabilitation of torture survivors, not only in terms of the resolution of post-traumatic symptomatology, but also in terms of the (re-)animation of resourceful, pleasurable, and adaptive self-organization and object-life.

### **Concluding Remarks: A History of Torture and the Angel of History**

The phenomenon of torture has witnessed a decline, as a legally and socially sanctioned practice, for nearly four-hundred years (Pinker, 2012). However, torture continues to be practiced, both legally and within the grey zones of public awareness, throughout much of the world today. Disturbingly, torture has again reemerged alongside armed conflicts throughout the world, and this in flagrant disregard of international human rights.

Despite these disturbing developments, the profoundly negative impact of torture on individuals, families, and communities remains unchanged. Innovative approaches to the psychotherapeutic rehabilitation of survivors of torture are needed to more effectively remediate the complex psychosocial impairment observed in survivors. Integrating EXAT with object-relations informed psychotherapeutic practices (i.e. OR-EXAT) may effectively target the complex impairment often observed in the aftermath of torture.

Perhaps a commitment to the recognition of atrocity and to healing in the aftermath of torture may best be described as an on-going and likely never-ending, or

indeed Sisyphean, encounter with Walter Benjamin's (2019) *angel of history*. This angel, Benjamin writes,

is about to move away from something he is fixedly contemplating. His eyes are staring, his mouth is open, his wings are spread. [...] His face is turned toward the past [...]. The angel would like to stay, awaken the dead, and make whole what has been smashed. But a storm is blowing in from Paradise; it has got caught in his wings with such a violence that the angel can no longer close them. The storm irresistibly propels him into the future to which his back is turned, while the pile of debris before him grows skyward. This storm is what we call progress. (p. 255)

This is perhaps the major task of psychotherapy in the context of a tortured world: *to stay, to awaken, and to resist alongside survivors what can only be described as a storm from Paradise.*

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## Appendix A

<b>Stress-Related Disorders (PTSD, CPTSD)</b>	<b>Cluster-B Personality Disorders (BPD, NPD, ASPD)</b>
<i><b>Identity</b></i>	
<ul style="list-style-type: none"> <li>• Changed or altered sense of identity (CPTSD)</li> <li>• Persistent and exaggerated negative beliefs about oneself (PTSD)</li> <li>• A sense of being permanently damaged, ashamed, or that no one can understand (CPTSD)</li> </ul>	<ul style="list-style-type: none"> <li>• Identity disturbance: persistently unstable self-image or sense of self (BPD)</li> <li>• Fragile self-esteem (NPD)</li> </ul>
<i><b>Emotional Regulation</b></i>	
<ul style="list-style-type: none"> <li>• Persistent negative emotional state (PTSD)</li> <li>• Persistent inability to experience positive emotions (esp. happiness, joy, satisfaction, and emotions associated with intimacy, tenderness, and sexuality) (PTSD)</li> <li>• Feelings of detachment and estrangement from others (PTSD)</li> <li>• Excessive feelings of guilt and responsibility (CPTSD)</li> <li>• Difficulty modulating anger (CPTSD)</li> <li>• Difficulty modulating sexual arousal (CPTSD)</li> <li>• Suicidal preoccupation (CPTSD)</li> <li>• Despair and hopelessness (CPTSD)</li> </ul>	<ul style="list-style-type: none"> <li>• Affective instability due to a marked reactivity of mood (BPD, NPD)</li> <li>• Chronic feelings of emptiness (BPD)</li> <li>• Emotional coldness (NPD, ASPD)</li> <li>• Difficulties controlling anger (BPD, NPD, ASPD)</li> <li>• Irritability (BPD)</li> <li>• Suicidality (BPD)</li> </ul>
<i><b>Social Perception and Functioning</b></i>	
<ul style="list-style-type: none"> <li>• Exaggerated negative expectations regarding important aspects of life applied to others (PTSD)</li> <li>• Erroneous cognitions that may cause the person to inappropriately blame others (PTSD)</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of reciprocal interest and sensitivity to the wants and needs of others (NPD, ASPD)</li> <li>• Being indifferent to having hurt another (ASPD)</li> <li>• Pattern of unstable and intense interpersonal relationships characterized by idealization and devaluation (BPD)</li> </ul>

<ul style="list-style-type: none"> <li>• Difficulties in maintaining stable interpersonal relationships (esp. after prolonged, repeated trauma) (PTSD)</li> <li>• If the traumatic event produces death, problematic bereavement may be involved (PTSD)</li> <li>• Inability to trust others (CPTSD)</li> <li>• Revictimization (CPTSD)</li> <li>• Loss of previously sustaining beliefs (CPTSD)</li> </ul>	<ul style="list-style-type: none"> <li>• Interpersonal exploitativeness (ASPD, NPD)</li> <li>• Lack of empathy: is unwilling to recognize or identify with the feelings or needs of others (NPD)</li> <li>• Has a sense of entitlement (NPD)</li> <li>• Sudden and dramatic shifts in their view of others (BPD)</li> <li>• Little insight into how one's behaviour may be causing distress to others (BPD, NPD, ASPD)</li> <li>• Misinterpretation of social interactions and a tendency to attribute hostile intentions to others (BPD, NPD, ASPD)</li> </ul>
<p><b><i>Behavioural Regulation</i></b></p>	
<ul style="list-style-type: none"> <li>• Quick tempered and may engage in aggressive verbal and/or physical behaviour with little or no provocation (yelling, fighting, destroying objects) (PTSD)</li> <li>• Reactive externalization (displacement through aggression or aversive mental states onto others, blaming others etc.) (PTSD)</li> <li>• Victimizing others (CPTSD)</li> <li>• Self-destructiveness and excessive risk-taking (CPTSD)</li> <li>• Difficulty modulating sexual involvement (CPTSD)</li> </ul>	<ul style="list-style-type: none"> <li>• Impulsive and aggressive outbursts (BPD, ASPD)</li> <li>• Rage when being criticized (NPD)</li> <li>• Aggressiveness and physical assault (ASPD)</li> <li>• Disdainful, arrogant behaviour (NPD)</li> <li>• Frequent displays of temper (BPD)</li> </ul>

Appendix A. Symptom comparison between stress-related disorders (PTSD and CPTSD) and cluster-B personality (BPD, NDP, and ASPD) disorders across the psychosocial domains of identity, emotional regulation, social perception and functioning, and behavioural regulation (American Psychiatric Association, 2013; Kraus & Reynolds, 2001; World Health Organization, 2019).

### Appendix B

<b>Domain</b>	<b>Object relations Theory</b>	<b>Expressive Arts Therapy Theory</b>	<b>Object relations-Informed Expressive Arts Therapy (OR-EXAT) Theory</b>
<b>Ontological</b>	Objects	Images	<i>Object-images</i>
<b>Relational</b>	Triadic self-affect-object units	Emotional Imagination	<i>Triadic self-affect-(object-image) units</i>
<b>Existential</b>	Self emerges only in relation to objects	Self (personified) emerges only in relation to images (personized)	<i>Self emerges only in relation to object-images</i>
<b>Experiential</b>	Protoconversations	Improvisations	<i>Proto-improvisations</i>
<b>Oracular</b>	Mentalization	Personification	<i>Mentalizing Personification</i>

Appendix B. Integrating Object relations (OR) Theory and Expressive Arts Therapy (EXAT) Theory in the Formulation of Object relations Informed Expressive Arts Therapy Constructs (OR-EXAT).

## **Appendix C**

### **The Triphasic Model of Trauma Rehabilitation**

#### **Phase I – Safety and Stabilization**

The key therapeutic goals of phase I of trauma recovery include: improving personal stability, security, and safety; understanding how to process emotions in a healthy way; cultivating a daily routine of physical, emotional, and psychological self-care; practicing forms of self-appreciation and self-love; uncovering, discovering, and exploring sources of inner strength, and developing life skills and coping mechanisms to manage trauma-related triggers and daily stressors (Herman, 1992).

#### **Phase II – Remembering and Mourning**

The key therapeutic goals of phase II of trauma recovery include telling and reconstructing the story of the trauma; integrating a sense of time, internal and external sensation, emotion, and the semantic aspects of the traumatic event(s) in a coherent narrative; exploring the meaning of the traumatic event(s) to the client and to the important people in their life; transforming traumatic memories; mourning traumatic losses; exploring existential themes of responsibility and guilt, as well as questions of personal fate and freedom; and exploring ways to move forward in life based on a new understanding of oneself, others, and the world (Herman, 1992).

#### **Phase III – Reconnection and Integration**

Lastly, the key therapeutic goals of phase III of trauma recovery include: developing a new self, new relationships, and a new sustaining faith; the recovery of aspirations and ambitions from a new secure base; learning to face danger and to take risks in everyday life; re-constructing adaptive physiological, psychological, and social responses to danger; family disclosures and

survivor testimonies; achieving a felt-sense of self-possession and the motivation to become the person that one wants to become; reconnecting to fantasy and imagination as a way to imagine possible futures that motivate initiative and the satisfaction of desired goals and outcomes; letting go of aspects of themselves that were imposed by the trauma(s); developing appropriate trust to those who warrant it and reserving it from those who don't; developing autonomy while remaining connected to others; and lastly, for some, the third phase of recovery also involves the development of a *survivor mission*.

## Appendix D

### **Ruth Kluger's Written Account of Human Freedom and Human Goodness as Witnessed in**

#### **Auschwitz – II – Birkenau**

I have read a lot about the selections since that time, and all reports insist that the first selection was always the final one, that no prisoner who had been sent to one side, and thus condemned to death, ever made it to the other side. All right, I am the proverbial exception.

What happened next is loosely suspended from memory, as the world of Copernicus dangled on a thin chain from Heaven. It was an act of the kind that is always unique, no matter how often it occurs: an incomprehensible act of grace, or put more modestly, a good deed. Yet the first term, an act of grace, is closer to the truth, although the agent was human and the term is religious. For it came out of the blue sky and was as undeserved as if its originator had been up in the clouds. I was saved by a young woman who was in as helpless a situation as the rest of us, and who nonetheless wanted nothing other than to help me. The more I think about the following scene, the more astonished I am about its essence, about someone making a free decision to save another person, in a place which promoted the instinct of self-preservation to the point of crime and beyond. It was both unrivaled and exemplary. Neither psychology nor biology explains it. Only free will does. Simone Weil was suspicious of all literature, because literature tends to make good actions boring and evil ones interesting, thus reversing the truth, she argued. Perhaps women know more about what is good than men do, since men tend to trivialize it. In any case, Weil was right, as I learned that day in Birkenau: the good is incomparable and inexplicable as well, because it doesn't have a proper cause outside itself, and because it doesn't reach for anything beyond itself.

I can't keep SS men apart – to me they are all the same uniformed wire puppet with polished boots. Even when Eichmann was tried and executed, I was embarrassingly indifferent to the whole process. These people were one single phenomenon, as far as I was concerned, and their different personalities were irrelevant. Hannah Arendt offered the counterpart to Simone Weil's reflections on goodness when she pointed to the simple fact that evil is committed in the spirit of mental dullness and narrow-minded conformity – what she called banality. Her reflections on evil caused much indignation among men, who understood, though perhaps not consciously, that this deromanticization of arbitrary violence was a challenge to the patriarchy. Perhaps women know more about evil than men, who like to demonize it.

The line moved forward towards an SS man who, unlike the first one, was in a good mood. Judging from photos, he may have been the infamous Dr. Mengele, but as I said, it doesn't matter. His clerk was perhaps nineteen or twenty. When she saw me, she left her post, and almost within the hearing of her boss, she asked me quickly and quietly and with an unforgettable smile of her irregular teeth: "How old are you?" "Thirteen," I said, as planned. Fixing me intently, she whispered, "Tell him you are fifteen."

Two minutes later it was my turn, and I cast a sidelong look at the other line, afraid that the other SS man might look up and recognize me as someone whom he had already rejected. He didn't. (Very likely he couldn't tell us apart any more than I had reason to distinguish among specimens of his kind.) When asked for my age I gave the decisive answer, which I had scorned when my mother suggested it but accepted from the stranger. "I am fifteen."

"She seems small," the master over life and death remarked. He sounded almost friendly, as if he was evaluating cows and calves.

"But she is strong," the woman said, "look at the muscles in her legs. She can work."

She didn't know me, so why did she do it? He agreed – why not? She made a note of my number, and I had won an extension on life.

Every survivor has his or her “lucky accident” – the turning point to which we owe our lives. Mine is peculiar because of the intervention of the stranger. Virtually all those still alive today who have the Auschwitz number on their left arm are older than I am, at least by those three years that I added to my age. There are exceptions, like the underage twins on whom Dr. Mengele performed his pseudomedical experiments. Then there were some who were my age, but who were selected at the ramp to be sent immediately on to the labour camps, and who were thought to be older because they wore several layers of clothing, by way of transporting a wardrobe. They were not tattooed because they weren't in the camp. To get out of the camp, you really had to be alive longer than twelve years.

I have always told this story in wonder, and people wonder about my wonder. They say, okay, some persons are altruistic. We understand that; it doesn't surprise us. The girl who helped you was one of those who likes to help. A young American rabbi says that after my buildup he expected a more heroic tale. Maybe he has seen too many action films or read too many Bible stories, the kind that tout male virtues, muscle over mind, noise over quiet resolve. But don't just look at the scene. Focus on it, zero in on it, and consider what happened. There were two of them: the man who had the power he could exert on a random object, for better or for worse. He probably didn't believe that the labor of a starved little girl would promote the German war effort considerably or retard the final solution to a noticeable extent. He had to decide the case one way or the other, list or not list my number. Just then it suited him to listen to his clerk. And she is the other. I think his action was arbitrary, hers voluntary. It must have been freely chosen, because anyone knowing the circumstances would have predicted the opposite, or at least shoulder-

shrugging indifference. Her decision broke the chain of knowable causes. She was an inmate and she risked a lot when she prompted me to lie and then openly championed a girl who was too young and small for forced labor and completely unknown to her. She saw me stand in line, a kid sentenced to death, she approached me, she defended me, and she got me through. What more do you need for an example of perfect goodness? Never and nowhere was there such an opportunity for a free, spontaneous action as in that place at that time. It was a moral freedom at its purest. I say it, I experienced it, I benefited from it, and I repeat it, because there is nothing to add. Listen to me, don't take it apart, absorb it as I am telling it and remember it.

But perhaps you are of the opposite camp and claim that there is no such thing as altruism, that every action is motivated by some kind of selfishness, even if such egotism is no more than the consciousness of free choice. In that case, of course, freedom itself is a mere illusion as well. And perhaps you are right, and there is no absolute in these matters, but only approaches to goodness and to freedom. The main characteristic of freedom is its unpredictability. And no one has been able to predict human behaviour with the accuracy as, for example, the behaviour of amoebas. Dogs, horses, and cows are semipredictable, but with humans there is never more than a certain degree of predictability. People can change their minds at the last moment, and even if we knew everything about a person and stored it in the most advanced computer system, we could still not foresee the mental movement of a woman whom I didn't know, whom I never saw again, deciding to save me and succeeding.

And therefore I think it makes sense that the closest approach to freedom takes place in the most desolate imprisonment under the threat of violent death, where the chance to make decisions has been reduced to almost zero. (And where is the zero point? The gas chambers are zero, I believe, when the men in their final contortions are forced by a biological urge to step on

the children. But how can I be sure?) In a rat hole, where charity is the least likely virtue, where humans bare their teeth, and where all signs point in the direction of self-preservation, and there is yet a tiny gap – that is where freedom may appear like the uninvited angel. If a prisoner passed on the beatings he received to those even more helpless than he, he was merely reacting as psychology and biology would expect him to. But if he did the reverse? And so one might argue that in the perverse environment of Auschwitz absolute goodness was a possibility, like a leap of faith, beyond the humdrum chain of cause and effect. I don't know how often it was consummated. Surely not often. Surely not only in my case. But it existed. I am a witness. (2012, pp. 106-109)

### Appendix E

<b>The Triphasic Model of Trauma Recovery</b>	<b>Object relations Informed Expressive Arts Therapy (OR-EXAT)</b>
Phase I – Safety and Stabilization	<ul style="list-style-type: none"> <li>• Spatial object-images of resistance</li> <li>• (Re-)animating resourceful, pleasurable, and adaptive spatial object-images in non-threatening daily life</li> <li>• Non-human object-images of resistance</li> <li>• (Re-)animating resourceful, pleasurable, and adaptive non-human object-images in non-threatening daily life</li> <li>• Human object-images of resistance</li> <li>• (Re-)animating resourceful, pleasurable, and adaptive human object-images in non-threatening daily life</li> </ul>
Phase II – Remembrance and Mourning	<ul style="list-style-type: none"> <li>• Remembering and mourning noxious spatial object-images</li> <li>• Remembering and mourning noxious non-human object-images</li> <li>• Remembering and mourning noxious human object-images</li> </ul>
Phase III – Reconnection and Integration	<ul style="list-style-type: none"> <li>• The resourceful, pleasurable, and adaptive (re-)animation of spatial object-images into the daily tasks of living</li> <li>• The resourceful, pleasurable, and adaptive (re-)animation of non-human object-images into the daily tasks of living</li> <li>• The resourceful, pleasurable, and adaptive (re-)animation of human object-images into the daily tasks of living</li> </ul>

Appendix E. The theoretical integration of the triphasic model of trauma recovery with noxious, resistant, resourceful, pleasurable, and adaptive object-images.

### Appendix F

<b>Object relations Informed (OR) Core Psychotherapeutic Practices and Techniques</b>	<b>Expressive Arts Therapy (EXAT) Core Psychotherapeutic Practices and Techniques</b>	<b>Object relations Informed Expressive Arts Therapy (OR-EXAT) Core Psychotherapeutic Practices and Techniques</b>
Creating a safe therapeutic environment (MBT, TFP, AEDP)	Creating a safe therapeutic environment (EXAT)	Creating a safe therapeutic environment (OR-EXAT)
Exploring present-day experiences (MBT, TFP, AEDP)	Exploring present-day images (EXAT)	Exploring Present-Day Experiences and Images (OR-EXAT)
Foster a curious and not-knowing stance towards the client's and one's own experiences in the present moment (MBT, AEDP)	Foster a non-judgmental and non-interpretive stance vis-à-vis the client's art and creative expression (EXAT)	Fostering a curious, not-knowing stance towards the client's experience, towards one's own experience, as well as a non-judgmental and non-interpretive stance towards the client's art and creative expression (OR-EXAT)
Develop mentalizing skills (MBT, TFP, AEDP)	Engaging in dialogue, protoconversation, and reenactment with images (EXAT)	Develop mentalizing skills by engaging in dialogues, protoconversations, and reenactments with images (OR-EXAT)
Address interpersonal dynamics (including the therapeutic relationship itself) (MBT, TFP, AEDP)	Explore interpersonal dynamics through imagery (including through images that emerge from an exploration of the therapeutic relationship itself) (EXAT)	Explore interpersonal dynamics through imagery (including through images that emerge from an exploration of the therapeutic relationship itself) (OR-EXAT)
Clarification of the client's experience and deepening empathy (MBT, TFP, AEDP)	Crystallizing the image and engaging in dialogue, protoconversation, and reenactment with the images (EXAT)	Clarifying the image through crystallization and deepening empathy by engaging in dialogue, proto-conversation, and reenactment with images (OR-EXAT)

Challenging and confronting the client's understanding of others, of the self, and of present-moment experience (TFP)	Exploring contrasting or opposing imagery (EXAT)	Challenging and confronting the client's understanding of others, of the self, and of present-moment experience by exploring contrasting or opposing imagery (OR-EXAT)
Exploring the felt-sense of the body (AEDP)	Exploring how images feel in the body (EXAT)	Exploring the felt-sense of the body by exploring how images feel in the body (OR-EXAT)

Appendix F. Integrating OR core psychotherapeutic practices and techniques with EXAT core psychotherapeutic practices and techniques in the formulation of OR-EXAT core psychotherapeutic practices and techniques.

### Appendix G

<b>Object relations Informed Expressive Arts Therapy (OR-EXAT) Core Practices and Techniques</b>	<b>Quality of Object-imagery</b> (Noxious or Resourceful, Pleasurable, and Adaptive)	<b>Triphasic Stage of Trauma Recovery</b> (Stage I – Safety and Stabilization; Stage II – Remembering and Mourning; Stage III – Reconnection and Reintegration) (Herman, 1992)	<b>Direction and Target of Sensorimotor, Cognitive, and/or Object relational Transformation</b> (Transforming Traumatic Memories and/or Negative Identities) (Hyland et al., 2023)
Creating a safe therapeutic environment (OR-EXAT)	Noxious	Stage I – Safety and Stabilization	↓ Unsafe ↓ Powerlessness ↓ Sensation-based representations ↑ Contextual representations
	Resourceful Pleasurable Adaptive	Stage III – Reconnection and Reintegration	↑ Felt-worth ↑ Felt-connection ↑ Felt-trust ↑ Impactful presence ↑ Felt-wholeness
Exploring Present-Day Experiences and Images (OR-EXAT)	Noxious	Stage I – Safety and Stabilization Stage II – Remembering and Mourning	↓ Unsafe ↓ Powerlessness ↓ Sensation-based representations ↑ Contextual representations
	Resourceful Pleasurable Adaptive	Stage I – Safety and Stabilization Stage III – Reconnection and Reintegration	↑ Felt-worth ↑ Felt-connection ↑ Felt-trust ↑ Impactful presence ↑ Felt-wholeness
Fostering a curious, not-knowing stance towards the client's	Noxious	Stage II – Remembering and Mourning	↓ Unsafe ↓ Powerlessness

experience, towards one's own experience, as well as a non-judgmental and non-interpretive stance towards the client's art and creative expression (OR-EXAT)			↓ Sensation-based representations ↑ Contextual representations
	Resourceful Pleasurable Adaptive	Stage I – Safety and Stabilization Stage III – Reconnection and Reintegration	↑ Felt-worth ↑ Felt-connection ↑ Felt-trust ↑ Impactful presence ↑ Felt-wholeness
Develop mentalizing skills by engaging in dialogues, protoconversations, and reenactments with images (OR-EXAT)	Noxious	Stage II – Remembering and Mourning	↓ Unsafe ↓ Powerlessness ↓ Sensation-based representations ↑ Contextual representations
	Resourceful Pleasurable Adaptive	Stage I – Safety and Stabilization Stage III – Reconnection and Reintegration	↑ Felt-worth ↑ Felt-connection ↑ Felt-trust ↑ Impactful presence ↑ Felt-wholeness
Explore interpersonal dynamics through imagery (including through imagery that emerges from an exploration of the therapeutic relationship) (OR-EXAT)	Noxious	Stage I – Safety and Stabilization Stage II – Remembering and Mourning	↓ Unsafe ↓ Powerlessness ↓ Sensation-based representations ↑ Contextual representations
	Resourceful Pleasurable Adaptive	Stage III – Reconnection and Reintegration	↑ Felt-worth ↑ Felt-connection ↑ Felt-trust ↑ Impactful presence ↑ Felt-wholeness
Clarifying the image through crystallization and deepening empathy by engaging in dialogue,	Noxious	Stage II – Remembering and Mourning	↓ Unsafe ↓ Powerlessness ↓ Sensation-based representations ↑ Contextual representations

proto-conversation, and reenactment with images (OR-EXAT)	Resourceful Pleasurable Adaptive	Stage III – Reconnection and Reintegration	↑ Felt-worth ↑ Felt-connection ↑ Felt-trust ↑ Impactful presence ↑ Felt-wholeness
Challenging and confronting the client’s understanding of others, of the self, and of present-moment experience by exploring contrasting or opposing imagery (OR-EXAT)	Noxious	Stage II – Remembering and Mourning	↓ Unsafe ↓ Powerlessness ↓ Sensation-based representations ↑ Contextual representations
	Resourceful Pleasurable Adaptive	Stage III – Reconnection and Reintegration	↑ Felt-worth ↑ Felt-connection ↑ Felt-trust ↑ Impactful presence ↑ Felt-wholeness
Exploring the felt-sense of the body by exploring how images feel in the body (OR-EXAT)	Noxious	Stage II – Remembering and Mourning	↓ Unsafe ↓ Powerlessness ↓ Sensation-based representations ↑ Contextual representations
	Resourceful Pleasurable Adaptive	Stage I – Safety and Stabilization Stage III – Reconnection and Reintegration	↑ Felt-worth ↑ Felt-connection ↑ Felt-trust ↑ Impactful presence ↑ Felt-wholeness

Appendix G. Integrating core OR-EXAT psychotherapeutic practices and techniques with emergent object-imagery, the phases of trauma recovery, and the direction and target of sensorimotor, cognitive, and/or object relational transformation.