

Art as “The Third Skin”: A Methodology for Exploring “Spatial Repetition” in Trauma¹

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Abstract: *This article explores the potential of using art-based research to analyze repetitive paintings made after trauma, to understand psychological mechanisms that stem from the body. To this end, I propose a multi-disciplinary approach combining psychoanalysis and art, to describe the concept of the “third skin,” as a psychological-spatial repetitive mechanism originating in the body and striving towards healing, which is activated following trauma and manifested materially in art. The foundation for this lies in a spatial etiology that I have identified in trauma, which I have named “spatial repetition,” and which provides the basis for a methodology that enables to see repetitive artwork as a visual embodiment of repetition in trauma, as well as a lens through which to understand it.*

Keywords: *trauma, skin, wound, repetition, art, psychoanalysis, methodology, interdisciplinary.*

1. Introduction

“Every technique is a ‘technique of the body,’ which demonstrates and emphasizes the metaphysical structure of our flesh” (Maurice Merleau-Pony)

When Madge Gill was 38, just a few weeks after she nearly died giving birth to a stillborn baby, she began to paint for the first time. This creative period continued uninterrupted for the next forty years until her death, during which she produced thousands of artworks using painting, weaving, and embroidery, which were characterized by significant morphological repetition (Jeanneret, 2017). This visual repetitiveness manifested itself in the diligent persistence of geometric shapes and imagery, which cover most of the surface area of the artwork and create textures that have a powerful yet enigmatic, unsettling, and even destabilizing effect. Gill lacked formal artistic training and lived on the margins of society, and thus is considered an outsider in the art world (Russel, 2001). As is typical in such cases, most of her vast body of work was found in her home only after her death; in many ways, it remains mysterious to this day.

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As an art therapist, I often come across cases where people who have experienced trauma spontaneously begin to create artwork characterized by repetition. This artistic repetition often occurs alongside the characteristic repetition seen in trauma situations, namely, the intrusive and repetitive reliving of the traumatic experience, which can occur through nightmares, flashbacks, or an unconscious return to the same traumatic experience, perceived by the subject as an inescapable fate (APA, 2000).

Trauma is defined as “an event in the subject’s life defined by its intensity, by the subject’s incapacity to respond adequately to it, and by the upheaval and long-lasting effects that it brings about in the psychical organization” (Laplanche & Pontalis, 2011, p. 351). The Greek meaning of the word “trauma” (τραῦμα) is “wound,” derived from the Greek verb (τιτρώσκω), which means “to pierce,” usually in the context of breaking the skin, and it is the origin of the term “trauma” in the physical context (Ibid.). This point will be important in the context of discussing skin later in the article.

Freud (1895) was the first to link trauma to repetition, attributing to it a temporal etiology. Initially, he saw repetition as an attempt to represent the trauma (Breuer & Freud, 1893) and later as an attempt to return to a pre-life state (Freud, 1920). However, due to descriptions about the inability to represent trauma (Caruth, 1996) I claim that this repetition cannot be related solely to representation and temporality, as representation is only possible through temporal etiology (based on an orderly temporal sequence which enables movement on a linear axis between past and present, or from the surface to the depths, and *visa-versa*), which is disrupted in trauma. Consequently, this temporal etiology Freud described for repetition is insufficient on its own to explain this artistic phenomenon and therefore constitutes a lacuna; such repetition as found in artworks reveals another stratum of repetition following trauma, which cannot be explained by temporal etiology.

My attempt to offer an additional explanation for the relationship between artistic morphological repetition and trauma repetition, beyond the temporal etiology of repetition, is what drove me to propose another etiology – a spatial one – that I have identified in trauma, and which I refer to as “**spatial repetition**.” This concept forms the basis for a methodology that allows us to see repetitive artwork as a visual embodiment of repetition in trauma and as a lens through which to understand it.

The use of the terms ‘space’ and ‘spatiality’ in this context stems from the spatial essence in relation to temporality (the question of space/time). In this case, this question is a key point because, in contrast to Freud’s temporal etiology, the spatial repetition I identify in trauma occurs in heterogeneous manners and directions, parallelly, creating a unpredictable non-linear-spatial plain in which the etiology is spatial. The distinction between linear and non-linear is therefore crucial for understanding the distinction I suggest between the two repetitions and for identifying the seemingly arbitrary embodiments of the spatial-repetition as such.

While the phenomena of repression, free associations and representation are Freudian paradigmatic examples of the temporal-linear repetition axis, I see dreams, dissociation and schizophrenia – in addition to trauma, as Freudian examples of spatial repetition. Accordingly, I propose that both repetitions play a role in normal development, operating in parallel, and view trauma as a cause of disruption in temporal repetition and increasing the spatial repetition – possibly to a pathological extent.

Recognition of the spatiality of trauma has led in recent years to a “spatial turn” in trauma research (Coddington & Micieli-Voutsinas, 2017; Perera, 2010; Trigg, 2009). Yet, these studies concentrate on the geographical aspects of trauma, and without connecting it to repetition –

namely, the persistence of visual objects – and regarding a-priori spaces. In opposition, the spatial etiology I suggest allows us to understand repetition embodied in art made after trauma, as a pre-representational creative spatial practice that serves as a psychological-spatial mechanism activated in traumatic states. Accordingly, this does not entail existing geographical sites, but rather **creates a-priori mental and artistic spatial plains**, which form the basis for explaining the body-trauma-art relationship and the proposed methodology.

Understanding the relationship between repetitive artistic representation and trauma repetition raises the inherent complexity of its investigation, and phenomena belonging to various disciplines, including the effects of trauma and repetition on the subject, the psychological mechanisms involved, and the artistic function. For this reason, the methodology I propose is a multidisciplinary one, combining psychoanalysis, trauma research, and art – an intersection which has already been related to as 'the extended field of mental health' (Bennett, 2022). I argue that this artistic activity is primarily anchored in the body – or more precisely, the skin – as a result of the trauma, and creates the unique connection of trauma-body-repetition-creation. This premise provides the theoretical justification for examining artworks as a method for understanding the psychological mechanism of repetition in trauma. This approach is consistent with the field of somaesthetics, which assumes that there is a unique relationship between human aesthetic creation and our body (Andrzejewski & Heinrich, 2012). This connection provides the theoretical basis for the methodology I propose, which is **spatial**.

In this article, I will elaborate on these ideas as a basis for the methodology, and then describe my proposed methodology. Finally, I will demonstrate its use by examining Gill's work as a paradigmatic case of spontaneous extreme repetitive artwork produced after trauma, therefore suitable for examining the relationship between repetition in psychological trauma and the spontaneous repetitive artistic expression created in its wake.

2. Repetition in Trauma: The Lacuna in Freud's Temporal Explanation as a Standalone Theory

As mentioned, the methodology I propose relies on the direct connection Freud made between the phenomenon of repetition and trauma (Freud & Breuer, 1893; Freud, 1920). In the early stages of this theory, Freud saw the symptom as an expression of the repetitive return of the traumatic memory in an alternate form, caused by the psyche's need to create a representation of the trauma (Breuer & Freud, 1893). Later, he gave clinical attention to the repetition itself, identifying it as a critical characteristic in such situations. Referring to this phenomenon as "repetition compulsion," he described it as the subject's unconscious attempt to assume an active role and control the outcomes of the trauma. Either way, the etiology Freud identified is temporal, as the repetition moves along a linear axis from past to present. Freud recognized that in trauma cases, processing does not entirely eliminate repetition and may even intensify it (Freud, 1914, 1920). This discovery created a persistent clinical and theoretical lacuna in the understanding of repetition in trauma, one which Freud was not able to reconcile throughout most of his writing.

Freud's essay *Beyond the Pleasure Principle* (1920) marks a significant theoretical turning point: there, for the first time, he addresses repetition as a clinical phenomenon in its own right. To explain it, Freud introduces his concept of the "death drive" and describes how repetition works to promote it. The dynamic of "repetition compulsion," seeks to return the organism to the inert state that preceded life by repetitive dissolution. However, despite this groundbreaking

description, the etiology of repetition remains distinctly temporal, describing repetition along a temporal-linear axis (Freud, 1920).

The issue I have identified with the exclusively temporal explanation for repetition stems from the inherent connection between temporality and representation. Since representation is a recreation of a prior perception that once existed but is now absent (Lalande, 2010, p. 241), it is supposed to move along the linear time axis – between the “source” in the past and its “recurring expression” in the present (Freud SE XII, p. 150). The question therefore arises: if the temporal continuum is disrupted in trauma, how can one move “along it” in order to mend it?

The idea that repetition is a psychological attempt to represent the trauma formed the basis for the development of various psychoanalytic theories dealing with the representation of absence due to trauma (Bion, 2013; Bollas, 1987; Freud, 1925; Klein, 1983; Winnicott, 1991). British psychoanalyst Donald Winnicott (1974) eloquently explained this paradox as inherent to trauma. In a short essay published posthumously, he discusses the implications of an early trauma so terrifying that the event was never experienced by the psyche, therefore leaving no psychological imprint. As the event has no psychic imprint from the past, it cannot be represented in the present. This situation results in the psyche being trapped between a constant threat experience and the shadow cast by a nonexistent past, which many times can cause the preverbal somatic experiences characteristic of trauma (Levine, 2012). Basing her trauma research on this insight, Caruth (1996) characterizes this dialectic as typical of later traumas as well. Thus, another lacuna emerges: how can something that has no psychic imprint be represented? Moreover, could there be another type of repetition that is not temporal?

3. Repetition in the Spatial Dimension of Trauma

Within the “spatial turn” in trauma mentioned earlier, studies draw attention not only to the ability of trauma to move across spaces and places but also between heterogeneous objects of different “orders,” for example: people, sites, objects, body parts, and more. As a result, spatial connections are formed between people, places, and objects that cannot necessarily be located or mapped (Caruth, 1996), to the extent that trauma leads to a complex amalgamation of psychological, cognitive, and material spaces. Accordingly, attention has been drawn to the need for an interdisciplinary approach examining the relationship between trauma, geography, and the human experience. However, the relationship between *repetition* and space, or the spatial connection between trauma and the skin – both as a physical and psychological-spatial site – and art, have not yet been addressed.

Repetition and Space in Trauma Symptomatology

Repetition in trauma leads to the persistence of the traumatic experience even after the original event has passed. In this context, reactions often intensify with each repetition, to the point where they become disconnected from their source and take on a life of their own (Herman, 2015). As a result, not only does the trauma become greatly removed – both temporally and spatially – from the original event, but it is often impossible to discover its origin or anticipate its continued dispersion. The reason for this is that, although the original event occurred in a specific time and place, the repetition (in flashbacks or other forms) can occur anywhere and at any time, sometimes creating bizarre and inexplicable concurrences between the experience and the place (for example, a recurrence of the experience emerging at an unexpected site).

Nonlinearity is in my opinion also embodied in the dissociative defense mechanism

characteristic of trauma (Balint, 1992; Bromberg, 2014; Davies & Frawley, 1994; Eshel, 2016; Fairbairn, 1952; Herman, 2015; Modell, 1990; 2012; Stern, 2004; Winnicott, 1974). Dissociation is a psychological defense mechanism involving the splitting of the self, while the fragmented parts continue to exist – and repeat – in many directions simultaneously and paradoxically (as opposed to a single linear axis). In my view, this illustrates the way that trauma moves *through* repetition spatially, in a manner that is neither linear, predictable, nor fixed, due to the heterogeneous places and appearances in which it reoccurs.

Furthermore, evidence of the spatiality of trauma can be found in the unique phenomena and symptoms it induces. For instance, the sense of danger that accompanies every repetition creates distortions of perception and causes the experience of danger to escalate, so that even environments and places that are typically safe can be perceived as dangerous (Herman, 2015). Added to this is the potent “contagious” quality of trauma, expressed as “secondary traumatization,” “intergenerational transference,” and “traumatic countertransference,” where family members or therapists also begin to suffer from post-traumatic symptoms, despite not having been present at the original event (Dekel, Hantman, Ginzburg & Solomon, 2006).

A form of spatial liminality is inherent in these phenomena due to the strange (though seemingly obvious) fact that human connection can be formed on a spatial non-linear basis (as opposed to a temporal-linear one via hereditary/biologically). Though I do not intend to suggest that this is the only way to explain interpersonal relationships, this *spatial* dimension in them has not yet been emphasized). Moreover, this spatial 'stickiness' of trauma, which also occurs between heterogenic elements, portrays a non-linear, illogical and even seemingly arbitrary spread of trauma that spatiality can help to explain. Therefore, the methodology I propose focuses on an investigation of spatial repetition, and adds art as a spatial site wherein trauma spreads spatially as part of a process originating in the body.

The Spatial Dimension in Freudian Trauma Theory

In revisiting Freud's theories, I found evidence that the spatial dimension's importance in the psychic experience in general, and in trauma in particular, can be found even in his early theories. There, Freud emphasizes that psychic experiences are primarily located in the body and on the skin's surface (Freud, 1923). Thus, he creates a direct link between the physical skin and trauma, and describes the spatial expansion of the traumatic event as extending into the actual space of the body. This connection constitutes a basis also for the connection of trauma theory to somaesthetics via proprioception, interception and or kinesthetics (Silow, 2002; Cassidy, 2012).

Moreover, the very ability of trauma to move through repetition across places, into the clinic and the therapeutic relationship in the context of transference (Freud, 1912), constitutes the condition for psychoanalytic healing. However, I found the main evidence of the spatiality of trauma and repetition in Freud's essay *Beyond the Pleasure Principle* (1920), where he describes the psychic surface as an organism with a membrane facing outward that absorbs external stimuli while protecting the psychic contents. In this interaction, the surface is ever-changing (Freud, 1920). Furthermore, the surface is equipped with a stimulus-shield, which can operate independently to protect itself and in so doing, protect the entire mental system. This shield also operates horizontally and spatially, allowing it to alter its form to survive and ensure the system's survival.

According to this paradigm, trauma is an event that breaches the protective membrane and floods the system with stimuli. As a result, a repetitive spatial-horizontal activity is triggered in which all the surface's defense systems are mobilized to take control of the excess stimulation to

reestablish intrapsychic equilibrium. Freud refers to this concept as “the pleasure principle” and argues that it is the organism’s ultimate goal (Freud & Breuer, 1893, Freud, 1920). Thus, Freud not only draws attention to the critical importance of the surface in trauma and thereby to its spatial dimension and the repetition within it, but also describes the spatial organization and the drama of the interface triggered in response. Interestingly, the way Freud describes this activity is very similar to the way the physical skin responds to injury, striving to repair the skin at the wounded site.

4. The Skin’s Spatial Dimension: Skin as a Heterogeneous, Nonlinear, Dynamic, Creative Space

My findings that space is involved in various trauma phenomena brought me to question whether there might be other similarities between physical and psychological wounds beyond the Greek word’s origin and metaphorical usage. As the term trauma means “wound,” its usage makes the skin an integral part of it – the “site-space” where the wound occurs. Therefore, there is no wound without skin. The skin, the human body’s largest organ, covers almost the entire body and is responsible for essential functions like temperature regulation, movement, metabolism, and respiration. The aspect of self-regulation is crucial in the context of trauma recovery and emphasizes the need of awareness of the spatial dimensions of the self in trauma cases (Toner and Moran, 2015).

French philosopher Michel Serres (2008) articulated the unique, dynamic, and even paradoxical quality of the skin as a “formless form.” Indeed, although perceived as a uniform organ, skin is composed of various tissues, capillaries, glands, cells, and interactions that are determined by the skin’s location, conditions it’s exposed to, and functions. The skin’s properties aren’t absolute and undergo many changes and even upheavals throughout life. Therefore, although it may appear static, homogeneous, and stable, skin is in fact an active, dynamic, heterogeneous, nonlinear space characterized by paradoxical complexity. This dynamism is especially evident during injury and rupture (Freud, 1920; Guarnera, G., et al, 2019).

The Physical Wound as a Repetitive Spatial Event

When the physical skin is wounded, a complex spontaneous process is initiated, aimed at healing the tear. The biological reason for this is survival, as an exposed wound is vulnerable to infections and can lead to the development of inflammation, fluid loss, loss of body heat, hypothermia, and even death (Broughton, Janis & Attinger, 2006). Under optimal conditions, this process includes specific stages occurring in the following order: bleeding and clotting (*hemostasis*), inflammation, creation of new tissue (*proliferation*), and scarring (Ibid.). However, given the skin’s dynamism, in practice these stages can overlap, change, become extended, fail, or may not even occur. Therefore, for various reasons, the body sometimes fails to generate the activity necessary for healing, leading to the formation of a chronic wound that “refuses to heal.”

It should be noted that Freud himself used the concepts of “wounding” and “scarring” as metaphors for psychological states (1917). However, beyond this metaphorical usage, he did not link the physicality of the wound with psychological trauma, and he certainly did not link these to artistic work. I see traumatic repetition as the psychological equivalent of the wound’s “stubborn refusal” to heal. Furthermore, I propose that both are expressed in the dominance of spatial repetition and the inability to move beyond it, a phenomenon that originates in the body and can also be embodied in the surface expression of artwork.

5. The Relationship between Biological and Psychological Surfaces

The skin is in relationship with the body's internal systems, often aiding in diagnosing diseases and symptoms not originating in the skin, including psychological conditions (Mcdougall, 1989). In this context, the skin has been found to serve as a sort of pictorial surface upon which psychological symptoms are drawn, sometimes having a symbolic or concrete relationship with the psychological origins. In other words, the skin's surface is like a canvas on which both psychological and physical experiences are depicted and embodied. Thus, there is a visual connection between the content and the *actual* physical body.

Freudian theory led psychoanalysts to understand the skin's importance in the psyche (Anzieu 1985; Ogden, 1992; Tustin, 2018). Among them, Esther Bick (1968) connected physical and psychological skin, introducing the concept of the "psychic skin" and the defense mechanism that develops following early trauma, which she termed the "second skin" (Ibid.).

The psychic skin is a developmental achievement expressed in the experience of containment of the self. This is made possible following an adequate relationship with caregivers early in life. The source of this psychological process is physical. In the beginning of life, aspects of the personality are experienced as lacking any connecting force; if the infant is fortunate enough to have a containing object satisfying its needs closely, while engaging all its physical senses – these begin to be experienced as a containing envelope and the infant begins to feel contained within its skin. According to Bick, the containing object can be any sensory object that grabs the infant's attention and is tangibly experienced as skin, giving the physical skin its psychological function as a continuous containing boundary. This process allows the infant to eventually relinquish the concrete object and develop the ability to cope with separation from the mother.

Bick also described the implications of a disruption in the development of the "psychic skin" as a result of trauma, leading to development of a "second skin"; due to anxiety caused by the prospect of "spilling out" and annihilation, which is characteristic of this state, the psyche creates pseudo-autonomy by repeatedly and inappropriately using mental functions or innate skills. Such repetition creates motoric or mental continuity in place of the skin experience, which has been interrupted, and the individual develops a dependence on this instead of the disappointing object. Compared to other post-Freudian psychoanalytic approaches that see trauma as related to early human relations (Ferenczi, 1988; Winnicott, 1965), Bick's description is unique in that it is entwined with the actual bodily experience that precedes any psychological representation processes.

Although Bick refers to trauma early in life without focusing on repetition, I believe her theory is also highly relevant to trauma later in life. First, her description is reminiscent of Freud's depiction of the surplus of unbridled energy rushing in as a result of a tear in the protective surface in states of trauma. Moreover, the defense mechanisms characteristic of this anxiety involve increased containment efforts, similar to Bick's skin-based defense mechanisms, using them as "prosthetic skin" to replace the wounded skin. All of this is achieved through a repetitive, **spatial** practice, which intensifies and serves to create horizontal "prosthetic skin" to cover the wounded areas, through activity that resembles physical skin responding to a rupture. This, I suggest, can also be manifested in a tangible, visual way, such as in artwork.

My claim, therefore, is that the use of the term "trauma," meaning wound, is not just metaphorical; rather, there is a spatial similarity between the psychic and physical dimensions. This spatiality is embodied in the etiology, in the repetitive activity triggered, and in the practice of this activity (via the making of the artwork). Furthermore, I argue that this activity can be

manifested in art that expresses the spatial relationship created between the wound, the skin, and the artwork.

6. Trauma and Art: From Art as Representation to Art as “Third Skin”

The connection between trauma and art is profound and highly relevant to the current article due to the inherent inability to represent trauma (Caruth, 1996). Over time, a deeper understanding has developed of the impact of trauma on the capacity for representation, including in the field of art. Particularly after the Holocaust, a realization evolved that not only can trauma not be represented, its (attempted) representation can potentially empty the trauma of its full essence and true significance (Felman, 1992). With this understanding, various theorists have successfully articulated the power of art in traumatic contexts, in light of its ability to contain the paradoxical state of representation alongside the incapacity for representation, without resolving the tension between the two. Furthermore, art, paradoxically, is the most faithful representation of trauma due to its lack of logic (Felman, 1992; Gaitini, 2020). In other words, the artwork itself can be as nonlinear as the trauma.

Over the years, it has been recognized that repetition and the inability to represent the traumatic experience can lead to further regression in the capacity for symbolization (Markman, 2013), as well as to intensification of sensory, affective, and behavioral symptoms (Young, 1992). Consequently, there has been a transition toward focusing on the creative process and art as a combined medium through which the self thinks itself, parallel to verbal thinking (Abram, 2012; Ehrenzweig, 1967). I would add that it may even *replace* verbal thinking in certain situations. In other words, I am suggesting that **the artworks’ form and structure can embody a bodily experience that precedes representation**. In doing so, art also uses the same heightened sensuality that is characteristic of traumatic situations (Van der Kolk & Fisler, 1995) and links to the preverbal component of trauma. Evidence for this can be found, for example, in descriptions of how focusing on geometric shapes can serve as a defense against the anxiety of spilling out, which is typical of pre-symbolic experiences (Tustin, 2018).

The power of art, therefore, lies in its ability to create something devoid of logic and linearity, thus enabling processing not only at the representational level but on the sensory level as well (Rose, 1987). Biberman and Sharon-Zisser (2014) note that the power of the artistic act stems precisely from its ability to go beyond the boundaries of representation and reach an end beyond which there is (seemingly) nothing. According to the authors, it is precisely this ability that allows repetition to be stimulating and revitalizing. Thus, they too create a direct link between repetition and the incapability of representation.

My proposal then is, that this repetition it is not an attempt to represent but rather to create a spatial “**third skin**” via the wounded mental ones. My concept of “**the third skin**” is the material artistic-aesthetic **embodiment formed through repetitive spatial activity, triggered in the wake of trauma**. Accordingly, I see this embodiment is in essence as a creative activity, striving toward healing and originating in the body. This concept reflects the perception of artistic practice as part of the same spatial process of repetition in trauma, which constitutes the boundary enabling the intangible to become tangible. However, in extreme situations this activity can also embody a pathologically more static and stereotypical development. Yet, reading through this paradigm emphasizes my claim that the soul’s desire for healing also lies at the basis of these incarnations..

Accordingly, I seek to add a focus on spatiality, arguing that the repetitive artistic activity following trauma is a horizontal practice that operates in relation to the surface – i.e., the skin –

of the body, the psyche, and the artwork. This repetition expands horizontally and nonlinearly, similar to the way physical skin responds to physical trauma. As this activity leaves sensory traces in artwork, it can be investigated as a methodology for understanding spatial repetition in trauma.

7. The Methodology

The above multidisciplinary discussion on the relationship between trauma, repetition, the body, and art allowed me to describe the concept of “the third skin,” which forms the theoretical basis for this methodology. The theoretical component is based on the intertextual approach (Kristeva, 1984), in which relationships are created between texts in various fields of knowledge (including “visual texts,” i.e. artwork). The theoretical integration that follows offers a new integrative methodological approach, wherein artwork that is created after trauma and has morphological repetition is viewed as a practical embodiment of the spatial repetition that arises in response to trauma.

Artwork constitutes a sensory horizontal space that concretely embodies spatial repetition and is therefore directly accessible for empirical artistic investigation. Thus, this methodology constitutes otherart-based research (Eisner, 1981). It combines a formalist perspective (De Duve, 2010) focusing on the morphological formality of the repetition and the theoretical perspective embodied in the “third skin” concept.

On a practical level, the art-based aspect of the research includes three stages: (1) conducting a formal examination of artwork, including a review of the purely morphological features of the artwork; (2) analyzing the types of repetition present in the artwork, based on the patterns and rhythms they create and characterizing them in relation to descriptions of the “spatial repetition” and linear repetition in stage 1. This stage is based on the “rhythmanalysis” methodology, which perceives people, places, and things as having rhythms in relation to our minds and bodies, and deals specifically with repetition and the way heterogenic entities are linked in rhythm (Bachelard, 1969; Lefebvre, 1991); and (3) integrating the formal findings with the theoretical background, rooted in the intertextual approach, in order to understand these artistic embodiments in relation to the concept of “the third skin.”

The novelty of this methodology is that it focuses on the **structural and physical tangibility** in which spatial repetition in trauma is anchored, instead of moving away from it to focus on psychological representations, as often occurs when examining such artworks. Therefore, the findings will not be analyzed at the metaphorical or representational level (at least not exclusively or primarily), but as an embodiment of “the third skin,” i.e., an embodiment of a literal repetitive skin-related process, both physical and psychological, which occurs following a traumatic rupture. Consequently, I will consider the repetition’s visual embodiment in the artwork as actual pre-symbolic skin patterns that form the foundation for the survivor’s ruptured experience of skin continuity and containment, and as a prerequisite for the capacity for representation.

The assumption is that such an investigation can allow us to understand the artist’s physical-psychological motivation based on the artwork’s morphological quality and the function of repetition in art in response to trauma. The approach seeks to illuminate how this repetition embodied in the artwork and in the process of creation can be integrated as part of the creative process and perhaps even contribute to healing.

Moreover, and in light of the importance of having someone bear witness in cases of trauma (Amir, 2018; Caruth, 1995; Stern, 2012), viewing the artwork through this prism may constitute

an *additional* level of spatial repetition as performed by the viewer: With the trauma embodied in a pre-symbolic way in the artwork, this type of observation affords the viewer an opportunity to participate in the trauma’s spatial movement – into, within, and from the artwork – thereby actively bearing witness to the trauma and particularly to the spatial repetition activity. This activity does not occur at a representational level but at the actual sensory level of the skin. This point also sheds light on the power of the experience and the aesthetic practices also from a second and third person perspective, and the continuous of the creative process through them.

8. Case Study: Applying the Methodology to an Untitled Work by Madge Gill



Figure 1 *Untitled*, 1954, ink on cardboard, 63.6 x 50.8cm
photo: Claude Bornand, Collection of Art Brut, Lausanne, inv. cab-9335

Formalistic Observation

The piece is a long, colorful, untitled, and undated drawing in black, blue, and dark burgundy-purple ink on Bristol board. The composition is centered; the figure of a luxuriously dressed woman is featured in the center and along almost the entire length of the paper, surrounded by a formally geometric background. Although the drawing as a whole is characterized by a textured overlay and blurring between the figure and the background, they can still be distinguished from one another, as the background is drawn in blue tones while the woman is drawn primarily in black and burgundy. Additionally, the background is characterized by straight geometric textures creating a sense of architectural space, while the woman's clothes are characterized by round, wavy, "spilling" textures composed of amorphous shapes, some of which seem to draw from the natural world.

Beyond her adorned clothing, the central vertical axis of the woman's figure – from her head, down to the center of her base – is left relatively blank. The drawing is more spaced out in this area, with less dense coverage than most other areas in the work. The woman's hair and facial features are very prominent, due to the dense, dark black color in which they are drawn. The blank surface of her face, created by the absence of drawing and the cleanness of the paper there, accentuates this further. Consequently, her head appears to be almost "disconnected" from the rest of the detail in the piece.

In the lower righthand section of the artwork, a checkered surface can be seen, exceptional in its simplicity. Against it, an image stands out that looks like a "fountain" at the end of a staircase. This image is delimited on its upper side by a relatively thick arc separating it from the background; it seems like a relatively orderly and guarded "enclave," engulfed by the tangled background and other images – almost as if it describes an occurrence that is separate from the rest of the piece. This type of image recurs several times, both above the windows and in the upper lefthand corner within the sketched background. This form is also echoed in the woman's figure; the arc at the top of the staircase parallels her adorned head, and the dress concealing her body is wide at the base, growing narrower toward her waist much like the staircase, which narrows as it ascends. Gill's signature, written upside-down, appears in the top right corner of the artwork, which is relatively uncharacteristic of her work.

Analyzing the Repetitions in the Artwork

Various morphological repetitions can be identified in the artwork. About half of its surface is covered by a checkered texture that appears to cross the page diagonally behind the woman's figure, repeating itself relatively consistently. This texture appears like tiling in shades of blue, in a uniform direction and angle. However, as the "tiles" are colored so densely, in different areas the texture becomes difficult to identify, creating the sense of a "stream" moving across the artwork. Within this "stream" three similar windows appear, and it almost seems as if they are being "swept" along. Each window has a crossed lattice with a white triangular area above, where a tiered shape appears with a plant or flame at its top. The "steps" of the "sculptures" recur in the "staircase" in the lower right part of the work. In contrast, in the upper part of the work, there is a relatively large amount of white space due to the orderly and precise drawing of straight, parallel, and intersecting lines that almost look like a preliminary outline of the tiling – before being colored in. Although this area of the drawing is much less dense and dramatic, the repetition within it is still clear.

The woman's clothes also feature repetition, yet it differs from the geometric textures in the background, primarily because its consistency is hard to characterize. Rather, the repetition in

her clothes creates a sense of threading, swirling, scattering, and even spilling in unexpected and inconsistent ways. The distance between most of the repetitions in the central area of her body is spaced out such that white spaces are left between the recurring shapes, making it seem that the background is denser and more “put together” than the woman’s body. Moreover, the repetition of the “fountain” shape, both overtly and in the overall form of the woman’s figure, creates a repetition that appears in different formal contexts. Consequently, heterogeneous and even bizarre encounters occur between the shape and its surroundings.

As a result, it becomes apparent that despite the relatively orderly composition, the work lacks morphological uniformity regarding the types of images, the levels of figuration and abstraction, and perspectives. (The background offers a mostly bird’s-eye-view perspective of the moving floor tiles, but there are also more figurative enclaves, which are not entirely coherent). These create a complex, deceptive perception of space that does not lead to a coherent morphological unity, and at times creates the feeling that the work is actually disintegrating.

This lack of uniformity is also manifested in the textures’ different directions and rhythms of movement. Some move in a uniform direction but in an infinite stream, some “spill out” in drops or sliding waves, as if seeking to go beyond the page’s boundaries, and elsewhere there is a sense of an occurrence being diluted (e.g., in the hat). As a result, despite the orderly composition, there is a kind of kinetic and “dispersive” cacophony. Thus, although the work contains some areas of three-dimensional depth, the overall sensation is one of horizontal movement covering the surface in an unexpected, dynamic, and heterogeneous flow.

Examining the Morphological Findings in Relation to the “Third Skin”

Considering this work’s composition, figurativeness, and relatively atypical signature, it seems likely that it is a portrait. However, unlike classic portraits where the subject stands in the center and is highlighted against the background, in Gill’s work the distinction between the figure and the background is blurred. Furthermore, there is a certain inversion: while the woman’s face is white and prominent, the center of her body remains blurred and fragmented in relation to the rest of the work. It creates a sense that what is holding her body parts together is the background, which seems more solid and secure than the body itself.

This echoes Esther Bick’s concept of the “second skin,” which posits that in order to compensate for the lack of “psychological-skin” experiences due to trauma, an attempt is made to create a continuous, artificial, compensatory skin experience to counter the sense of fragmentation. This psychological mechanism begins in the body – in the actual skin. In my view, this mechanism is also relevant to late trauma and artwork created in its wake: The repetitive artistic creation process generates a “third skin” that is distinct from the second skin infants develop within their body/psyche after early trauma. Accordingly, I consider the morphological repetition embodied in the artwork to be the result of second-skin-related mental activity: spatial repetition that becomes dominant following trauma and is manifested in a concrete, tangible way in the artwork.

The dominance of spatial repetition over the linear repetition (via temporal repetition) is also what makes it possible to identify manifestations of a “third skin” in this artwork. These can be recognized through the lack of formal linearity, heterogeneity, and horizontal spreading that characterize spatial repetition and most of the repetitions in the work. As mentioned, there are also linear repetitions, but the overall effect created is dynamic and dispersive to the point of disintegration. Moreover, the repetition creates horizontal spaces with the morphological appearance of actual physiological skin. For example:



Figure 2 *Untitled*, 1954, ink on cardboard, 63.6 x 50.8cm
photo: Claude Bornand, Collection of Art Brut, Lausanne, inv. cab-9335

Interestingly, these manifestations are found specifically in the background and in the woman's clothing rather than her body. I thus propose that, despite the inability to represent trauma, the repetition in Gill's works embodies the spatial function of creating psychological-skin areas to cover open wounds, precisely as with biological skin. All this is further emphasized when considering the possibility that the work is a self-portrait.

Although this artistic exploration is concentrated in the morphological repetition found within one artwork, I suggest that repetition which takes place *between* works is also an embodiment of the same spatial etiology and evidence of the repetition's true spatially, moving not only *within* the work but also across different works. This can be demonstrated as follows:



Figures 3 and 4 Left: *Untitled*, 1954, ink on paper, 64 x 51 cm,
photo: Morgane Détraz, Atelier de numérisation – Ville de Lausanne, Collection of Art Brut, Lausanne, inv. cab-4240;

Right: *Untitled*, 1952, ink on paper, 64 x 51 cm,
photo: Arnaud Conne, Atelier de numérisation – Ville de Lausanne, Collection of Art Brut, Lausanne, inv. cab-4241

Moreover, this showcases the morphological repetition of shapes and elements *between* artworks, which can be identified only in perspective of a body of work, and the way in which this spatial repetition of the non-linear spread can continue in different resolutions.

Pursuantly, I suggest that the artwork embodies an attempt to create a continuous repetitive spatial experience at the **actual physical level**, to compensate for the experience of internal fragmentation. Therefore, in contrast to most interpretations of outsider art, which have dealt extensively with the pathology involved in the artists' condition (Prinzhorn, 1922), I suggest that this repetitive activity also has a generative and creative quality that constitutes a spontaneous striving toward healing. Furthermore, this striving now involves *us* – the viewers – who, by experiencing the repetition embodied in the artwork, not only become witnesses to the trauma, but true participants of the repetition; repeating the spatial spread of the trauma that originated in the creator's body.

9. Conclusion

In this article, I suggested that, like skin, trauma too, is formless and has no stable meaning due to its dynamism, nonlinearity, heterogeneity, unpredictability, and continual expansion, which occurs through “spatial repetition.” This description of trauma and “spatial repetition” provides, among other things, an additional explanation for the inability to represent trauma, since, through spatial repetition, trauma moves and expands in a nonlinear, heterogeneous, and unpredictable way, thereby negating any possibility of representing it.

Freud explicitly noted that it is almost impossible to identify such repetition (which he directly linked to trauma or its effects) without the assistance of other factors (Freud, 1920). Accordingly, I have described artwork created after trauma, which is characterized by morphological repetition, as a tangible embodiment of the repetition originating in the physical body and operating similarly to it. I proposed a methodology for examining art created after trauma, based on an understanding of repetition as a complex, multifaceted, multidimensional phenomenon. This methodology responds to what I see as the inherent need to investigate trauma precisely through its heterogeneous lack of uniformity. Identifying trauma's ability to move spatially between sites, people, and objects, calls for an examination that is itself spatial, rather than a linear approach that maintains a dichotomous separation between disciplines.

Therefore, these theoretical concepts were not intended to expand the classic psychoanalytic discussion of body representations as the basis for psychological representations, nor do they claim to be the only way to understand the connection between trauma, repetition, and art. Instead, they offer an additional possibility for understanding morphological repetition in trauma-based art, by shifting the role of art as representation to art as a third skin. On this basis, I offered a methodology to help us understand how the body's **physicality** following trauma is expressed in repetition embodied in art. Expanding art's examination accordingly is another contribution of this article.

The methodology, based on approaching artwork as fulfilling a function beyond (or preceding) aesthetic form, psychological representation, or semiotic representation, leads to the realization that both trauma and art resemble our body more than we previously thought. In light of this, identifying different types of repetition and the dominance of one over the other can also help us understand the motivation driving the creative act and its creative potential. This enables the possibility of identifying the creative motivation the art embodies in relation to trauma and even to harness it in support of the therapeutic effort. By this, I seek to join the many ways trauma theory informs creative practices, while creative practices themselves continue to shape the social and cultural aspects of trauma literature.

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