Towards reconnecting: creative formulation and understanding dissociation

The term dissociation refers to a psychological process that is thought to be protective in nature and usually develops in childhood as a response to interpersonal traumas, which often involve a main carer (Brand, Armstrong, Loewenstein, and McNary, 2009; Lanius, Corrigan and Paulsen, 2014). When the extensive literature surrounding the role of antecedent traumas for dissociation is considered (e.g. Dalenberg *et al.*, 2012; Schore, 2009), it is not surprising that many people who come to mental health services report dissociative experiences in addition to more commonly identified conditions, such as anxiety or low mood. Dissociation is often described as a collection of confusing and unknown experiences associated with other psychological difficulties (Şar, 2014) such as anxiety, depression, persistent pain or grief. Further, international epidemiological general population studies have suggested that the prevalence of dissociative conditions, as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM V, American Psychiatric Association, 2013), is as high as 8.6-18.3% (Martinez-Taboas, Dorahy, Şar, Middleton, and Krügar, 2013). Therefore, it is likely that many practitioners will encounter clients experiencing dissociation, even in community and non-specialist settings (e.g. Wilson, 2015).

The most pervasive form of the dissociative conditions is termed dissociative identity disorder (DID), which includes the presence of multiple self-states and is thought to affect 1.1-1.5% of the world's population (Martinez-Taboas, Dorahy, Sar, Middleton, and Krügar, 2013). Due to the severe nature of DID and the need for specific psychological support, the International Society for the Study of Trauma and Dissociation ([ISSTD], 2011) have developed comprehensive guidelines for therapists working with people experiencing DID. These guidelines are often applicable to other forms of dissociation, including experiences of depersonalisation, derealisation, amnesia and the hearing of voices (ISSTD, 2011). However, when the extensive and ever growing literature around DID is considered in relation to

literature exploring mild to moderate dissociative experiences within non-specialised outpatient services, there are few examples of how these guidelines can be employed. Therefore, it is recognised that more clinical examples of such work are required in the empirical literature to further inform therapeutic practices (e.g. Gill, 2010; Woo, 2010). In summary, people experiencing a range of dissociative conditions are highly likely to be seen across mental health services, although further case examples of how to support people with mild to moderate forms of dissociation are needed.

Dissociation and Interpersonal Relationships

The theorised attachment framework for dissociative conditions (Dillon, Johnstone and Longden, 2012; Liotti, 2013) suggests there is a particularly important role for the therapeutic alliance within therapy for people experiencing dissociation, which has been noted as requiring further study (Liotti, Mauricio and Benedetto, 2008). Indeed, Liotti (2004, 2013) proposes that disorganised attachments are dissociative processes that occur when the caregiver is unavailable or actively frightening. Therefore, later life stressors can trigger dissociative relational processes, which continue to be complex for many people who have developed these types of coping mechanisms throughout their early years. Consequently, inter- and intrapersonal reconnection processes that can occur through positive practitioner relationships for people experiencing dissociative conditions have been cited as highly important (Hirakata, 2009; McAllister *et al*., 2001; Parry, Lloyd & Simpson, 2016). Moreover, Gill suggests that "new patterns of neural organisation may be formed through the psychotherapeutic relationship", which can lead to longer lasting change and healing (Gill, 2010, p. 261). Therefore, the relational component of meaningful therapeutic intervention facilitating interpersonal connection for someone experiencing dissociation appears crucial.

Formulation in the Shadows of Interpersonal Trauma

Within therapeutic interventions, the process of formulation has long been seen as an important tool therapists can employ to develop a positive therapeutic alliance and develop a mutually accessible and collaborative language for therapy (e.g. Leahy, 2008). Formulation can be understood as a psychological tool, which the therapist and client can use to find the meaning of the client's lived experiences and their interpretation of those experiences, bearing in mind the client's relationships, social circumstances, life events (Johnstone, 2012). Dillon, Johnstone and Longden suggest that collaborative formulation combines psychological theory and "an individual's particular experiences and circumstances and the sense they have made of them" (2012, p. 151). Specifically in relation to working with survivors of interpersonal trauma experiencing dissociation, Spring discusses the process whereby difficulties around a "coherent sense of autobiography… leads to problems with a sense of identity - 'Who am I?' and 'What has happened in my life?'" (2014, p. 1). However, written and spoken formulation within a trauma context can be complex. The qualitative trauma literature indicates through numerous first person accounts how finding the words for traumatic experiences of abuse can be extremely difficult (e.g. Chouliara *et al*., 2011; Kallivayalil, Levitan, Brown, and Harvey, 2013; Parry & Simpson, 2016). Therefore, practitioners need to be imaginative in their approach to case formulation for this client group, in order to facilitate communication outside of spoken or written language.

One creative approach that can be used for case formulation is that of creative artwork or artistic expression though various mediums. The use of art within psychotherapy has been well documented (e.g. Greenwooda, Leachbe, Lucockcf and Nobled 2007; Huss and Sarid, 2014). However, Karaca and Eren (2014) provide a persuasive argument for the use of creative artwork in case formulation, as they describe how creative artwork can facilitate further understanding around thoughts, affect and behaviour as well as the client's perception of

themselves and others (Conrad, Hunter, and Krieshok, 2011). Karaca and Eren explain how the construction and components of creative artwork can be evaluated for form, narrative and symbolic content, which can shape the formulation and intervention processes. Finally, the reflective and integrative processes that can occur through therapy have been reported as helpful for people experiencing dissociation, due to difficulties with recalling information and maintaining focussed attention (Holmes *et al*., 2005; Staniloiu and Markowitsch, 2012). Therefore, these would seem to be helpful aspects of formulation to attend to and facilitate within a theoretical framework of psychological trauma.

The methods and processes of the case discussed in this report are described within this theoretical framework, as a clear theoretical context is recommended for case study research in the critical review of Hyett, Kenny and Dickson-Swift (2014). Importantly, like other single case studies (Creswell, 2013), this report includes a range of methodologies, joined together through phenomenologically meaningful considerations and discussions of emerging themes within the formulation work. This process facilitates novel and thorough insights into complex intrapersonal and therapeutic processes that are often missed in larger data sets. Particularly within the area of dissociation following psychological trauma, epistemological and empirical studies suggest autobiographical narratives are based upon perception rather than fact (Bedard-Gilligan & Zoellner, 2012), which is why an epistemological stance of critical realism was adopted. Throughout this work and case study review, critical realism offered a context through which to consider nuanced experiential learning, recognising the "essence of things from their appearance" (Losch, 2009, pp. 86). In summary, is was understood that a process of subjective meaning making occurred through collaborative formulation, which facilitated a shared language around healing and enabled the development of a positive therapeutic alliance and intervention planning and evaluation.

The current case study discusses the process of creative artwork formulation and the influence of the developing therapeutic alliance with a woman experiencing moderate levels of dissociation in a community mental health outpatient service. To the best of the authors' knowledge, the use of creative artwork in trauma-informed case formulation is not a perspective reported previously in the literature. This case study also contributes an account of working in outpatient mental health services with someone experiencing moderate levels of dissociation that are reportedly common (Martinez-Taboas, Dorahy, Şar, Middleton, and Krügar, 2013), although infrequently documented in the literature.

Case Study

This case study reflectively discusses therapeutic work in a community outpatient mental health service with a client, chosen pseudonym MC, who presented with a range of dissociative experiences. MC provided written consent to the dissemination of this case study, as she was keen to inform other practitioners of her experiences. When MC first came to the multidisciplinary outpatient service, she was in her early 40s, lived alone, worked full time and had started to resume some hobbies. MC had been referred to the mental health outpatient service from a local hospital following being placed on a mental health section under the Mental Health Act (2007) the year before. Within the service, MC had the support of a care coordinating social worker and began therapeutic sessions with a trainee clinical psychologist, which are discussed in this account. In the past, MC had experienced sexual assaults, complex family dynamics, sibling victimisation, and teacher bullying. MC also had a mild learning difficulty, which had made academic learning and schooling challenging. More recently, MC had lost her most supportive parent, her mother, very suddenly and naturally reported considerable emotional distress.

First Impressions

During the initial meeting, MC stated that trust was difficult for her and she was aware this affected how she related to people around her. MC reported that her main difficulties were her low mood, sleep disturbances and "not feeling myself." MC appeared hyper-vigilant to sounds and movements around the room. In addition, information appeared to be rapidly forgotten and communication became increasingly inconsistent and fragmented as the therapist tried to match MC's communicative style. With further reference to communication, other staff members at the service had commented that MC would pause unexpectedly in conversation or hold long gazes. Over the initial assessment sessions, MC discussed how she perceived and related to herself as a collection of parts and experiences. MC was highly motivated to change aspects of her sense-of-self and had even bought numerous psychology textbooks while she had been on the waiting list for therapeutic support. However, she appeared stuck in how to achieve meaningful change and frustrated that her efforts had not brought about further healing.

Dissociation

MC recollected she had been called a "daydreamer" at school and reported explicit dissociative experiences in her adult life. For example, MC recalled losing periods of time in her younger adulthood and presently at work. Although some of the time losses she reported were discussed as "zoning out" or "being spacey", there seemed to be other times when she struggled to reengage with the present moment and environment around her. MC also reported feeling as though she could be watching herself at work (depersonalisation) and as though she was not always sure who she was. This identity confusion had caused MC severe difficulties at points in the past. MC reported ambiguous memories of being extroverted and "flirty" at times in her twenties and thirties, which was a sharp contrast to her usual reserved self. Historically, MC's friends had also commented how differently she could behave. However, there were no recent examples of marked personality changes, although MC reported that she could feel

disconnected from herself and others. Furthermore, as she spoke, few of MC's stories about past events would finish before another began, with the timeframes of events appearing ambiguous and confused. This unintegrated self-perception led to difficulties around conceptualising a consistent self-narrative.

Establishing Safety and Employing Creative Artwork

Throughout the assessment process, prioritising the development of a secure therapeutic alliance helped establish practical boundaries around timings and pace, and trust in the relationship, developing an effective therapeutic alliance (Carter *et al.*, 2012; Erskine, 1993). Specifically, the therapist tried to attend to MC's implicit communications, both verbal and non-verbal, as recommended in the psychoanalytic literature regarding communication with trauma survivors (Arizmendi, 2008). MC also explained that she preferred talking and drawing to other forms of communication. Consequently, an initial step in the therapeutic process was to develop a picture and symbol-based timeline of events, thoughts and feelings as a preliminary framework for formulation, so as to start constructing a coherent and systematic narrative of the past. As aforementioned, it has recently been suggested that: "Creative artwork facilitates working with the content, which is difficult to talk about, or even expurgate." (Karaca and Eren, 2014, p.5). The timeline facilitated the process of exploring the content of MC's past experiences, whilst not causing further distress through uncomfortable discussion of events that MC found hard to articulate. Throughout these early formulation stages, the timeline also appeared to serve as a source for grounding. For example, MC was able to complete sections before moving to another and retained more information when she had the timeline as a point of reference. MC also became more assertive in illustrating the timeline and reordered events as she talked around how certain experiences influenced her next steps. Throughout this exercise, MC's concentration and her ability to stay with certain thoughts and feelings without becoming "spacey" improved.

From a practitioner's perspective, the timeline facilitated a shared understanding of MC's past and how she related to it, as well as understanding how certain past events affected MC presently. As the timeline developed, MC explained that she experienced flashbacks to a sexual assault that had occurred fifteen years previously, which appeared to have been triggered for the first time during her mental health section when two male police officers held MC to her bed in order to dress her before taking her to hospital. MC's timeline comprised of words, coloured categories and illustrations, which together encouraged more implicit forms of communication around these experiences than may have occurred in only spoken conversation. Staying attuned to implicit communications has been associated with helping clients who experience dissociation manage their emotions and reduce the perception of threat, thus decreasing the need to retreat to inner worlds through dissociation (Gill, 2010).

The process of drawing the timeline was led by MC, which therefore enabled her to manage how much information she could cope with sharing and reflecting on at any one time. This phased approach is recommended by the ISSTD, who also briefly discuss the benefits of artistic expression in their guidelines, explaining that past traumas and intense emotions can be "often articulated nonverbally long before it can be vocalized, expressive therapies are particularly helpful in the healing process"(2011, p. 161). Specifically relating to psychological formulation, Johnstone and Dallos (2006) suggest the foremost features of formulation include a summary of the client's main difficulties, interlinked with the client's experiences. Additionally, using psychological theory to consider how difficulties have developed and presently influence the client's wellbeing within their environment is essential. Finally, the authors suggest a treatment plan should be developed based upon identified circumstances and theoretical processes, which should be revised over time through the reformulation process. The timeline facilitated this process through creative means, which appeared more meaningful and accessible to MC than only spoken communication.

By her sixth psychology session, MC said she felt comfortable and more like herself, which was one of her identified goals. When explored further, MC said she was appreciating safely reflecting on her past and felt more connected to her current- and past-self. Although the timeline was a small part of the overall therapeutic work, it was a crucial first step for the processes of formulating MC's self-narrative and developing the therapeutic alliance. As summarised in Sarid and Huss, art therapy, depending upon its type, can use bodily sensations and traumatic memory retrieval to develop a new meaning making process for the client. Therefore, the "art process and product becomes the symbolic container of traumatic memories." (2010, p.10). It was this process that MC started with the timeline and, later towards the end of therapy, concluded with the painting of her recovery tree, which is discussed towards the end of this report.

Collaborative Reformulation and Exploration

Other practical techniques MC employed through therapy facilitated MC's ability to find safety and comfort in activities she used to enjoy, such as reading spiritual cards, which are pictorial cards of butterflies and messages relating to the chakra energy system. MC offered to bring the cards to a session. MC's seventh session was dedicated to exploring the cards and associated self-help books, as well as the coping strategies MC had developed. During this session, MC's knowledge of the cards and her passion for their colour, vibrancy, interpretative turn of phrase and relaxation messages were connected with mindfulness. This session seemed to be an important turning point as MC took the role of teacher, before collaboratively exploring whether mindfulness may help her when she wanted to be "more with it", i.e. more present in the moment. Consequently, a mindfulness visualisation exercise was conducted within the following session, which MC had been initially unsure of doing due to difficult experiences with the progressive muscle relaxation exercises she was required to do in hospital.

However, MC explained afterwards that undertaking the exercise in a safe environment, in which she was in control, was helpful. Other case studies and guidance also support the use of psychoeducation, relaxation and visualisation techniques (Cloitre *et al.*, 2012; Gill, 2010; Waelde, 2004). In their review of the theory of dissociation, Spitzer, Barnow, Freyberger and Grabe (2006) suggest that skills training and attention training can be helpful in reducing the severity of the client's need to detach from difficult thoughts and emotions. As detachment had been identified as a difficulty MC faced, this aspect of the therapeutic process further developed her ability to manage emotional discomfort and stay present, without dissociating.

In summary, drawing on MC's knowledge was important in addressing the therapeutic power imbalance and creating an equal platform for collaboration. Developing a knowledge base about MC's strengths, prior to exploring events that had made MC feel vulnerable, was also a feature of the phased approach taken (Cloitre *et al.,* 2012; Cloitre, Petkova, Wang and Lu, 2012). The process of developing a secure client-therapist attachment, leading to a positive working alliance and resulting encouraging outcomes, is reinforced within the literature on attachment theory in relation to the therapeutic alliance (Sauer, Anderson, Gormley, Richmond and Preacco, 2010). For MC, developing security within the therapeutic alliance appeared to facilitate a more stable and less threatening connection with her past experiences.

Working with Dissociation in Therapy

As a result of the dissociative nature of many of MC's experiences, therapeutic work did not focus on the details of traumatic events (please see ISSTD, 2011). Instead, the way in which MC's memories affected her currently was addressed. This approach focused upon connecting to the past whilst staying present, which was supported by the earlier timeline and mindfulness work. Through the therapeutic process, MC constructed the meaning of memories in language, sketches and supported reflections, in order to avoid re-traumatisation (Bicknell-

Hentges and Lynch, 2009; Briere and Scott, 2006; Rothschild, 2000). Such an approach is also discussed in Dillon, Johnstone and Longden who recommend that "The therapist must work with ''just enough of'' the trauma at a time, so that each bit can be processed emotionally, physically and cognitively." (2012, p. 152). Consequently, it was considered helpful that MC would lead the content of her sessions and chose which thoughts and feelings she would share (Seery, Silver, Holman, Ence and Chu, 2008).

Accordingly, the therapeutic role appeared most helpful as an "appreciative ally" (Madsen, 2009, p. 104), supporting MC as she discovered more about her resiliencies and how she wished her future to be. For example, MC described at various points how traumatising she had found her mental health section and how non-validating some of the ward staff had been towards her in hospital; negative experiences that sadly many report following a mental health section (Healthtalkonline, 2011). Reflecting upon MC's experiences and bearing witness to them seemed to validate MC's feelings towards those experiences. Within the context of grief therapy, which formed an underlying aspect to parts of our work in relation to MC losing her mother, Metzger discusses how one needs someone to "bear witness to the evolving story with its nuances of meaning, characters, emotional patterns, consistency, and uncharted courses" (1992, p. 71). Loss as a concept was always central to MC's sessions. In addition to losing her mother, MC had lost time, memories and, sometimes, her sense of self in her narratives. The timeline and reflective conversations around MC's past events and relationships helped MC to restore context and find meaning and acceptance within those narratives.

With further reference to MC's self-narratives, MC explored her emerging narratives of bravery, resilience and perseverance further. Based on the stories MC disclosed, she chose a number of strengths from a selection of strength-based words, all of the strengths she saw in herself. Following these narrative and strength-based conversations, a three-stage process was developed about change and outcomes. During our eighth session, MC related the process of

her recovery to how caterpillars grow and change through metamorphosis, in the chrysalis, and finally become butterflies. MC suggested her psychology sessions were a part of the metamorphosis process, which led to exploring MC's identified strengths that had developed through her earlier life and what she wanted to take forward and leave behind through metamorphosis.

The final phase of this process was connecting MC's strengths to her goals by looking at how she had coped with difficult situations and the strategies she thought were helpful. For example, MC's strength of curiosity was linked with being able to ask questions, find answers and solutions to problems, which led to fewer generalised worries. Additionally, her interest in learning how things worked and her knowledge of self-help connected to her mindfulness and colour breathing work, which helped her manage her unwanted dissociative experiences through controlled visualisations. As a final example, MC's search for enhanced self-awareness facilitated understanding how her body and mind worked together, influenced through the psychoeducation undertaken (sleep, body balances, trauma, and memories), which led to her acceptance of her reactions and natural responses to the traumas she had experienced. Over the weeks that followed, MC developed these small links into her sketches around metamorphosis, which highlighted progress and change.

As MC's sessions continued, MC made increasing references to the time losses she had experienced and how disconnected she could feel from herself and others at times. At the end of one such session, in which the processes of the sympathetic and parasympathetic nervous systems in relation to her memories of the section had been discussed, MC stated she wanted to understand more about her dissociative experiences. The two authors of this paper discussed the possibility of undertaking the Trauma Symptom Inventory (TSI, Briere, 1995) with MC as a part of her assessment. However, there were concerns that MC would find the experience of

the TSI challenging as she had described feeling pathologised by services and it was suspected that her dissociation score would be very high. Accordingly, the process was discussed with MC, although she said she would like to undertake the TSI and did so in her eleventh session.

MC's dissociation score was high. However, MC was intrigued by this rather than troubled because her high score was congruent with the natural responses to her trauma that had already been integrated into her self-narrative. As the TSI asks the client to report their perspectives on the questions over a six-month period, it was possible to discuss what had changed for MC and how MC would like to utilise her subsequent sessions. With change in mind, MC's butterfly re-formulation was revisited and it was agreed that the final step would be to consolidate the work done so far.

Case Discussion

As MC reflected upon what had changed for her throughout therapy, she was able to draw upon narrative exceptions of strength and creativity in both her own and her mother's stories. MC reflected that butterflies continue to grow, change and experience new things even after metamorphosis. That is, MC recognised she was still developing new interpretations and skills, and would continue to do so after therapy ended. Indeed, the use of creative artwork formulation appeared to facilitate the use of metaphor throughout the therapeutic work and would seem important to incorporate for artistic clients.

MC also reflected upon the nature of her psychology sessions, in that although MC had disclosed life events that she found very traumatic, later sessions were often based on her humour rather than her difficulties. Humour was an important aspect to later sessions with MC, which was reflected to her. Keltner and Bonanno (1997) hypothesised that laughter could facilitate dissociation from distress in a way that provides some peace whilst also enriching social relationships. In some of her early sessions, MC would laugh briefly about stories that

sounded upsetting. However, as MC became more comfortable in showing her vulnerability and sadness in sessions, any laughter became more contextualised in happier or authentically humorous accounts. Recognising this process and MC's enhanced connection to her emotions appeared an important aspect of witnessing healing.

To conclude MC's therapeutic work, the process of a 'goodbye' to be exchanged in her penultimate session was explained, reflecting on the therapeutic work undertaken. In place of a replying 'goodbye letter' to her therapist, MC developed a tree painting of recovery she had begun earlier in therapy as a sketch that developed from her butterfly reformulation (Figure 1). MC had struggled to paint since her section, due to the criticisms about her paintings from ward staff. MC reported that she was discouraged from expressing herself through painting on the hospital ward. She explained that ward staff had implied that her paintings of angel's were "grandiose", although MC found them comforting and reminiscent of her aforementioned butterfly and angel cards. In relation to the use of art and traumatic experiences, Sarid and Huss (2010) suggest that art therapy can be particularly helpful for people shortly after experiencing trauma, during the acute stress disorder stage, when the traumatic memories and their organisation are malleable.

However, after MC's traumatic section, which triggered memories of a prior sexual assault, she reported feeling ridiculed for trying to draw on her artistic resources. This experience impacted negatively upon her wellbeing and willingness to try to use her artistic expression to support her healing. This example highlights how important it is that people are encouraged to draw upon their creative strengths in times when resources are strained, in order to protect their psychological wellbeing. As Thompson suggested when discussing past trauma: "The aesthetic space of art can gently nudge dissociated cognitive schemas together, bind them with affective resonance, and encourage greater coconsciousness." (2011, p.42), which seems

reminiscent of the aforementioned formulation processes described by Johnson and Dallos (2006). This also appears to be the process that MC felt she needed to undertake, although was only able to do so much later through therapy.

As MC's therapeutic work approached its end, MC had begun painting again. MC's tree developed over the last few sessions to form a complete reformulation that connected her past experiences with her difficulties, strengths and sense of a whole-self. As MC described her tree painting, she explained how she was able to hold in mind a complete sense of self that could accommodate her past traumas as well as everything she had learnt and her resiliencies at once. MC documented important events and strengths through symbols, such as butterflies to signify change and new possibilities, bees for finding good things, protective bark and birds of freedom. MC also included some dark beetles symbolic of traumatic events close to the roots of her tree, contained by her fonder memories of childhood, although commented that: "they're not ruining my picture anymore." Finally, MC was able to use her recovery tree formulation to discuss her hopes and wishes for her care with her wider multidisciplinary team, including her social worker and care plan coordinator, and psychiatrist. She successfully renegotiated aspects of her pharmacological interventions to move towards self-management through non-pharmacological means. Additionally, she was able to use the support from her care coordinator to foster her independence with her increased awareness around her personal strengths.

<*Figure 1:* Tree of recovery painting with written notations from session>

Conclusion

Despite MC's presenting difficulties, she managed to combine her resources of self-help knowledge, creativity and spirituality with psychoeducation, collaborative creative artwork formulation and meaning making. The key techniques employing creative artwork

formulation were not complicated, although have not been recorded and discussed as yet in the literature in this context. Although preliminary in nature, the approach discussed in this article could be delivered by a variety of practitioners across a range of settings and warrants further exploration and review. Through listening to MC's accounts, making her strengths explicit within her narratives and discussing how MC approached situations, MC was able to reflect on her resiliencies, rather than solely difficulties, and enhance her control over her dissociative experiences. Through these reflections and self-empowerment, MC became more hopeful about her future and satisfied with the life she had made for herself. There was a shift from accounts of being "fierce" to stories of being "vulnerable" and then to reflections on being "strong in difficult times." Accordingly, MC developed her self-narrative and self-awareness through expressive and creative formulation, which led to a sense of wholeness and an integrated self-narrative. MC's perception of herself shifted, which enabled her to become increasingly self-compassionate and accepting of her coping strategies. Finally, underpinning these processes was a safe therapeutic relationship, through which MC was able to experience a secure connection, which she reported facilitated her reconnection to herself.

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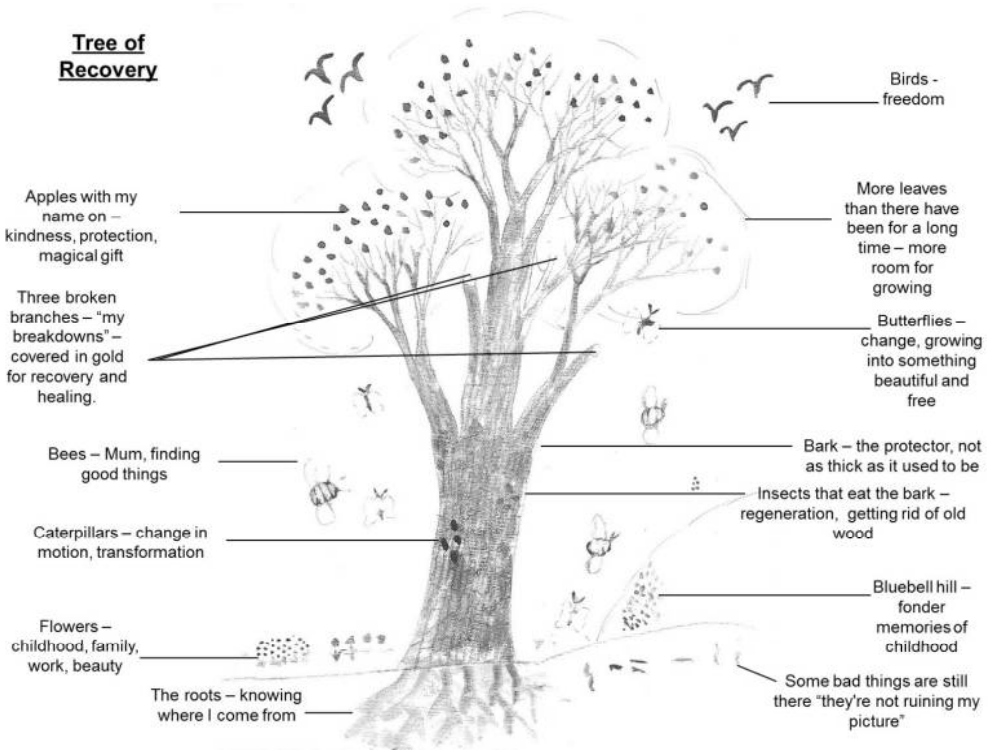

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