A multi-modal approach to overcoming childhood trauma, using cognitive behavioural therapy and art therapy

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Abstract

In this paper I reflect on what made for a positive treatment outcome of childhood traumas for an adult patient. I underline the importance of promoting safety for the patient and in being particularly attentive to the therapeutic alliance. The therapeutic interventions reflect my dual training as a psychologist and an art therapist; Cognitive Behavioral Therapy techniques such as relaxation and safe place visualisation are combined with Imagery Rescripting and Reprocessing Therapy (IRRT, an imagery-based CBT treatment) and art therapy. The first allows the patient to visualise the traumatic scene as a helpful adult witness grounded in safety. This in turn allows for the opening up of unprocessed emotions and sensations of the traumatic memory. Art therapy has the ability to contain, express and transform the emotions and sensations, and facilitates the healing process by giving the patient a sense of mastery and closure.

Keywords

Trauma, therapeutic alliance, safety, art therapy, CBT, visualisation.

Introduction

This article focuses on process in the healing of childhood trauma with adults through a case example. I begin by presenting the patient story and the therapeutic goals. I emphasise the fundamental prerequisite of fostering safety for the client; a safety that must also be embedded in a sound therapeutic alliance. I focus mainly, however, on techniques and processes that combine different approaches to therapy. Being primarily trained as a psychologist in Switzerland, I later trained as an art therapist in Australia. Getting the two types of training to co-exist and enrich one another has at times been a challenge. But 15 years in private practice have seen me draw knowledge and inspiration from both disciplines and I now consider them a strength. This paper provides an example of an eclecticism that seems to fit the patient's personality and needs as well as the nature of their problem. To me what matters is what 'works' and helps the patient. The interventions here are divided into four steps:

1. Setting the scene, grounded in safety;
2. Visualisation of the traumatic scene as a witness;
3. Listening to the unprocessed emotions and responding to them appropriately;
4. Externalisation of the remaining trauma-related emotions and sensations through art therapy.

These steps are illustrated by describing three sessions towards the end of therapy.

Rose[1] and her story

Rose is a dynamic and confident 50 year old woman. She is married and has two teenage boys. She is a high-school teacher who feels passionate about her job. She has a rich social and cultural life. Even though she feels generally happy, she now seeks therapy for the first time to control binge-eating behaviours. She initially saw a dietician and it quickly became apparent that there were strong unresolved emotions underlying the disordered eating behaviours. This is how Rose came to see me.

Along the course of many sessions, Rose shares being presently unhappy in her marriage, and a history of abuse and neglect as a child.

Her mother was under the influence of alcohol and would often leave Rose alone for days without food – she remembers once eating a whole slab of butter because she was starving. She suffered neglect from birth until she was five years old. She was then forcibly taken into the care of her great-grandparents, whom she describes as loving and caring. When she was ten years old her father abruptly reappeared in her life and took her to live with him and his new partner, who was physically violent and neglectful towards her while her father turned a blind eye. As an adult she experienced traumatic incidents: being taken hostage at gunpoint in a bank, and miscarrying at a funeral when five months pregnant with twin boys.

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