

事例研究：クライアントの物語変化と創造性の活用について

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Resource at Hand: A Case Study of Client's Creativity and Narrative Development

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Abstract

This paper presents a case study for a patient suffering from panic disorder and complex post traumatic disorder. The researcher depicts some concepts in the course of counseling: emotional literacy, clients' creativity, and narrative development. Reviewing previous articles and analyzing this case study illustrates core understandings of therapy on psychological trauma and the process of narrative development. In the counseling sessions, the intervention technique using family photograph is explored. In addition, the clients' self-help drawings, as motivational readiness, piece the whole healing process together. The potential effectiveness of using resource of healing valuable and characteristic in and around the client is discussed.

Keywords: emotional literacy, client's creativity, psychological trauma, narrative development,

I. Introduction

“Stories can build bridges that link us together in the humanistic endeavor of medicine” (Bishop, 1998. 1960e). Shared stories are powerful and relay feelings and emotions through a shareable perspective between the teller and the listener, while having chaos in decoding the meaning (Bishop, 1998; Greenhalgh, & Collard, 2003; Salvatore, Dimagio, & Semerari, 2004). Some of the materials that are adaptable for story making in counseling are images such as drawings, pictures, and photographs. These images may express and amplify issues which cannot be easily narrated (Morioka, 2007). Using imagery in counseling cannot always come about through counselor’s initiative, while clients hold the materials as a possible resource of healing. By clients’ initiative, imagery sometimes works as a means of flight from self-distortion (Lossman, 1987/1991).

This paper presents an analysis of a narrative approach in counseling and a use of the imagery that produced prior to the initial consultation. Reviewing previous articles and this case study, in terms of narrative therapy with family photographs and self-help drawings, will illustrate an understanding of the effect of ‘extended narratives’ in the healing process (Salvatore, et al. 2004). The client is a 25 year-old female, Amy, who has survived through life-long trauma of domestic violence inflicted by her Father. The Father’s death triggered her problems. She entered counseling to deal with her various symptoms of bulimia, phobia, panic, insomnia, and self-harming behavior.

The researcher discusses the effective elements that cooperatively weave the clients’ narrative; the rationale of this counseling process. Finding resources outside of the therapy and appropriate medium related to the clients’ daily life is crucial in building harmonious relationship with them (Holm-Hadulla, 2014). Specifically, Family Photograph Technique (Sherman, & Fredman, 1986/1990) and clients’ self-healing works will be explored in order to make therapeutic dialogue effective. After reading this paper, readers will understand the importance of generative thinking in self-healing and the clients’ creativity

(Gladding, 2011; Hold-Hadulla & Hofman, 2012); the value of art inside and outside of therapy. Also, the description of burdensome adult life with the legacy of traumatic childhood; emotional constriction, sensation-seeking, and reenactment of their past relationship (Crosson-Tower, 2002; Dayton, 2000; Herman, 1992) will be informative for readers.

II. Problems & Assessment

Initial Interview

Amy (anonym) is a 25-year-old female who came to the researcher to deal with her various symptoms of bulimia, phobia, insomnia, panic, and self-harming behavior. Her first-hand primary doctor referred to the researcher without prescribing medicine. When she was 23 years old, her Father's critical phase of stomach cancer brought her to his bed side where he apologized to her for his past parenting before passing away. The realization of her father's death began to sink in after several weeks, and she began to suffer from panic attacks. Memories of untrustworthiness, threats and numbness were dominant, as were feelings that she could not escape from the violence, or that she was being slashed at by someone. She felt concerned about when the next panic attack would occur to the extent of being unable to drive a car for over two months. In addition, she felt a growing suspicion toward her boyfriend, whose motives she would persistently examine, sometimes culminating in her throwing cups and knives at him.

Her father had an alcohol problem, indulged in extramarital affairs and committed domestic violence. Her mother had been living alone for over eight years after divorcing him. Two of her elder sisters live in the same city; one lives alone, and the other is divorced and lives with her young daughter. She constantly felt anger and feelings of wanting to kill the father. When she was 17 years old, she left home, moving from one friend's home to another's, and then staying at a dormitory provided by her

employer. Finally, she settled in with her boyfriend, and lived with him at the time of first consultation. Initially he was very kind; however, gradually his problems of drinking, gambling, and showing aggression became apparent. She was ambivalent toward his threat that he wanted to separate because of her emotional problems. He was also a survivor of domestic violence in his childhood.

Her elder sister, who lived nearby, often listened to her complaints. Her Mother accompanied her to the initial interview and described her as follows: “She does not seem to be disordered. She was a good girl, always caring for me after I was attacked by my outrageous husband. He might have been kind to the children but not to me.” There was a little difference between the stories of Amy and the Mother; however, Amy’s motivation for seeing a doctor brought her to the researcher.

Assessment

A person who is abused or traumatized may develop morbid defensive behavior or cognitive pattern, which help them avoid emotional and psychological pain (Dayton, 2000). Therefore, survivors, especially children, often find the experience and related symptoms difficult to verbalize (Cook-Cottone, 2004). Crosson-Tower (2002), Dayton (2000), and Herman (1992) enumerated reactions following with psychological trauma as being emotional constriction, sensation-seeking, reenactment, and drug/alcohol abuse which makes these reactions difficult to diagnose as PTSD.

Domestic violence has a severe emotional impact on children. Being physically abused and witnessing one of their parents attacked inflict the children on their emotional states. Specifically, in a journey of their life, often after the third or fourth decade, the aforementioned defensive system can break down (Herman, 1992). The system breakdown when the equilibrium of their close relationships changes: the failure of a marriage, the birth of a child, the illness or death of a parent. In this situation, any kind of psychiatric disorder can appear. The death of Amy’s Father triggered the breakdown. She

explained that the sensation of flashback, numbness, and other dissociative feelings were as if she was being exposed to her Father's violence all over again and being abandoned.

Panic attacks are common reactions to overwhelming stress or anxiety (Whalen, & McKinney, 2007). One of the panic attacks must be followed by at least a month of persistent concern about having additional attacks (American Psychiatric Association, 2013; Beamish, Granello, & Belcastro, 2002). Amy's problems do not include agoraphobia, substance abuse, or any other mental disorder such as Social Phobia, Specific Phobia, Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder (PTSD), or Separation Anxiety Disorder. Elimination of these other disorders allowed for a diagnosis of Panic Disorder (300.01) without Agoraphobia; however, this is a controversial idea in terms of excluding PTSD that the researcher mentions later.

Many self-harming behaviors can be understood as figurative or literal reenactments of the initial abuse (Herman, 1992; van der Kolk, 1996). For example, Levenkron (1998) describes a child's experience of being uncomfortable, neglectful, or in a painful situation even with the child's parents. The child has only him/herself to blame for the fault of failing to adjust to the pain, and the self-harming behaviors serve the function of regulating intolerable emotional states, in the absence of alternative self-soothing strategies. According to White Kress (2003), impulsive self-harming behavior consists of skin cutting, burning, and self-hitting of mild to moderate severity. When people harm themselves, they are usually in a trance state which makes them feel calm or numb, seeking out the pain and blood (Herman, 1992; Matsumoto, 2008; Trepal, & Wester, 2007; van der Kolk, 1996; White Kress, 2003; Yaryura-Tobias, Neziroglu, & Kaplan, 1995).

Amy has experienced some of these feelings. She does not feel her body as herself. Daydreaming takes her to another place where she feels like she is a bubble. It causes episodic self-harming behavior such as bumping her arm intentionally against a table and cutting her wrists in order to make sure it is

her own arm. Above-mentioned dissociative feeling was related to her infantile memories. Amy's Dissociative Experience Scale (Carlson, & Putnam, 1993) resulted of 57% that she will be diagnosed as having Dissociative Identity Disorder (DID). Although DID and the alternative diagnosis of 'Complex Post-Traumatic Stress Disorder' (Herman, 1992) had been examined, DSM-IVTR (American Psychiatric Association, 2000) as available of the day only to diagnose as panic disorder for Amy.

At the end of the first session, the researcher had Amy draw a tree [See figure-1]. Persistent lines of the trunk implied that she was controlling her temper with difficulties. In addition, a leaf on the dead branch impressed that the counseling was the last hope for her. Therapists working with such client should be prepared to deal with past issues of childhood trauma as well as the effects of such experiences on current relationships (Zila, & Kiselica, 2001).

III. Intervention & Follow-up

In the 2nd session, Amy talked about her childhood memories. Although she liked to sleep side by side with parents, she always woke up to find her Father gone. Sometimes the father messed up their rooms, touched on her head tenderly, before leaving to go somewhere. Amy still felt a lot of anxiety when sharing her memories of the family. Flashback of memories caused insomnia and feeling of panic. Since her boyfriend's behavior overlap with that of her Father, she felt that he was unreliable. She was suspicious towards him and demanded that he explain himself if go somewhere, which in turn caused his irritation, weariness, and finally violence.

Considering the aforementioned story of her problems, a careful review of her important relationships, assessing potential sources of emotional and practical support, was required (Herman, 1992). Amy's Mother, who accompanied her at the initial session, was helpful in her recovery. She had a different perspective concerning the family relationships. However, problems occur when an

individual is unable to piece together his/her memories of traumatic experiences (Salvatore, et al. 2004). For Amy, it was impossible to verbalize her emotional diffusion so that she could not make sense of the cumulative effects of her childhood trauma.

Presenting detailed information about post-traumatic reactions can often affect the client and their family or friends (Herman, 1992). Therefore, the researcher explained the hypothesis that her problem was a complex post-traumatic reaction.

Family Photograph (Session 3-5)

At the 3rd session, the researcher intervened in the family system with a homework task. Realizing that the cause and effect of her trauma would not draw enough cooperation from her mother, he implied that Amy felt a grudge towards mourning for her father. The researcher suggested that she work through her past memories by selecting some snapshots from her family album, a technique known as Family Photograph (Sherman, et al. 1986/1990). The process of choosing a photograph from the large number of pictures contained within the album holds a great deal of significance for the family members. Family photographs reawaken memories and emotions that had been repressed. By working through the photo collection, the problems transfer to a more positive account for the individual (White, & Epston, 1990). It was helpful in facilitating the interaction between Amy, her mother, and her sister by selecting some photos in order to show them to the researcher. By sorting out their photographs, they talked about their father and their family life, articulating their individual feelings and their interpretation of their experiences. The mother gave her a wrist watch as a token to remember the father and advised her that she should meet and talk to his second wife. Working on the photo collection gave Amy some relief. By seeing photos of the parents before they married, she understood that the parents' relationship resembled her own relationship with her boyfriend.

Eventually, she broke up with the boyfriend and went back to live with the mother. Her panic symptoms disappeared by the 4th session. Although an anxiety of another panic attack had kept her from driving a car, she drove alone to the 5th counseling session and looked nice. The mother advised that she dress smartly for the session, implying that she felt better than ever. She started a new job with no signs of panic or irritation, and with better interpersonal relations with her coworkers. Because of this improvement, she asked to reduce the number of sessions from twice to once a month. She looked noticeably different from the former sessions.

Follow-up & Self-help Drawings (Session 6-9)

In the 6th session, she appeared to have gained a little weight. She was satisfied with the job, although working hard did create some stress and sometimes she became inarticulate due to fatigue. She did not complain about the work place, confessing that showing weakness creates anxiety and her fear of abandonment. Only these symptoms continued to bother her. The counselor praised her advancement and suggested that her notion that feeling a fear of abandonment was a weakness could be modified. At the 7th session, she reported only moderate feelings. Since she confessed to the mother that she felt work related stress, her mother advised her to resign the job, and her sister proposed living together with their Mother for economic reasons. Her remaining symptoms were daydreams, anxiety, and a feeling of isolation. She asked to continue the follow-up sessions once a month.

In the 8th session, she talked about the family history that she heard from her elder sister. She did not know the fact nor remember the story. Although she knew she had a habit of lingering outside unconsciously when she had a bad day, the memory of lingering with her sisters alone was because of the father's alcohol binges. As one story after another was revealed, she became astounded by the sister's tale within the same family. That helped her connect the facts, her current anxiety, and the

symptoms together. She mentioned that these facts, her old stories, and her problems somehow made sense. Being a good girl was the only way to survive through the dysfunctional family. Now, being unable to show weakness makes her feel stuck and isolated, she said. The researcher implied that she was actually a strong survivor of a difficult family process and that she was not at fault.

At the end of the 8th session, through her own initiative, she brought in a series of her drawings and said “Please take a look at these drawings. I hope you feel something about me.” They were like the paintings of Picasso. Figures-2 and 3 were drawn before the onset of the panic symptom. Figures-4 and 5 were around her father’s death, and figure-6 was done a month prior to her first contact at the researcher. Apparently, figure-4 represents her physical sensation of being a bubble what she implied in the assessment period. She stated that drawing pictures was not her hobby, but more like an unconscious activity. The drawings aided the researcher to understand her feelings of dissociation and show empathy for her struggle at the time when these drawings were made. The two of them shared the contents of what they had talked about through all of the counseling sessions. She talked through her tears, reaching some relief. Again, the researcher emphasized the importance of her drawing activity for controlling her emotional difficulties.

This dialogical process occurs back and forth, inside and outside of therapy by a process of self reflection (Tallman, & Bohart, 1999). It enabled Amy to examine her life and construct a story that connects the memories and emotions she experienced. Her next session in two months was cancelled, but she came again six months after the 8th session. In the follow-up session, she reported that her emotional difficulties had subsided, and she no longer suffered from panic or self-harming behaviors. Her self-awareness was better than ever. That was the last session she came.

IV. Discussion

“People who are emotionally illiterate cannot tell you how or why they feel the way they do, while trauma and addiction exacerbate this condition.” (Dayton, 2000. p.49). On the other hand, images are the most basic level of representation and construction of the self (Salvatore, et al. 2004). Dialogue inspired by photos creates a shared emotion, which helps to make the images remain longer in ones’ mental space. It generates narratives that are consistent with themselves by linking past to the present and future (Pasupathi and Hoyt, 2009). In this section, the researcher discusses the two types of medium and the interaction in terms of narrative development proposed by Salvatore, Dimaggio, & Semerari.

Photography as communication tool

The researcher used the remaining family photographs of the client as a source of narrative development. He took the method from Sherman, et al. (1986/1990), proposing that client select personal snapshots and family photos from the past. Selecting the photos evoked the past feelings, memories, and ideas of the family. The task functioned as a catalyst in re-experiencing, understanding, and dealing with their un-solved inner conflict. The technique is in the range of PhotoTherapy that defines photography as a communication tool rather than photography as art (Wieser, 2001). The photograph incentive contains family secret, myths, and anecdotes along with their occasional beliefs, roles, and subjective questions. With these elements in the family photograph, the intervention facilitates their assimilation to the new collaboration, disconnection from the old narratives, and reconnection to the alternative story (Donald, 1998; Greenhalgh, et al. 2003). The work involved “the construction of narratives on past experiences” and “the creation of a sense of continuity over time” (Pasupathi, et al. 2009). In addition, confession of their limitations and imperfections in the past tugs at their heartstrings and gives them relief and hope. Their interaction illustrates the beginning of a sense of

belonging (Kurtz, & Ketcham, 1992). It serves as a bridge between the self the client is aware of inside and how the others see him/her. Motivation for change is partly a result of working in harmony with people (Hubble, Duncan, & Miller, 1999; Pasupathi, et al. 2009). In this case, other family members did not necessarily have to participate in the counseling session. Systemic principles and their better interaction were crucial (Cottrell, 2003). Thus, in order to facilitate their interaction, Family Photographs act as valuable medium of spontaneous recovery: self-healing for the family system. However, an interaction of this kind can occur without professional intervention.

Clients' Creativity as therapeutic art

“Readiness for change is inseparably tied to motivation or what might be called motivational readiness (Hubble, et al. 1999, p.407)”. As Tallman, et al. (1999) claim that the rate of spontaneous recovery is approximately 40%, that is people often commence self-healing work without professional intervention. Scheduling an appointment simply mobilizes clients and helps them to further develop their self-healing capacities. In this sense, the real therapy occurs outside of therapy. Also, imagery acts as a language connecting the body and soul, leading to improvement in ones life and health unconsciously (Lossman, 1987; Salvatore, Dimaggio, et al. 2004; Tanaka, 2003). The effectiveness of creating art is supported by Wieser (2001) as “therapeutic art”, and the action opens the doors of self-expression (Tanaka, 2003). The client’s creativity in the drawings came through in one of counseling sessions by Amy’s initiative. She had an urge to draw her own self-image. It served as a means of controlling her overwhelming emotional conflict and physical discomfort; however, Amy had decided that she was unable to get to recovery sufficiently by herself. The drawings allow the researcher to have vicarious feelings, empathy, and understanding; leading to feelings of relief of this connection with someone who can share her emotions.

Since those who have been traumatized cannot identify, translate, and convey what is going on inside of them, a counselor's task is to name and give voice to expressions that they cannot articulate (Dayton, 2000; Wieser, 2001). When re-telling their memories, clients' imagery can be appropriate material (Morioka, 2007). Client and counselor can examine the imagery numerous times, plotting the client's experiences coherently: putting together the various units of expression leads to the client's integration (Morioka, 2007; Salvatore, et al., 2004; Tanaka, 2007). Salvatore, et al. (2004) present simple examples of this; a child is scared and longs for a soothing figure, the figure provides relief and eases the child, by carrying out certain actions. On the other hand, finding no figure leaves the child remaining distressed.

Narrative Development as a Therapy Process

In this section, the researcher discusses the 'emotional literacy' (Dayton, 2000) in terms of 'narrative development' along with the family photographs and the self-help drawings in Amy's case. 'Emotional literacy' is the ability to talk out rather than act out our feelings. Giving language to the client's inner world using counselor's skills of 'emotional literacy' is called 'memory editing', and this promotes physical and mental health. It creates a map of emotional and psychological experience. People organize their experiences in the form of narratives allowing them to find meaning in what they have heard, the interaction they have had, and the experiences, giving them confidence in their futures (Cottrell, & Boston, 2002; Salvatore, et al. 2004). Decoding the meaning of what people had experienced undergo following developmental levels: (1) pre-narrative level, (2) proto-narrative level, (3) procedural unconscious narrative level, (4) conscious propositional narrative level, and (5) verbal interactive narrative level (Salvatore, et al. 2004). The family photograph mediated the family dialogue around 'problem saturated narrative' (White, et al. 1990) or 'impoverished narrative' (Salvatore, et al.

2004) as is on the proto-narrative level: the components of Amy's experience were not connected together in meaningful sequences, and she was unable to figure out the meaning.

On the other hand, the degree to which clients connect various aspects of experience pertains to recovery (Tallman, et al. 1999). In order to achieve a high degree of connection, it is important to understand the experience at the physical level as well as at the intellectual level. Amy mentioned the facts about the family's stories, her old stories, and the problems somehow made sense. That was logically coherent to her, but she lacked a physical understandings. Muntigl (2004) emphasizes 'proper scaffolding' for clients' narrative development, while mediation of drawings and dialogue effects during the period of clients' self-reflection or recovery (Yamasaki, 2004). Amy's offering of the self-help drawings was timely. She was able to develop her 'Emotional literacy' with the drawings, which represented her body images dissociated from her consciousness without an articulate or coherent verbal story. With the help of the drawings, Amy and the researcher had a dialogue, considering her problems in context, generating new alternatives, re-experiencing old traumas, and recovering her coherent stories. The triad structure of the client, the researcher, and the drawings (Kakuyama, 2007; Nakamura, 1989; Yamasaki, 2004) facilitated in building physical understandings and 'Emotional literacy'.

Amy was sufficient with the dialogue in the triad structure, becoming aware of her current problems and issues of further development. Morioka (2007) states that arranging the elements of experience are important in creating alternative stories. The process of dialogue with images creates new experiences as well as the process of passing by. There are true and proper stories where the identities of the internal narrative interact with each other on the verbal-interactive narrative level (Salvatore, et al. 2004). In this sense, Amy achieved the narrative level with the researcher; working on a co-constructive dialogue and creating meaning of experience (Tallman, et al. 1999; Zimmerman, &

Beaudoin, 2002). With the ideas from Salvatore, et al., Amy's 'proto-narrative level' was changed to 'verbal interactive narrative level' through the latter follow-up sessions.

Since her condition had improved due to the use of family photographs and dialogue, she was able to show her self-help drawings to the researcher for further narrative development. The materials were used in her recovery to piece together her problems and coherent identity. Noguchi (2006) described that drawings are some of the elements in clients' narrative, while they trigger the unfolding of the therapy process. It is true of the family photographs in this case study, as well as Amy's self-help drawings that were brought to the session. The concept of 'narrative development' significantly correlates to the therapy process with resources close to clients. Family Photograph and clients' creativity are some of the valuable resources that help the clients' 'narrative development' and exploring his/her trauma. Therefore, counselors are required to explore the clients' self-help creativity as a resource of healing, contemplating what kind of resource is best suited to each client.

V. Summary

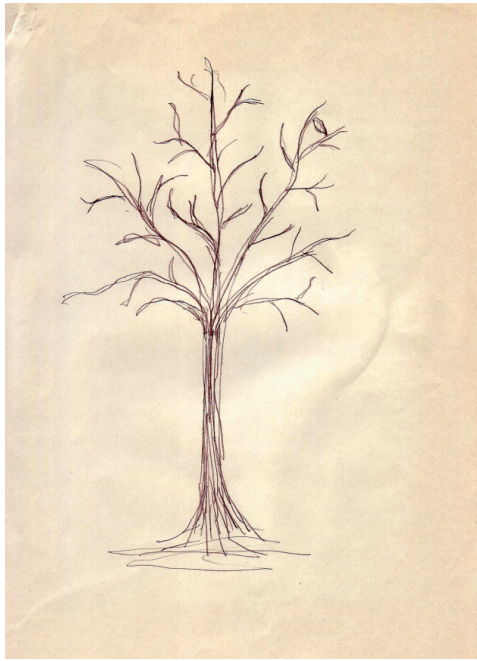
The researcher discussed Family Photograph Technique, the clients' self-help drawings that crave for dialogue, and the role of narrative development in the therapy process. The healing process is dependent on clients' development of 'emotional literacy'. Also, trauma survivors' reactions of emotional constriction, sensation-seeking, and reenactment of their past relationship are difficult to diagnose as PTSD, and which occur when the equilibrium of their close relationships changes. During the therapy process, counselors are required to provide with 'proper scaffolding' during the clients' self reflection or recovery: to name and give voice to expressions that they cannot articulate. Especially, finding resources outside of the therapy and appropriate medium related to the clients' day-to-day life is crucial element in building harmonious relationship with them, because they hold the materials as a

possible resource of healing. Therefore, piecing together the clients' past memories, emotions, and connections with the resource at hand is an effective method to ease their problems. However, this case study with the review of previous articles is an example of a practical approach in retrospective analysis. Further research will be required in terms of finding expedient application and intervention.

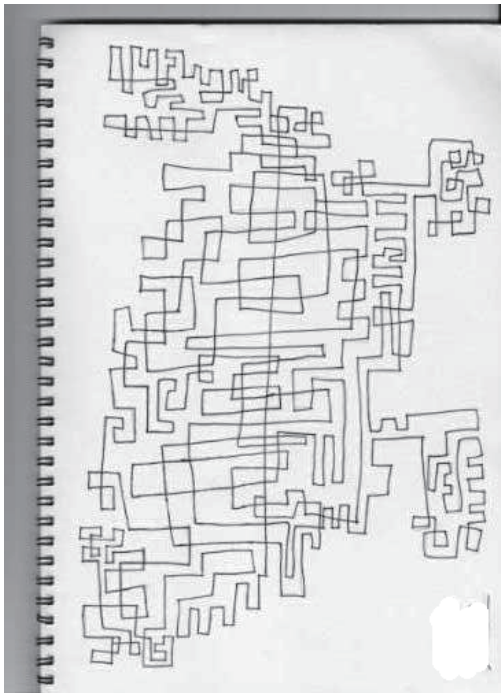
Acknowledgment

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Figures



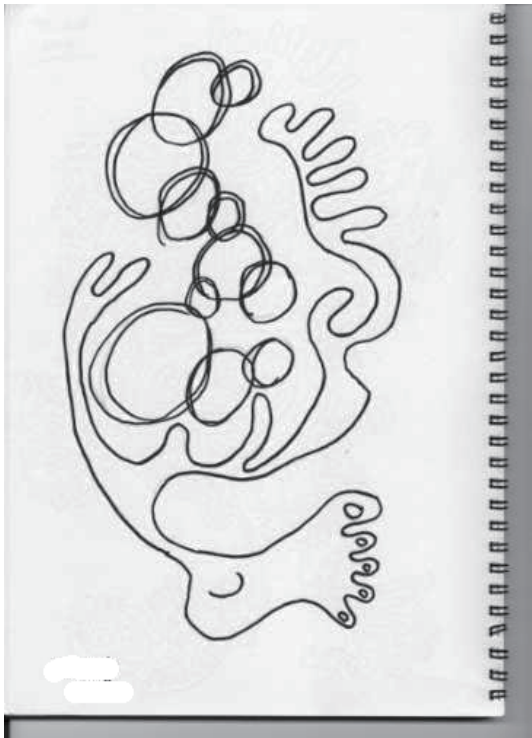
(Figure-1)



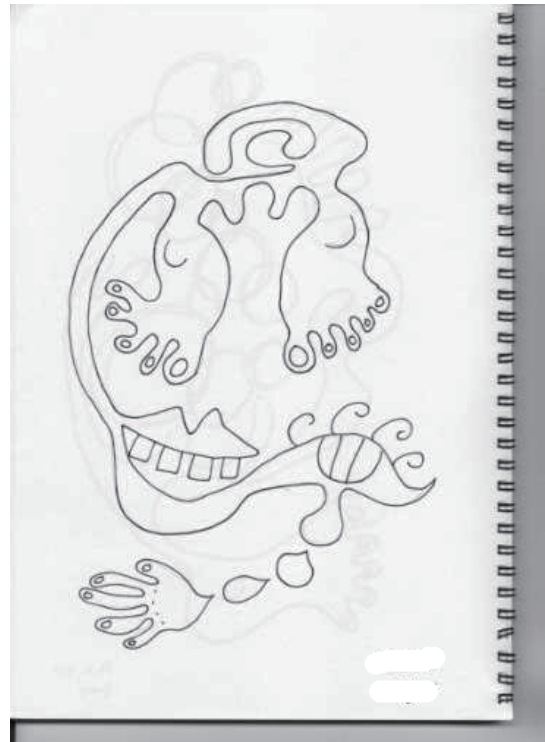
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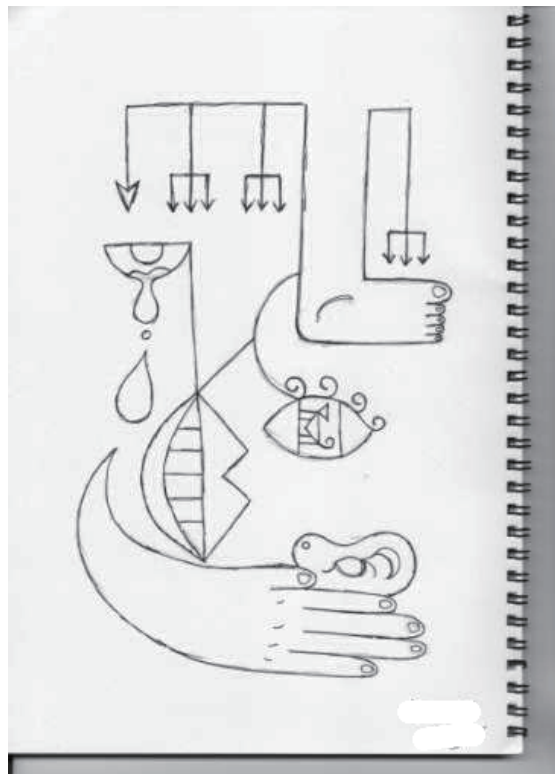
(Figure-3)



(Figure-4)



(Figure-5)



(Figure-6)

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