

2011

Art as Occupation: A Phenomenological Study of Art as a Means of Self-Expression for an Individual Recovering from Severe Physical, Sexual, and Ritual Abuse

Raina Kay Remole
Eastern Kentucky University

Follow this and additional works at: <https://encompass.eku.edu/etd>

 Part of the [Mental and Social Health Commons](#), and the [Occupational Therapy Commons](#)

Recommended Citation

Remole, Raina Kay, "Art as Occupation: A Phenomenological Study of Art as a Means of Self-Expression for an Individual Recovering from Severe Physical, Sexual, and Ritual Abuse" (2011). *Online Theses and Dissertations*. 02.
<https://encompass.eku.edu/etd/02>

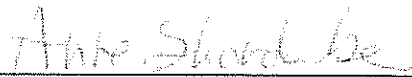
This Open Access Thesis is brought to you for free and open access by the Student Scholarship at Encompass. It has been accepted for inclusion in Online Theses and Dissertations by an authorized administrator of Encompass. For more information, please contact Linda.Sizemore@eku.edu.

Art as Occupation: A Phenomenological Study of Art as a Means of Self-Expression for an
Individual Recovering from Severe Physical, Sexual, and Ritual Abuse

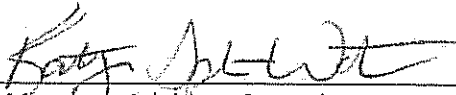
By

Raina K. Remole

Thesis Approved:



Chair, Advisory Committee



Member, Advisory Committee



Member, Advisory Committee



Dean, Graduate School

STATEMENT OF PERMISSION TO USE

In presenting this thesis in partial fulfillment of the requirements for a Master's degree at Eastern Kentucky University, I agree that the Library shall make it available to borrowers under rules of the Library. Brief quotations from this thesis are allowable without special permission, provided that accurate acknowledgment of the source is made. Permission for extensive quotation from or reproduction of this thesis may be granted by my major professor, or in [his/her] absence, by the Head of Interlibrary Services when, in the opinion of either, the proposed use of the material is for scholarly purposes. Any copying or use of the material in this thesis for financial gain shall not be allowed without my written permission.

Signature Rainald Remala

Date March 17, 2011

Art as Occupation: A Phenomenological Study of Art as a Means of Self-Expression for an
Individual Recovering from Severe Physical, Sexual, and Ritual Abuse

By

Raina K. Remole

Master of Science in Occupational Therapy
Eastern Kentucky University
Richmond, Kentucky
2010

Submitted to the Faculty of the Graduate School of
Eastern Kentucky University
in partial fulfillment of the requirements
for the degree of
MASTER OF SCIENCE
December, 2010

Copyright © Raina K. Remole, 2010
All rights reserved

DEDICATION

This thesis is dedicated to my parents

Mr. Ronnie E. Remole

And

Mrs. Robbie R. Remole

for their endless support and unconditional love over the years.

And to Emily for teaching me

more than she will ever know.

ACKNOWLEDGMENTS

First and foremost, Dr. Anne Shordike, PhD, OTR/L, for opening the door to this project and maintaining patience and vigilance through every step of the way. To my committee members Mrs. Katherine Splinter-Watkins, OTR/L and Dr. Christine Privott, PhD, OTR/L for their feedback and for serving on this thesis committee. To my family, Mom, Dad, Carlie, Ramey, Bailey, Grandmother Raines, and the late Clarence Raines and Earl Remole for unconditional love and support. To all of my friends who have made it along this journey towards graduation with me and to the ECU Department of Occupational Therapy for the opportunity to learn, grow, and succeed becoming my home away from home.

ABSTRACT

This phenomenological study presents an in-depth exploration of one individual's retrospective account of using art over approximately ten years in Occupational Therapy (OT) intervention while recovering from severe abuse with a diagnosis of Dissociative Identity Disorder (DID). After an extensive literature review, the qualitative data was gathered during thorough semi-structured interviews using conference calls and correspondence through e-mail with the participant. Data analysis involved horizontalization of narrative data resulting in the dissemination of meaning units. From these a textual and structural description of the participant's individual experience emerged through self-reflection and discussion of meaning units with the participant and outside expert. Member checking and bracketing were utilized continually to increase trustworthiness and avoid bias. Through integration of both the textual and structural descriptions of the data, this phenomenological study illustrated the essence of the participant's individual experience using art in multiple forms and its effectiveness during recovery in Occupational Therapy intervention.

TABLE OF CONTENTS

CHAPTER	PAGE
I. Introduction.....	1
Background and Need.....	1
Problem Statement.....	5
Statement of Purpose.....	6
Objectives.....	7
Definition of Terms.....	8
Assumptions.....	10
II. Literature Review.....	11
Dissociative Identity Disorder formerly Multiple Personality Disorder.....	11
Survival of Trauma and Abuse through Dissociation.....	16
Therapeutic Prescription of Activities.....	20
Art as a Silent Intermediary of Communication.....	23
Putting the Puzzle Back Together.....	25
Art and the Therapeutic Alliance.....	27
III. Methodology.....	28
Research Methods.....	28
Participants.....	31
Instrumentation.....	32
Procedure.....	33
Data Analysis.....	35

IV. Results	37
Dissociation as a Coping Mechanism in a Chaotic Reality	39
Alienation from Others and Current Tense	43
Taking Control of Trauma Memories	46
Art, in Multiple Forms, as a Bridge for Connection	48
V. Conclusion	53
Dissociation as a Coping Mechanism in a Chaotic Reality	55
Alienation from Others and Current Tense	57
Taking Control of Trauma Memories	59
Art, in Multiple Forms, as a Bridge for Connection	61
Implications for Occupational Therapy.....	63
Limitations.....	66
Recommendations	68
Summary	70
References	71
Appendices.....	77
A. Informed Consent.....	77
B. Interview Questions	82

List of Figures

Figure	Page
1. “Up on the ceiling” Perspective	39
2. Glimpse into Diana’s Internal World.....	40
3. The Color Orange as Safety.....	44
4. Example of a Floor Plan.....	48

CHAPTER I

INTRODUCTION

Background and Need

Occupational Therapy's fundamental role in healthcare has been continually redefined throughout the years. The profession of Occupational Therapy (OT) finds its roots in the Arts and Crafts movement, but has strayed from the use of the arts in interventions over the past several decades. Despite the decreased use of arts and crafts over time, the key element of 'occupation' as a vehicle for the process of healing, wholeness, independence, and balance has remained at the epicenter of the profession (Frye, 1990). Occupational Therapists have the unique knowledge to use art as an occupation in order to promote mastery over those life experiences that prevent independence (Frye, 1990). Underlying emotions and experiences, which may hinder an individual's ability to lead a fully independent life can be discovered and remediated through the use of self expressive arts. Self-expression can help the person explore, release, and understand the source of emotional distress, and in these times art can repair and transform feelings and restore wholeness (Malchiodi, 2002). The skills used in the process of making art can be generalized to everyday challenges offering another option for coping with stressors (Byrne, Raphael, Coleman-Wilson, 2010, p.14). Crafts can also allow the creator to place a sense of themselves in the end product therefore making the craft a manifestation of self (Velde, 1999).

This study will explore the use of art as occupation during recovery from physical, sexual, and ritual abuse through audio taped interviews with an individual diagnosed initially with Multiple Personality Disorder, now known as Dissociative Identity Disorder (DID). According to the National Alliance on Mental Illness (NAMI), DID is defined as, “a dissociative disorder involving a disturbance of identity in which two or more separate and distinct personality states (or identities) control the individual's behavior at different times” (2000). DID is a disorder characterized by identity fragmentation rather than a proliferation of separate personalities (American Psychiatric Association, 2000). In the majority of cases an individual is unaware of their alternating personalities. DID is most often seen in individuals with a history of abuse as a child where dissociation has served as a defense mechanism (NAMI, 2000). DID can be accompanied by depression, suicide attempts, and amnesia during transition between identities, causing memory loss, disorientation, and disconnection between self and others. The disorientation and disconnection experienced by individuals with DID can be bridged through the use of art. Art can assist in development of a stable base for an internal bridge allowing mobility and communication of thoughts, feelings, and actions experienced by the entire system of multiple personalities (Waid, 1993). By linking the identities and giving an outlet for self expression, crafts can often represent a way to exert some control over an individual’s life (Velde, 1999). Skinner discusses the limited evidence of effective OT interventions for individuals with DID. She supports the use of task oriented activities such as crafts to promote a safe and successful environment

(1990). After using a task oriented approach with art and gaining trust of all the client's identities, OTs can then begin to educate clients with DID on healthy coping skills rather than resorting to unhealthy dissociation (Skinner , 1990). More evidence is needed to establish the effectiveness of the use of art as occupation during recovery from severe abuse and to increase the knowledge of OT treatment approaches with DID.

Much research can be found in Art Therapy literature linking the use of art with mental illness recovery; however, recent occupational therapy research regarding the use of art as an occupation with this population is limited. Art is often overlooked and characterized as childish or something only trained artists can create, which may account for its decreasing use by OTs after the Arts and Crafts movement. The need to make art is a basic human urge, a trait of our species as a natural language, sex, social interaction, and aggression (Malchiodi, 2007). The connection between engagement in occupations and health has been established by the occupational therapy profession; this research will focus on using art as occupation and how self expression promotes recovery. A common theme found throughout Art Therapy literature is the process of art making and its unique ability to communicate what words cannot, as well as arts ability to build rapport and form relationships between the therapist and client that can foster greater success in therapy outcomes. For example, while working with a young woman with DID, Cathy Malchiodi, ATR, stated that, "We discovered that Carla suffered from severe abuse as a child and was now struggling with DID as a result. Through art expression she was able to uncover the memories of her abuse and begin the long

process of understanding and integrating experiences from which she had dissociated herself, experiences too painful to speak out loud” (2007). One theme that has been found in OT literature is the use of art and its ability to promote trust and a therapeutic alliance while working with clients with DID (Frye, 1990; Skinner, 1990; Waid, 1993). Art therapy literature focuses on interpretation of produced art; however, OTs have the unique skills to use art in both visual and written forms to promote task mastery (Waid, 1993). Accomplishing task mastery helps individuals with DID control the processing of thoughts, feelings, and memories from childhood abuse in a safe therapeutic environment with guidance from an OT (Waid, 1993). Therapists from many disciplines, including occupational therapy, use art for therapeutic intervention. This study will contribute to the body of knowledge regarding the importance of art in visual and written forms for a person recovering from abuse.

Problem Statement

The use of art in Occupational Therapy intervention has changed and evolved over the years since the beginning of the profession with its fundamental roots planted in the Arts and Crafts Movement (Levine, 1987; Reed, 1986). However, OTs have used different forms of art over the years to provide therapeutic interventions with little consideration for proven therapeutic outcomes and evidence based practice (Reed, 1986). There is little knowledge concerning the continued use of art in Occupational Therapy intervention and more specifically in the mental health arena. This study serves to investigate and explore the use of art during one individual's experience with Occupational Therapy intervention while recovering from severe mental, physical, and sexual abuse in order to increase knowledge of art as a treatment modality for Occupational Therapists.

Statement of Purpose

The purpose of this qualitative study is to explore the recovery process through use of both visual and written forms of art as occupation following severe physical, sexual, and ritual abuse in one individual diagnosed with Dissociative Identity Disorder (DID) formerly known as Multiple Personality Disorder (MPD). A phenomenological approach will be used to gain in-depth insight into the individual's personal experience using art during the recovery process in occupational therapy intervention.

Objectives

To support the purpose of the study, this research will address the following objectives:

- To explore art as a meaningful occupation for the individual participating in this study.
- To discover how the occupation of art evolved throughout the participant's process of recovery during approximately ten years in Occupational Therapy intervention.
- To discover the influence of the occupation of art on other aspects of the participant's life throughout the lifelong recovery process.

Definition of Terms

Alter - a distinct alternate identity or personality state that recurrently takes control of behavior causing an inability to recall important personal information (APA, 2000).

Dissociation - A mental response that diverts consciousness from painful or traumatic associations. Such responses may include depersonalization, derealization, amnesia, splitting of identity or even loss of consciousness; in essence, escaping painful associations of reality by going to another real or imaginary place (ASAP, 2007).

Dissociative Identity Disorder (DID) - Formerly known as Multiple Personality Disorder (MPD), DID is a dissociative mental disorder characterized by the presence of two or more identities or personality states that recurrently take control of behavior. There is an inability to recall important personal information, the extent of which is too great to be explained by ordinary forgetfulness and the disturbance is not due to the direct physiological effects of a substance, general medical condition, or in children attributed to imaginary playmates or other fantasy play (APA, 2000).

Phenomenology - A philosophical approach to the study of experience (Smith, Flowers, & Larkin, 2009). "This type of study describes the meaning of experiences of a phenomenon (or topic or concept) for several individuals" (Creswell, 2007, p.236).

Physical Abuse - Inflicting non-accidental bodily injury through excessive force or forcing a child to engage in physically harmful activity (McGraw-Hill, 2002).

Recovery - (a) return to an original state, (b) convalescence, recuperation, recovery (gradual healing through rest after sickness or injury), (c) the act of regaining or saving something lost or in danger of becoming lost (Princeton University WordNet, 2010).

Ritual Abuse - Abuse in environments, usually secretive, in which a victim is ritualistically and methodically traumatized (NAFF, 2009).

Sexual Abuse (Child) - (a) the inappropriate exposure of a child to sexual acts or materials, the passive use of children as sexual stimuli for adults, and actual sexual contact between children and older people, (b) sexual contact with a child that occurs as a result of force or in a relationship where it is exploitative because of an age difference or caretaking responsibility; the activities displayed by the offender range from exhibitionism to intercourse (McGraw-Hill, 2002).

Sexual Abuse (Adult) - The sexual mistreatment of another person by fondling, rape, or forced participation in unnatural sex acts or other perverted behavior. Victims tend to experience a traumatic feeling of loss of control of themselves (Mosby's Medical Dictionary, 2009).

Visual Art - Those creations we can look at, such as a drawing or a painting (Esaak, 2010).

Written Art - (a) the act or process of one who writes, (b) the act or art of forming visible letters or characters specifically handwriting, (c) the act or practice of literary or musical composition (Merriam-Webster Online Dictionary, 2010).

Assumptions

The following assumptions of the researcher were identified:

- The ultimate goal of occupational therapy intervention and treatment of individuals with dissociative identity disorder is to create fusion of personalities resulting in a core personality.
- There are fewer occurrences of ritual abuse in the United States than in other areas of the world.
- Males are the primary abusers in cases of sexual, physical, and ritual abuse.
- The use of art in occupational therapy as a client centered intervention is effective.
- Self expression is more easily facilitated through various forms of art than through verbalization.

CHAPTER II

LITERATURE REVIEW

Dissociative Identity Disorder formerly Multiple Personality Disorder

Dissociative Identity Disorder (DID), formerly known as Multiple Personality Disorder (MPD) is a not a common psychiatric illness, but is not a rare one either (Swartz, 2001). According to Swartz (2001), a few epidemiological studies have been performed estimating approximately 1 in 10,000 people have DID, but higher proportions are reported among psychiatric populations estimating between 0.5% and 2%. DID has almost a three to nine times greater prevalence in adult females versus adult male and males only constitute about 20% of all DID reported cases (APA, 2000, p. 528; Swartz, 2001). According to American Psychiatric Association's Diagnostic and Statistical Manual, Fourth Edition (DSM-IV-TR) there are four diagnostic criteria for DID:

- A. The presence of two or more distinct identities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self).
- B. At least two of these identities or personality states recurrently take control of the person's behavior.
- C. Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.

D. The disturbance is not due to the direct psychological effects of a substance (e.g., blackouts or chaotic behavior during Alcohol Intoxication) or a general medical condition (e.g., complex partial seizures). Also, in children the symptoms are not attributable to imaginary playmates or other fantasy play (2000, p. 526).

The prevalence of DID is difficult to trace over the years; however, the number of individuals diagnosed has increased recently for reasons associated with the growing awareness of the disorder. Some believe there has been an increase in over-diagnosis in individuals that are highly suggestible or hypnotizable (APA, 2000; Stickley & Nickeas, 2006; Middleton, 2005). The DSM-IV-TR (2000) notes this problem of over-diagnosis, and the associated literature documents additional skepticism and stigma since the exponential growth of diagnosis of DID in recent years (Stickley & Nickeas, 2006, p. 180). Dell (1988) developed a study including 120 randomly selected therapists who treated people with DID and asked each therapist how often and to what extent they encountered skepticism about their patients from other professionals. Out of the 52% who responded to the survey, 98% had encountered skepticism from other professionals with 83% of those having experienced moderate to extreme reactions from other colleagues (As cited in Dawson, 1990, p.1048). Media attention in popular cinema films such as *Sybil* and *The Three Faces of Eve* has raised awareness to the general public, but has not done much for discrediting skepticism or resolving the

stigma of living with this mental illness (Dawson, 1990, p. 1048; Stickley & Nickeas, 2006, p.180).

Even with the confusion regarding recognition of DID itself; this disorder contains subcategories that are based on increasing complexity. According to MacGregor (1996) these inclusions within DID include dual personality having fewer than five alters, cases with 5 to 20 alters, complex MPD with more than 20 or 25 alters, and poly-fragmented MPD, which is greater than 25 alters with 'fragments' being underdeveloped personalities (p. 390). Though the number of identities reported in those diagnosed with DID ranges from 2 to 100, half of those reported include individuals with 10 or fewer identities (APA, 2000). Middleton (2005) describes the need to look at patients with DID as reflecting fragmented and undeveloped selfhood rather than a person having multiple personalities per say (p. 42). There is not one exactly true definition of a 'self' and there is a need to acknowledge a lack of an agreed universal definition of self (Middleton, 2006, p. 42).

Middleton (2006) acknowledges the lack of a consolidated self system, but also points out the fact that there is no exact definition for this notion of a centralized sense of self (p. 42). Stern (1985) describes this sense of self as the following:

...as adults we still have a very real sense of self that permeates daily social experience. It arises in many forms. There is the sense of a self that is a single, distinct, integrated body; there is the agent of actions, the experiencer of

feelings, the maker of intentions, the architect of plans, the communicator and sharer of personal knowledge. Most often, these senses of self reside out of awareness, like breathing, but they can be brought to and held in consciousness. We instinctively process our experiences in such a way that they appear to belong to some kind of unique subjective organization that we commonly call the sense of self (p. 5-6).

Sense of self is difficult to capture by definition because it is merely a generalized assumption held that one centralized core personality makes one person. Fike (1990) observed that the “legal personality,” is the person with the legal name of the body, but that this is just the “host or original personality” and many other alter personalities may reside within this one “legal personality” (p. 984). These personalities may not be fully developed being fragmented and ranging in age from infancy and childhood to late adulthood (MacGregor, 1996, p.394). These fragments are therefore reflecting an undeveloped selfhood leading to the splitting of alters and dissociative disorders or poly-fragmented DID (Middleton, 2005, p. 42; MaGregor, 1996, p. 390).

DID is a complex and often misunderstood diagnosis facing incorrect, over-diagnosis in some instances, but also multiple diagnoses over time until ultimately reaching the actual DID as the primary diagnosis. According to the DSM-IV-TR (2000), the approximate time length from initial symptoms to diagnosis is six to seven years (p.

528). Angel (1990) illustrates a case of a patient admitted twice with a changing diagnosis labeled MPD in this case over a one year period:

- Admission 1 (6/23/85 to 7/15/85). Axis I: Major Depression, recurrent, with psychosis. Axis II: Dependent Personality Disorder.
- Admission 2 (3/21/86 to 4/16/86). Axis I: Multiple Personality Disorder, dysthymic disorder (p. 1037).

In addition to coming to a primary diagnosis of DID, many believe the emergence of child abuse cases in the public eye has also caused for an increase in diagnosis (Stickley & Nickeas, 2006, p. 181). Upon reaching a final diagnosis of DID, the long and intensive journey to recovery begins with a long list of healthcare providers and treatment modalities (Angel, 1990, p. 1037). “The disorder may be less manifest as individuals age beyond their late 40s, but may reemerge during episodes of stress or trauma or with substance abuse” (APA, 2000, p. 528).

Survival of Trauma and Abuse through Dissociation

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), individuals with Dissociative Identity Disorder frequently report having experienced severe physical and sexual abuse, especially during childhood and these reports of past abuse and trauma are most often confirmed by objective evidence (2004, p. 527). However, neither dissociation nor DID itself has been well documented even when categorized as Multiple Personality Disorder. Baldwin states, “as we have become more willing to deal with child abuse, so too have we been more willing to consider the possibility that certain patients, especially those with a history of violent child abuse, may have multiple personality disorder rather than schizophrenia, borderline personality disorder, or some other disorder listed in the DSM-III” (1990, p. 978). DID is categorized under Dissociative Disorders in the DSM-IV-TR (2000), the central feature of these disorders is “a disruption in the usually integrated functions of consciousness, memory, identity, or perception” (p. 519).

Despite the media attention found in movies like “The Three Faces of Eve” (Johnson, Thigpen, Cleckley, & Johnson, 1957) and “Sybil” (Schreiber, Stern, & Petrie, 1976) acknowledgement of the prevalence of childhood abuse has been relatively recent while other reports of DID have often been thought to be the creation of either a therapist or patient (Fike, 1990; Stickley & Nickeas, 2006; Baldwin, 1990; Braun 1990). Skepticism still surrounds this diagnosis even though it has been proven from numerous sources that dissociation and DID is caused almost universally by severe childhood

abuse and/or trauma and often times is described as a form of posttraumatic stress syndrome (Higdon, 1990; Fike, 1990; Spiegel, 1984; Sepiol & Froehlich, 1990; Richert & Bergland, 1992; Waid, 1993; MacGregor, 1996). A survey from the National Institute for Mental Health (NIMH) found of 100 cases of MPD now known as DID, 97% of the DID patients reported experiencing significant childhood trauma and abuse (Putnam, Guroff, Silberman, Barban, & Post, 1986).

Literature is limited regarding the impact of ritual abuse and the development of DID. The DSM-IV- TR (2000) focuses primarily on childhood sexual and physical abuse as a predictor of DID (p. 527). Ritual abuse as defined by the North American Freedom Foundation (NAFF) is abuse in environments, usually secretive, in which a victim is ritualistically and methodically traumatized (2009). Though not specifically labeled 'ritual abuse,' Fike (1990) observed that "the occupational therapist working with patients with multiple personality disorder needs to be aware of the possibility of cult abuse and to watch for signs, such as drawings suggestive of cult activity...thereafter observe the patient closely for possible self-destructive behavior (p.986)." Fike fails, however, to further define this notion of 'cult activity.' Despite limited literature using the term 'ritual abuse,' other evidence to link DID directly to a history of childhood trauma especially that of which is abusive in nature is congruent throughout sources (Stickley & Nickeas, 2006, p.181).

Dissociation is a 'psychological state in which the individual's level of consciousness is altered' (Stickley & Nickeas, 2006). Dissociation of ideas, thoughts, and

other mental or physical actions from a person's conscious awareness as a part of DID stems out of the need to make an escape becoming an easy and very reliable coping mechanism during these times of trauma or thereafter when stressful events may arise (Stickley & Nickeas, 2006, p. 182).

Dissociation being the most centrally recognized characteristic of DID is often described as feeling 'zoned out,' floating above or apart from the body, detached (Stickley & Nickeas, 2006; Waugaman, 2004). Therefore dissociation can best be described as a defensive coping mechanism that is out of one's control wherein ideas that have been fixed in the subconscious, often caused by early childhood trauma, can split off from the consciousness leading to DID (Braun, 1990; Fike, 1990; Stickley & Nickeas, 2006; Coons, 1986; Middleton, 2005). According to Kluft (1984), "dissociative inward flight by a child overwhelmed by abuse becomes, over time, chronic posttraumatic psychopathology" (Braun, 1990). It is inevitably the child or individual's survival mechanism consistent with the Freudian ideas of repression and denial that over time ultimately leads to the formation of alter parts (Stickley & Nickeas, 2006, p. 182). In the words of Swartz (2001), dissociation is "a desperate, completely creative and wonderful survival mechanism for the child who endures repeated abuse." Despite some similarities to Freud's concept of repression, dissociated material is not exactly repressed completely, but rather intermittently comes into consciousness as the alter holding those memories arises to consciousness (Waugaman, 2004, p. 227).

Dissociation is not entirely unhealthy; however, the prolonged use of it as a coping mechanism can cause long term future complications for successful functioning in everyday life (Waugaman, 2004, p. 226). Though dissociation may save an individual from feeling pain and experiencing trauma temporarily, the individual lives almost completely unaware of personal behaviors due to alters holding memories unknown to others and almost always to the host *if* a host has even developed (Frye, 1990; MacGregor, 1996; Higdon, 1990). For a person with DID, becoming the same person and especially remaining the same from time to time is an elusive accomplishment and treatment outcomes and interventions are continually disputed and very limited (Angel, 1990; Skinner, 1990).

Therapeutic Prescription of Activities

Arts and craft activities have been a traditional modality playing an important role in occupational therapy (OT) interventions for many years (Horghagen, Josephson, & Alsaker, 2007; Reed, 1986; Byrne, Raphael, & Coleman-Wilson, 2010). Triggered by the industrial revolution, the origin of this modality as seen in the early formative years of OT is directly attributable to the arts and crafts movement (Reed, 1986). As a response to the increased industrialization at the turn of the 19th century when quality of life was compromised and craftsmanship was lost to mechanical productivity, the arts and crafts movement sparked the beginnings of OT as a profession.

As medicine began to shift toward a more scientific foundation at this time, OTs in early practice used this emphasis on medicine and the present need for 'hands-on' activities as a divertive and rehabilitative approach for using arts and crafts in treatment (Reed, 1986; Levine, 1987). During this time when art therapists were focusing strictly on the end product of the craft, OTs focused more on the concept of function and the process versus the end product (Levine, 1987; Atkinson & Wells, 2000). The end product is not merely a created object for evaluation; it is the accomplishment of the desired outcome of the client's goals using the process to observe change rather than concentrating on the media itself (Atkinson & Wells, 2000, p. 135). The early work cures developed by Dr. Herbert J. Hall for treatment of neurasthenia was passed onto others who began to believe in the curative effect of goal-directed activity (Levine, 1987).

More commonly known today as 'occupation based practice,' the use of arts and crafts has joined the many forms of media used in client-centered interventions. As illustrated in Adolf Meyer's "Philosophy of Occupational Therapy" in 1922, "a real pleasure is in the use and activity of one's hands and muscles" (Reed, 1986). This philosophy has evolved over the years from "the art and science of directing man's participation in selected tasks to promote and maintain health" from the American Occupational Therapy Association (AOTA) Council on Standards in 1972 to "the use of purposeful activity with individuals who are limited...in order to maximize independence, prevent disability and maintain health" in 1981 (Frye, 1990). Activity is embedded throughout the philosophy of OT, and it's the focus on activity and its use in practice which has contributed to the development of this unique profession (Atkinson & Wells, 2000; Levine 1987).

According to Frye (1990), "the occupation of a patient is to perform activities within the therapeutic milieu that promote the process of healing, wholeness, independence, and balance" (p. 1013). The shift to a more client centered approach during treatment in OT interventions is specifically pertinent to the use of creative therapies. Occupational Therapists working with art follow the notion that all individuals have the ability to 'self-actualize' allowing them to "grow into fully functioning, content, and fulfilled individuals, given the right conditions (Atkinson & Wells, 2000, p.45). Using the American Occupational Therapy Association (AOTA) Practice Framework, OTs can use specific skills and knowledge as a guide when using

arts as a valid and effective treatment modality (Byrne, Raphael, & Coleman-Wilson, 2010, p.14).

Atkinson & Wells (2000) illustrate the evidence and relationship of components used by OTs during the process of using art in interventions. “The therapist plays an active role, gathering in the one hand explicit threads which relate to the dynamics of human behavior: observation, communication, action and reaction, integration and the environment. In the other hand are gathered the implicit threads, those which are less obvious; the theoretical underpinnings, clinical reasoning, reflective practice” (p. 137).

OTs are equipped to understand the dynamic processes of communication and human participation while using clinical observation skills. The skills and processes happening also include the use of theory, clinical reasoning, and reflection, which is an ongoing cycle (Atkinson & Wells, 2000, p. 137).

Art as a Silent Intermediary of Communication

Crafts are one form of production requiring special skills, personal insight, and extensive practice while creating a bond between occupational therapist and client where both are viewed as equals. Creating a strong therapeutic relationship between therapist and client is key: The act of producing art plays an integral part in this as allowing survivors of trauma to share their abuse without having to verbalize the memories (Waugaman, 2004; Sissel, Staffan, & Sissel, 2007; Byrne, Raphael, Coleman-Wilson, 2010). Art and creativity are used in such an environment to work in understanding the personal meaning of the client, value who they are, and develop an honest, trusting relationship (Waugaman, 2004; Atkinson & Wells, 2000; Frye, 1990; Higdon, 1990). The order and structure which naturally occur during the process of creating art results in construction of positive coping mechanisms through providing safe and controlled experiences which are able to be generalized to situations outside of therapy sessions (Byrne, Raphael, Coleman-Wilson, 2010; Frye, 1990; Higdon, 1990).

Trauma survivors are often threatened with dire punishment to themselves and/or family members if they ever tell anyone about the abuse, causing inability to remember and share their abuse even with a therapist in a “safe” environment. Alongside this internalized rule to remain silent under the threat of further punishment, humans have a built-in, protective mechanism that prevents self-confrontation of emotions and memories felt too painful to feel and experience specifically in words (Waugman, 2004; Malchiodi, 2002; Malchiodi, 2007; Frye, 1990; Higdon, 1990). While

using art, people are encouraged to express what is not comfortable being said with words in drawings, paintings, or other art forms leaning away from the limiting scope of traditional verbal therapies. Those who have experienced abuse hold trapped secrets that are seeking release and art provides a non-verbal release for these memories without actually disobeying the rules from the previous threats of their abusers (Frye, 1990; Waugman, 2004).

The memories of abuse may also have occurred when a person was preverbal, but even if it did not, it is likely that one was still sworn to secrecy (Higdon, 1990). Sharing past experiences through expressive media such as poetry or drawing seem to be less threatening than talking while nonverbal, behavioral cues may also be noted during the completion of art activities. For example, cringing or retreating whenever a sharp tool comes into view and introduced during a craft activity (Malchiodi, 2007; Dawson, 1990; Frye 1988).

Another barrier to traditional verbal therapies is the possibility of cognitive impairment, being mute, or perhaps just a general disinterest in the verbal approach to problem solving (Dawson 1990). The use of art in occupational therapy intervention allows an additional outlet for contained emotions which hinder a person's ability to effectively function in daily life by facilitating integration of past traumas with present life (Waid, 1993).

Putting the Puzzle Back Together

According to Byrne, Raphael, and Coleman-Wilson (2010), “art is a unique occupation in that it elicits all five performance skill areas concurrently; the process of creating art engages an individual’s motor, sensory, emotional regulation, cognitive, and communication and social skills (p. 14).” The use of art in OT intervention promotes healing and mastery of life experiences as well as a ‘concrete, physical bond to the present as an alternative to dissociation’ (Waid, 1993, p. 872). It is this controllable aspect of art that yields power to individuals with DID as they can change the various expressive media, unlike past trauma experience which is unalterable (Frye, 1990, p.1016).

OTs possess unique skills in task analysis and these skills can be applied to intervention with individuals with DID. In order to manage prolonged trauma situations, the person with DID has broken experiences down into parts creating a more tolerable situation for survival (Waid, 1993, p. 872). Expressive arts have been found to be highly effective in uncovering these different parts, discovering hidden memories, revealing alters, and also increasing communication, awareness, and cooperation between the systems of alters (Richert & Bergland, 1992; Dawson, 1990; Higdon, 1990). Through providing expressive outlets during OT intervention, the ‘task of validation’ begins wherein the individual with DID can begin to realize, appreciate, and ‘validate’ the talents and abilities of each alter (Dawson, 1990, p.996). These art activities increase

acceptance and promote mutual acceptance and cooperation as all alter parts work together to accomplish a task (Dawson, 1990; p. 996).

OTs skills in task analysis and the use of a variety of treatment modalities, including a variety of media, greatly benefit the treatment team when treating clients with DID (Higdon, 1990, p. 993). The effectiveness of expressive therapies is also dependent on the individual's current cognitive level of functioning, varying developmental levels of their alter personalities, and position in the treatment process (Richert & Bergland, 1991, p. 638). According to Waid (1993), "Art activities provide continuity in a life that frequently feels disconnected. These activities can be used to develop a stable base to build an internal bridge that allows mobility and communication between the thoughts, feelings, and actions experienced by the entire system of multiple personalities" (p. 876).

Art and the Therapeutic Alliance

The use of art and expressive media is a facilitator for the construction of a strong therapeutic alliance with clients with DID (Frye, 1990; Skinner, 1990; Dawson, 1990). Art activities in OT intervention when provided in a protected, accepting environment “tend to be safe and motivating for the host and his or her alter personalities” (Dawson, 1990, p. 994). Serving as an initial contact activity, art can build rapport, trust, and a strong base for further intervention (Frye, 1990, p. 1013).

The importance and necessity of a strong therapeutic alliance during treatment of individuals with DID is central throughout therapy. Dissociative clients often come from an “environment devoid of safety, security, and privacy” (Middleton, 2005, p.44). This history of abuse, insecurity, and trauma leads to the increasing importance of the client and therapist bond; however, it is imperative that all alters must be included in the construction of a trusting therapeutic relationship (MacGregor, 1996, p. 395).

According to Shultz, Braun, & Kluft (1985), “Eighty-two percent of patients with MPD show high creativity as well as fluctuations among alter personalities in art styles, poetry, music, and handwriting” (As cited in Frye, 1990, p. 1014). The high level of creativity seen in individuals with DID lends a greater benefit to the use of expressive therapy when promoting a therapeutic alliance as expression provides an outlet to break through the constant denial and mistrust that has been relentlessly experienced (Frye, 1990; Middleton, 2005). The production of artwork and support of therapy serves as “a therapeutic bridge to rapport and confidence” (Frye, 1990, p. 1014).

CHAPTER III

METHODOLOGY

Research Methods

The purpose of this qualitative study is to explore the recovery process through use of both visual and written forms of art following severe physical, sexual, and ritual abuse in one individual diagnosed with Dissociative Identity Disorder (DID). Traditional phenomenological research design will be utilized during this in-depth exploration of one participant's retrospective account of using art throughout her recovery process in Occupational Therapy (OT) intervention covering a span of approximately ten years. Phenomenology at its core reduces individual experiences with a phenomenon to yield a description of the universal essence (Creswell, 2007, p. 58). The phenomenon, an "object" of human experience, in this study is identified as one individual's experience in her own, unique recovery process using visual and written forms of art. Phenomenology is utilized to gain meaningful insight into personal lived experience in order to form a description of the 'essence' of the experience for that individual (Creswell, 2007).

Phenomenology is grounded within the traditional tasks of philosophy and a search for wisdom through exploration. This philosophy is without presuppositions wherein judgments are suspended until they are founded on a more certain basis (Creswell, 2007, p. 59). These presuppositions, also known as assumptions or bias, were

set aside before beginning this research as can be found in the Introduction of this work. The suspension of these biases, “*epoche*,” and through bracketing of these assumptions the researcher’s preconceptions will be continually eliminated from data analysis (Creswell, 2007, p. 59). Removing assumptions throughout the analytical process in phenomenological terms substantiates the development of the richest data yielding a new perspective free of preconceived opinions.

Framed by phenomenology, semi-structured interviews were used to gain a deeper understanding of the participant’s personal experience during her lifelong recovery process using art over approximately a ten year period in Occupational Therapy (OT) intervention. Semi-structured questions were constructed with input from the participant and all interviews (see Appendix B) were audio taped and transcribed for interpretation. Interviews were not limited to time constraints and questions were subject to removal or adaptation during the semi-structured interview process. Email correspondence was used continually to answer questions, follow up with interviews, and review interpretations of data during the analysis process.

There was constant collaboration and member checking between the primary investigator and participant during data collection and analysis procedures as well as with the faculty advisor. Through horizontalization of data, clusters of meanings arose that in turn was grouped to form a textural and structural description of the participant’s experience using art during Occupational Therapy intervention (Creswell, 2007, p. 61). According to Creswell (2007), “Phenomenology is not only a description,

but it is also seen as an interpretive process in which the researcher makes an interpretation of the meaning of the lived experiences (p. 59).”

For confidentiality purposes, only the faculty advisor, primary investigator, and the study participant have access to the interview audiotapes and transcriptions unless names and other identifying information were removed or deleted. All audiotapes and transcriptions will be destroyed after three years upon completion of this research study. The participant has given permission for personal artwork to be shared with others while keeping her identity confidential.

Participants

The study population consists of one Caucasian female participant age 57 who has been actively involved in her recovery process since the early 1980s and for the past fifteen years has been stable on her own journey towards lifelong recovery. The participant has been diagnosed in the past with Multiple Personality disorder, which is currently known as Dissociative Identity Disorder (DID). The participant lives independently, is treated biomedically, and is not decisionally impaired in any way. This research study was approved by Eastern Kentucky University's Institutional Review Board on March 19, 2010 with a projected end date of December 20, 2010. The participant in this study was referred by Dr. Anne Shordike, PhD, OTR/L, thesis advisor.

Instrumentation

For this phenomenological study, data will be collected using conference calls, which will be recorded on audio tape for further data transcription and interpretation solely for research purposes. Existing artwork by the participant will also be used, with her permission, in support of research interviews and associated endeavors. Email will also be used frequently between primary investigator, participant, and faculty advisor for follow up questions, general communication, and review of interpretive findings during analysis. All research materials will uphold confidentiality standards using coding or pseudonyms to protect the participant's identity at all times.

Procedure

The participant will be provided with all interview questions allowing adequate time prior to interviews for her to modify and/or add questions (see Appendix B). Each interview will be audio taped for data transcription purposes. Due to the qualitative nature of this study, interviews will not be confined to time constraints unless otherwise requested by the participant in order to obtain sufficient data. Interviews using conference calls and e-mail have been chosen as the preferred method of data collection as:

- Semi-structured interviewing supports the phenomenological approach in that the participant can share as much information about her own lived experience in her own words without the limiting structure of other standardized/structured assessments or interview techniques.
- The participant is able to answer questions and have the opportunity to add and/or change questions throughout the data collection process.
- Interviewing establishes a collaborative environment in which the richest information can be shared in a safe environment.

Conference calls were chosen as the primary means of data collection in order to eliminate costs that may be accrued from other communication methods due to

distance between primary investigator and participant. Email and postal service were also used to facilitate further correspondence during the study.

The participant was provided with the Informed Consent Form prior to the interview meeting (see Appendix A). The participant was given the opportunity to adjust questions before the interview and to ask questions throughout and at the completion of each interview. She was also be involved in analysis through regular member checking. The use of semi-structured interviews was selected to foster the collection of the richest data possible in correlation with the phenomenological design of this study.

The researcher does not foresee any potential risks due to the safe environment in which the interviews will be conducted and the collaborative relationship that will be maintained between participant and researcher. The participant is not decisionally impaired and has been living a stable life of recovery since the events that will be discussed in retrospect spanning a ten year period from approximately 1980-1990. All aspects of the participant's identifying information will remain confidential as well as the related documents used in this study.

The participant's identifying information will not be present on any documents used in this research study including but not limited to audio tapes, e-mail, and artwork. Coding and/or pseudonyms will be used to protect the participant's confidentiality. All data collected will be stored in a locked office in a locked filing cabinet. The participant will be given a copy of the signed Informed Consent form prior to beginning the initial interview.

Data Analysis

A phenomenological approach was chosen to guide this research study in order to obtain the participant's in depth individual perspective of the use of both visual and written forms of art during her recovery process. Each interview was transcribed verbatim. Data analysis involved horizontalization of narrative data producing a list of significant statements to be grouped into meaningful units absent of the researcher's bias (Creswell, 1998). Bracketing ensured elimination of researcher assumptions and preconceptions throughout data collection and analysis. A textual and structural description of the participant's individual experience emerged through self-reflection and discussion of meaning units with the participant and Dr. Shordike, the faculty advisor and outside expert. Member checking will assure trustworthiness of both the participant's and researcher's interpretations throughout data analysis (Creswell, 1998). Through integration of both the textual and structural descriptions of the data, this phenomenological study will illustrate the essence of the participant's individual experience using art in multiple forms during her recovery process.

This study takes the form of the client's retrospective account of her experience with OT using the occupation of art for approximately ten years. An extensive literature review was assembled regarding the link between art and recovery from abuse and its use in OT as well as other disciplines. The qualitative data was gathered during thorough semi-structured interviews using conference calls and correspondence through e-mail with the participant. All interviews took place on Eastern Kentucky University's main

campus through technological means and the participant was provided with the interview questions prior to all interviews. Being that the data is qualitative, no hypotheses was formed or tested during this study. Initially significant statements from the narrative data were listed through horizontalization. Statements derived through horizontalization were then grouped into clusters of meaning to provide a textural and structural description of the experience (Creswell, 1998).

Member checking was utilized with all emerging meaning units and descriptions of data considered during the research process with both the participant and outside expert. Finally, the essence of the participant's experience of using art during recovery from severe physical, sexual, and ritual abuse was developed through data analysis, member checking and discussion to describe the meaning from the participant's perspective (Creswell, 1998).

CHAPTER IV

RESULTS

The purpose of this qualitative study was to explore the recovery process through use of both visual and written forms of art as occupation following severe physical, sexual, and ritual abuse in one individual diagnosed with Dissociative Identity Disorder (DID) formerly known as Multiple Personality Disorder (MPD). Through in-depth, semi-structured interviews, this phenomenological study served to evoke the 'essence' of the experience for one individual on the path to recovery using art.

The following objectives were used to guide this phenomenological study from its inception:

- To explore art as a meaningful occupation for the individual participating in this study.
- To discover how the occupation of art evolved throughout the participant's process of recovery during approximately ten years in Occupational Therapy intervention.
- To discover the influence of the occupation of art on other aspects of the participant's life throughout the lifelong recovery process.

Chapter 4 will develop the four themes that have emerged through analysis of interviews and Chapter 5 will establish the link between themes and objectives with the corresponding implications for the profession of Occupational Therapy.

Through the use of semi-structured interviews and continuous collaboration with the participant, four emerging themes were derived through the analysis process. Significant meaning statements were grouped into clusters of meaning to form a structural and textural description, which will be described in more depth by these four themes. The themes include:

- 1) Dissociation as a Coping Mechanism in a Chaotic Reality
- 2) Alienation from Others and Current Tense
- 3) Taking Control of Trauma Memories
- 4) Art, in Multiple Forms, as a Bridge for Connection

The following analyses describe each of the themes in greater depth and the interpretations that emerged throughout the analysis process.

Dissociation as a Coping Mechanism in a Chaotic Reality

This theme was originally *Chaotic Reality*, but dissociation was the primary coping mechanism used to deal with this ‘chaotic reality’, so through member checking and discussion with Diana [pseudonym] the final theme for this group of meaning units combined dissociation and chaotic reality. Dissociation is described by Diana as “...a lot of people say that they’re on the operating table and they’re up on the ceiling and they can see everything that is going on, it was very much like that a lot of the times the perspective would sort of distance me, distance me from the abuse.” Figure 1 illustrates this aspect of dissociation, created by Diana early in her therapy:



Figure 1. “Up on the ceiling” Perspective

“I had no idea what was going on...very volatile and unstable...I always felt like life or death.” This idea of life or death was described by Diana as very “black and white. I’m not as sucked into dichotomous thinking as I was which is life or death, good or bad.”

Dissociation was described as emerging as follows: “when you’re really young and you experience situations where you could have died or you had the assumption that death was eminent...that first phase in my humanity I had to step away from it.” Diana also stated that, “...for the division of multiplicity to occur before the initial stemming, it had to have been in a life or death situation.” Describing life as “chaotic, I would say that was my early experience,” Diana used dissociation to escape “high levels of anxiety all the time.”

Shown below Figure 2 offers a glimpse into what Diana was feeling and how her internal world was constructed as far as the consistent projections, hallucinations, and the maze-like structure:



Figure 2. Glimpse into Diana’s Internal World

“Everything is divided, partitioned off, kind of like a puzzle.” Diana called the “place where everybody else lived ‘real life or ‘RL’ and where I lived just my internal world...I would have an intense feeling of alienation from what I call the ‘normal’ people” and this internal world was “built on the frame of a maze” which is partially depicted in the above drawing. As seen in Figure 2 above orange was described as a safe color, yellow was associated with trauma and abuse linked to urine and red was also used to illustrate blood. This was a later drawing of the maze: some of her earlier, related, artwork consisted of floor plans of places of abuse, diagrams, often without color.

The faces and hands that are seen in Figure 2 also illustrate the hallucinations and projections that Diana constantly experienced. “I was projecting all around my environment, I would be so bombarded with sensory stimuli from the room, I was so hyper vigilant to the environment.” This hyper vigilance was the trigger for dissociation as she was always standing on guard, “...there’s a part of my brain that is always standing for danger and how could I escape this situation if need be.” Dissociation was the coping mechanism used to escape the abuse and trauma as Diana describes dissociating as “...you have a little anxiety and you can’t deal with it so you switch”.

Dissociation proved to be a successful coping mechanism used to escape ‘life or death’ trauma situations. Life was very chaotic and overwhelming and dissociation served to break up this chaos into more manageable pieces and ultimately developed alters that housed all of these different more controllable parts. Dissociation is a very

desperate yet completely creative and wonderful survival mechanism for the enduring of repeated abuse (Swartz, 2001). Dissociation was what helped Diana survive, but made her feel “completely alienated from the human race” at the same time.

Alienation from Others and Current Tense

This theme was proposed by the researcher as *Boundary between Self and Current Tense*, but Diana thought that it was more of a feeling completely alienated from the others stating “I think even more striking for me than the boundary between me and current tense or past tense was just me feeling alienated from the human experience and I didn’t realize that what happened to me was and is within the realm of human experience and such atrocities happen all over the world every day.”

This separation from others in ‘real life or R.L.’ is described by Diana:

“It really felt like I was making contact with an alien society,” “I am the center of my thoughts whereas before the world was the center of my thoughts,” “I didn’t have a foot hold on consensual reality, meaning that which is shared by the majority of people in my environment.” Diana’s internal world was not only chaotic as described previously, but she also experienced constant disconnect from others and her environment due to the projections and hallucinations that made “bridging over” to reality such a tremendous challenge. “I didn’t bridge over to real life,” she was consistently struggling to “reconcile what was going on around me in the current tense and separate from what was being projected from my past.”

The inability to differentiate between what was going on outside of her body and what was happening internally also contributed to this sense of alienation from others. The following quotes illustrate this, “...there was a very weak boundary between me and stimuli coming in from various sense modalities,” “...wasn’t sure what stimuli belonged

inside and what was outside and so it was what they called boundary issues.” These hallucinations and projections were the primary culprits that increased this inability to decipher between self and the outside world. Diana told one story about leaving a therapy session and how it was raining outside, “I made a connection between current tense, it’s raining, and my physical body, I’m wet.” Her disconnect from the external world had left her unaware that it was raining outside. It wasn’t until she was physically wet, that something concrete had happened, that she realized it was raining. Her therapist at the time also offered her an umbrella, which was very uncharacteristic of him, and thus inspired the image of the orange umbrella, a symbol of safety, which is seen throughout many of her drawings. It often took something concrete like the umbrella to bring Diana to current tense. Figure 3 shows the orange umbrella as a symbol of safety in the midst of a picture that is depicting many different scenes:



Figure 3. The Color Orange as Safety

The orange umbrella is in the center of Figure 3 with an orange couch (orange is a safe color). Also present on the couch is a giraffe, one alter named "Giraffe Lady or G.L. admired, drew, studied, and collected giraffe information and items." When asked why giraffes were often used, she described how "Giraffes are kind of above it all." "...they are these big strange creatures that are made up of puzzle pieces, all these different pieces make up the whole and I related to that at the time with integration." Just as Diana's internal world was constructed on this maze of rooms and each alter was used to break her reality into more manageable pieces, giraffes are made up of pieces as well. Another interesting point that was brought out in our interviews is that giraffes are both the safe color, orange, and yellow, which was associated with abuse situations including urine.

There was another example that included the same therapist offering her a brown paper bag of grapes, before she knew what was in the bag she had many thoughts of what horrible items were in the bag. When she found out it was only grapes and that her therapist was only making a friendly gesture, "it threw kind of a wrench in my psychosis and because again it was like tangible, concrete evidence against my psychosis." It was another instance where hyper vigilance to the environment and her constant apprehension against impending danger caused her to be unable to concentrate and connect to another human being due to a subtle difference in the environment in the form of the unknown brown paper bag.

Taking Control of Trauma Memories

Many and various art activities and different occupations served to increase Diana's control over her past trauma memories. Art will be discussed in the last theme in more depth. Linking back to feelings of alienation, Diana described that life was "very automatic, very zombie like and now it isn't. That's really a big change, mastering, is having a sense of internal locus of control." Having a sense of control was a monumental feeling when before recovery Diana "never had that belief, that hope."

Aside from art activities, having people with her to visit the scenes of much of the abuse as well as reclamation of rituals served to be very empowering. When Diana spoke about having her Occupational Therapist at the time and her Psychiatrist present with her when they visited the site of where much of her abuse occurred, her Grandmother's home, she stated, "...putting the light of day on these places took their power away...they just sort of changed after that."

Diana describes another instance when they went to her Grandmother's home and performed a ritual with a Catholic Priest, it was "...very validating for me that everybody went and we did this ritual and everybody could see under the house where the rooms were." "All my life I had thought the maze was just a mental construct." Her Grandmother's home was actually torn down and this visit happened while it was undergoing construction. They were all able to see the underground tunnels and rooms that were used in earlier years during prohibition, but had been used for abuse and torture of Diana and others. "When I with other people saw this actual network of

rooms and hallways and stuff in this building it bridged my inner reality with the actual reality and that was validated by the witnesses of that ritual.” Seeing the actual place where her abuse occurred alongside witnesses allowed Diana to take control over her past as it was validated and reclaimed; it validated the maze.

Therapy in itself also helped in the gaining of control over past memories as Diana described “you can somehow interject something into that [memory] intermittently to disrupt the flow of it, the progress of it, and a lot of times therapy does that because there is another person there in the scene that wasn’t there initially.” During therapy art wasn’t always so easy to share with others, “it was just amazing that someone could look at them [drawings] and not die.” “Being able to show someone else convinced me slowly that my experience wasn’t so alien that I couldn’t be human,” therefore having another person there to witness the scene, see the drawings was incredibly effective for increasing control over the trauma memories.

In response to a question regarding how she felt using art in the past and how it influenced or did not influence her current health, Diana stated, “Definitely. It’s a night and—darkness into light transformation in my life. I lived in hell and now among the living. I can’t imagine my recovery without art. I can’t imagine it. I’m just very lucky that was one of the options offered to me.” This link between the power of art in taking control over trauma memories links to the next theme “Art, in Multiple Forms, as a Bridge for Connection”.

Art, in Multiple Forms, as a Bridge for Connection

“It [art] saved my life.” “It gave me my soul back.” When verbalizing was not possible due to the painful memories or to the threat of breaking the rule or secrecy, and when even drawing was also very difficult, Diana began initially with drawing out floor plans. These floor plans were predominantly maps of where abuse had occurred. Figure 4 is an example of a floor plan drawing (the exact dates on these drawings are unknown with most of them occurring during a period from approximately 1980-1990):

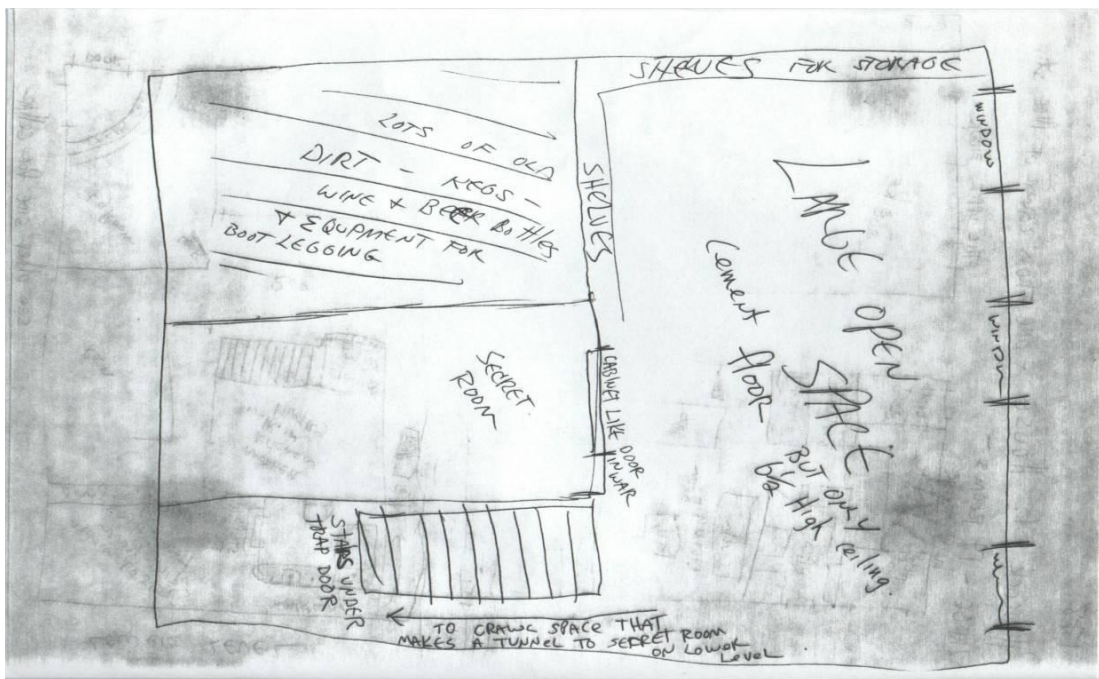


Figure 4. Example of a Floor Plan

Above Figure 4 depicts one area below her Grandmother's apartment building where much of the abuse took place. The underground of her apartment building was made up of hidden tunnels that were previously used during the prohibition period. These floor plans were the predecessor for later drawings that began to bridge Diana's inner world of silence and chaos with R.L.

One of the first instances during interviews when Diana talked about realizing self expression was helpful in connecting with others and reality was "when one psychiatrist who drew a diagram one time explaining to me that I was psychotic. He said, "Like hello, this is reality and this is where you are." He drew little circles on a page and I remember that really making an impression on me and me understanding that this little diagram that he had given me was a bridge between us. I didn't understand him, he didn't understand me, but this was something we could share---these little squiggles on paper." This instance was also "an introduction to me starting to put faces and events into the diagrams and then eventually to give up the floor plans and diagrams." It was the first time she had actually made a connection with this psychiatrist because she needed something tangible, concrete to see and touch in order to bridge back to reality.

The tangibility and concreteness of creating the art and other forms of self-expression that Diana used were two qualities that she pointed out to be most instrumental in their ability to bridge and connect with others. "The images that I drew, I could trust them. They remained consistent and reliable." This was also useful for all

of the alters specifically the child alter parts that were nonverbal, too afraid to speak, or just didn't know the words to express what they wanted and needed to say. Having the drawings to communicate with another person offered another outlet to these alters, Diana explains this, "A very concrete maybe, definitely primary thinkers are concrete and having a concrete, tangible drawing in front of me that I could use to communicate with another person, with A---, was earth shattering for me. It really felt like I was making contact with an alien society. It was definitely the first nonverbal option that I could risk to communicate with other people." The ability to communicate was something that many of these specifically child alters had been unable to do and this new outlet offered a safer option for expression.

In addition to drawing, journaling was effective in connecting between parts of Diana within her own system of alters. It was a way for each of them to learn about each other. Just as with the distinctive differences between drawings done by different alter parts, writing was also variable, which "was very integrating because you could— well initially all I had was the drawings to sort of help parts of me learn about other parts, but then I started drawing, I mean writing too." One writing venture that developed in the later years of therapy and after "many drawings," was the development of a newsletter as a support system for other survivors. "To take the next step and kind of reach out to other survivors to validate my experience more and find an even larger base of support and acceptance for what had been my reality. The [newsletter] was a tremendous opportunity and learning experience for me. It put me

in touch with other survivors, it put me in touch with other information that I didn't find on my own and other people could share with me. It opened up a whole new world for me and it was very empowering." Writing and drawing served as a connective bridge for not only Diana to therapists, other survivors, but also between her own inner alter parts for the first time.

Other opportunities for self-expression including play therapy, use of a sand tray, working with clay, and music were all used throughout therapy in addition to the drawing and journaling. Play therapy was a way for many child alters that were going through different developmental stages to work together and grow. "I wanted to talk a little bit more about play therapy because that was definitely helpful to increasing cooperation between my alters. It's kind of like if you can play together, you can live together or something like that." Using a sand tray was also helpful in "allowing cooperation between different alter selves." The use of a sand tray allowed for different objects or just the sand to be used to depict different scenes, abuse that was again unable to be spoken in words. All of these also offered the same tangible, hands-on aspect of creating that bridge to connect with reality, with your own hands while doing a self-expressive activity.

The image of a bridge and connection was evident through all of the interviews. "You can kind of experiment with things in art that you can't that might be scary in real life. It gives you another channel to use, another bridge. I keep coming back to that image. But A--- and I actually would make a little bridge, we'd have a drawing and I'd

say “Oh, this group of alters is over here and they want to kill the body and this group of alters is over here and they want to go see you or Dr. M---- or whatever.” So we would take out some clay and make a bridge between the two. Very concrete, I think that especially if someone is so dissociative that they’re psychotic like I was then it’s vital to offer this as an option just like other nonverbal options, dance therapy, movement therapy. I think all of it should be integrated into an approach for treatment for trauma survivors.”

CHAPTER 5

CONCLUSION

Chapter 4 illuminated four themes from the collected data: Dissociation as a Coping Mechanism in a Chaotic Reality, Alienation from Others and Current Tense, Taking Control of Trauma Memories, and Art, in Multiple Forms, as a Bridge for Connection. These four interpretations served as overarching themes to explore the recovery process through use of both visual and written forms of art as occupation following severe physical, sexual, and ritual abuse in one individual diagnosed with DID. Each emergent theme provided valuable insight into the following objectives of the research study:

- To explore art as a meaningful occupation for the individual participating in this study.
- To discover how the occupation of art evolved throughout the participant's process of recovery during approximately ten years in Occupational Therapy intervention.
- To discover the influence of the occupation of art on other aspects of the participant's life throughout the lifelong recovery process.

The purpose of Chapter 5 will be to develop further the link between the four themes and research objectives as well as pinpointing the implications for the profession of Occupational Therapy, limitations of the study, and recommendations.

Dissociation as a Coping Mechanism in a Chaotic Reality

This interpretation emerged from the participant's depiction of 'reality' and how dissociation was used to cope as a means of survival in life or death abuse situations. The instability and chaos of Diana's life stemming from immense childhood abuse resulted in the development of various alters used to flee the scene when trauma was too intolerable to experience. By breaking away and dissociating, Diana was able to compartmentalize all of her painful memories making the trauma in a sense smaller, more tolerable as well as creating various alters to function in different situations.

It is very evident through Diana's story and all data collected in this study that art was a meaningful occupation. Revering it as almost a life saving device, Diana used art to speak what could not be put into words, what could not be spoken due to the history of secrecy and the all encompassing fear associated with sharing the memories with another person. Art was useful when dissociating due to its tangible attributes connecting one's hands to concrete art materials even when simply a pen and paper.

Diana's internal system of alters and various situationals were all organized in this internal construct of a maze. In consideration of the second objective: to discover how the occupation of art evolved throughout the participant's process of recovery during approximately ten years in Occupational Therapy intervention, Diana initially utilized art by drawing floor plans and diagrams. These early drawings are substantially different from later drawings being mostly black and white line diagrams absent of people or other animate objects. The floor plans were often illustrations of the scenes

of frequent abuse. Eventually as the floor plans became more tolerable, faces or people as well as objects such as keys and knives were slowly incorporated into drawings allowing more and more insight into Diana's internal reality and history of abuse.

Diana still uses dissociation as a coping mechanism at times as she stated, "I'm good at it." However, the difference in dissociating now versus early recovery is that Diana is aware when she is experiencing a stressor and can now identify and deal with the situation rather than escaping the moment altogether. Instead of vacating current consciousness, Diana resorts to other coping mechanisms one of which is using various forms of art and creativity from her experience during OT intervention. One example that Diana had used was simply writing down stressors on paper, which links back to the effectiveness of a tangible, concrete object to connect Diana to the here and now. Diana is now able to use these techniques to identify a stressor, to figure out why she may be decompensating rather than completely losing all touch with "real life."

Alienation from Others and Current Tense

Dissociation is not entirely dysfunctional as it is a behavior of everyday life when becoming enthralled in a good book, an intriguing movie, or a familiar car ride. However, dissociation and the splitting of multiple alters under DID diagnostic criteria creates an environment of complete chaos, disconnect, and alienation from reality. Diana made many references to this idea of “alienation.” The human race was an alien territory that could never be connected with until a non-verbal means of communication was entered into the therapeutic equation. Feelings of alienation were also related to her inability to stay connected to current tense. Art was a meaningful occupation in this aspect giving her hands a task to accomplish keeping her connected to real life no matter how long or how many times she may dissociate or become distracted. Art and other craft activities such as the latch hook rugs Diana spoke about gave her something to do with her hands creating yet another concrete way to keep her connected to the here and now rather than lost amongst past trauma memories.

Diana’s past history of abuse contributed to feelings of alienation as though her past was so horrible it would hurt others to know of it because she was “jaded.” Sharing art diagrams and drawings were described as feeling like making contact with an alien society by Diana. It was so foreign to be able to relate to another human being, be able to share her drawings with another person in a safe environment. The evolution of art during this time moving from diagrams, drawings, other craft activities, and journal

writing, the act of increasingly sharing more self-expressive activities with others allowed Diana's traumatic memories to gradually hold less control over her.

The disconnect from self and current tense was illustrated in Chapter 4 when Diana did not put together needing an umbrella until one was offered to her despite her own physical body being wet. She was disconnected from current tense and it was the tangible, concrete aspects of objects like the umbrella and art supplies that brought Diana back to present tense instead of being drawn back into past memories. The use of art in Diana's lifelong process to recovery from abuse continues now in concrete objects like the orange umbrella. Diana connects symbolic meanings to these objects that enable easier bridging to current tense versus previous emphasis on past memories and experiences.

Taking Control of Trauma Memories

One of the key elements in creating a sense of control over these trauma memories was validation. Sharing drawings, other artwork, and writing with others was validating as Diana saw she could share her experiences, drawings, and nothing catastrophic would happen to the other person despite her previous fears. Diana constantly worried something horrific would happen to others she shared her experiences with even though art was the safest route for her story to take the fear was still present.

Another experience that allowed Diana to gain control over her past memories was revisiting the sites of the abuse with others. Having witnesses see the underground tunnels and rooms that Diana had drawn many times, reinforced and validated these memories and the places they had happened in. Seeing the places in the daylight with others made them less intimidating, scary, and created a sense of closure realizing the maze was real not merely a mental construct. Reclamation of rituals both while visiting the scene and during therapy also added to a greater sense of control over past experiences, for example, the use of drumming and its connection to heartbeat was making another connection between internal world and 'real life.'

One monumental experience in defeating this fear of sharing with others was meeting more survivors and beginning a newsletter for other survivors. It was a time when Diana realized what happened to her was not as alien as she had thought and that others not only related to, but even shared her past as well. Art, in the forms of writing

and drawing, were both meaningful to Diana at this time especially concerning the development of the newsletter and reaching out to other survivors. Diana found herself having more control over her past trauma experiences; however, it was a little overwhelming to be the Editor of this newsletter and deal with not only her personal experience, but now others history of abuse as well. During this period of her recovery, art was not only a tool for mastery over her own trauma memories, but a tool for expression and connection with other survivors.

Art, in Multiple Forms, as a Bridge for Connection

Throughout all of the interviews, there was constant reference to the image of a “bridge” or “bridging.” Art and other creative activities were the vehicles used to cross this “bridge,” connecting Diana’s alters for the first time allowing them to learn about each other, connecting her with reality, other survivors, and back to her life. Before self expressive modalities were introduced to Diana, she was psychotic and dissociative, living in a chaotic internal world full of inner turmoil completely disconnected and alienated from “real life” and the human race.

When speaking was too precarious or words were not enough or unknown to certain alters, art bridged the communication barrier safely enough to slowly allow Diana’s history to be shared with others. The use of art was the initial bridge to communication between Diana and her therapists. In the beginning she had been unable to accomplish much in treatment sessions with former therapists because she could not verbalize what was going on in her internal world. She would project images all over walls, windows, floors, anywhere becoming so overwhelmed and distracted with sensory stimuli that she couldn’t do the only thing these therapists wanted her to do, talk about it.

Art and a blank piece of paper caught all of these projections rather than constantly projecting them onto a wall, Diana could focus them onto a piece of paper confining the images within the frame of the paper. Keeping the images in the frame served as a symbolic boundary allowing her to gain further control of them. Capturing

the images on the paper made it easier for Diana to very slowly feel comfortable sharing these images with others. As sharing the images became a little easier, speaking about them did as well.

In addition to the drawings, use of clay, music, play therapy, knitting, and other creative activities were used to evoke all of the senses which had been traumatized. Many of these activities were beneficial to increasing the cooperation of alters and bridging between them. Play therapy was instrumental in the connection of child alters and helping those in different developmental stages to participate in play and grow together. Predominantly it was hands on activities which were beneficial in continually helping Diana to bridge to reality and connect between alter parts.

Implications for Occupational Therapy

The advantages of using art in OT intervention are often overlooked. There is little evidence to support the use of self expressive activities as a treatment modality; however, this research study illustrates the power of art in both visual and written forms as an effective agent of change and a meaningful occupation for the participant in this study throughout the lifelong recovery process.

Occupational Therapists focus on the process of producing the art, the 'doing' component rather than the end product. This 'doing' was a key element in the effectiveness of art in this study with Diana. Art gave her something to *do* with her hands, an occupation, that kept her connected to real life. Despite the time, length, or recurrent distractions or dissociations, Diana could come back to that part in the art project or activity and pick up where she had left off and connect back to reality, to her hands. The process as well as the end product allowed her to communicate with her internal and external worlds.

Client centered therapy is a cornerstone in OT practice and art is an effective facilitator of this as seen in the study. Art assisted in construction of a strong therapeutic alliance between client and therapist, which Diana had been unable to establish with many prior therapists whom had been using conventional 'talk' therapies. Diana could not simply 'tell someone what was on her mind' and art offered another outlet for this expression. According to the Canadian Association of Occupational Therapists, (1997) "Client centeredness involves a collaborative approach to working

with clients, keeping their perspective central to the treatment process. Inherent within this is respect for the individual and acknowledgement that he or she is an autonomous being with their own strengths” (As cited in Atkinson & Wells, (2000), p. 7). This study supports the reason arts and crafts were the foundation of our profession; they can be easily adapted to meaningful occupations for a variety of populations. This is evident with Diana’s various alters emerging to participate in the production of art and other creative activities used during therapy including children to adults, males and females. Before art was an option for Diana, sharing her traumatic memories was impossible. This means for Occupational Therapy, art, as a valued occupation, can be used as a preparatory activity to build rapport, motivate through meaningful activity, and analyze current strengths and weaknesses during observation.

The use of creative therapies such as art in Occupational Therapy is guided closely by the psychodynamic approach to treatment. According to Atkinson and Wells (2000) there are two levels of interaction in the psychodynamic approach: interpersonal and intrapersonal. Interpersonal interaction involves “relating to people and objects outside the Self” while intrapersonal interaction involves “within the self, involving concepts such as ego integrity, the unconscious and defense mechanisms” (p. 5). One of the primary goals under psychodynamic approach is the interactions between the intrapersonal processes and how interpersonal relationships are subsequently influenced (Atkinson & Wells, 2000, p. 6). This approach is effective in guiding the use of art and self expressive modalities in OT interventions. The psychodynamic approach

is also helpful in working with clients with DID due to the extreme disconnect between not only interpersonal and intrapersonal relationships, but the person with DID's own interpersonal relationships within themselves which are almost always unknown to each other. Art serves as a "bridge" to connect all of these different alter parts promoting mastery and control over past traumatic experiences through introduction of a less risky mode of communication.

Limitations

One limitation during this research study was the distance between researcher and participant. Face-to-face interviews would have been beneficial during this study specifically when looking at artwork and drawings. Technology did decrease the impact of this limitation as email and digital copies of artwork were used; however, technology was also a barrier. Skype, computer software that allows for face-to-face real time talk, in addition to conference calls were originally both going to be used, but Skype software was not compatible with both the participant and researcher's computer equipment.

This study was also a retrospective account of the use of art in OT intervention. Due to the participant's diminished memory due to amnesia or dissociation during this time period, it would have been helpful to include the original OT or psychiatrist in this research study. The retrospective aspect of this study may be a strength as well as a limitation as it allowed for the participant to share how art and other creative activities continue to be used as a part of lifelong recovery.

This study represents one individual's experience using art during the recovery process in OT intervention and should not be generalized to reflect others with DID, other mental illnesses, or other populations or therapeutic disciplines. In addressing this limitation, it would be helpful to document and research the use of art in different contexts, ages, populations, and a variety of OT rehabilitation settings. This study serves to increase the body of knowledge to support the use of art as an occupation in OT interventions.

The last limitation, which was also noted in Chapter 1 are researcher biases. In phenomenological research endeavors, biases are acknowledged and suspended; however, researcher age, ethnicity, gender, and educational, cultural, and socio-economic background all shape personal assumptions and bias. Valiant efforts to maintain vigor during this research study and to remove all bias were taken during the research process.

Recommendations

In order to improve future research regarding the use of art in OT intervention, three recommendations are made including: increased research in the area of mental health and occupational therapy, greater evidence to support the effectiveness of self expressive modalities, and increased incorporation of art and craft activities as well as mental health in education of OTs and OT curriculum.

Literature regarding Occupational Therapy in the mental health setting has become sparse in recent years. One American Journal of Occupational Therapy was dedicated completely to mental health in November 1990. Sources of information in this study, specifically the literature review were drawn from other bodies of knowledge in addition to the minimal OT literature to support mental health treatment services. In the future more research is needed to support the effectiveness of OT in treatment of mental health.

Self expressive modalities as found in this study are immensely effective in the recovery process from severe physical, mental, and sexual abuse. Increasing the therapeutic relationship, communication, and knowledge of alter parts were also found in this study. Under the need for evidence based practice, building the body of knowledge in regard to use of self expression in OT interventions will support the continued and increased use of art in therapy. More studies similar to this are needed to support the ability for these findings to be generalized to larger populations.

The final recommendation is to increase the incorporation of art and self expression as treatment modalities in OT program curriculums as well as a greater emphasis on mental health populations. More emphasis on mental health settings and the use of self expression in graduate curriculum may increase research activities and provide more evidence to support OTs presence in this treatment area.

Summary

In summary, the use of art as an occupation during recovery from severe physical, sexual, and ritual abuse was found to be tremendously effective for the participant in this research study. The four themes discovered included dissociation as a coping mechanism in a chaotic reality, alienation from others and current tense, taking control of trauma memories, and art, in multiple forms, as a bridge for connection. Dissociation began as a coping mechanism to survive extreme abuse situations, but evolved into unhealthy, psychotic manifestations later in life resulting in alienation and disconnect from real life. Art allowed trauma memories and past experiences that had been encapsulated by each different alter to be released and shared with others. Art also increased alters' knowledge of each other as well as fostered a positive therapeutic alliance. The production of art allowed Diana to make something that she could control and change. Art was a transformative occupation giving Diana a less risky outlet of communication in her words, "It [art] gave me my soul back."

REFERENCES

1. American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders, Fourth Edition*. Arlington, VA: American Psychiatric Association.
2. Angel, S.L. (1990). Toward becoming one self. *American Journal of Occupational Therapy, 44*(11), 1037-1043.
3. Atkinson, K. & Wells, C. (2000). *Creative therapies: A psychodynamic approach within occupational therapy*. Cheltenham, UK: Stanley Thornes Publishers Ltd.
4. Baldwin, L.C. (1990). Child abuse as an antecedent of multiple personality disorder. *American Journal of Occupational Therapy, 44*(11), 978-983.
5. Braun, B.G. (1990). *Multiple personality disorder: An overview*. *American Journal of Occupational Therapy, 44*(11), 971-976.
6. Byrne, P., Raphael, E.I., & Coleman-Wilson, A. (2010). Art as a transformative occupation. *OT Practice, 13*-16.
7. Creswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
8. Creswell, J.W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage Publications.
9. Dawson, P.L. (1990). Understanding and cooperation among alter and host personalities. *American Journal of Occupational Therapy, 44*(11), 994-997.
10. Dawson, P.L. (1990). Understanding skepticism toward multiple personality disorder. *American Journal of Occupational Therapy, 44*(11), 1048-1050.

11. Dell, P.F. (1988). Professional skepticism about multiple personality. *Journal of Nervous and Mental Disease*, 176, 528-531.
12. Dissociation. (n.d.). The ASAP dictionary of anxiety and panic disorders. (2007). Retrieved October 24, 2010 from < <http://anxiety-panic.com/dictionary/en-main.htm>>.
13. Esaak, S. (2010). What is visual art? Retrieved from October 7, 2010 from http://arthistory.about.com/cs/reference/f/visual_arts.htm?p=1.
14. Fidler, G.S. & Velde, B.P. (1999). *Activities: Reality and symbol*. Thorofare, NJ: SLACK Incorporated.
15. Fike, M.L. (1990). Clinical manifestations in persons with multiple personality disorder. *American Journal of Occupational Therapy*, 44(11). 984-990.
16. Fike, M.L. (1990). Childhood sexual abuse and multiple personalisty disorder: Emotional sequelae of caretakers. *American Journal of Occupational Therapy*, 44(11), 967-969.
17. Fike, M. L. (1990). Considerations and techniques in the treatment of persons with multiple personality disorder. *American Journal of Occupational Therapy*, 44(11), 999-1007.
18. Frye, B. (1990). Art and multiple personality disorder: An expressive framework for occupational therapy. *American Journal of Occupational Therapy*, 44(11), 1013-1022.
19. Higdon, J.F. (1990). Expressive therapy in conjunction with psychotherapy in the treatment of persons with multiple personality disorder. *American Journal of Occupational Therapy*, 44(11), 991-993.

20. Horghagen, S., Josephsson, S., & Alsaker, S. (2007). The use of craft activities as an occupational therapy treatment modality in Norway during 1952-1960. *Occupational Therapy International*, 14(1), 42-56.
21. Johnson, N., Thigpen, C.H., Cleckley, H.M. (Writers) & Johnson, N. (Director). (1957). *The three faces of eve* [Motion Picture]. United States: Twentieth Century Fox Film Corporation.
22. Levine, R.E. (1987). The influence of the arts and crafts movement on the professional status of occupational therapy. *American Journal of Occupational Therapy*, 41(4), 248-254.
23. MacGregor, M. W. (1996). Multiple personality disorder: Etiology, treatment, and treatment techniques from a psychodynamic perspective. *Psychoanalytic Psychology*, 13(3), 389-402.
24. Malchiodi, C.A. (2007). *The art therapy source book*. New York, NY: McGraw Hill
25. Malchiodi, C.A. (2002). *The soul's palette: Drawing on art's transformative powers for health and well-being*. Boston, MA: Shambhala.
26. Middleton, W. (2005). Owning the past, claiming the present: Perspectives on the treatment of dissociative patients. *Australian Psychiatry*, 13(1), 40-49.
27. NAMI. (2000) Dissociative identity disorder. Retrieved February 20, 2010 from [http://www.nami.org/Content/ContentGroups/Helpline1/Dissociative Identity Disorder \(formerly Multiple Personality Disorder\).htm](http://www.nami.org/Content/ContentGroups/Helpline1/Dissociative%20Identity%20Disorder%20(formerly%20Multiple%20Personality%20Disorder).htm).

28. Physical abuse. (n.d.) *McGraw-Hill Concise Dictionary of Modern Medicine*. (2002). Retrieved April 5 2010 from <http://medical-dictionary.thefreedictionary.com/physical+abuse>
29. Putnam, F.W., Guroff, J. J., Silberman, E. K., Barban, L., & Post, R. (1986). The clinical phenomenology of multiple personality disorder: A review of 100 recent cases. *Journal of Clinical Psychology, 47*, 285-293.
30. Recovery. (n.d.). Princeton university wordnet. (2010). Retrieved October 25, 2010 from <http://wordnetweb.princeton.edu/perl/webwn?s=recovery>.
31. Reed, K.L. (1986). Tools of practice: Heritage or baggage? 1986 Eleanor Clarke Slagle Lecture. *American Journal of Occupational Therapy, 40*(9), 597-605.
32. Richert, G.Z. & Bergland, C. (1991). Treatment choices: Rehabilitation services used by patients with multiple personality disorder. *American Journal of Occupational Therapy, 46*(7), 634-638.
33. Ritual abuse. (n.d.) North American freedom foundation. (2009). Retrieved April 5 2010 from <http://naffoundation.org/Definitions.htm>.
34. Schreiber, F.R., Stern, S. (Writers) & Petrie, D (Director). (1976). *Sybil* [Motion Picture]. United States: Lorimar Productions.
35. Sepiol, J.M. & Froehlich, J. (1990). Use of the role checklist with the patient with multiple personality disorder. *American Journal of Occupational Therapy, 44*(11), 1008-1012.

36. Sexual abuse. (n.d.). *McGraw-Hill Concise Dictionary of Modern Medicine*. (2002). Retrieved April 5, 2010 from <http://medicaldictionary.thefreedictionary.com/sexual+abuse>.
37. Sexual abuse (n.d.). Mosby's Medical Dictionary. (2009). Retrieved October 24, 2010 from <http://medical-dictionary.thefreedictionary.com/sexual+abuse>.
38. Skinner, S.T. (1990). Occupational therapy with patients with multiple personality disorder: Personal reflections. *American Journal of Occupational Therapy*, 44(11), 1024-1027.
39. Spiegel, D. (1984). Multiple personality as a post-traumatic stress disorder. *Psychiatric Clinics of North America*, 7, 101-109.
40. Stickley, T. & Nickeas, R. (2006). Becoming one person: Living with dissociative identity disorder. *Journal of Psychiatric and Mental Health Nursing*, 13, 180-187.
41. Swartz, A. (2001). Dissociative identity disorder. *ALLPsych ONLINE: The Virtual Psychology Classroom*. Retrieved October 26, 2010 from <http://allpsych.com/journal/did.html>.
42. Velde, B.P. (1999). The language of crafts. In Fidler, G.S. & Velde, B.P. (Ed.). *Activities: Reality and symbol* (pp. 95-105). Thorofare, NJ: SLACK Inc.
43. Waid, K.M. (1993). An occupational therapy perspective in the treatment of multiple personality disorder. *American Journal of Occupational Therapy*, 47(10), 872-876.

44. Waugaman, R.M. (2004). Reality as an inkblot: Looking at the trauma literature. *Psychiatry*, 67(3), 222-230.
45. Writing. (2010). In *Merriam-Webster Online Dictionary*. Retrieved October 7, 2010, from <http://www.merriam-webster.com/dictionary/writing>

APPENDIX A:
Informed Consent

Consent to Participate in a Research Study

Art as Occupation: A Phenomenological Study of Art as a means of Self Expression for an Individual Recovering from Severe Physical, Sexual, and Ritual Abuse

Why am I being asked to participate in this research?

You are being invited to take part in a research study regarding your experience with the use of art during your recovery process. You are being invited to participate in this research study due to minimal research regarding art as an occupation and its use in recovery from physical, sexual, and ritual abuse.

Who is doing the study?

The person in charge of this study is Raina Remole at Eastern Kentucky University in the Department of Occupational Therapy. She is being guided in this research by Dr. Anne Shordike, PhD, OTR/L.

What is the purpose of the study?

The purpose of this research is to explore the use of art as an occupation with an individual recovering from severe mental, physical, and ritual abuse. By doing this study, we hope to discover the importance of the use of art as a meaningful occupation in the recovery process through in depth interviews with an individual who has experienced this first hand.

Where is the study going to take place and how long will it last?

The research procedures will be based at Eastern Kentucky University, but will be conducted through conference calls, SKYPE, and email. This study will consist of several in depth interviews from April 1, 2010 to December 20, 2010 wherein your participation will be from a convenient location of your choice.

What will I be asked to do?

You will be asked to participate in several in-depth interviews from a period of April 1, 2010 to December 20, 2010. Each interview is estimated to last approximately one hour. Length of interviews is subject to extension as needed in relation to your responses; however, continuation is based solely on your comfort. You will be given the opportunity to edit, add, or delete interview questions prior to every interview and to ask questions throughout and at the completion of each interview. All of the information you share during interviews in this study is voluntary; therefore, you are not obligated to answer any questions asked despite your preapproval prior to the scheduled interviews. Due to the semi-structured nature of the interviews, a conversational environment is meant to foster the collection of the richest data possible as to enhance the knowledge of the use of art as an occupation with persons recovering from abuse. As the sole participant in this study, you are responsible for providing and/or maintaining access to all hardware and software needed for participation in this research consisting of internet access for email and Skype and/or telephone as needed for conference

calls. All information provided during interviews is at your own discretion and this process is meant to be collaborative. This study is voluntary; therefore you are not obligated to provide any information against your free will and have the right to stop at any time.

Are there reasons why I should not take part in this study?

There are no reasons why you should not take part in this study. All interview questions will be provided prior to interviews for allowance of editing and your approval.

What are the possible risks and discomforts?

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life. Although we have made every effort to minimize this, you may find some questions we ask you to be upsetting or stressful. If so, we can tell you about some people who may be able to help you with these feelings. We hope to minimize this through question construction and editing prior to scheduled interviews with your collaboration. You may, however, experience a previously unknown risk or side effect.

Will I benefit from taking part in this study?

There is no guarantee that you will get any benefit from taking part in this study. However, some people have experienced personal satisfaction through contributing to a body of knowledge for the future benefit of others. We cannot and do not guarantee that you will receive any benefits from this study.

Do I have to take part in this study?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

If I don't take part in this study, are there other choices?

If you do not want to be in the study, there are no other choices except to not take part in the study.

What will it cost me to participate?

There are no costs associated with taking part in this study.

Will I receive any payment or rewards for taking part in the study?

You will not receive any payment or reward for taking part in this study.

Who will see the information I give?

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key.

However, there are some circumstances in which we may have to show your information to other people. For example, we may be required to show information that identifies you to people who need to be sure we have done the research correctly; these would be people from such organizations as Eastern Kentucky University Department of Occupational Therapy.

Can my taking part in the study end early?

If you decide to take part in the study, you still have the right to decide at any time that you no longer want to participate. You will not be treated differently if you decide to stop taking part in the study.

The individuals conducting the study may need to end your participation in the study. They may do this if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you, or if the agency funding the study decides to stop the study early for a variety of scientific reasons.

What happens if I get hurt or sick during the study?

If you believe you are hurt or if you get sick because of something that is done during the study, you should call Raina Remole at 859-200-4095 or Raina_Remole@eku.edu immediately. It is important for you to understand that Eastern Kentucky University will not pay for the cost of any care or treatment that might be necessary because you get hurt or sick while taking part in this study. That cost will be your responsibility. Also, Eastern Kentucky University will not pay for any wages you may lose if you are harmed by this study.

The participant's psychiatrist is aware of participation in the study and is as always available on a 24/7 basis at phone number 415-577-4972.

Usually, medical costs that result from research-related harm cannot be included as regular medical costs. Therefore, the costs related to your care and treatment because of something that is done during the study will be your responsibility. You should ask your insurer if you have any questions about your insurer's willingness to pay under these circumstances.

What if I have questions?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now or at any time during the study by contacting the investigator, Raina Remole at 859-200-4095 or email at Raina_Remole@eku.edu or Anne Shordike, (859) 622-6345, anne.shordike@eku.edu at Eastern Kentucky University, Department of Occupational Therapy, 103 Dizney, 521 Lancaster, Richmond, Kentucky, 40475. If you have any questions about your rights as a research volunteer, contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at 859-622-3636. We will give you a copy of this consent form to take with you.

What else do I need to know?

You will be told if any new information is learned which may affect your condition or influence your willingness to continue taking part in this study.

I have thoroughly read this document, understand its contents, have been given an opportunity to have my questions answered, and agree to participate in this research project.

Signature of person agreeing to take part in the study Date _____

Printed name of person taking part in the study

Name of person providing information to subject

APPENDIX B:
Interview Questions

The Use of Art as Occupation in Recovery from Physical, Sexual, and Ritual Abuse

Introduction: Thank you for participating in this study. The purpose of this study is to explore your experience using the occupation of art during recovery from physical, sexual, and ritual abuse. You are not obligated to answer any questions you deem uncomfortable. The following interview questions serve as a guide, but please feel free to answer however you would like because this is a collaborative process. This interview will be tape recorded. The information you provide will be confidential within the limits of the law.

Possible interview questions, these will be further determined in collaboration with the participant.

1. I understand that you have experienced abuse and have been diagnosed with Dissociative Identity Disorder (DID) formerly known as Multiple Personality Disorder. Can you speak about the coping methods you have utilized?
2. Describe the form of art being visual, written, or any other form you feel is most meaningful to you and why?
3. Please describe some of your earliest memories of utilizing that particular form of art.
4. During the beginning of your recovery process and work with an occupational therapist, did you engage in producing art during therapy time with the therapist or on your own beforehand?
5. Please explain how art did or did not influence your relationship with your occupational therapist.
6. I understand that your diagnosis of DID envelops the interaction of many different alters. How effective was using art with an occupational therapist in contributing to a better understanding of yourself, dissociative identity disorder, and your past?
7. As you have experienced, the recovery process is a lifelong journey. Looking back at the beginning of your path to recovery, how do you feel engaging in the occupation of art as a means of self expression impacted your overall health?
8. Occupational therapists use task analysis to break down tasks into smaller, more manageable parts. While working with your occupational therapist during this time of transformation, was the process of making art or discussing the end product with the OT more influential in contributing to your feelings of success and control over your thoughts and emotions?

9. How did the process and discussion of your art with the OT change throughout your recovery?
10. After your experiences in occupational therapy, how important was the ongoing engagement in the occupation of art to you and your continual self transformation?
11. Has the form you create or the purpose of your art changed over time?

Possible Closing Questions

12. Has utilizing art as an occupation influenced your current health? How so?
13. Do you currently utilize art as a coping mechanism? If not, what other strategies do you utilize to manage your feelings and emotions?
14. Do you consider art a meaningful occupation of your past, present, and/or future? Would you recommend using art as self expression for others who have experienced traumatic events?
15. What are your overall feelings of Occupational Therapy after your experience using art in OT intervention?

Thank you for your responses to these questions. I will provide you with a list of questions prior to the next interview.

The Use of Art as Occupation in Recovery from Physical, Sexual, and Ritual Abuse

Interview 2

Introduction: Ensure participant received themes and transcription from first interview and was able to review documents for accuracy. Explain data analysis process and how themes were derived from initial interview.

Possible interview questions, these will be further determined in collaboration with the participant.

1. I wanted to get your input into what themes you would pick out from the previous interview? What would you add, change, or omit from the four themes I developed from the data?
2. Can you talk more about what you meant by this feeling of 'life or death' and/or what else you were feeling during that time in Occupational Therapy?
3. You had said orange was a safe color. Could you please explain any other colors in which you attached certain meanings or feelings?
4. Through looking at some of your drawings, I noticed a lot of eyes as well as a giraffe showing up in many of them. Can you talk about what these represented?
5. In addition to art activities, do you have any other memory of your experience in OT?

Possible Closing Questions

12. What are the various forms of art or creative activities that you did and/or still do utilize other than drawing and journaling?
13. Is there anything else you would like to comment on further from the previous interview or the working themes?

Thank you for your responses to these questions. I will provide you with a transcript of this interview as soon as possible.