Nourishing the soul: Art therapy with EMDR for the treatment of PTSD and bulimia in an adult mental health service

Please note: this case study explores a client's experience of sexual violence and contains trauma-related imagery

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Description

This case study was written by an art therapist who works for Devon Partnership NHS Trust, in a community psychological therapies service for adults with severe and complex mental health difficulties. Most of the clients referred to this service have experienced childhood trauma, and can therefore find it difficult to access talking therapy due to elevated levels of distress and emotional reactivity. Clients must be seen by secondary mental health services and be under the care of the community mental health team in order to be referred to art therapy. Art is a helpful way for clients to begin to express and share their experiences, and the setting is designed to provide a sense of safety and containment.

Many of the people referred to the service have a diagnosis of personality disorder and the department aims to meet the National Institute of Clinical Excellence (NICE) guidelines by giving clients choices about their preferred treatment and access to longer-term interventions. The writer sometimes combines art therapy with Eye Movement Desensitisation and Reprocessing (EMDR) for a holistic trauma-focused intervention with this complex client group, especially as there are often multiple comorbidities. This can help clients to process their experiences and difficulties on a cognitive, creative and embodied level.

In this case study, the art therapist wrote about a client who asked to be called 'Ezrah' (a pseudonym) to protect her confidentiality. She was referred due to historic trauma and posttraumatic stress disorder (PTSD), emotionally unstable personality disorder (EUPD), and longstanding difficulties with bulimia and disordered eating. Her bulimia had previously led to emergency hospital admissions, concerns about damage to her heart and internal organs, and input from specialist eating disorder services. Ezrah has given full consent to use her story and images in this case study, alongside a paragraph she wrote about her experience of therapy, in order to share the service user's perspective with the reader.

Context

Unprocessed trauma can manifest as a variety of symptoms, many involving the body (van der Kolk, 2014), and can damage interoceptive skills (*interoception* is the ability to sense internal bodily states – Craig, 2015). It was therefore important for the therapist to shift the focus away from Ezrah's obsessive preoccupation with food and weight loss to the difficulties and emotions underneath. Ezrah was aware of professionals' duty of care to keep her safe and it was agreed that the therapist would contact her GP to share any health concerns related to her bulimia. Ongoing risk assessment and liaison with her care coordinator were an important part of the work, as was regular monitoring of the severity of her eating disorder. The eating disorder charity BEAT estimates that only 45% of people diagnosed with bulimia make a full recovery; it was therefore important to ensure Ezrah did not expect art therapy to provide her with a guaranteed "fix" (as she referred to it at the start, asking if the therapist was going to "fix her"), but a space to think differently and develop new ways of coping with her difficulties.

Although she was ambivalent about therapy at first, Ezrah soon settled into a reflective way of working and became increasingly curious about her own responses and thought patterns. She was aware that her eating disorder and PTSD began after a sexual assault in her early adolescence, and agreed with the art therapist that the goals for the intervention were to help her to understand and process her traumatic experiences – while using creative expression, rather than bulimia, as an outlet for strong emotions.

Method

Ezrah had 50 sessions of individual art therapy, some of which were combined with EMDR. She drew images spontaneously in the sessions. Several of her powerful images are included, to demonstrate the art therapy process.

Image 1 is Ezrah's 'safe place': a swing near her childhood home. She said she enjoyed the motion of being on the swing as a child and felt free and happy when she was there, often singing out loud. It was an important image which was used in therapy to help Ezrah regulate her nervous system and connect with feelings of safety and joy, in order to counterbalance and soothe the distress which emerged during trauma processing. Learning to access this

sense of safety enabled Ezrah to feel more settled, even when faced with overwhelming emotions.

Image 2 is a drawing of the traumatic event, made in preparation for trauma processing with EMDR. Ezrah's PTSD symptoms included intrusive imagery and flashbacks of her sexual assault, as well as shame, blame and self-loathing which were expressed through the eating disorder. Using EMDR, she processed this memory so that it no longer held so much power over her. This helped her to realise that what happened was not her fault and to become more self-compassionate and less fearful.

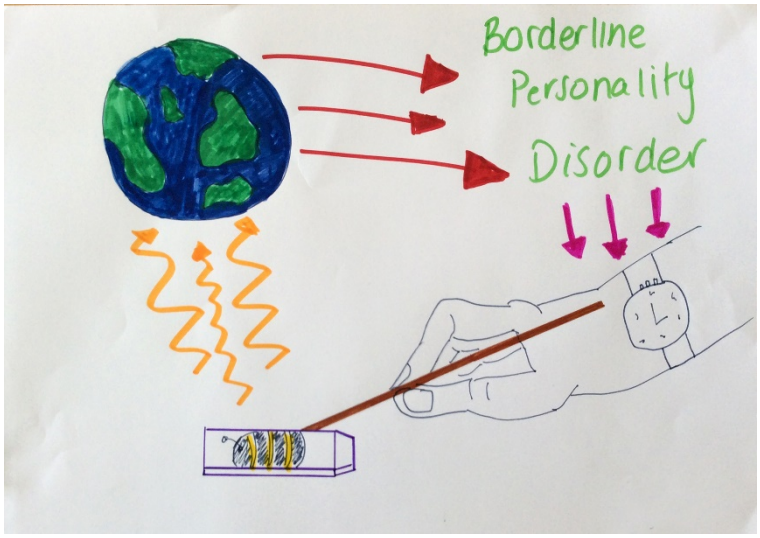

Image 3 represents Ezrah's experience of living with EUPD (also referred to as borderline personality disorder, e.g. BPD): she is the bee in a box, feeling trapped and easily agitated. When things go wrong, she experiences this as being poked with a stick which leads to further agitation and tension. This is expressed through angry outbursts which go out into her world – those around her – and the guilt she feels about this reinforces a vicious cycle of shame, and of feeling overwhelmed and struggling with relationships.

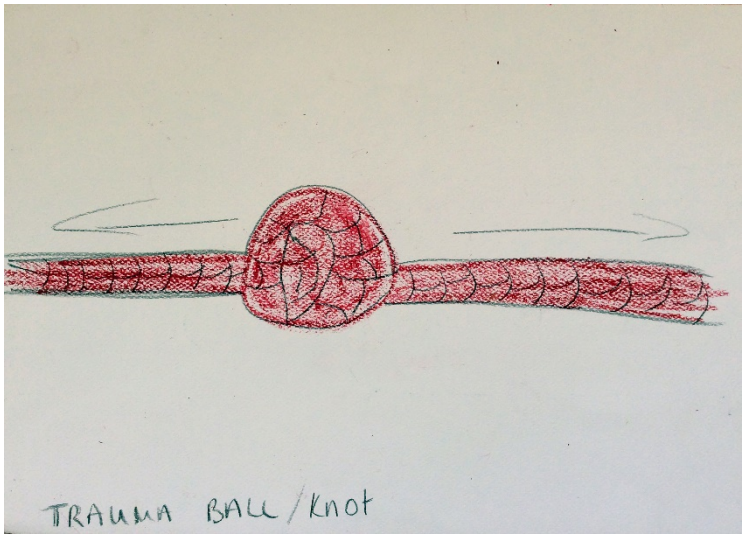

Image 4 is titled *The trauma knot/ ball.* This is an example of 'interoceptive imagery' (Sigal, 2021) – a visual depiction of an internal mental state which Ezrah experienced as a tight, pulling, painful and raw knot in her intestine. This is where the physical sensations related to the trauma and the body memories of the event were held in her body. When these sensations became unbearable, she would binge and purge.

Image 5 is a photograph of a figurine Ezrah found and brought to therapy. It resonated strongly with her and she reflected on the way it has no abdominal area – no core, no intestines, no genitals. It seemed to represent the other extreme of the 'trauma ball' in terms of Ezrah's way of coping with these difficult sensations: she would either overly focus on these parts of her body and hurt herself through disordered eating, or she would seek to fully control her needs and emotions by disconnecting from these parts of her body completely.

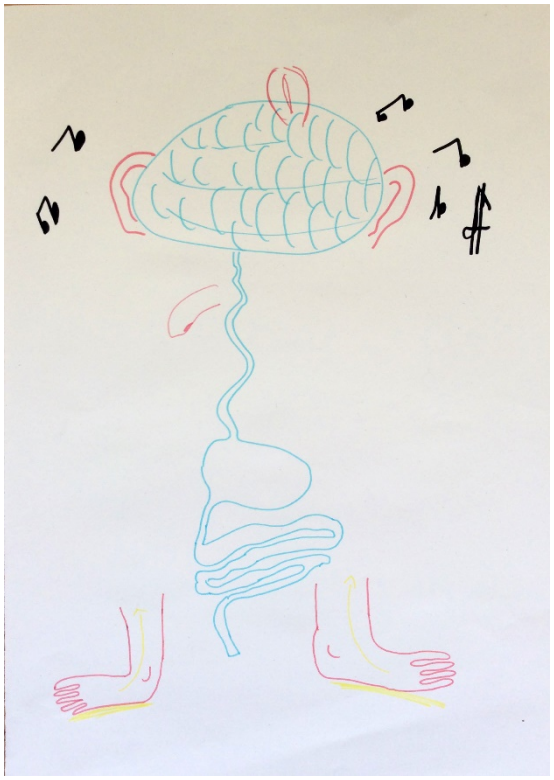

Image 6 is another interoceptive image, depicting Ezrah's fragmented sense of her own body. She drew the feet and the brain, the intestine, then the nose and ears for sensory perception; she added musical notes to represent earworms she would sometimes struggle with, and a vagina (drawn above the brain) to represent the intrusive thoughts about her trauma. The rest of the body is missing and she talked in the session about feeling that she eats to soothe her mind, not to meet her physical needs. Drawing this image made her realise that she was unable to recognise physical hunger, and that her eating was led mostly by emotional drivers. This led to a stronger focus in therapy on improving her interoceptive skills, and especially her ability to notice hunger. She continued to work on being more present in her body after therapy ended.

Outcomes

According to NICE, only 30–60% of people with bulimia nervosa make a full recovery with treatment. Devon Partnership Trust's psychological services often use CORE Outcome Measure (CORE-OM) forms to monitor progress, and Ezrah's overall levels of distress moved from 'moderate severe' to 'mild' by the end of the intervention. She processed her trauma and as a result her PTSD symptoms improved significantly; she also reported a reduction in symptoms related to her eating disorder and increased self-compassion. Ezrah did not have any hospital admissions for her eating disorder during the intervention or since it ended, and has not been re-referred to secondary mental health or specialist services, demonstrating a reduction in her use of both physical and mental health services. She remains well despite minor relapses, and reports that her relationships have improved and that she had less time off from her work in the healthcare sector - thereby benefiting the wider community.

Ezrah said that having an intervention which considered the underlying reasons for her difficulties, rather than focusing only on the eating disorder, was one of the things she found especially helpful. She said her symptoms would have potentially shifted to another type of self-harming behaviour otherwise, whereas re-framing her bulimia as a coping strategy

meant she was able to ‘let go’ of it when she felt safer in her body and in the world. She found that therapy made her pay attention to interoceptive processes – her physical sensations and her body – instead of wishing to be ‘cut off’ from them. This included hunger, a sensation she was so disconnected from that she lost the ability to *sense* it on a physical level. It is worth noting that improvements in interoceptive ability are considered predictive of improved mental health overall (Sahib et al., 2018).

Ezrah provided written feedback for this case study in March 2021:

“I utilised Art Therapy for almost two years. The idea of being able to put my mental imagery and emotions into another media was a novel experience for me; it took time for me to embellish and learn to control what I wanted to display in a visual form. The concept of 'seeing' my pain rather than just feeling it was a bizarre and overwhelming experience. I was able to create pictures that had been sat within me and manifested in awkward and upsetting ways. I think that by drawing and literally throwing shapes and words onto paper passionately and whole-heartedly, I could start to understand myself more. It triggered parts of my thinking process I had never or barely used before, a new kind of expression, one not so familiar to me.

With light conversation I was able to relax, only mention things I felt I wanted to control and only disclosed what I felt able to. I've never enjoyed art or was able to use colours in a way that described my thoughts, but by using only white paper and a pencil I could see myself and for the first time, even feel sympathy and ache for the young child's pain I had drawn. I was no longer the adult screaming for attention, but the traumatised child looking for a reason for so many unanswered questions. After a few months, I felt a yearning to want to change the way I saw the world, other people and myself. There was no longer a need to keep harming myself but to take an active interest in who I had become as a person and view my life through a different window.”

Key learning points

The client reported sustained improvement over a year after therapy ended, indicating that the intervention was beneficial. As trauma is often experienced on a physical level through body memories (Rothschild, 2000), the use of interoceptive imagery and embodied processes can be an important part of the work.

Art therapy seems to be in a unique position to offer an intervention which can address difficulties across a variety of presentations; art therapists work with complex clients and with comorbidities, where trauma and distress can manifest as a range of mental and physical health conditions. Art therapy can also be helpful for clients who struggle to utilise talking therapies, either due to being too disconnected from (or overwhelmed by) their emotions to access and discuss them directly, or if they struggle to use language to describe mental states.

The focus on imagery and creativity means that self-expression is possible even if clients have no words to describe what happened to them, or how they feel about it. They can put it to paper and, as Ezrah said, learn to “see” their pain and understand themselves more fully. It can give them the opportunity to share their experiences and tell their story in their own way.

As demonstrated in this case study, art therapy can also be used with trauma-focused approaches such as EMDR to provide an effective, holistic trauma-focused intervention. As

eating disorders clearly involve both body and mind, and as some clients with eating disorders have a trauma history (and others might be traumatised by forced interventions or the health consequences of their eating disorders), it might be helpful to increase access to art therapy, embodied and trauma-informed approaches in community mental health and specialist eating disorder services.

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