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Creativity and dissociation. Dance/movement therapy interventions for the treatment of compartmentalized dissociation

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ABSTRACT

The purpose of this paper is to investigate the relationship between creativity and compartmentalized dissociation (CD) and explore clinical implications for treatment. After examining the distinction between detachment and CD, the paper presents the main developmental pathways that lead to pathological presentations of CD, highlighting the role of creativity and fantasy proneness. The paper defines the potential benefits of using creative approaches specifically focusing on dance/movement therapy (DMT) in the treatment of CD. These dance/movement interventions address some of the therapeutic tasks required for people with CD, such as the identification and mapping of alters and the improvement of communication, collaboration and coordination among them. The paper finally applies choreographic and performance lenses to the integration and mastery of therapeutic transitions, specifically pertaining to the transformation and fusion of alters. In this process, the paper both examines the benefits of the use of body and movement and also stresses potential caveats in working with this population.

Introduction

Dissociative phenomena have been largely understood both as a failure in the normal development of the self (Liotti, 2009) and as a defensive mechanism against pain (Ross et al., 2008). Under these premises, childhood trauma is conceptualized as one of the factors in the development of pathological dissociation (Chu & De Prince, 2006; Putnam et al., 1996). Nevertheless, childhood trauma does not by itself explain the onset of pathological dissociation because adults with traumatic backgrounds resort to a myriad of coping mechanisms. Among other factors, creativity and fantasy proneness have been found to contribute to the development of dissociation (Dalenberg et al., 2012). In this view, dissociation is conceptualized as a creative defense that over time evolves into an automated, non-volitional and context-dependent response, maximizing survival instead of adaptability, even in the absence of threat; what was an asset becomes a liability later in life.

Paradoxically, emotional traumas are also "the probable stimuli for new awakenings... Even within compulsivity, rigidity, and obsession, a grounding is established for a struggle against confinement. The spurring on of creative forces awakens the excitement inherent in existence" (Stern, 1988, p. 2). As challenging as it might be, creative therapeutic approaches such as dance/movement therapy (DMT) may be well suited to reverse the traumatic process and transform a liability into an asset again.

Therefore, the purpose of this paper is to explore the kinship between creativity and dissociation and to propose creative treatment interventions using a DMT approach. The paper first defines dissociation and distinguishes detachment and compartmentalized dissociation (CD). Second, main developmental pathways leading to pathological presentations of CD are presented. Among the contributing factors, the paper highlights the capacity to dissociate, which is moderately but significantly correlated with creativity and fantasy proneness. Then, the paper outlines the potential benefits of using creative approaches in the treatment of CD and specifically introduces dance/movement interventions as an example to address therapeutic tasks with this population.

A brief note on the methodology and data sources: the first part of the paper reviews the relevant literature to construct a hypothesis on the correlations between creativity, CD and therapy approaches. The second part of the paper, where clinical interventions are delineated, is drawn from personal experience working in private settings with people that have experienced physical abuse (mainly domestic violence and sexual assault). All of my clients were dealing with different ego-states and levels of development and autonomy, although none of them had received a formal diagnosis of dissociation. Hence, these interventions are a theoretical expansion for clients with more extreme presentations

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of segregated ego-states. These preliminary explorations are meant to be the foundation for future case studies and, down the line, for a more comprehensive treatment model of CD.

Understanding the relationship between compartmentalization and creativity

Dissociative disorders: compartmentalization or detachment

The search for what actually constitutes dissociation and how to better assess and treat dissociative disorders has been a constant endeavor in the clinical field for the last three decades (Ross, 1996). Used in broad terms, dissociation could be defined as a "disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, perception, body representation, motor control, and behavior" (American Psychiatric Association [APA], 2013, p. 291). Dissociative symptoms can be *positive*, such as intrusions into awareness and behavior and loss of the continuous subjective experience of the self (e.g., depersonalization, derealization, identity confusion and intrusive thoughts), or *negative*, such as the inability to exert control over mental functions or access information (e.g., amnesia) (APA, 2013).

The aforementioned experiences are often seen as qualitatively similar, i.e., they can be explained by a baseline psychological mechanism, namely the partial or complete failure of mental integrated functions of a person (Brown, 2006; Cardeña, 1994). The proponents of this unitary continuum or unidimensional model organize the dissociative phenomena along a spectrum from the least intense or non-pathological state (e.g., absorbed states) to the highest level of dissociation (e.g., having a fragmented identity). These assumptions underlie current assessment tools such as the Dissociative Disorders Interview Scale (DDIS), the Structured Clinical Interview for DSM-IV Dissociative Disorders (SCIS-D), and the Dissociative Experiences Scale (DES-II), as well as the diagnostic categories in the DSM, including the fifth edition published in 2013.

The critics of the continuum model state that used broadly, dissociation encompasses "almost any kind of symptom involving an alteration in consciousness or a loss of mental or behavioral control" (Brown, 2006, p. 9), which obscures the meaning and the applicability of the concept. Focusing on its etiology and on specific neurological mechanisms rather than symptoms, several authors argue that it is possible and necessary to distinguish detachment from compartmentalization (Allen, 2001; Briere, Weathers, & Runtz, 2005; Brown, 2006; Cardeña, 1994; Dell, 2009a; Holmes et al., 2005; Steele, Dorahy, Van der Hart, & Nijenhuis, 2009; Waller, Putnam, & Carlson, 1996). In this view, detachment is defined as an altered state of consciousness that gives rise to a sense of separation from the person's emotional experience, sense of self, somatic sensations or the world around them (Brown, 2006; Cardeña, 1994). Compartmentalization is formalized as a deficit in the ability to control processes, actions and behaviors that normally would be under the will of the person and that continue to operate normally (i.e., able to influence ongoing emotion, cognition and action) (Holmes et al., 2005). For instance, dissociative amnesia is the inability to voluntarily recollect memories that could be retrieved under normal circumstances, while amnesia due to detachment refers to a lack of encoding information, which cannot be retrieved because the memory does not exist (Allen, 2001; Dell, 2009a; Holmes et al., 2005). Even among the supporters of the multidimensional model, some argue that detachment is not, strictly speaking, dissociation (Nijenhuis & Van der Hart, 2011; Van der Hart, Nijenhuis, & Steele, 2006), while others discuss different *types* of dissociation (Brown, 2006; Cardeña, 2011; Dalenberg & Paulson, 2009; Dell, 2011).

In summary, although there is not a consensus regarding how strictly dissociative phenomena should be narrowed down, there is a general understanding that detachment and compartmentalization are normally correlated and concurrent but distinguishable mechanisms. This would mean that it is possible to identify clinical presentations of detachment without compartmentalization and vice versa, which has implications for treatment (Holmes et al., 2005). Using a very broad framework, if detachment is conceptualized as a separation from a sense of self and/or the environment, treatment should focus on grounding and orientation to the self and the here and now. If compartmentalization is defined as a lack of integration experienced as non-volitional intrusions and amnesic barriers, treatment should aim to decrease those barriers and foster unity and a sense of wholeness. The latter is the focus of this paper. Thus, the following sections delve into the models that explain the etiology of compartmentalized dissociation (CD)[1] and explore its relationship with creative capacities, as well as the implications for the use of DMT in therapy.

Before going further, it may be useful to define what constitutes a dissociated or compartmentalized part.[2] One of the most classical definitions was advanced by Putnam (1989): alters are "highly discrete states of consciousness organized around a prevailing affect, sense of self (including body image), with a limited repertoire of behaviors and a set of state dependent memories" (p. 103). These parts of the self may exist with different degrees of autonomy and cross-awareness.[3] Although the organization of self-states is fully discussed elsewhere (Putnam, 1989; Ross, 1989), for the purpose of the paper it is worth noticing that the most common presentations are the host identity (the one with the most executive control and normally present for treatment), child identities (that hold most of the memories of trauma), persecutor identities (usually recognized as introjects of the original abuser), and protective or helper identities (who counterbalance the internal abusers). This system is dynamic by nature, as it requires constant adaptation and recreation of alters for the person to maintain homeostasis (Braude, 2000). Additionally, although fragmented parts may remain arrested in childhood, others evolve simultaneously with the host personality or may appear later in the life of the person as a way to cope with life stressors (Raaz, Carlson-Sabelli, & Sabelli, 1993). It is also important to notice that alters are ego-syntonic (i.e., congruent with the history, values, behaviors and the self-image of the person) as well as cultural-syntonic (i.e., congruent with cultural mythology, beliefs and value systems); in other words, alters are shaped by personal and cultural attributions (Putnam, 1989; Spiegel et al., 2011; Van Duijl, Nijenhuis, Komproe, Gernaat, & de Jong, 2010).[4]

[1] Because a large number of studies do not distinguish between compartmentalization and detachment, in this paper the author will use *dissociative phenomena* as an umbrella term when discussing that literature, and CD will be used when referring specifically to compartmentalized dissociation as defined here. Several classical studies on dissociation focused on dissociative identity disorder (DID), previously conceptualized as multiple personality disorder (MPD), as the most extreme presentation of dissociative disorders. The author will leave these concepts as they are used because DID can also be understood as the most severe presentation of CD.

[2] There are a large variety of concepts used to describe these states such as personalities, self-states, alters, identities, parts, entities, self-representations, etc. The preference for one term or another is often linked to particular theoretical stances (ISSD, 2006). Here, the author will interchangeably utilize the terms alter, self-state and identity. For a larger discussion on this topic, see O'Neill (2009).

[3] Although differences between a fragment of self that is non-pathological and a full-blown alter may be easy to establish at the poles, the distinction is not as clear in the middle of the continuum. For an account of the continuum of self-state disorders and the relationship with normal and pathological dissociation, see Dell (2009b).

[4] To explore related and suggestive literature on the relationship between cultural Jungian archetypes and alter presentations, see Noll (1989), Vincent (2010), and Owen (2011).