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The Arts in Psychotherapy 30 (2003) 137–149

THE
ARTS^{IN}
PSYCHOTHERAPY

Identifying conflicts of anorexia nervosa as manifested in the art therapy process

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While working as an art therapist treating anorectic patients in an in-patient Eating Disorder Department at a major medical center in Israel, I became aware of a wide range of issues that arose within my art therapy sessions. Although, the eating disorder of anorexia nervosa has been explored extensively and a variety of psychological explanations have been proposed, the perspective taken by these theories did not seem to address directly the art therapy process for the patients with whom I was involved. As we know, anorexia nervosa is a multifaceted disorder. Over the years of my work as an art therapist, I realized that there was a need to provide a fuller understanding of the phenomenon of anorexia nervosa and the way it manifests itself through art work and from an art therapy perspective. I wanted to follow the central themes that arose in art and the art therapy process while working with anorectic patients. As proposed by Schaverien (1994), art and art therapy may symbolically replace food in the negotiation of the underlying causes of anorexia nervosa. As I followed the themes that emerged in the art therapy process I was involved with, I found that my patients were trapped in a pattern of conflicting themes. I therefore chose to focus on these conflicts directly. In this paper, I will concentrate on the conflicts that were identified in the artistic process and art products of 10 anorectic patients treated over a period of 6 months. The definition of the conflicts and the ways they appear in the art therapy sessions may be a useful tool for assessment and treatment of patients with anorexia nervosa. This study may also provide a more com-

prehensive description of the eating disorder anorexia nervosa that is directly tied to the art therapy process and as such may provide a new perspective on this disorder.

Literature review

In extensive previous research, several different factors have been defined that are important for understanding the eating disorder anorexia nervosa. These factors include socio-cultural, psychological, family, biological, physiological, and developmental factors. Yates (1989) stated that anorexia nervosa would necessarily involve interactions between socio-cultural, psychological, and biological forces and that these forces must then be integrated within a developmental framework. On a very basic level, anorexia nervosa can be defined as a psychosomatic illness that combines aspects of the physical body and the mind (Yates, 1989). Research into the biological and physiological factors involved in anorexia has focused on both the outcomes and causes of anorexia. Physical symptoms and signs usually reflect the effect of caloric restriction and subsequent weight loss (Pomeroy, 1997). Menstrual irregularities and decreases in neuro-hormonal discharge are common among anorectic patients (Yates, 1989). Because a majority of patients diagnosed with anorexia are females as were the participants in the present study, this paper will refer specifically to females with anorexia.

Cognitive approaches to anorexia nervosa view this illness in relation to a series of cognitive perception distortions about body weight, shape, and eating. The most documented of these distortions relates to concepts of body image. In a significant study, Slade

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and Russell (1973) found that patients with anorexia nervosa overestimated their physical size.

Socio-cultural studies of anorexia nervosa focus on the role of society in the development of this mental illness. Bliss and Branch (1960) and Bruch (1973) proposed that media and social messages prevalent in western societies have propagated a vision of beauty related to thinness that is a central factor in the onset of anorexia.

Research that relates to family theory and dynamics has proposed that the internal structure of the family unit and especially the relationships between the family members are a central cause in the occurrence of anorexia nervosa. Eisler (1995) states that anorexia may appear within an over close, over involved family that has high expectations of its children and which is unable to provide the impetus and support for individuation and separation during adolescence. In relation to the internal structure of families, Minuchin, Rosman, and Baker (1978) proposed that the anorectic patient reflects a structure of internal conflicts that appears within the family.

Psychological research has proposed several different explanations for the onset of anorexia. An early psychoanalytical approach proposed that anorexia is based on a symbolic desire to be impregnated. This wish is unconscious and the denial of eating is basically a denial of the desire for sexual relations (Waller, Kaufman, & Deutsch, 1940). The issue of sexuality raised by this approach has been considered important by several researchers. As reported by Dare and Crowther (1995), anorexia has been related to cases of early sexual abuse and trauma and to the onset of sexuality in puberty. This approach sees the sudden entry into the world of sexuality as a traumatic and fearful experience that the anorectic patient has done everything to avoid. A similar approach to anorexia nervosa sees the Oedipus complex at the core of the illness. Anorexia nervosa appears as a result of the child's inability to handle the Oedipus complex in early childhood and on entry into puberty (Elizur, Tyano, Munitz, & Neumann, 1991; Schaverien, 1995a, 1995b; Waller, 1993).

Developmental approaches to anorexia nervosa pose that the processes of separation-individuation and personality formation are central factors in the onset of anorexia nervosa. Crisp (1980) points out that anorectic patient have an intense fear of entering adult femininity. This fear is related to both the physical and emotional aspects of growing up and becoming an adult. Bruch (1973) poses a related but different developmental issue. According to Bruch (1973), one of the main characteristics of anorexia is an ingrained sense of personal ineffectiveness. This personal sense of lack

of mastery and control results from a lack of individuation between mother and child in early infancy which is accentuated at the onset of adolescence because of the social message of increasing autonomy and independence. Ultimately, the child achieves a sense of control and mastery by placing extreme restrictions on the food intake of her body.

Selvini Palazzoli (1974) develops Bruch's theory by proposing an object-relations theory of anorexia. In Selvini Palazzoli's formulation the anorectic patient identifies her body with the bad internalized mother that has not been integrated in her psyche. The body is identified as a maternal object. Once physical changes start at puberty, the anorectic patient understands these changes as a direct attack by the internalized mother and an attempt to completely devour her. The anorectic response is to fight back against the internalized mother by strictly controlling her body through excessive dieting and exercise.

Art therapy has specific qualities that make it very suitable for treatment and discussion of anorexia nervosa. It does not depend on verbal interaction in order for therapy to take place and thus allows the patient to express unconscious and unintegrated internal materials without immediately activating defense mechanisms against this content (Rubin, 1987; Schaverien, 1996). The non-verbal nature of art therapy goes beyond the oppositional and defense mechanisms. In many cases the anorexia nervosa patient is resistant to therapy of any type. The presence within the therapy sessions of an artistic process that leads to a creation of an artistic product gives the patient's internal content a concrete form to relate to, just as with the use of food. Schaverien proposes that pictures may mediate between the inner and outer world, just as food may be understood as negotiating and mediating between the inner and outer world of the patient (Schaverien, 1994). The artistic artifact embodies all the conflicts, emotions and associations found in the anorexia nervosa patient's relationship with food and eating behavior.

Luzzatto (1994) in her analysis of pictures produced by anorexia nervosa patients pointed out that these pictures reveal a conflictual situation, termed by Luzzatto a "Double trap." This conflictual situation consists of paradoxical communication—"I need you—but you must not help me." Linesch (1988) suggested that anorexia nervosa represents an attempt to solve a psychological conflict with a physical resolution. This current study builds upon these conceptual and therapeutic positions by analyzing how anorexia nervosa is represented in the art therapy process and artistic creation. In this research I closely scrutinize the art therapy process with 10 anorectic patients and thus may offer a unique opportunity for describing this illness.

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