Therapeutic factors in expressive art therapy for persons with eating disorders

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Abstract: Group therapy has been widely discussed in terms of factors that work. Most of the previous work in this field is related to verbal psychotherapy, but it should not be assumed that non-verbal, activity-based groups, as well as combined group forms, have the same operating mechanisms as verbal psychotherapy groups. Thus, there is a need for more knowledge concerning the therapeutic mechanisms that other types of groups rely on. This article describes and discusses the expressive art therapy group at an eating disorders unit in Norway. Particular emphasis is placed on linking specific elements of a case example to a framework for describing therapeutic factors in groups.

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Introduction

The use of therapeutic groups in occupational therapy for a variety of health problems has continued to evolve since the early days of the profession (Cole, 2012), and a high proportion of occupational therapists have previously reported group work to be a regular part of their practice (Duncombe and Howe, 1995; Schwartzberg, 2003). In mental health hospitals, the use of occupational therapy groups has been particularly frequent (Cole, 2012; Lloyd and Maas, 1997). An emphasis on cost-effectiveness, and a concurrent shift in health care organization from a hospital based model towards community based care, may prove to increase the use of groups in the communities in the future (Schwartzberg, 2003). The profession holds a surprisingly small body of literature regarding the use of groups, despite its frequent use among occupational therapists, particularly in mental health care. Thus, the theoretical assumptions underpinning occupational therapy group interventions for mental health have been largely borrowed and adapted from psychotherapy theory.

Yalom's (2005) highly influential work is probably the most extensive theoretical outline of the therapeutic factors and their dynamics in group psychotherapy. He identified twelve therapeutic factors and developed a rank order based on clients' reports concerning the relative importance of each factor. The three most important factors were interpersonal input (receiving feedback from other clients concerning how the person is perceived by others), catharsis (the person's free expression of emotion), and cohesiveness (a sense of warmth, solidarity, and acceptance between the group members). A substantial amount of research over the years has largely agreed to a perspective of unequal importance of the therapeutic factors in facilitating client change, although the specific rank order and method of measurement have varied between studies (e.g., Brabender et al., 1993; Colijn et al., 1991; Kivlighan and Mullison, 1988; Dierick and Lietaer, 2008; MacNair-Semands and Lese, 2000).

It is also generally agreed upon that the relative importance of the therapeutic factors may vary between individuals, between therapies, and between different stages of the group's development across time (Crouch et al., 1994; Yalom, 2005). In an attempt to shorten the list of factors, MacKenzie rearranged Yalom's outline resulting in four larger dimensions: support, self-revelation, interpersonal learning, and

psychological work (MacKenzie, 1997).

Verbal interaction, and reflection about the group's interaction, tends to be the main activity in psychotherapy groups. Occupational therapy groups, on the other hand, tend to emphasize activity and a variety of interaction forms that may contain additional therapeutic possibilities. Nonetheless, previous research has identified a largely similar response pattern in occupational therapy groups as established with psychotherapy groups regarding clients' perception of therapeutic factors (Falk-Kessler et al., 1991; Webster and Schwartzberg, 1992; Eklund, 1997). These factors have been related to group cohesiveness, interpersonal learning, altruism, and installation of hope (Yalom, 2005). Additionally, creativity and self-esteem, relaxation and diversion, enjoyment, increased skills, and increased concentration have been identified as therapeutic factors specific to occupational therapy groups (Webster and Schwartzberg, 1992). In a similar way, the use of groups in social work have emphasized therapeutic factors related to spontaneity, creativity, and social inventiveness (Lang, 2004).

Expressive art therapy groups may be considered a hybrid therapy form. Groups like these incorporate both group activity and group discussion. They draw on principles from verbal psychotherapy as well as principles from occupational therapy, concerning the therapeutic use of activities. This calls for a more developed understanding of the group-specific therapeutic factors that may play out in expressive art therapy groups, and how such factors may be facilitated by the therapist.

Aim

The aim of this case study is to describe and discuss an expressive art therapy group for patients with eating disorders in an inpatient hospital treatment setting in Norway. An included example aims to illustrate how group-specific therapeutic factors play a part in the group process and how they can have impact on individual group members.

Methods

Setting

The mental health promoting art therapy group is delivered at Levanger hospital, the Unit for Eating Disorders (UED), in mid-Norway. The hospital has two inpatient sections, each offering a combined in-patient and outpatient treatment program for men and women suffering from severe eating disorder. This specialized unit serves the whole region of Mid-Norway, an area of approximately 670 000 inhabitants. In addition, UED offers services to all Norwegian health regions due to the free hospital choice in Norway. UED aims to assess, diagnose, and treat patients with long-term and severe eating disorder.

Eating disorder often implies hostile thoughts and feelings and a problematic relationship to nutrition, weight, physical activity, and own body (Skårderud, 2000). One prerequisite for increasing quality of life in this group, however, is a desire to make changes. Thus, the treatment is voluntary and close cooperation between patients and staff is necessary. A contract between the patient and the department provides a formal foundation for the cooperation. The contract includes, inter alia, the patient's goals for treatment and a brief description of the treatment methods offered by UED.

Patients

The patients at UED are between 20 and 60 years old, and approximately 80% of the patients are more than 25 years old. Approximately 95 % of the patients are women. The section provides treatment for patients with all types of eating disorder, including anorexia nervosa, bulimia nervosa, eating disorder not otherwise specified (EDNOS), and binge eating disorder. Co-morbid conditions are common, and some of the most frequent are ADHD, depression, PTSD, and substance abuse. A large proportion of the patients have children and have a partner.

Art therapy

Art can facilitate psychological growth and support healing in several ways (Hinz, 2006). A central idea of art therapy is that all humans,

regardless of drawing skills or other creative skills, have the ability to express thoughts and feelings visually. When using art in therapy, there is knowledge to be gained from observing the creating person, from witnessing his or her creative process, and from viewing the resulting art product (Ball, 2002). Art therapy is delivered in a group or in an individual format, depending on the person's needs. It is not a recreational activity, nor an art lesson, even though the sessions can be enjoyable. Participants do not need any previous experience with or expertise in art. Art therapy provides a different method of communication where verbal language does not interfere, and where it can help the person focus on relevant issues in the therapeutic work (Hinz, 2006).

The art therapy group

Mixed emotions, conflicting emotions and strong ambivalence are central features of eating disorders (Skårderud, 2000), which in turn may have significant impact on the person's occupational life. The art therapy group is an essential part of the therapy program, because working with pictures may help the patient to get in touch with and express his or her feelings. Moreover, the art therapy group may serve as a starting point for a reflexive dialogue concerning the patient's thoughts and feelings.

The art therapy group takes place weekly and is a mandatory part of the program. It is an open group (that is, new members are included consecutively) and consists of 4-8 patients. Each group session lasts two hours, including a 15-minute intermission. At the outset, the patients describe their personal centre of attention, as well as how they are feeling about being in the group. Then, the patients are introduced to the session's theme. They decide what materials and fabrics they want to use and start working with their pictures.

The first part of the session lasts 45 minutes, and the pictures should be finished before the intermission. In the last part of the session, each patient presents his or her picture to the group. Following the presentation, the other group members share their immediate thoughts, emotions, and associations linked to it. When all the group members have presented their picture and received the group's feedback, they share their thoughts and feelings about the group process as well as

their individual process, including their expression, challenges, and feelings. Curiosity and a sense of wonder are encouraged during the last part of the group session.

Six patients took part in the art therapy group in the following example. Three patients' pictures and the group process related to them are described. The theme for this group session was, 'How does the eating disorder affect your life today?' The patients in the group had different experiences in length of their general treatment and group participation. In the following case example, we meet Emma who has been in treatment for some years. Julia has been in treatment for a long time and is in the final stage of her treatment. Jane, on the other hand, has recently joined the group, and therapy at UED is her first time treatment for eating disorder. The following case example has been modified in order to protect the identities of the involved patients.

Case example

Emma began by showing her picture where she had drawn a girl with a crown. The word 'shame' was written on the crown. For the other group members, the picture instantly evoked the recognition of their own shame over having the eating disorder. The picture also showed a smaller girl, sitting on the first girl's shoulder, with a big smile on her face. The other group members were curious and suggested this could represent the 'eating disorder-voice'. They described the voice as one that apparently gives great advice: advice about not eating, about vomiting and hard exercise. They knew this kind of advice did not help them in their striving to recover from the eating disorder, but expressed that it was hard not to listen to it.

Emma was silent during this part of the session. As she started sharing her thoughts, she conveyed that it was exciting to listen to the others, stating that she wanted to portray the 'crown of shame'. However, she did not know why she had drawn the smiling girl sitting on the shoulder. She recognized the group's suggestion that this girl may have portrayed the 'eating disorder-voice'. She confirmed that the eating disorder does tell her what to do all the time, and that the little girl on the shoulder may have been a portrait of her illness.

Julia painted a woman walking down a winding road. The other

patients suggested the woman to be Julia, and that it looked like she had a clear goal in sight. They also noticed a black spot on the woman's dress. Julia explained that the picture portrayed her emotional experience of walking across steep mountains on her road to recovery. Now, she felt the landscape was easier and that the goal was clear and not as far away as it used to be. She told the group that the black spot in the dress expressed the grief that she had always carried. She was now committed to making a full recovery, and considered recovery possible, in spite of her years of struggling with the eating disorder. Although she still had some work left to do, she knew that she was now closer to her goal of recovery.

Jane made a picture composed of many clips. A flag at half-mast and the words 'eternally healthy/eternally ill?' were showing. There was food in the center, and the image had a serrated edge around it. The group gave her input on the serrated edge and they wondered why she had made it so. Jane was surprised that the group noticed this and said it was how she felt others considered her at times – irritable and edgy. Jane had recently joined the therapy group, and she wondered if the flag at half-mast could be a symbol of her grief over eventually losing the eating disorder. She wondered what the future would hold for her. The other group members supported her by stating how they were able to recognize the uncertainties associated with being new in the group.

Therapeutic factors in the expressive art therapy group

MacKenzie's list of therapeutic factors are related to four large dimensions: support (including group cohesion), self-revelation, interpersonal learning, and psychological work (MacKenzie, 1997). In the following discussion, MacKenzie's outline will represent the organizing framework, whereas Yalom's (2005) descriptors will be used when discussing specific aspects of the group interaction occurring during the therapy session.

Support and group cohesion

Cohesion refers to the value of the group for its members; a sense of unity among and solidarity between the group members (Yalom,

2005; Budman et al., 1989). The activity, which in this case example was drawing a picture, was one in which everyone in the group participated. Drawing a picture may be challenging and patients may feel anxious about not performing well enough (Cole, 2012). However, a cohesive group, in which the members highly value each other and their mutual relationships, may counter such feelings and instead foster active participation in the group task. In addition, activities where all members perform the same task – essentially underscoring the equality between the members, and thus, enhancing universality as an operating therapeutic factor, may be a starting point of group cohesion. Thus, the association may be bi-directional: group cohesion may promote activity engagement, and mutually performed activities may promote cohesion. Using activities in groups provides a unique opportunity to facilitate safety, mastery and community feeling. Supporting the group in building a positive group culture is vital task for therapists. All patients do better if they experience the therapy setting as fundamentally supportive, regardless of the therapy's theoretical orientation (Rutan and Stone, 2001).

The picture is a personal product closely related to the individual who made it. However, the picture should not be equated with the individual, even though the other group members do get closer to the individual by looking at his or her picture (Liebmann, 2004). Other group members may also recognize aspects of themselves and their own life situation in another person's picture. This may also make the person feel less alone – 'I am not the only one who thinks or feels this way' (universality). Being able to feel accepted and belonging to a group, in spite of sharing perhaps embarrassing or shameful material, may increase the hope for the future and indicate that group cohesion is a working therapeutic ingredient of the group experience.

Emma, *Julia*, and *Jane* got feedback from the group that made sense to their own personal work, although in different ways. The group members' expression of their thoughts and feelings when seeing *Emma's* picture may have provided her with a sense that her picture was valued among the other group members, and thus may have strengthened her bond to the group (group cohesion). Input to *Julia* agreed well with what she said she wanted to express with the picture, and the feedback may have helped her to confirm that others noticed her and acknowledged what she wanted to accomplish. *Jane* was surprised that the picture

showed aspects of her personality that she could recognize. The feedback made her feel a sense of belonging, that she was an accepted member of the group (group cohesion), and that the group was able to share her experiences (universality). It may also have added hope for her personal future. The aspects described above are therapeutic factors related to the supportive group environment.

Self-revelation

Self-revelation refers to the therapeutic aspect of allowing yourself to show others who you really are – as opposed to who you want others to think you are. Revealing the 'true self' within the boundaries of a warm and accepting group can be an emotionally powerful experience, sometimes labelled 'catharsis' in order to emphasize the purging quality of relieving oneself of emotional tension (MacKenzie, 1997; Yalom, 2005). However, self-revelation is not entirely about the expression of feelings. Its value for the individual member will much depend on the group's response to what is revealed.

The process of creating an image may help the person let go of defences and barriers so that emotions can be expressed. In general, the art therapy group focuses on the process rather than the outcome of the activity, and this may increase emotional expression in the group. However, others do direct their attention to a picture of high personal significance, and this may evoke the members' fear of rejection. Nonetheless, this kind of attention may be easier to tolerate than receiving others' attention directly to oneself as a person.

It appears that the use of symbols, as shown in the case-example, can play an important part in emotional self-expression in a group (Liebmann, 2004). Some topics or feelings can be burdensome to put into words. Quite often, it is the other group members' reflections about what they see in the picture that open up for a group discussion about difficult feelings. Symbols may instil and promote the wondering and curiosity needed to be able to address such feelings. *Emma* clearly depicted shame in her symbolic illustration of herself carrying the crown, whereas *Julia* expressed her ever-present grief by the black spots in her dress. *Jane,* on the other hand, revealed both irritation (the picture's serrated edge) and grief related to losing the eating disorder (the flag at half-mast).

Feelings are often identified in the pictures made during the art therapy group. At times, the patient will be aware of these feelings, at other times he or she will not. *Jane* was able to see her own grief in the picture. *Emma* focused on shame, but was perhaps not fully aware of the other feelings also portrayed in her picture. In addition to the emotional relief that the person can experience from self-expression, being able to convey feelings to others in a group can also serve as a mastery experience, potentially adding to the person's self-esteem. Openness towards feelings and their expression, through the picture and during the subsequent group discussion, seems to be an important aspect of the emotional work of patients with eating disorder. Such disorders, with their strict regimens associated with eating, exercising, weight and shape, may partly be interpreted as keeping difficult feelings at a distance. Thus, the strategy of opening up towards feelings and how to express them may serve as a direct way of combating eating disorder.

Interpersonal learning

Interpersonal learning encompasses two different, yet related, aspects (Yalom, 2005). The input aspect refers to the individual learning from the feedback he or she receives from the group, feedback that concerns the person's interpersonal style or pattern of behavior toward others. Feedback can be given as education or guidance directly attuned to the individual; or indirectly, such as learning by paying attention to a group member's behaviors (modelling) or processing of events (vicarious learning). The interpersonal output concerns how the person makes use of the group's feedback to practice new ways of managing interpersonal relationships.

Julia talked about the way she was going to reach her goal of recovery. By doing so, she educated the other group members about her personal way of addressing the problems she experienced. For some of her fellow group members, her story may be one from which they also could learn (vicarious learning). She also put into words that the road to recovery was difficult, yet possible. At the same time, she expressed the personal insight that the story of her illness – as well as her feelings of grief associated with it – would continue to be hers, even in case of her future recovery. The disorder had disrupted a lot in her life,

yet she believed in the possibilities for change. *Julia's* reflections are expressions of psychological insight, but may also be considered as one way of supporting the group by instilling hope (Johns and Karterud, 2004) – she considers herself on her road to recovery, in spite of her long struggles. Her stance may therefore model and instill hope in the other group members, who may still have a long way to go. Patients in the UED do have different duration of and experience with illness and treatment. Hope, however, is an important message to convey to all patients (Schwartz, 2006), regardless of their experiences with eating disorder and with treatment.

Psychological work

According to Rutan and Stone (2001), psychological work is most effective when there has been an activation of emotions and members are able to integrate a cognitive understanding of the emotional experience. In expressive art therapy, the image is the concrete starting point for a reflexive discussion, often laden with a sense of curiosity and wonder in patients as well as therapists. Such a group climate can provide a good opportunity for integrating the emotional experience with a cognitive understanding.

Group members may not be able to tolerate the emotional or psychological content of their own artwork, but others may profit from viewing and responding to it (Johnson and Parkinson, 1999). In the case example, *Emma* sat quietly for a long time, listening to the other group members discuss her picture. The group members seemed to profit from expressing their instant reactions toward Emma's picture, whereas Emma herself needed more time before she was able to relate to this discussion. Hinz (2006) stated that patients in groups, when they saw others respond positively by making symbolic association to their artwork, might learn to be more tolerant and accepting of themselves. In this sense, the group assists the patient to see him or herself from the outside, through the 'caring eyes' of someone else. Insight may follow from feedback from others, or from subsequent self-reflection (Rutan and Stone, 2001).

Deciding the theme for the art therapy session is to direct the focus of the group's work. Therefore, therapists are able to facilitate the patients' work on specific themes at given time points during treatment. Themes

should be chosen based on the therapist's understanding of how well the patients are able to understand, tolerate, and work with the thematic content. Thus, they should vary according to the individual patients' – and the group's collective – resources and challenges related to cognitive understanding and emotional management.

Emma drew a little girl sitting on the portrayed person's shoulder as part of her picture. She was unable to explain the meaning of the little girl, but admitted in the following discussion that she probably must have meant something. She was curious and found the feedback meaningful. Her picture also focused on the portrayed girl's crown, with the word 'shame' written on it. Shame is described both as cause and consequence in relation to symptoms in anorexia nervosa, but the concept of pride appears also to be important (Skårderud, 2007). Persons with eating disorder may feel that not eating is an important accomplishment, for which they deserve some kind of reward (hence, the crown). Emma's picture pointed out both shame and pride as important foci, both for herself and for the group as a whole. Shame can make the sharing of experiences difficult in a group. The picture may give access to important themes and may provide the possibility of integrating the conflict-laden emotional experience (shame and pride) with a developing cognitive understanding of the causes, contexts, and consequences of these emotions. In a similar way, *Jane* felt that her flag at half-mast could be a symbol of grief over eventually losing the eating disorder. Her use of symbols in order to gain an understanding of – and be able to speak about – complex emotional experiences, may become an important part of her therapeutic process.

Conclusion

Based on a case illustration, we have identified several of the therapeutic factors operating in the art therapy group. Previous theory and research have indicated unequal importance of the different therapeutic factors, but generally, the factors related to interpersonal learning, emotional expression, and group cohesiveness have been viewed as most important. All of these factors appear to be working in the art therapy group for persons with eating disorders, as described and discussed here. However, the relative importance of the different therapeutic

factors may vary between types of clients, types of therapy, or stages of the group's development.

We suggest that therapists consider using expressive art groups as an element of treatment for persons with longstanding eating disorder. Expressive art groups may assist people in expressing themselves in another, and often more emotional, language than the verbal language used in daily encounters. Themes hidden and obscured by verbal language may be revealed in a picture. In this sense, a picture may be 'worth a thousand words'. Therapists considering using expressive art groups should consider the group members' capacity to share and contain emotions and their capacity to form alliances with other group members and with the therapist. Emotion-focused group therapies rely on the group's ability to provide a climate characterized by warmth, solidarity, and a compassionate, genuine interest in all of its members.

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