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DID YOU KNOW?

- Eating issues have the second highest mortality rate of all mental health disorders, surpassed only by opioid addiction (Chesney, Goodwin, & Fazel, 2014)
- Approximately one million Canadians meet the diagnostic criteria for eating issues (LeBlanc 2014). In spite of the dramatic increase of incidence (e.g. LeBlanc, 2014; NEDA, 2018), Canada spends far less on mental health than most Western countries (Canadian Institute for Health Information, 2019), resulting in insufficient and ill-suited treatment programs, long wait times, lack of trained professionals, and inadequate research (LeBlanc, 2014).
- Eating issues have historically been associated with straight, white, females (Baxter, Patton, Scott, Degenhardt, & Whiteford, 2013), but there is a rising number of boys, men, and LGBTQ people being diagnosed, and little is known about the incidence in ethnic, visible minorities, First Nation people, and other minorities (Strother, Lemberg, Stanford, & Turberville, 2012).
- Arts based therapies are increasingly employed and successful in the treatment of eating issues world wide (Frisch, Franko, & Herzog, 2006). Canada is still far behind in its overall development and application of arts based therapies within health and educational institutes (Cox et al., 2010).

PERSONAL INTEREST & RATIONALE

Seeded in a traumatic birth, with a mother suffering from postpartum depression, I lacked the essential emotional nourishment as an infant. The repeated conflicted family dynamics played out during family meals connected eating with distress. I developed an eating issue as a way to cope with emotional and sexual abusive experiences. I believe that my eating issues were instilled in infancy and fostered with further traumatic experiences, and had little to do with body image. In my early 20s I embarked on a self healing journey through art making, and with the support of friends and counsellors, was able to change my eating behaviours and worked through my early childhood traumas and insecure attachment issues, reconnecting to my sense of embodiment.

The rationale for my project was instilled during my art psychotherapy internship at an eating disorder hospital unit. Some of the patients files were labeled with 'no hope for recovery,' which propelled me to start asking the fundamental questions for my research; is there hope for recovery from eating issues? And if there is, how? What is being overlooked in our current perspective and treatment? How can art psychotherapy support recovery from eating issues? Knowing from direct experience how eating issues can be misunderstood, mistreated and stigmatized, I felt called to develop a program based on embodiment theory with the use of arts powerful healing capacities. I believe the solution is to shift perspectives to reclaim internal power and roles of affected individuals, but to also actively raise awareness of the forms of social oppression that they experience.

EMBODIED BODY MAPPING FOR ADULTS LIVING WITH EATING ISSUES: AN ART PSYCHOTHERAPY GROUP

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WHAT ARE EATING ISSUES?

Eating issues (disorders), are a serious form of mental illness, "characterized by a persistent disturbance of eating, or eating related behaviour, that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning" (American Psychiatric Association, 2013, p. 329). Eating issues have devastating consequences: compromising mental and physical health, isolating social engagement, jeopardizing education, employment and financial security, and commonly accompanied with comorbid mental issues and life-threatening medical complications (e.g. Arcelus et al., 2011; Fichter & Quadflieg, 2016; LeBlanc, 2014).

WHAT IS THE FEMINIST EMBODIMENT THEORY OF EATING ISSUES?

Embodiment captures the complexity of the inner-outer relationships we have with our lived experience, including the cultural, social, political, and spiritual environments that shape us (e.g. McBride & Kwee, 2019; Piran & Teall, 2012). From the embodiment perspective, eating issues are reflecting the distortion of our appearance-based society, expressing our society's disembodiment; the mind-body split. Western cultures foster "internalized objectification, body shame, low self-esteem, lack of internal awareness, and disordered eating" (McBride & Kwee, 2019, p. 19).



Eating issues on the individual level are "a set of embodied, physical acts that function to negotiate what are perceived as overwhelming internal and external stresses and demands" (Cook-Cottone, 2016, p. 98). Embodiment research confirms that the onset of eating issues start in early childhood, infancy even (Kullman, 2018), resulting in a disordered sense of self which leads into performance oriented behaviour rather than nurturing relationships with primal caregivers (McBride & Kwee, 2019; Quilliot et al., 2019).

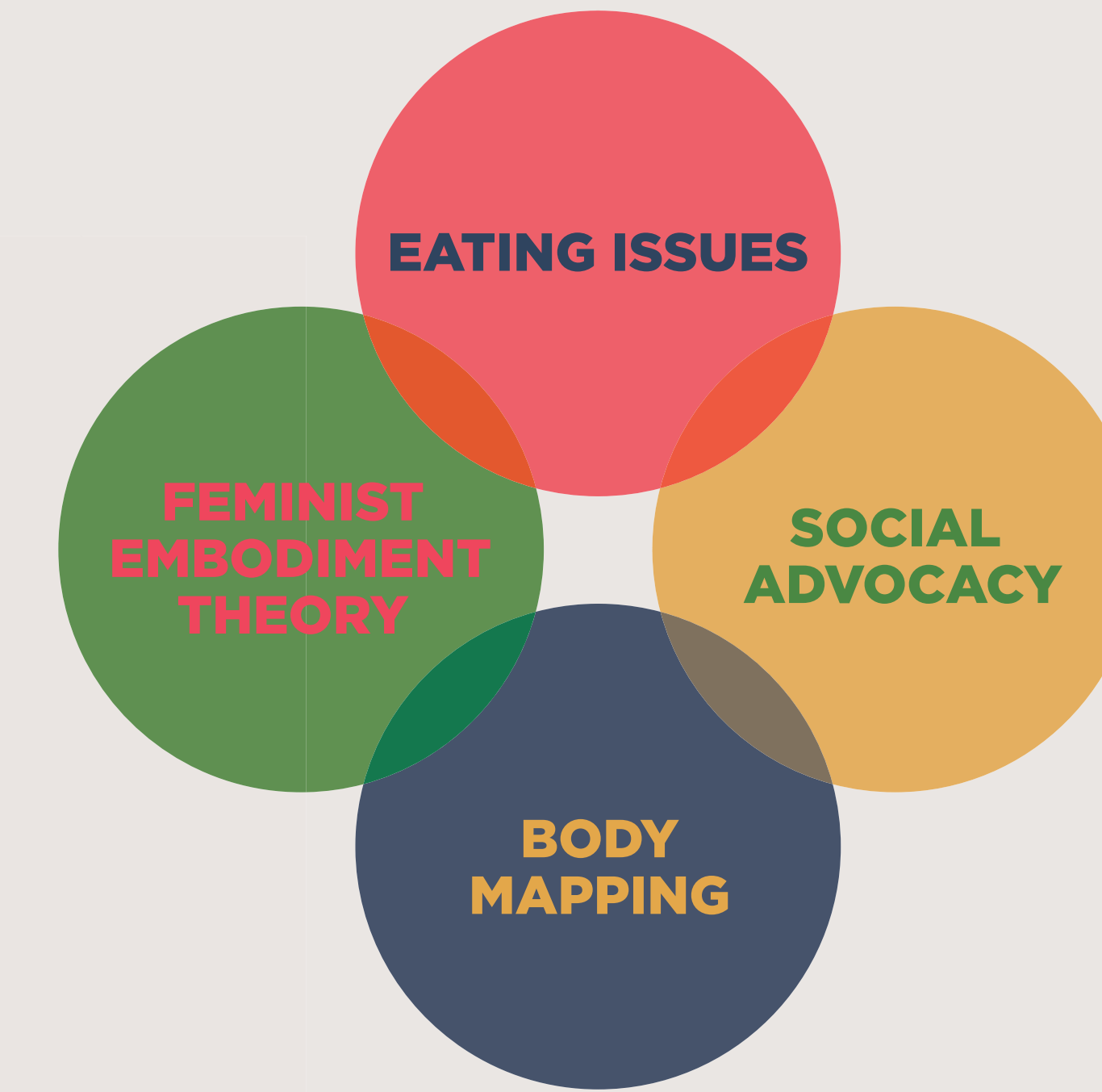
PROGRAM INFORMATION

WHO

The group is for adults, from age 25, with a minimum of 6 and a maximum of 8 participants, who have been living with long term eating issues. Participants will be screened prior to admission for availability to commit to this program. Inclusion criteria include: motivation and commitment towards personal change; acknowledgement of struggles with eating issues; available support, clinical and social; ability for therapeutic processing individually and in group; diagnosis of persistent eating issues; ability to commit to times and duration of the program including understanding and willingness to participate in group discussions; willingness to consent and collaborate for public exhibitions.

WHAT

This art psychotherapy group is a structure based workshop in which the participants are directed through several stages. The manual contains a range of different intervention tools that can be used as the basis for 12 sessions, 2 hours each, or a 3 day, 8 hours a day, intensive.



WHAT IS EMBODIED BODY MAPPING?

Full size body maps are an art psychotherapy intervention expressing inner experiences with colours, paint, images, symbols, and words. Its roots are in making visible marginalized, oppressed, or obscured experiences (Solomon, 2002), serving to: "communicate non-verbal material which transcends space and time, builds self-esteem, and describes dissociative states" (Brooke, 2008, p. 86); facilitating differentiation from the internal experience (Schaverien, 1995); offering a safe container to regulate intense emotions, and facilitating self exploration and expression (e.g. Heiderscheit, 2016; Levens, 1995; Makin, 1994, 2000).



SEXUAL, SPIRITUAL, SOCIAL & POLITICAL (DIS)EMBODIMENT

Embodiment literature points to the importance of exploring the sexual, spiritual, social and political components as "recovery from an eating disorder appeared to be experienced by recovering/recovered women [boys, men, LGBTQ] as a spiritual (re)connection of the self, to body, nature, and society" (Matusek & Knudson, 2009, p. 705). Yet, there is little or no existing research on these subjects. The only relevant literature on sexuality and eating issues argue that reclaiming one's sexual embodiment needs to be included in the treatment, as it is "the felt experience or 'in-touchness' with one's desire and connection to a physical state" (Siemens & Kwee, 2019, p. 149).

"narratives suggests that long-term recovery involves spiritual or political commitment and purposeful engagement with communities larger than self"
(Matusek & Knudson, 2009, p. 697)

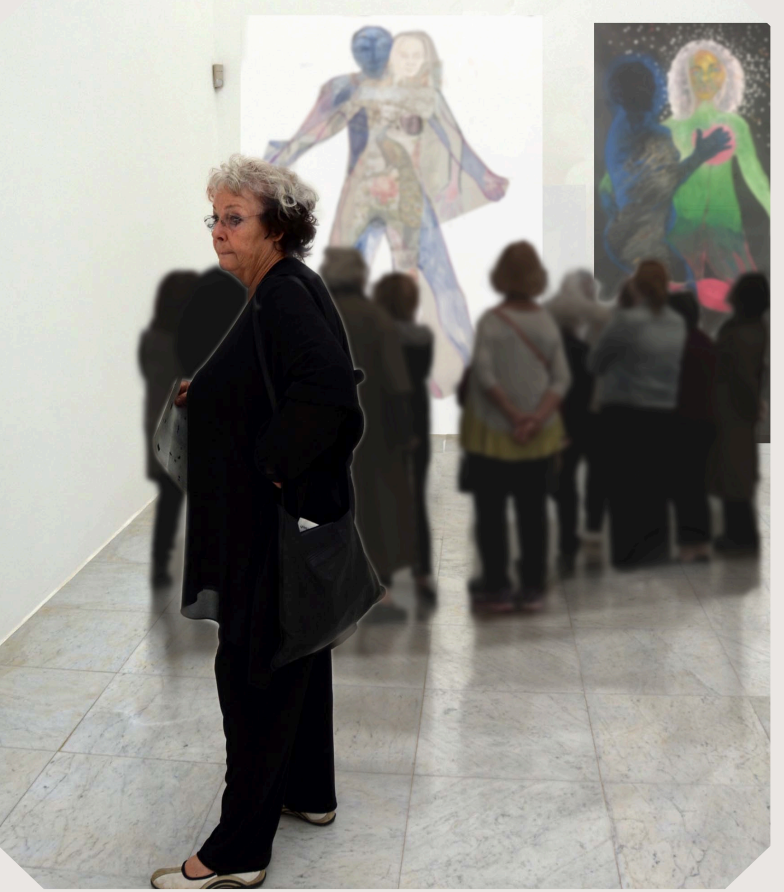
HOW

Long-term recovery begins with a) developing embodied awareness and reconnecting to a holistic, embodied sense of self, then, b) de-isolation from others and the larger community through participation in countercultural communities and c), integrating spiritual growth as an ongoing transformative process.

The goals of the program: 1) safe secure group space, including clear boundaries around distorted eating behaviours, self-harm and injury, and competitive, resistance, and deceptive behaviours; 2) development of self-awareness, embodied awareness, healthy self-regulation and differentiation of eating issues as identity; 3) explorations of sense of belonging and connections to self, others, world and transpersonal; 4) explorations of experiences with eating issues in personal, social, medical, and political contexts; 5) creating life size body map for public exhibition that includes visual and written narratives of lived experiences with eating issues, life journey, support and resources, oppression/inclusion experiences in medical, social-cultural and political contexts, and expressions of hope for change.

SOCIAL ACTION & ADVOCACY

The voices of people living with eating issues have been given none, or very little space in the literature (Lilienfield et al., 2013; Noordenbos, Jacobs, & Herzberger, 2007; Rance, Moller, & Clarke, 2017). The committee on the status of women in Canada (LeBlanc, 2014) recognized the importance of greater public, medical and political awareness, "breaking the silence and opening a crucial dialogue and leading substantive improvement in the awareness and treatment of eating disorders in Canada" (p. 3). Fusing feminist embodiment, psychotherapy and action creates a postmodern form of social advocacy which aims to evoke human growth in a world faced with social exclusion, injustice, violence, climate change and a steep rising number of people diagnosed with eating issues (e.g. Forbush et al., 2019; Holmes, 2016; McBride & Kwee, 2019). The full size body maps of the participants are exhibited to the public to advocate for new perspectives and treatment approaches that are embodied and participatory, in which the personal narratives of people living with eating issues are included and valued (Matusek & Knudson, 2009; Holmes, 2016; Lanueanu & Kwee, 2019).



REFLECTIONS

The reality is painful; eating issues are exceedingly prevalent and there is a general disagreement about prevention, cause and treatment. Current treatment approaches have limited substantial recovery results. This Capstone project invites a shift in perspective on from an individual issue to a collective disorder of modern society, focused on an embodied reconnection to the lived experience of self - socially, sexually, spiritually and politically - and advocate for this marginalized population. I hope to show how the integration of art making and embodiment theory can accomplish not only successful therapy, but also be part of social change.



NEXT STEPS

- Facilitating embodied body mapping workshops and exhibitions.
- Making use of social media (i.e. website, blog, video's) for further advocacy.
- Developing a research model to collect data from the body mapping workshops to provide more insight into how embodiment can play a role in treatment, prevention and recovery.
- Developing an embodiment art psychotherapy training program for professionals working with people living with an eating issue, using body mapping as the main intervention tool.

"People just don't get it. They think it is about food and how much you weigh. And they think it is about what you see on the outside. And it is about everything but"
(Shaw, 2011, loc 0:55).

