



## Research article

## Speaking the unspeakable: Artistic expression in eating disorder research and schema therapy

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## ABSTRACT

Offering the opportunity for research participants to draw pictures can be useful in uncovering multiple meanings to develop, support, and supplement other research findings. The processes of research engaged in this study, exploring experiences of eating disorder and sexual abuse, gave women a voice to describe and process their historical and current responses. The first section reports the response of one research participant in a study that used spoken, written and visual data to examine seven women's experiences of eating disorders, and child sexual abuse. The second section presents a case study to demonstrate how drawings created by clients in Schema Therapy for eating disorders can provide a pathway to access emotional states, which may otherwise be inaccessible through verbal dialogue. Using drawing enables research participants to share insights and experiences in non-verbal ways. Drawing as part of schema therapy can provide the opportunity for the practitioner and the client to feel and experience complex emotional states related to current and past experience.

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From the perspective of medicine, eating disorders are viewed as mental disorders, as defined by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) (American Psychiatric Association, 2013). Eating disorder explanations draw on notions of hysteria, where a woman is seen to have character flaws, such as being a perfectionist who desires control (Bordo, 2009; Frost, 2001; Malson, 1998; Rich, 2006; Saukko, 2009). In a similar way, child sexual abuse is understood, in medical terms, as resulting in the development of mental illness (O'Dell, 2003; Reavey & Gough, 2000; Stoltenborgh, van Jzendoorn, Euser, & Bakermans-Kranenburg, 2011). It is easier to think about the enduring misery created by child sexual abuse in terms of *illness*. However, distress is privatised when women's abuse experiences are pathologised. In this paper, by making the pathologising politics of both child sexual abuse and eating disorders visible, we are not attempting to invalidate women's subjectively experienced pain, anger, fear, loneliness, and sadness. Women's distress is indisputably meaningful. Instead, we want to question the way in which the prevailing conceptualisations of eat-

ing disorders and child sexual abuse as individual pathologies have shaped accepted *truths* about these two phenomena.

Advocates of the biomedical view, as Brumberg (1988: 25) notes, "assume that aberrations of human behaviour can be explained by deviance or disorder in biological processes". Diagnosis is, therefore, central within the practice of medicine because it translates individual experience into internalized disorder (Lafrance & McKenzie-Mohr, 2013; Warner & Wilkins, 2003). A biomedical construction of distress, however, as Lafrance and McKenzie-Mohr (2013: 119) assert, may offer "the lure, or promise, of validating persons' pain and legitimizing their identities". Yet through an eating disorder diagnosis, psychiatry's hegemonic medicalised framing of women's distress forces women into predetermined narratives where their voices or struggles are given a causal label and they are positioned as victims. In this way, how individuals view themselves and their actions is shaped by psychiatry. This has a powerful effect on regulating what counts in society. Such a dominance is maintained "not only by powerful corporate interests such as the pharmaceutical industry, but also through the everyday talk of people as they attempt to make meaning of themselves and their experiences" (Lafrance & McKenzie-Mohr, 2013: 199). Thus, the effect of psychiatric discourse infiltrates our language and consciousness in ways that are then taken for granted.

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## 1. Methodology

The research reported in this paper focused on the relationship between women's experiences of child sexual abuse, and eating disorders. The study did not seek to examine causation but rather how women with lived experience of these phenomena described their world. The theoretical and methodological underpinnings of this study concern the constitutive role played by language in structuring the way in which these women understood eating disorders, the nature of their experiences, and the causes of their distress. We used a contemporary feminist framework sensitive to post-structural concepts. The Russian philosopher Mikhail Bakhtin's (1895–1975) sociological linguistic theory was used to analyse women's understandings of two highly-gendered issues – child sexual abuse and eating disorders – with the goal of contributing to greater understanding of the relationship between these experiences. Poststructuralist, postmodernist, and multicultural modes of analysis have informed feminist theory and practice, and were engaged here (see [Genz & Brabon, 2010](#)). We considered this theoretical and methodological framework important for two reasons. First, it was capable of enabling the women to express how they resisted trauma, as it allowed us to explore multiple discourses operating within the women's narratives. Through the lens of Bakhtin's dialogics, the women's discourse could be read as multivocal. By the term 'multivocal' we meant that any given word is multivoiced in that it is saturated with ideology and meaning from previous usage ([Riessman, 2008](#)).

Secondly, this theoretical and methodological framework allowed us to work out how meaning of the narratives was constructed in a dialogic relationship between the researcher and the participant. Very specifically, the use of dialogic theory in a feminist context allowed research with women with eating disorders to be conducted in a more mutually and critically reflective manner ([Saukko, 2009](#)). As dialogism emphasises women's engagement in their own struggles of understanding, dialogic processes did not passively record where the women were in their lives. Meaning was not transmitted; it was built in the process of interaction in a kind of ideological bridge. As speech, and its production, is tied to the politics and practices bound up with daily life ([Probyn, 1993](#)), through a feminist dialogics, hegemonic voices, contradictions and silences in women's narratives could be exposed and alternative meanings explored ([Bauer & McKinstry, 1991](#)).

*Authoritative discourse* and *internally persuasive discourse* are two theoretical constructs described in Bakhtin's 'Discourse in the Novel' that informed our analysis and promoted a feminist agenda ([Bakhtin, 1981](#)). In 'Discourse in the Novel' Bakhtin suggests the novel generically undermines the absolutism of any one language, for example, scientific, moral, psychological, or religious discourse ([Bakhtin, 1981](#)). We used Bakhtin's theoretical constructs to expose seemingly objective truths in the women's narratives that overshadowed alternative discourses competing for expression. An *authoritative discourse* has such binding authority that it seems untouchable, inspires only adoration and respect, and maintains the status quo. In contrast, an *internally persuasive discourse* is denied all privilege, as it is "frequently not even acknowledged in society" ([Bakhtin, 1981: 342](#)). By looking for authoritative discourses in the women's narratives, we could find internally persuasive discourses and investigate these with the women.

## 2. Research methods

Following a dialogical method, which considered verbal responses to be "themselves built on responses to historic utterances made by ourselves and others" ([Francis, 2012: 4](#)), the first author conducted up to five individual, semi-structured face-to-

face interviews, averaging 90 min each in duration, with seven women aged over 18 years who had an eating disorder and who had been sexually abused as children. The interviews were conducted over a twelve-month period to allow time to transcribe *verbatim* and analyse each interview before conducting subsequent interviews. After each interview with each woman, and before conducting further interviews with her, a copy of her interview transcript was offered to the woman. When undertaking the multiple interviews with each participant, the research process became a dialogue between the researcher and participant.

While we considered interviews to be an appropriate research method, the women who participated in this study found child sexual abuse difficult to talk about. They offered their own poetry, journals and drawings to be included in this research as an alternative way of communicating their experiences. Visual materials generate rich description in relation to specific or concrete experiences by allowing participants to tap into or access remembered sensuous, emotional, spatial and relational details ([Del Busso, 2011; Liamputtong & Rumbold, 2008](#)). Their artwork was used as evidence to develop, support and supplement research findings ([Rose, 2008](#)). Through this process, the women were afforded the opportunity to explore and interpret their own visual symbols ([Eisenbach, Snir, & Regev, 2015](#)). We demonstrate how drawing is useful in both eating disorder research and psychotherapy through accessing experiences that are experienced as a 'felt sense' in the body that is beyond words.

First, we present a case study from the first author's doctoral research as an example (see [Hodge, 2014b](#)). In appropriating a Bakhtinian discourse analysis to the drawings in this study, particular attention was paid to the images, and to certain aspects of the social context of their production and effect. This was important because, a discourse analysis of images involved reading for what was not seen or said ([Rose, 2008](#)). This suggests that it is the absence in images that can be "as productive as explicit naming: *invisibility* can have just as powerful effects as visibility" ([Rose, 2008: 165 \[original emphasis\]](#)).

Secondly, an exploration of how drawings are used in psychotherapy to promote healing is described. Schema Therapy is the specific psychotherapy model referred to within the second case study, an integrative transdiagnostic approach that was developed to specifically address complex and clinical issues ([Young, Klosko, & Weishaar, 2003](#)). Schema 'modes' are facets of personality and coping mechanisms that are manifested in the here-and-now. Working with schema modes as they arise in therapy provided a flexible, non-pathologising approach that facilitated experiential processing of emotions and cognitions associated with childhood experiences including trauma, whilst linking these with current relationships and coping behaviours. Ultimately, Schema Therapy aims to help clients to recognise which of their emotional needs have not been met in the past, and to learn healthy ways of getting these met in their current relationships. The paper concludes with suggestions for practitioners who seek to use drawing to gain further insight into the ways in which people with eating disorders make sense of their world.

## 3. Case example: an eating disorder as a form of self-harm

This section will present one case example from a study that took a dialogical approach to understanding women's experiences of eating disorders and child sexual abuse (see [Hodge, 2014b](#)). The current case example presents Analiese (a self-selected fictitious name), who was 24-years old at the time of the study. Diagnosed with anorexia, Analiese was used in the production of child pornography from the age of two until she ran away from home as a teenager. Analiese said that she had ongoing contact with the Men-

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