
INTRODUCTION

*Art, accompanying man on his difficult journey to himself,
has always been ahead of him at the goal.*

—Carl Jung

The reader who seeks a succinct definition of art therapy will be disappointed. Art therapy applications vary, as any therapy, according to the individual who presents with a particular problem to a therapist who will direct treatment methods applying to that person at a particular time, in a particular setting. Treatment that is based on the definition of a syndrome documented in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, which provides guidelines and a number for each disorder, often limit the criteria for diagnosis. In the push for efficiency and economy, hospitals are reimbursed for treatment based on these factors and have adhered to the guidelines in the *DSM* by limiting the number of in-hospital stays allowed for a particular syndrome. The number of private therapy sessions is also restricted. This approach to treatment does not serve all patients.

This book focuses on a method used with obese and anorectic women who were in crisis at the time of entry into the project. The manual (see chapter 4) describes a series of tasks and how to apply them. The case studies (see chapter 5) report on how these tasks served each participant. In traditional treatment programs the addictive problem has been addressed by treating the symptom directly, e.g., for the alcoholic: going off alcohol, for the obese: dieting, for the anorectic: eating more, etc. Where a patient has succumbed to a drug overdose, or for the obese or anorectic in a medical emergency or state of crisis, hospitalization and observation are, of course, necessary. The symptom is not the cause but the result of a missing self-concept. The writer's experience with each of these populations revealed a common thread—low self-esteem. It was expressed by denial, anger, defiance, perfection. Each of the individuals covered up his identity. The need to identify, recognize, and acknowledge the self-concept comes before self-esteem, positive or negative. The tasks are designed to be a preamble to treatment of the symptoms. Art therapy

includes both verbal and nonverbal work. The two hemispheres of the brain are involved. The tasks require the active participation of the client and include crossing the corpus callosum, from right hemisphere activity to left hemisphere activity for each session. While each of the tasks appears to be different, each is really addressing the same problem at each session. Each task reveals a different aspect of the self. It is the repetition of this goal that reveals the truth.

Today's art therapists have evolved into a complex body of clinicians working in an array of settings. The roots of art therapy began with the introduction of art into the regimen of patients in hospitals, nursing homes, and other institutions that served a wide range of populations. These early programs were activity projects run by volunteers and provided patients with an opportunity for socialization in the facility. They served also for staff to observe the patient's ability to function physically and mentally. The connection from the art to any value or use other than participation was never explored.

The introduction of the use of art as a therapeutic tool was defined in Margaret Naumburg's *Dynamically Oriented Art Therapy: Its Principles and Practice* (1987). She writes:

The process of dynamically oriented art therapy is based on the recognition that man's fundamental thoughts and feelings are derived from the unconscious and often reach expression in images rather than in words. By means of pictorial projection, art therapy encourages a method of symbolic communication between patient and therapist. Its images may, as in psychoanalytic procedures, also deal with the data of dreams, phantasies, daydreams, fears, conflicts and childhood memories. The techniques of art therapy are based on the knowledge that every individual, whether trained or untrained in art, has a latent capacity to project his inner conflicts into visual form. As patients picture such inner experiences, they frequently become more verbally articulate. (p. 1)

Naumburg expands on how verbalization may affect the progress of treatment:

Art therapy is not opposed to verbalization, which it uses in combination with spontaneous art production, but it has been shown that patients become able to associate freely in words to the spontaneous images they have created, and this leads inevitably to a speeding up of the therapeutic process. (pp. 3–4)

Though many approaches were based on Naumburg's original work and developed into structured academic programs, others that followed became the product of particular art therapists whose practice was defined by the different populations they served.

Like the medical profession, which no longer offers a general internist, once known as the family doctor who made house calls, art therapy is now multidimensional in its scope. It serves a wide variety of individuals including patients who are not hospitalized and who range from very young children to the aged and dying. Art therapists have adapted to situations of crisis, serving as special counselors in emergency situations to individuals and groups. Trained and credentialed, art therapists have not been welcomed by the therapeutic community. Artists are not viewed as disciplined, hardworking, or focused. A reticence by other therapists to accept art therapy as a legitimate discipline may stem from a feeling that art therapy is not traditional enough to trust. It is hoped that this text will dispel that fear and encourage other clinicians to embrace its methods.

This book is designed to be used by all professionally trained clinicians. It invites them to open their creative corridors to apply a new approach to treatment of addictive disorders. The work is dedicated to the idea that all therapists are connected to each other. Therapists who use mainly verbal treatment have nonverbal components present in their work. The ambience of their office, their own appearance and manner, the arrangement of time, are all nonverbally present in the session; the verbal therapist is impacted in turn by the appearance, manner, and participation in the session of the patient. All the nonverbal elements factor into a process that is mainly verbal.

In much the same manner, the art therapist is impacted verbally in important ways during a session that is mainly focused on the nonverbal, i.e., drawing, clay work, weighing and measuring the body. All these are accompanied by the intervention of important verbal exchanges. The ability of the patient involved in art therapy to express herself in words is vital to her ability to participate in her life. The two parts must be developed together. The reader will see how this is accomplished in the application of the tasks (see chapter 4). Right and left brain hemisphere activity is the key to illumination, healing, and growth.

Art Therapy and Eating Disorders
