

The 5<sup>th</sup> International Symposium on Complementary Supportive Therapies

**Art and Science in Life Potential Development**

**May 21-24, 2009, Lovran, CROATIA**

# Art Therapy and eating disorders: a winnicottian view

Cristina Dias Allessandrini, PhD

Maíra Bonafé Sei, MsC



Natal, RN - São Paulo, SP - BRASIL

**UP** UNIVERSIDADE  
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# Guidelines for Action...

- **Art therapeutic** interventions;
- Case report – Joan - who suffered from **Bulimia**;
- The **treatment** and professionals involved;
- Images from this **case study** of eating disorder;
- A **winnicottinian view** to understand the aspects of the **intrapsychological process**.

# Why Art Therapy?

- **Art Therapy practices** promote through its therapeutic interventions, if well conducted **in conjunction with others health care interventions**, the unveil of relevant aspects of the **intrapsychological process** experienced by the patient.
- The **objective** is to present a **case report** of a female patient- **Joan** -, who has suffered from **bulimia** since she was 11 years old.

- Joan **chose Art Therapy** when she was **22 years old** and about to finish the graduation in Psychology, with a very simple and clear excuse: **to be a psychologist** she would have to do therapy.
- Her main complain was the **Bulimia**, an unknown fact, even in her close relationship environment.
- The **art therapeutic assessment** lasted six years and four months.
- She was also referred to a **psychiatrist** specialized in eating disorders and to other health professionals which worked together: a **nutritionist**, an **endocrinologist** and a **cardiologist**.
- She **achieved the origin and the deep psychological subjacent aspects** of her **uncontrolled eating**.

- It was realized that **the patient's symptoms symbolized gaps in the psychism from the early stages of her emotional development.**
- The art therapeutic interventions became a **powerful space in which Joan developed her potentialities to fulfill the tasks of integration, personalization and realization** as pointed out in Winnicott's Psychology.
- It was also observed, in addition to the decrease of uncontrolled eating episodes and purges, **self-knowledge enhancing and a more *colored* and meaningful life.**

- Those changes allowed Joan to **left behind dependency** and **got into the adult world**.
- The winnicottian approach in Art Therapy made possible **the expression of her unthinkable agonies**.
- Due to this, Joan **could be aware of herself** and able to attribute **new meanings to inner issues**.
- All these processes had shown how valuable was Art Therapy as a worthy proposal of therapeutic intervention in promoting **human life potential development**.

# Joan's family

- In the first meetings she also complained about **bulimia**, with a background pointed by going several times to SPAs, where she learnt to purge after compulsive episodes .
- She came from a **family** of four sons, with a sister three years older than her, already married but still with a dependent bong related to the original family; a brother one year older and another four years younger than her.
- The **original family** was characterized by **food intake excess**, with great offer of food at home.
- Her **father** was **obese** and had a fragile health, what made him going constantly to hospitals.
- During some of the assessment **she talked about her suspicion that her father was also a bulimic**, but this was **never confirmed**.

# The Family...

- The family maintenance was supported by **the printing office** of the father, **located in the same building of the family residence** and responsible for illicit gambling cards impression.
- As a consequence, **they were all under constant fear** that the police could invade their home, and this fact created great suffering to Joan.
- The sons worked together with the father and the company was prepared to work only in this segment, without developing any licit activities.
- **Parents were married.** However, the mother was obliged to become distant of her own original family to get married to Joan's father and consequently, **Joan had more contact with the family of her father.**
- The **mother's family** was little present physically and **in the psychic sphere** was little remembered **during art therapeutic assessment.**

# Why Art Therapy?

- **Joan found another way for her maintenance**, in order to become more separated from the original family's printing office and **chose a work in the food segment**.
- She opened a **cheese bread rolls franchising** with the **financial support from her father**.
- The shop remained open only one year, even without meeting with her personnel and professional demands.
- She **closed the business** and felt relieved, but in parallel, she felt anguish for wanting to work in the area she had graduated.
- She **tried to work as a psychologist**, although, **without success** due to the difficulties she felt when managing individuals assessments.
- She **felt fragile facing the clients' demands**. Some years later, she presented more facility in working with groups, when they had a more objective character.
- She recognized **the necessity to work herself more** before a deep involvement in the Clinical Psychology.
- She **felt necessity to face bulimia**, a fact known by the family but kept as a secret by he original family.

## Professional Field

- In the professional field, in the end of the art therapeutic intervention, **she chose a professional formation to evaluate driver's licenses tests** and she felt good towards this kind of work.
- She showed a wish for something **based on objective items**, concrete and when applying the tests of the evaluation she noticed she could interpret and write a good report.
- Because **she wanted a financial independency from family**, while doing this formation, she also began to work as an agent, selling handbags to shops.

## Affective relationships

- Concerning her affective relationships, in the beginning of the art therapeutic assessment she had already a relationship with a **boyfriend** for ten months.
- He used **drugs as marijuana and cocaine** and she made an effort to make him stop with the use of these substances.
- **She took a while to tell him that she had bulimia** and when she did so **he began to control her**.
- She asked him to **do not interfere with her problem**.
- She **continued the relationship** along the art therapeutic intervention.

# The Art Therapeutic Intervention

- Joan, who presented a **fragile ego structure** began Art Therapy without the follow-up of others professionals that could consider, in a broader manner, her bulimia issue.
- Joan told that she had **already looked for others professionals** in Psychology and Psychiatry **but couldn't get on** with the assessment.
- During the process, Joan accepted to begin an assessment in **Psychiatry**.
- Her mother made her company and she stayed in treatment for at least one year, without significant results.
- She told that she **didn't follow the orientations** and **didn't make any bond with the psychiatrist**.
- The art therapeutic treatment continued. Joan was **assiduous and committed** to her success.

# The Creative Workshop Procedure

**Creative Workshop** is a procedure with certain phases, where the subject expresses an internal image in a creative way through an artistic experience (Allessandrini, 1996; 2000);

- 1. **Sensitization**, an invitation to touch internal image that surfaces;
- 2. **Free Expression**, when the individual expresses the experience he lived through by means of a non-verbal language;
- 3. **Expression Elaboration**: the individual “re-elaborates” the content emerging with shapes and forms, so as to give them sharper outlines and colors;
- 4. **Transposition** to the verbal language so as to give a new meaning to the process: the internal image suggests the creation of messages and texts;
- 5. **Evaluation** of the dimension of symbolic meaning the wholeness of the experience brought.

# The Drawing-and-Story Procedure , D-E

- The Drawing-and-Story Procedure (abbreviated **D-E**) is a tool for clinical exploration of the personality (Trinca, 1987, 1997);
- The D-E became a *comprehensive process* to find a meaning for the set of available information, what is relevant and meaningful in personality, to get in touch with the emotions and to know the deep motifs of one's emotional life;
- D-E has also been of great value for follow-ups to psychic processes;
- There is a graduation on each D-E:
  - 1. How I **present** myself;
  - 2. How I **feel inside** myself;
  - 3. My **conflict**;
  - 4. **What I can do** with it now;
  - 5. **What I will deal** with everything in the **future**.

Mai/2000



1. Problem that divide myself

2. Closed strenght that wants to push out

3. How people look at me

Sep/2000



1. Coloured souls

2. Talking to the stars

3. Labirinth



4. A different flower

5. Coloured rings

Joan's D-E

# Treatment

- **Art therapy interventions:** 1 or 2 times a week
  - . 2000 / 2006
  - . Creative Workshop Procedure (Allessandrini, 1996; 2000)
  - . The Drawing-and-Story Procedure (D-E) (Trinca, 1987; 1997)
  - . Subtle touches on the body (Sandor, 1982 )
  - . Hypnosis in pshycotherapie
  - . Art Therapy Formation
  -
- **Psychiatric treatment**
  - . 2002
  - . 2005 *Specialized on Eating Disorders*
- **+ Nutricionist**
- **+ Cardiologist**
- **+ Endocrinologist**
- **Family: more participative**
  - . 2004

March/ 2001



Hematom

July/ 2001



A distant being, from another planet

- Joan used to tell many of her **dreams** and brought their contents to the art therapeutic setting.
- She got surprised when understanding **the emerging symbolic contents** and became conscious of the aspects related to her psychic development.
- During this two years and a half, **it was observed a considerable increase in her expressive ability and the contemplation of her productions.**

- Joan found **new representation ways**, such as the use of **collage** and **canvas painting**, made during the course of Art Therapy, which **unveiled a potential still latent**.
- She felt happy with her productions.



Art

February/ 2002



Art

Transit sign

February 2002



No title

I want to sleep

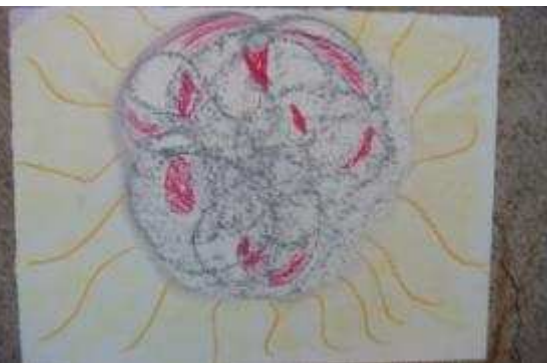
- She bought **artistic material** for **personal use** and made productions with oil pastels on canson paper support, with several vivid and clear colors and totally using all space available.
- She had **the recognition of her family** when exposing the paintings on the wall at home and also at her boyfriend's home.
- Joan pointed out that the Art Therapy course was more related to **her personal growing** due to the experiences she went through during the formation.
- She would like to write about her own story, but she realized that **it was too hard to face bulimia, draw it and give it a shape as well as to the aspects of her personal life.**

- Joan's improvement was considerable: at the beginning of the process she described **between ten and fifteen compulsive episodes per day**, combined with not discerning the kind of food she ate.
- She **showed her anger**, especially towards her paternal grandmother, who was hostile to her when she was very young.
- Gradually **she became conscious about the psychic situations and tensions** that triggered the compulsion to diminish anxiety.
- She **began to discriminate hunger from the necessity to eat to satisfy a compulsion** and unleash purge episodes, followed by new food intake.

April/ 2002



I feel miswell



I feel miswell, badness

July/ 2002



Blood, fire, ovulo



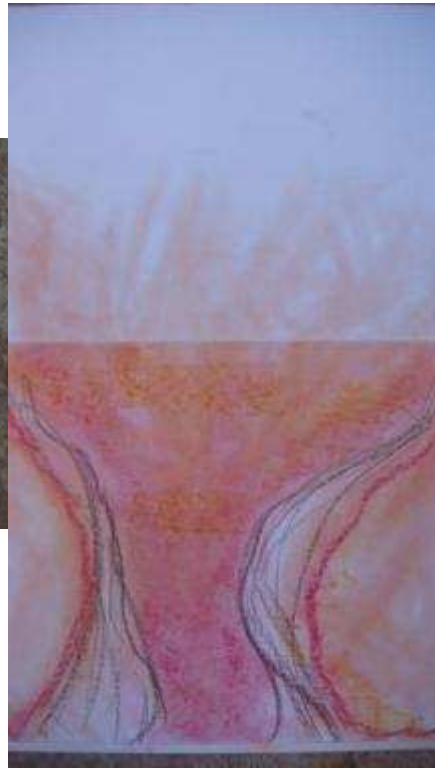
**1. Little stars**



**2. Small faces**



**3. Small devils**



**4. Sick uterus**



**5. Horn**

Sept/ 2003

**Joan's D-E**



1. Bloody eyes

2. Register

3. Dismembering



4. Stopped !!

Sept/ 2003

## Joan's D-E

- She related **past facts and experiences from childhood** to feelings of **deep anguish and agony**.
- Little by little, **the episodes were not so often** and Joan felt her efforts rewarded.
- She stayed **one week without presenting any episode**. When some relapses occurred **she tried to understand to which psychic contents they were related**.

# Discussion

- The literature about **bulimia** describes that this pathology has a multifactor origin and because of this characteristic it also **needs a multidisciplinary intervention** to embrace its complexity.
- It is considered that this work, carried out in conjunction, allowed Joan, in the moment **she felt herself stronger in relation to her fragilities, to face the decease**: its origin and the psychological aspects subjacent to the episodes following food compulsion.

Jun/ 2004



**Bulimia**



**Internal strength to deal with bulimia**

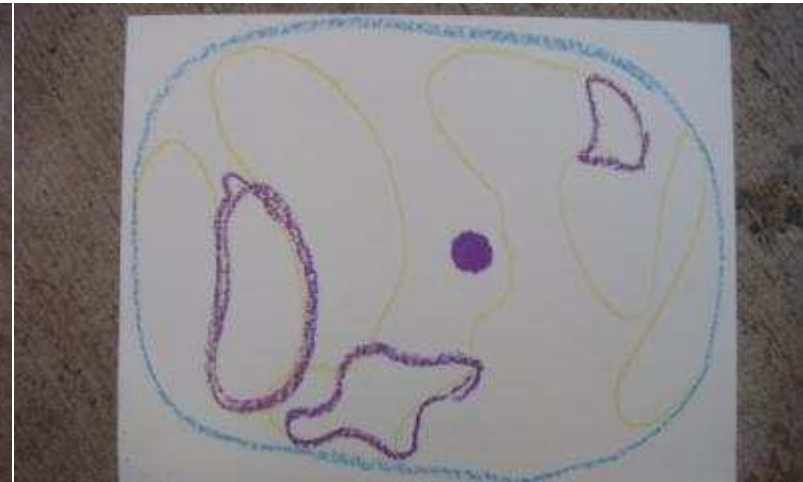
- From the winnicottian reference, it can be understood that the symptoms presented by the patient **symbolized gaps in her psychism at early stages of emotional development.**
- The familiar organization, the father and sons professional activity caused a feeling of **insecurity, something that might have occurred all the time** and Joan hadn't emotional support needed for her health.
- **There were gaps** that left a **hollow to be filled by food.**
- She looked for, maybe **as a way to repair the initial experiences,** the course of Psychology, further, an art therapeutic intervention and the formation in Art Therapy.

July/ 2004



**Bulimia controls me !**

**There is a holeness  
inside myself**



**The anxiety of making contact**

- Art Therapy has a characteristic of **stimulating creativity** and for Winnicott (1971/1975) it is **intimately related to health**.
- The art therapeutic process turn to be a **potential space** that has offered the emotional support for Joan to fulfill **the stages of integration, personalization and realization** (Winnicott, 1962-1983).
- It was observed, in addition to the **diminishing of the episodes of compulsion and purges**, also self-knowledge enhance and a **more colorful and meaningful life**, making possible to Joan to leave dependency and enter the adult world.
- From a **poor expression, achromatic or monochromatic**, which could point out the internal impoverishment and emptiness lived by Joan, she **changed to colorful productions** that pass on the feeling of richness and internal life.
- Art Therapy enabled the expression of her **unthinkable agonies**.
- Joan could **realized and give new meaning to her internal issues**, which demonstrate the value of Art Therapy as a proposal of a therapeutic intervention towards **promoting the potential of human life**.

Octob/ 2005



**Integration**

April/ 2006



**New eyes**

**Thank you . . .**

**Cristina Dias Alessandrini, PhD**

crisdalless@unp.br  
alquimymart@uol.com.br

**Máira Bonafé Sei, MSc**

mairabonafe@hotmail.com



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