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Journal of Clinical Art Therapy

Volume 2
Issue 1 *Journal of Clinical Art Therapy*

Article 4

December 2014

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Recommended Citation

Rehavia-Hanauer, D. (2014). Repositioning Art Work from Patients Suffering from Anorexia Nervosa in a Gendered, Socio-Cultural Context: A Self-Reflective Study. *Journal of Clinical Art Therapy*, 2(1), , retrieved from: <https://digitalcommons.lmu.edu/jcat/vol2/iss1/4>

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Repositioning Art Work from Patients Suffering from Anorexia Nervosa in a Gendered, Socio-Cultural Context: A Self-Reflective Study

Abstract

This article, conceptualized within a poststructuralist, feminist approach to art therapy, addresses the role of visual images as a controlling, constituting discourse significant to the formation of the eating disorder anorexia nervosa. As a core position, this article argues for a change in the way art work created within the art therapy process by women who suffer from anorexia nervosa is interpreted and analyzed by art therapists. The article argues for an enhanced appreciation and critical analysis of a gendered, socio-cultural contextualization of visual images and recognition of how these contextualized, socially-constructed images have a role in directing women to enact behaviors of self-starvation clinically defined as anorexia nervosa. In order to exemplify this shift to feminist interpretations of visual images by art therapists, a self-reflective methodology involving the reanalysis of one of my own published clinical examinations of the art of a patient diagnosed with anorexia nervosa was employed.

Keywords: anorexia nervosa, feminism, art therapy, eating disorder, socio-cultural approach, reflective

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“The anorexic is the victim of representation, trapped in embodiment through stereotypical and alienating images – but at the same time only representation can cure this malaise” (Bray & Colebrook, 1998, p. 35).

Poststructuralist thought situates the understanding of medical-psychological phenomena such as anorexia nervosa within the frame of both disciplinary and societal discourses (Malson, 1998). Discourse, whether it is disciplinary or societal, refers to a system of social practices that constitutes its own objects of observation and thus directs our conceptualization of the world. From a poststructuralist perspective, discourse constitutes our understanding and reflects societal/cultural and disciplinary understandings. As argued by Malson (1995), poststructuralism “radically undermines the claims that scientific discourse objectively describes a reality existing anterior to and independently of discourse” (p. 120). Poststructuralism focuses on the ways in which power and societal forces interact to construct what is construed as a reality even if that reality is a medical condition such as anorexia nervosa.

This core position concerning the framing of both clinician and patient within a context of powerful constituting discourses is at the center of the approach to the treatment of anorexia nervosa that is developed in this article. In particular, the current paper will address the role of visual images as a form of controlling constituting discourse that needs to be addressed within the treatment of anorexia nervosa. This aim will be achieved through a self-reflective methodology involving the reanalysis of one of my own published clinical examinations of the art of a patient diagnosed with anorexia nervosa. As stated by Fook (1999):

Reflectivity, developed from the ideas of Argyris and Schon is the process in which you are able to reflect upon the ways your own assumptions and actions influence a situation, and thus change your practice as a direct result of this reflective process. In this way of thinking, reflectivity becomes a type of research method, one which allows a practitioner to research her or his own practice (or that of others) in order to change or improve it. (p. 11)

Reflective methodology is particularly suited to the aims of this article as it exemplifies a shift in perspective from a psychoanalytic approach (art psychotherapy) to a feminist art therapy approach. In addition, reflective

methodology allows the ramifications of different ways of contextualizing and interpreting art in the art therapy process for women diagnosed with anorexia nervosa to be explored.

As an approach, feminist art therapy, based on the forms of poststructuralist understanding developed here, situates the discourse of visual representation as a medium through which critical, transformative understandings can be enacted for both patient and clinician (Hogan, 1997). Feminist art therapy is invested in the explication of the discursive construction of women through visual representation (Hogan, 1997, 2003); thus, it would seem to be a particularly suitable approach for addressing anorexia nervosa which is a predominantly female phenomenon (American Psychiatric Association, 1994; National Eating Disorders Association, 2006). The paper considers a critical understanding by both patient and clinician of the discursive construction of gender in the visual representations produced by young women who suffer from anorexia nervosa as central to their treatment. It is this aspect of feminist art therapy –the discursive repositioning of visual images – that will be developed and exemplified here. The aim is to offer art therapists and other clinicians who work with visual images an analytical approach to the understanding of the discursive contextualization of anorexic images that may be useful in helping patients to gain greater insight into the complexities of their situation.

The Disciplinary, Discursive Construction of Anorexia Nervosa

Within the psychiatric and psychological professional literature, the phenomenon of anorexia nervosa has been discursively constructed in a variety of ways, and there is agreement among the medical profession that the causes and nature of anorexia are multifaceted (Alexander-Mott, 1994; Garner & Garfinkel, 1985). From a poststructuralist perspective, the multifaceted nature of anorexia nervosa results from the application of different aspects of disciplinary discourses with a range of orientations to the exploration of the phenomenon of self-starving women (Rehavia-Hanauer, 2011). In relation to the role of disciplinary knowledge, Foucault (1972) states that “disciplines constitute a system of control in the production of discourse, fixing its limits through the action of an identity taking the form of a permanent reactivation of rules” (p. 224). Foucault further specifies that “disciplines are defined by groups of objects, methods, their corpus of propositions that are considered to be true, the interplay of rules and definitions, of techniques and tools: all these constitute a sort of anonymous system” (p. 222). Medical discourse, psychological discourse, and psychiatric discourse, among the various disciplinary positions that have been applied to eating disordered phenomena, are not divorced from disciplinary discursive guidelines. Accordingly, the investigation and subsequent theorizing concerning the nature of anorexia nervosa cannot be divorced from the disciplinary contexts and associated discursive controls within which that understanding is constructed.

Malson's (1998) analysis of the genealogy of anorexia nervosa in the late twentieth century poses a series of discursive, explanatory categories that have been used to explicate the nature of anorexia nervosa. Malson's discursive categories consist of the following:

- *Anorexia Nervosa as a Natural Disease*: This category utilizes the discourse of medical research paradigms to explore the option of physical causes for anorexia nervosa. Research in this area has addressed biomedical as well as neurological discourses in search of an explanation of the physical causes of anorexia nervosa.
- *Anorexia Nervosa as a Genetic Disposition*: This category is closely related to medical research and utilizes current advances in microbiological-medical research to explore the possibility of a genetic disposition as a cause of anorexia nervosa.
- *Anorexia Nervosa as an Affective Disorder*: This category developed within psychiatric research relates anorexia nervosa to depression and delineates connections in the symptoms associated with each.
- *Anorexia Nervosa as Cognitive Dysfunction*: This category developed within both psychiatric and psychological discourses explores the semantic perceptions of body weight, image, and shape marking the presence of cognitive schema that is at odds with more objective physical measurements leading to the presence of a cognitive distortion for those patients diagnosed with anorexia nervosa.
- *Anorexia Nervosa as a Psychodynamic Familial Pathology*: This category developed within psychological, psychoanalytical discourse explains anorexia nervosa as a result of problematic (dysfunctional) family structures that result in anorexic symptoms in one of the family members.
- *Anorexia Nervosa as Individual Psychodynamic Disturbance*: This category developed within psychological, psychodynamic discourse explains anorexia nervosa in relation to the symbolic-psychological meanings assigned to specific acts such as eating resulting from early developmental experiences (with a special emphasis on problems in mothering).
- *Anorexia Nervosa as a Socio-Cultural Phenomenon*: This category developed within sociological and cultural discourses situates the phenomenon of anorexia nervosa within the wider context of the social cultural framework in which discursively constructed appropriate ways of being directly influence individuals' perceptions of themselves and their required actions. For example, visions of thinness as a concept of ideal beauty or connections of fatness and social rejection can translate into distorted self-perceptions of the importance of body weight and, hence, direct actions such as self-starvation.

- *Anorexia Nervosa as Gendered Phenomenon*: This category developed within sociological, psychological, and feminist discourses relates to anorexia nervosa as a response to the negative, discursive social construction of women, their bodies, and the ways in which women are seen. In particular, issues with the onset of female sexuality and the position this places women are seen as a source of difficulty raising a series of contradictions for women that manifest themselves in the symptoms of anorexia nervosa.

Each of these discursive positions situates anorexia nervosa in a different way and offers its own discursive understanding. In this sense, the phenomenon of self-starving women is discursively and disciplinarily constructed.

Feminist Art Therapy

Feminist art therapy can be seen as an extension of feminist research to the realm of therapeutic intervention within the field of art therapy. In relation to the explanatory categories of anorexia nervosa proposed by Malson (1998), feminist art therapy utilizes socio-cultural and gendered modes of explanation (Hogan, 1997, 2012; Rehavia-Hanauer, 2012). As the name suggests, feminist art therapy is based on the feminist critical assumption that gender is a core ideological category that informs and regulates social relations and structures (Lazar, 2005). Analyses have shown how gender constructions are deeply rooted within social and developmental discourses and have a cognitive, interpretive function. This cognitive function directs a wide range of behaviors and understandings and includes the discursive specification of a series of gender representations, gender relations, gender roles and gender identities that are internalized by participants in a discursive setting. These internalized cognitive gender definitions are both constituted by and reproduced in discourse and direct every aspect of life. In this sense, a woman's experiences are part of and directed by the underpinning discursive constructions of gender.

Images of women are part of a wider societal and cultural discourse that constructs gender and as such creates women's experience. In this sense images are discursive and constitutive. As pointed out by Hogan (1997), gender differences "are embodied and sustained in the images and texts that surround us in our daily lives" (p. 21). In accordance with both poststructuralist understandings and art therapy approaches, images are not considered to have inherent, self-constituted meanings but rather are part of a much wider semiotic structure. In a discussion of the meaning of images of mother and child, Hogan states that the "meaning of the representation is generated by the reader of the image, the depiction itself and the intertextual space of all other images of mothers and child" (p. 29). The image takes on meaning through the reader's

discursive negotiation of a specific image within an intertextual space, and accordingly the specific depiction (of gender) is discursively situated. What feminist art therapy aims to do with created images from patients is to make explicit the discourses that inform and direct both the patient's and clinician's understanding of the art work and their gendered selves. These gendered images also direct women's understanding of body-image and their social significance. Feminist art therapy attempts to explicate the discourses that construct these understandings. Furthermore, feminist art therapy attempts to explore the discursive influences on the patient's understanding of her own social, cultural, and familial setting and the role of discursive structures in constructing and directing this gendered situation. In particular, feminist art therapy explores the ramifications of gender on the power relations between groups. As a core position, the art work, the interpretation of the art work, and the patient are seen within the wider context of cultural and societal discourse.

Critical Reflective Practice in Feminist Art Therapy: Repositioning Images Produced by Self-Starving Women

The methodology of this paper is drawn from the concept of reflective methodology within a qualitative frame of practice (Alvesson & Skoldberg, 2000). As explicated by Alvesson and Skoldberg (2000), reflective practice involves addressing the following core elements: a clear understanding of the primacy of interpretation, awareness of the political-ideological nature of interpretation, and reflection on the problems of representation. In the current case, I will reinterpret one of my own published analyses using a poststructuralist, feminist approach. On the one hand, this new analysis reflects my own development as a therapist and a researcher; on the other hand, this analysis reflects changes in the disciplines of art therapy and psychology, which include enhanced understandings of gendered power relations and women's eating issues. Underpinning the option of reinterpretation stands the core understanding of reflective methodology and art therapy that visual representations are polysemantic and interpretable in different ways.

As an art therapist, my clinical work benefits from this option of understanding the contextualization of women clients with eating disorders in relation to the familial, social, and cultural discursive and representational worlds they live in. Furthermore, it allows the women I work with additional ways to understand the sources and social discourses which have influenced the suffering they experience and perhaps ways of alleviating this suffering. Specifically, this approach aims: to bring women to an understanding of the socio-cultural ideas and representations that they have internalized; to transform the women into observers of the processes of internalization, instead of the recipients of the gaze

of others; to help develop a critical stance towards the representations and discourses that have been internalized; and finally to initiate a shift from being a passive recipient of representations and cultural positionings to being an active re-interpreter and definer of self within the social realm. In feminist art therapy these processes of empowerment are facilitated directly through reflective socio-cultural, feminist interpretations of art work produced by women with eating issues within the art therapy process.

The focus in this section is on changes in my own perception of the way the visual images produced by patients diagnosed with anorexia nervosa are understood. To achieve this aim and to exemplify my own shifts in perception and interpretation, I will address artistic images produced by women diagnosed with anorexia nervosa that I have previously interpreted utilizing a different theoretical context (Rehavia-Hanauer, 2003, 2005, 2006). This critical approach to my own understanding is an important part of feminist art therapy practice. Reflective art therapy practice, in the sense used here, refers to the process of considering the epistemological processes and associated ontological outcomes of constructing meaning in relation to visual images (Alvesson & Skoldberg, 2000). As stated above, visual images are culturally contextualized and inherently have multiple meanings. Visual images and their understandings are deeply embedded within discursive structures that constitute visual images and direct understandings (Hogan, 2003). Developing a feminist reading of art intrinsically involves reflective evaluation of one's own positions influenced by the disciplinary and societal discourses within which each therapist and client is situated. While looking at images, among other considerations, the therapist needs to reflect on: the preliminary assumptions used for interpretation, the source of these assumptions, the influence of these assumptions on the understanding of the cognitive and emotional state of the patient, the role of gender in constructing understanding and the role of discourse in constructing understandings of gender, the usage of disciplinary understandings that influence the interpretation of the patient's situation and visual images, and the role of wider societal and cultural discourses that situate both the clinician and patient. All of these considerations influence the way the patient's situation is diagnosed and ultimately direct the way treatment is conducted.

My own therapeutic education as an art therapist exposed me to specific psychoanalytical, object relations, Jungian, family, and self-psychology approaches to therapy; consequently, I analysed and interpreted the art works of patients diagnosed with anorexia in accordance with these frames of reference. These approaches directed my understandings of the internal situation of patients with anorexia nervosa, and the meaning of these art works were interpreted as a reflection of these theories. To exemplify this process, consider Figure 1, a picture produced by one of my patients diagnosed with anorexia nervosa that I will refer

to using the pseudonym Sheri. This picture was a recurrent image made by Sheri that I have interpreted in several research publications (Rehavia-Hanauer, 2003, 2005, 2006). These publications and the associated theory of anorexia nervosa result from a close analysis of 260 art therapy session summaries of 10 patients hospitalized in an Israeli medical institution. In the 2003 and 2006 publications, the psychoanalytical concept of conflict was used as an organizing frame to explain the phenomenon of anorexia nervosa. As stated by Rehavia-Hanauer (2003), “My patients were trapped in a pattern of conflicting themes” (p. 137). The 2003 paper references Stern’s (1991) psychoanalytical definition of anorexia nervosa. Stern states, “They [*anorectic patients*] are frozen developmentally, caught between opposing motivational currents” and goes on to blame the “mother-child dyad” for creating a “missing developmental experience” that is at the core of the eating disorder (p. 87). The 2005 paper presents a case study of the anorexic girl who created this picture and utilizes a psychodynamic and Jungian explanation of this art work.

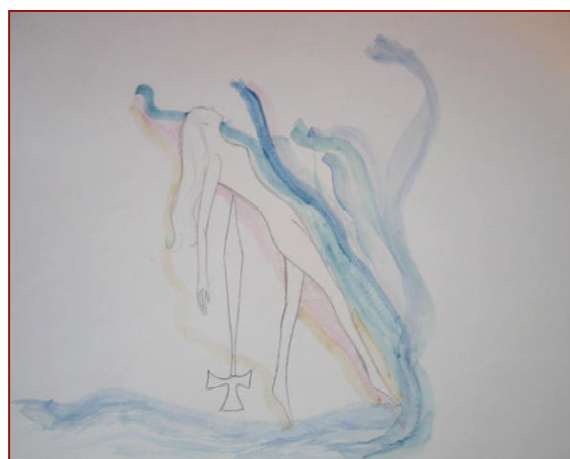


Figure 1. Anorexic art presented in Rehavia-Hanauer (2005, 2006).

These papers situate Figure 1 in relation to four different conflicts of the six conflicts that define anorexia nervosa (Rehavia-Hanauer, 2003). The relevant conflicts were defined as: (a) the desire and need to be looked after and held, and the verbal inability to directly express this desire and need; (b) the need to be dependent and in a relationship with others, and the desire to be autonomous; (c) the physical development of female sexuality and the rejection of these physical developments; and (d) the need for control and the feeling of a lack of control (Rehavia-Hanauer, 2003). This way of understanding Figure 1 is based on a specific content and compositional analysis of the image. The way the body is positioned as nearly falling in a state of helplessness, the thinness of the body, the positioning of the body above a sword, and the presence of waves that push the

body onto the sword were understood as a call for help from Sheri: “If you don’t save me I will die” (Rehavia-Hanauer, 2006, p.13). In the 2005 paper, the picture is described as expressing the ideas of “save me, hold me, I am falling, I am dying” (Rehavia-Hanauer, 2005, p.127). As reported, these statements were not made verbally by the patient but rather emerged as a result of an interpretation of the visual image.

The 2005 paper further addresses and analyses the features of this picture. The helplessness and limpness of the figure were interpreted as a sign of dependence and the need for holding; the thinness of the figure was understood as her struggle for autonomy and the need for control over her body. Using a symbol approach, the sword was understood as a sign of male aggression, and the presence of the sword in this picture was considered to signify the patient’s fear of this male aggression. A more extended interpretation of the sword in this picture consisted of the idea that Sheri was directing this male aggression against herself in the form of anorexia nervosa, and this was her way of controlling her unconscious desires and inhibiting her physical sexual development. Using the same symbolic approach, the waves were seen as a symbol of the mother and their presence within the picture as a call to her mother to save her. However, the waves have intermingled snakes, another male sexual symbol, and the presence of the mother rather than saving her actually overwhelms her. The positioning of the figure between these two symbolic entities – the sword of male aggression and the waves of the mother – leaves her in a situation of being trapped with no way out. The meeting of the male and the female in the form of a helpless body pressed between a sword and waves intermingled with snakes is a fearful manifestation of a feminine identity. The resolution of this situation is death. As presented in the 2006 paper, this is an image of suicide through anorexia nervosa.

As reported in the 2005 paper, verbally, the patient expressed a sense of depression and loss as a result of her weight gain. The figure in the center of this picture represents her ideal body image; the weight gain, as a result of hospital treatment, was explained as a fear of losing her social status, which is dependent on an anorexic body image. As based on the anamnesis reported in the 2005 paper, Sheri wanted to appease her father and fulfill his demands that she get married and have children according to their Jewish family beliefs and traditions. At the same time, however, she was aware of how oppressively he treated her mother and the difficulties she faced in the home and as a child bearer, all of which left Sheri with the fear of being like her mother and identified as a woman in general. The idea of being a woman depressed her and led to very low self-esteem. The identity of anorexia nervosa protected her by keeping her from becoming a woman, and at the same time it kept her father’s attention as he worried about her illness. As described in the 2005 paper, Sheri was in conflict:

she wanted the approval and love of her father, but she did not want to be like her mother. Anorexia was the solution to this conflict.

The understanding of Sheri and her art work was constituted within specific psychological discourses. Using Bruch's (1973) concept of a lack of empathy, this patient's parents were characterized as focused on their own needs and unable to see their daughter's needs. This put Sheri in a trap because she wanted to fulfill the will of her parents on the one hand, but also wanted to have her own career and to learn. She did not want to be limited to the traditional Jewish female roles like her mother. This was seen as an aspect of separation-individuation in which Sheri had difficulty in accepting herself and her desires as independent of her parents. Mahler, Pine, and Bergman (1975) explain problems of separation-individuation as resulting from problematic experiences in early childhood mothering. More recent psychodynamic explanations of anorexia nervosa also promote this type of explanation. As stated by Kadish (2012), eating disorders emerge against a backdrop of a "serious disruption" in early mothering as "a mother may have difficulty attuning herself to her baby whether because of depression, illness or characterological disorder" (p. 229). The core of the eating disorder is an empathic failure on the part of the mother. In a critical response to Kadish's position, Brisman (2012) states that the situating of eating disorders within early mothering is the basis of all psychoanalytic understandings and that more broadly "psychoanalysis itself does not exist without an exquisite questioning of the parent-child relationship" (p. 256).

From a theoretical perspective associated with this issue is the understanding that anorexia nervosa is a fearful response to the onset of female sexuality. This is a Freudian understanding of psychosexual development tied to the Oedipus complex (Winston, 2006). An unresolved Oedipal complex resulting from problematic parenting in early childhood leads to a situation in which there is extended identification with the mother and fear of male sexuality. In Freudian terms an unresolved Oedipus complex involves difficulties with sexual identity (Farrel, 1995). As explained in the 2005 paper, the father is defined as having a seductive role that creates a competition between the mother and daughter. In the case of Sheri, the competition was also between her and her older sister, who was very close to her mother and received extensive verbal complements from her father concerning her appearance. My understanding was based on Ogden's (2001) theory that difficulties at the Oedipal stage in the movement from attachment to the mother to attachment to the father will result in girls developing strict defensive mechanisms to suppress and deny sexual fantasies for the father. According to Ogden, this is a failure of the mother that results from unconscious messages from the mother resulting from her own fears relating to her daughter about the restrictions on female sexuality. More recent work on the Oedipus complex and anorexia has suggested that patients suffering from anorexia

construct strong, enmeshed relationships with one parent at the expense of complete exclusion of the other which generates “fantasies of omnipotence” and leaves the patient with difficulties in developing an adult sexual identity (Winston, 2006, p.1).

The epistemological model used for interpreting this patient and her art work consists of two interrelated tiers of interpretation. The initial tier consists of description and relates to both the situation of the patient in relation to her significant familial surroundings and the compositional and content elements of her art work. This description considers the ways in which the art work was made and the verbal statements made by the patient. Although this stage is descriptive, it is still directed by discursive understanding. As pointed out by Foucault (1972), observation is not context neutral but rather theoretically laden. The second tier of interpretation as exemplified here and seen in the 2003, 2005, and 2006 Rehavia-Hanauer papers applies psychological-psychodynamic theories to explain the state of the patient, causes of illness, and the meaning of her art work. The outcome of the application of these psychological theories involved accusatory comments relating to both parents. In the case of Sheri, the mother was blamed for problems in early mothering and for being subordinate and voiceless in relation to the father. The father was blamed for the requirements directed at his daughter including initial requests that she lose weight and the consistent expectation for her to marry and have children. It should be noted that the explanatory strength of psychological-psychodynamic theory was such that it overshadowed and colored the way in which I, as the treating clinician, understood Sheri and her art work.

A feminist art therapy approach to Sheri and her art work consists of a shift in the direction of the second tier of interpretation. In the terms of Malson’s (1998) explanatory categories of anorexia nervosa, the move is from the psychological categories of anorexia nervosa as a psychodynamic familial pathology and anorexia nervosa as individual psychodynamic disturbance to the categories of anorexia nervosa as a socio-cultural phenomenon and anorexia nervosa as a gendered phenomenon. This is a movement from a concentration on the self and family as the center of pathology to a consideration of the individual and the family as part of a wider discursive construct. The most immediate result of this shift is that accusatory statements concerning the parenting roles are less significant as the parents themselves have been constructed within a discursive frame.

It is worth considering how an art therapist moves from a more psychodynamic interpretation of art work to a feminist-socio-cultural approach. In order to explain this shift, I will speak in personal terms of what allowed me as a therapist to make this transition. My own shift in understanding of anorexia nervosa within art therapy comes from two complimentary sources: clinical experience of working with patients diagnosed with anorexia nervosa and

developing theoretical and academic understanding of feminist art therapy. From within my clinical practice working with women diagnosed with anorexia nervosa, the presence of significant resistance within these girls to eating, therapy, and hospitalization led me to become aware of the presence of a deep rooted sense of oppression within these girls. Resistance can be a therapeutic tool, but to work with resistance one has to understand what the resistance is directed against. By looking at the art produced by my patients, it was clear that the resistance was directed against being a woman, becoming a woman, and female sexuality. Gender was a significant aspect of the art work and the resistance. This led me to think carefully about how gender was constructed in their lives: comments from their mothers and fathers, social contexts within which they lived, and the gendered social relations enacted in these settings. More broadly, it led me to think about the multitude of forms of representation of women that they were subjected to. I began to think not only about the internal workings of the individual formed within early relationships but more importantly about the “here and now” of their gendered lives and the history of the representations and gendered constructions they had been exposed to. It seemed that looking only at the internal, psychodynamic worlds of these patients was missing a major aspect of the lives they lived and the symptoms they were manifesting. Like Occam’s razor, the most obvious explanation of anorexia nervosa was not the historical reconstruction of early childhood relations but rather the gendered frameworks in their lives and in their families they were consistently exposed to.

Academic work, in particular my dissertation directed at understanding the discursive construction of anorexia nervosa within different disciplines and art therapy, gave me the tools to conceptualize the core understanding that had emerged from my clinical practice. In particular, two theorists and practitioners offered important insights: Susan Hogan and Pierre Bourdieu. Susan Hogan, who ultimately became my dissertation chair at the University of Derby and is a well-known feminist art therapist, stated that her own research agenda consisted of examining:

contemporary representations of women. Representations include images which in this analysis are not seen as ‘mirrors’ which simply reflect reality; rather representations in this usage are conventions and codes which express those practices and forms which condition our experience and therefore in part constitute our reality. (Hogan, 1997, p. 21)

Hogan’s work allowed me to understand the contextualization of images of women: the ways in which the visual image of women is translated into an internal dialogue with a patriarchal, male world, and that this had a direct effect on the construction of women’s identities. Further, it made me understand that within the clinical practice of art therapy it was important to enter into an analysis

of this internalized, male dialogue that engulfed the images of women that were being produced.

Bourdieu (1997), one of the premier theoretical sociologists of the twentieth century, provided me with a broad theoretical understanding of how society and culture function. Bourdieu explains:

The structures constitutive of a particular type of environment (e.g. the material conditions of existence characteristic of a class condition) produce *habitus*, systems of durable, transposable dispositions, structured structures predisposed to function as structuring structures, that is, as principles of the generation and structuring of practices and representations which can be objectively 'regulated' and 'regular' without in any way being a product of obedience to rules, objectively adapted to their goals without presupposing a conscious aiming at ends or an expression of mastery of the operations necessary to attain them and being all this, collectively orchestrated without being the product of the orchestrating action of a conductor. (p.72)

The concept of habitus is important in that it explains how people in the world are fixed within socially defined roles that they themselves continue to propagate without really understanding their source. The internalization of the habitus of a given society with its structuring hierarchies explains how society controls and constructs the individual. It is not the external obedience to explicit rules which directs people, but rather the internalized and accepted habitus that constructs and governs their behaviors and ways of being. More specifically, habitus explains how my patients were situated and trapped within a gendered social hierarchy that had been internalized and governed their understandings.

From a practical standpoint the outcome of this transition can be explained in terms of a new way of looking at art work produced with the art therapy process. Importantly, I see the art work that is produced as a complex object representing the socio-cultural and personal contextualization of the patient and reflecting/reconstructing the gendered components of the internalized habitus. The art work needs to become an object of dialogue within which this broad gendered, socio-cultural contextualization can be discussed. In developing my own feminist socio-cultural reading of my patients' art work, I think of the following set of questions relating to images of women:

1. How is the image explained by the patient? What socio-cultural meanings emerge from this way of explaining the art work?
2. What does this image say about the patient's perception of self, her social context, and her relationship to the world around her?
3. What is the source of the image produced? Is the image reminiscent or reflective of a particular image of women?

4. What does the image mean from a social perspective? How would portraying women in this way construct/reinforce particular social structures relating to women? What does this image say about the family context and its gendered hierarchies?
5. What relations are constructed between genders, race, and class in the pictures?

These questions are not asked of the patient but rather are a frame of reference for my own looking at the created art work. These form a direction for thinking about what I am seeing and inform the feminist therapeutic process. These questions allow a feminist reading of the art work, and this brings the socio-cultural, gendered world of the patient into the therapy setting. As stated by Rehaviah-Hanauer (2012), the feminist reading “repositions the reductive therapeutic triangle of therapist, artist, and art work within the wider interpretative frame of cultural discourse” (p. 96).

In order to exemplify the outcomes of this way of seeing, it is worth reconsidering Figure 1 from a feminist perspective. A reconstitution of the case discussed here and specifically of Figure 1 involves situating the picture, the patient, and her family and social relations in a wider socio-cultural frame and in relation to a deep understanding of gendered roles and body image. Figure 1 presents a vision of the female body as the focus of the picture. The specific body type presented here is not in any way the invention of this particular patient but rather is the reproduction of similar body types found in many visual media outlets such as television, magazines, movies, Barbie dolls, etc. These media presentations are not value neutral but rather situate thinness in relation to success and social value (Ferris, 2003). In the case discussed here, Sheri acted out through her body the connection between social value and thinness and expressed sorrow for not being on a higher socio-economic level. This connection needs to be questioned and in broad terms the assumptions of value within this social context deconstructed. Sheri’s desire for this other social status, which is more secular, involves a direct devaluation of her own and her parents’ social position. This devaluation was directly manifest in her wish to change her appearance. An understanding of the way society is constructed through delicate questioning of patient assumptions in relation to her artistic representations should open up new ways of seeing the structure of society and her place in it. The aim is to make conscious the unconscious acceptance of discriminatory socio-cultural values which manifest themselves in the ‘natural’ acceptance of widely distributed images of female beauty and encourage the critique of these images.

On a different level, the issue of gender and gendered roles is crucial for Sheri. One of the issues expressed in this painting and in the wider interactions with this patient concerns her relationship and understanding of her mother. Within psychodynamic individual and familial explanations of anorexia, the

mother is blamed for the onset of anorexia (Gimlin, 1994). One of the problems with this interpretation from a feminist art therapy approach is that this increases the devaluation of the mother (Ruskay-Rabinor, 1994). Accordingly, the option of becoming a woman for a girl who suffers from anorexia seems even more repulsive. The social discursive construction of women acted out in Sheri's comments and observations of the oppressive relationship between her mother and father made being a woman seem terrible. Further blaming of her mother just increases the existing understanding of the worthlessness of her mother and her roles and decreases Sheri's ability to identify as a woman. In actual fact, the exact opposite needs to occur: from mother's blame to the affirmation of her mother. A feminist interpretation of the mother's position has the potential to allow Sheri to understand what happened to her mother in a wider social discourse and to explore options for changing this situation. This involves empowering the mother symbolically as well as through direct therapeutic intervention. Empowering the mother and having Sheri be aware of this empowerment is an important part of the anorexic patient's therapy. Ultimately, the mother must be given symbolic value, and this can be achieved in art therapy through artistic representations, images role playing, and discussion.

An associated issue is for Sheri to understand the gendered power relations acted out between her father and mother and how this influences her. The mother's situation in the family and the way this position is understood by Sheri is part of a hierarchical, relational structure within the family as well as a reflection of broader socio-cultural discourse on gender roles and relations. From a feminist art therapy perspective, the father's entitled gender role needs to be understood within the context of the societal and cultural discourse that empowers his particular position. The aim is to bring Sheri to question the naturalness of this entitlement and, accordingly, question her own unquestioned acceptance of this power structure. This strategy of contextualizing the father's position while symbolically empowering the role of the mother is designed to equalize power relations in the family and ultimately empower the patient and her self-image.

The importance of addressing gender within the feminist art therapy setting working with self-starving patients goes beyond the discussion of the relationship with her mother or power relations in the family. It is clear that Sheri has difficulties with the idea of becoming a woman. One of the important roles of feminist art therapy with self-starving women is to offer a wider set of ways of being a woman in the world. The reduction of being a woman to the discursively constructed, stereotypical functions of motherhood, marriage, and sexual relations, and thus a desirable object in the eyes of society is highly problematic (Bordo, 1993; Hogan, 2012). In tune with feminist approaches, being a woman needs to be discursively contextualized and additional options found. This is a form of direct empowerment that is designed to give value to patients who suffer

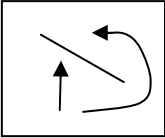
from anorexia nervosa as women. This can be achieved through the direct consideration and discussion of representations of women (Hogan, 1997, 2003).

As stated in the introduction to this article, the main aim of this paper is to exemplify and direct a process of critical analysis of gendered, socio-cultural contextualization of visual images and recognition of how these forces have a role in directing women to enact behaviors of self-starvation clinically defined as anorexia nervosa. As stated above, for me this has been a process that involved a change in my own perception and ways of analyzing art produced by my female clients who have eating issues. As a final way of exemplifying what this change has involved, Table 1 provides a summary of the specific shifts in perception that were enacted in the analysis of Figure 1.

Table 1: *Summary of Shift in Perspective and Meaning for Figure 1 between a Psychodynamic and Feminist Orientation*

Description of artistic elements	Psychodynamic perspective: interpretation	Psychodynamic theory frame	Feminist socio-cultural perspective: interpretation	Feminist approach
<i>Image form: thin figure of a woman</i> <i>Image position: diagonal</i>	Helpless, limpness, thinness. Figure seems falling. Dependent, needs holding. Struggle for autonomy. Need of control.	Separation Individuation	A form of resistance and a form of natural acceptance of socio-cultural norms of beauty manifested in a thin figure.	Challenge the social value and status of a thin body. Challenge media reinforcement of patriarchal discourse of body image. Bring to awareness the struggle to conform and resist. Challenge the women's subordination in accepting beauty role and thin ideal body.
<i>Symbol:</i>	Sign of male	Fear of	Symbol of	Challenge

<p><i>sword</i> Symbol position: <i>straight</i> <i>vertical point</i> <i>to the figure</i> <i>back</i></p>	<p>aggression. Aggression directed to self. Develop anorexia.</p>	<p>sexuality. Sexual fantasies. Defense mechanism. Controlling. Unconscious. desires</p>	<p>male aggression internalized directed to self. Figure under attack. Develop anorexia.</p>	<p>gendered power relations and its outcome. Fear of male aggression (fear of rape). Patriarchal discourse in family and social environment.</p>
<p>Symbol: <i>waves coming towards front of the figure</i></p>	<p>Call for mother to save her.</p>	<p>Need for holding.</p>	<p>Call to mother to empower her.</p>	<p>Challenge the traditional role of the mother. Challenge hierarchical distribution of family roles. Empower the mother and strengthen a positive source of feminine identity.</p>
<p>Symbol: <i>snakes</i> <i>Waves intermingle with snakes</i></p>	<p>Male sexual symbol intermingle with representation of mother. Overwhelming not tuned to figure needs.</p>	<p>Mother's empathic failure. Unresolved Oedipal stage (process of attachment transition from other to father).</p>	<p>Representation of feminine masculine forces. Persecutory situation.</p>	<p>Women's constrained, overwhelmed suffocating. Feeling under threat. Challenge power relations in a structural family. Reflection of a wider power relation of a socio-cultural discourse. Resist through</p>

				positive activism.
<p>Composition: <i>figure trapped and pressed between sword and waves/snakes</i></p>	<p>Figure trapped with no way out and no good object. Fearful manifestation of feminine identity. Anorexia is a suicidal resolution to a persecutory situation.</p>	<p>Empathic failure. Lack of holding. Fail in solving Oedipal complex. Fail in separation individuation process.</p>	<p>Figure trapped while naturally accept the socio- cultural discourse. Constrained and under attack. Not having space to develop a unique individual concept of self. Rejection of mother role identity.</p>	<p>Challenge the family transmission of patriarchal ideas concerning relationships and femininity. Challenge power relations. Challenge and find more options of becoming a woman beyond the domestic or 'contemporary' femininity.</p>
<p>Composition: <i>figure is trapped.</i></p> 	<p>Keeping her thinness as ideal body image. Figure in a conflict. Keep attention to her body. Controlling self-development.</p>	<p>Fixation on Oedipal complex. Occupied with sexual identity. Fear of sexuality. Regression. Loss of control. Figure need for separation and individuation. Fantasies of omnipotence.</p>	<p>Keeping her thinness as a worthy and different identity. Not masculine or feminine. Figure in need of independent existence beyond her pursuit of thinness. Anorexia as a vehicle of keeping the resistance while</p>	<p>Challenge anorexia as an alternative identity and the only solution for keeping her sense of self dignity. Find active ways to resist social patriarchal constructs. Understand anorexia as a conforming act. Find ways to be adult in the</p>

			conforming to patriarchal beauty norms.	world that does not require self-starvation. Becoming an activist.
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Feminist Art Therapy with Self-Starving Women: Final Comments

The feminist art therapy approach constructs anorexia nervosa as a response to the negative gendered roles, body image associations, and experiences of women in society as understood through the internalization of socio-cultural discourse (Rehavia-Hanauer, 2011, 2012). At a very basic level, the trigger for developing anorexia nervosa is a deep fear of personal rejection that is tied and directed through internalized discursive constructions of gender. Societal discourse constructs women in discriminatory, patriarchal ways, and social acceptance within this discourse involves direct compliance by women of the physical, verbal, and behavioral manifestation of these discursive positions (Gimlin, 2002). In relation to anorexia nervosa, discourse has created a connection between being thin (and attractive to men) and being successful. Thinness signifies social status, a valued identity, and acceptance. Loss of the anorectic body and her fear of the status of fatness mean a loss of a major source of societal value.

At the same time and somewhat paradoxically anorexia is a rejection of the additional discursive constructs of women as mothers and sexual objects. The negative construction of women as subordinated and oppressed makes this way of being seem constrained, limited, and undesirable. Anorexia nervosa offers a seemingly perfect solution to these issues. Through self-starvation and the appropriation of a socially constructed “ideal” body shape, size, and weight, the self-starving girl manages simultaneously to inhibit the onset of womanhood and achieve enhanced societal value. Anorexia nervosa advances self-perceptions of social value and at the same time stops the physical process of becoming a woman.

Unfortunately, this solution is also a death trap with the body unable to withstand the consistent physical deprivation of food. It is also ultimately a psychological emptying of self so as to meet an impossible visual ideal promoted through discursive images. The role of feminist art therapy in this context is to contextualize the images of thinness, deconstruct the relationship of thinness and beauty to social value, and transform the discursive understanding of being a woman in the world so that positive options of adult womanhood are appropriated by the self-starving woman. The assumption is that the role of visual images that are discursively constructed in anorexia nervosa is significant and that feminist art

therapy is a good therapeutic option for working with exactly this aspect of this mortal illness.

References

- Alexander- Mott, L. (1994). Anorexia nervosa: Definition, diagnostic criteria, and associated psychological problems. In L. Alexander-Mott & D. B. Lumsden (Eds.), *Understanding eating disorders* (pp. 101-122). Washington, DC: Taylor and Francis.
- Alvesson, M., & Skoldberg, K. (2000). *Reflective methodology: New vistas for qualitative research*. Thousand Oaks, CA: Sage Publications.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: American Psychiatric Association.
- Bordo, S. (1993). *Unbearable weight: Feminism, Western culture, and the body*. Berkeley, CA: U of California Press.
- Bourdieu, P. (1977). *Outline of a theory of practice*. Cambridge, England: Cambridge University Press.
- Bray, A., & Colebrook, C. (1998). The haunted flesh: Corporeal feminism and the politics of (dis)embodiment. *Signs*, 24(1), 35-67.
- Brisman, J. (2012). Use and usefulness of psychoanalytic scripture in the treatment of the eating-disordered patient: The psychoanalyst's retreat. *Psychoanalytic Review*, 99(2), 253-256.
- Bruch, H. (1973). *Eating disorders: Obesity and anorexia nervosa, and the person within*. New York, NY: Basic Books.
- Farrel, E. (1995). *Lost for words: The psychoanalysis of anorexia and bulimia*. London, England: Process Press.
- Ferris, J. E. (2003). Parallel discourses and "appropriate" bodies: Media constructions of anorexia and obesity in cases of Tracey Gold and Carnie Wilson. *Journal of Communication Inquiry*, 27(3), 256-273.
- Fook, J. (1999). Reflexivity as method. *Health Sociology Review*, 9(1), 11-20.
- Foucault, M. (1972). *The archaeology of knowledge & the discourse of language*. (A. Sheridan-Smith, Trans.) New York, NY: Pantheon Books.
- Garner, D. M., & Garfinkel, P. E. (1985). Introduction. In D. M. Garner & E. Garfinkel (Eds.), *Handbook of psychotherapy for anorexia nervosa and bulimia* (pp. 3-6). New York, NY: Guilford.
- Gimlin, D. (1994). The anorexic as overconformist: Toward a reinterpretation of eating disorders. In K. A. Callaghan (Ed.), *Ideals of feminine beauty: Philosophical, social and cultural dimensions* (pp. 99-111). Westport, CN: Greenwood Press.

- Gimlin, D. (2002). *Body work: Beauty and self-image in American culture*. Berkeley, CA: University of California Press.
- Hogan, S. (1997). Problems of identity: Deconstructing gender in art therapy. In S. Hogan (Ed.), *Feminist approaches to art therapy* (pp. 11-21). New York, NY: Routledge.
- Hogan, S. (2003). Introduction: Contesting identities. In S. Hogan (Ed.), *Gender issues in art therapy* (pp. 11-29). New York, NY: Routledge.
- Hogan, S. (2012). Introduction: Vision of difference. In S. Hogan (Ed.), *Revisiting feminist approaches to art therapy* (pp. 1-12). New York, NY: Berghahn Books.
- Kadish, Y. A. (2012). Pathological organization and psychic retreats in eating disorders. *Psychoanalytic Review*, 99(2), 227-252.
- Lazar, M. M. (2005). *Feminist critical discourse analysis: Gender, power and ideology in discourse*. New York, NY: Palgrave MacMillan.
- Mahler, M., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant*. New York, NY: Basic Books.
- Malson, H. (1995). *Anorexia nervosa: Discourses of gender subjectivity and the body* (Unpublished doctoral dissertation). University of London, London, England.
- Malson, H. (1998). *The thin woman: Feminism, post-structuralism and the social psychology of anorexia nervosa*. New York, NY: Routledge.
- National Eating Disorders Association. (2006, November). Anorexia nervosa. Retrieved January 2008, from National Eating Disorders Association: http://www.edap.org/p.asp?WebPage_ID=286&Profile_ID=41142>
- Ogden, T. H. (2001). *The primitive edge of experience*. (T. Ramon, Trans.) Tel-Aviv, Israel: Am Oved Publishers.
- Rehavia-Hanauer, D. (2003). Identifying conflicts of anorexia nervosa as manifested in the art therapy process. *The Arts in Psychotherapy*, 30, 137-149.
- Rehavia-Hanauer, D. (2005). In thinness she conquered all. In D. Amir & A. Or (Eds.), *Another language: Art therapy - therapeutic stories* (pp. 119-137). Tel-Aviv, Israel: Modan.
- Rehavia-Hanauer, D. (2006). "To be or not to be": The central conflicts of the eating disorder anorexia nervosa as they emerged within the process of art therapy. *Therapy Through the Arts*, 4(1), 5-20.
- Rehavia-Hanauer, D. (2011). *Disciplinary understandings of anorexia nervosa: Art therapy and psychiatric research from a feminist perspective* (Unpublished doctoral dissertation). University of Derby, Derby, England.
- Rehavia-Hanauer, D. (2012). Habitus and social control: Feminist art therapy and the critical analysis of visual representation. In S. Hogan (Ed.), *Revisiting*

- feminist approaches to art therapy* (pp. 91-98). New York, NY: Berghahn Books.
- Ruskay-Rabinor, J. (1994). Mothers, daughters and eating disorders: Honoring the mother-daughter relationship. In P. Fallon, M. A. Katzman, & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 272-286). New York, NY: Guilford.
- Stern, S. (1991). Managing opposing currents: An interpersonal psychoanalytic technique for the treatment of eating disorders. In C. Johnson (Ed.), *Psychodynamic treatment of anorexia nervosa and bulimia* (pp. 86-104). New York, NY: Guilford.
- Winston, A.P. (2006). The Oedipus complex in anorexia nervosa. *Psychoanalytic Psychotherapy*, 20(1), 1-15.

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