

Lesley University

DigitalCommons@Lesley

Expressive Therapies Capstone Theses

Graduate School of Arts and Social Sciences
(GSASS)

Spring 5-19-2018

Exploring the Use of Altered Books as a Tool for Self-Care with Adolescent Girls Diagnosed with Eating Disorders in a Residential Treatment Facility

Lucy Williams

Lesley University, lwilli25@lesley.edu

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_theses



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Williams, Lucy, "Exploring the Use of Altered Books as a Tool for Self-Care with Adolescent Girls Diagnosed with Eating Disorders in a Residential Treatment Facility" (2018). *Expressive Therapies Capstone Theses*. 60.

https://digitalcommons.lesley.edu/expressive_theses/60

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu, cvrattos@lesley.edu.

Exploring the Use of Altered Books as a Tool for Self-Care with
Adolescent Girls Diagnosed with Eating Disorders in a
Residential Treatment Facility
Capstone Thesis
Lesley University

May 5, 2018

Lucy Williams

Specialization: Art Therapy

Thesis Instructor: Raquel Stephenson, Ph.D., ATR-BC, LCAT

Abstract

Art therapy has been implemented in eating disorder treatment facilities to aid in a multidisciplinary approach to treating a complex disorder; which is complemented by anxiety, depression, obsessive-compulsive disorder, and post-traumatic stress disorder. Those that practice art therapy in these settings are witness to its benefits, but few studies have explored the potential benefits of specific art-making in different levels of care. The goal of art therapy with this population is to provide a means for communication and expression to help explain how one is feeling about, thinking about and understanding their disorder. Informed by the research of art therapy and eating disorders, dialectical behavior therapy (DBT) and eating disorders, and multidisciplinary approaches to treatment and eating disorders, caregivers recommend providing grounding tools for patients to evaluate their progress in treatment. To expand upon these findings, a reoccurring group was designed to provide patients in a residential treatment program with a tool for self-exploration and self-care by creating altered books. The group was implemented with adolescent girls, between the ages of 16-26, at a residential hospitalization program to explore the potential value of specific art therapy interventions with this population. The evidence of the patients' participation, connection, positive response and commitment to the group has supported the need for future research of providing art therapy tools to assist in the progression through eating disorder treatment.

Keywords: art therapy, altered books, eating disorders, adolescent, dialectical behavior therapy (DBT), group therapy, self-care, self-exploration, residential treatment

Exploring the Use of Altered Books as a Tool for Self-Care with
Adolescent Females Diagnosed with Eating Disorders in a
Residential Treatment Facility

The healing power of art can be applied to those suffering from an eating disorder, which is both a mental and physical illness. Malchiodi, 2007, states that art-making and the process of connecting to art can occur simultaneously with living with, understanding, and recovering from and illness or disorder. Offering an art therapy group with a focus on self-exploration was important for this population while incorporating aspects of the severity of their illness. With the understanding that art can be used as a tool for healing, an art therapy protocol was developed using altered books for self-care and self-expression for adolescent girls diagnosed with eating disorders.

Informed by Sharon Soneff's *Art journals and creative healing* and Harriet Claire Wadeson's *Journaling cancer in words and images*, an altered book group was formed at a residential treatment program. These two authors used visual journaling in a therapeutic way to process treatment, diagnosis and grief. Focusing on self-care and self-expression, the group invited 8 patients at a time to participate in art-making in a printed book to document one's journey in their disorder and through treatment. As altered books carry on a dialogue with themselves, it was the hope that patients would use the book in residential care, during their transition to partial care and after discharge (Kümmerling-Meibauer, 2014). Through the work of many art therapists, it can be seen that the creative process can help someone communicate conscious and unconscious thoughts, feelings and needs.

Altered books allow patients to explore creativity, the self and individuality while understanding how to use art-making as self-care. Altered books acts as a container for self-

expression, which undergoes change as the artist experiences feelings and growth. An altered book functions as a container for a series of works throughout a period of time. The printed book provides context for the artist to include their own images, words and creativity to work produced by someone else. This aspect of an altered book can help artists who have resistance to art-making or limited experience with art because they do not need to make the first mark on a page. The printed text is something the artist can interact with, allowing for transformation from old to new, mimicking the experience of treatment (Cobb & Negash, 2010).

Altered books are accessible to everyone, including those who do not define themselves as an artist. This form of art-making is “the marriage of words with material formats to form a new mode of communication” (Kümmerling-Meibauer, 2014, p. 38). An already published book offers an artist a place to start because it is not a blank page. Books have been altered since the 11th century in Italy when paper was scarce and new manuscripts needed to be created. In the 19th century, artists took pictures from books and added them to new publications for illustrations (Cobb, 2010). A variety of materials can be used, including: pen and pencil, colored pencil, marker, paint, collage, scissors, glue, decorative paper, fabric, photographs, and found objects. This allows patients to experiment with different materials while reflecting intra-personally. “At times the picture is not only portraying an event or situation from the past but is predictive of future events” (Rabin, 2003, p. 25). The paper to follow explores the compatibility of an eating disorder diagnosis and treatment program with the creation of an altered book as a dialectic tool for self-care. The altered book and patients’ connection to the group will provide useful information about the effectiveness of this art therapy directive with this population.

Literature Review

Art Therapy and Eating Disorders

In recent years eating disorder treatment has become more multidisciplinary, combining the expressive therapies with the traditional approach to therapy. As the prevalence of eating disorders is on the rise and the complexity of treatment becomes more difficult, art therapy aids in broad spectrum treatment; this provides a space for clients to explore many different aspects of their illness. Art therapy used with eating disorder patients can be used to approach issues that cause their disorder and offer nontraditional ways to express emotions, fears and the motivators for disordered behaviors.

While in residential treatment, the lives of patients change dramatically; stripped of privacy and alone time and under almost constant supervision while needing to work for privileges, patients have a radically different experience from usual life. In such a structured setting, art therapy allows for a patient to experiment with materials while encouraging decision making. Meeting with an art therapist or being supported in group art therapy differs from other aspects of a treatment team, including “offering support for expression, distraction and relief from their emotional pain, utilizing creative forms of expression, as well as providing advocacy roles” (Heiderscheit, 2016, p. 146). This gives patients a space to collaborate with each other while taking time to reflect on what is happening on a personal level in their treatment.

Self-Care

Many eating disorder treatment facilities provide art therapy on a weekly basis, either individually or in group therapy settings. “The rationale for including arts-based therapies in these programs included providing residents a means of self-discovery, self-exploration, self-expression, allow clients to face challenging issues such as self-esteem, body image, depression,

and the tendency to isolate by providing an alternative, healthy outlet for expression of emotions and development of positive coping skills” (Heiderscheit, 2016, p. 20). The use of altered books in a residential treatment program for adolescent girls with eating disorders of various diagnoses serves as a self-care tool to aid in containing and externalizing emotions. The altered book is implemented and taught as a tool patient can use in times of distress, dysregulation or depression to aid in regulation and processing of emotions. This form of art-making can be defined as a self-care tool because it provides a patient a space to create and reflect in times of need; it becomes a personalized object for therapy, processing and transformation.

Containment. An altered book acts as a container because once art is made in the book, the artist can close the book and put it away until further use. Pages are turned, and art is only revisited when the maker feels they want to reflect or make connections from piece to piece. Altered books are also much like a journal in that they are extremely private; no one other than the artist needs to know what is on each page and it is up to the digression of the artist to share the product. “Implying that the book is a physical object, a container, which can be penetrated or opened like a box to peer inside, and which holds the objects or characters within. Instead of an actual box, they use the notion of the container in a positive and imaginative way that draws attention to the mode of construction as well as providing an appropriate conceptual introduction to what lies within” (Kümmerling-Meibauer, 2014, p. 41). An altered book allows for a patient to output their feelings from day to day into one place, creating a connected series of “what lies within” themselves for processing. “When a patient’s felt sense have been externalized into creative expression, they have their own place in the world, however rudimentary that expression might be” (Heiderscheit, 2016, p. 153). Not only does an altered book provide containment for patients’ feelings, process and treatment journey, but the physical space of an art studio can act

as a space of holding. The studio is removed from the main floor where patients see nurses, have meals, share bedrooms and go to most psychoeducational therapy groups. This invites patients to remove themselves from the fast-paced, sometimes noisy unit, to be able to focus on themselves and issues that are not hospital based. It is important to have a room dedicated to art-making “with a door that can shut out the rest of the hospital for the hour of a session” (Heiderscheit, 2016, p. 147). The safe space of an art studio allows the altered book group to move beyond art-making as therapy and into art-making in therapy, providing a space for patients to be themselves and disclose personal information that is contained in a space.

Transitional Object

As individuals begin to understand themselves as their own beings, independent, and accountable for themselves, patients still experience a need for attachment. Object relations theory explores this phenomenon by implementing transitional objects, a source of security while undergoing this process of individuality and personhood (Berzoff, Flanagan, & Hertz, 2011). Further, objects relations theory examines how individuals interact with others and the processing of those interactions into internal feelings and their impact on development. When understanding altered books, it is important to understand their significance through the lens of objects relations theory as it clearly defines their use as objects for connection. “The term objects relationship thus refers not only to ‘real’ relationships with others, but also the internal mental representations of others and to internal images of self as well” (Berzoff, Flanagan, & Hertz, 2011, p. 105). In Winnecott’s original theory, transitional objects are considered to be objects, such as a blanket or stuffed animal, that children carry with them to begin to become their own individual, comfortable with separation from their caretaker (Berzoff et. al., 2011). The concept of a transitional object can be useful in therapeutic settings for patients who are more logical or

have a difficult time comprehending perceived relationships or attachments in a representational way. Altered books can be viewed as transitional objects in residential treatment because they allow for a patient to make connections to their internal world while outputting emotions and issues into a concrete object. The altered book acts as a transitional object as a patient moves through treatment, as they become comfortable with residential care, understanding treatment fatigue, transition to partial care and process discharge. By having an object that is transportable, patients are able to process in group as well as on their own, formulating representations and internalizations of the self.

Altered books are appropriate for adolescent girls in treatment for eating disorders because it provides a space to understand change while reflecting on their process and progress in treatment (Moon, 2007). An altered book can be used as a metaphor for the transformation of a patient in treatment, “because a book may have numerous pages, the alteration process may take an extended period of time. The book becomes a portable, compact body of work and a container for therapeutic treatment” (Chilton, 2007, p. 60). Themes such as body image, trauma, growth, and recovery can be explored with making art in the book. “Art work also is predictive of progress in treatment, which may not be evident in the individuals’ behavior or conscious awareness. This can be a valuable aid in helping the individual to move toward self-management” (Rabin, 2003). The book can be a tool through the journey of treatment and act as a process recording of their growth.

A transitional object within the context of object relational theory allows for an individual to be independent, with the hope that they are turning to the object in times of unfulfilled need. An altered book can act as this object for those in residential treatment, providing a container for an output of emotions when a therapist, family member or peer is

unavailable. As an individual becomes more comfortable making art in the book, it will become habit for them to use the book to process thoughts and feelings. This creates a connection for patients to output emotions and thoughts into artwork and transition to remembering that sense of release in times when they cannot use their altered book.

Dialectical Behavior Therapy (DBT)

Marsha Linehan introduced dialectical behavior therapy (DBT) to help those who use self-harm behaviors to learn new skills that are not destructive and aid in interaction with others. “The goals of treatment in DBT range from increasing behavioral control over severely self-destructive behaviors, to experiencing emotions in more appropriate ways, to achieving happiness and improved relationships and self-esteem, and finally to increasing a sense of joy and connectedness” (Berzoff, Flanagan, & Hertz, 2011, p. 298). Traditional DBT treatment includes individual therapy, skills groups, and constant contact with a trained DBT coach (Heiderscheit, 2016). Eating disorder behaviors can be thought of as a way for individuals to regulate their distress and as inadequate attempts to change an emotional state. DBT gives individuals suffering from an eating disorder the appropriate skills to understand and feel their emotions, while not making them worse by acting upon urges (Heiderscheit, 2016).

Mindfulness. The mindfulness-based practice, as a method for emotion regulation, can be paired with art therapy, creating a tool for patient to use individually. It is recently that art therapists have been approaching their practice through a lens of DBT and experimenting implementing DBT skills as art directives. As this is a recent development, there are few documented experiences with interventions and no formal, evidence-based protocol exists. “DBT-informed art therapy engages the mindful process of participating effectively.... Making art slows down learning while activating and exposing the patient to positive emotions”

(Heiderscheit, 2016, p. 191). Just the act of making art brings a maker's attention to being mindful and present in that moment. Those who have implemented DBT-informed art therapy in their practice state, "group members often describe coming away with a deeper understanding of the skills, and the resulting art product can be a helpful presence and reminder of important work long after the actual therapy session has concluded" (Heiderscheit, 2016, p. 191).

Metaphor. Art therapy allows eating disorder patients to use metaphor to understand aspects of their disorder to which they do not connect in conjunction with issues in their lives they do comprehend. Bruce Moon, a recognized art therapist, created the term metaverbal, defined as "art therapy as a treatment modality that transcends words" (Moon, 2007, p. 9). It is thought that all artworks produced by a client are metaphors of that person and their history. Metaphor allows patients to understand issues while processing emotions, as "artistic language is a form of metaphorical communication" (Heiderscheit, 2016, p. 194). This allows patients to view their artwork and with the use of talk therapy to process, they are able to reframe their thoughts, ideas and perspective of a situation. The malleable nature of art materials allows patients to alter the original state to make new things, offering a chance to use art as metaphor for their own emotions, feelings and transformation.

Mastery. An important skill in the DBT protocol is mastery of emotions, skills and interpersonal relationships, all to improve self-confidence. Introducing art into the therapeutic protocol of a patient gives her the chance to feel mastery by exploring art materials and making. "Making art can promote mastery by developing decision-making and problem-solving skills. Additionally, creative experiences foster a sense of self-efficacy unrelated to the eating disorder" (Heiderscheit, 2015, p. 194). Once a patient feels as though they have mastered a skill in art-making, that master can be translated to the ability to identify and managing emotions. Art

therapists who implement DBT-informed art therapy into their practice have reported that they notice patients learning skills and using them when overwhelmed by emotion to be able to tolerate distress. The use of altered books as a tool for self-care can be examined through the lens of DBT, as it provides a skill for patients to use in times of distress and dysregulation while alone.

Group Therapy and Socialization

Patel, Tchanturia, and Harrison (2016) performed a study to evaluate the social functioning in adolescents ages 12-17 with eating disorders, using focus groups to ask questions and discuss six core themes: “group belonging, self-monitoring, social sensitivity, impact of hospitalization, limited coping strategies and strategies for service provision” (p. 1). The study found that adolescents with eating disorders suffered from persistent poor social functioning beyond what many experience by this age. Many reported having small or nonexistent social networks and a lack of friends due to a fear of negative connection or evaluation. This can be attributed to poor self-esteem, confidence, and body image, and also to the isolating nature of hospitalization. Adolescents with eating disorders have no or limited coping skills when addressing inter and intra personal relationships. The accessibility and approachability to altered books allows patients with poor social functioning to create a personal and safe visual journal. “The focus in the art therapy group is on providing opportunities to enable and assist these adolescents to make sense of their lived experiences of their illness and whatever stands out as significant in their lives in general. It is also an opportunity for them to reflect on the impact of their hospital admission” (Heiderscheit, 2016, p 149). A therapeutic group held for creating altered books provides a space for adolescents with poor social functioning to connect with others and share their personal strengths and insecurities.

It is important to stay mindful in the stages of group development; “the beginning stage deals with issues of belonging and conforming to the group so that a safe place in the group can be established. The second stage is one in which group members strive to establish a place for themselves as individuals in the group. In the third stage, the group works on its tasks and issues, having established basic members in and of the group” (Riley, 2001, p. 213). As many with eating disorders have a lack of trust in others, inhibiting disclosure, the process of group development needs to be a priority for the safety of all patients. If the group process is not supported by the therapist, many patients will choose not to disclose their process and emotional state in group. For everyone to have a positive experience in a group, stages of development need to be carefully directed and supported.

Art Therapy Groups and the Community. Art therapy groups have an opportunity to benefit the community of a residential unit at large because it provides an intimate space for peer relationships to form. “Each group member brings within them the introjects developed throughout life as a family member... being in a group elicits these patterns of thinking and behaviors and highlights each members customary ways of seeing comfort and viewing the world” (Rubin, 2001, p. 272). The time spent in group encourages group members to interact and include one another. As many art therapy groups are quite small, they give a space for quieter patients to speak up and be supported by their peers. This not only affects the patients as individuals, but it improves the community at large (Heiderscheit, 2016). Once patients know each other in the studio, they are more likely to be comfortable spending time on the unit and making art together outside of group time. The structure of an art therapy group provides structures for friendships, which can extend well beyond the walls of the art studio. Once

patients form relationships through collaborative art-making, they are more apt to do so with each other in non-art-making, while also including others in the community.

Thematic Groups. A thematic group will offer patients a prompt or starting point for making art at the beginning of the group session. As the connection between medical and psychosocial treatment becomes more recognized, many diagnosis or disorder-specific groups have emerged in hopes to better treat that illness (Andrews, 1995). Within the field of art therapy, some believe this approach to group therapy permits patients to lean on structure and direction from the therapist. Others believe it gives the group structure and a sense of safety for all members, who may be at very different places in their comfortability with art therapy (Case & Dalley, 2006). This allows the art therapist to hold some control over the group and provides patients with themes to understand creativity as it relates to them as an individual. A theme group allows patients to make very different art, with different levels of investment, “while all feeling part of the same process” (p. 226).

Method

The method introduced adolescent girls with varying eating disorders to the practice of visual journaling using altered books.

Participants

The participants were all patients at a residential treatment program for adolescent girls with eating disorders. The patients ranged in age from 16-26 years old, few were above the age of 26. Designed for group therapy, the protocol could fit 8 patients per session, due to space limitations in the studio. Over the course of 4 months, 31 patients participated in the group for more than three weeks at a time.

Materials

Books were collected from the free book section at the Lesley library, purchased from GoodWill and found at yard sales. Each patient chose their own book from the supply. As the group was held in the art studio, patients had access to all materials, such as: paint, markers, colored pencil, watercolor, magazines, glue, oil and chalk pastel, tape, scissors and other mixed media. Outside of the group setting, patients had access to: markers, colored pencil, magazines, glue and scissors while supervised.

Procedure

A weekly one-hour group was implemented that expected a patient to commit to at least four weeks attending the group, dependent on discharge. During that time, each patient chose a printed book from a provided library ranging in subject. The books were used as a container for art that represented the self and identity, while used as a self-care tool. Each prompt offered patients to reflect inward and experience emotions surrounding recovery. The prompts focused on how one cares for the self during treatment and how making art could help process those feelings. For example, prompts included: “I am” art, opposite emotion, blackout poetry and communication. It was important to offer patients a prompt that provided concentration, while also offering them the freedom to make it applicable to their current struggles. Patients were also asked to work in their altered book once between groups during a time they found challenging, rewarding or needed to output emotions. Altered books allowed one to explore their inner selves while having structure to change what had come before them. “Furthermore, the overall purpose of a book is to transmit information, which makes altered books a rich source for both personal and archetypal meanings” (Chilton, 2007, p. 60).

Record Keeping

During the duration of the study, I kept a journal of each session including the prompt of the day, materials used by patients, their involvement in the art-making, the tenor of their response during the sharing period and any “homework” given. Reflection art was made following the prompt for each group to lend insight into emotional responses to the prompt and ease of making art. Since I expected patients to use the book outside of group for self-care, I kept my own altered book throughout the experience. My engagement and dedication to the process lent good insight into the accessibility of the medium.

Results

The results for this paper have been compiled after the group had run for 5 months, 24 group sessions in total. First hand observations were made of patient’s artwork, statements made in and out of group and their use of the altered books to inform the therapeutic value of the weekly group.

Observations

Observations of the patient’s participation and response to the Altered Book Group exhibited their interest, connection and commitment to the process as the group progressed. In the first week of the group, 8 patients were interested and participated willingly. The group ran smoothly, but during the second week there was not as much interest. In the early progression of the group, peer responses and interest were crucial to positive group development. Once a group of four patients committed to the group and their peers saw their altered books outside of group, the group accrued a waitlist and constant participation.

During the course of the group running for 5 months, it was observed that patients started using their book outside of the group setting, during their free time or when their talk therapist

was not available for individual meetings. This was seen when spending time on the unit and seeing patients use their books either together or individually, as well as listed as an action step on their treatment contract. Patients were required to complete a treatment contract each week, defining an issue they were having and listing at least five action steps to move towards a short-term goal to resolve the issue. As the altered book group became more popular and patients committed to art-making as a form of self-care and exploration, the use of the altered book started to appear as an action step. These examples demonstrated the group's ability to allow patients to connect to their treatment through the use of art. Patients who participated in the group were also continuing to use their books in art therapy groups that met multiple times a week. This allowed them to continue their processing in a space with materials available and additional guided prompts, while demonstrating their connection and dedication to this form of art-making.

It was reported by patients and their treatment teams that the altered books were being used in patient's individual therapy sessions to understand progress in treatment. Clinicians shared in rounds and during planning meetings that their sessions consisted of working through the altered book from the first entries to the last while. While paralleled with talk therapy, clinicians reported that their patients were able to more easily communicate issues and therapeutic progression when explaining their art in connection with individual, family and psychoeducational group therapy. In my personal individual art therapy sessions, I had multiple patients that were also in the altered book group. Most of them proposed bringing their altered books into session to discuss the art they have made, giving us a platform for individual art therapy. Many of them had created artwork in their altered books that they needed to further process with guidance, providing direction for art-making outside of their books. The

thoughtfulness observed between their altered book and therapy sessions demonstrated the profound connection patients had made with art-making and the thoughtfulness ignited by this form of self-exploration.

Group Sessions/Prompts

Below are accounts of 8 of the 24 group sessions held to this point. It is important to note that all groups were accounted and important in the progression on group development, but not all could be documented in this paper. Prompts that were provided to patients that were not expanded upon in this paper include: what do you do that is creative that isn't art?, make something outside of your book to put in your book, what do you take in from other people? How does that affect you?, find one word on a page that you connect with and make art around how it makes you feel, represent your inner critic, free write on a separate piece of paper for five minutes, create a blackout poem from your words, then make art about what came up for you, on the left-hand page draw your lowest moment of the week, on the right-hand page draw your highest moment of the week, do they relate?, what is it like to see them next to each other?, draw a map of wherever you are to where you want to be, and fill a page with everything your inner critic says to you and then cover it with paint or collage until you can no longer see them.

“I Am” Art. (Figure 1) This was the first prompt offered during the first session of the group, in hopes that patients would introduce themselves to their book. Patients were asked questions such as, Who are you? Where are you personally? How do you want to introduce yourself to your book? Who is the new author of this book? As many of the patients had never made art in an already printed book, this allowed them to take ownership of their book. Many of them created artwork in one of three places, the author page, the cover or a blank page in the beginning of the book. During the first session, patients used an art form they were comfortable

with and had used before. Patients included images in collage that they felt connected to or drew images they felt represented themselves. Most patients stated that they enjoyed putting their own artwork in an already printed book, but that it felt very strange and foreign. As the group progressed, peers helped introduce new patients to the group following the start date by explaining what they had done so far in their personal books, how and when they were using their books and invited them to make art together outside of the group. The introduction prompt helped to connect patients to a new form of art-making and include new patients in the group.

Creativity. (Figure 2 & Figure 3) Think about what stops you from being creative - Lack of time? Why? Discouragement? Who? Fear? What is getting in your way? This prompt was designed to encourage patients to look within themselves to explore what makes them creative outside of fine art-making. As many of the patients in the group had a difficult time identifying themselves, this prompt challenged their understanding of their identity. Many of the patients needed cues to think abstractly about themselves and how they are creative. Some of the patients represented this abstractly and some representationally. Though this prompt was productive in having patients look inward and participate in self-exploration, few of the patients had the art and their books interact. The book in this case was used solely as a container for the artwork.

Emotion. (Figure 4 & Figure 5) The prompt to give an emotion a personality was given early in formation of the group as a way for patients to understand their emotions as something outside of themselves. Patients were asked to pick one emotion and to make it into something with a personality; it could represent a person, a monster or a fictional character. They were asked questions such as: Does the emotion say anything? What is its demeanor? Does it have a style? This prompt invited patients to explore the inner workings of their emotions and what makes them unique from one other. It resulted in a broad spectrum of art pieces and provoked a

conversation about what makes emotions their own and how they interact with them. This prompt generated thoughtful connection between patients who represented the same emotions and how they were similar and different in character. Patients stated that they felt this prompt was difficult but appreciated being insightful about a particular emotion and were planning on doing it for different emotions on their own.

Alone. (Figure 6) What does your alone look like? This prompt was offered many weeks into group development, once patients were comfortable with each other and had the opportunity to experiment with art-making in a printed book. This was one of the most difficult prompts, offered with hesitation and a sense of fear for what it might illicit for patients. Patients were encouraged to participate in the prompt during this session but were reminded that they were not required to so. 6 of the 8 patients in the group that week used the prompt and stated that they had never been asked that question. This week produced some of the most interesting and personal artwork out of any of the groups held, including quotes, images and personal drawings. Many patients stated that their alone comes from within themselves and can also be caused by other people. Most patients kept their work private during this session but conversed with their peers about what makes them feel alone and how they can help each other during these times.

Opposite Emotions. (Figure 7) Pick opposite emotions and put them next to each other, what appears for you? This prompt was used in the early weeks of group development and in the later stages of the group, once many of the patients had changed. This prompt was well received both times and allowed patients to understand how their emotions compare and relate to one another. Patients compared emotions such as, calm vs. stress, happiness vs. depression, confusion vs. clarity. Conversation revolved around what emotions patient's feel, the consequences of those emotions and how they affect their overall emotional mind. When asked

what this prompt made patients feel, they stated that by using art they were able to understand how their emotions differ. Multiple patients stated it was the first time they allowed themselves to look at more than one emotion at a time from a distance. It was reported that this prompt was used by patients outside of group to process what emotions they were feeling in a present moment without the help of their therapist. This prompt was an example of how patients were using the altered book as a form of self-care and independent reflection of their treatment process.

Communication. (Figure 8) Create artwork around something that you feel that you cannot say out loud. This prompt was derived from listening to clinicians share during rounds about their patients who had difficulty voicing their wants and needs as well as leading psychoeducational groups teaching skills about communication and getting what you want. It was clear throughout treatment that patients did not hold the skills to know how to voice how they were feeling or what they wanted and needed for themselves. This prompt was one that had been used by patients on their own in many iterations when they were struggling with issues outside of group. Patients stated that this prompt, albeit vague, allowed patients to focus on what they needed instead of what they were being told to do. This prompt liberated many patients to disclose to themselves underlying issues of their disorder that they were not facing in treatment, demonstrating that the altered books were allowing patients to care for themselves through art-making.

Black Out Poetry. (Figure 9 & Figure 10) Create blackout poetry about your eating disorder and journey through treatment. Black out poetry is a form of art-making that is prevalent when using altered books. It consists of using the printed words to create poems based on a theme, feeling or experience. The poems can also be a representation of how one is feeling by

using the words to convey the subconscious. Due to the nature of the creation of a poem using preexisting words, patients were given the opportunity to be mindful and focus their attention. This prompt unveiled very powerful imagery of a patient's struggle with their eating disorder, journey through treatment or specific issues they were having. This prompt was used many times during the course of the group and yielded different results each time. Patients tended to pair blackout poetry with imagery, either drawing, painting or collage, that matched the theme of their poem. It was noticed that patients new to the group gravitated towards black-out poetry, most likely due to its attainability and lack of direct art-making. When making blackout poems, many patients stated that it was meaningful to them to interact so directly with their books, using words someone else had written to create their own story.

Art Responses

Patient Responses. The creation of art, group discussion of the positive impact of art-making and the noticeable connection patients were making to their books demonstrated the impact of the use of altered books as a treatment tool. During the course of the group it was noticed that many patients began with blackout poetry and small pencil drawings in their books, moving into collage and finally painting. Patients' comfortability with art-making in their book over the course of their attendance in group was interesting. During group sessions, patients were deeply focused on their own art-making, while holding important conversations about treatment, the effects of their eating disorders, treatment fatigue, planning for the future and asking each other for support around personal issues. Much of the patient art focused on what their eating disorders had taken from them throughout the course of their illness and their emotions in the present moment. Patients stated that the group offered them an hour in the middle of the week to reflect and that it was one of the only spaces where they felt safe to do so. The group's

effectiveness was demonstrated by the accounts from clinicians and patients of bringing an altered book to an individual therapy session to help communicate their feelings and their process through treatment. Multiple clinicians shared that their patients used their altered books in individual therapy sessions, shown pieces of artwork and were able to describe how they were feeling while recounting their art-making. The therapist and patient then used the book in parallel with the progression of their work in individual therapy to understand their journey to recovery more fully.

Personal Responses. I began this group with protocol and plans, without much of an idea of how many patients would actually want to participate. The first group was full, with 8 patients sitting around the table, books for them to choose from and a prompt to pick three of their favorite things and through art show how they represent them. In the beginning of this group, I had no idea how powerful this experience could be for the patients and for my growth as a young clinician. The patients quickly asked for deeper, more personal prompts and as I offered them, the response to the group grew.

During my journey as a young clinician, the use of an altered book at my second clinical internship was monumental in my processing and understanding of the work I was doing. Throughout the arc of the group, I used my own altered book to process my work as an art therapist in group sessions, individual sessions and as a member of a multidisciplinary team. I was surprised by the connection I made with this form of art-making and believe this demonstrated the peacefulness of the medium. During the group, I made art alongside patients, creating art to every prompt I gave, while also using my book to better understand how patients were using their books and reflecting upon the artwork they were making (Figure 11).

Discussion

The results reported above are an account of this writer's experience leading the group and processing group and individual patient progression while working with 31 patients in a residential hospitalization program for adolescent girls with eating disorders, utilizing altered books as a form of self-care and self-exploration. The current literature continues to provide evidence that art therapy and art-making can benefit a patient's transition through levels of care for an eating disorder diagnosis. The altered book group described in the method was designed to provide patients a tool to output their struggles, manage distress and act as a container that can be reflected upon throughout treatment and transformation. Since the prompts used for the group were designed to be inclusive to all eating disorders, the results suggest that altered books can be used in other treatment centers and in outpatient care. Although the group provides universality and altered books can be shared with psychotherapists to aid in understanding transformation, it is important that it is implemented by an art therapist. Ideally, patients would be introduced to creating an altered book early in their treatment, so it can be used through transitions and that it be used on a weekly basis in group and regularly on their own time. The regularity of the group increased self-awareness and containment of feelings while decreasing distress and anxiety during art-making.

The altered book group as the residential hospitalization program, demonstrated the value of implementing art therapy groups that provide patients with a tool to continue to use throughout treatment. As anticipated, patients connected to this type of art-making and utilized it in art therapy groups; there were able to connect their struggles to visual representations. What was not expected, but continued to support the validity of the group, was that patients shared their altered books with their individual therapists, peers and families to help communicate their

emotional states and journey through treatment. The group exposed emergent themes important to patients' treatment, including self-care, group dynamics and the implementation of DBT skills using art therapy.

Emergent Themes

Self-Care/Container. The overarching goal of this group was to provide patients with an opportunity to be creative as a catalyst for self-expression and self-care. It was surprising how quickly patients gravitated to this idea and began using their altered books as a tool for self-care in times of need. A patient stated, "I know that when I am able to work on my book that I will be okay and have the opportunity to process my emotions, even if I'm having a good day or a difficult day". There were many group discussions about the use of a container through the lens of art therapy and how an altered book can be used as a container for the experience in treatment. "Art can be a container or organizer that mirrors internal object relations, as well as associated defenses and developmental problems. The relationship offers a safe framework within which to investigate and experience the object world" (Rubin, 2001, p. 59). The concept that the book can be used as a container is directly related to the theory of objects relations because it provides a patient with an object to use during transition from disorders self to healthy self. During this time, patients need self-care tools to use in replacement of eating disordered behaviors, which was the hope for the altered-book. It was reported by many patients that they were using their book regularly outside of group to care for themselves, and further using it to communicate their needs with others.

Group Dynamics. The design that patients would commit to attending at least 4 weeks of the group, dependent on discharge, was intended to remove the factor of group rehabilitation every week. It was the hope that groups would not feel like a normal weekly art therapy group

that acted as a single session, with group formation and termination in the same hour. “Transient membership provides many challenges in building a sense of group cohesion and safety. The patients are all at various levels of comfort and familiarity with the therapist, each other, the studio and the process” (Heiderscheit, 2016, p. 147). While there were irregular member entries and terminations, the commitment to the group from the patients contributed to the regularity and safety of the group cohesion.

It is important to note that the verbal processing of a patient’s artwork lead to rich dialogue between members that exceeded the themes of the artwork. Conversation revolved around the safety of the group, the surprise of a newfound passion for artmaking and milieu issues that needed to be resolved. A patient stated during group that “I felt safer in this setting than any other group during the week” which was followed by her peer stating, “it is bringing us together and forming unexpected connections because we are making art together during difficult times on the unit outside of group”. What the patients were doing in group was being translated to their free time; they were able to turn to each other, a small group of patients that had formed a bond through art-making for support and guidance.

Implementation of DBT Skills. Dialectical behavior therapy is used widely throughout the site in which the group took place and is implemented in both individual and group therapy. As I had experience using this approach to therapy with the eating disorder population, it was appropriate to use in conjunction with the altered book group. It was my intention to provide patients with a skill, a term regularly used in the module, to guide them through their treatment while acting as a record keeper to reflect upon. Since “DBT is rooted firmly in the principles and practices of behavior therapy and cognitive therapy, including a strong emphasis on systematic

ongoing assessment and data collection during treatment”, the collaboration of the DBT skills and art therapy worked in conjunction (Robins, 2000, p. 238).

The comparison of emotions to each other on opposite pages was a prompt routed in DBT-informed art therapy. During this prompt patients were able to “practice dialectical thinking, through which contradictory truths do not necessarily cancel each other out or dominate each other, but stand side by side, inviting participation and experimentation” (Heiderscheit, 2016, S. 198). Many patients used this prompt to examine eating disordered thoughts versus clear minded thoughts, or to understand the difference between opposing or similar emotions. It was reported by patients that they used this prompt outside of group to aid in making decisions or understanding different levels of emotions.

Limitations

Although the group was successful, there were unforeseen limitations that were important to confront as they could be considered if the group were to be implemented in other treatment centers. A main concern that was not considered was that patients entered and terminated from the group at different times, thus complicating group cohesion. It was problematic to introduce new members to the group while also continuing group progression. There was never a fresh start for patients to begin using the altered book, a treatment tool, at the same time. This led to also needing to plan a long list of prompts, as to not repeat a prompt for patients that had been part of the group for more than 10 weeks. An aspect of the group that could have helped with this limitation was to implement a formal intake for the group, to gauge a patient’s commitment to the group. This could have improved group cohesion, as patients would not be leaving after only a short time. Since patients were expected to commit to the group for 4 weeks, dependent on

discharge, it would have been beneficial to convey in more depth the expectations for attendance and what could be anticipated on a weekly basis.

A further limitation to the validity of this group is the limited empirical data in the treatment of eating disorders with art therapy. Almost all empirical data focused on dance therapy and improving body image, and while important cannot be translated into the fine arts. The majority of research for art therapy and eating disorders are case illustrations to understand the treatment process, not treatment techniques. To improve the overall findings of this group, further empirical research needs to be done in conjunction with multidisciplinary approaches to art therapy and eating disorders. Since limited empirical data exists, it would have been beneficial to have the support of all of the clinicians on the unit. This was not the case and after many announcements about the group and patient participation, clinicians still were not aware of the groups offerings. The group made an impact but would have had much more potential if the team were on board. This group served a purpose for many patients and the altered book could have improved their treatment on a multidisciplinary level, but this was limited due to team communication.

Conclusion

Based on the recorded patient involvement of this group, the presented medium of an altered book was successful for patients as a tool for self-exploration and care through treatment. The evidence of patient experience and supporting literature strongly validates further exploration of self-care tools using art-making with girls diagnosed with eating disorders. Further studies should extend to clinical research to support the validity of using altered books with this population. This successful group can be used as a platform to understand art therapy

informed DBT while providing patients in a hospital setting with tools and skills during transition periods.

References

- American Heritage Medical Dictionary Editors (2007). *The American heritage medical dictionary*. Boston, MA: Houghton Mifflin Harcourt (HWH).
- American Psychiatric Association. 2013. *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Berzoff, J., Flanagan, L. M., & Hertz, P. (2011). *Inside out and outside in: psychodynamic clinical theory and psychopathology in contemporary multicultural contexts* (3rd ed.). Lanham: Rowman & Littlefield Publishers, Inc.
- Chambala, A. (2008). Anxiety and art therapy: treatment in the public eye. *Art Therapy: Journal of the American Art Therapy Association*, 25(4), 187–189.
- Chilton, G. (2007). Altered books in art therapy with adolescents. *Art Therapy: Journal of The American Art Therapy Association*, 24(2), 59-63.
- Cameron, C. O., Juszczak, L., & Wallace, N. (1984). Using creative arts to help children cope with altered body image. *Children's Health Care*, 12(3). 108-112.
doi:10.1207/s15326888chc1203_1
- Case, C., & Dalley, T. (2006). *The handbook of art therapy* (2nd ed.). London; New York: Routledge.
- Cobb, R. A., & Negash, S. (2010). Altered book making as a form of art therapy: a narrative approach. *Journal of Family Psychotherapy*, 21(1), 54–69.
<https://doi.org/10.1080/08975351003618601>
- Cook-Cottone, C. P. (2015). Incorporating positive body image into the treatment of eating disorders: A model for attunement and mindful self-care. *Body Image*, 14, 158-167.
doi:10.1016/j.bodyim.2015.03.004
- Heiderscheid, A. (2016). *Creative arts therapies and clients with eating disorders*. London,

- England: Jessica Kingsley Publishers.
- Johnson, K., & Parksion, S. (1999). There's no point raging on your own: using art therapy for people with eating disorders. *Group Analysis*, 32(1), 87-93.
- Ki, P. (2011). Exploring the experiences of participants in short-term art-based support groups for adults living with eating disorders. *Canadian Art Therapy Association Journal*, 24(2), 1-13. <http://dx.doi.org/10.1080/08322473.2011.11415546>
- Kümmerling-Meibauer, B. (2014). *Picturebooks: representation and narration*. New York, NY: Routledge.
- Malchiodi, C. A. (2007). *The art therapy sourcebook*. New York: McGraw-Hill.
- Moon, B. L. (2007). *The role of metaphor in art therapy: theory, method, and experience*. Springfield, Il: Charles C. Thomas.
- Noordenbos, G., Aliakbari, N., & Campbell, R. (2014). The relationship among critical inner voices, low self-esteem, and self-criticism in eating disorders. *Eating Disorders: The Journal of Treatment & Prevention*, 22(4), 337-351. doi:10.1080/10640266.2014.898983
- Patel, K., Tchanturia, K., & Harrison, A. (2016). An exploration of social functioning in young people with eating disorders: a qualitative study. *Plos ONE*, 11(7). 1-23. doi:10.1371/journal.pone.0159910
- Rabin, M. (2003). *Art therapy and eating disorders: the self as significant form*. New York: Columbia University Press, 2003.
- Rappaport, L. (2014). *Mindfulness and the arts therapies: theory and practice*. London, England: Jessica Kingsley.
- Rehavia-Hanauer, D. (2003). Identifying conflicts of anorexia nervosa as manifested in the art

- therapy process. *The Arts In Psychotherapy*, 30(3), 137-149. doi:10.1016/S0197-4556(03)00049-2
- Robins, C. J., & Koons, C. R. (2000). The therapeutic relationship in dialectical behavior therapy. In A. N. Sabo & L. Havens (Eds.), *The real world guide to psychotherapy practice* (pp. 237-266). Cambridge, MA, US: Harvard University Press.
- Rubin, J. (2001). *Approaches to art therapy*. Abingdon, England: Routledge.
- Riley, S. (2001). *Group process made visible: group art therapy*. Philadelphia, PA: Brunner-Routledge.
- Sansfaçon, J., Steiger, H., Gauvin, L., Fletcher, É., & Israël, M. (2017). Does level of motivation for change impact post-treatment outcomes in the eating disorders? Protocol for a systematic review with quantitative analysis. *Journal of Eating Disorders*, 51. Doi:10.1186/s40337-017-0147-1
- Sharpe, T. M., Ryst, E., Hinshaw, S. P., & Stiener, H. (1997). Reports of stress: a comparison between eating disordered and non-eating disordered adolescents. *Child Psychiatry & Human Development*, 28(2), 117-132.
- Soneff, S. (2008). *Art journals & creative healing: restoring the spirit through self-expression*. Beverly, MA: Quarry Books.
- Wadson, H. (2011). *Journaling cancer in words and images: caught in the clutch of the crab*. Springfield, Il: Charles C. Thomas Publisher.
- Wolf, J. M., Willmuth, M. E., Gazda, T., & Watkins, A. (1985). The role of art in the therapy of anorexia nervosa. *International Journal of Eating Disorders*, 4(2), 185.

Appendix

Figure 1



Figure 2

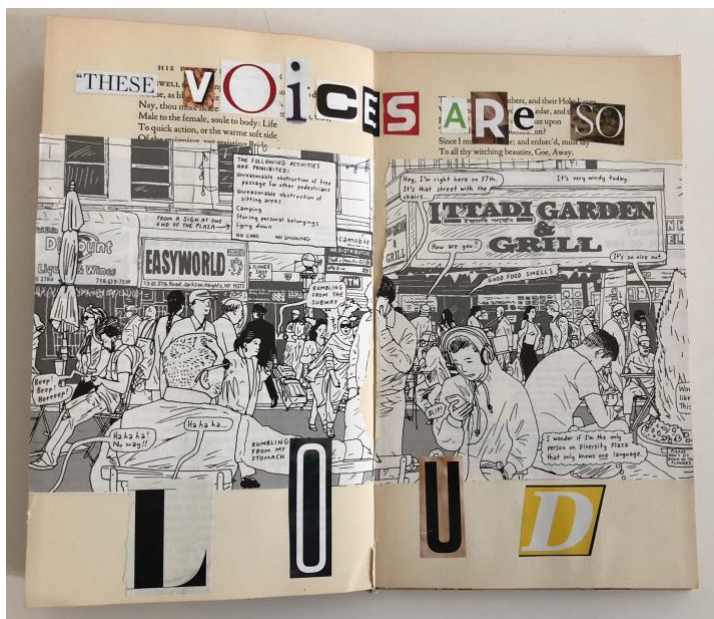


Figure 3



Figure 4



Figure 5

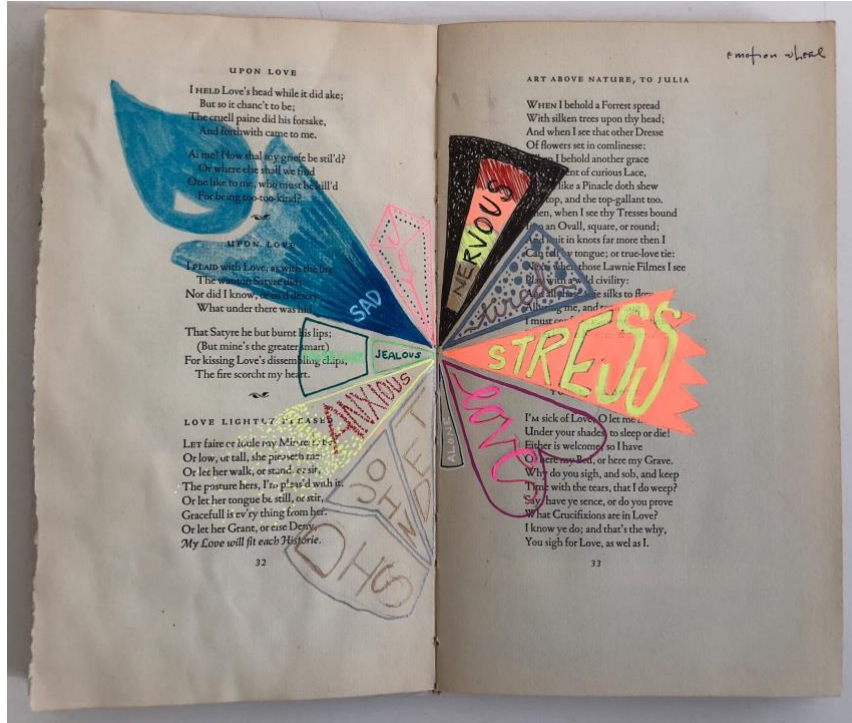


Figure 6

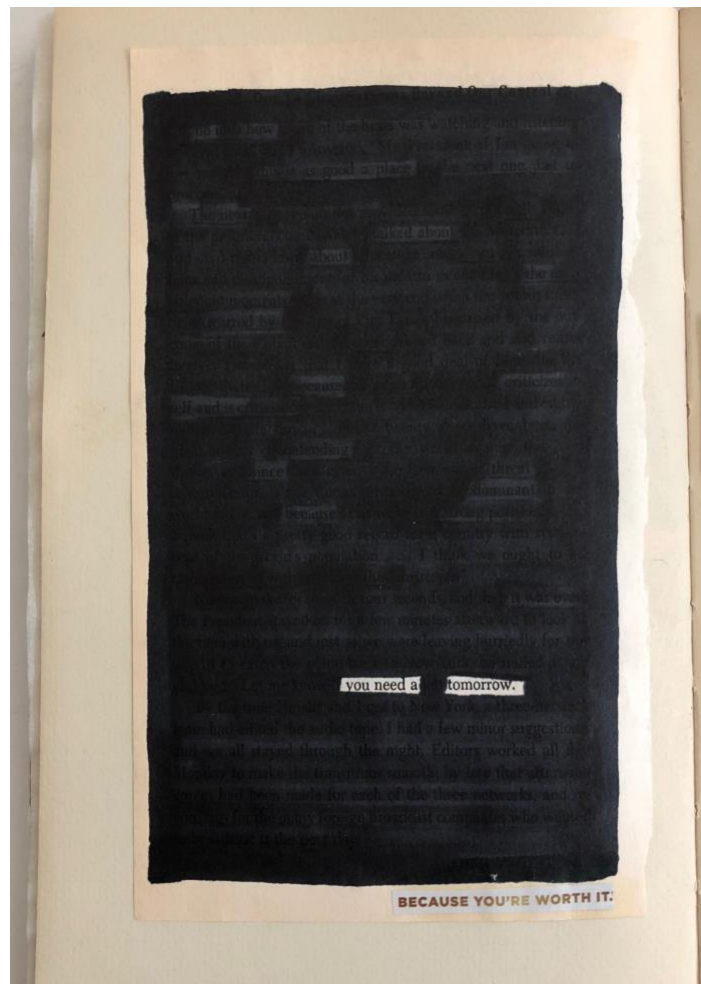


Figure 7

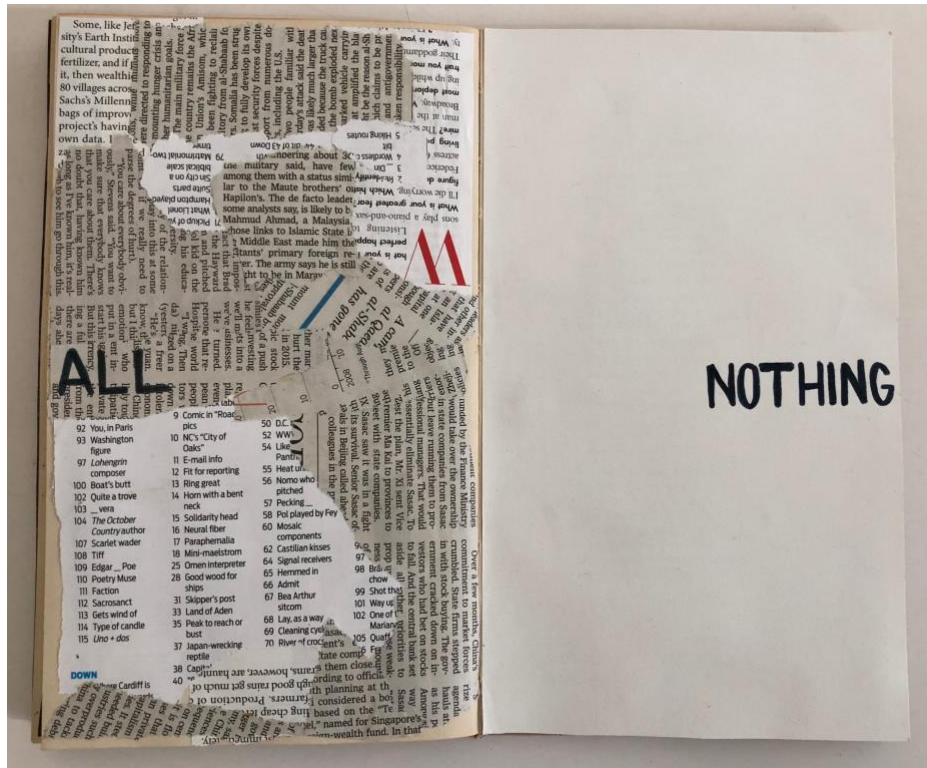


Figure 8

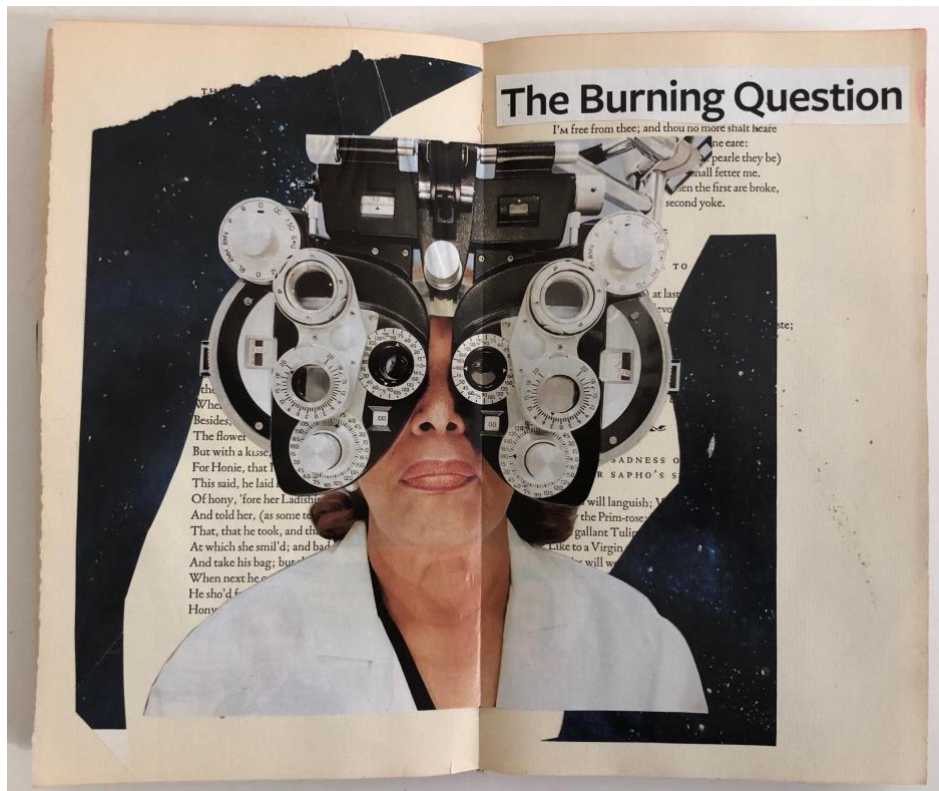


Figure 9

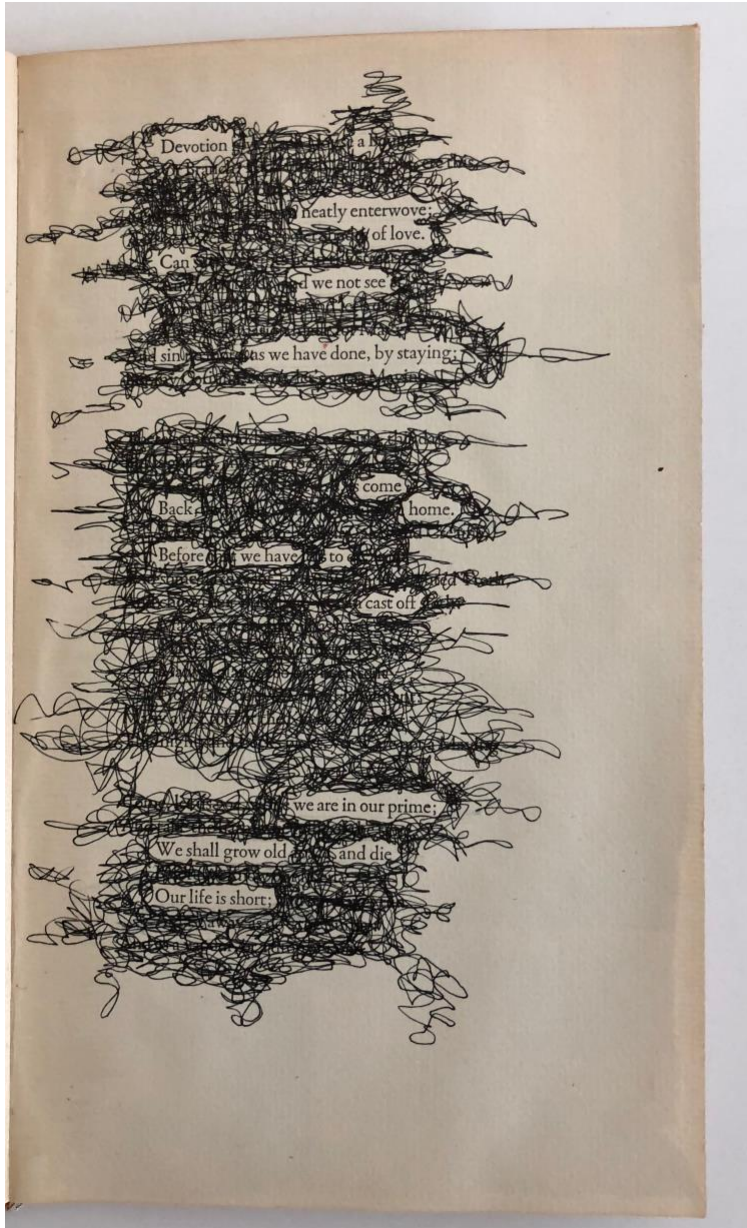


Figure 10



Figure 11

