



# An experience of art therapy for patients suffering from obesity

C Anzules, C Haenni, A Golay,\*

## Introduction

A programme of art therapy in healthcare has been in place in the Therapeutic Teaching Service for Chronic Illnesses (SETMC) at the University Hospitals of Geneva for the past 3 years. This service treats patients suffering from chronic illnesses such as diabetes, obesity and eating disorders, either through an out-patient follow-up programme or in patient hospitalisation. The art-therapy programme is part of an interdisciplinary treatment programme and is aimed at patients suffering from obesity. Several art-therapy workshops are therefore proposed to patients to help them express their experience of the illness through pictorial and corporal expression.

Art therapy uses creativity in the therapeutic process itself. It is an integrated part of the patients' overall healthcare plan, alongside other care approaches such as

## Summary

Art therapy uses creativity in the therapeutic process itself. It is integrated within a multidisciplinary patient-therapeutic education approach, alongside cognitive-behavioural psychotherapies, medical treatment, dietetics and physical activity. The working hypothesis is that by awakening the body and mobilising all the senses, obese patients can grow more aware of their own resources and express their experiences in different ways. This can encourage a more positive self-esteem. A total of 14 obese patients suffering from eating disorders took part in an art-therapy programme that took place over a 6-week period and consisted of six weekly sessions, each lasting 2 hours. Each session was broken down into three phases: phase one helps the patient to become aware of his/her body; phase two brings the bodily sensation to creative artwork; phase three is a verbal expression about the pictorial art creation. The results of Coopersmith's self-esteem inventory test showed moderate and clinically significant improvements in those who underwent the programme. During semi-structured interviews carried out 2 months after the workshops, patients expressed their experiences and through their words, we were able to determine what participation had awoken and provoked within them. Participating in an art-therapy workshop gives patients access to their own resources, to reinforce their own personalities and to improve their self-esteem.

*Eur Diabetes Nursing 2007; 4(2): ????*

## Key words

Art therapy; obesity; creativity; eating disorder

cognitive-behavioural psychotherapies, medical treatment, dietetics and physical activity. Through these different approaches patients can understand their illness and its treatments more thoroughly, and a therapeutic plan can be established that is adapted to their needs, resources and potential.<sup>1</sup>

It is therefore important to stress that the art-therapy process as we understand it cannot take place without the involvement of an art-therapy psychotherapist, trained in individual and group relations. The art therapist relies on theoretical concepts and uses one or several specific supports when carrying out his/her work.<sup>2</sup>

The first section of this paper consists of a brief explanation of the nature of obesity and body image. We then present a type of art-therapy workshop that awakens

patients' sensory and emotional dimensions, and has the dual aim of improving self-esteem and body image. This clinical experience also allowed us to highlight a number of observations and perspectives that could be considered for future therapies.

## Obesity and body image

Perception of the body lies at the heart of the problems experienced by obesity and eating-disorder sufferers.

Overweight or obese individuals can suffer from a distorted body image. Apfeldorfer describes this phenomenon in several ways.<sup>3</sup> Obese individuals limit their movements and have a tendency to dissociate themselves from their bodies.<sup>3</sup> This limited mobility and the fact that certain parts of the body are out of reach (and/or sight) deeply modify the body image.<sup>3</sup>

## Authors

**C Anzules**, SRAsT, Art therapist  
**C Haenni**, Msc, Psychologist  
**A Golay**, MD, Professor, Head of Service, Service of Therapeutic Education for Chronic Diseases

### \* Correspondence to:

Professor A Golay, Service of Therapeutic Education for Chronic Diseases, Department of Community Medicine, Geneva University Hospital, 24 rue Micheli-du-Crest, 1211 Geneva 14, Switzerland  
e-mail: Alain.Golay@hcuge.ch

Received: 20 September 2006

Accepted in revised form:  
21 March 2007



If a body which is real and sensitive does not exist, it can be subjected to all kinds of violence. If the individual lives in a state of physical, emotional and psychological emptiness, this state will be compensated for by violent sensations characteristic of dependent behaviours. These behaviour patterns have the effect of filling in this feeling of emptiness.<sup>4</sup>

With a poor and unrealistic body image, how is it possible to have healthy self-esteem and emerge from the social isolation from which a large majority of obese patients suffer?

Healthy self-esteem involves recognising limits and weaknesses. It is necessary not to accept them passively, but to see them as challenges and obstacles to be overcome by using strategies which often allow progress in life. Self-esteem gives individuals the ability to bounce back from life's setbacks.<sup>5</sup>

Self-esteem is mainly fed by the small actions of daily life. A creative initiative can help individuals to become aware of their own value while recognising the value of others. If the individual can see the value of others as complimentary and enriching rather than threatening, he/she is on the way to acquiring two fundamental components of self-esteem: cooperation and autonomy.

Using creativity to accompany the patient is a complementary support which we believe is essential to treatment. While respecting each person's limits, the method of expression values reinforcement of the self and registers it within the body. The individual who is comforted internally is therefore better armed to confront and accept change, and better prepared to return to the world.<sup>6</sup>

The working hypothesis of this workshop is that by awakening the body and mobilising all the senses,

- To get their body moving again
- To re-appropriate their body and its sensations
- To express themselves more easily about sensations and emotions
- To surprise themselves
- To discover their potential and creative capacities
- To build social links with others
- To feel pleasure again

**Table 1.** Objectives of the art-therapy workshop for obese patients

patients can grow more aware of their own resources, express their experiences in different ways and encourage a more positive self-esteem.

### Method

During the workshop practical exercises are used to help patients realise that their bodies do not just involve pain and conflict, but are sources of a potentially unlimited number of sensory receptors. For example, the body is a source of information about themselves and the world, as well as an access point to new experiences or to forgotten ones such as comfort, contact and pleasure.<sup>7</sup>

Next, we accompany patients through the creative process. Through this they can express themselves in complete freedom, without any judgement, aesthetic expectation or interpretation of the end results. The main interest in this step lies in the process itself and never in the finished product.

This workshop takes place over a 6-week period and consists of six weekly sessions, each lasting 2 hours. The group is made up of a minimum of five obese patients and the results presented come from 3 groups.

Each 2-hour session is broken down into three phases (Figure 1).

### 1st Phase – from awakening to the body to bringing the senses to life

The first objective is to help people become aware of their body and its sensations. Where patients resist

confronting their physical body, working on the senses is a good place to start.

Breathing, sensations, movements and attitudes are carefully observed. We offer relaxation and bodily expression exercises as well as 'sensory' games, the format of which varies slightly from session to session.

### 2nd Phase – from bodily sensations to creative and material output

Creating involves a movement from the interior to the exterior which brings sensations, feelings and memories to the surface. The end product of the interior movement is the production of a creative work, whether written, painted, sung, danced or acted.

These creative productions allow patients to put other elements into words, besides their suffering, in an indirect manner. For the artist, the completed work is full of meaning and gives him/her 'the ability to "speak out"'.<sup>8</sup> Through this intermediary, patients can gain access to verbal expression.

### 3rd Phase – from pictorial expression to verbal expression

At the end of the session, it is important to allow time for talking. However, as J-P Klein<sup>9</sup> said, 'the creative act is speech in itself'. This is why speech must never be forced or explained; it is an invitation to individuals to express in words the experiences and personal feelings they had during the first and second phases.

This conversation time can allow patients to step back from their production and gain some distance. The creation, when looked at, can reveal new insights. Patients are then able to make connections with their reality, current or past. They do not undertake this psychological elaboration alone; they share this process with the group.<sup>1</sup>

This time also offers individuals the chance to trust others, dare to speak about themselves, discover



'Letting my hands and emotions go. That gave me freedom where expression is concerned. There were no barriers. In conversation, you must be precise. You can't use one word for another. In art, you do what you want – that's freedom. No judgement, and that's very important.'

'To spend a pleasant moment with yourself and get inside yourself.'

'I underestimate myself and didn't think I was capable of doing what I did and of having any ideas. I am proud and I've rarely been that in my life.'

'I was surprised by this dialogue inside me which reflected exactly what was happening to me at that time in my life. Things I didn't get...it allowed me to go a bit further.'

'To come and talk about yourself, to discover yourself. To be honest with yourself.'

Table 2. Obese patients' words about the art-therapy workshop

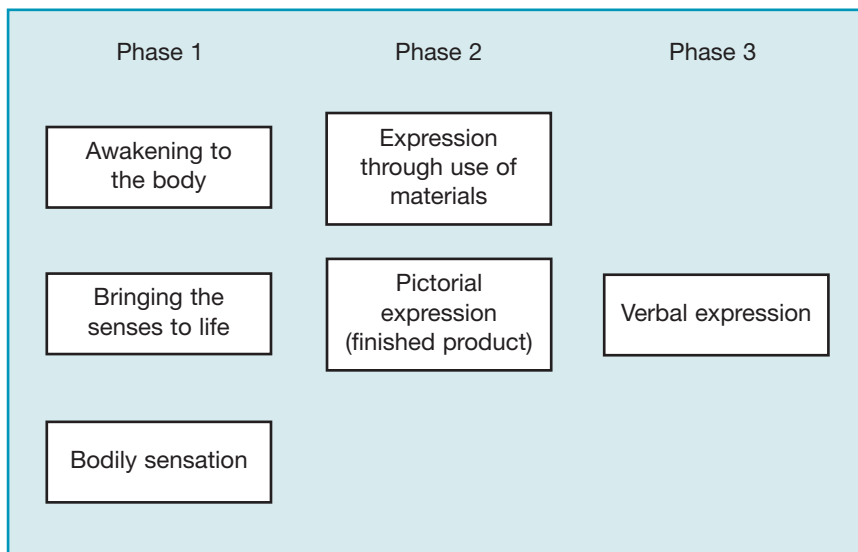


Figure 1. Description of the sensory and pictorial art therapy workshop

new insights, share with others and take their place within the group.

Evaluation of the workshop

This workshop experience was evaluated using three methods:

**Quantitative evaluation,** to find out the effects of the workshop on self-esteem, before and after the sessions. Coopersmith's Self Esteem Inventory (SEI)<sup>10</sup> questionnaire was given to participants a week before the workshop, at the end of the workshop and 2 months later. This self-esteem inventory measures evaluative attitudes towards the self in the fol-

lowing areas: social, family, personal and professional.

The SEI consists of 58 items describing individual feelings, opinions and reactions. The maximum score is 50 for the total self-esteem scale, comprising a maximum of 26 for the general scale and 24 for the specific scales (social, family and professional). A score within the normal limit is 33.

**Qualitative evaluation,** to measure the impact of, degree of satisfaction with, changes and quality of life following the workshop. A semi-structured questionnaire was created to

provide an update 2 months after participation in the workshop (to evaluate experience of the workshop, positive and negative effects, changes, etc.) On average, the semi-structured interviews lasted between 25 and 45 minutes. After being re-transcribed, the interviews were used for a content analysis based on different criteria: expectations, motivation, feelings, benefits, gains, enjoyment, resources, changes, expression (mode) and negative points.

During our semi-structured interviews carried out 2 months after the workshop, patients expressed their experiences. Through their words we determined what participation had awoken and provoked within them. Table 2 includes some of the patients' responses.

**Expressive evaluation,** to measure patients' creative processes and evolution. During the first session, plastic glasses filled with water were given to each patient. They were asked to express verbally their inner state. They could use various objects (paper, feathers, stones, paint, glitter, elements from nature, etc.). Each patient put in their glass whatever they felt spoke metaphorically for them.

During the sixth session the participants returned to their glasses. These glasses had not been looked at or touched for 6 weeks. They had been put to one side and left to the effects of time. Each glass, therefore, had been modified by the natural environment. Some of the glasses' contents were no longer fresh. The participants took new glasses filled with water and completed the same exercise as before.

Results

**Quantitative evaluation of self-esteem** Self-esteem is generally defined as the overall evaluation of an individual's own value; in other words, the person's degree of self-satisfaction.



The results of Coopersmith's SIE test (with 14 patients) showed a moderate and clinically significant improvement in self-esteem. Before the workshop, the mean score was  $29.2 \pm 1.8$ . This improved after the 6 sessions of art-therapy to  $31.2 \pm 1.2$ , and reached  $32.6 \pm 1.1$  2 months after the end of the art-therapy programme. Seven patients had a score clearly inferior to 33. However, four of these patients obtained a score superior to 33 2 months after the workshop. The positive improvements in self-esteem were apparent immediately after the workshop, and remained present 2 months later.

### Expressive evaluation – the participants' creations




In art therapy, each step of the evaluation involves two facets: an evaluation of the work and an evaluation of the creative process. A third form of expressive evaluation was created in order to observe patients' emotional and sensory experiences at the beginning and end of the workshop. Examples are given in Figure 2.

### Discussion

Several studies have shown that art therapy allows patients to improve their self-esteem and increase their feeling of being in control. Therefore, they have acquired new adaptation mechanisms and developed their affective growth.<sup>11</sup>

The difficulty in observing and measuring self-esteem, as well as the lack of objective evaluation concerning the benefits of an artistic and expressive initiative, led us to use different methods of evaluation: psychological, qualitative, quantitative and expressive evaluation.

It is interesting to note that for most of these patients, self-esteem was relatively low. We question how is it possible to have high self-esteem when many obese patients in current medical practice have

Glass in the first session	Glass after 6 weeks	Glass in the sixth session
		
<p><b>Patient's description</b>                      'I put all my anger – which is represented by the red – at the bottom of the glass. Then I filled it up with stones. The anger is stifled by food. The blue represents the sky which I want to see. The leaves, they are the new "Anemone" who manages her anger differently.'</p>	<p><b>Patient's description</b>                      'The water has evaporated and dyed the stones...'</p>	<p><b>Patient's description</b>                      'Before, there was a lot of anger. Now it's more zen. The water is pure, transparent. There are small white stones at the bottom and glitter for what I was able to take out.'</p>

**Figure 2.** Examples of patients' creations

been victims of sexual abuse and family maltreatment?<sup>12</sup>

We also question how individuals can have higher self-esteem when society increasingly stigmatises obese people, influencing the opinion of others where this problem is concerned and isolating obese patients even further?

It is therefore essential to create workshops and methods which allow work on patients' self-esteem to help them mobilise their resources and improve their capabilities.

Chronic illness often involves a large amount of routine, repetitive acts. For the patient, this increases the difficulties of life, lack of enthusiasm and passivity which are all inherent to certain pathologies.

Creativity is used as a means of communication. In an art-therapy workshop, communication takes place on several levels: between individuals and what they create; with themselves, through what they

discover in the process; with the art therapist and with the others in the group. An art-based approach allows patients to get to know themselves within a safe setting, revealing themselves as much as they can or want to.<sup>13</sup>

The workshop helped participants to discover new ways of thinking about the problems which afflict and challenge them.

This first workshop experience led on to other workshops centred more specifically on the body, sensations and emotions. A new workshop was created which linked art therapy and hypnosis. This 'Sensitive Body' workshop took place using the model presented here. It allowed patients to get closer to their feelings and express their emotional experiences through the use of pictorial expression. The aim was to reconnect them with their emotions so they could be aware of, and manage, them. Hypnosis





exercises allowed this step to take place through the body.

We are convinced that art therapy provides tools which allow patients to renew contact with themselves and their own values because it reawakens and rekindles their own creative potential. It is 'only through being creative that the individual, child or adult, discovers the self.'<sup>14</sup>

Participating in an art-therapy workshop gives patients access to their own resources, allowing them to find the tools necessary to reinforce their own personalities and to improve their self-esteem. However, a larger number of patients are needed to demonstrate the long-term results of the workshop.

### Acknowledgements

We would like to thank the BNP

Paribas Foundation for their financial support of the Art and Therapy Programme in the healthcare of the Service of Therapeutic Education for Chronic Diseases.

### Conflict of interest statement:

None

### References

1. Rubin JA. *Approaches to art therapy*, 2nd edn. New York & London: Brunner-Routledge, 2001.
2. Malchiodi CA. *Handbook art therapy*. New York: The Guilford Press, 2003.
3. Apfeldorfer G. *Traité de l'alimentation et du corps*. Paris: Flammarion, 1994.
4. Corcos M. *Le corps absent: approche psychosomatique des troubles des conduites alimentaires*. Paris: Dunod, 2000.
5. Dorsaz JF. Regard d'un psychologue sur l'estime de soi et des autres. In: *REZONANCES Mensuel de l'Ecole valaisanne n°3*. Sierre (Suisse): Decs, 2002.
6. Rogers C. *On becoming a person*. London: Constable Books 1967.
7. Haenni C, Golay A, Bourgeois P. L'obésité: un défi pour l'hypnose. *Med Hyg* 2002; **60**: 1125–1127.
8. Boustra J. *Expression et psychose*. Paris: Editions E.S.F. 1988.
9. Klein JP. *L'art-thérapie*, Paris: PUF Que Sais-Je? 1998.
10. Coopersmith S. *Self-esteem inventories – S.E.I.* Palo Alto(CA): Consulting Psychologist Press, 1981.
11. Breslow DM. Creative arts for hospitals: The UCLA experiment. *Pat Educ Counsel* 1993; **21**: 101–110.
12. Golay A. *Food for thought*. Versailles: ADC International, 2000.
13. Silverstone L. *Art Therapy The Person-Centred Way – Art and the development of the Person*, 2nd edn. London and Philadelphia: Jessica Kingsley Publishers, 1997.
14. Winnicott DW. *Playing and Reality*. New York: Basic Books, 1971.