Researching practice with specific groups

Psychotherapy through the body for women with Anorexia Nervosa

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Extended Abstract

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Background

As Freud (1961) stated, the "ego is first and foremost a bodily ego" (p. 26). Our earliest sense of self is conveyed through bodily sensations. It's through our body and bodily experiences that we gain knowledge of the world and ourselves; on the other hand, our experiences remain etched to our body converting it into a corporal narrative of our developmental history. Research in *Dance-Movement Therapy* (DMT) field is based on the assumption that the movement characteristics revealed by a person constitute an expression of specific ways of relating to the self and to the world (Bartenieff, 1980; Chace, 1993; Laban, 1971; Payne, 1992). Therefore, it can be assumed that movements and postures may assume particular characteristics in psychopathology. The present study consisted in an exploratory research project in the DMT domain with female inpatients with *Anorexia Nervosa* (AN), a serious psychological disorder that affects especially young women, characterized by a refusal to maintain a normal weight leading to excessive weight lost, misperception of shape and weight and amenorrhea (APA, 2002). Hilde Bruch (1973) identified three areas of dysfunction in the psychological experience of AN: body-image, perception of bodily sensations and the sense of self efficacy. Sexuality is another area that is also impaired in AN (cf, Ghizzani & Montomoli, 2000; Wiederman et al., 1996). Generally, difficulties in sexual functioning are associated by researchers to endocrine and neuroendocrine alterations, supporting the hypothesis that the problems in these patients' sexual life arise only after the emergence of hypogonadism, as a consequence of emaciation. AN is often conceptualized as an individuation disorder (e.g., Goodsitt, 1985; Guidano, 1987). In this perspective, research studies have shown that the onset and maintenance of AN is related to a specific pattern of rigid interactions within the family, such as overprotection/enmeshment (cf, Minuchin, et al., 1978; Karwautz et al., 2003). Given the central role that the body plays in eating disorders, body-based interventions have been suggested (e.g., Dokter, 1994; Hornyak & Baker, 1989; Krantz, 1999; Krueger & Schofield, 1986). The present study consisted in a six months body-oriented exploratory research project within a group of hospitalized patients with AN. This research project worked as a first pilot-study (integrating both dimensions of research and intervention, *ergo*, action-research) integrated in a larger medium-term

project, which had, as main goals, to collect relevant material on the experiential and semantic levels of the body experience in AN, as well as on the assessment of the movement characteristics/preferences revealed by the patients on the basis of the Laban's Movement Efforts (*vd.* Laban, 1971).

Method

Participants

A group of seven female hospitalized patients meeting the DSM-IV criteria for AN, both restrictive and purging type (age range: 15-56 years) participated in the study.

Procedure

The data collection was mainly performed by two means, according to the core objectives of the research project: movement observation; semi-structured interviews to the collection of autobiographical narratives and analysis of the verbalizations and conversation about the feelings aroused during the movement activities.

Results

At the movement/body level, it was possible to identify a consistent movement profile characterized by: discomfort with touch; rigidly controlled postural/movement patterns and undifferentiated trunks; lack of an internalized sense of the force of their body weight (lack of resilience and solidness); limited and peripheral flow; monotone quality of their movements with a distorted sense of time; corporal split (e.g., upper/lower body; centre/periphery); little sense of kinesphere; shallow breathing and hyper-vigilance with the consequent inability for relaxation; paradoxical and ambivalent feelings related to sensual movement and femininity; discomfort with movement or music that induce grounding. At the patients' experiential and semantic level of body experience, the results suggest that these patients seem to have a distorted body awareness and body scheme, expressed in the verbalized feeling of being fat and deformed and an ambivalent relationship with femininity and sexuality expressed in both desire and avoidance of sexuality, femininity and sensuality. It was also found: a clear association childhood happiness - perfect (lost) time with very slight acknowledgment of difficulties or defaults in childhood; a preference for the use of words that indicates lightness to describe "good bodily sensations"; and, finally, the obvious lace of the patient's discourse with the terms of the disorder.

Discussion

First of all, it is interesting to observe that our results reveal a pursuit of lightness on both levels of analysis: movement and psychological experience. Our observations seem to support Bruchs' theory (1973) about AN. In effect, body image seems to be distorted in these patients that, despite their extreme thinness, continue to see and to feel themselves as overweight, which indicates that bodily sensations seem to be incorrectly identified. Control emerges as a central category on the movement level expressed in the rigidly controlled movements, as well as in the absent use of the trunk. The ambivalence we found in what concerns sexuality and femininity in both movement and semantic levels seem to stress the central role psychological factors might play in this dimension of the problem. What our results seem to reveal is that sexuality is avoided in the same amount that it is desired and, therefore, it can't be reduced to an endocrine alteration. The results of this pilot-study also seem to support the theories that formulate AN

as an individuation disorder. The idealization of childhood seems to suggest that these patients would like to maintain the child status quo, enmeshed with the mother/parents, without any adult responsibilities or adult individuality. Finally, these patients seem to be constructing their personal narrative on the basis of AN. The lace of the patient's discourse with the terms of the disorder seem to hide the capacity for multivocality of the identity and restrict the construction of more adaptive meanings.

The body experience in AN, profoundly affected by feelings of control and inadequacy, makes it viable that the aesthetic experience construction may assume particular characteristics in these patients and may constitute a relevant trail for the personal understanding of the disorders' meaning. In this sense, on the basis of the present study, we propose a DMT intervention with patients diagnosed with AN which adopts a developmental-constructivist perspective, and is inscribed in a Psychology of Arts perspective. According to the constructivist fundamentals, we can understand that what we read in a symbol and through it vary along with what we bring with us. Not only we discover the world through our symbols as we comprehend and reassess our symbols progressively along with our increasing experience and throughout our historic-developmental trajectory. In this sense, we propose the increment of the patients' mastery of the symbolic system of dance, so that they can learn and make use of a new system of "language" in view of the processes of meaning making and world's construction.

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Active multimodal psychotherapy in children and adolescents with suicidality: description, evaluation and their clinical profile

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Abstract

The aim of this study was to describe and evaluate the clinical pattern of 14 youths with presenting suicidality, to describe an integrative treatment approach, and to estimate therapy effectiveness. Fourteen patients 10 to 18 years old from a child and adolescent outpatient clinic in Stockholm were followed in a case series. The patients were treated with active multimodal psychotherapy. This consisted of mood-charting by mood-maps, psycho-education, wellbeing practice and trauma resolution. Theoretical elements include dissociation, psychotraumatology and neurocognitive aspects of mental imagery. Active techniques were psychodrama and body-mind focused techniques and in the treatment there was focus on both inner experiences of the client as well as dealing with improvement of relationships.

The patients were assessed before treatment, immediately after treatment and at 22 months post-treatment with General Assessment of Function scale. The mean number of sessions was 17. After treatment there was a significant change towards normality in the General Assessment of Function scale both immediately post-treatment and at 22 months. A clinical pattern, post-trauma suicidal reaction, was observed with a combination of suicidality, insomnia, bodily symptoms and disturbed mood-regulation. We conclude that in the post-trauma reaction suicidality might be a presenting symptom in young people. Despite the shortcomings of a case series the results of this study suggest that a mood-map based multimodal treatment approach with active techniques might be of value in the treatment of suicidal youth.

In this workshop the basic elements of this integrative approach will be practiced.