

A THEORETICAL EXPLORATION OF FEMINIST PERSPECTIVES AND ART THERAPY
FOR BODY IMAGE ISSUES IN ADOLESCENT FEMALES

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A Research Paper

in

The Department

of

Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements

for the Degree of Master of Arts

Concordia University

Montreal, Quebec, Canada

APRIL 2019

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CONCORDIA UNIVERSITY

School of Graduate Studies

This research paper prepared

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Entitled: A Theoretical Exploration of Feminist Perspectives and Art Therapy for Body Image Issues in Adolescent Females

and submitted in partial fulfilment of the requirements for the degree of

Master of Arts (Creative Arts Therapies; Art Therapy Option)

complies with the regulations of the University and meets the accepted standards with respect to originality and quality as approved by the research advisor.

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April, 2019

ABSTRACT

A THEORETICAL EXPLORATION OF FEMINIST PERSPECTIVES AND ART THERAPY FOR BODY IMAGE ISSUES IN ADOLESCENT FEMALES

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This research paper presents a theoretical exploration of the construct of body image through a feminist perspective. Feminist theory views body image dissatisfaction as a product of internalizing a set of cultural standards which include an ideal image of beauty. Sociocultural sources such as the media, family, and peers are key factors in body image development, particularly for adolescent females. When adolescents identifying as female internalize the message that their appearance is the primary source of their value and worth, they are at risk for a variety of physical and mental health concerns, including body shame, body dissatisfaction, low self-esteem, and eating disorders. Feminist approaches in the prevention and treatment of body image issues with girls and women involve a holistic approach that focuses on developing strengths and re-establishing the connection between their bodies and their senses of self, referred to in the literature as embodiment. Art therapy is a form of therapy which requires the involvement of the body and fits naturally into a holistic treatment plan for body image issues, offering a gentle and non-intrusive format to explore deep-seated emotions. This research paper explores art therapy theory, art therapy research for body image issues, and some of the specific art therapy techniques used to work with body image issues with adolescent girls. The discussion analyzes how the feminist perspective and art therapy are compatible for incorporating work with body image issues for adolescent females. Generalized body image-themed groups offered to adolescent girls within a school setting are suggested, along with recommended areas for future art therapy research.

Keywords: Body image, art therapy, adolescents, feminist theory, objectification, self-objectification, embodiment

ACKNOWLEDGEMENTS

The journey to completing this research paper has been a long and emotional process. I am filled with so much love and gratitude to everyone who has supported and encouraged me along the way. To my Mom, Dad, Cassandra and Charlie: I love you and cannot express how thankful I am for being there with me through everything. I could not have done any of this without you. To my professors, mentors and fellow classmates at Concordia, I am so grateful for the education and experiences I had in Montreal which have led to a fulfilling career that I still get excited about after a decade. Special thanks to the staff and clients at the Centre for the Arts in Human Development—my amazing supervisor Elizabeth Anthony, Lenore Vosberg, Joanabby Sack, Shelley Snow and Stephen Snow. I had the most incredible experience at The Centre and truly believe it is one of the best places on this planet. To all the clients past and present, thank you for allowing me to work with you and placing your trust in me. To my friends and colleagues for their endless love and support, especially Sandra Cesario, Yara Mengert, Carol Futerman, Joerg Wittenbrinck, Tara Narbonne, Brad Thomas, Jeffrey Penrose, Tesha Slack, Kim Harris, Vivian Arbid, Josie Zummo, Karen Cabral, Robin Pillon, Theresa Simone, Tracey Comeau, Shannon Hayes, Jeanne DiPietro, Manuela Poli and Jalpa Patel. To Patricia Ki for her guidance, knowledge and support when I needed it most. And to my current research supervisor Janis Timm-Bottos, who gave me the push I needed to finally get this work completed. It was exactly what I needed. Thank you.

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Chapter 1: Introduction

Body image has always been an interesting concept to me. The body is each person's physical presence in the world and the vessel through which the entirety of life is experienced. It houses thoughts, emotions, sensations and memories. The body is a vehicle for social interaction and through each person's uniqueness, they are able to be distinguished and recognized by others. The body has the capacity to feel intense joy and can equally experience unbearable pain. Yet, although we live our lives in and through our bodies, nobody has ever seen their body in its wholeness. We may see reflections of ourselves in mirrors, which present distorted and reversed images, but it is impossible to actually see ourselves completely. The images we have of our bodies are actually made of up fragments of information that our imaginations piece together to create mental pictures of ourselves. Our bodies then, will always maintain an element of mystery.

In my work for the past decade at a treatment centre for children and adolescents in Toronto, as well as in my personal experience, I have encountered numerous instances where body image has been the source of pain and suffering. In my experience, adolescent girls in particular struggle most intensely with their body image. As a 36-year-old, middle-class, Caucasian female of Italian descent, I grew up experiencing bullying from peers in elementary and high school based on my weight. These experiences were quite painful and led to poor self-esteem and avoiding relationships with others. Through much personal work, I have finally developed a healthier relationship with my body, but it has taken years and is still in progress. Through this process, I directly experienced the therapeutic value of art, and this research helped me to understand how art can be fully utilized. It is personally meaningful because it explores and proposes ways that art therapy can be used to prevent and treat body image issues for adolescent girls, which would have been a positive and even life-changing intervention that I would have embraced, had it been offered to me at that age.

This paper will undertake a theoretical exploration of body image using a feminist approach and seeks to answer the question of how art therapy may be incorporated with feminist perspectives to address body image issues in adolescent females. A feminist approach was chosen because it contextualizes body image as a socially constructed set of expectations which pressures women and girls to conform to idealized standards of beauty. A literature review exploring the concept of body image, feminist theories on body image, objectification theory,

research on the risks and effects of negative body image, feminist approaches to preventing and treating body image issues and specific techniques will first be presented. Following this, art therapy theory, research on art therapy and body image, and specific art therapy techniques for body image treatment will be reviewed. The discussion section will present how feminist approaches and art therapy may be integrated to create feminist informed art therapy groups for the treatment of adolescent females dealing with body image issues. It is my hope that this research will be used to highlight the need for future research which combines these areas. As well, this theoretical exploration may serve as evidence to promote the creation of art therapy treatment programs for adolescent females for the development of positive body image.

Chapter 2: Methodology

Rationale

This research paper seeks to review literature on body image, adolescence, feminist theory and art therapy to answer the primary research question: How can feminist informed art therapy groups be used to treat body image issues in adolescent females? A qualitative research method was chosen for this inquiry because it is exploratory in nature and involves non-numerical data (Berg & Lune, 2012). The specific type of qualitative research this paper employs is a theoretical method of inquiry which Junge and Linesch (1993) describe as the critical evaluation of previous research to determine connections or inconsistencies, with the goal of integrating the reviewed literature to expand knowledge and produce new theories. Underlying assumptions of this research are that body image issues affect most adolescent females primarily due to the pressures of living within a society that values capitalistic-driven appearance, where females are encouraged to spend money to achieve beauty standards, and that addressing these issues from a sociocultural perspective can provide a protective buffer from the negative effects of social influences on body image.

Data Collection and Analysis

An online search was conducted using the database PSYCINFO as accessed through the Concordia University Libraries website. Once resources were identified through PSYCINFO, they were either downloaded directly from the database if they were available online, or located at York University's Scott Library and the Toronto Reference Library. Additional resources were discovered at Scott Library through physically browsing the bookshelves. The keywords

searched were *body image, adolescence or adolescent females* and *art therapy*. Surprisingly, a search containing all three of these keywords returned only one article (Higenbottam, 2004). There has been much research published on each of these areas independently, yet very little research has been done to integrate them. Various combinations of the keywords were also searched: *body image* and *adolescence*; *body image* and *art therapy*; *art therapy* and *adolescence*.

Through reading a chapter on body image and adolescence (Wertheim & Paxton, 2011) I discovered another chapter within the same book which discussed feminist perspectives on body image (McKinley, 2011). The feminist perspective resonated with my personal beliefs and experience, thus I chose to incorporate it as a frame for understanding body image issues. As I read through the initial resources, additional information was gathered using the same method outlined above, to clarify or expand on particular concepts as they emerged in the research. When useful secondary sources were identified within a book or article, the original information was accessed when possible. Important notes, quotations and themes from each resource was typed onto a computer document, which was then colour-coded and divided into categories and organized into the order presented in this paper. The analysis of the literature seeks to demonstrate the value of integrating ideas from these diverse areas for the purpose of future research and the creation of treatment programs for body image issues in adolescent females.

Limitations of the Study

One limitation of this research is that it does not consider sexual orientation and may be biased toward heterosexuality. For example, Calogero, Tantleff-Dunn, and Thompson (2011) speak of cultural standards of beauty for women being based on pleasing heterosexual men. I question whether the thin-ideal of beauty, for example, is as relevant for non-heterosexual women. Choate (2007) and McSharry (2009) both referred to the beginning of dating relationships in adolescence as a potential source of felt pressure for girls to be thin in order to attract romantic partners. While Choate's article does not specify sexual orientation, McSharry's interviews with adolescent girls and boys seem to refer exclusively to heterosexual relationships. In feminist perspectives, Western, white, heterosexual males have set the standards of beauty (Calogero, Tantleff-Dunn, & Thompson, 2011; Hutchinson, 2011; McKinley, 2011), and these standards may affect all women regardless of their sexual orientation by simply living within this

society; however, it would be interesting to explore how sexual orientation affects the levels of internalization of beauty standards.

Another limitation is that this research paper has not explored cultural factors as they relate to body image, such as how girls and women from different cultural backgrounds perceive and internalize Western standards of beauty. Although it was not included in this paper, Choate (2007) and Tylka (2011) made reference to African American culture and how women from this culture tend to display a more positive body image because their culture promoted a broader definition of beauty which included internal qualities such as confidence and strength.

Chapter 3: Literature Review

Body Image

In its simplest form, body image can be described as the image that people mentally create of their own bodies: their size, shape and form (Honigman & Castle, 2007). Beyond this view of themselves as physical beings, body image in a broader sense also includes perceptual, emotional, cognitive, and behavioural aspects of self-image—how people feel about their appearance, how they sense they are perceived by others and how these thoughts and feelings, in turn, affect their behaviour (Honigman & Castle, 2007; Hutchinson, 1994; Ricciardelli & Yager, 2016). Marcia Germaine Hutchinson (1994), a feminist therapist who works with women and body image issues, eloquently describes her understanding of body image, which will be the definition adopted for this research paper:

Body image is the image of the body that a person sees with the mind's eye; it is the image of the body that allows a person to know about emotions, sensations, bodily needs, and appetites, and to negotiate the physical environment; it is the image of the body that a person hears about as she listens to her inner speech. I use the term "body image" in a broad way to describe the psychological space where body, mind, and culture come together—the space that encompasses our thoughts, feelings, perceptions, attitudes, values, and judgements about the bodies we have. (p. 153)

In this multi-faceted description of body image, emphasis is placed upon each individual's subjective experience of their body. Objective, measurable, physical characteristics such as height and weight, are irrelevant to the current exploration of body image, compared to how each person thinks about, feels about, evaluates and treats their body—which may or may

not align with objective reality. Thus, in working with body image issues, respecting each person's subjective experience of their body is key.

Body image is shaped and developed through a multitude of sources and experiences and changes over the course of a lifetime (Honigman & Castle, 2007). According to Ricciardelli and Yager (2016), three primary sociocultural sources contribute to the development of body image during adolescence: the mass media, family and peers. A great deal of the popular media directed at adolescents, (including television, magazines, music videos, the internet and social networking sites such as Instagram and Facebook), promote the importance of achieving a particular aesthetic, and for females, this equates to being thin (McSharry, 2009; Ricciardelli & Yager, 2016; Wertheim & Paxton, 2011). Family has an influence on an adolescent girl's body image through the modelling and messages she receives which may strongly shape her view of her own body (Ricciardelli & Yager, 2016). And finally, peers play a major role in personal development during adolescence, and their influence can be especially powerful in both positive and negative ways. McSharry (2009) states that "adolescence is a time when being accepted among peers is immensely affirming but when their rejection is profoundly disturbing" (p. 67). Menzel and Levine (2011) describe the development of body image as a dynamic process that is "manifest through self-expression and interpersonal behaviour that in turn influence the ways in which people respond to the person" (p. 165).

Body Image and Feminist Theory

In feminist theory, body image issues that a majority of women in Western society struggle with, are seen as the result of problems constructed at the societal level not on a personal, individual level (Hutchinson, 1994; McKinley, 2011). In Western society, a duality is constructed between the mind and the body where women more often are associated with the body and men with the mind. In a patriarchal society, all aspects of masculinity are viewed with a higher status, of greater value, and more powerful (McKinley, 2011). Human body standards are defined through this viewpoint of male superiority, and thus, women's bodies are judged to be inferior or deviant in comparison. This lays the framework for women's bodies to be observed and judged as objects, according to how closely they adhere to or deviate from cultural standards (McKinley, 2011). Hutchinson (1994) describes how control and objectification of the female body in Western society perpetuate the maintenance of power by men over women.

Woman is seen as mistress of the dark, mysterious, and powerful realm of the flesh; her body is associated with instinct, irrationality, unpredictability, sensuality, uncleanliness, and evil. Because woman has been seen as essential but feared, she has been controlled, as has her body, by being objectified and placed under restraints. The continued objectification of women's bodies by society and by women themselves sustains the disembodiment and disempowerment that are central aspects of the female experience. The realm of the feminine—body, nature, emotion, intuition, cooperation, affiliation, and community—finds little room in a patriarchal/capitalistic system where the power, giftedness, values, and contributions of women go unacknowledged. (p. 154)

According to feminist theorists, the negative relationship that most women have with their own bodies is an internalization of Western society's treatment of the female body (Hutchinson, 1994). Women's bodies are subject to harsh criticism on a regular basis. They are expected to live up to standards of beauty that are not realistically attainable for most people, and taught that if their appearance does not measure up to social standards that their personal value is diminished (Hutchinson, 1994; McKinley, 2011; Smolak & Murnen, 2011; Tylka & Augustus-Horvath, 2011).

Creating insecurities in females is beneficial to the economy because it encourages consumerism (McSharry, 2009). When women feel that their primary value lies in their appearance, being youthful and thin in a male-dominated society, they are willing to spend their resources—their hard-earned money and their time—on makeup, fashion, beauty treatments and various superficial, profitable businesses, rather than investing in other areas of personal advancement (Hutchinson, 1994). Living in a society that perpetuates a critical, judgemental, sexualized and objectified view of women's bodies maintains societal power relationships by supporting the status quo, enforcing gender roles keeping women subordinate to and dependent on men (Hutchinson, 1994; McKinley, 2011; Smolak & Murnen, 2011).

Objectification Theory: Sexualization of the Female Body

The practice of objectifying women's bodies in Western society has unfortunately become so commonplace that its effects are often disregarded or minimized (Calogero, Tantleff-Dunn, & Thompson, 2011). The idea that women are objects to be watched and evaluated based on their looks, affects how women view themselves, and makes them dependent on the approval of others (McKinley, 2011). The definition of objectification is when a person is "made into and

treated as an object that can be used, manipulated, controlled, and known through its physical properties” (Calogero, Tantleff-Dunn, & Thompson, 2011, p. 5). To objectify women, means to deny their autonomy, to deny their emotions and rights as individuals, and to reduce them to objects for the use of men (Calogero, Tantleff-Dunn, & Thompson, 2011; Smolak & Murnen, 2011; Tylka & Augustus-Horvath, 2011).

Smolak and Murnen (2011) describe the most common form of objectification as sexual objectification, where women’s bodies are “treated as objects for the sexual pleasure of men” (p. 53). Sexual objectification takes place in two main areas: firstly, through interpersonal and social encounters, including catcalls, sexual comments, and harassment; and secondly, through exposure to media that highlights women’s bodies as sexualized objects (Calogero, Tantleff-Dunn, & Thompson, 2011). Sexual objectification of females begins at a young age. Honigman and Castle (2007) give a detailed history of the creation of the Barbie Doll—which has now become a fashion icon, and a concrete representation of the beauty ideals that females are expected to emulate from early childhood—tall, clear-skinned, thin but curvaceous, disproportionately large-chested, long-haired and bright-eyed.

Sexual objectification teaches women and girls that their physical appearance and their attractiveness to men are of prime importance (Smolak & Murnen, 2011). Women are rewarded for conforming to social standards of beauty, and experience discrimination and decreased opportunities when they do not (Smolak & Murnen, 2011). Honigman and Castle (2007) describe a series of studies demonstrating the benefits experienced by women who are judged by society’s standards to be attractive—from being viewed more positively by others, being offered better and higher paying jobs, experiencing greater success in dating and relationships, and being viewed as more intelligent and competent in the workplace. Thus, women learn to believe that being more attractive will gain them greater success in various areas of life (Hutchinson, 1994). The sense of power gained from conforming to social standards of beauty may lead women to participate in their own sexual objectification, known as self-objectification (Smolak & Murnen, 2011).

Girls and women may internalize the male gaze and come to view themselves through this same lens (Calogero, Tantleff-Dunn, & Thompson, 2011). McKinley (2011) refers to self-objectification as objectified body consciousness and describes its three elements: body surveillance, internalization of cultural standards, and appearance control beliefs. Body

surveillance is “a form of self-consciousness characterized by habitual monitoring of the body’s outward appearance” (Calogero, Tantleff-Dunn, & Thompson, 2011, p. 10). In anticipation of being watched and evaluated, girls and women begin to monitor and critique their own appearance, in an attempt to affect how they will be seen and responded to by others (Calogero, Tantleff-Dunn, & Thompson, 2011). The internalization of cultural standards occurs when females adopt the beauty ideals of society as their own (McKinley, 2011). Challenging unrealistic social standards of beauty and discrimination against people who do not meet these standards becomes difficult when girls and women accept them and strive to achieve them. Internalization of cultural beauty standards also disguises the external pressure to live up to these ideals that girls and women face from society (McKinley, 2011). Internalization “predisposes women to connect achievement of these standards with their sense of self-worth. Because the standards are narrow and difficult to achieve, women experience a sense of empowerment as they approximate them, but more often shame when they do not” (McKinley, 2011, p.49). Appearance control beliefs refer to beliefs that cultural standards of beauty are achievable, if girls and women are willing to put in enough time, effort, money, etc. (McKinley, 2011). These beliefs allow the judgement of girls and women based on appearance to perpetuate, as achievement of societal standards are viewed as a reflection of effort and accomplishment, while failure to meet these standards is often viewed as an indication of laziness, poor self-discipline and low intelligence (McKinley, 2011; McSharry, 2009). Calogero, Tantleff-Dunn & Thompson (2011) explain that the “accumulation of sexually objectifying experiences serves to shift and shape self-body relations, such that women come to view and treat themselves not as whole persons but as objects, to be looked at and evaluated from the outside” (p. 8). The body is viewed as belonging to others and not their own. Because cultural standards are marketed as achievable, and failure to meet these standards reflects poorly on a female’s entire character, when girls and women fail to meet these impossible standards, they experience a host of negative psychological effects, including body image dissatisfaction, lowered self-esteem, and body shame (Calogero, Tantleff-Dunn & Thomson, 2011; McKinley, 2011; Smolak & Murnen, 2011).

The Negative Effects of Body Image Issues on Adolescent Females

This section will provide an overview of research that has been done presenting the variety of effects that issues with body image can have on females, especially adolescents.

Choate (2007) describes the challenges that young girls face as they enter this developmental stage; a period of rapid transformation, both physically and psychologically.

Changing schools, making new friends, gaining independence from parents, developing a personal style and exploring romantic relationships are some of the exciting and potentially challenging experiences associated with the teenage years. Being accepted by friends and by potential romantic partners is an important concern for many girls, and thus they become more aware of their appearance, more self-conscious and critical of their bodies and more likely to begin self-objectifying (Choate, 2007; Tiggemann, 2011). With the onset of puberty, girls' bodies grow and develop in ways that include weight gain and an increase in body fat (Choate, 2007; Ricciardelli & Yager, 2016). Therefore, adolescence is a particularly vulnerable period for girls because "when a girl's physical appearance is most important to her, her body is changing in ways that are increasingly discrepant from the thin-ideal" (Choate, 2007, p. 317). Body image issues can affect adolescent girls in a multitude of ways that pose risks to their physical health, mental health, and emotional well-being.

For adolescent girls, self-objectification may lead to body image dissatisfaction or disturbance, appearance anxiety, desire to be thinner, engaging in dieting or other weight loss behaviours, and disordered eating (Tiggemann, 2011). Adolescence is a period of particularly high risk, where concerns about weight and shape may develop into the eating disorders of anorexia nervosa, typically beginning in early adolescence, or bulimia nervosa, which often develops in late adolescence (Wertheim and Paxton, 2011). In the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (2013) anorexia nervosa is defined as a disturbance of body image where the person sees themselves as overweight even when emaciated and possesses an intense fear of gaining weight. The use of restrictive diet practices and/or purging results in a severely low body weight. Bulimia nervosa is described as repeated instances of bingeing on abnormally large quantities of food in private, followed by compensatory actions such as purging or misuse of laxatives for a period of 3 months or longer and occurring at least once per week. The person with bulimia may show no signs of a disorder and may appear to maintain a normal healthy weight. Anorexia nervosa and bulimia nervosa are serious disorders which affect approximately 0.3% and 1.0% of adolescent women (Hoek, 2007). While clinical eating disorders represent the most severe cases, disordered eating behaviour is an issue that affects many women and girls in North American society (Tiggemann, 2011). The term

‘disordered eating’ refers to all unhealthy eating patterns, including clinical eating disorders as well as dieting and skipping meals, which are viewed as ‘normal’ behaviours that many females engage in (Tiggemann, 2011). Tiggemann and Kuring (2004) found that self-objectification led to body shame and appearance anxiety, which in turn led directly to disordered eating in a sample of young women. In 2017, Mustapic, Marcinko, and Vargek did a study on Croatian adolescents and found that body shame was the strongest predictor of disordered eating in their sample. They also found that a significantly higher number of females experienced body shame and engaged in disordered eating than males. These studies demonstrate that struggling with body image issues can lead to body shame and disordered eating for a large number of adolescent girls whether they are diagnosed with a clinical eating disorder or not. The widespread acceptance of disordered eating practices as ‘normal’ is an indication of the need to address body image issues through further research, therapeutic interventions and social change, as it affects the well-being of a majority of girls and women in Western society (Mustapic, Marcinko & Vargek, 2017; Tiggemann, 2011, Tylka & Hill, 2004).

Poor interoceptive awareness is another physical risk connected to negative body image, self-objectification, body shame and disordered eating (Tylka & Hill, 2004). Interoception is a bodily sense that refers to the “awareness of stimuli originating from within the body” (Tiggemann, 2011, p.141). Examples of interoceptive stimuli are the awareness of one’s heart beating and the sensations of hunger, thirst, or satiety (Herbert & Pollatos, 2012). According to Tylka and Hill (2004), women may try to suppress or deny their internal bodily sensations such as hunger in an effort to reduce feelings of body shame and to control their food intake. Hutchinson (1994) refers to this experience as “disembodiment,” (p. 155) and describes it as follows:

In our disembodiment, we are numb to our bodies, repressing so much bodily experience that our bodies feel alien to us. We repress dimensions of our experience that frighten us or make us vulnerable—pain, sexuality, hunger, anger, and even excitement and pleasure. Eventually we obliterate the experience of our somatic selves, removing our bodies from our self-images. We deny their existence or importance. (p. 155)

Poor interoceptive awareness puts females at risk by being detached from their bodily experiences, and therefore unresponsive to their bodies’ needs. For females who engage in disordered eating or live with a diagnosed eating disorder, being unable to feel internal bodily

sensations makes recovery difficult (Herbert & Pollatos, 2012). Interoception also plays a role in cognitive functions, decision-making, and the experience of emotions. It is the sense that mediates the mind-body connection for humans, because thoughts, emotions and bodily responses are interconnected (Herbert & Pollatos, 2012). Poor interoceptive awareness could therefore be considered not only a physical risk, but also an emotional risk of body image issues.

The media is the most powerful and influential source of information where cultural ideals of beauty and thinness are transmitted to the public (Smolak & Murnen, 2011). A number of studies have explored the impact of exposure to idealized images of women in the media, and demonstrated links to negative mental health and emotional states in women and girls (Bessenoff, 2006; Clay, Vignoles, & Dittmar, 2005; Hawkins, Richards, Granley, & Stein, 2004; Posavac & Posavac, 2002; Tiggemann & Kuring, 2004). In an Australian study of 286 undergraduate students (171 of whom were female), self-objectification was found to be a direct predictor of disordered eating behaviours and depressed moods (Tiggemann & Kuring, 2004). The factors involved in this finding were that self-objectification led to increased self-surveillance, which accounted for increases in levels of body shame and appearance anxiety, and finally resulted in disordered eating and depressed moods (Tiggemann & Kuring, 2004). Clay, Vignoles, and Dittmar (2005) tested the effects of viewing images of models (both ultra-thin and average-size, but not overweight) on the levels of body satisfaction and self-esteem of 146 girls in the UK between the ages of eleven to sixteen. They also measured their subjects' awareness of societal beauty standards and their internalization of these ideals. The findings of this study show dramatically lower levels of self-esteem and increased levels of body dissatisfaction as the ages of the subjects increased. Out of the youngest subjects (age 11), approximately 35% reported above-average awareness and internalization of society's female beauty standards. This number nearly doubled to approximately 65% of the girls who were age 16 (Clay et al., 2005). An interesting discovery was that both the images of ultra-thin models and average-size models had an equally negative effect on the global self-esteem of the girls tested, indicating that any exposure to idealized women in the media is enough to trigger negative emotions (Clay et al., 2005). The researchers concluded that during the adolescent years, girls are especially vulnerable to the effects of the media, and that the longer they are exposed to these idealized images, the greater the degree of internalization. As girls internalize the social ideals of beauty and thinness, they increasingly compare their bodies to media images and experience body dissatisfaction and

a drop in self-esteem (Clay et al., 2005). These studies demonstrate that exposure to idealized images of women in the media can lead to self-objectification, which may increase body shame and dissatisfaction, which in turn can lead to negative emotional states and mental health risks for females—particularly depressive moods, anxiety and lowered self-esteem (Bessenoff, 2006; Clay et al., 2005; Hawkins et al., 2004; Posavac & Posavac, 2002; Tiggemann & Kuring, 2004).

During adolescence, building friendships and gaining independence from parents are key aspects of development (Wertheim & Paxton, 2011). During this stage, the influence and importance given to the opinions of friends may begin to supersede that of parents and family, and thus, peers play a significant role in the development of body image (Ricciardelli & Yager, 2016; Wertheim & Paxton, 2011). Although most salient in adolescence, the influence of peers on the development of body dissatisfaction and pressure to conform to thin-ideals of attractiveness may begin at a much younger age for girls.

Hayley Dohnt and Marika Tiggemann (2005) tested a sample of young girls between the ages of five to eight, to discover how peers influenced the girls' levels of body dissatisfaction and awareness of dieting as a method of weight loss to achieve the thin-ideal body type. These young girls were in their first, second, or third year of formal schooling, and for many, it was their first time being influenced by people outside of their home environments. The results of the study showed that overall, 46.9% of the subjects desired to be thinner. The most dramatic difference was noted between the girls who were just beginning school, and the girls entering their second year. A majority of those beginning school reported very low levels of body dissatisfaction. However, after only one year of school, 71.4% of girls entering their second year desired to be thinner. Even at these young ages, the girls demonstrated internalization of the thin-ideal through their awareness of dieting behaviours, their understanding that thin girls might be deemed more popular and likeable, and the expectation that overweight girls may be excluded and teased. The researchers found that the greatest predictor of body dissatisfaction in individual girls was their peers' body dissatisfaction, evidencing the strong influence of peer attitudes on body image from a very young age.

The impact of peer influence on body dissatisfaction continues, and possibly increases in adolescence, as evidenced through a study by Shroff and Thompson (2006). In their study of 344 adolescent girls, they tested peer influences on body-image dissatisfaction, disordered eating and self-esteem. Similar to the findings of Dohnt and Tiggemann (2005), the highest risk of body

image dissatisfaction came from peers' body dissatisfaction. Friends' preoccupation with weight and dieting, engaging in discussions about appearance, placing value on friends' opinions, believing that an attractive appearance increases popularity, and experiencing teasing were all found to be risk factors for body dissatisfaction, the desire to be thin, disordered eating and lower self-esteem (Shroff & Thompson, 2006).

In a qualitative study at a high school in Ireland, McSharry (2009) interviewed students about their thoughts and attitudes regarding various issues related to body image. The findings of this study provide evidence that by the time children reach adolescence, cultural ideals of attractiveness are fully engrained and internalized. The study found that the adolescent girls participated in relentless visual surveillance and verbal commentary about each other's bodies. The girls reported engaging in constant self-surveillance or self-objectification, monitoring their approximation to societal beauty standards, in an attempt to achieve a status of validation from their peers and to be viewed as a desirable partner in romantic relationships. The pressure for girls to be thin was perpetuated by the attitudes of both female and male peers. The adolescent boys interviewed stressed appearance as the most important quality in selecting a girlfriend. They expressed disapproval of larger female bodies, stating that they would not date overweight girls, or would break up with their girlfriends if they gained weight. The judgment of people based on their physical appearance was accepted as normal by the adolescents in the study. Every person interviewed was able to recall an instance where either they or a friend had been stigmatised due to their weight, and although many acknowledged that this attitude was superficial, they believed that they had been conditioned to think this way. Peer rejection took the form of bullying, teasing, labelling, back-stabbing, abusing, and excluding. The experience of being stigmatized and rejected by peers was found to lead to social isolation, lack of confidence, low self-esteem, and self-enclosure as protection from these painful experiences.

Feminist Approaches to the Prevention and Treatment of Body Image Issues

To review, feminist perspectives view the negative body image issues that women and girls face as the result of living in a society that sexually objectifies females and enforces the belief that their primary source of value and worth is in their physical appearance (Hutchinson, 1994; McKinley, 2011). Because feminist approaches frame body image issues within a larger social context, the resulting risks and problems are seen as coping methods to the pressures of meeting social standards of beauty, taking the blame off of individual girls and women

(McKinley, 2011). Current treatments for body image dissatisfaction and other body image related disorders, according to the feminist perspective, must be cautious of assuming the solutions to these issues lie solely in providing psychological support to individual females, while ignoring the underlying issues of discrimination and power inequality within a patriarchal society that females face daily (McKinley, 2011).

Feminist perspectives endorse social and political activism as a key component of treatment for body image issues (Hutchinson, 1994; McKinley, 2011; Tylka & Augustus-Horvath, 2011). Hutchinson writes that because “this is a political issue...for many women healing cannot occur without political involvement” (1994, p. 167). Social and political activism can include writing letters to companies who endorse sexist attitudes, boycotting products, demanding responsible use of media, publicising research on sexual objectification, creating programs to promote gender equality, creating programs targeted at boys and men to reduce sexism, and combating discrimination based on weight (Hutchinson, 1994; Tylka & Augustus-Horvath, 2011).

In this section, the characteristics of positive body image will be presented, followed by an exploration of factors that promote resilience, prevention and treatment of body dissatisfaction and its many associated risks. The concepts presented are broad-based, extending beyond the scope of therapy. Current literature indicates that the most effective approaches to working with body image issues with adolescent girls incorporate protective factors that build on their strengths, and include broad-based holistic approaches that expand across different areas of their lives, from inside the home to school and to the wider community (Choate, 2007). The approaches and techniques presented are all grounded within the feminist framework, and operate from the underlying assumption that body image is a social issue. While ultimately, the goal of this paper is to investigate how art therapy can effectively be used to treat body image issues with adolescent females, this exploration of prevention and treatment techniques serves to situate the use of art therapy within the context of a holistic treatment approach.

Characteristics of Positive Body Image

In a review of several studies, Tylka (2011) found that overall, people who had a positive body image reported feeling more optimistic, had higher self-esteem, enjoyed a greater level of social support, had better coping skills and were able to maintain a relatively stable body weight over time. In her words, “positive body image reflects love and respect for the body” (p. 58).

The construct of body image is multi-dimensional, and cannot be measured along a single continuum of negative to positive (Tylka, 2011). In other words, positive body image cannot simply be equated to the opposite of negative body image. According to Tylka (2011), a singular focus on the reduction of body dissatisfaction and other related pathologies may not result in positive body image, but rather, neutral body image. She advocates that for the development of positive body image, practitioners must go beyond negative symptom reduction, and “help people appreciate, respect, celebrate and honour their bod(ies)” (p. 56). Menzel and Levine (2011) organize the characteristics of positive body image into three main components: “appreciation of appearance and function, awareness of and attentiveness to body experiences, and positive cognitions for coping with interpersonal challenges to a healthy body image” (p. 166).

Appreciation of appearance and function is a quality of positive body image that reflects unconditional acceptance of the body regardless of how it appears and whether or not it fits into socially sanctioned appearance ideals (Menzel & Levine, 2011; Tylka, 2011). The body is appreciated for its unique qualities and abilities which go beyond physical appearance and may include strength, fitness, flexibility, competence and ability to perform various functions (Menzel & Levine, 2011; Tylka, 2011). Appreciation of the body is related to the concept of body satisfaction and refers to positive emotions and opinions often described as “liking, pride, happiness, respect and interest” (Menzel & Levine, 2011, p. 166).

Awareness and attentiveness to the body is a feature of positive body image as discussed earlier, related to the concept of interoception, or the awareness of internal stimuli in the body (Tiggemann, 2011). People who have positive body image are often able to accurately recognize internal body cues and respond in ways that demonstrate care and respect for their bodies’ needs by protecting them from harm, injury or illness (Menzel & Levine, 2011, Tylka, 2011). Being aware and attentive to the body often results in health-conscious behaviours such as eating for proper nutrition, exercising, and getting enough sleep (Menzel & Levine, 2011). People with positive body image are able to filter incoming messages about their bodies in ways where most positive messages are internalized and negative information is given minimal attention or is reframed (Tylka, 2011). Their thought processes allow them to better cope with potential challenges to maintaining a positive view of their bodies and themselves (Menzel & Levine, 2011; Tylka, 2011).

Factors that Aid in the Prevention and Treatment of Body Image Issues

Hutchinson (1994) highlights that the drive for change must not come from a place of self-hate or a sense of lacking, but from true self-care. She maintains that the foundation for developing a positive body image is for girls and women to feel good about themselves first. She identifies five main goals: “relieving isolation; heightening awareness of body issues; exploring roots of body issues; exploring blockages and resistance to change; and re-embodiment” (p. 158). These goals are applicable to work with all forms of body image issues, and can also be relevant within an art therapy context. This section will explore factors that protect girls and women against pressures to conform to society’s thin ideal, and may assist in the treatment of body dissatisfaction and the development of positive body image.

Supportive close relationships. Being surrounded by a strong network of supportive family members and friends who provide unconditional acceptance, and positive, affirming messages to girls about their bodies, can be an important protective factor in developing a positive body image (Choate, 2007; Tylka, 2011; Tylka & Augustus-Horvath, 2011). Body image is influenced by witnessing the attitudes that family members and friends have about their own bodies (Choate, 2007; Dohnt & Tiggemann, 2005; Shroff & Thompson, 2006). Thus, witnessing examples of positive body image in those closest to adolescent girls will positively impact their own body image development (Choate, 2007). Supportive peer relationships where body weight and shape are not the primary focus of discussions and where body comparisons are avoided, also provide protection against the development of body image issues (Choate, 2007; Tylka & Augustus-Horvath, 2011). Healthy and supportive interactions between girls may be encouraged within the context of a therapeutic group in the school environment (Choate, 2007; Tylka & Augustus-Horvath, 2011). Hutchinson (1994) notes that within the context of a therapy group, women are encouraged to support each other and realize that they are not alone in their struggles with body image. Witnessing women that group members regard as attractive, equally struggling with body image issues, can be eye-opening and lead to the realization that physical attractiveness does not prevent people from experiencing body dissatisfaction. Thus, women may begin to recognize the importance of working to change their perceptions and attitudes, rather than their bodies.

Education about the objectification of females. Girls may be better protected from the pressure to conform to cultural beauty standards, including the thin ideal, when they are educated

about the sexual objectification of women in society, which places body image concerns within a social context (Tylka & Augustus-Horvath, 2011). Educating girls about the natural changes that occur in puberty, including weight gain, may protect them by inspiring critical reflection on the discrepancy between how females are represented in the media, and the biological changes they are experiencing (Choate, 2007). Girls may be encouraged to recognize and label instances of objectification, which may lead to a decrease in the level of internalization of social ideals of attractiveness (Tylka & Augustus-Horvath, 2011). The development of media literacy is described as an important protective factor in the development of positive body image for adolescent girls (Choate, 2007; Tylka & Augustus-Horvath, 2011). By learning how the ideals of beauty are constructed through the media, using sophisticated photography and editing techniques, girls may feel less pressure to attain the idealized appearances they see in magazines and in advertisements, as they will have an understanding that even the models in those images do not live up to those ideals (Choate, 2007). Developing critical thinking skills to challenge the thin ideal and unrealistic standards of beauty may inspire media activism to fight against harmful messages promoted by the media and to actively engage in shaping healthier cultural norms (Choate, 2007; Tylka & Augustus-Horvath, 2011).

Engagement in physical activity for health and wellness. Choate (2007) describes physical self-esteem as a part of global self-esteem that plays a vital role in body image development. She defines physical self-esteem as “one’s attitudes toward physical activity, endurance, strength, coordination, flexibility, sports competence, body fat, appearance, and general health” (p. 320). Physical self-esteem involves engaging in forms of exercise one finds enjoyable, which may include hiking, gardening, team sports and dancing, for their health benefits rather than to control weight, inspiring appreciation for the body’s abilities rather than its appearance (Choate, 2007; Tylka & Augustus-Horvath, 2011).

Emphasis on internal qualities. When girls recognize that their value and worth are greater than physical appearance alone, they are more likely to develop body image resilience (Choate, 2007; Tylka & Augustus-Horvath, 2011). Developing a holistic focus on various areas of life including spiritual, intellectual, social, emotional and physical development, encourages girls to create a multi-dimensional identity where the value of appearance is diminished (Choate, 2007). Within a group setting, girls may be encouraged to participate in activities where they recognize and praise each other for their internal rather than external qualities (Choate, 2007).

Placing more importance on internal qualities such as creativity, intelligence, and character provides balance, and a source of pride and self-esteem (Tylka & Augustus-Horvath, 2011).

Techniques to Work with Body Image Issues

The following section presents several techniques that may be particularly useful in individual or group therapy for the treatment of body image issues. The state of embodiment and embodying experiences have also been included in this section as embodying experiences have been emphasized in the literature as one of the key therapeutic interventions for working with people with body image issues (Hutchinson, 1994; Menzel & Levine, 2011; Piran et al., 2002; Tylka, 2011; Tylka & Augustus-Horvath, 2011).

Reframing. Reframing is a cognitive-behavioural therapy (CBT) technique that can be useful for improving negative self-talk (Tylka & Augustus-Horvath, 2011). Hutchinson (1994) also found that CBT techniques were effective with clients with body image issues. Reframing is used to replace a negative statement about the appearance of the body with a statement that emphasizes a positive aspect about the function of that same part. Tylka and Augustus-Horvath (2011) use the example of the negative statement, “[my] thighs are huge and disgusting” (p.199) and reframing it with the statement, “[my] thighs are strong and allow me to enjoy dancing” (p.199). Reframing negative judgments about the body with affirming messages helps clients to increase their sense of appreciation and respect for their bodies (Tylka & Augustus-Horvath, 2011).

Scripts and role-plays. In situations where women and girls experience sexual-objectification, they are often unprepared and unsure of how to respond. Tylka and Augustus-Horvath (2011) suggest working with clients to prepare personalized verbal scripts that can be used in various situations, whether the objectification comes in a negative form (such as being whistled at) or even in the form of a compliment (such as being applauded for losing weight) that places a woman’s value on her appearance. The authors suggest that having scripts prepared to use in objectifying situations help females be more assertive and to protect themselves, and that role-play within a group therapy setting offers a safe space to practice those scripts while receiving constructive feedback. Having prepared responses that demonstrate assertiveness and self-respect may also be helpful in instances where people experience teasing or bullying for their weight and shape (Choate, 2007). The use of scripts and role-plays in therapy increases a sense of empowerment and helps girls and women be prepared to navigate interpersonal

situations that pose risks to their body image and self-esteem (Tylka & Augustus-Horvath, 2011).

Guided imagery. Hutchinson (1994) strongly advocates for the use of guided imagery in the therapeutic treatment of body image issues for a variety of reasons. She writes that “since image is the language of the unconscious and of feelings, the focused use of imagery is also appropriate for accessing primary-process material and affective memories” (p. 157). Hutchinson suggests that using guided imagery in therapy is a gentle and respectful way to bring clients into contact with their internal worlds, which does not trigger defenses or resistance. Although subtle and gentle, the technique can be very powerful and lead to a profound level of self-discovery, as images can be interpreted in a multitude of ways. Hutchinson writes that “[extensive] work with imagery conveys the power of the imagination in shaping reality, and shows each woman her ability to gain access to and control her cognitive maps (such as body image)” (p. 158).

Embodiment. The state of being embodied has been described as “a potentially uplifting, empowering, and beneficial state of being for women” (Menzel & Levine, 2011, p. 171). Feminist empowerment-relational theory (Piran, Carter, Thompson & Pajouhendeh, 2002) is a preventative approach to body image issues, which emphasizes embodiment as a central aspect of positive body image. “To be embodied is to experience the body as the center of existence—not as focus, but as a reference point for being in the world” (Hutchinson, 1994, p. 155).

Embodiment is further defined as:

[An] integrated set of connections in which a person experiences her or his body as comfortable, trustworthy, and deserving of respect and care because the person experiences her or his body as a key aspect of—and expresses through her or his physicality—competence, interpersonal relatedness, power, self-expression, and well-being. (Menzel & Levine, 2007, as cited in Menzel and Levine, 2011, p.170)

Embodying experiences involve participating in activities that engage the senses, and offer enjoyment, challenge, self-expression, and ultimately contribute to positive experiences ‘in’ one’s body (Menzel & Levine, 2011). Embodying experiences promote body connection and awareness. Examples of embodying activities that may be used in a therapeutic setting are guided meditations and progressive muscle relaxation, which bring awareness to breathing, posture, different parts of the body, and internal thoughts and feelings (Tylka & Augustus-Horvath, 2011). Another embodying experience suggested by Tylka and Augustus-Horvath

(2011) is the creation of “comfort kits” (p. 200), where clients gather a collection of items that are soothing and appeal to all their senses, such as photographs, blankets, music, and scented lotions. Menzel and Levine (2011) propose that participating in embodying experiences leads to a decrease in self-objectification, and over time, contributes to the development of positive body image.

Art Therapy

Art therapy uses the creative process of art-making as a vehicle for healing and personal development (Hinz, 2006). It can be used with individuals, dyads, families or groups, where the incorporation of art-making can enhance interpersonal connection (Briks, 2007). Margaret Naumburg, one of the pioneers of art therapy in North America, was influenced by Freud’s theory of psychoanalysis, which emphasized the power of bringing unconscious material to consciousness in order to gain insight (Rubin, 2001). Naumburg (1966) describes the use of art within the therapeutic process, as a form of symbolic communication. In her theory of dynamically oriented art therapy, unconscious thoughts and feelings are expressed through dream-like symbols and metaphors, combining images with verbal expression. Naumburg’s sister, Florence Cane (1989), an art instructor writing in the 1950’s, believed every person has an inherent ability to express their internal world in visual form, regardless of artistic ability. The art-making process in art therapy is valued above the aesthetic qualities of the work produced, and no artistic talent or ability is required to participate in art therapy (Briks, 2007; Dokter, 1994; Hinz, 2006). Art therapy offers clients a safe space to explore their internal worlds through the language of their own personal imagery, discovering feelings and conflicts that may have been unidentified or unacknowledged from an earlier point in their development (Briks, 2007; Dokter, 1994; Hinz, 2006; Schaverien, 1994). The use of visual imagery can lead to the access of unconscious material more quickly than through traditional verbal therapies and can be used in conjunction with verbal therapy to facilitate the processing of unconscious content (Briks, 2007; Dokter, 1994; Hinz, 2006; Kaslow & Eicher, 1988; Naumburg, 1966; Rabin, 2003; Rubin, 2001; Schaverien, 1994).

Rabin (2003) notes a key aspect of art therapy’s effectiveness lies in its potential to activate both hemispheres of the brain because it involves both verbal and non-verbal work. Primary process thinking refers to pre-verbal thought, which is often communicated through symbols and metaphors emerging from the unconscious, while secondary process thinking refers

to logical, rational thought which may be communicated verbally (Dokter, 1994). Rabin (2003) describes how art therapy can lead to healing and personal growth by activating both the artistic, emotional right brain hemisphere, and the analytical, verbal left brain hemisphere. According to Rabin, art therapy can foster a flow of information across the corpus callosum, the fibres that connect both halves of the brain, and through this connection, each side is strengthened, enhancing the whole brain and leading to increased personal insight and self-awareness.

Art therapy takes place within the context of a clearly defined, supportive and non-judgemental therapeutic relationship with an art therapist (Dokter, 1994). As an action-based modality, art therapy engages the senses and offers an alternative form of self-expression and communication through the embodied experience of creating artwork (Briks, 2007; Dokter, 1994; Edwards, 2008; Rabin, 2003). The therapist's attention and witness to the client's process of art-making are important factors in treatment, as the art is seen as a valued form of communication, whether it is discussed verbally or not (Dokter, 1994; Edwards, 2008; Schaverien, 1994).

The use of art therapy can be combined with other psychotherapeutic approaches and theories, and can be adapted for a variety of populations and issues, enriching communication through its visual component (Briks, 2007; Edwards, 2008). Empowering, sensitive, and engaging, art therapy gives clients the opportunity to play an active role in their treatment (Edwards, 2008). The imagery produced in art therapy belongs to the client, who has the choice to decide if and when to share it. The ability to choose and control how much is shared and when, makes art therapy a less threatening form of treatment which allows ego defenses to remain intact and for clients to share their personal content at their own level of comfort (Briks, 2007; Dokter, 1994; Edwards, 2008; Schaverien, 1994). The artwork created in therapy is a permanent, tangible record of the therapeutic process, and can be revisited and explored at a later time when a client may be ready to process content verbally (Dokter, 1994; Hinz, 2006; Naumburg, 1966; Rabin, 2003; Schaverien, 1994).

Art therapy is recognized as an excellent choice of treatment for adolescents, because art is a developmentally appropriate and potentially enjoyable form of self-expression during this life stage that is accessible to a wide range of cognitive and physical abilities (Briks, 2007). Higenbottam (2004) did a study on a school-based art therapy group for adolescent females to support the development of positive body image and self-esteem. She wrote that body image

issues are an important consideration during adolescence and that art therapy groups in the school setting offered a safe space for girls to explore these issues, make safe choices, and celebrate their uniqueness. Higenbottam concluded that art therapy groups that focus on developing positive body image and self-esteem may “significantly contribute to the adjustment of adolescent females in schools” (p. 14).

Art Therapy and Body Image

Art therapy can be an effective treatment for body image issues, because it directly involves the body in the physical act of creating artwork. The art-making process can be an embodying experience that engages the senses, and provides clients with a time and space to be fully present in their bodies (Betts, 2008; Hinz, 2009). The Expressive Therapies Continuum (ETC) first developed by Kagin and Lusebrink in 1978 is thoroughly explored in a book by Lisa Hinz (2009). The ETC is a theoretical guide for art therapists to use as a resource for deciding “which media to use, under what circumstances, and with which particular clients” (p. 4). The ETC is represented in a visual chart form, containing four levels of information processing which begin from the simplest (Kinesthetic / Sensory) to the second level (Perceptual / Affective) to the third and most complex level (Cognitive / Symbolic) and ending with the Creative level which can apply at any of the other stages. Hinz (2009) writes that focusing on activities that engage the Kinesthetic / Sensory level such as rolling clay or smearing finger-paints, can help to re-establish the ability to attune to the body’s internal stimuli, which is often disconnected in clients with body image or eating disorders. Hinz (2009) describes a case study of a woman with anorexia nervosa, who began participating in art therapy at the Cognitive level, working with hard media such as pens and pencils. She had difficulty accessing and expressing her emotions, as well as recognizing her body’s internal sensations. Through the use of the ETC, moving gradually down the levels to the Kinesthetic / Sensory level, the woman was eventually able to access her emotions and to communicate them more openly.

Participation in art therapy can help clients to access and re-establish a connection to their internal bodily sensations, conflicts, and memories, and to bring this information to a conscious level where it can be worked through (Anzules, Haenni, & Golay, 2007; Betts, 2008; Hinz, 2006; Hinz, 2009; Rust, 1994). In their study of art therapy workshops for people with obesity, Anzules et al. (2007) utilized a three-step model. In the first step, clients were invited to participate in body awareness exercises to engage their senses and re-establish a connection to

their bodies. In the second step, clients were able to create artwork based on their experiences during the body awareness exercises. In the third and final step, an opportunity to discuss and process the emotions and insights discovered during the first two steps were provided. The researchers found that art's ability to engage the body and senses awakened the creative potential in their clients and led to increases in self-esteem.

Themes of control, boundaries and perfectionism that often emerge in the treatment of body image issues can also be explored through the use of art materials. "Clients can gain a sense of self-efficacy when they experience mastery of the materials, or they can confront their feelings about being imperfect when a painting does not turn out exactly the way they had expected" (Betts, 2008, p. 15).

Warriner (1994) describes her experience as an art therapy client during her struggle with anorexia, and the value that producing artwork had in her healing process. She makes an insightful connection between her illness and art-making: "Strange as it may seem, anorexia and illustration have at least one thing in common. They are both about expressing oneself without words, yet one is destructive and the other creative" (p. 24). Warriner found that art therapy provided her with a safe space to explore her sub-conscious emotions and to acknowledge their importance by viewing them in the tangible form of artwork. Expressing her emotions through art also created the distance necessary for her to analyze her work and to share it with her therapist. Through art, Warriner discovered the strength to cope with and gain control over her emotions, and to gain self-confidence. The art became a profoundly important communication tool between her internal self and the outside world. Wolf, Wilmuth, Gazda, and Watkins (1988) wrote about individual psychoanalytic art therapy with four young adults living with anorexia nervosa. Like Warriner (1994), they found that art provided their clients with a powerful form of communication and a method of tapping into difficult unconscious feelings which could later be expressed verbally. Wolf et al. (1988) wrote that anorexia nervosa could be understood as a disruption in development at the pre-verbal separation/individuation phase, and that art-making as a treatment modality was effective because of its kinesthetic qualities. They described the artwork as a "tangible psychological mirror, allowing externalization and reflection of internal feeling states and attitudes..." (p. 199).

Schaverien (1994) discusses the role of the artwork as a "transactional object" (p. 31) in her work with clients who have anorexia. She draws parallels between food and art supplies,

noting that clients with anorexia often deal with both these items with great reluctance. Schaverien suggests that the therapist offering art supplies to the client may mirror elements of a parent offering food to a child in the transference relationship, and that art may become a substitute for food, or a transactional object. The unconscious issues which were formerly expressed through the client's relationship with food can instead be addressed through the artwork and the therapeutic relationship. In an analytic art therapy group at a feminist women's therapy centre, Rust (1994) similarly observed that clients with eating disorders treat art materials the same way they relate to food. She further connected the treatment of both art supplies and food to how the clients' families of origin expressed emotions. She notes that clients with anorexia were usually from families where emotions were not easily expressed and that art-making for these clients was often approached very cautiously and in a perfectionistic manner; conversely, clients living with binge-eating disorders often came from families where emotions were out of control, causing emotional and sometimes physical harm, and that these clients used large quantities of art materials in a way that resembled bingeing. Rust writes that eating disorders are a symptom of unmet emotional needs during childhood, and that these emotional needs have been "split-off" (p. 50) and expressed physically through the body and food. Rust believes that the goal of art therapy is to uncover the unmet emotional needs that are being expressed through the eating disorder, and that by re-connecting to their emotions, clients may be able to identify and meet their emotional needs, which may lead to a change in their relationship to food.

Edwards (2008) writes about feminist informed art therapy interventions for women with eating issues in Queensland, Australia. She differentiates the role of the therapist in her work from psychoanalytic art therapists, because rather than presenting as a "blank screen" (p. 33) feminist informed art therapists are collaborative participants who "provide positive role models for clients" (p. 33). Feminist informed art therapists may establish more transparent relationships with their clients, and are encouraged to reflect on their own thoughts and feelings around body image issues which may affect their work. Edwards suggests that incorporating a feminist analysis of how women's bodies are presented in the history of art and in the media may be helpful for women who struggle with eating issues, as this frames the issues within a sociocultural perspective. To empower and create a more collaborative relationship with clients, all information about the art therapy groups offered is provided prior to the commencement of

therapy. Clients are given the choice regarding which group(s) they would like to participate in, and to choose the content explored within the group. Edwards believes that a group art therapy format is preferred for women with body image issues when working from a feminist informed sociocultural perspective, as the dynamics and conflicts resulting from social power imbalances can be explored between group members. Group therapy also offers the perspective of viewing body image issues as existing along a continuum and how these issues affect all the group members. “The group then can be a place where eating issues can be seen as less stigmatized, and therefore less shameful” (p. 35).

Helene Burt (2012) is a postmodern feminist art therapist who describes how feminist-informed art therapy is compatible with the postmodern belief that multiple perspectives must be explored to truly understand a person or an issue. She writes that “postmodern psychotherapy is defined by a belief in the impact of the larger context that the individual exists within—a family, community or society” (p. 23). Like Edwards (2008), Burt (2012) explores the changing role of the therapist. From this perspective, the therapist aids in the externalization of issues that clients face, viewing them from a political standpoint as issues resulting from the greater social context rather than from within the individual. The therapist may take on the role of an educator, advocate, or consultant, to aid the client’s exploration of social issues which have led to their oppression. Burt also notes the natural fit of art therapy with feminist theories and postmodernism to externalize and examine social issues through the creation of artwork.

In a recent 2017 study, a unique collaborative program between the Douglas Mental Health University Institute’s Eating Disorders Day Program, the Art Therapy Graduate Program at Concordia University, and the Montreal Museum of Fine Arts (MMFA) was described and evaluated (Thaler, Drapeau, Leclerc, Lajeunesse, Cottier, Kahan, Ferenczy, & Steiger). A group of 76 women and 2 male adult patients from Douglas Institute’s Eating Disorders Program who were diagnosed with severe eating disorders were offered the opportunity to participate in guided visits to the MMFA, followed by an art therapy experiential led by a professional art therapist, every 6 weeks for 13 visits. The study found that the program offered benefits to the participants through providing a distraction from thoughts related to their eating disorders, offering an enjoyable and educational experience, and that the art therapy workshops provided opportunities for expressing emotions and creativity and for self-regulation.

Art Therapy Techniques for Body Image Issues

The art therapy techniques described in this section represent only a small portion of the myriad methods that may be valuable in treatment, however, they were found to be the most relevant to work with body image. Kaslow and Eicher (1988) outline a model of therapy for body image which combines verbal psychotherapy with the creative arts therapies of movement, art, and drama. Edwards (2008) also suggests the combined use of art therapy with verbal psychotherapy, noting that cognitive behavioural therapy techniques were found to be effective for clients with eating issues. Kaslow and Eicher (1988) speak about the mind/body connection, and propose that incorporating work with both verbal and arts-based therapies can strengthen body image and self-concept. These arts-based interventions may facilitate verbal processing throughout the treatment. The art therapy interventions suggested by Kaslow and Eicher include Naitove's "gesture drawings" (p. 182) where clients are invited to cover as much of a piece of paper with marks as quickly as possible, and Winnicott's "squiggle game" (p. 182) where the therapist and client can take turns drawing a line that the other can transform into a drawing. Florence Cane (1989) describes the scribble technique, where clients are encouraged to use their non-dominant hand to draw a tangled, overlapping, continuous line on a piece of paper, with their eyes either open or closed. This exercise encourages free play and spontaneity with the drawing media, unhindered by concern for aesthetics. After completing the scribble, clients are encouraged to look for images that emerge within it and to emphasize these images by outlining them fostering the imagination and insight into the unconscious (Cane, 1989). These art therapy interventions are playful, enhance movement and body awareness, and can help build comfort using art supplies for clients who are unfamiliar or hesitant since the focus is not on the appearance of the drawings.

"Projective drawings" (Hammar, as cited in Kaslow & Eicher, p. 182) are described as any drawing or painting that is meant to translate a client's inner experience into visual form. Projective drawings may be used to explore a client's response to movement exercises or as a bridge to verbal processing. A series of clay sculptures that represent a client's body currently, before anorexia, and how it may look in the future, is another art therapy technique suggested for clients with eating disorders (Wooley & Wooley, as cited in Kaslow & Eicher). This exercise assists clients in confronting their feelings about their bodies, and also highlights the fluid nature of body image.

Rabin (2003) describes “body contour drawings” (p. 40) as a technique for treating body image issues that involves both the imagination and the senses. As an activity that requires working in close proximity and may involve touch, this exercise would be best introduced into therapy only after a strong and trusting rapport has been established between the client and therapist. The client selects a colour of marker and the therapist outlines their body on a paper that is large enough to accommodate it fully. The client can then view the image and decide if they accept it as accurate. If not, the client may select a different coloured marker for the therapist to repeat the tracing process overtop of the previous outline and to make any additional changes until they agree that the drawing is an accurate representation of their body. The image is completed by the client who may draw their features within the outline. Viewing the actual shape of their body is often a surprise for clients with body image issues and eating disorders, who tend to over-estimate their size. This exercise may give clients with body image issues a more realistic view of their body because it produces a concrete life-size image.

Hinz (2006) and Hunter (2012) both suggest the use of guided imagery and relaxation exercises prior to engaging in art-making in therapy. These exercises help clients to feel calm, grounded, and may increase creativity. In the process of uncovering underlying issues in art therapy, the potential exists for a client to feel overwhelmed by their emotions. Therapists can prevent this by using the technique of reframing (Dokter, 1994). In art therapy, response pieces serve the purpose of reframing. “Response pieces are therapist designed art experiences meant to provide patients with corrective emotional experiences through the art” (Hinz, 2006, p. 19). Hinz writes that these exercises can gently counter negative emotions and guide clients back on their path to recovery.

Betts (2008) describes how the splatter painting technique is thought to be effective for clients with body image issues because it has a kinesthetic quality that may engage the entire body. This exercise can be used in an individual or group setting and is best performed outdoors. Clients are invited to use their entire bodies to splatter paints onto large mural-sized paper, using paintbrushes. The purpose of the splatter painting technique is to decrease the need for control and to increase spontaneity. Betts writes that “once a client is ready for this activity, he or she can experience the freedom inherent in letting go” (p. 23). Betts also describes another technique which may be used in a group setting that she calls the “boundaries / personal space project” (p. 23). Group members mark their space on a large piece of mural paper, and are then

invited to connect to other group members' spaces using the art materials provided. Betts writes that this experiences gives clients the opportunity to create and view their place within the group, and to increase their awareness and respect for boundaries.

Edwards (2008) and Hinz (2009) speak about the use of media images in a feminist informed and expressive art therapy approaches. The collage technique may be useful for clients to explore how detrimental representations of female bodies are in the media and provides a means to challenge these images. Hinz (2009) notes that group collage-making encourages collaboration, negotiation, compromise and problem-solving between group members. Magazines, videos, and cartoon imagery may be explored and used for art-making, while simultaneously critiqued to help women with eating issues understand how the way females are portrayed may be influencing their feelings about their own bodies.

Chapter 4: Discussion

Based on the literature reviewed here, I will now develop my argument that art therapy that is grounded in a feminist understanding of body image as a sociocultural, rather than individual-psychological issue is a promising approach and should be further developed for the prevention and treatment of body image issues for adolescent females. This section will describe how these diverse areas may be compatible and combined for use by art therapists in practice. The purpose of this discussion is to support and inspire further development of feminist-based art therapy groups for adolescent females with body image issues, offered within the school environment and to highlight areas worthy of further investigation that combine art therapy, feminist perspectives, adolescent females and body image.

The literature review established that body image is fluid and formed through interactions with important others (Honigman & Castle, 2007; Hutchinson, 1994; Menzel & Levine, 2011; Ricciardelli & Yager, 2016) and that adolescence is a particularly crucial time when the influence of peers increases and may surpass that of family (Ricciardelli & Yager, 2016; Wertheim & Paxton, 2011). Wertheim and Paxton (2011) noted that the extremely serious eating disorders of anorexia nervosa and bulimia nervosa often begin during adolescence, thus an intervention during this time seems necessary, either as a preventative measure or as part of a holistic treatment plan. Adolescent females are tremendously vulnerable to the risks of body image dissatisfaction, and based on the research, I would argue that providing appropriate interventions during this stage of development may prevent or reverse some of the negative

effects they may experience, especially if offered within the school setting where peer relationships have the potential to affect body image development in both negative and positive ways. Providing art therapy groups focused on body image in the school setting may be a useful way to guide adolescent peer groups toward healthier attitudes regarding body image and reduce the risks. The findings of Dohnt and Tiggemann's (2005) study showing that only one year after attending public school, young girls' body dissatisfaction increased significantly, supports the argument of providing interventions within the school setting.

A second argument why the school setting may be the most appropriate place to deliver an art therapy group for adolescent girls, is that it is a place where a majority of their time is spent, and where they most often interact with peers. Feminist approaches to prevention and treatment named supportive close relationships, including friendships with peers as a protective factor (Tylka & Augustus-Horvath, 2011). For these reasons, art therapy groups offered within the school setting may be beneficial to adolescent females by providing an environment where supportive peer relationships can be fostered with the facilitation of a therapist to promote positive body image. Furthermore, because the groups may take place with peers who interact with each other on a day-to-day basis, the benefits of these groups may continue beyond their termination and carry over into the wider school community and into other areas of their lives.

A further suggestion I would make based on the literature reviewed, is that art therapy groups in the school setting should be made available for all girls and address body image in a generalized sense, rather than groups that are targeted toward particular eating disorders or are only available to girls with a clinical diagnosis. In line with the feminist perspective, if body image is viewed as product of social factors, then all females within society are potentially affected (Hutchinson, 1994) and art therapy groups should be freely available, especially because the issues are seen as existing along a continuum. McKinley (2011) wrote that feminist treatments for body image issues must be cautious of treating the individual and losing sight of the social context, thus this paper supports a generalized group therapy format. Individuals may readily access therapy, but groups must be created and provided by therapists.

The recent 2017 study by Mustapic, Marcinko, and Vargek found that body shame led to disordered eating symptoms in their sample, whether they were diagnosed with a clinical eating disorder or not. Tiggemann (2011) reviewed research on self-objectification and presented a list of over twenty negative effects experienced by women primarily stemming from body shame.

She concluded that a majority of females in society experience body concerns to varying degrees, and that it is a wider issue than clinical samples would suggest. In art therapy literature, Edwards (2008) also argued for the use of generalized body image groups because she worked from a feminist perspective and viewed body image issues as existing along a continuum from non-clinical to clinical levels of severity. Thus, I would argue that art therapy groups dealing with body image for adolescent girls would be beneficial in the school setting because they would be accessible to all girls who attend the school.

Higenbottam (2004) demonstrated the effectiveness of a school-based art therapy group about body image for adolescent girls in her study. Mental health issues such as depression and anxiety which were listed as risks of body image disturbance (Tiggemann & Kuring, 2004) are often well-concealed by sufferers due to their potential for stigmatization. The school setting could perhaps alleviate any stigma that might be attached to attending such a group if it were open to all girls, and not just those who live with diagnosed disorders. As well, it is my personal belief that all girls should have access to these types of groups to develop positive body image, because adolescents do not always express their frustrations and concerns to others and may be suffering silently because they do not outwardly show symptoms of distress.

The feminist perspective advocates for political activism to address the issue of body image by challenging the expectations placed on women to conform to a particular appearance (Hutchinson, 1994; McKinley, 2011; Tylka & Augustus-Horvath, 2011). As art therapists Edwards (2008) and Burt (2012) demonstrated through their writing and their work with clients, the role of the art therapist working from a feminist perspective can be expanded to include empowering females to engage in political activism to promote change on a social level. Activist art can have a powerful impact on the people involved in its creation and on viewers. School-based art therapy groups for adolescent females addressing issues of body image may benefit from expanding to include participating in activist art projects which empower to females to address and fight against the oppressive forces in society that contribute to body image issues.

Areas for Future Art Therapy Research

Art therapy studies on body image specifically were found to be very scarce (Edwards, 2008; Higenbottam, 2004) as most studies on art therapy and body image were actually studies on specific eating disorders such as anorexia nervosa (Kaslow & Eicher, 1988; Schaverien, 1994; Wolf et al., 1988) or compulsive eating and obesity (Anzules et al., 2007; Rust, 1994).

When body image disturbance is addressed in art therapy research, it is often treated as a component of an eating disorder and rarely treated as worthy of exploration in its own right. Based on this finding, I am seeking to highlight the need for further research on art therapy and body image as an independent issue for use with clinical or non-clinical populations.

A specific area in need of continued research is art therapy with adolescents for body image issues (Higenbottam, 2004), and even more specifically, art therapy which employs a feminist-informed perspective to address body image. One critique of the art therapy literature is that with limited exceptions (Anzules et al., 2007; Edwards, 2008; & Higenbottam, 2004) all art therapy studies and literature on body image reviewed in this paper were based on psychoanalytic theory, which conceptualizes eating disorders as originating from difficulties during the separation/individuation stage of development, often placing blame on the maternal figure for not meeting the child's needs (Rust, 1994; Schaverien, 1994; Wolf, 1988). The psychoanalytic understanding of body image issues places the blame on women for their disordered eating and is in contrast to the feminist perspective that body image is shaped by sociocultural factors. Given that a central stream of art therapy originated from the work of Freud (Naumburg, 1966), this is understandable, yet Edwards (2008) wrote that art therapy is capable of being combined with other theories and that this may increase its effectiveness for particular issues. Thus, I would suggest that the field of art therapy may benefit by expanding research on body image which frames issues in a more respectful manner and takes the blame off of women, such as the feminist perspective.

Compatibility of the Feminist Perspective and Art Therapy

The feminist perspective suggests that supportive close relationships, education about the objectification of females, engagement in physical activity for health and wellness, and emphasis on internal qualities are factors that aid in the prevention and treatment of body image issues (Choate, 2007; Tylka & Augustus-Horvath, 2011). In reviewing the literature, I would argue that these factors are completely compatible with art therapy, since art therapy groups offer supportive environments where girls can focus on learning to appreciate each other's internal qualities above physical appearance. Art therapy groups can address media literacy and provide education about the objectification of women through the collage technique using magazines images (Edwards, 2008). Art-making can also be considered an enjoyable physical activity, particularly with techniques that actively engage the whole body such as splatter painting (Betts,

2008). The specific techniques that I found in the literature for working with body image issues from a feminist perspective, overlapped completely with those suggested in the art therapy literature: reframing (Dokter, 1994; Hinz, 2006; Tylka & Augustus-Horvath, 2011), scripts and role-plays (Edwards, 2008; Tylka & Augustus-Horvath, 2011), guided imagery (Hinz, 2006; Hunter, 2012; Hutchinson, 1994) and embodying exercises (Anzules et al., 2007; Betts, 2008; Briks, 2007; Hutchinson, 1994; Menzel & Levine, 2011; Tylka & Augustus-Horvath, 2011). Since the diverse areas of art therapy and feminist theory both suggest the same techniques for treating body image disturbance, the argument for combining these approaches is strengthened.

The most powerful literature I found to support my argument for integrating a feminist perspective and art therapy for the treatment of body image issues is related to the concept of embodiment (Hutchinson, 1994; Menzel & Levine, 2011; Piran et al., 2002). Hutchinson (1994) described how the sexual objectification of women in society leads females to feel disconnected from their own bodies. In the feminist perspective, embodying experiences which engage the senses and provide positive experiences in one's body are central to treating body image disturbances (Hutchinson, 1994; Menzel & Levine, 2011; Tylka & Augustus-Horvath, 2011). Art therapy, as an activity-based form of therapy, is inherently embodying (Briks, 2007). Art-making is an experience that engages the senses (Anzules et al., 2007; Betts, 2008; Dokter, 1994, Rabin, 2003) and can lead to positive feelings in one's body, which both feminist theory and art therapy literature agree to be a key to promoting positive body image. Based on this literature, I recommend a feminist-based art therapy approach to addressing body image issues, particularly for adolescent females as the embodying qualities of art-making combined with the theoretical standpoint of body image as a sociocultural factor has the potential to reduce risks and offer great benefits to clients who engage in this type of therapy.

Considerations and Risks

Dokter (1994) cautions that therapist's interpretations of artwork by clients who have body image issues and eating disorders should be avoided as this may reinforce clients' disconnection from their bodies. Instead, clients are encouraged to discover their own meanings, gain autonomy, and develop the trust to express their authentic thoughts and emotions. The trust developed between the therapist and client through art therapy can lead to the development of trust between the client and her own body (Betts, 2008). Art therapy can help clients with body

image issues to develop more positive associations to their bodies and overall identities (Betts, 2008; Dokter, 1994).

In forming an art therapy group for body image issues, Rust (1994) argues that “[the] balance of the group members [should be] considered carefully in terms of issues that might set one person apart from the others, such as age, race, class, sexual orientation and size” (p. 52). She suggests that to avoid potential feelings of isolation or scapegoating of a group member due to their difference, it is beneficial to have at least two people in the group with similar characteristics.

Another consideration when creating and offering art therapy groups for adolescent girls about body image, is that some girls may not enjoy or be comfortable using art materials. Naumburg (1966) believed that everyone has the inherent ability to express their inner world in visual form. While this may or may not be true, not everyone will be interested or motivated to participate in art therapy. Hinz (2006) writes that some clients may be extremely resistant to using art supplies due to lack of confidence, because of their association to art as a childish activity, or because they fear the art therapist will interpret and analyze their work. Art therapists who wish to provide a feminist-informed art therapy group for adolescent females must consider that some clients may not be willing or comfortable to engage in art-making. This paper suggests that art therapists prepare alternative exercises for these clients, because every girl should have the unique and beneficial opportunity to participate in a feminist informed therapy group for body image issues, regardless of their interest in art.

Conclusion

In reviewing literature on feminist approaches to understanding, preventing and treating body image issues, the salience of these issues for adolescent females particularly, and art therapy theories and techniques for working with body image, it is clear that these approaches are both compatible and combinable for treating and preventing body image issues. This paper argues for the incorporation of the feminist perspective into art therapy, and for the creation of feminist informed art therapy groups to work with adolescent females with body image issues. These groups are recommended to be offered within the school setting, as this may reduce stigma, offer an additional element of social support, and be the most accessible space for adolescent girls. This paper also serves to support the argument that feminist informed art therapy treatment for body image issues is an area worthy of future research which has not been

explored in the past and may offer many benefits to girls and women who deal with body image issues.

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