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Art-based activities and adverse events: An autobiographical inquiry

Janet L. Kuhnke

Cape Breton University, Canada *Email:* Janet.Kuhnke@cbu.ca

Abstract: This critical arts-based, autobiographical inquiry shares how my participation in art therapy contributed to my health and wellness as a survivor of adverse childhood events and an eating disorder. Art therapy experiences are explored as turning points in my recovery, and as support for healing emotions, spirituality, and physical health. This article explores the role of art-as-event across a continuum. Data for this article comes from personal art, journals, and photography. I discuss the role of art therapy the health care team as well as about the need to have courage to explore cracks in one's façade, engaging in difficult and dangerous conversations. This inquiry looks to add to a growing body of literature of how arts-based activities and journaling are embedded in long-term treatment and management of individuals' healing.

Keywords: Critical arts-based research, art therapy, autobiographical inquiry, eating disorders, journaling

Today I Live and Breathe

*Some days I feel as if I am outside the body I know I live within.
Some days I feel separate from the skin that holds me together.
Today, I feel my waist as incredibly heavy and weighted.
To me it feels out of control – out of my body.*

*I intellectually know, I am not physically apart from my emotional and spiritual being.
Knowing this, slowly draws me back as a whole.
This feeling of separation has been with me since childhood.
Some days I am tired of this feeling, it exhausts me.*

Today, when I stand and talk with you, I may be first checking to see if I am whole.

Sadly, at times, I link this wholeness to my competence to breathe and be.

*Yet, what I know to be tangible, is feeling rough tree bark,
Dense in its journey, beneath my palm.
The colours black, beige, grey, white and shades in-between,
My visual art. (Journal entry, January, 2020)*

This article explores how I interacted and was shaped by art-based therapy while taking part in treatment programs offered for trauma from adverse childhood events and an eating disorder¹. My aim is to share how art therapy can heal, adding to a growing body of literature of the therapeutic potential of

¹ The American Psychological Association (2013, p.329) states "feeding and eating disorders are characterized by persistent disturbance of eating or

eating-related behavior that results in the altered consumption of absorption of food that significantly impairs physical health or psychosocial functioning".

this medium (Leavy, 2018). Data, personal art, photography, and journals were created by myself, the author; examples shared in this paper are significant milestones in my healing journey. [The art in this paper, is the unschooled use of many mediums, yet it became and has become my voice (Finlay, 2011), while the journals, art and artifacts were collected and edited by myself for clarity.] My goal is to reflect critically on these mediums created over time.

Why Share this Journey?

A recent teaching experience set the stage for writing this reflective paper. I was working alongside students navigating the broad concepts of nutrition, feeding, and eating disorders in a health assessment and promotion class. I was conscious of my internal hesitancy and that I was holding back tears. I recognised this was an echo from my past. In smaller groups we continued to discuss the breadth and complexity of eating disorders. We spoke of how we perceive our bodies, inside and out. We questioned pressure from society, images and photographs on the internet, television and videos that exude messages that suggest “you must appear this way” or, “look like this, then you will be happy”. At the end of class, and upon returning to my office, I continued to feel internal tensions. I knew these were related to my present body image and the context of the history of trauma endured, and an eating disorder. As Smolak (2006) notes in her discussion of body image and eating disorders, body image dissatisfaction and distortion is common in persons who experience trauma:

Through dialogue with my trusted sister and academic peers, I began to see this an opportunity to explore my healing journey with some self-engaged art-based therapy.

As I read through my past journals and view the art I had created, I am deeply aware of the private and intimate nature of this work. I have included relevant “intellectual biography” examples and am “aware of the notion of the audience and what I will present, and what will remain private” (Roberts, 2002, p. 165). While creating this account, I practiced reflexivity activities (as a parallel process) including writing about and photographing my gardens and the wilderness. Mercer (2007, p.575) argues being reflexive in auto-biographical works is important as this research is “never only about the self”, but about the complex environments in which we live. My self-awareness and engagement included self-care, my personal “reflexive embodied empathy” (Finlay, 2014, p. 8). Walking, regular nutrition, quiet talks and dialogue with friends provided “a capacity to reflect on...[my] (inter-) subjectivity, processes, assumptions and interests both during the data collection and after” (Finlay, 2014, p. 8). Self-disclosure is a sensitive issue and includes the private worlds and sphere of the courageous individual involved (Courtois &

Ford, 2016; Liamputtong, 2009; Roberts, 2002; van der Kolk, 2014). All this also continues my healing process and growth.

Self-disclosure means showing your own imperfections, feelings, and experiences, including those related to failure... showing your human imperfections can reinforce the positive effects of idealization by highlighting that you have both admirable and less than stellar qualities-that you’re only human and aren’t afraid to show it. (Brandsma, 2017, p.222)

This [my] story is told from the point when I knew my cover story was fracturing, rapidly. Crites (1979) contrasts the cover story with the “real” story:

The story that cannot be faced is the real story, in the sense that it continues to assert itself in motivating one’s course of action, with the more acceptable scenario constantly being put forward as a cover story to rationalize the course of action, however awkwardly it may be made to fit.

I knew the risk of dialoguing and sharing dangerous conversations as real. They are not only “difficult professional conversations... [they] include dangerous conversations silenced ones, problematic self-disclosures, daring publications, and unfettered electronic communications” (Le Fevre & Sawyer, 2012, p. 263). Yet, I experienced long-term healing through journaling and creating art over time. This is, my “act of defiance” (Finley, 2011, p. 438); my self-disclosure (Unhjem et al., 2018). Finally, to speak of these issues involves an “internal evaluation process” that takes time (Jolley, 2019, p. 20). Therefore, I mindfully share my journey using art therapy that can “both monitor and modify [my] internal world” (Siegel, 2010, p. 29).

Background: What is Art-based Therapy?

Art-based therapy (AT) is a holistic term for wide-ranging experiential therapies used in provision of care for persons living with trauma (Hinz, 2006), and eating disorders (Eating Disorder Specialists, 2017). Evidence for offering art-based therapies in eating disorder programs along with professional therapy is a growing field of knowledge (Butryn, 2014; Frisch et al., 2006; Holmqvist & Persson, 2012; Marmor, 2016; Pratt, 2004; Thaler et al., 2017; Williams et al., 2010). Art-based therapists, train in the use of diverse mediums including visual arts, music, poetry, drawing, painting, drama, dance and movement, photography, and other creative works. In eating

disorder programmes, art-based activities typically co-occur with clinical efforts to encourage individuals to “explore feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem” (The American Art Therapy Association, 2017, para. 3).

Art activities engage individuals with eating disorders in deep personal moments in time, as emotions attached to adverse events may be disconnected or buried deeply within (Svaldi et al., 2012). As well, for those struggling with disconnect between body and self, arts-based activities support reconnection (Marmor, 2016). Art therapists, as part of an interdisciplinary team, seek to engage and challenge individuals to use art mediums and words to express emotional pain. The journey of recovery from adverse events and an eating disorder is profoundly complex and interwoven with care focused on spiritual, emotional, and physical healing (van der Kolk, 2014).

Frameworks Guiding this Inquiry

Methodologically, a critical arts-based research approach overarches this inquiry (Finley, 2011). I find strength and meaning in this approach, and in response, I thread images and art-creations throughout my paper. This is my “performative turn... a shift away from the written text to performance as a form of research” (Finley, 2011, p. 436). It is my voice in art. I see my contribution to arts-based research as emerging from adverse experiences, and my preference to order thinking in picture, tables, and images. These works were created to remind us to pay attention to individuals’ experiences and interactions that require attention, beyond words alone (Fish, 2018).

As an educator and researcher, I know that writing autobiographical accounts are never easy; it is, however, an “excellent way of examining how one’s personal history informs one’s present practice and plans for the future” (Kitchen, 2010, p.46). In turn, the self-disclosure supports my desire to live congruently and peacefully (Jolley, 2019). Dewey (1934), describes art as an experience, as occurring along a continuum, and over time. Art created in this paper reflects this continuity of experience and draws “up something from those which have gone before and modifies it in some way the quality of those which come after” (Dewey, 1938, p.35).

In this paper I wonder deeply, is it possible to speak of my journey “in such a way that does not do violence to the speaker and... [to my] experiences” (Stone, 2004, p. 52). Sometimes I wonder if staying silent is the better turn. Taking a lead from Stone, I seek the writing of Sarah Kofman (1998, p.10) who

reminds me “to speak: it is necessary – without (the) power”. I know I have not yet mastered the adverse events, yet, I see them as being moved into a place where they have “no longer a dominating and oppressive power” (Stone, 2004, p.54).

This exploration has helped discover art-as-event and it shares my long-term healing and joy in creating (Greene, 1995). Knowing this, I lean into Greene’s (1995) discussion of the shaping influences of childhood recalled. I am deeply aware of the significance of childhood stories and my subsequent teenage and adult living with the effects of adverse events. Greene reminds me, I cannot:

Return to the landscapes of those prereflective days...[I] can only become present to them by reflecting on them. Yet even so, if...[I] do make the effort to reflect upon them...[I] become far more present to... [my creative, energetic], enmeshed and open-ended sel[f]. (1995, p.73)

I also return to van der Kolk’s (2014) descriptions of art, writing and trauma-based care. As I read my opening poem, I reflect on how I continue to vacillate in, through and out of my body on a regular basis; a long-term effect of adverse events (Courtois & Ford, 2016; van der Kolk, 2014). In the past, I physically fled by free-floating far above my family home; a dream that still surfaces in my dream world today. Complex trauma, I know, may show up in sleep disturbances or dissociative reactions (Courtois & Ford, 2016) while dreams of floating or flying in active motion may be related to self-control (Van de Castle, 1994, p.338).

van der Kolk (2014), in his descriptions of the role of therapies used to assist in healing from trauma, reminds us of the following:

There are thousands of art, music, and dance therapists who do beautiful work with abused children, soldiers suffering from PTSD, incest victims, refugees, and torture survivors, and numerous accounts attest to the effectiveness of expressive therapies. However, at this point we know very little about how they work or about the specific aspect of traumatic stress they address, and it would present an enormous logistical and financial challenge to do the research necessary to establish their value scientifically. (2014, p.244)

As I pursue my project, I aim with this paper to add to a growing body of literature on the benefits of art-based activities and research (Leavy, 2018).

Body Image: Pen and Doodling

I grew up surrounded by quiet rural farm life, books, art, drawing, and creative people who readily shared their gifts. In sketching and drawing, I came to know my preference for doodling was tolerated by my teachers in our small three-room public [private] school.

Doodling, for some researchers, is seen as increasing concentration or as part of being bored (Andrade, 2009). In my journey I used doodling (rough drawings) to share, and to help move through speechlessness. Doodling brought me quietness and a space to rest. During high school I came to appreciate doodling as a beneficial activity to improve my concentration and focus (Andrade, 2009). I have carried this activity forward as I moved into adulthood; doodling alongside work phone calls, meetings, and conferences, margins of my notebooks colourfully decorated with trees and skies, places I would rather be.

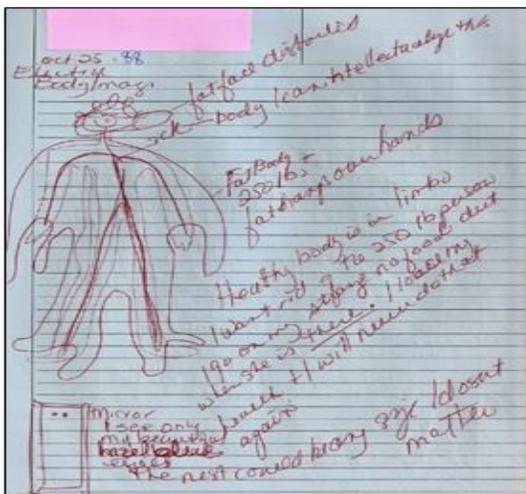


Figure 1: Doodling and Learning to Journal Alongside (Red pen on paper)

When I reflect on the role of doodling in treatment programs, the role of the art-therapist is prominent. With regular activities we began to look at the images I doodled throughout my voluminous journals. Early in my recovery these images emerged as my voice (see Figure 1) (Doodling and journal notes, October, 1988). Through doodling, I dared to tell the awkward truth about how I saw myself and my body and how this had transferred into the chaotic world of living with an eating disorder (Fenwick & Sullivan, 2011). The creation of art made it safe to engage in painful conversations with the art-therapist and health care team members (van der Kolk, 2014). I dared to share the adverse events that shaped my teenage and messy adult world. Through doodling I could describe: “the 250-pound person that I thought I was, with descriptions

of the heavy-set, weight drooping over my hands, immobilizing me, and driving me to tumultuous living; of always trying to be the thinnest I could be” (Journal entry, January, 1989).

By journaling alongside images, I reflect on the following notes in my journal: “when I look in the mirror, I see reflected back at me - two eyes, and I lament that the rest of the body does not belong to me, my goal to be smaller and smaller” (Journal entry, February, 1989) (see Figure 2). The effort to become healthy was tedious, painful and many days I wanted to ‘just quit – two eyes in a wall’.

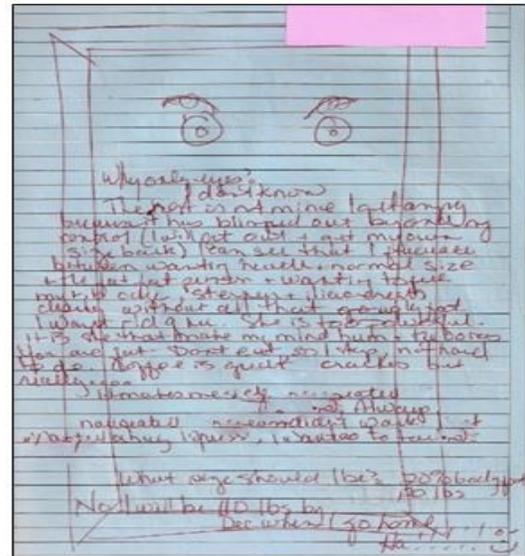


Figure 2: Two Eyes Talking Back (Red pen on paper)

When I entered treatment, I had already been unwell for some years. The cycle of rituals, need for order, heightened body awareness and meticulous checking, had been my friend for many years through high school, college and into university (Gargaro et al., 2016).

Friends discretely mailed newspaper clippings of famous people dying from eating disorders. Family and friends mailed books discretely to me to encourage and notes were left in my mailbox. These all told me the cracks in my facade were rapidly opening (Levenkron, 1978, 1982; Orbach, 1986; Palmer, 1986; Valette, 1988).

My Arrogance and Art Meet

In my arrogance and privilege, at first, I did not understand the rationale for art therapy classes and journaling in an eating disorder program. At the time, I had just entered an interdisciplinary treatment program (including psychologists,

nurses, physicians, social workers, spiritual care advisors, dietitians, art-therapists, and physiotherapists); I was in my early twenties and trying to die. I thought I was just in the hospital to learn to eat regular meals.

Early in my healing journey, an art therapist introduced me to colouring and journaling (see Figure 3). She offered me a colouring project of which I dutifully completed. The use of colouring pencils and books is supportive in helping trauma recognize and name emotions (Meijer-Degen & Lansen, 2006).

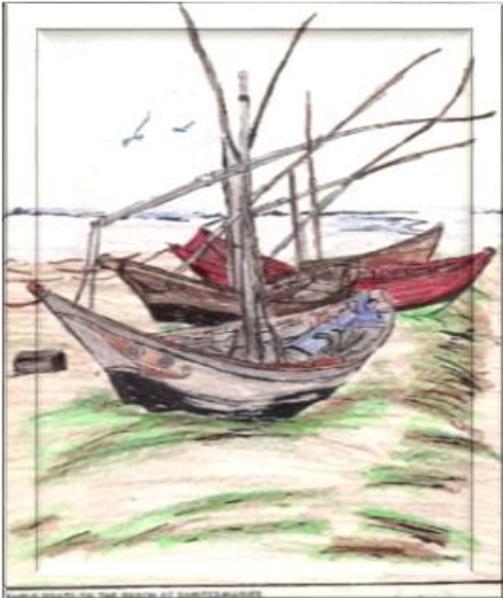


Figure 3: Moving Through Speechlessness
(Colouring pencils on paper)

During this time of colouring, my mind was quietened, and I did not have the urge to pace and burn calories. "I thought the request to colour images from a coloring book, and then to journal for five minutes about my feelings, was truly beneath me" (Journal entry, September, 1988). Yet, in her kindness and persistence, and over time, I completed many colouring projects. During these times and when colouring, we talked, built trust, and spoke about finding my voice in colour and in pictures. I am not sure I had thought of colouring this way, though crafts, sewing, and gardening had always surrounded me in my growing years.

I reflect on my journal notes about interactions with the art-therapist:

AT: The goal of art therapy class is to focus on your feelings and to then write about them (she explains to a small group). The health care team has asked that you journal for five minutes while you are here.

Janet: Yes, I saw this described in the 'Program Handbook' (I am arrogant in my tone). You know I just want to go home. I told the team today that I will eat with friends at work, yeah, like that is the problem (in my cynical tone). They told me that my wanting to go home is just a way of not getting well, and that my promise to eat meals with friends is not real or truthful (I am shocked they do not believe what I say).

AT: What is the real problem?

Janet: I do not want to talk about it, please.

AT: Can you draw what you are feeling (asked in a kind, questioning tone)? (Journal entries, October 1988).

Through weekly meetings and in collaborative discussion with the art-therapist and health care professionals, the door of secrecy cracked open - ever so gently. The hinges creaked and brown-dirty rust fell to the floor. In my journal I wrote: "I am so afraid to talk, fear and pain rushes through me. I cannot tell the secrets, but do you see that small microscopic dot over the hills, that is me" (Journal entry, October, 1988) (see Figure 4- blue arrow added for clarity).

The dot in this colouring, became my "ah-ha" moment, my turning point - "a stop". Applebaum (1995) describes a stop as:

A moment in which personal or cultural history stands before two diverging pathways. One leads to a repetition of the known, the tried and true, the old, the established. It is safe, secure, and stale. The other [stop] finds a renewed importance in the unknown, the uncharted, the new, the dark, and dangerous. (1995, p.16)

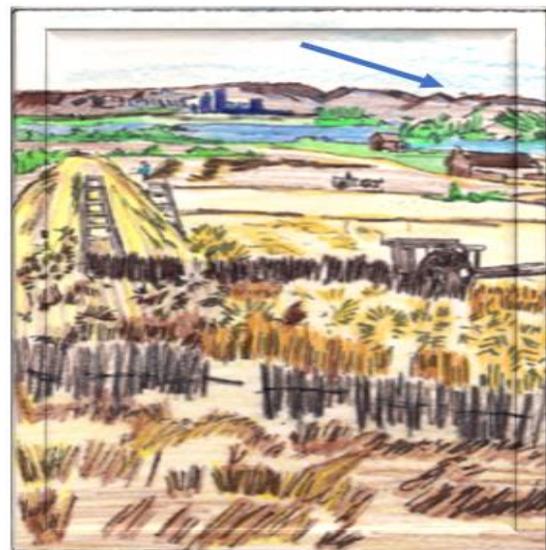


Figure 4: Free-floating (Colouring pencils on paper)

This is a moment I clearly recall. I could continue in my present ill health or *choose* to participate in care offered. I realized I could use art to help me speak. In my journals, I wrote the following: “You mean I can learn to talk about adverse events through stories in drawing, doodling, and coloring” (Journal entry, September, 1988)? Here I was sitting in the basement room of a hospital tower, colouring, finding my way from speechlessness to potential health. van der Kolk (2014) clearly describes this speechlessness as a response to adverse events. I recall this quiet unassuming craft room, with a small window, low-light, and art-supplies around me.

Art Emerges: Disappearing Eyes and Arriving

Over time, I continued to use art to express my desire to live and be. Art became my voice, my resilience (Finley, 2011). Sketching became my medium of choice as I sought to unite the disconnect between how I felt physically and emotionally (van der Kolk, 2014). For me, this took time, months, and years, with unwavering support from health care professionals that valued dialogue, journaling, and exploring my art. To grow my art, a close friend encouraged me to take art classes. In the local community center, a passionate older gentleman shared his journey and love of creating art. He willingly looked at my sketches and gave practical support, “draw every day, he told me” (Journal entry, December, 1994).

Over time, my stacks of sketch books mounted. I began to oil paint, the diverse colours bringing joy. I collected art books to support my learning. Here I studied detailed descriptions of well-recognized artists who painfully struggled in life. Their stories brought further comfort and hope for my future. Vincent van Gogh’s (1975) story of ‘feeling unwell’ rang true. In writing to his brother Theo, he yearned for recovery and health (Cabanne, 1975). A famous Canadian painter, Emily Carrs’ words “when the world gets, one, too much” (as cited in Braid, 2000, p. 40) brought optimism and resilience. I appreciated these artists, as they too used art to find voice.

Community-based art classes became where a place where I could quietly sit, be, and breathe - united in self (Brown, 2007). My body distortion lessened, my yearning for death passed, and my eyes and body merged - to test life (see Figure 5). Art crossed the chasm of social isolation I experienced as I slowly healed. I viewed others’ creativity and listened to their stories. I learned how art became part of their journey, in turn I

cautiously shared my art. Community art classes melded well with care from the community-based treatment program of which I was part. I had come to carry a small sketch book and to consistently challenge myself to move emotions and feelings onto paper. Over time, I moved the sketches into oil painting, choosing vibrant warm colours; pencil and charcoal sketches became oil-paintings. Oil became the medium in which I could share feelings of rage and fury at the adverse events, and years lost, trying to die (van der Kolk, 2014).

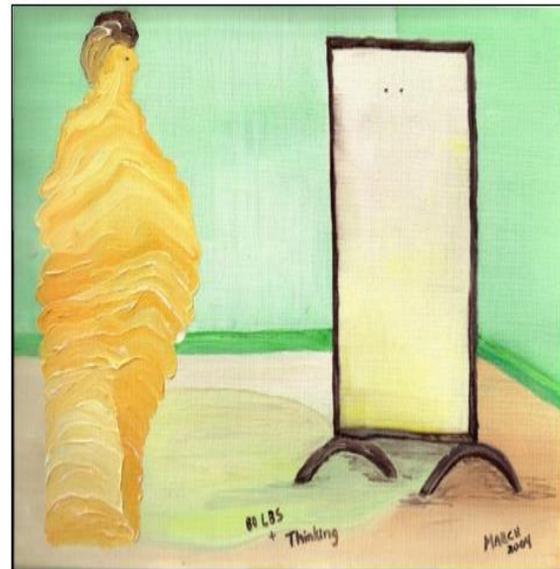


Figure 5: 80 LBS and Thinking (Oil on canvas)

Connecting: A Vision in Colour

I constantly sketched, visited beaches, walked along the oceanside, and hiked far into the bush. Community art exhibitions and reading about artists brought well-being. I became less socially isolated and began to respect my changing body and shape. I befriended artists who willingly spent time teaching me the use of water colours, charcoal, and carving wood and stone. These activities continued to contribute to my growing health. In my journals, I count twenty or more versions of distorted bodies and two-eyes. In my journals I read: “I feel invisible, separate, and without voice” (Journal entry, February 2004). Yet, over time and with the use of oil, I created an image representing myself, the eyes are within the shape (see Figure 6). Here, I became more connected and reengaged (Marmor, 2016).

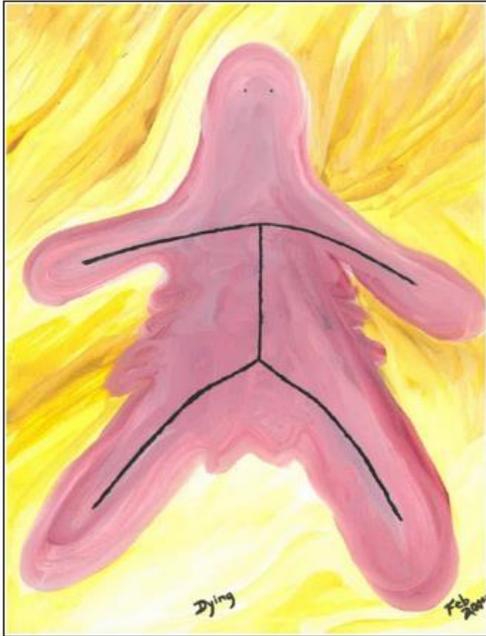


Figure 6: Dying (Vibrant oil on canvas)

In my yearning for health, there was a constant dance with the past, a back-and-forth; one step forward, one backward. As I read in my journals, I see the following description of tension-filled moments when I disclosed events endured:

You are a horrible person, you are nothing. You should die for telling. People can see “it” [the events endured] tattooed on your forehead. You are a tattler. They see your distracting thinness and think that is the problem, you are trying to die – you are like disappearing eyes. My mind chatters in response - if you were thinner, they would not be able to tell, you could go back and hide in the chaos of trying to die. (Journal entry, February, 2004)

‘Dying’ was created was in stark contrast to the person I knew I was becoming. I knew myself as a capable, privileged woman receiving treatment for trauma and an eating disorder. I worked full-time as a professional, and had a supportive circle of family and friends, however, this is what I thought of myself. ‘Youth’ was created in an ongoing effort to draw self - without distortion (see Figure 7). This reflects a growing strength within, an emergence of self, intact. Though I yearned for the safety of thinness, I saw my body image shifting in health, and this at times this was exhausting (Smokak, 2006).



Figure 7: Youth (Pencil and Charcoal) (June 2012)

My Perspectives Grow, and Today I Live

Do you ask about creativity?

Today, I create, oil-paint and photograph and am thoughtful, and purposeful my creating. During this time, I am quiet physically and calm. In my journey, the role of the art therapist, community artists, and the health care team were consistently present and occurred across community and health care sectors. Art helped me emerge, whole. The role of art in residential and community-based treatment programs were unique to my journey. The medium was mobile – my sketch book and journals were my friends, crossing the boundaries of social and emotional isolation. They became non-judgmental companions, away from the ritualistic order I sought in my previous chaotic life (Marmor, 2016).

Today, as I reflect on my journey with art, I passionately believe arts-based activities navigated the roadblocks of speechlessness (Frisch et al., 2006); death, pushed back by the beauty of creativity. I believe the art-mediums used, in collaboration with interdisciplinary care, crossed the dense isolation in which I lived while healing from trauma endured and an eating disorder (Leichner et al., 2014). When I reflect, on the role of the art therapist and my journey as a client with art, there is for me a deep and heightened self-consciousness

about body image (Marmor, 2016). Art had an integrating function and re-engaged myself with my mind, spirit, and body (Marmor, 2016). Drawing self-intact and without distortion (see Figure 7), is difficult and dangerous work (Le Fever & Sawyer, 2012). Journaling, doodling, and oil-painting shaped my coming to understand the relationship between events endured and eating disorder; this took time, effort - terrific effort at times.

Body-distortion and Self-care

While creating this paper, I became aware of how some elements of body distortion prevail (Dalhoff et al., 2019). During this project, I experienced a heightened awareness of the need to take care of my body, so as not to be so caught up in past and to not remain present (Finlay, 2014). To ground myself, physically, mentally and spiritually, I regularly snowshoed and returned to the earth; the trees, wind, and kindness of water crashing beside me - reassuring. The reading and reflecting on life past, are difficult and challenging (Stone, 2004). As I hiked, I photographed three images of the winter ice-storm to reflect my present life and balance (Finley, 2011). Here, I can focus on the firmness of the frozen bark in the harshness of the freezing rain. These images quell the emotional flood of reading past journals and art created.

Today, I find great joy in the colours of a broad and aged walnut tree (*Journal entry, January 2020*). In the knot of the walnut tree I see a reflection of a previous chaotic life, cumulative, and a yearning for death, deep and dark (see Figure 8a).



Figure 8a: Growing Perspectives

As I step back on my snowshoes my perspectives grow. The cracks of the walnut tree are open, reflecting my chipped façade, ready at the mark to host difficult and dangerous conversations (see Figure 8b).



Figure 8b: The Façade Cracks

Stepping back even further, I can see health, possibilities, and a growing future. The freezing ice-rain pours down the trunk; they are my tears of happiness for health gained, my breath, and for being alive (see Figure 8c).



Figure 8c: A Window of Opportunity

Cracks in the Façade, a Window of Opportunity?

'Art-as-event' (Greene, 1995) moved me through the belief that my picture was complete, fossilized forever – death by an eating disorder. Instead, I have come to understand that “all perspectives are contingent - that no one’s picture is complete” or finalized (1995, p.82). Greene (1995) reminds us of how reflecting on childhood events helps us grow. As an educator, I felt incredible tension when instructing students about eating disorders, causes and long-term effects. This event caused a crack in my ‘cover story’, of competence and confidence in my role (Crites, 1979). Yet, by heeding to the tensions, this became an opportunity to write, from which I knew I could grow further. This was a “levelling of the playing field” and my opportunity to be “human too” (Jolley, 2019, p.20). Greene shares the following when intentionally writing about childhood journeys:

It is this kind of [writing, and] rewriting that I will do here... that have been important to me in the making of a narrative and the search for shapes of childhood. This is not, I want to stress, a memory game. This kind of search is intended to restore a visibility to the shapes of a primordial, perceived landscape; and I have discovered that literature (for me) [and art] has the potential of making visible what has sunk out of sight. (1995, p. 77)

Difficult conversations, what is the risk?

Today, I turn to Stone’s (2004) description of how to describe raw events when writing. For me, my eyes in the mirror staring back at me were “my unspeakable nature of trauma...true speech...my madness” displayed in colour (2004, p.50, 54). They echo and reverberate the chaotic and chronic distress associated with adverse events, though now quiet and contextualized (Stone, 2004). My journey with my body image and my perception of my body within, and without, remain a work in progress (Gargaro et al., 2016; Marmor, 2016). Through acknowledgement of the trauma endured, I gained art and life. I stopped feeling so robbed of my very being and my right to breathe (van der Kolk, 2014).

Greene (1995) reminds us through deep attending and purposeful reflection, we are in the midst and

We experience objects and other people’s actions corporeally and concretely. And despite the distancing and symbolizing that come later, the narratives we shape out of the materials of our lived lives must somehow take account of our original landscapes if we are to be truly present to ourselves and to partake in an authentic relationship[s]. (1995, p. 75)

Stone (2004) states, our desire to have others comprehend the raw, emotional distortion within, was perhaps “outside of comprehension, and unapproachable perhaps only via art [doodling], via the elliptical, the sideling, [and] the metaphorical” (2004, p. 55). In turn, these images visually reflect dangerous and uncomfortable conversations (Le Fevre & Sawyer, 2012). Yet, they are real and part of my journey. Red ink in tree bark reflects strength, a voice, and resilience (see Figure 9). Sketching releases tension, ink moved into tree bark – branches of the Red Cedar emerge – more beauty in my world.



Figure 9: Western Red Cedar (Red ink on paper)

I am aware of the risk of asking this piece to be reviewed and edited towards being published. This story comes from a “child place” (Jolley, 2019, p. 23), placed in an adult world. I “want my journey with art to be shared to encourage others; I know this to be altruistic, but it matters to help others find voice through art” (Journal entry, January, 2020). I pause and reflect upon the following journal entry which recognises my shame. Brown (2007, p.13) defines as: “I am bad (shame) and I did something bad [as] guilt. Shame is about who we are, and guilt is about our behaviors”.

Within, I sense a power struggle, fear and retaliation for creating this work; I fear retaliation toward self. I fear the criticism of those reading this work. I know sharing adverse events (for me) evokes shame or the fear of shame. Yet, I have chosen to write about difficult times (Stone, 2004), and dangerous times (Le Fevre & Sawyer, 2012). I ask you the reader to pay attention to how you feel as you read. I want you to know that my intent is to share about how art-based therapies helped me heal from adverse events and how I continue to create art today. I know I cannot control how you may look at me in the future. I am cautious as I write. I wonder if you will look at me differently after reading this work. (Journal entry, January, 2020)

Writing about difficult topics takes courage and resilience (Brown, 2007). "The foundation of courage is vulnerability-the ability to navigate uncertainty, risk, and emotional exposure. It takes courage to open ourselves up to joy" (Brown, 2017, p.144)

The Health-care Team, you are Important.

Art therapists and the health care team supported my understanding of how events endured, and disordered eating kept me from health (van der Kolk, 2014). I came to know how my bodily experiences of separateness, was initially purposeful and protective, and how it became very, powerful and destructive (Marmor, 2016). I came to understand why being separate from adverse events and free-floating above the earth had become safe (van der Kolk, 2014). Over time and as trust with the art-therapist grew, I came to look forward to quiet times in the craft-room where I could find voice through art. I drew images and journaled on how disordered eating brought a sense of control and order from adverse events (Brown, 2007).

In time, and with consistent encouragement, art became my resilience, in an ongoing effort to be well (van der Kolk, 2014). My journey with art has grown. It had been safer to hide and hate myself rather than to risk having a relationship with my body or with people, care givers and health care providers ready to help (Marmor, 2016). Art gently drew together the "splitting off [of] large chunks of reality", dominant self-loathing and self-hate that had permeated my world for many years (van der Kolk, 2014, p.281). Greene (1995) further reminds me:

If I can make present the shapes and structures of a perceived world, even though they have been layered over with many rational meanings over time, I believe my own past will appear in altered ways and that my presently lived life...will become more grounded, more pungent, and less susceptible to logical rationalization...[while I] reach for the prereflective experiences that art can make accessible if [I]...attend". (1995, pp.77-78)

Art, images, and colouring exceeded my speechlessness and I began to re-story my life. Journaling allowed me to learn to write out and then articulate my distress; it has been a long-term process. Art surpassed the sense that "no one would believe me if I really told them how I felt about myself and in relation to adverse events" (Journal entry, February, 2020).

The Closing of the Poem...

"I sketch and create art with oil.
Here I am together, with meaning, breath, and
voice". (Journal entry, January, 2020)

Dedication

This creative work is dedicated to my treasured and cherished father and friend.

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About the Author

Janet L. Kuhnke is a tenure-track, assistant professor in the baccalaureate-nursing program, School of Professional Studies at Cape Breton University. Before coming to the academy, Janet lived and worked as a clinical nurse and educator in rural communities in British Columbia, alongside Aboriginal members and communities. Janet is active in Wounds Canada as a Nurse Specialist in Wound, Ostomy and continence care, and advocates for prevention of diabetes related foot ulcers and amputations. Janet completed her doctoral studies in psychology at California Southern University; Dr. Brandon Eggleston supervised her. The metasynthesis conducted focused on the quality of life – spiritual and mental health well-being while living with diabetic foot ulcers; Two-Eyed Seeing principles guided this work and reflexive practice was alongside. Janet continue to coach and mentor students in baccalaureate and masters qualitative research projects and thesis