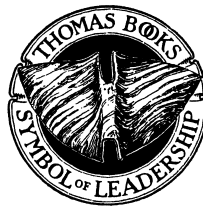


**THE CREATIVE THERAPIES
AND EATING DISORDERS**

THE CREATIVE THERAPIES AND EATING DISORDERS

By

STEPHANIE L. BROOKE, PH.D., NCC



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PREFACE

T*he Creative Therapies and Eating Disorders* is a comprehensive work that examines the use of art, play, music, dance/movement, drama, and spirituality to treatment issues relating to eating disturbance. The author's primary purpose is to examine treatments approaches which cover the broad spectrum of the creative art therapies. The collection of chapters is written by renowned, well-credentialed, and professional creative art therapists in the areas of art, play, music, dance/movement, and drama. In addition, some of the chapters are complimented with photographs of client art work, diagrams, and tables. The reader is provided with a snapshot of how these various creative art therapies are used to treat male and females suffering from eating disorders. This informative book will be of special interest to educators, students, and therapists as well as people struggling with eating disorders.

S.L.B.

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**THE CREATIVE THERAPIES
AND EATING DISORDERS**

And now?

*Somewhere inside the stone I see my breath against the glass
At the centre behind the glass, suffocation
Hospital smells and sticky dimpled peas glued to steaming plastic trays
The walls here are thick and no one hears me
My hands, clawing, praying, hoping
My legs crimp, paralysed expression
My cries are swallowed, something inside me pulls my voice downwards
Famine
Only faint echoes, no one must hear
Shh . . .*

*I am cold, shivering
My stomach swells
Powdered pills and false compassion
Darkness intrudes, the path is full of shadows
I am floating
Pushing from the inside
Light, light as a feather
Trying to get out
I do not feel
Trying to be released
The silence hammers into my head
Alone, marrying my appetite
Do not speak, do not move
Craving freedom
Blackout, curtain . . .
Gingerly crawling back behind the stone
I look through the glass
Only remnants of my breath, clinging
I cease to be*

Chapter 1

EATING DISORDERS ACROSS THE WORLD

STEPHANIE L. BROOKE

Was macht mir umbricht, macht mir starker.
Nietze

Introduction

Although typically thought of as a woman's disease, eating disorders affect men and women alike as they emerge into culture and society. Research from the course of the latter half of the twentieth century indicate that eating disorders exist in many corners of the world, even those thought to be protected from such disorders (Nasser et al., 2001). Why is there an obsession with food across cultures? Why is there an epidemic of suffering among people at a moment when men and women are reaching out to find a place for themselves in society? Some view eating disorders as a inherent struggle with identity (Chernin, 1985). The purpose of this chapter will be to take a look at the research of eating disorders in countries across the world.

Widely considered a Western phenomena, eating disorders are also pervasive in Eastern cultures and appeared in their literature in the 1970s (Soh, Touyz, & Surgenor, 2006). In fact, eating disorders were thought to be rare in non-western cultures. However, as far back as the seventeenth century, eating disorders have been recognized as a problem. For instance, in Japan, the word, fushokubyo or non-eating illness was described in Kagaywa in the seventeenth and eighteenth centuries (Soh, Touyz, & Surgenor, 2006). Most of the people were women and the illness was thought to be psychological in origin.

Many cross-cultural studies will look at ethnicity in relation to the development of eating disorders. Specifically, it is thought that the more acculturated the person, the more likely he or she will develop an eating disorder (Al-Subaic, 2000; Furukawa, 2002). The results in the literature have been quite mixed on this line of thought:

Thus exposure to Western culture is not irrefutably associated with eating disturbances, nor with body image issues and their associated desire for slimness which are commonly appearing variables in etiological models of eating disorders. However, interpretation of the results is hampered as many cross-cultural studies only take ethnicity into account and do not quantitate the degree of acculturation into Western society or the level of retention of traditional values. (Soh, Touyz, & Surgenor, 2006, p. 57)

Culture itself is a complex term referring to language, beliefs, myths, customs and symbols associated with a culture. “The experience and exposure to the difference between two cultures, rather than a particular culture itself, is also hypothesized to contribute to the etiology of eating and body image disturbances” (Soh, Tyouyz, & Surgenor, 2006, p. 58). A class between the traditional culture and the adopted culture may cause a disruption in eating and body disturbance.

Africa

One study used a survey method to establish levels of eating disorders in Black and White female students in South Africa. Young Black females that showed high risk for developing or having an eating disorder were interviewed. Although thought to be a problem of Caucasian South Africans, the survey found that Black girls were as likely as White girls to have eating disorders. The girls ranged in age from 15–25. In some cases, this was also true of males. As opposed to self-starvation, the common disorder found among Black South Africans was bulimia nervosa. The incidence of eating disorders in young girls from other African countries was rarely reported. The authors mentioned the problems with surveys followed up by interviews. “Relying on self-report measure alone will provide an indication of eating disorder pathology, but not a eating disorder diagnosis” (LeGrange et al., 2004, p. 440). Therefore, the authors recommend a two-stage screening process – surveys followed by interviews. Out of the rapid socio-cultural change in South African, there has been a rise in eating disorders in Black youth. LeGrange and colleagues (2004) found significantly greater eating disorder pathology in Black high school students than their white or mixed race counterparts in South Africa. LeGrange and colleagues postulate several reasons for this emergence of eating disorders. First, the rapid socio-political changes in South Africa have challenged the traditional gender roles leaving Black women unprepared for the new role and thus vulnerable to developing an eating disorder. Second, with the abolition of Apartheid in 1994, there is increased exposure to the Western culture. This has caused a shift from collectivism to individualism.

Australia and Hong Kong

Sheffield and colleagues (2005) conducted a cross-cultural study to test the validity of a biopsychosocial mediation model that hypothesized a variety of biological, psychological, and social variables would have an impact on eating disturbance through the mediation of body image dissatisfaction. Hong Kong has shown a considerable rise in eating disorders. “While Chinese people have traditionally emphasized that attractiveness is based on the beauty of facial features rather than body shape, recent research has shown that young Chinese women in Hong Kong share the same ideal of slimness as Caucasian women in western societies, although relatively few engage in serious dieting” (Sheffield, Tse, & Sofronoff, 2005, p. 114). One hundred Australian females, ranging in age from 17–28, and 48 women from Hong Kong were examined. Although no significant differences were found between the groups of women in levels of body dissatisfaction and eating disturbance, different variables in the biopsychosocial model predicted their risk of developing eating disorders. The researchers found important cultural differences in aspects of dieting and body images between the two groups. For Australian women, body dissatisfaction directly influenced and mediated the effects of self-esteem. For Hong Kong women, body dissatisfaction was no longer a significant predictor of eating disturbance, while self-esteem had a direct effect on eating disturbance. “The results indicate that risk factors contributing to body dissatisfaction and eating disturbance are not the same for Australian and Hong Kong women, signifying that cultural differences appear to exist in the prediction of eating disorder symptomatology” (Sheffield, Tse, & Sofronoff, 2005, p. 120).

China

A study of 301 Chinese immigrants in New Zealand examined eating disorder symptomatology using the Eating Disorder Inventory (EDI), the Positive and Negative Perfectionism Scale (PANPS), the Multigroup Ethnic Identity Method (MEIM), and the short form of the Marlow-Crown Social Desirability Scale (MCSDS) (Chan & Owens, 2006). As measured by the EDI, negative perfectionism (e.g., drive for thinness, bulimia, and body dissatisfaction) significantly predicted more eating disorder symptoms. Positive perfectionism was associated with some psychological correlates of disordered eating through some components of acculturation and ethnic identity. “The relationship between Negative Perfectionism and disordered eating may be partly explained in the context of Chinese culture, in conjunction with the influence of Confucian heritage. The Confucian emphasis, on social