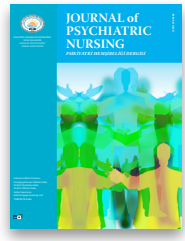
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Experimental Research

A group process: long-term art psychotherapy process in individuals with eating disorders

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Abstract

Objectives: Eating disorders are a serious public health problem prevalent among adolescents, young adults, and women, and they have negative physical and psychological consequences. Art therapy can offer a safe space to understand the underlying dynamics of eating disorders and promote resilience. This study aims to examine the long-term group art psychotherapy process in individuals diagnosed with eating disorders and the problems experienced by these individuals through the artworks they produce.

Methods: The study was conducted with 11 female patients with anorexia nervosa, bulimia nervosa, and binge eating disorder. Art therapy lasted for two years and consisted of a total of 58 sessions, held for 2 hours per week. The art psychotherapy interventions used were semi-structured and planned. Qualitative data were evaluated through artworks, video recordings, and session reports. The approach in this study was used as a psychotherapy method to activate various senses and facilitate the symbolic expression of emotions and thoughts, helping to uncover the underlying conflicts generating the symptoms and thereby supporting psychological growth and recovery.

Results: Group interactions and artworks produced during therapy initially focused on symptoms but evolved into more in-depth individual sharing in the later phase. Through the artworks created during art psychotherapy, themes such as distorted body image, negative self-perception, loneliness, inhibited emotional expression, depressive mood, high anxiety, feelings of guilt, obsessive thinking, low functioning, relationship problems, sociocultural pressures on the body, cognitive distortions related to the body, and denial of sexuality emerged. By understanding these themes reflected in the artworks and their connections to symptoms during psychotherapy sessions, these problems could be addressed psychotherapeutically.

Conclusion: Patients developed in-depth awareness of both themselves and others. It was observed that their functioning increased in various areas of life, such as returning to work and school. The study contributes to clinical practice by enhancing understanding of eating disorders and informing the development of effective psychological treatments.

Keywords: Art psychotherapy; art psychotherapy process; eating disorders; group psychotherapy; psychodynamic psychotherapy

Eating disorders are defined as serious public health issues involving adverse physical and psychological consequences and are common among adolescents and young adults.[1,2] Eating disorders, which fall under the categories of anorexia nervosa, bulimia nervosa, and binge eating disorder, are psychiatric disorders characterized by abnormal eating behaviors, obsessive thoughts about weight, and a deteriorated perception of body image or appearance.[3]

Eating disorders are a response to dissatisfaction with body weight and a preoccupied, distorted body image, resulting in

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compensatory behaviors such as dieting, use of diuretics/laxatives, extreme levels of exercise, vomiting, and starvation, all of which can be life-threatening.[4,5] The behaviors individuals engage in to manage their bodies are prominent in the etiology of the pathology and therefore are the primary targets of treatment.[6] They also tend to have perfectionistic, impulsive, obsessive, and distorted patterns of thinking, experience difficulties in emotion regulation, and suffer from psychological issues such as loneliness, intolerance of negative emotions, and intense anger.[7,8] Patients with anorexia nervosa have limited awareness and understanding of their own emotions.[9,10]

The treatment of eating disorders typically requires a multidisciplinary approach and can take a long time.[11] Difficulties in recognizing, organizing, and symbolizing emotions are among the most common symptoms associated with eating disorders. Therefore, gaining awareness of both the body and emotions is a key factor in supporting patient development. Instead of focusing mainly on eating behavior, holistic approaches that involve various disciplines and target eating disorder-related problems across these domains can yield more positive treatment outcomes. There are two important goals in treatment: (1) to resolve the patient's physical problems and ensure survival, and (2) to understand the underlying issues responsible for the eating disorder symptoms. In the treatment process, psychotherapies that examine the meaning of symptoms, in addition to medical treatment, are of fundamental importance.

What is presently known on this subject?

- Long-term art-based group psychotherapies are considered beneficial for individuals with eating disorders; however, the literature provides very limited descriptions of how group dynamics, symbolic expression, and therapeutic mechanisms evolve throughout extended treatment processes.

What does this article add to the existing knowledge?

- This study offers a detailed, stage-by-stage analysis of a two-year psychodynamic art psychotherapy group involving patients diagnosed with eating disorders. It uniquely documents how symbolic expression, emotional awareness, group cohesion, and the depth of psychological work transform over time, illustrating clinical change mechanisms rarely captured in previous research.

What are the implications for practice?

- Findings demonstrate that structured long-term group art psychotherapy enhances emotion regulation, body awareness, interpersonal functioning, and real-life functioning (e.g., return to work/school). The results provide clinicians with a replicable intervention model and highlight the importance of integrating art-based group psychotherapy into multidisciplinary treatment programs for eating disorders.

Theoretical Framework

Art Psychotherapy for Eating Disorders

Art is used as a psychotherapy method to activate various senses and facilitate the symbolic expression of emotions and thoughts, helping to uncover the underlying conflicts generating symptoms and thereby supporting psychological growth and recovery.[9,12,13] Art psychotherapy, a method based on creating artwork, facilitates the establishment of spontaneous and creative communication, thus activating pre-verbal processes that serve as a foundation for addressing the underlying causes of patients' maladaptive behaviors and unraveling their rigid defenses, whereby new and more satisfying ways of interacting with others can be developed.[9,12,14,15] Through the use of art in psychotherapy, it is possible to observe the patient's creative process, examine their attitudes and behaviors, and understand underlying dynamics by analyzing the resulting artworks.[12,16]

The expressive techniques used in art psychotherapy are particularly beneficial in the treatment of eating disorders, as they can reveal patients' hidden feelings and memories embedded in bodily experiences. Psychodynamic therapies, especially expressive and experiential art psychotherapies, have been shown to yield positive outcomes for individuals with eating disorders, as they provide a framework for analyzing the effects of emotions, thoughts, and behaviors on eating attitudes.[14,17–19] Art psychotherapy enables patients to externalize conscious and unconscious aspects of their inner world into artwork and to explore and understand these aspects with the support of a therapist. These aspects can then be re-internalized and transformed into healthier forms.[12,20]

An increased ability to express non-verbal representations of the self through various art forms is valuable for therapeutic interactions. In this approach, artwork mediates the relationship between the patient's inner and outer world, that is, between the patient and the therapist, and may temporarily and unconsciously substitute the use of food as a transfer object. Unlike the "transitional object" (Winnicott, 1971) and "transformational object" (Bollas, 1987), a transactional object does not initially carry symbolic meaning but rather a concrete one.[21,22] Schaverein (1994) states that in art therapy with patients with anorexia nervosa, painting facilitates gradual movement toward symbolization through the use of art materials and their functions, creating a concrete space to address the inner world and eating-related obsessions.[23]

Art psychotherapy also enhances the capacity for sublimation. Experiences laden with libidinal or aggressive impulses are visualized through artworks and transformed into expressions acceptable to the ego.[24] Additionally, art psychotherapy addresses common experiences among individuals with eating disorders—such as insecurity, shame, fear, inadequacy, lack of insight, sensitivity to rejection, perfectionism, and negative interpersonal feedback—in a non-threatening manner, enabling individuals to recognize, understand, and integrate these experiences into their inner world.[14] Black (2003) states that creative art processes provide individuals with eating disorders with an alternative

means of expression in their relationship with food and their bodies.[25] Furthermore, this approach allows unexpressed emotions to emerge symbolically and become understandable over time.[10] Applying expressive and creative psychotherapy techniques to individuals with eating disorders is also a useful tool for reducing obsessive thoughts related to food and body image.[26]

Group Psychotherapy for Eating Disorders

In the treatment of eating disorders, group therapy is used alongside individual therapy.[27] Difficulties related to family, siblings, parental figures, and peer groups—often addressed in individual therapy—can also be explored and resolved within group settings. Complex or contradictory emotions and strong indecisiveness are central features of eating disorders and can significantly affect individuals' lives.[28]

Group art psychotherapy provides patients with opportunities to work collaboratively through shared use of art materials, connect with their emotions, and express these emotions through interpersonal interaction. Individuals with eating disorders may actively resist help, struggle with treatment adherence, and frequently discontinue treatment.[29] Although the number of studies is limited, existing research indicates that group psychotherapies for individuals with eating disorders yield positive outcomes.[30,31] However, further research is needed to better understand the therapeutic mechanisms involved in group art psychotherapy and to evaluate its effectiveness.

This study aims to explore and describe the therapeutic processes and mechanisms of change in a long-term psychodynamic group art psychotherapy program conducted with individuals diagnosed with eating disorders, and to examine how symbolic expression, group dynamics, and emotional awareness evolve throughout the two-year treatment process.

Method

Clinical Context

This study was conducted at Istanbul University (IU), Istanbul Medical Faculty (ITF), Department of Mental Health and Diseases between 2019 and 2020. This study was approved by the Ethics Committee for Non-invasive Clinical Studies of the Department of Mental Health and Diseases, Istanbul University, Istanbul Faculty of Medicine (approval no: 2018/951, date: 06/07/2018), and was conducted in accordance with the principles of the Declaration of Helsinki. The sample consisted of 11 female patients aged 16–55 years, diagnosed with anorexia nervosa, bulimia nervosa, and binge eating disorder, who were receiving routine medication and medical follow-up in the eating disorders unit and were referred to the art psychotherapy program. Patients with comorbid alcohol or substance use disorders, psychosis, or those currently undergoing psychotherapy were not included in the study.

At the beginning, 2–3 pre-interviews were conducted with patients referred to the art psychotherapy program. This process aimed to provide information, enhance motivation, and establish a contract regarding the treatment framework. The interviews addressed issues related to the group therapy framework, such as continuity, confidentiality, and inter-member relationships, identified treatment targets based on patient needs, and provided information about the functioning, goals, limits, and expected outcomes of art psychotherapy.

Description of the Group

Art group psychotherapy was planned as a long-term intervention lasting two years, during which a total of 58 sessions were conducted. In the preparation phase, the first four sessions of a pilot art psychotherapy group were carried out with the study participants. These sessions provided an environment for participants to freely express their problems through art.

A pilot study was conducted, and a semi-structured plan was developed based on the data obtained. During the pilot study, four sessions were video-recorded. These recordings were transcribed into written text, and the emerging themes were coded, resulting in the identification of 13 main themes. A "Semi-Structured Art Psychotherapy Program in Eating Disorders," consisting of these 13 main themes, was developed by the researchers using data from the pilot study and findings from the literature review (Table 1). The long-term art-based group psychotherapy model used in this study is based on a structured process shown to be effective in previous clinical studies involving patients with eating disorders.[17]

The program, planned to last 58 weeks, was designed so that each session would include the following components: (1) the main theme, (2) study format and required materials, and (3) goals. This structured plan was revised based on the opinions of five experts (one psychiatrist, one clinical psychologist, two art therapists, and one psychiatric nurse) working in the fields of art psychotherapy and eating disorders, and the final version presented in Table 1 was used in the study (Table 1).

Who:

The art psychotherapy group was conducted by a clinical psychologist (PhD) who had completed the art psychotherapy certificate program offered by the Istanbul University Faculty of Medicine, and a visual arts instructor who had completed the same training. The process was supervised by a psychotherapist experienced in psychodynamic art psychotherapy and eating disorders.

Table 1. A semi-structured art psychotherapy program for eating disorders

Main Themes	Working Methods and Materials	Goals
Self-focus and self-expression (5-6 sessions)	Acquaintance, Creating a group contract together Warm-up activities in the open area or workshop Improvised individual and group activities Painting and collage materials Getting familiar with the materials Attempts to discover creativity	Introduction of group members and the program Feeling safe in the group Self-recognition and self-expression through art Noticing others Recognizing similarities and differences
Interaction and relationship (5-6 sessions)	Warm-up together, Body and sound usage Home, room, garden, doors Interior and exterior designs Painting materials: pastel, watercolor, acrylic Individual work in the group Common group painting, co-production	Awareness of other people How other people express themselves How do I perceive others Expression differences and similarities between myself and others Realizing the way, the group expresses itself Borders, privacy, relational trust, awareness of expectations
Socialization and function of the other (5-6 sessions)	Family, friends, working life Attempts to interact properly with group members Imagination, reconstruction, animation with body and rhythm, Creating visual imagery; painting, collage, clay works	Reviewing the relationship between family, friends, and social environment Awareness of their approach and attitude towards the outer world Gaining social skills
Feelings, emotion expression and regulation (6-7 sessions)	Works regarding the rhythm of emotions and its expression and image in the body Emotional exercises with dance, rhythm, and painting Recognizing the feeling of intra-group interactions, Pairwise or threesome intra-group emotional interactions Mask: what's inside and what's shown	Realizing emotional expression characteristics Discovering repressed and suppressed feelings, desires, and fears, Arranging emotions Sharing negative emotions Emotional repair
Body image and its representations (6-7 sessions)	Working on various expressions with body, music, and rhythm, Animating body expression in the roles of child, woman, man, and parent Games that activate sensations in different body parts How is my face, arms, legs, back, and body, what's going on there? Drawing and reconstructing the body map on a large paper, repairing the damaged parts Painting materials: dry paints, watercolor, crayons, clay, large paper	Getting to know the body and its different parts Realizing the integrity of the body Noticing the relationship between emotions and their expressions in the body Realizing the relationship between eating behavior and body Raising awareness about body identity and ideal self
Continuity: the past and the future (3-4 sessions)	Imagination, fiction, and animations focused on childhood, memories, happy and unhappy experiences, dreams, and change.	Providing stability together with change Focus on the here and now Realizing the effects of the past on the present Recognizing future expectations, desires, and anxieties
Adaptation to reality: Coping skills (4-5 sessions)	Working on the subjects targeted by group members for themselves using painting, clay, and puppet materials, Creating animations and visualizations focused on disruptive difficulties	Setting goals Gaining skills of decision making and implementation Developing a sense of control Developing a sense of self-confidence Increasing self-esteem
Neurocognitive functions (4-5 sessions)	Creating artistic products by using a variety of materials on the given problem-oriented themes	Developing a sense of attention and control Developing problem solving skills Finding creative solutions
Sexuality and intimate / romantic relationships (5-6 sessions)	Artistic expression about real and imaginary relationships, Creating and illustrating a story, including oneself, Wish tree, letter to lover, etc.	Noticing bodily senses Artistic expression of sexuality: desires, prohibitions, fears Being able to talk about romantic relationships Raising awareness of loneliness and attachment levels Being able to identify romantic relationship requirements
Spontaneity, flow, and creativity (6-7 sessions)	Body, music, and improvisation exercises, Trying materials and colors they have not tried before, Experiencing the flow with artistic materials	Stretching physical and mental rigidity, Being able to focus on the moment and have satisfaction Having happy experiences Trust yourself, trust the future

When

Session Structure

Each session began with an "Introduction" phase lasting 10–15 minutes, during which participants were invited to verbally express the feelings and thoughts they brought to the group. This was followed by the "Warm-up" phase, also lasting 10–15 minutes, which aimed to prepare participants for the creative process. The warm-up enabled participants to focus on their senses through various body, breathing, and rhythm exercises. These body movements, breathing exercises, and group activities were used to reduce possible feelings of anxiety, insecurity, and isolation among group members.

The "Main work" phase, which focused on creating artwork related to the themes identified above, lasted 30–40 minutes. During this phase, group members became familiar with art materials. Under the semi-structured instructions outlined above, participants were encouraged to creatively use and transform art materials into artworks by cutting, painting, pasting, drawing, making puppets, creating plays and animations, working with clay, and similar activities. Art therapy provides patients with both motivation and a channel to redirect obsessive thoughts about food toward creative activities. As Pellicciari et al.[32] reported, patients are encouraged to recognize through their artworks that there is more to the external world than food.

The final phase, "Sharing," aimed to promote insight and awareness. During this phase, participants gathered in a circle, observed the artworks from an external perspective, and discussed them. Each session concluded with sharing, allowing participants to express and release unarticulated emotions.

Where:

Place and Art Materials

The study was conducted in the Social Psychiatric Service, in a large and well-lit art psychotherapy workshop with access to a small garden.

What:

Various materials were used to create artworks, including papers of different sizes and weights, dry, pastel, and felt-tip crayons, acrylic and watercolor paints, adhesives, scissors, magazines or magazine images for collages, boards and tape for displaying artwork, a music player, and fabric. Multiple forms of artistic self-expression were available, such as painting, drawing, coloring, collage, sculpture, ceramics, clay work, photography, mask and puppet making, dance, and dramatization. Classical and instrumental music accompanied the sessions to support participants in engaging with their imagination and internal processes during artistic creation.

Group Members

The study included a total of 11 female patients: eight with anorexia nervosa, one with bulimia nervosa, and two with binge eating disorder. Pre-group interviews revealed that participants experienced intense anxiety related to eating behaviors and were receiving follow-up care for physical complications in non-psychiatric clinics, such as neurology and internal medicine, due to the effects of their disorders. Furthermore, interviews indicated that three participants had severe weight loss (between 39–40 kg) accompanied by strong weight-loss obsessions, while three others had significant weight gain and reported an inability to stop eating.

The mean age of the patients was 24 years (min:16, max:53), and the majority held a bachelor's degree. Except for one participant with a part-time job, all participants were unable to work or attend school prior to the art psychotherapy program due to the severity of their symptoms. By the end of the program, seven participants had either started working or returned to education. Although four participants continued to experience mild difficulties with work or school attendance, their overall functional levels improved. Cases with anonymized identity information are briefly presented in Table 2.

Results from the Art Therapy Group Process

Pilot Group Art Psychotherapy

Several common themes emerged during the four-session pilot study. The data obtained from session reports and video recordings were transcribed into written text and evaluated by five experts (one psychiatrist, two psychiatric nurses, one clinical psychologist, and one art therapist). Thirteen main themes, expressed through the artworks produced in the sessions and forming the focus of interactions occurring through these products, were identified. These themes were: (1) deterioration in body image, (2) negative self-perception, (3) loneliness, (4) limited emotional expression, (5) depressed mood, (6) high anxiety, (7) guilt, (8) obsessive thoughts, (9) low functioning, (10) relationship issues, (11) sociocultural pressures regarding body image, (12) body-related cognitive distortions, and (13) denial of sexuality.

Description of Session Content

The session excerpts and artworks presented in this section were selected from typical and clinically meaningful examples that best represent the therapeutic change and development observed throughout the group process, including the initial, deepening, and termination phases. The art psychotherapy process was defined in various stages according to characteristics such as verbal and artistic expression, in-

Table 2. Diagnosis and socio-demographic characteristics of patients

Patients*	Diagnosis	Characteristics of patients
ELA	Bulimia nervosa	She is a 22-year-old, single, university student, who cannot attend school due to treatment for and multiple suicide attempts. The suicide attempts have resulted in multiple bone fractures and overall physical disability, for which she continues to receive physical therapy. She lives with her parents and one sibling. At the end of art group therapy, she started her lectures at the open education university
HALE	Anorexia nervosa	She is 35 years old and single, and worked as an engineer for 7 years, but currently she is unable to work. She was hospitalized for 2 months. She lives alone in Istanbul and has complaints of intense stress, excessive fatigue, inability to get out of bed, self-isolation, and food obsession. She engages in excessive sports and exercise and goes from not eating at all to excessive eating. At the end of group therapy, she started working and became able to recreate her hobbies.
IŞIK	Binge eating disorder	She is 53 years old, divorced, and retired from working life, currently works in part-time jobs irregularly. She lives with her boyfriend. She has been suffering from eating disorders for 10 years. At the end of group therapy, she started working part-time, playing the instrument she wanted and singing in the choir.
BERİL	Anorexia nervosa	She is 20 years old. She was hospitalized for some time due to the diagnosis of anorexia neurosis and associated complaints at the time of her professional sports life, which she subsequently had to suspend. She lives with her family. At the end of the group therapy, she returned to her university education.
BİRGÜL	Anorexia nervosa	She is 28 years old. She received a religious education and was hospitalized for a time due to the diagnosis of anorexia nervosa after graduation. She is afraid of gaining weight and cannot go out or travel alone. She lives with her family. At the end of group therapy, she started traveling alone and eating at a restaurant.
ZELİHA	Anorexia nervosa	She is a 21-year-old university student, who became unable to go to school due to the diagnosis of anorexia nervosa. She lives with her family. She left the therapy at the 19th session because of the school attendance requirement.
HEDİYE	Anorexia nervosa	She is a 25-year-old, 7-year university student, who has not been able to go to school, study, or focus on what she has read due to the diagnosis of anorexia. She lost 20 kg by doing sports activities that she started to follow online 3 years ago. One and half years ago, she dropped from 70 kg to 52 kg from going the gym and after, started dieting but failed to manage her weight. This led to vomiting, which further dropped her to 40 kg during this period and led to her eventual hospitalization. She lives with her family. At the end of group therapy, she started to focus on her classes and graduated from university.
SU	Binge eating disorder	She is a 24-year-old senior university student, who applied to the clinic due to the discomfort she experienced from eating attacks and was diagnosed with binge eating disorder. Her parents are divorced, and she is currently living with her mother and grandmother. After group therapy, she had a boyfriend and was able to form a romantic relationship with him.
SEVGİ	Anorexia nervosa	She is a 16-year-old high school student who lives with her family. She has been undergoing treatment in the psychiatric clinic due to the diagnosis of anorexia nervosa. Her twin sister was also diagnosed with anorexia nervosa. She reported feelings of emptiness and constant depression. She was able to return to school in the second year of group therapy.
NEHİR	Anorexia nervosa	She is a 21-year-old university freshman who is unable to attend school due the diagnosis of anorexia nervosa, for which is receiving follow-up care. She started having problems with eating disorders at the age of 20 and eventually lost 30 kg, which dropped her to 39 kg, at which point she sought medical aid. Now, she cannot sleep at night and is only able to fall asleep towards the morning, she has anxiety about the future and reports conflicts in her family relationships. He left the therapy in the 39th session on the grounds that his anxiety decreased and it was sufficient for him.
BAŞAK	Anorexia nervosa	She is 21 years old, a medical school student, and lives with her family. She has been undergoing treatment in the psychiatry clinic due to the diagnosis of anorexia nervosa and is continues to receive follow-up care in internal medicine due to her physical problems. She reported to have communication problems and lack of self-confidence and expressed that she is only able to focus on the future instead of living in the present and wants to control everything. He returned to university education, who was left incomplete during the group therapy process.

*: Patient names were changed and permission was obtained.

teraction between members, group cohesion, resistance or openness, deepening, and exploration beyond symptoms, as well as understanding and integration. These stages were: "Initial phase: Limited participation," "Formation of group cohesion: I and others," "Meaning of symptoms: What does my illness tell me?," "Imaginary expression of internal processes," and "Integration, separation, and termination." These stages are described in detail below.

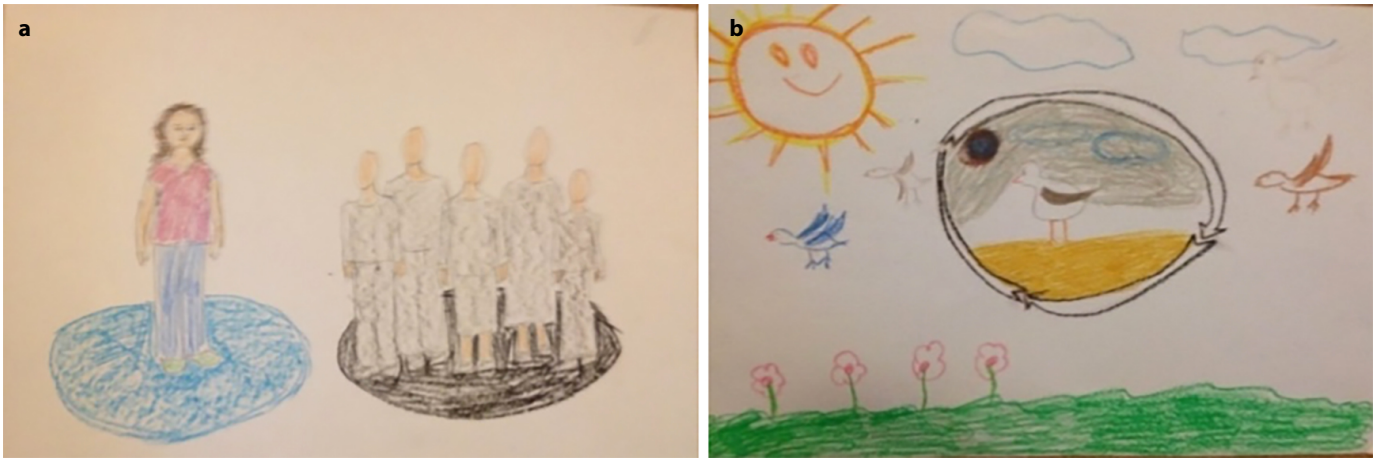


Figure 1. (a) Me and people without faces, (b) Flightless bird and vicious circle.

Initial Stage: Limited Participation

The first four to five sessions focused strictly on participants' eating behaviors, body image, and disease-related limitations, and the artworks functioned as mirrors of their symptoms. In the first session, following the introduction, all patients verbally expressed their symptoms and reported perceiving themselves as captive to their eating behaviors and body image. After the warm-up and creative work phases, the group was asked to create collages reflecting themselves. Sevgi, Birgül, Nehir, Hale, and Işık titled their collages "Sports Girl and Two Birds" (Sevgi), "Family and Being in a Café" (Birgül), "The Woman and the Volcano" (Nehir), "The Photographer Touring the City and the Sportswoman" (Hale), and "The Sky Meeting the Earth and Swimming" (Işık). These works focused on themes describing how their eating problems limited their lives and what they wished to change. The following four to five sessions continued to focus on experiences related to body image, dieting difficulties, and eating behaviors.

Formation of Group Cohesion: I and Others

The theme of "self and others in relationships," introduced in the fifth session to challenge participants' perception of being trapped by body image and eating, helped them shift their focus outward. In this session, Ela depicted herself as "a refrigerator that needs to be filled" and described constantly fluctuating between feeling weak and feeling overweight in her relationships with others. Birgül illustrated a house with a small door in which she was trapped, separated by a black line from others on the outside. Işık, whose painting was titled "Me and People Without Faces," stated that it represented her perception of being different from others (Fig. 1a). Betül depicted herself as a flightless bird in a vicious cycle (Fig. 1b), indicating that others lived free and fulfilling lives, whereas she experienced a heavy and suffocating existence (Figs 1a, b).

Meaning of Symptoms: What Does My Illness Tell Me?

At this stage (third month), the therapist's semi-structured approach, focusing on themes that revealed relational patterns and modes of interaction through artistic expression, enabled participants to explore boundaries between themselves and others, power and competition-related conflicts, and needs for support and safety. The use of art therapy in the group process accelerated the development of a healthy group dynamic and facilitated group cohesion, both essential for effective therapy. Participants began to engage with each other's emotions and demonstrated curiosity about one another. During this phase, when describing emotions associated with their problems, almost all participants identified anger as the dominant feeling (ninth session), often symbolized as a volcano (Fig. 2).

Imaginary Expression of Internal Processes

Themes of aggression toward self and others, inadequacy, shame, conflicting attitudes toward sexuality, desire, and longing emerged in subsequent sessions. During this process, collaborative painting, group mandala creation, and sharing common emotions through symbolic meanings of artworks contributed to recognizing similarities and differences and developing insight into relational patterns. From the 23rd session onward, participants shifted away from focusing on eating behaviors and began exploring different representations of the body. Themes of family conflict, sexuality, sexual representation of the body, relationships with the opposite sex, and temporal perspectives (past and future) became prominent, deepening throughout the therapy process.

The artworks produced during this stage reflected how participants distanced themselves from fears and conflicts embodied in their physical selves. For example, Hale depicted a rope wrapped around her body to represent constraints prevent-

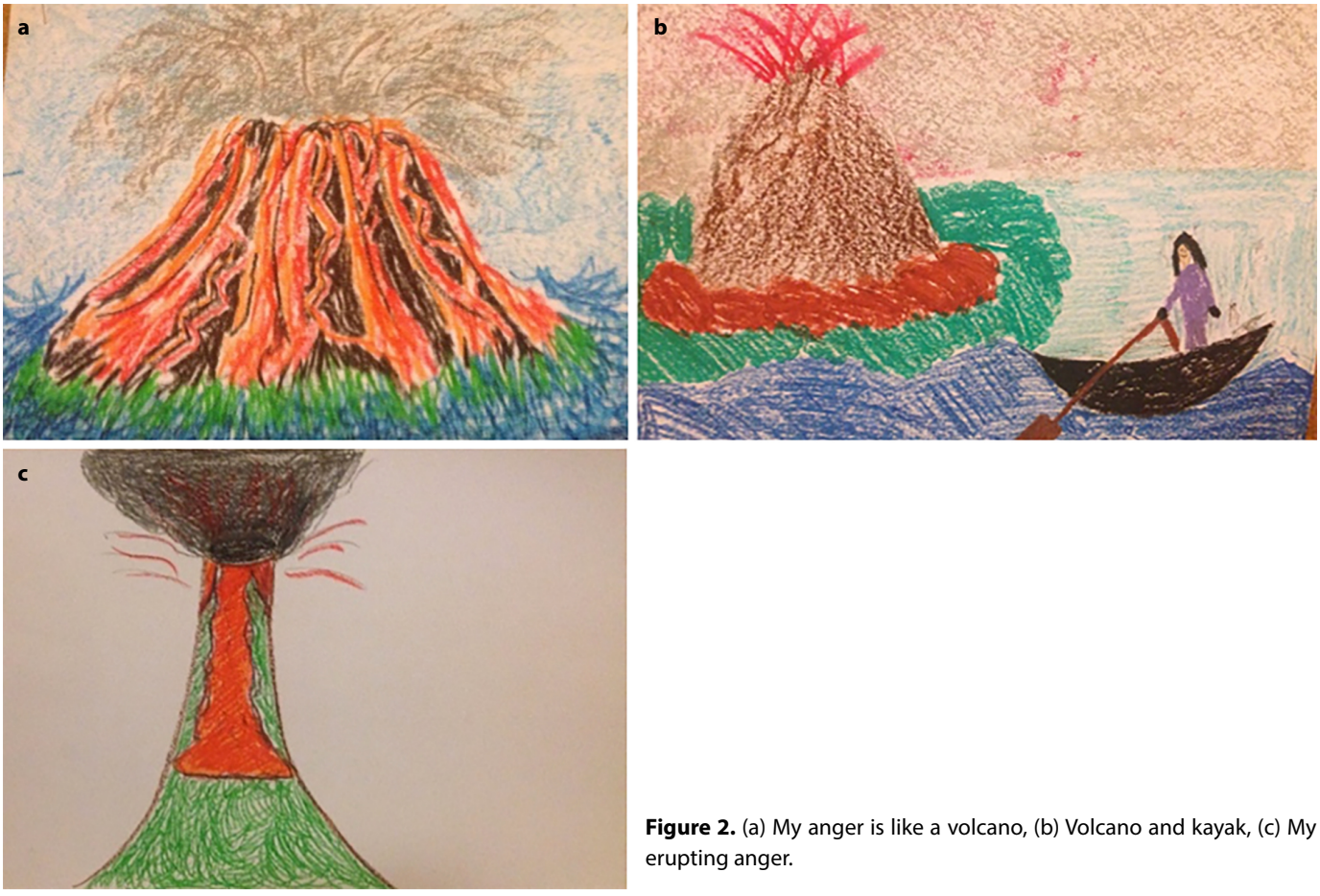


Figure 2. (a) My anger is like a volcano, (b) Volcano and kayak, (c) My erupting anger.

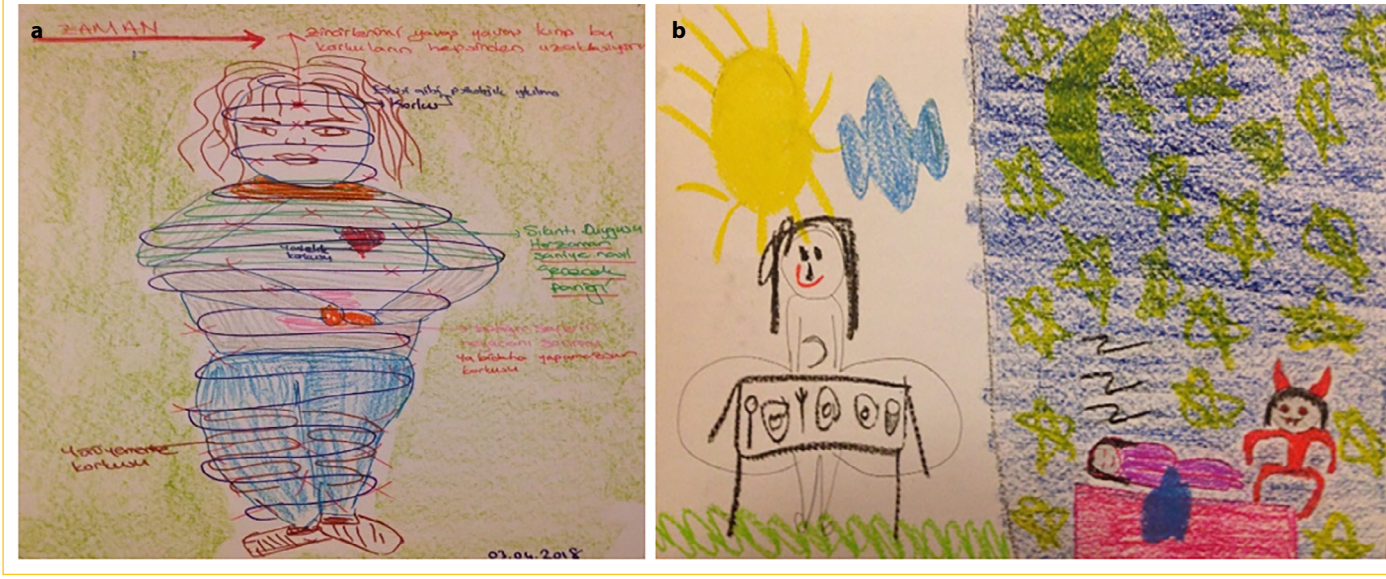


Figure 3. (a) I have to tie my body, (b) My body is full of food in the daytime and scary dreams at night.

ing the expression of her desires and fears (Fig. 3a). Ela illustrated symbolic representations of replacing food, including nightmares of being assaulted by a devil figure and feelings of shame related to her father (Fig. 3b) (Fig. 3).

Integration, Separation, and Termination

In the final 10–15 sessions of group art psychotherapy, participants demonstrated increased capacity for improvisation, deeper understanding of symbolic content emerging



Figure 4. I sing my song.

through their artworks, and greater integration of previously unaccepted desires and fears into their sense of self, while also focusing on future goals. In the 48th session, which involved working with three-dimensional materials, participants were able to position their bodies upright and tolerate observing them, albeit cautiously (Fig. 4).

Discussion

It was observed that long-term psychodynamic-based group art psychotherapy conducted with female patients diagnosed with eating disorders had a healing effect and improved patient functioning. The psychotherapy process, in which art was used, contributed to enriching the expressions of patients who were confined within their symptoms, enabling more creative and diverse forms of expression and encouraging them to confront the fears and desires underlying these symptoms. In this study, expressing emotions through artworks and addressing them therapeutically contributed to increased emotional awareness. Although painting is an individual activity, sharing it within the group, recognizing similarities with others' experiences, and receiving support through group cohesion enabled patients to benefit from universality, a key therapeutic factor, throughout the process.

Expressing emotions in a group setting through artistic materials—initially perceived as difficult or even embarrassing—enhanced interaction among members, strengthened group cohesion, and deepened the therapeutic process. Participants were able to express their emotions and thoughts through artistic means, allowing unconscious conflicts to become conscious through concrete visual representations, thereby facilitating understanding, sharing, and catharsis. Art serves as an effective system for the communication of implicit knowledge.[33] According to Malchiodi (2006), art-making involves creating, observing, reflecting, and generating meaning.[34] Such experiences promote change and insight in art-based psychotherapies by providing a creative space to contain implicit processes. Sporild and Bonsaksen emphasize that group art therapy for patients with eating disorders offers various benefits, including providing a platform for expressing themes that may remain unarticulated in verbal communication, thereby facilitating interaction among group members.[18] The patterns of change observed in this study are consistent with previous findings indicating that long-term art-based group therapy enhances motivation for recovery and emotional integration.[17]

Although participation was limited during the initial sessions, patients gradually became more confident and able to express themselves through art therapy, share their fears and desires through their artworks, reflect on the impact of eating behaviors on their body image, emotions, and relationships, and develop positive transference toward the group. During these sessions, participants openly shared maladaptive coping behaviors—such as excessive exercise, binge eating, food restriction, and social withdrawal—which they commonly used to avoid challenging relational situations and the expression of anger.

Hopelessness and resistance are among the main challenges in treating patients with eating disorders.[35] Therefore, establishing a cohesive group environment is essential to promote cooperation and sustain long-term group psychotherapy. In this study, the use of art therapy and the sharing of experiences through artworks facilitated this process by fostering a sense of belonging and reducing feelings of isolation. Participants reported satisfaction with the group art psychotherapy process and valued having a safe environment in which to express their difficulties. Interaction among group members through artworks created a non-threatening dynamic that facilitated sharing. At the same time, participants gained more realistic insights into themselves and others.

Group art psychotherapy and classical treatment approaches can be integrated within a multidisciplinary framework in the treatment of eating disorders to enhance patients' self-awareness and enable more effective treatment. By using group art psychotherapy, it is possible to strengthen ego structure and improve self-perception. Art psychotherapy can increase patients' self-confidence, encourage reintegration into social environments, and promote calmer attitudes by providing

a safe and supportive space for self-expression.[14,25,36] In this study, patients reported decreased dissatisfaction with life and increased engagement in daily activities at the end of the art psychotherapy sessions. One of the main goals of art psychotherapy is to improve spontaneity by reducing overly controlling attitudes. Participants also reported increased spontaneity and flexibility. A positive change in motivation for recovery plays a key role in patients with anorexia nervosa.[37] Participants were able to express themselves freely and felt a sense of belonging to the group, which positively influenced their quality of life. Most patients were able to return to their university education, which they had previously discontinued.

In this study, the psychodynamic processes emerging during art psychotherapy increased information exchange among group members and contributed to both medical and hospital-based treatment, supporting the implementation of a more holistic treatment approach focused on both the apparent and underlying needs of patients. By moving beyond merely treating symptoms, this program enabled the exploration of the individual dynamics underlying eating disorder symptoms during the treatment process.

The art psychotherapy process also provides detailed insight into the core symptoms of disordered eating behaviors. It serves as a therapeutic space capable of addressing patients' obsessive thoughts about eating. Schaverien (1994) emphasizes the functional role of painting in art therapy for patients with anorexia nervosa, noting that the artwork functions as a concrete object for projections of both patient and therapist and facilitates a gradual shift from concrete eating-related obsessions toward symbolic use of art materials.[23] Art psychotherapy allows individuals to move beyond the "patient" role through creative improvisation and to develop more adaptive ways of expressing themselves through various self-representations. Rehavia-Hanauer (2003) also discussed conflicts emerging in art psychotherapy for patients with anorexia nervosa, emphasizing that resistance, desires, dependent object relations, internalized negative maternal representations toward the body, and control-related conflicts associated with eating behaviors are reflected in artworks.[38]

In this study, group members provided feedback during the sharing phase at the end of sessions, where they were able to express themselves freely without embarrassment related to their illness. Problems such as rigidity, insecurity, and perfectionism, which often hindered self-expression, gradually decreased throughout the art psychotherapy process as participants recognized shared difficulties and developed awareness of these patterns.

Participants demonstrated significant improvements in multiple areas, including self-recognition, insight into the relationship between behaviors and emotional responses, acceptance, support, catharsis, and awareness of family relationships, facilitated through the therapeutic interaction among therapist, group members, and artworks. Additionally, patients' personal resources were strengthened, and their psychosocial and occupational functioning improved. Art psychotherapies appear to offer more than cognitive restructuring and behavioral activation, and psychodynamic art psychotherapy not only alleviates symptoms but also enhances individual capacities and resources.[17,18,39,40]

During treatment and recovery, individuals with eating disorders often struggle to avoid maladaptive behaviors such as restrictive eating or excessive exercise while being encouraged to engage in challenging behaviors, such as increasing food intake. This may lead to resistance. In this context, the functional importance of group art psychotherapy becomes particularly evident in patients with treatment-resistant eating disorders. Art psychotherapy provides a space where individuals can express their problems, representing a critical first step toward change and the integration of different aspects of the self through artistic expression.

This study has some limitations. Since research on group art psychotherapy for individuals with eating disorders in Türkiye is primarily limited to case-level studies, comparative data were not available. Furthermore, the limited number of long-term group art psychotherapy studies in the international literature makes direct comparison difficult. Nevertheless, the findings of this study provide valuable data on the application of art psychotherapy in eating disorders and contribute to its more effective integration into clinical practice.

Limitations and Strengths of the Study

This study was conducted with a small, all-female sample from a single clinical center, which limits the generalizability of the results. The lack of comparable national data and the limited number of long-term group art psychotherapy studies in the international literature restricted cross-study comparisons.

Despite these limitations, the study provides a rare and detailed description of a two-year psychodynamic group art psychotherapy process for eating disorders. The semi-structured program, developed based on pilot data and expert review, strengthens the methodological rigor of the study. The rich qualitative findings offer valuable insights into symbolic expression, emotional awareness, group cohesion, and functional gains, contributing meaningful evidence to a field with limited long-term research.

Conclusion

In light of these strengths and limitations, the findings of this study should be interpreted within the context of its methodological scope. Both the psychopathological features of eating

disorders and participants' illness experiences were examined in depth during the group art psychotherapy process, allowing qualitative gains to be evaluated. Specifically, the findings indicated the following: First, the symptom-centered focus on eating behaviors and body control decreased over time. While early sessions were dominated by restrictive eating, binge eating, excessive exercise, and weight-related preoccupations, participants gradually shifted from symptom-focused narratives toward symbolic exploration of emotions, relationships, sexuality, and identity. This reduction in symptom salience is considered a central marker of recovery in eating disorders.

Second, body image integration and tolerance improved. Participants who initially avoided bodily representations or depicted the body as fragmented, restricted, or threatening became increasingly able to symbolize the body more coherently, tolerate bodily imagery, and engage with three-dimensional body representations without avoidance. This reflects improvement in body image disturbance, a core diagnostic feature of eating disorders.

Third, emotion recognition and regulation increased. Participants demonstrated improved awareness and verbalization of emotions such as anger, shame, guilt, and fear—emotions that had previously been managed through disordered eating behaviors. This suggests reduced reliance on eating disorder symptoms as a primary affect regulation strategy.

Fourth, psychosocial and functional recovery was observed. In line with established recovery models, improvements in daily functioning were evident, including return to work or education, increased social participation, and enhanced overall functioning.

Fifth, motivation for recovery and engagement with treatment increased. Reduced resistance, increased spontaneity, and greater willingness to confront previously avoided themes (e.g., interpersonal closeness, sexuality, future orientation) were observed in later stages of the group process.

The findings showed that participants developed increased awareness of both themselves and their illness beginning from the first session and demonstrated positive behavioral changes throughout the process. Art psychotherapy enabled participants to symbolically externalize conflicts related to body image arising from eating disorders and to interpret and transform these into verbal expressions by providing a safe therapeutic space to address their difficulties and functioning. At the end of the group art psychotherapy process, participants' problems decreased, and their social/professional functioning and work/school performance improved.

As a result, art psychotherapy was effective in helping individuals with eating disorders appropriately channel their internal conflicts beyond the body. Based on these findings, several recommendations can be made for clinical practice and future research. Long-term group art psychotherapy may be considered a valuable complementary intervention within multidisciplinary treatment programs for eating disorders, particularly for patients who demonstrate resistance to verbally oriented therapies. Clinicians are encouraged to integrate structured, theme-based art psychotherapy approaches to facilitate emotional expression, body awareness, and symbolic processing. Future studies may benefit from incorporating mixed-method designs, larger and more diverse samples, and standardized outcome measures to further evaluate symptom change and therapeutic effectiveness over time.

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