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Art and body image : A journey through anorexia nervosa and the implications for art therapy rituals

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ART AND BODY IMAGE

**A Journey through Anorexia Nervosa and the Implications
for Art Therapy Rituals.**

BY

PETA HORREX B.A

**Thesis to be Submitted in Partial Fulfilment
of the Requirements for the Award of**

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USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

ABSTRACT

This thesis examines the experience of body image and self image are for a sufferer with the eating disorder anorexia nervosa. Themes and symbols are explored and interpreted in art work that was produced in six sessions of individual art therapy. The sessions were designed to deal with issues and problems that had been discussed previously, or that became relevant during each session.

The study is conducted from an interpretive perspective. It concentrates on the transference of the internal unconscious in the artwork created by, Michelle, who suffers from anorexia nervosa. The interpretation is from a western art therapy and self psychology perspective.

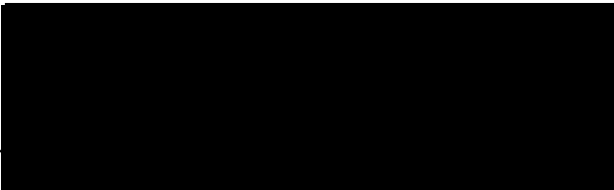
The study explores how the repetition of depiction of self through creative expression in art work, can lead to greater awareness about body image, control issues and self image in a client with the eating disorder anorexia nervosa. It is shown that relatedness to art work and creative expression gives positive reinforcement to the client, Michelle, in her sense of awareness regarding prevalent issues in her life.

Repeated symbols and visual metaphors are discussed in relation to both Michelle's life and her struggle with her eating disorder, and to the construction of anorexia nervosa.

DECLARATION

I, Peta Horrex, certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any institution of higher education; and to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signature....

A large black rectangular box redacting the signature.

Date:

17 April 2000

ACKNOWLEDGMENTS

I wish to acknowledge the generosity of my case study participant, Michelle, for allowing me to share her story and her art work.

I thank my supervisor Jane Armstrong for her assistance, support and her continual encouragement.

To my family, thankyou for always believing in me throughout my “career” as a student. For never doubting my decisions and helping me through the difficult times. Everything I have achieved would not have been possible without the love and support from you all.

Thankyou also to BJ. For all your understanding and encouragement concerning my career choices. You have helped me become the person I am.

If truth is that which lasts, then art has proved truer than any other human endeavour. What is certain is that pictures and poetry and music are not only marks in time but marks through time, of their own time and ours, not antique or historical, but living as they ever did, exuberantly, untired.

Jeanette Winterson. Art Objects, p. 0

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INTRODUCTION

THE BACKGROUND TO THE STUDY

Philosophers have told us for many years that we are more than just our bodies, but many people with eating disorders have come to believe that the most important thing in the world is their body (Sandbec, 1993). Many even find themselves thinking that they would rather be thin and unhappy than achieve their normal weight and happiness (Pipher, 1997). This distorted over-emphasis of people with eating disorders on their appearance can be related to a number of things. When scientists first started studying eating disorders, their first discovery was that sufferers had a distorted sense of body image (Sandbec, 1993). Even though they fell far below anybody's standard of weight, sufferers of an eating disorder still perceived themselves as "fat". The emphasis taken during therapy in the treatment of eating disorders has been to encourage sufferers to develop a realistic self body image.

Anorexia Nervosa is an illness that usually starts in the mid teens and has a prevalence rate of 0.3%, which equates to 2 people per 100,000 in general population. The group deemed most at risk is school girls and female university students, with the prevalence rate for this client group being between 1%-4% (McDermott, Forbes and Gillick, 1996). Nearly always, anorexia begins with everyday dieting, but instead of stopping the dieting when the desired goal weight is reached, the dieting and weight loss continue until the sufferer is well below the normal limit for her height and age (Levens, 1995).

All sufferers share the same problem - the underlying, common denominator of feeling out of control. Eating is not the issue (Way, 1993). The issue is a lack of control in any of many areas of their lives: physiological, emotional, mental, and/or behavioural. The anorexic girl consciously and purposely controls the amount of food she eats in order to lose weight, and therefore anorexia nervosa seems too much like a deliberate and systematic action to be classified as mental illness. For the anorexic, food appears to function more as a part of the organisation of her life.

However, there is a noticeable lack of research literature outside of and within the art therapy field concentrating specifically on the distorted body image of clients with anorexia nervosa. The art therapy sessions run in this research have been designed in a ritualistic way, aimed at raising issues around body image concerning a sufferer of anorexia nervosa.

THE SIGNIFICANCE OF THE STUDY

This study uses art therapy sessions that have been designed to work on the findings that anorexia nervosa is partly due to a distorted perception of reality. This is significant because this study explores the myths and misunderstandings that are related to anorexia nervosa. The study focuses on denial of self body image as one of the biggest obstacle to overcoming anorexia nervosa. Thus, this research extends the treatment options available for clients, and contributes to understandings of the part played by body image distortion in the structure of anorexia nervosa.

There is a notable lack of research done in the distortion of body image suffered by people with anorexia nervosa, and the possible benefits of art therapy treatment. This thesis will add knowledge to the area of art therapy and interventions when working with distorted body image of people with anorexia nervosa.

THE CLIENT

Michelle is a twenty one year old female. She was born with the debilitating condition spinal bifida and has had the eating disorder anorexia nervosa for seven years. She is the oldest of two children, with a sister two years younger who does not have spinal bifida.

Michelle developed the eating disorder anorexia nervosa at the age of 16 when she dropped to a weight of just 20kg. She feel that she has “defied the odds”, as at this weight she should have been dead. Because of her already shrunken body (due to spinal bifida), the severity of her weight loss is very dramatic.

Spina bifida, often called open spine, is a birth defect of the backbone and sometimes, much more importantly, the spinal cord. It is one of a group of birth defects called neural tube defects (NTSs). The neural tube is the embryonic structure that develops into the brain and spine. Spina bifida is a congenital malformation of the spine which is visible at the moment of birth as a protruding sac in the midline of the back, containing cerebro-spinal fluid and usually covered only by a thin membrane

(Woodburn, 1975). Arising from the back lesion and the disorder of the spinal cord there are likely to be:

- paralysis and sensory loss in lower limbs;
- abnormalities of bladder function with incontinence.
- bowel incontinence;
- limitation of sexual function.

Michelle is a very intelligent individual who is determined to not let her physical disability restrict her. She is very quick to please others, however, which is often a trait of sufferers of anorexia.

Michelle's anorexia combined with spina bifida complicates her condition. The fact that Michelle is confined to a wheel chair also relates to her sense of body image. Because of the complexity of this case, in this research the focus is on the issues related to Michelle's eating disorder anorexia nervosa. The primary motive for focusing exclusively on Michelle's anorexia is that the condition is potentially reversible, whereas the condition of spina bifida can only be managed, not changed. The art therapy sessions focus on and explore related issues surrounding body image and self image associated with anorexia. However, the effects of spina bifida, where they are relevant, will be acknowledged.

THE PURPOSE OF THE STUDY

The purpose of the study is to determine whether the examination of body image and the construction of self in art therapy sessions, can actually create a new sense of reality and a more realistic self body image. This is based on the art therapy practice of owning the image drawn.

RESEARCH QUESTIONS

It is hypothesised that proposed body image ritualised Art Therapy treatment intervention will address the following questions:

- * Can the use of self-portrait lead to better self value?
- * How can art therapy rituals be implemented to help clients with anorexia nervosa?
- * Can the use of art therapy addressing body image help clear a distorted perception?

DEFINITION OF TERMS

There are two types of eating disorders, anorexia nervosa and bulimia. The type of eating disorder that will be focused on in this study will be anorexia nervosa. The mental health community has defined eating disorders carefully constructing them so as to determine whether an individual is suffering from anorexia nervosa or bulimia.

The definition of anorexia nervosa I will be using consists of five components:

1. An intense fear of becoming obese, which does not diminish as weight loss progresses.
2. Disturbance of body image, or claiming to 'feel fat' even when emaciated.
3. Weight loss of at least 25 percent of original body weight.
4. Refusal to maintain body weight over a normal weight for age and height.
5. No known physical illness that would account for the weight loss.

The language of visual art - colours, shapes, lines, and images - speaks to us in ways which words cannot. Art therapy is a modality that uses the nonverbal language of art for personal growth, insight, and transformation. This is a means of connecting what we experience inside us, our thoughts, feelings, and perceptions, with outer realities and life experiences. Art therapy is based on the belief that images can help us understand who we are and enhance life through self-expression (Malchiodi, 1998).

The definition of ritual is simply the repetition of patterns or activities that may occur every day, week, year or even lifetime. "Personal habits" is one term we use to describe the most common of these repeated patterns. We could even say these habits

are sacred because they give deliberate structure to our lives. Structure gives us a sense of security, and that sense of security is the ground of meaning. Douglas (1966) describes the way in which rituals and certain behaviours enacted on the body may be used to “confront or master” painful experience.

People who suffer from eating disorders, create this sense of security and control by ritualising their lives through food. By taking advantage of this aspect of ritual in eating disorder clients lives, an effective therapy can be formed. The repetition of themes in art therapy activities, as well as a set session time, can mirror the aspect of ritual the anorexic creates in her life.

REVIEW OF LITERATURE

SOCIAL CONSTRUCTION OF THE FEMALE BODY

It is widely accepted that Western society's emphasis on thinness plays an important role in the development of anorexia nervosa. The message that thinness equals attractiveness is prevalent; one need only glance through the pages of fashion magazines to confirm this (Gordon, 1990). The cultural imperative to be thin is communicated to children from many sources: television, motion pictures, magazines, books, family, and friends and teachers. The value of the perfect body then becomes interjected. However, the other message that children receive from the media and advertising is that food tastes great. Recreation, socialising and snacking between meals are a part of family life. These mixed messages have an enormously conflicting effect on susceptible children. Juxtaposed to these advertisements exalting the joy of eating are those reinforcing the terror of being fat. Unhappily, dieting and the pursuit of thinness will become the focus of the anorexic adolescent's life, distracting her from pain, loneliness and insecurity and providing her with a sense of meaning and purpose (Conte, 1998).

Most experts agree that eating disorders are predominantly a female problem. However, it must be noted that there are an increasing number of young men affected by anorexia and it appears that young women have a better chance of recovery than their male equivalents (Way, 1993). The eating disorder can begin anywhere and at any age. The peak age for the beginning an eating disorder in females is between the age of eleven and fifteen (Sandbek, 1993). It has also been found that the younger the sufferer the less likely they are to seek help.

Why is it that women are so damaged when it comes to body image? Why are so many so vulnerable in this area? From the first years of life, children hear comments about their bodies. Girls hear remarks about their attractiveness : “She’s as pretty as a picture”. By the time children reach kindergarten, they can describe themselves physically (Way, 1993). Early adolescence is a critical time for the formation of body image. While adolescents are painfully eager to please those they are attracted to, their bodies are changing into new adult shapes and, hence, the body becomes a focus of attention (Pipher, 1997).

A key element of anorexia nervosa is relentlessly seeking approval and acceptance from others. For many females, males are the “others”. The most unfortunate consequence is that the love the anorexic craves more than anything can never be felt, can never get through to her because the mask, the false self, is being praised and acknowledged. As she hides behind her false self, she cannot develop self-esteem, a cohesive identity, or a sense of self-worth because, as researcher W. Nicholson Browning (1985) points out, her false self is being accepted and acknowledged while her true self is hidden from view. It is her true self that needs to be reached in order change her distorted body image and her distorted sense of self.

THE EXPERIENCE OF ANOREXIA NERVOSA

Body image is a complex concept that influences how people feel about themselves and how they behave. The impact of a disturbance in body image on a person's life may be frustrating or debilitating depending on the severity of the disturbance. A large percentage of men and women in our culture struggle with dissatisfaction with some aspect of their appearance. A person with an eating disorder typically suffers from a body image disturbance that impacts all areas of his/her life (Yarborough, 1999).

There appears to be an important link between the way in which clients with eating disorders, manipulate or more precisely abuse, their bodies and their own experience of having been used and abused by others. In the same way as self-mutilators often describe being able to attack their own bodies viciously, as if they were hunks of flesh with no human connection, clients with eating disorders may disassociate their true selves from their bodies. The eating disorder client can treat her own body as a separate object as cruelly as she wishes. In this way she can temporarily believe that she is in full control of this body object (Levens, 1995).

Terrence Sandbek (1993) highlights how eating disorders can take hold of lives and crush them. Sandbek's use graphic language creates a vivid journey into the symptoms and helpless situations experienced by sufferers. He explains that often the anorexic client feels so consumed by her eating disorder, that to verbalise a "way out" of her situation is very often not possible. Way (1993) describes in a case study the difficulties for the client seeking and wanting help when fighting anorexia nervosa. She states that the unfortunate consequence of anorexia is that the love the anorexic

craves more than anything can never be felt as long as the sufferer carries with her a mask, a false self that is being praised and acknowledged. Way (1993) says that sufferers of anorexia nervosa often are “tip toed” around because significant others feel that if they were to mention how emaciated the person appears they would in some way make things a lot worse.

The work of Dr Mary Pipher (1997), confronts the topic of distorted body image through suggestions about how sufferers who have eating disorders can begin to feel good about their bodies again. She considers the process sufferers can go through to break the habit of comparison with others. This habit of comparison helps the anorexic isolate herself from others.

There is no room for anyone else in the anorexic’s life. One of Way’s clients, Heidi, remarks;

‘I just didn’t want to deal with people, I could run for miles and miles, but I can remember that smiling was such an exhausting thing to me. I couldn’t smile, much less keep up a conversation with anybody. I just didn’t want to be bothered by anyone. Losing weight was something I was driven to do, but I really didn’t want anyone’s attention while I was doing it. I just wanted to be left alone. What I really wanted was to fade away. I remember thinking that... wishing I could just fade away. I would not consider suicide- I couldn’t do that. I just wanted to fade away and to not exist’ (Way, 1993, p. 66).

There is evidence that anorexia may have roots in a close but dysfunctional relationship between the anorexic and her parents. Over protection, rigidity, lack of conflict resolution and use of the child to diffuse parental conflict are characteristics typical of the sufferer’s family. A child who is over protected may try to establish self-control, or independence, through compulsive self-starvation and obsessional preoccupation with thinness (Gordon, 1990). Mary Douglas (1973) describes how

demands for strong bodily control are greater when social control is strong. She comments on how elements of this are played out within the families of anorexics, where the physical body is in conflict with the social body. However, the contemporary social obsession with the aesthetic benefits of controlling the body, is certainly not the monopoly of the anorexic. Indeed the anorexic can be seen extending this obsession beyond a concern with the body that is widespread in western culture.

Body image distortion is characterised by an inaccurate visual image of the body. According to dance and movement therapist Kathryn Yarborough (1999), there are two types of body image disturbances: distortion and dissatisfaction. Thin people who see themselves as fat experience a body image distortion. Some of them truly believe they are fat and are unable to challenge this thinking. Others can see themselves as thin when looking in the mirror, but nevertheless feel fat (Yarborough, 1999).

Way (1993) discusses the manner in which the anorexic subconsciously distorts her body image. This enables her to continue to feel successful and “good” about herself, with one clear and conscious goal in mind: if she loses enough weight, she will reach the coveted, ultimate state of thinness and then, at last, she will be acceptable and approved of. Finally, she will be worthy of being loved by herself, and the world at large. However, this desire is contradictory because the more weight she loses the unhappier she ultimately becomes. Food and weight obsessions envelop the anorexic, engulfing the totality of her existence. There is no room for anything else. There is no time and no space for feelings, for questions, for uncertainties, for “grey areas”. Losing weight is the only thing that matters, and everything else in her life is secondary. Anorexia nervosa becomes fused with her identity. It is the center of her

black and white, fat and thin world. Anorexia nervosa fills the emptiness in her life (Way, 1993).

ART THERAPY AND ANOREXIA NERVOSA

Anorexia nervosa has been a focus of many theorists' investigations throughout the ages. The resulting theories are sometimes successful with particular individuals, but are sometimes met with mixed responses and resistance. However, no reliable consistently reliable intervention has been identified. Many people, particularly young women, continue to display anorexic behaviours and suffer the consequent physical disturbances inherent in self-starvation. This case study focuses on art therapy as an effective non-medical treatment for sufferers of anorexia nervosa.

The professional use of art therapy began in the 1940s with Margaret Naumburg's work based on art psychotherapy. Naumburg is considered to be one of the first to delineate art therapy as a distinctive form of psychotherapy. She viewed art expression as a way to manifest unconscious imagery, an observation resonant with the predominant psychoanalytic viewpoint of the early twentieth century. In Naumburg's view, the primary value of art therapy is an authentic expression communication. She considered the images produced by clients to be a form of symbolic speech (Malchiodi, 1998).

Societies have used art therapeutically throughout the ages to cope with life changes. The field of art therapy explores theories from both artistic and psychological

literature. Art as therapy considers process and product as integral. In the art process, healing comes about through the creative transformation of pain and conflict. The creative transformation is expressed also in the artist's interpretation of the product. Using this definition of art therapy, the case study sessions are designed to focus on the healing nature of the creative process and the importance of interpretation of the product by the client (McNiff, 1992).

Generally, the anorexic is referred to medical institutions for treatment. The medical model response to the anorexic depends on monitoring weight and hospitalising the sufferer if she does not maintain her weight above a specific critical level. According to Karen Way (1993), hospitalisation is a very nebulous long-term solution, because it only works as well as the anorexic wants it to. Certainly, no one would advocate standing by and idly watching an anorexic starving herself to death, yet the solution is definitely *not* to take away the one thing in her life she feels she has control over. She controls what she puts into her body. Hospitalisation contradicts and defeats the entire purpose of what the anorexic needs to gain recovery - positive coping skills to feel in charge of her life. Karen Way also states that group therapy is not suitable for the acute anorexic, nor do groups appeal to them. She finds in group situations, the acute anorexic generates competition to be the thinnest within the members (Way, 1993).

Researchers Michele Siegel, Judith Brisman, and Margot Weinshel (1988) also find that disturbed anorexics are so involved in food and weight obsessions that they can not relate to other group members. It is extremely difficult for them to get outside themselves and interact with others, since the primary focus of their attention is

whether or not they are the thinnest person present. Consequently, they fail to benefit from mutual exchange in groups. This research argues that individual therapy sessions are therefore the most appropriate form of intervention.

According to Shaun McNiff (1992), whenever illness is associated with loss of soul, the art emerges spontaneously as remedies. Pairing art with medicine or art as healing stimulates the creation of discipline through which imagination treats itself and recycles its vitality back to daily life. Art as healing does not restrict its interventions to human relationships. Concentration on the “other” ensouls the world, and paintings are ensouled objects or beings to guide, watch, and accompany their marks and the people who live with them. As soon as a painting is made, or a dream remembered, the images that constitute its being are experienced as wholly other. The autonomous life of the image is the foundation of a revolutionary and pragmatic treatment of our psychic diseases. It is through images that we are able to discover who we are. We have the ability to learn to step aside and watch ourselves, the image can then become an agent for transformation. Dialoguing with images is a method for expanding the ego’s singular vision. In opening to others, we do not have to give away our place within the interaction. Reality is an ever changing interplay and never a single, fixed position.

McNiff (1992) expands on the notion that many people who use art in psychotherapy believe in the ability of the image to expand communication and offer insight outside the scope of the reasoning mind. However, he points out, there are sharp distinctions in how we treat pictures once they appear. Attitudes may range from approaching them as graphic signs for evaluating the mental conditions of the artist, to greeting

them as what McNiff describes as angels who come to offer assistance. It is this notion of angels or gifts in art work that I see as being one of art therapy's greatest assets. The metaphor of angels refers to the healing potential of creative expression. The creative source, drive or instinct (Freud, 1920, cited in McNiff, 1992; Jung, 1966 cited in McNiff, 1992) considers symbol formulation and creating wholeness as an important goal.

Judith Rubin (1987) provides a useful account of the different theoretical frameworks art therapy can employ. Coming from a self psychology approach Rubins explains that we are also very much involved as artists in expressing the self. When faced with a troubled patient, whatever the pathological label attached, we artists may intuitively recognise that these people are troubled in their "selves". Rubins believes that our qualities as artists equip us to function as therapists. Art can be used as a form of exhibition, as a way to create, to be magic, to be understood, admired, and affirmed. It is this feeling of affirmation that interests me most. The feeling of materiality that can be a "gift" from a art work.

Using this perspective, I believe that the art work can then become a self-object for the client. The client is helped to shift from considering the therapist as sole self-object, to the creation of a self-object of their own. This can be seen as assisting the client in stepping towards individuation. Further, in agreement with McNiff, I believe that every aspect of art contributes to its use as a healing devise. Art therapists should not assume that some expressions heal and others do not. McNiff says that "negative and disturbing images can be seen as vital stimulants for healing in that the toxin is the antitoxin"(McNiff, 1993, p.2). Art as healing trusts spontaneous expression and

avoids prescription, thus the creator of an image is able to view it as he/she sees it.

Interpretation by others is not necessarily correct.

The crucial function of art therapy in working with sufferers of anorexia nervosa is to enable an expression of self and body free of the controls and distractions that rule their lives. Jungian analyst, Woodman (1982), observes that the anorexic woman is so busy doing and achieving, that she loses touch with the other side of her self, her deepest self, her “inner life which gives meaning to life.” The anorexic woman has alienated and blocked off her inner self. She does not know what it is like to laugh and play, to be spontaneous, creative and carefree. She does not know what it means to be free of worries, to take a “wait-and-see” attitude towards life. She has made a habit of being serious, controlled and driven. She does not know what it means to simply be herself because she can’t let go. The control she thinks she has over herself and in life is an illusion. The paradox is that to truly *gain* control or personal power in her life, she must first let go and let her heart, her inner self, be the guide. It is in this way that art therapy can release her creativity and start the healing process.

The patient with anorexia feels that reduced body mass and content equates with reduced experience of having a body and feelings. Examples of this thinking can be seen in her art work where she believes that images of secure boundaries around self portraits will effect greater security. With relation to food, obsessional defences against contact with calories enable her to believe that this will protect her from an ever-possible invasion by life-embodied food (Levens, 1995).

In several case studies, Karen Way (1993) illustrates how creativity helped certain individuals to realise their distortion of reality, and to ultimately lead to their recovery. She writes Monica believes that getting outside of herself and making contact with others has been crucial in her recovery.

‘You can’t sit alone on the sofa and just think, ‘Who am I’ she says with a laugh, ‘because I tried that and it didn’t work out. Instead of just sitting and thinking too much, it’s good to write or paint or get outside yourself in some way. If something bothers you, just write or draw and express what you’re feeling. Don’t worry about whether it’s perfect: just write or draw or paint whatever’s in your head’ (Way, 1993, p. 100).

Connecting with art helps sufferers break through the wall of feelings according to Way. She quotes another client “ ‘In hospital, I learned a lot of different ways to get in touch with the feelings I had and to express my feelings,” she says. “Through art and writing and movement therapy, I began to understand my pain’ ”(Way, 1993, p. 100).

Again a client remembers herself in hospital, not even *trying* anything she could not do *perfectly*.

“ ‘I refused to go to art therapy at first,’ she says. ‘I didn’t like art. Art was one thing that I didn’t ‘achieve’ at, and I didn’t want to do anything that I couldn’t do well. I used to be the type that if I couldn’t do something, I wouldn’t even attempt it. So I really fought that class. But I got through it. And we didn’t have to *draw* pictures, we could just use colours to express our feelings on themes the instructor gave us. And it turned out to be one of the biggest things to get in touch with the emptiness I felt. Taking that chance and trying something new really taught me a lot about myself’ ” (Way, 1993, p. 109).

This example shows how necessary art therapy can provide a road to recovery for some individuals. As exemplified by Way, through visual expression sufferers of anorexia nervosa can get in touch with the emptiness and isolation that they are

feeling. The visual medium allows people to express issues that otherwise may be too painful to express verbally.

In addition to the importance of artistic expression in the healing of anorexic women, Way (1993) also discusses the distortion of body image. She suggests that the anorexics' mind becomes her closest ally as her weight plummets lower and lower. She distorts her image of herself so that she does not see how thin she is in reality. When examining herself she is only able to identify the "fat" zones : the hip thighs and buttocks that she feel she must lose in order to be acceptable. This subconscious distortion of body image is so the sufferer of anorexia can continue to achieve the fleeting feelings of success that she achieves as she loses weight. Without this distortion the anorexic would realise the emaciated state of her body and therefore not achieve the one clear, conscious goal - the ultimate state of thinness.

Anorexics appear to respond positively to art therapy, possibly because it is primarily a visual exploration and anorexics tend to be verbally uncommunicative. The artwork becomes a transitional object for the anorexic, and because there is a corporeal, physical aliveness to art therapy, engaging in art may also be a way for the client to solve abstract issues through a tangible concrete medium.

Ellis's (1989) method of art therapy encourages the client to use her painting as a mirror rather than for self-expression. The mirroring process in art therapy has great potential for enabling the emergence of a woman's understanding and awareness of herself in a culture that deprives her of authentic reflections. She is also thus deprived of an authentic identity not dependant on sex role norms. A critical analysis suggests

sex role identification is an illusion, and is the result of women and men attempting to be the correct ideal model of male or female. This illusion is a social and political construction based on fiction or invention based on sexual injustice. As a mirror reflection of a client's "existential psychophysical existence" (Ellis, 1989), the painting in art therapy offers a possibility of self reflection, and with that, the recognition of the various possibilities of existence. The capacity to reflect enables a dynamic intellection where the client is involved in "constantly recreating her life, tolerant of ambiguity, separation, changes and death" (Ellis, 1989, p. 263). This integration is of particular importance for anorexics to enable the disempowering split within themselves to be healed.

Art therapist Joy Schaverien (1989) suggests that for anorexics, food is an unconscious way of symbolising a conflict. This conflict consists of the splits and stresses of the person's inner self. She says that what emerges from this is anorexia nervosa - the symbolic testimony to that conflict. Schaverien believes that art work produced by the anorexic can fulfil a similar role to that of food. The art can exist as a mentor between the person and the environment, and it can provide an external tangible form to symbolise the anorexic's internal conflict.

The healing of the inner splits and consequent emergence of a more realistic body/self image is a common theme in the work of art therapists with anorexic women. Harriet Wadeson (1980), claims that art therapy can assist those who are ready to seek help and she describes the steps involved in creating a better self-image. "With the artistic expression as a spring board for the patient's associations and the therapist's interpretations," (Wadeson, 1980, p. xxi). She goes on to say "If all goes well, the

feelings become owned and integrated as a part of the self" (Wadeson, 1980, p. xxi).

In the owning of image and in this case of self body image, the client can begin to see the distortions and perceptions they have built about themselves.

In their article regarding the role of art therapy in the treatment of anorexia nervosa, the authors, psychiatrist Dr. Jane Wolf, psychologist Dr. Mary Willmuth and art therapist Alice Watkins (1986), write of three main conflict areas with anorexics: self-image, self-esteem and control. They believe the use of art therapy in treating anorexics enables the client to still engage in some form of control. They suggest that anorexics tend to respond well to art therapy because the art work is in a sense perceived as a physical and substantial means through which to solve symbolic and psychic issues. Image making is less threatening than speech and is a means of gaining self-awareness.

These authors introduce the concepts of shame and denial and the anorexic's attempts to attain competence and avoid shame through the use of tangible concrete art work. Wolf, Willmuth, and Watkins (1986) believe it is the concept of shame, as an affect state, which leads to the splitting of the real self in anorexics. Shame arises over feelings of "defectiveness and faulty boundary control" (Wolf, Willmuth, Watkins, 1986, p.44). Lack of control on that psychological level becomes, on an unconscious level, equated with lack of control physically, thus producing shame. This leads to the splitting of the self which is an attempt to hide the self's shameful aspects. Denial protects the self from shame. Various writers have agreed that the anorexic's attempt to solve psychological conflict is through the concrete manipulation of food and body shape. Anorexia becomes an attempt to solve abstract conflicts by way of a tangible

source in order to avoid shame and gain mastery. Although this theory does not examine sociopolitical possibilities of the disorder, its premise that the art work itself has a physical and tactile reality which helps anorexics explore abstract issues is a valid and useful one for art therapists.

The making of art affords an opportunity for repetition. Levens (1995), discusses how the process of giving symbolic expression in art and allowing the unconscious to grow through the use of repeating similar art therapy activities, a form of ritual is developed. This use of ritual is associated with the anorexic ritualising her own food intake. The use of art allows for the “making whole again” according to Levens. The anorexic patient can begin to create herself in the art work, wishing to “repair” on paint over certain images or patch together torn up pieces of paper. Destroying and repairing an inanimate art object not only expresses otherwise unconscious fantasies but also creates a new concrete reality experience, which can be internalised and which can therefore alter the nature of her perception of herself. The regularity of the art therapy session time regular also sets the tone of a ritual in itself. The anorexic client develops the session time into her weekly routine, thus helping the ritual to be complete (Levens, 1995).

Levens (1995) also recognises that the anorexic will typically perceive all attempts at change as being forced upon her, so that a power battle ensues. Using art as a medium through which the patient can face essential issues, outside the struggle for control, means that the battle is no longer directly between two human bodies but via an intermediary (non-human) body which has been made by the patient and not the therapist. Levens also suggests that the involvement of the patient in the creation of

art work, using concrete, durable imagery, in the presence of a facilitating therapist may be regarded as an important step towards the development of a whole-person relationship. "Taking in" something from a self-made object/image is not experienced as a devastating intrusion which threatens the patient's already fragile sense of self. Yet, the image is created and spoken about in a setting which includes the (whole person) therapist. A link is established and an intermediate area for therapeutic work is created (Levens, 1995).

According to art therapist, Joy Schaverien (1998), the content of the imagery is the subject matter that can be investigated as the artwork constitutes an object. It can be seen that the anorexic could be regarded as a borderline disturbance so the anorexic client could be considered to be functioning at a pre-symbolic level. She is concretizing experience, and unconsciously acting out, through the use of food. If the need for concrete expression can be converted from an obsession with food to a use of art materials, this can be seen as the beginning of a movement towards symbolism.

The use of art in the therapeutic process is a viable alternative to verbal language, in that art may bypass the verbal defence of clients with anorexia nervosa, and may instead encourage a more appropriate form of communication for that pre-verbal area where many of their problems originate. The act of painting, helps to lessen the defensive mechanism that the anorexic so frequently uses. By expressing something of her own, on canvas, it becomes clear to her whatever she creates belongs to her. Creative expression gives the anorexic client the opportunity to form a relationship with an image that she creates. This provides a path to heal body distortion and self-image through the creation self awareness.

THEORETICAL FRAMEWORK

This study is conducted from an interpretive perspective. It concentrates on the transference of the internal unconscious in the artwork created by a young female suffering from anorexia nervosa. The interpretation is from a western art therapy perspective.

This perspective has been informed by the theories and philosophies explored by psychotherapist and art therapist Shaun McNiff (1992). McNiff explores creation as being interactive and his perceptions of, and theories about, medicine are artistic. McNiff's theories explore the chemistry of the body. He suggests that the body's chemistry changes as a result of artistic expression and reflection. Engaging in artistic emanations of the soul, our psychological desires are activated and we are moved by the soul striving to speak its own language. McNiff (1992) incorporates the idea that the creative principle underlines the dynamic of human life. Art, according to McNiff, is not just a cultural need but a biologically based urge. By studying history we can see that creativity is essential not only for individual human beings, but also may be beneficial for the health of a society. Through the visual expression in art therapy sessions, clients are given the permission to explore issues they may be experiencing. Because the process allows freedom of creative expression, the client is able to communicate issues they may not be able to otherwise face verbally. Through this process, there is transference of the internal unconscious onto the art work. A valuable by-product of the art making process is the intrinsically pleasurable experience of play and self-soothing.

This framework is also supported by self psychology theorist, Heinz Kohult (St.Clair, 1986). Kohult's psychology of the self explains that the method of observation is an empathetic immersion in a person's inner life. He stressed that a methodology of introspection and empathy must be obtained by a therapist who is collecting data on

which to base formulations about the self. The self according to Kohult, is not a concept. Kohult broadly defined the self in terms of awareness and experience as well as a recipient of impressions. He described the self as emerging from relatedness with others in the environment and hopefully becoming a “cohesive self” (St.Clair, 1986). Through the observation of the client’s inner self that is translated in her art work, this study creates an awareness for the client that may otherwise not have been reached verbally.

The interpretative theoretical framework is appropriate for this study because it focuses on the art as stimulating an intervention in itself. Through discussion of the art work the client is given the opportunity for expression on a non- verbal and verbal level, also allowing for the unconscious to be developed. The client in this study was able to use art to express many issues that she was facing in her life. Through reflection both by the client, Michelle, and my interpretation of the art work valuable conclusions and insights are able to be reached.

METHODOLOGY

This research has been conducted using a single case study of a young female suffering from anorexia nervosa who for this purpose, will be named Michelle. The client is also given a one to one sessions as group situations can generate competition with anorexic clients.

Michelle was provided with appropriate art materials for the depiction of body image. These materials will include paints, colour pastels in oil and chalk form, clay, collage materials as well as appropriate sized paper and stretched canvas.

The design of the research is a case study focusing on surfacing problems related to physical appearance, control issues and any inner-child or related family issues. There is an emphasis on self portraiture in the belief that the creation of self through art can help break down the distortion of self that is suffered by Michelle. By the repeating of creation of self in different art therapy activities, Michelle can be made aware of, and possibly change, the way she sees herself.

PROCEDURE

Individual art therapy sessions with a client, Michelle, were carried out in a private and closed setting. Each of the art therapy sessions was designed to deal with issues and problems that had been discussed previously, or that became relevant during each

session. The aim of this process is to explore issues that effect Michelle's life, and to be able to see the relevance of these issues in the condition anorexia nervosa.

The art therapy exercises concentrated on the construction of self image, and combined this with the relevant issues of Michelle's life story. Although the art work often depicts situations, there is also the underlying theme of self portraiture through Michelle creating different symbols to represent herself in the art work. This emphasis is on the construction of self images in the art therapy activities enabled Michelle to express issues on a non-verbal level and create visual metaphors describing herself.

The data from each session was collected through my own interpretation of the art work as well as Michelle's verbal descriptions and own interpretations. Each session was written up immediately after completion to enable more clarity and detail in its description.

ETHICAL CONSIDERATIONS AND LIMITATIONS

Before any art therapy sessions began, Michelle was informed of her rights and asked to complete a consent form that was signed and dated. (see Appendix A)

It was explained to Michelle that she had the option to withdraw the right to use her art work for this study at any time she may feel necessary.

Her name has been changed to create confidentiality for the client.

The findings and conclusions made in this case study can not be generalised to the rest of the population. The single case study method focuses on an individual case and does not involve a sufficiently large sample to support claims for an entire population. In this particular case, the client's permanent disability produces a variable that is not generally shared by other anorexic women.

This case study is a short term intervention and can only speculate about long term art therapy intervention for the participant.

DESCRIPTION OF THE CLIENT

Michelle is a twenty one year old female, who was born with the debilitating condition, spinal bifida. She has had the eating disorder anorexia nervosa for seven years. She is the oldest of two children, with a sister two years younger who does not have spinal bifida.

When I first met Michelle she was in hospital being force fed through a nasal tube. Michelle has difficulty weighing herself because of her disability and not being able to weigh herself without her wheel chair. To regulate everything that goes into her body

she calorie counts all the food she eats. She finds she is able to control her weight in this way.

Michelle was very self conscious to begin with, however, because I was with the Getabout member, who she knew and trusted, and she seemed able to relax after a short time. Initially, during this first meeting, Michelle did not want to even drink in front of me. However, during the hour and a half of the meeting she became a little more relaxed and decided to go and get herself a “Diet Pespi”. Michelle later told me that this is the only form of fluid she allows herself to drink, because it contains no calories. I was pleased that she found herself able to drink in front of me in our first meeting, as this showed promise that our relationship had the potential to grow in trust.

One of my first impressions of Michelle was that she was looking for acceptance all the time. I found this particularly relevant relating to the Getabout member. The two had obviously built up a strong friendship over time, but Michelle seemed hesitant towards me at first. It seemed as though she was wondering if I was going to be the same sort of friend to her. I felt as though I was being “sized up” in some way. This “sizing up” was shown in the way she was very attentive towards my responses, and I could tell that I was being put through some sort of test. I felt that I seemed to be doing reasonably well when Michelle brought out some photos of her family and her pets. Michelle has a great love of animals, and I was touched when she decided to let me share this part of her life. This opening up enabled me to share and talk about issues that are obviously very important to her. It was at this stage of our meeting that Michelle seemed to warm to me.

Michelle's family system is also interesting. When talking about her mother who Michelle says she is a "hypochondriac". Although Michelle often worries about her mother. Michelle carries out the "sick role" in the family system, however her mother often tries to carry this role as well. Michelle sees her sister who is at university, as an achiever. I have a hunch that Michelle would like to study but feels that she is not able.

Michelle has a lot of barriers in her life, and from her perspective her life appears out of control most of the time. My opinion is that the eating disorder that Michelle has developed can be directly related to her search for control by limiting what she puts into her body. Because of Michelle's physical disability, she is very reliant on others for help. She feels as though there are a lot of elements in her life that are so far out of her own control. In some way the fact that Michelle can limit and control her own body through food, has become the only control in her "chaotic" world.

FINDINGS: CASE STUDY SESSIONS

SESSION ONE

In the first session I had with Michelle, I suggested that she might want to do a self portrait. She really liked this suggestion and we decided that was what we would concentrate on for the session. Michelle wanted to use a mirror so she could look at her features. Unfortunately there was not one available, however I had my instant polaroid camera with me so it was decided that I could take a photo of Michelle and she would paint from that.

The actual photo taking process was visibly difficult for Michelle, and I thought that it might also have been a bit too confronting, particularly for our first session together. We took two photos, and Michelle did not smile in either. I asked her about this and she said that less expression was easier to paint. I found this to be interesting because Michelle's mood was very low during the whole session and I think she was able to express that through her visual imagery well. Michelle did not like the photo very much. She said that she only liked photos from five years ago, because that was when she was at her thinnest. After the session, Michelle did not want to keep the photo.

The portrait that Michelle created in this session represents how she was feeling very distinctly. The colours were chosen and mixed very carefully. She appeared to be extremely tired and down during the session. Interestingly, Michelle found it was important that she finished the painting in one session. She said that she never likes to work on images more than once. She never goes back to the paintings and reworks them. For her, the art making experience has to be quick and spontaneous. The whole

expression of her emotions is done in an explosive manner, and then she doesn't want to revisit them. However the spontaneity is intriguing, and is an important part of art making for Michelle.

It is also interesting that Michelle only depicted herself from the waist up. This is directly related to her disability and how Michelle sees herself. There is an emphasis on the head in Michelle's self portrait. According to Levens (1995) this emphasis relates to a disturbance of perception of self and can be seen as showing the body to exist in parts or fragments.



Plate 1 : Self Portrait

SESSION TWO

Again Michelle was lethargic during this session, although she was a little brighter than the previous session. I asked her to consider painting “herself as a landscape” and she started immediately. Michelle worked with vigour to create her art work, she worked almost silently and with a lot of concentration. Her energy began to pick up as soon as she started to paint.

Michelle created a hurricane that was black and menacing. I asked her to talk about the image and she said that the hurricane was destroying the house on the right hand side of the composition, smashing the windows and collapsing the house. On the left hand side of the image, she said that the hurricane was ripping the trees up out of the ground and that the trees were bowed with the force of the wind. The colours of the image are dark and muted which seemed to mirror Michelle’s mood.

I also found the placement of the abstract imagery particularly interesting. It is important to recognise that the house that is being destroyed is placed on the right side of the composition. The house could be seen to represent the family unit, which could be interpreted as being unstable and not able to withstand the force of the hurricane (the hurricane being a possible visual metaphor for Michelle herself). The right side of a composition can also be interpreted as being the future. I asked Michelle if she felt like a hurricane and she replied that she did feel “tangled up” sometimes. The metaphor of the hurricane being out of control is a strong and powerful image. This image can be seen as describing what is going on in Michelle’s life at the moment. She did not want to talk a lot about the image but instead was anxious to create another painting.

The next image Michelle created during this session was created with as much energy as the previous one. She worked furiously, getting paint everywhere. Her hands were covered with paint. The next image was somewhat abstract, however the colours were a little brighter. Michelle said this image was of a bushfire. She said that the fire was destroying everything in its path. Similarly, the fire was seen as just as destructive as the hurricane in the previous painting.

Both the painting's created during this session describe the self destructive path that Michelle finds herself on. There is a lot of anger portrayed in the art work through the themes chosen. The repetitive theme of destruction seems important and prevalent in Michelle's life. There is also a sense of chaos and the feeling of being out of control that Michelle works to furiously get out of her body and mind, and onto the canvas.



Plate 2 : Hurricane



Plate 3 : Bushfire

SESSION THREE

As Michelle came into the session, I noticed how sad she looked. I asked how she was and she said that she “wasn’t so good.” She said that she had a “horrible week” and that things just could not get any worse. Michelle said she had been to see the doctor during the week to get some test results about her kidneys. The results indicated there is damage to her kidneys from the anorexia, as well as her incontinence problem caused by the spina bifida. Michelle said that her mother was “stressing her out” because of what the doctor had said, and she was worried about her mother. Michelle said that her mother had been extremely anxious.

Also worrying Michelle was her best friend. Michelle told me that one of her friends had rung her in a really bad way. She said that this friend had “been at the edge” before and Michelle was worried that she may be unstable again. Michelle said that she didn’t want to tell her friend what was going on for herself medically, because this friend had her own problems to worry about.

On top of all of this Michelle was anticipating a “weigh in” during the next week, and if her weight was too low she would have to be admitted to hospital. Interestingly, she had the appointment for her “weigh in” during her session time with me, and therefore would not be able to attend. On reflection, it is also interesting to note that Michelle was beginning to reveal some issues that may be difficult for her to internalise. I asked Michelle if she had any other time that she could have made the doctor’s appointment for. She said that she does not “do a lot” during the week, however it was “too late now” and she was sorry. It is interesting that she chose to miss a session at this time.

After our discussion about what was happening in Michelle's life it was decided that Michelle would paint her problems. She worked as compulsively as usual, splashing the paint as she worked. She said the image she created was of a bomb about to explode. She said the clock was there (on the right side of the image) but she didn't know when it was about to explode. When the bomb did explode, however, "all hell would break lose". She was worried about losing control. This would mean "chaos".

Everything in Michelle's life seems really out of control to her, and I see this as being linked with her eating disorder. Michelle is trying to control her body because everything else around her is out of her control. She is also busy worrying about others, and not caring that she is unhappy herself. Again, there is a lot of anger expressed in this image.

The next image Michelle created during this session was extremely powerful. She painted her hand behind steel bars, reaching across the composition to a wall. She wrote the word "help" down the wall, which she said represented her friend. She said that many things were in the way preventing her from reaching her friend. I thought it was interesting to see that Michelle herself was represented trapped behind bars. I feel this shows that Michelle is aware that there are obstacles standing in her way. She is aware that she is trapped.

Michelle was really unhappy during this session, and that it was important for her to express this unhappiness. She needed to stay with this emotion and I made no attempt to move her from it at this time. The expression through the artwork was important for Michelle.



Plate 4 : Bomb



Plate 5 : Help

SESSION 4

Michelle had made her doctor's appointment during our session time. The fact that she had obviously been releasing a lot of deep and emotive issues through her imagery, as well as our discussions, during the art therapy time may have influenced her decision. The decision to miss a session at this stage of exploration is relevant. Michelle had been particularly depressed during the previous session, she was very troubled and she may have felt that the exploration through her imagery was releasing too much, or maybe it was just too emotional for her. I did contact Michelle during the week. I decided that it was important to acknowledge the missed session, and to have some contact so as to keep the process contained within the time it was usually located.

After I had made contact with Michelle I had some thinking to do concerning the boundaries of our relationship as well as my own personal boundary issues. Was it appropriate to phone Michelle, or should the art therapy and contact time be the only times that we spoke? I had not given Michelle my phone number, and I did not plan to. I decided that I did have to keep a purely professional relationship, and that if Michelle and I were to continue exploring her problems, that this kind of relationship would be the most beneficial. However, to contact Michelle during a week in which there was no session is congruent with the professional relationship and the need to ritualise the appointment.

SESSION 5

When Michelle came into this session I instantly noticed the feeding tube she had in her nose. Michelle had been admitted back into hospital because she had let her weight drop below 30kg. Michelle had been admitted back into Sir Charles Gardener Hospital on Tuesday, and she would probably have to stay there for two to three weeks. She hated that hospital because she had to be on the psychiatric ward. She also hated being tube fed, although she told me that she knows how to drain the tube, which she used to do regularly until “they” realised and started watching her after feeding.

I asked Michelle if she could try picturing anorexia as a separate identity. I suggested that if “it” was the problem then there were a whole lot of different ways out, which could be viewed from many different angles. Michelle then started to paint an image of a maze. She said, after she had finished her image, that she was in the middle and the yellow represented a pile of keys. The red paint represented doorways out of the maze, but there were so many keys that it was impossible to find the right key for the right doorway. Michelle said that on the very outskirts of the image was the blue of the sky, which was where she wanted to be, however the maze was too difficult to get out of. She was stuck.

Again Michelle had created a provocative and strong image, that explores her frustration with her eating disorder. It is interesting how the abstract image was explained in extreme detail and how the non-verbal medium of the paint allowed Michelle to express her frustration fluently. Through this image Michelle was really

able to get in touch with some of the emptiness and isolation that she was feeling.

Chaos is again represented.

The next image Michelle created during this session was of a party that she had been invited to in a few weeks time. The centre of the image was of Michelle stuck in a cage. Surrounding Michelle were all that rest of the people at the party, drinking and eating and having a good time. Michelle said that she felt trapped in social situations and that she was really anxious about being invited to this party. She said that she felt as though everyone would be looking at her, and that she could not allow herself to eat at the party. Michelle felt anxious about everyone at the party looking at her to see if she was going to eat anything.

It is interesting to see the recurring symbol of being trapped in a cage surfaced again. This may be because Michelle was in hospital again. It may also demonstrate her awareness about her eating disorder. The anorexia is preventing Michelle from doing things that she really wants too. She is now aware that her eating disorder is preventing her from socialising and interacting in a normal way. Michelle is making a shift from wanting not to eat, and becoming aware of what not eating is preventing her from doing.

The recurring theme of chaos is represented in the metaphor of the party. Michelle feels that she may lose control of herself in this social situation, and therefore puts herself in a cage to prevent this from happening. She is putting barriers up to stay in control.



Plate 6 : The Maze



Plate 7 : The Party

SESSION 6

The Getabout member that Michelle shares a close relationship with was leaving the organisation on the day of this session. Michelle told me that the party she had been so anxious about during our previous session was the going away party for the “Getabout” member that was to be held the following night. She now said that she was looking forward to it, however the party was in a restaurant and then in a night club. Michelle had never been in a night club before, and said that she hoped “everyone was too drunk to be looking at her at that stage.” She said that she was especially excited because she was able to get the night leave from hospital. I asked Michelle how she felt about the Getabout member leaving, considering that she had such a close relationship with her. Michelle said that she “didn’t want to go there” because she may get too depressed.

At this stage of the session I told Michelle that she could create imagery about anything that she wanted. I felt it was important for Michelle to conduct the session. She said that she had been concerned about the impact that some of her previous imagery had on her friend from Getabout. Michelle mentioned that her image about the bomb exploding had concerned others and she felt that maybe she should make less “depressing” art. I talked with Michelle about her art making being her own personal expression, and that it seemed a fantastic tool that she could use to express the things that were happening in her life. I told her that this form of expression was for her, and that the potential for insight within her imagery seemed to show its importance for her.

Michelle painted an image of a dog howling at a huge full moon. She said that the night was full of stars and that the dog was alone calling out to others. This image is a metaphor for Michelle. Often Michelle feels alone, and as if she might feel like calling out for others to come. This could also relate to Michelle's reliance on others, and her feeling that she cannot cope when she is completely alone.

The dog in the painting stands on a green hill, silhouetted by the moonlight. The dog is silhouetted in shadow, standing out against the light, almost in the spotlight. This could relate to the anxiety Michelle felt about going to the party. She felt that she might stand out, and that others would be looking at her all night.

The next image Michelle painted during the session was of a mountain against a pastel blue sky. The mountain in the image almost takes up the whole composition.

Michelle related this image to how she felt. She said that she had a lot of barriers in her life. She said that she felt like she was forever going up hill, and that she could never get to the other side. This statement I felt was very powerful. It showed how Michelle was thinking about her life, her struggles with her disability, and her anorexia nervosa.

The colours that Michelle used in this image seemed to be much brighter, and generally I felt that during this session her mood had shifted from the previous sessions. She seemed to be making an effort to be brighter and I wondered if this was for herself or for those around her. Michelle is always looking to please others, and there had been an expression of distaste made to her about the content of her imagery. She may have been lifting her spirits for others rather than herself. However,

Michelle was beginning to recognise the potential for her art work to express her feelings, and in some way shift her mood. She was using this knowledge to capture the brighter feelings that she was experiencing during this session.

Because this was to be our last session together, I asked Michelle to reflect on the work we had been doing together. She commented again that she enjoyed the visual expression, although she was not sure that it helped that much.



Plate 8 : Dog on a Hill



Plate 9 : The Mountain

DISCUSSION

The use of self-portraiture in art therapy sessions allows a client with an eating disorder to address her perception of self and her self value, and therefore leads to awareness of her distorted self body image. Michelle's awareness can be seen in her art work, in the themes of chaos and destruction. Through the repetition of compositions depicting self in different art therapy activities, a ritual is created allowing the client to examine the ritual she has created around food. Art therapy provides a space for the client to address these issues in symbols and in metaphors.

What actually happens during the art therapeutic process which enables many clients with eating disorders to take the necessary risks involved in progressive change? As discussed in the literature review, pairing art with medicine or using art for healing, stimulates the creation of discipline through which the imagination treats itself and recycles its vitality back to daily life (McNiff, 1992; Rubin, 1987). Art as healing does not restrict its interventions to human relationships. This course of events may be understood through Michelle's artwork and her developing relationship with her images. Emotions are literally poured out in paint, sometimes over the edges of the canvas on to the table, and images are not contained within separate forms. This can be seen in Michelle's artwork, both through her compulsion in the creation of the paintings and her enthusiasm in her use of symbolism.

Michelle has many issues regarding control as well as self image. As Levens (1995) points out, anorexics often use their body as an object to create a temporary sense of control over various aspects of their life. Michelle's relatedness to her artwork gives

positive reinforcement to her sense of awareness regarding these issues of control. The amount of expression that Michelle uses visually throughout the art therapy sessions, shows how well art as therapy explored Michelle's issues and problems and touched the emptiness in her life. The guiding metaphors of destruction and chaos demonstrate how "out of control" Michelle's life is. Her physical disability (spina bifida) leaves her having to rely on others for support in many ways. Because of this reliance, anorexia nervosa gives Michelle a sense of control over her body and a form of stability in her life.

Levens (1995) explains that understanding the nature of the boundary between inside the body and outside the body is essential in order not only to make sense of the dilemmas facing clients with eating disorders, but also to shed more light on their need for the use of creative thinking. The symbolism of the body or body contents may be seen to have a magic of its own. For the anorexic, in this case Michelle, the visual effect of the transformation in her body conveys symbolic meaning. Using visual transformation, according to Levens (1995), can develop awareness for the client about her eating disorder and lead to progressive change.

With this knowledge I felt that self portrait exercises were appropriate to gauge Michelle's own boundaries and perceptions of herself. The exploration of self in all the art therapy sessions demonstrates the recurring issues and problems that Michelle is facing in her own life. The experience of being out of control is represented in many of Michelle's art works (plate 2: Hurricane; plate 3: Bushfire; plate 4: Bomb; plate 5: Help; plate 6: The Maze). This theme has direct associations with the experience of anorexia nervosa. Through the visual exploration and owning of this

theme, Michelle was able to acknowledge her emotions and start exploring the barriers on the path to recovery.

The eating disorder client with a severe body image disturbance has a perception of her own and of others' bodies as existing in parts or fragments. Her attempts to escape the physical constraints of being bound to her body are often expressed in violent attacks upon her body, either literally or in her art work. Clients with an eating disorder frequently describe how they do not feel as if they exist inside their bodies. This may be portrayed in self images which emphasise the head and neglect or attack the body (Levens, 1995). This can be seen in Michelle's first image (plate 1: Self portrait). Here Michelle depicts herself with a small somewhat insignificant body painted in murky browns, and a large head that is painted in a bright pink. The emphasis on the head demonstrates Michelle's disassociation with her own body, clearly showing her distorted sense of self.

Michelle shows her dependence on others through her eagerness to please. Michelle's culture is that of a wounded and sick person, and she is unable to let herself shift from that place at this time. Levens (1995) explains that a patient with an eating disorder feels quite unable to effect things around her by any other means than controlling her food intake. Frequently Michelle feels that she has no "voice" within her family and that she has no sense of self. Her potential for self-direction or for having an effect on others is diminished by her sense of being practically invisible. Her only power is to control what no other can, her own body. This is very relevant to Michelle's case. Her eating disorder is directly linked to her sick and injured role within her family and a wish to disappear. Levens (1995) explains that self-starvation is often viewed as the

anorexics attempt to end the feminisation of her body and to minimise the confused and ambivalent identification with her mother. Michelle feels over protected by her own mother because of her disability and her sick role within the family. In reaction to this feeling of protection, Michelle has developed anorexia nervosa in a wish to disappear and not to burden her mother further.

Michelle's experience of her "false self" being praised and acknowledged due to her eating disorder and people not knowing how to discuss her problems, relates to her perception of self as destructive and her poor self esteem (Browning 1985). Her artwork clearly shows anger and the frustration that Michelle has regarding the destructiveness of her own body (plate 2: Hurricane; plate 3: Bushfire; plate 4: Bomb).

Michelle represented herself as being "trapped in a cage" twice in her art work (plate 5: Help and plate 7: The Party) during the six sessions I had with her. The symbol of a cage is often used by anorexic clients to represent the frustration that underpins the eating disorder. In these images, (plate 5: Help and plate 7: The Party) Michelle shows herself as physically having a barricade that stops her from achieving her aims. Michelle is able to see that her eating disorder is preventing her from fulfilling the aspirations she has for her life. She is able to use the anorexia as the "barrier" that is stopping her from going forward. The anger that is expressed through these images indicates Michelle's desire to end her battle with anorexia nervosa. She shows her struggle to find a way out.

The repetition of themes and symbols such as being trapped in a cage and the sense of chaos, I also find to be particularly relevant. Michelle's ability to use these symbols,

shows how the artwork has shifted her sense of reality, and helped begin the process of healing.

Levens (1995) discusses the use of the mountain as a symbol.

I have seen numerous paintings made by patients with eating disorders in which they, or some substitute which they recognise to be a symbol of themselves, are sitting on mountain tops, on clouds or in heaven and are looking down at earthlings. The paintings, which are complemented by fantasies of omnipotence, ultimate control and ensured safety illustrate the position of the allseeing untouchable, unreachable disembodied spirit. (p9)

Michelle uses the symbol of a mountain to describe the extreme hurdles that are in her life. Michelle said that she saw this image as representing the volumes of obstacles that stood in her way of recovery. She had said after completion of this image that it was difficult to get to the other side of the mountain. This shows awareness about the struggle of recovery, and that Michelle has begun the recovery process through showing this awareness. The use of pastel colours in this image shows a shift from the murky dark colours used in the previous sessions. This demonstrates how Michelle is beginning to see a brighter future and, possibly, heal their outcome

The creation of this image was in our last art therapy session together and Michelle was thinking about the work that we had done together. This image of the mountain demonstrates a leap for Michelle in her representation of a journey, and her being able to see her future. I do not claim that Michelle has been “cured” of her anorexia nervosa. Such an outcome would require an extended therapy intervention. Changes in self-image would probably require years of ongoing art therapy. However, this research does demonstrate the capacity that art therapy has to create an opportunity for a client with anorexia to use creative expression to form better self awareness.

This case study demonstrates the way in which art therapy can make an important contribution by heeding people's desperate cravings for a life with deeper meaning, aiding them to use art to re-create themselves and ultimately extend their worlds. It is imagery multifaceted and holistic quality that evokes the deep non-verbal source of creativity and provides contact with previously unassessed parts of the self that resist other means of exploration. This is why combining art with verbal therapy so often accelerates the therapeutic process especially for people who find it difficult to verbalise their experiences. Involvement with art media itself also vivifies the creative process of self exploration, inviting a sensory and deeply felt experience that enhances the effectiveness of therapy. The very act of creation is often so absorbing and gratifying that it serves to release a revitalising energy that alone can allow for a deep transformation. As an art therapist, I am privileged to serve as an empowering guide in supporting people to follow their own creative impulses and to draw on the energy of their artistic expression.

CONCLUSIONS

The awareness shown through Michelle's imagery demonstrates how effective one to one art therapy sessions can be when exploring body image issues with a client suffering from anorexia nervosa. Art therapy support for anorexic clients is helpful in terms of self expression and self awareness, as well as offering an important visual guide for the therapist and the client.

This case study shows how self exploration through art, allows anorexic clients to express issues relating to their feelings of lack of control, false self and distorted body image. These issues are often too painful to express verbally and the visual medium allows the client to explore herself in a non-verbal form. The feeling of safety that is created between the client and the art therapist gives the client the opportunity to unleash metaphors and symbols that represent the anxiety that she lives with because of her condition.

This case study discusses development over six sessions of art therapy that target body image and the construction of self with a client who suffers from anorexia nervosa. Future research should be undertake to investigate the implications for long term intervention of art therapy with sufferers of anorexia nervosa.

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APPENDICES

APPENDIX A CONSENT FORM

,1999.

Dear

I am an Art Therapist in training at Edith Cowan University. As fulfilment of my Masters degree, I am required to write a thesis.

I am asking for permission for your artwork to be shared in the presentation of my thesis, with my professional supervisors, and with registered Art Therapists during my supervision at Edith Cowan University. Your work will not be identifiable by name, nor will your name be used in any discussion. The aim will be to receive professional comments on my work so that I can further develop my skills as an Art Therapist, and in turn, become more helpful to you.

If you are willing for your art work and my comments about the above work to be shared in my thesis and supervision, please sign your permission below and return this form to me as soon as possible.

Thank you for your co-operation.

Yours sincerely,

Peta Horrex

AGREEMENT

I.....give permission to Peta Horrex to use copies of my artwork for the presentation of her thesis and educational, professional purposes. I understand that my artwork and discussion of it will remain anonymous.

Signature.....

Date: / / 99.

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