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The Role of Art in the Expression of Individual and Family Dynamics Related to "Anorexia Nervosa"

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A Digest Presented to the Faculty of the Graduate School of the Lindenwood Colleges in Partial Fulfillment of the Requirements for the Degree of Master of Arts in Art Therapy

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Art can be a powerful experience. In this project, the artwork of a client diagnosed as having "anorexia nervosa" is explored in terms of how her art expresses her personal conflicts and family dynamics. Due to the particular quality of the family system of which the anorexic is a part, it is extremely important to involve the family in the treatment plan. For this reason, the emphasis on the whole family, or more specifically, the way they relate with one another, is one prime focus in the discussion of the client's artwork in this study. Although the art experience is in itself a healing, integrating experience, the main objective in this project is more of a diagnostic nature; to see how "anorexia nervosa" as a "family problem" may be depicted in the client's drawings. The implications for therapeutic work with such families is also discussed briefly at the end of the project.

Art therapy is particularly well suited to the treatment of "anorexic families." Each of the parents and the child who are uniquely involved in the problem need to learn to distinguish between themselves and other family members. Art therapy is a useful tool in facilitating a greater sense of self and is a way of opening up communication of feelings and attitudes that were previously denied.

THE ROLE OF ART IN THE EXPRESSION OF INDIVIDUAL AND FAMILY DYNAMICS RELATED TO "ANOREXIA NERVOSA"

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PREFACE

A sense of self, the eternal "I," is the essence of the human being which lifts him above all other animals on earth. Whether this is simply a contrived fiction is not important. Man believes it, is driven by it, and lives for it. This is not meant to imply that it may not be distressful. In fact, through the thousands of professional journals in this century alone, one feels weighted by the dilemma mankind has with this sense of self. To be one, a worthwhile individual, seems to be the unwritten law. But in many personal journeys, the road has been barred with thorns and forked with dead ends. In this paper I wish to address this disturbing problem. The disease has been named "Anorexia Nervosa." Superficially, it involves an almost complete starvation and dehydration of the body. At its depth, however, a person is so torn by the commands and expectations of those around her, that she is making the last, final statement of her individuality - that she is in control of her body and her life. She will die to prove it.

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INTRODUCTION

Only in the last several decades has "anorexia nervosa" been seriously studied by a significant number of clinicians. It is an unusually complex condition because not only is the person emotionally disturbed, requiring psychological help, but there are also the critical needs of a starving body involved. The solution to the second problem is clear, and in a hospital or clinic setting, not difficult to take care of. It is the first problem that is perplexing.

My intent in this paper is to identify both individual and family conflicts in the artwork of one adolescent female who has been clinically diagnosed as having "anorexia nervosa." Therefore, the foundation of this study is based on the premise that art therapy is an effective therapeutic tool. The first part of the paper addresses this issue. The next section gives adequate background information in the illness "anorexia nervosa" itself. This will include the characteristics of the individual anorexic and, no less importantly, the symptoms within the family framework that seem to consistently precipitate the disease.

Two case studies follow in which art therapy was used with anorexic adolescents, although neither of these employs any type of family analysis or therapy as part of the treatment. I feel that this has been seriously overlooked by clinicians up to the present. Consequently, I devote the next sections to an introduction to some family therapy concepts that emphasize families as living systems.

My case study follows in which I discuss the relationship between my client's art and various therapeutic issues, both on an individual level and issues of an interactional nature which involve the whole family.

I conclude with a summation and indications for further study.

ART THERAPY

Diagnosis is the first step a therapist must take in treatment. It is also excessively complex. The disturbed or unhappy person is often in that condition for no less than a thousand interrelated reasons, and the task of the therapist to unravel the tangled individual clearly becomes difficult.

For the last century, more and more effective methods have been developed to be useful diagnostically and therapeutically. One of these is art therapy. In its most basic sense, art therapy involves having the client express himself and his feelings through art work. Acknowledging it to be a broad category, Ulman (1977 p. 3) defines art therapy as follows: "Possibly the only thing common to all art therapists' activities is that the materials of the visual arts are used in some attempt to assist integration or reintegration of personality." In the process of identification of personality and all that it encompasses, art therapy has emerged as an irreplaceable tool.

Part of the reason art therapy has developed into a recognized and valuable field is due to its effectiveness as a diagnostic tool. More often than not, a person seeking psychological help has difficulty clearly identifying the conflicts in his life, so that accurate evaluation becomes difficult. Art is not bound in the way words are. With the freedom of art expression, awareness can be experienced by a person who may never have this capacity verbally. This makes it possible for the disturbed person to learn about himself and his problem. As Mala Betensky (1973 p. 335) expressed it:

> An ongoing emotional-rational process in the making is constantly taking place within us. Some people bring such processes to completion as they quite naturally combine the piecemeal thoughts and feelings inside and outside themselves, while others are unable to do so. In their solitary, most inner beings, such persons are perturbed and worried about themselves. They do not know, however, how to express them or to commmunicate them to others ... it is these persons who experience psychological occurrences in the process of gaining their stream of awareness, with the help of art expression.

Margaret Naumberg, an art therapist who works with "behavior disorder" children, uses art as a tool in diagnosis and psychotherapy. She encourages "free" or spontaneous art expression rather than offering structured excercises. She speaks of how one's inner desires and needs have a tendency to be manifested in one's dreams, fantasies and actions which include art and other creative expressions (Naumberg, 1973). Naumberg contends that personal insight may be gained through spontaneous creative expression, and that developing one's own uniqueness as an individual may be fostered by such activities.

Sometimes words are inadequate to describe vague feeling states which may be better expressed graphically through art. By communicating a message graphically, one maintains the integrity of the statement rather than reducing it to words that over simplify or distort (Naumberg, 1973). Rubin (1978, p. 255) describes it as follows:

> In a nonlinguistic fashion, it is the peculiar power of art to be able to symbolize not only intrapsychic events, but interpersonal ones as well, and to collapse multileveled or sequential happenings into a single visual statement. The artistic symbol is a condensation, a carrier of many meanings, and by its very nature able to integrate apparent polarities like reality and fantasy, conscious and unconscious, order and chaos, ideation and affect. There is much experiential evidence in art therapy that the giving of form to complex feeling is in itself helpful. Perhaps this is true because it enables the creator to feel some control over the confusion, as Frankl suggests; "Emotion, which is suffering, ceases to be suffering as soon as we form a clear and precise picture of it."

This has all been based on the assumption that an individual expresses himself through art work. This is clearly displayed by an illustration done by a five-year-old crippled boy in a study by Rubin (1978, p. 44):

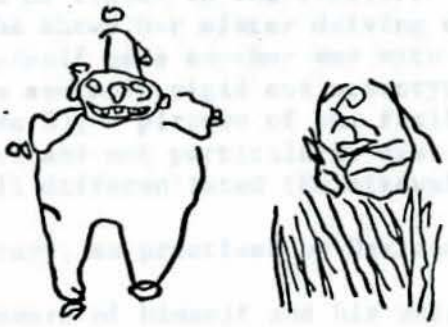


Figure I. A crippled boy's pictures of a clown (left) and of himself (right). Crayon. Age 5.

Drawn at the same time, the difference between these two pictures is dramatic. It is clear that this boy has distorted his self image to account for his crippled body.

Kwiatkowska (1978, p. 202) shows how people's perspectives differ. In this example, the therapist was treating two identical twins. The author's analysis follows the pictures.

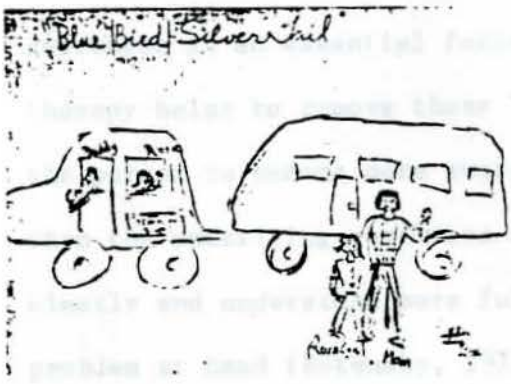


FIGURE 2.

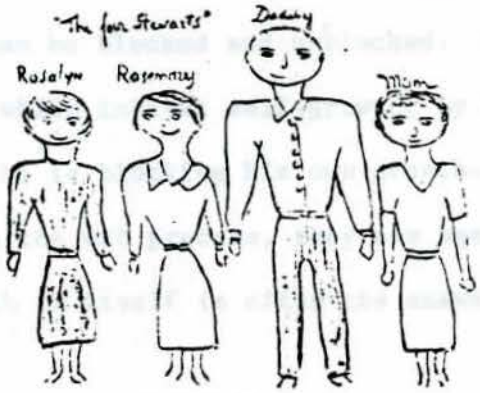


FIGURE 3.

> During the session, the twins appeared quite different from each other, both in their behavior and in what they portrayed. Rosalyn was active, talkative and ebullient, while Rosemary was rather taciturn and slightly withdrawn. Rosalyn was action oriented; her pictures express motion. Her picture "Blue Bird Silver Tail" (Figure 2) is a family portrait. Through this lively picture she represents the family's experience of travel in the trailer. It is significant that she shows her sister driving off with her Father while she herself goes another way with Mother. Rosemary's pictures are more rigid and sterotyped; see, for example, (Figure 3), a picture of the family. But her figures are complete and not particularly distorted; sexes and persons are well differentiated (Kwiatkowska, 1978).

The goal in Gestalt art therapy, as practised by Oaklander (1978, p. 53) is to "help the client to become aware of himself and his existence in his world." She acknowledges that the creative process can be a powerful experience. The creative experience of drawing helps establish one's self-identity and provides a way of expressing feelings. Rubin sums up the underlying premise of art therapy; "Art is a process in which one is in touch with all levels of consciousness. One's awareness may be enlarged, expanded, deepened, and sharpened through alternately doing and reflecting" (Rubin, 1978, p. 254).

Betensky, Oaklander, Rubin, Rhyne, and many others believe in the basic tenet that the innate potential for self growth is present in everyone. The nature of the art experience is such that it facilitates growth in the personality as self-awareness deepens. Betensky (1973, p. 334) speaks of this awareness as an essential force which can be blocked and unblocked. Art therapy helps to remove these "blocks" which inhibit self-growth, by helping the person to become more aware of how he is blocking his own growth. Usually when the underlying conflicts emerge in the art process, they are seen more clearly and understood more fully, which in itself is often the answer to the problem at hand (Betensky, 1973).

Mala Betensky (1973, p. 335) points out that:

> In the spirit of a gestalt psychology of art, the process of looking at an art product is akin to the process of looking at a situation at hand, or at a person, or at the world. There is an ongoing interaction in such a process between the aspects of the whole of the observed object and those of the whole of the observing subject. Seeing something means seeing it located or placed within a wider whole.

USING ART THERAPY WITH FAMILIES

The preceeding section focused on how art therapy may be utilized as a therapeutic aid to personal growth and that art expresses so much of what is important to the artist. In the present section, I want to discuss the use of art therapy in conjunction with conjoint family therapy as practiced by Hanna Yaxa Kwiatkowska.

Kwiatkowska outlines her work in Family Therapy and Evaluation Through Art (1978), which includes using art therapy as the primary treatment modality with families. She delineates her initial evaluation procedure in which she assesses the family and helps them to work out their problems. Kwiatkowska begins by asking the family to do the following drawings:

1) a "free" drawing
2) a family portrait
3) an abstract family portrait
4) an individual scribble
5) a joint family scribble
6) a free picture

In all but one of those assignments, each family member draws his or her own picture. In the joint family scribble, the family members all work together on one large paper. In this way, each person is able to express himself as well as see what the others are saying in their drawings. In addition, working together on a joint adventure brings to life the relationships in the family. Here, the interactional process of the family is as much a therapeutic consideration as the art which they create. Here, "art reflects important family processes. Organization of thoughts, feelings and modes of interaction were reflected in the artwork" (Kwiatkowska, 1978, p. 212).

Initially, Kwiatkowska uses these exercises to evaluate family functioning, then she urges the family to share their thoughts, impressions or feelings about each other's drawings, using the artwork as a sort of reference point for exploration of conflicts.

Kwiatkowska's implementation of art therapy is a good example of both the diagnostic and therapeutic value of art.

"ANOREXIA NERVOSA"

"Anorexia Nervosa" is classically described as:

> A psychosomatic syndrome characterized by both physical and psychological symptoms. Physical symptoms include a loss of over 25% of the body weight and possibly one or more of: amenorrhea (cessation of menstrual cycle), hyperactivity and hypothermia. Psychological symptoms include a pursuit of thinness, fear of gaining weight, denial of hunger, distorted body-image, sense of ineffectiveness, and struggle for control (Minuchin, Rosman and Baker, 1978, p. 42).

Thus, the symptoms of an anorexic can be readily identified, especially in the devastation of the body. The illness often involves hyperactivity which takes the form of rigorous exercises and keeping busy with self-imposed schedules. Much of their time is spent being obsessive about food and caloric intake and weight control. Compulsive ritual often accompanies this preoccupation. A desperate struggle for control is manifested in their physical movements as well as their thoughts. They seem to move very rigidly and robot-like, lacking spontaneity. Control over the body takes precedence over other concerns, and is one of the most obvious characteristics of the anorexic (Minuchin, et. al. 1978).

Hilda Bruch (Roland, Ed. 1979, p. 19) describes the central issue in "anorexia nervosa" as follows:

> A disorder involving extensive disturbances in personality development. The manifest illness is a late step in an individual's desperate struggle to acquire an adequate self-concept; a sense of control over his body and life.

Selvini-Palazzoli also describes the central phenomenon as, "the need to have control over the body which is experienced as threatening and indestructible; something to be held in check" (Selvini-Palazzoli, 1978, p. 224).

Minuchin (et. al. 1978), Selvini-Palazzoli (1978), and Bruch (1978) all view the anorexic's chief problem as a failure to separate and individuate. The anorexic has not developed a separate sense of self. She has been unable to make this distinction between self and others and is unable to individuate sufficiently in the present family situation. The lack of differentiation between herself and the feelings and attitudes of her parents, which are often experienced as expectations, seems to be the core of the problem.

Bruch explains the dilemma of the pre-anorexic as follows:

> These patients were described as having been outstandingly good and quiet children, obedient, clean, eager to please, helpful and precociously dependable, and excelling in schoolwork. They were the pride and joy of their parents, and great things were expected of them. However, the need for self-reliant independence which confronts every adolescent and seems to cause an insoluble conflict after a childhood of robot-like obedience. They lack both awareness of their own resources and reliance on their thoughts, feelings and bodily sensations. The obstinate, negativistic facade hides a deficit in initiative and automony. (Bruch, from Rowland (Ed.) 1970, p. 15).

Bruch (1978, p. 43) further states:

> These youngsters appear to have no conviction of their own inner substance and value and are preoccupied with satisfying the image others have of them. The whole childhood of the eventual anorexic is infused by the need to outguess others.

At the onset of adolescence, the "pre-anorexic" panics, faced with the inevitable dilemma of having to rely on her own resources and move out of the secure, rigidly defined role of child to her parents. The reality of this is overwhelming and so the first signs of maturity, as seen in her body, are reverted by the anorexic's flight into dieting and undoing the bodily aspects of adolescent changes through excessive thinness. The maintenance of the childlike body now becomes the arena of her struggle for control (Bruch, 1978, p. 62).

The anorexic identifies almost exclusively with this "anorexic image" as though she has finally found an identity. The sensations of starvation now fill the void the anorexic has known in experiences that have given her very little sense of herself as an individual. As this progresses, she often develops a mental state of feeling that she is "on the right road" with her distorted way asserting her individuality (Bruch, 1978, p. 15). In this way, the anorexic expresses her individuality while preserving her position within the family system rules, which require close proximity between all family members. Her need to rebel and individuate find expression in non-eating and obsessive/compulsive control of her body, which she had before experienced as being controlled entirely by her parents (Minuchin, et. al., 1978; Bruch, 1978; Selvini-Palazzoli, 1970). Individuality is expressed through her anorexic behavior (Bruch, 1978). By not eating, she is maintaining her only way of functioning autonomously (Minuchin, et. al., 1978).

I will discuss two studies which pertain to the use of art therapy with anorexics, one being a single case study presented by Mala Betensky (1973), and the other, by Marianne Crowl (1980), being a comparison of the art of twelve adolescent girls diagnosed as "anorexic." In both studies, the female adolescents were being hospitalized at the time, and the art work of all the girls illustrates the symptoms and personal issues that relate to the condition of "anorexia nervosa."

Crowl established three major areas of conflict in the artwork of the anorexics she worked with: a) self-image, b) self-esteem, c) control. Although these areas clearly overlap in certain respects, they will be addressed separately in the following paragraphs.

In terms of self image, the most interesting evidence for the assumption that the anorexic is unable to cope with the realities of adulthood and thus is fleeing from them back to childhood is in their depiction of themselves as very childlike. Literally, all of the girls in Crowl's study drew themselves as very young and immature. Some of them clearly stated the wish that "things could be the way it used to be" and that they should remain children in their parents' homes (Crowl, 1980). Unprepared for change, the anorexic hopes that by remaining in their childlike body they can prevent it and things will forever remain the same.

In addition to the "little girl" portrayal, many of the girls depicted themselves as dual-natured. Strong dichotomies can be seen in their drawings, such as images of a happy clown and a sad clown or a fat man and a thin man.

Betensky (1973) speaks of the dichotomies that emerged in her client's art. One self drawing depicts two girls, one a "goddess" and the other a "little girl." The client speaks of feeling that she alternates between being a goddess and a little girl. This corresponds to Crowl's (1980) findings that the girls often experienced themselves as divided as if they were two separate entities. The specific dichotomy of "being too fat" or "being thin" seems particularly descriptive of the eating issues which are so readily apparent in the anorexic. While it is true that anorexics often describe themselves as "fat," they do depict themselves as a duality (both thin and fat) in some cases, indicative of their obsessions with weight control. Of course anorexics are usually obsessed with thoughts about food, but they compulsively do not eat it, or they may give in but quickly vomit afterward (Selvini-Palazzoli, 1970).

A lack of self-esteem is evident in the anorexic's frequent portrayal of herself as a clown, an inanimate object, a robot like entity (Crowl, 1980), or as a dog (Betensky, 1973). In reference to the likeable, clown like images, Crowl states that these drawings show how the anorexic tries to make herself likeable but feels very sad and empty inside. Such drawings seem to illustrate the client's desperate struggle for a self respecting identity (Bruch, 1973). Betensky (1973) notes that her client drew all the members of her family as immature, child-like figures. In this drawing, it is difficult to distinguish the parents from the children. They were all drawn in a straight line across the page from left to right in a very rigid fashion and all wearing empty smiles.

The issue of control is also a major conflict which can be found in the art of anorexics (Crowl, 1980; Betensky, 1973). Many obsessive/compulsive characteristics are evident in these drawings, just as one can observe these traits in the behavior of anorexics. Crowl states that all spontaneity is lost as the anorexics internalize control over themselves. The art of all of her clients, she points out, exhibits four things: rigid, immobile stances; stereotyped symbols; rote repetitions; and decorative art. These characteristics represent the rigid, controlled, compulsive condition which is so typical of anorexics. Little movement or sense of action is seen in these drawings, rather a static quality pervades them. The compulsively done decorations, designs, and endless repetitions all are a product of the anorexic's rigid control over whatever she is doing.

These studies of the art expressions of anorexic clients both focus on the client's personal issues but do not include exploration of the client's family system and its impact on the clinical picture. Although I feel that Crowl's findings are indicative of the rather narrow, predictable characteristics common to most (if not all) anorexics, I feel that emphasis on the aspects of family relationships would be particularly interesting and pertinent to the treatment of the problem. This is what I have tried to do in my case study.

FAMILIES AS LIVING SYSTEMS

It is essential to view the family from a certain perspective in order to comprehend the significance the family unit has on the individual member. Most importantly, it must be understood that healthy families are living systems consisting of members interacting in flexible, changing patterns. It is these transactional patterns within the family that determine the ongoing structure. Thus, the hierarchy of the family manifests itself in interactions over a period of time. It is this activity which is the focal point of family therapy, rather than any particular individual. Often the patterns of interactions are laced with the mutual expectations of certain family members; the result of both stated and inferred negotiations between the family members. Patterns generally evolve over time and manifest themselves in daily events (Minuchin, 1974).

Families function by differentiating into subsystems. These subsystems exist within the larger family unit and evolve for various reasons according to the family. The three most stable subsystems are: The spouse subsystem, which involves the relationship between the spouses, the parental subsystem which includes the parenting procedures of the spouses; and the sibling subsystem pertaining to the relationships between the children in the family. Subsystems often form in more short term form based on such things as age, sex, or common interest.

Healthy families possess an ability to adapt to stress via a self-regulating "mechanism" whereby a compensation for a change in one part of the system is made in another part of the system. This is helpful as a survival mechanism when the family is under extreme stress. But when the family loses its ability to bend or adapt to the ever changing demands of life, this homeostatic ability is "frozen" and often results in the precipitation of symptoms by one of the family members (Haley, 1976).

Virginia Satir (1977) offers some basic assumptions regarding the nature of families in which one member develops symptoms of a pathological degree:

a) When one person in a family has pain which shows up as symptoms, all the family members are feeling this pain in some way.

b) The symptom-bearer is referred to as the "identified patient" (I.P.), whose symptoms serve a family function as well as an individual function.

c) Families work hard to maintain "family homeostasis." The family behaves as a unit. Its members act in such a way as to achieve a balance in relationships.

d) The marital relationship is the axis around which all other family relationships are formed. The mates are the "architects" of the family. A pained marital relationship tends to produce dysfunctional parenting.

e) The I.P. is most affected by the pained marital relationship. His symptoms are an "SOS" about his parents' pain and the resulting family imbalance. These symptoms are a message that he is distorting his own growth as a result of trying to alleviate and absorb their pain.

In the analysis of families as potent forces in an individual's emotional health, they should be viewed as on a semi-defined but flexible continuum which exists at several levels. In one analysis, families can be viewed as either an open or closed system. This would include the amount of involvement the family has with the rest of world--whether they are very close and exclusive or whether they exhibit little family cohesiveness in which the members of the family have little involvement at home, but seek their relationship needs outside the family. Some other levels of analysis are whether the family has rigid or loosely defined roles for its members; or whether it has effective channels of communication, or having no route for self-expression and the sharing of self with other family members. All of these variables can create an atmosphere that is either conducive to individual growth and self-actualization or one of stagnation in which all family members are stifled and unhappy, feeling confined by the rules of the system and not knowing how to effectively change it (Minuchin, 1974).

SPECIFIC CHARACTERISTICS OF "ANOREXIC FAMILY" TRANSACTIONS

In this section, I will discuss the particular qualities of interpersonal relationships that typify those families in which a member exhibits "anorexic" symptoms.

Typically, the "anorexic family" is a closed family system in which family members attempt to fulfill their crucial relationship needs within the family. Any attempt at separation from the family is interpreted to be an act of betrayal, and is not tolerated by the other family members. As a result, all members of the family expect the others to attend to their needs. Here, each person becomes acutely aware of others' expectations, and goes about trying to be that (whatever it is) for "the good of the family." This lack of mature self-identity on everyone's part keeps everyone locked into an enmeshed, over-involved pattern of interaction in which a solution seems impossible. Such a closed family system does not allow for development of relationships outside the family either. All are over-involved in maintaining a sense of "status quo" on the home front to the exclusion of extrafamilial relationships. The children (especially the "anorexic" child) do not develop age-appropriate peer relationships, which further alienates them from the outside world (Minuchin, et. al., 1978).

Minuchin, S., Rosman, B., and Baker, L. (1978), all agree that the anorexic's very existence is invested in satisfying the parents, and that in a reciprocal fashion, the parents have somehow supported such behavior in their child. This relationship has evolved over a long time.

In most cases, this peculiar symbiotic-like relationship began when the child was born. The peculiar set of circumstances which existed at the time resulted in the use of the "pre-anorexic" child as a "go-between" by the parents in order to submerge marital conflicts. Parental fears relating to their parenting abilities seem to lie at the roots of their investment in the child. Attempts to ally with the child to get support and sympathy is often utilized by one parent against the other (Selvini, 1978).

Another trait which can be observed is that of "hypervigilance." This is seen as overprotectiveness in which the parents intrude upon the child's space as an individual by speaking for her, or describing how she feels without asking her, etc. The parents are not aware of the child's needs, and really have never been aware of their child as a separate person with her own life to lead. Bruch (1978) speaks of how the mother has superimposed her own needs when the child was young. For instance, rather than attending to the child's signals (i.e., crying when hungry), the mother dealt with the child according to her own obsessive, rigid, schedule which did not parallel the child's actual need. It is this insensitivity and lack of real, caring, contact with the child that may have marked the beginning of the child's life of accommodation to others (Bruch, 1978).

Selvini (1978) describes the parents of anorexics as parents who see themselves as "giving" and "totally devoted" to the family, especially the patient/child. These parents portray an image of perfect marital harmony, showing no observable discord. However, upon closer investigation, it becomes evident that both parents conceal deep disillusionment with one another by focusing on their parental roles rather than the marital relationship.

The function of the anorexic symptoms of the "identified patient" serve to maintain the parents' denial of marital difficulties. Since each parent desires the sympathy and support of the child, and the child's task as "go-between" is so difficult, the child's energies are directed toward satisfying competitive claims of the parents and too little is left for investment in her own development. When the "illness" becomes manifest, it is viewed by the parents, not surprisingly, as "something that has happened" from the outside, not as related to the parents' excessive and contradictory demands (Selvini, M.P., 1972).

Bruch feels that the treatment of anorexia nervosa lies in changing these family interaction patterns. She illustrates this in the following statement (Bruch, 1978, p. 106):

> The development of anorexia nervosa is so closely related to abnormal patterns of family interactions that successful treatment must always involve resolution of the underlying family problems, which may not be identifiable as open conflicts; on the contrary, quite often excessive closeness and overintense involvement lie at the roots. There is no rule on how to handle this, except for one generalization: clarification of the underlying family problems is a necessary part of treatment. Parents tend to present their family life as more harmonious than it actually is, or they deny difficulties altogether. All anorexics are involved with their families in such a way that they have failed to achieve a sense of independence.

Minuchin et. al. (1978) and Selvini-Palazzoli (1970) both represent similar "family-systems" points of view which focus on the disturbed interactional patterns of "anorexic families." The dysfunctional qualities of these families lie in their sequences of interaction. Minuchin et. al. (1978) describes "anorexia nervosa" as a psychosomatic disorder, and highlights four pervasive qualities of such family interactions; enmeshment, over-protectiveness, rigidity, and lack of conflict resolution. He says the following:

I. ENMESHMENT - Perhaps the most glaring quality of anorexic families is their enmeshed, over-involved relationships. Extreme closeness and lack of individuation are characteristic. Boundaries between family members are diffuse and weak, leaving little personal freedom for individuality. Little differentiation exists between family members. Instead, "higher ideals" such as maintaining overt harmony and closeness, self-sacrifice, loyalty to the family, and fulfilling others needs are held to be most important.

II. OVERPROTECTIVENESS - A basic premise that each person is incompetent and unable to "stand on his own" seems to lie at the roots of their over-protectiveness. Mutual interdependence is fostered, and perhaps thought of as "proof of love." Since the parents are not strong, self-sufficient individuals who can carry out the parental or exective functions adequately, they look to their children's behavior as testimonial to their effectiveness as parents and demand too much from them. Over-protective responses are very intrusive, and invade personal space, which is common in these families.

III. RIGIDITY - The high degree of rigidity in anorexic families is apparent in their ongoing patterns of interaction. Minuchin, et. al. (1978) speaks of the suble ways in which this rigidity manifests itself.

The narrow range of behavior that typifies anorexic families becomes apparent in repetitive patterns which succeed only to incapacitate everyone concerned. A particular "elasticity" characterizes their ability to absorb most therapeutic interventions without undergoing any change whatsoever.

IV. LACK OF CONFLICT - RESOLUTION: Anorexic family transactions are geared to avoid awareness of conflict. By interacting in these ineffective ways, the family is unable to work through conflicts which naturally would arise from individual differences. The family displays an inability to resolve conflict.

In one type of conflict-avoidance pattern called "triangulation" (Minuchin, et. al., 1978), each parent competes with the other for the child's support. The child is forced to ally with one parent against the other parent. The child's behavior is seen as siding with either one or the other parent, never as a self-initiated choice or assertion of autonomy.

Another of Minuchin's et. al., (1978) terms, a "parent-child" coalition, refers to a triad in which the child takes on a stable role as an ally with one parent against the other.

"Detouring" (Minuchin et. al., 1978) differs from the first two transaction patterns only in one sense. That is, the parents unite together, focusing on the child in a protective or blaming way, thereby submerging marital conflict. Here, the child's illness" is the only problem recognized.

Betensky (1973, p. 210) describes the actual parents of an anorexic client as, "anxious people who loved their children with a worried love not brightened by the joy of watching them grow." She further describes them as:

> Parents who saw the raising of children as a hard never-ending job, and who felt an almost obsessive need to cater to them and were bitter about it. Both parents possessed a deep-seated accumulation of anger from lack of parental recognition when they were children, and both had doubts about their own self-worth. Apparently, these people married out of an illusion that each was the other's only chance at a meeting of similar problems, rather than a union of deep, loving, feelings (Betensky, 1973, p. 210).

Considering the home environment that seems to accompany the disorder "anorexia nervosa," one can better see how a child might develop in such a way as to feel inadequate and empty, serving the parents as though it was her only purpose for living. Here, one's own development is sacrificed from early on in one's childhood, not having been nurtured to grow as a unique and separate individual. Bruch (1978) speaks of the anorexic child's failure to progress through the developmental stage of separation and individuation as having its roots in such early parent-child interactions. The quality of parental care, here, is of a peculiar nature. Since the parents are assumed to have rather serious problems in the formulation of their own respective identities, it follows that they would naturally have difficulty differentiating themselves from their child, thereby treating the child as an extension of self, and not recognizing how the child's needs are really different (Selvini-Palazzoli, 1978). In the end, the child is so torn by the unreasonable expectations of those in her family that she faces an unbearable reality, one that must seem forever out of her control.

PART TWO

CASE PRESENTATION

FAMILY DESCRIPTION

A brief description of Karen's family is as follows:

FATHER (age 50): Described by his wife as a high-achiever and a perfectionist. He is employed as a business executive and devotes a lot of energy to job-related demands. He has been determined to be clinically "depressed" and has difficulty expressing his feelings. He has developed an inappropriately close relationship with Karen in which he is dependent upon her to support him. He attends a weekly "support" group for people with "emotional problems," which he maintains is helpful. His attitude is of a pessimistic, morbid nature, ascribing to the philosophy that if one expects "the worst," one will not be so disappointed by the outcome.

MOTHER (age 40): Appears very bright, positive, and meticulous in her appearance. She is very socially adept and clearly the "leading edge" of the parental unit. She is employed as a baker and is quite obsessive at work and at home about food preparation and weight control. She also attends a support group called "overeaters anonymous" as a way of keeping control of weight phobias.

Both parents are from large families (Father is one of nine siblings and Mother is one of eight siblings), and they are of the Roman Catholic faith. They speak of having a loving, stable marriage to which both are committed, and deny the existence of any areas of conflict.

ELDEST SISTER (age 18): Appears older than her actual age. She is currently graduating from high school and planning to go to college in the fall. This will be the first child to leave the home. She is described by parents as being a lot like Mother. She is interested in school sports and does well academically. Karen has spoken of her as a "tough act to follow."

KAREN (age 16): Described by parents as: A lot like Father; inner-directed, quiet, high-achiever, perfectionist and excelling in whatever she pursues. She is further described as being independent and "able to make decisions on her own" never needing help from anyone in the family. While she is a perfectionist and a high achiever, I do not feel that she is inner-directed and independent in view of her present condition. I feel that it is important to note that the parents do see Karen this way, and that these differing accounts point to one central problem in this family in which individuals are not seen realistically. I will discuss this more fully later in the discussion section of this paper.

Karen has been a good student, actively involved in gymnastics, a "good little girl" to her parents, and otherwise seemingly "trouble free" until she hurt her knee in gymnastics and required surgery. This ended her involvement in the sport and precipitated her spiraling weight loss that led to her admission to the hospital. She had not really developed peer relationships, except for her cousins whom they visited from time to time. Karen's obsessive-compulsive personality traits were evident in the way she rigidly structured her time, and rigorously exercised. Karen's preoccupation with food and weight control had apparently begun during her training in gymnastics, but soon became evident to others as she quickly deteriorated prior to her hospitalization for "anorexia nervosa."

LITTLE SISTER (age 13): Described as the best-adjusted child, and one who can adapt to situations. She does well in school and also has good peer relationships. Karen has referred to her as "one of the crowd," a "follower." Karen speaks derogatorily about her sister, perhaps out of jealousy and admiration for her ability to develop peer relationships, and that she seems to get much of what she wants. She seems to be rather close with Mother and able to maintain a healthy sense of individuality as well.

KAREN'S HOSPITALIZATION PRIOR TO OUR ART SESSIONS

Karen was hospitalized for seven weeks with a diagnosis of "anorexia nervosa." She was admitted to this facility because she was seriously deteriorating from extreme weight loss and malnutrition. At that time she was quite emaciated and frightening to behold. Karen weighed seventy pounds upon admission and tube feedings were necessary.

Karen met all the diagnostic criteria for the diagnosis of "primary anorexia nervosa." These include: weight loss of more than 25% of body weight, cessation of menstrual cycle and related secondary sex characteristics. She also exhibited a fear of gaining weight, an inability to concentrate, and engaged in rigorous exercises. She was obsessed with thoughts pertaining to food, and she spent a lot of time procrastinating at mealtime and bargaining with staff about choice of foods and amounts to be eaten. Of course, she made many attempts to "cheat" by hiding food and by fooling others with her timely drinking of water just before weigh-in time in the morning. In general, she acted as though she was being unduly oppressed by the staff, who at times fell prey to her guilt-eliciting maneuvers. Karen seemed to need to compulsively try to trick others in order to feel she was not giving in voluntarily.

The therapeutic intent for Karen during her hospitalization was primarily to reverse her weight loss as soon as possible. Her participation in adolescent group therapy, art therapy, and individual attention with the hospital staff was really minimal. She, of course, never refused to participate, but her level of involvement was that of passive resignation to the inevitable.

Nevertheless, certain issues that were focused on included Karen's limited self-concept, her incongruent body-image, her obsessive-compulsive personality structure, and the function of her symptoms within the greater family system. Karen never spoke of feelings nor did she express feelings through gestures and movement.

Her affect was very flat, showing no spontaneity and exerting rigid control over herself. In fact, she moved as if she was suspended from the ceiling from the top of her head, much like that of a puppet. All in all, she might best be described as seeming "hollow" or "emotionally dead" as though she was a mechanical robot.

Karen was discharged after seven weeks once she attained a marginally "safe" weight which was determined by her psychiatrist and pediatrician. She returned to her parents' home and was to begin in therapy on an outpatient basis.

KAREN'S INVOLVEMENT IN THERAPY

AFTER THE HOSPITALIZATION

After Karen's discharge from the hospital, she continued working on her conflicts at a private clinic where she met weekly with an art therapist, movement therapist, and psychologist. Simultaneously, Karen attended school in the morning for half a day. Her work was supplemented by a tutor. Karen was taking Russian II, chemistry and physical education.

Each of Karen's parents began seeing therapists at the clinic also, but shortly thereafter terminated, stating that they could not afford having so many of them involved in therapy. They felt that Karen needed the help the most.

Karen worked on self-identity issues and how these tied in with family relationships, especially her relationship with Father. The over-involved relationship with Father became an ongoing focal point in her therapy. Karen also explored some problems regarding peer relationships which related to her over-involvement in the family. Her obsessions about food and weight control were addressed as well. All of these conflicts will be explored in terms of Karen's drawings.

Drawing #1. "Free" Warm -Up Exercise

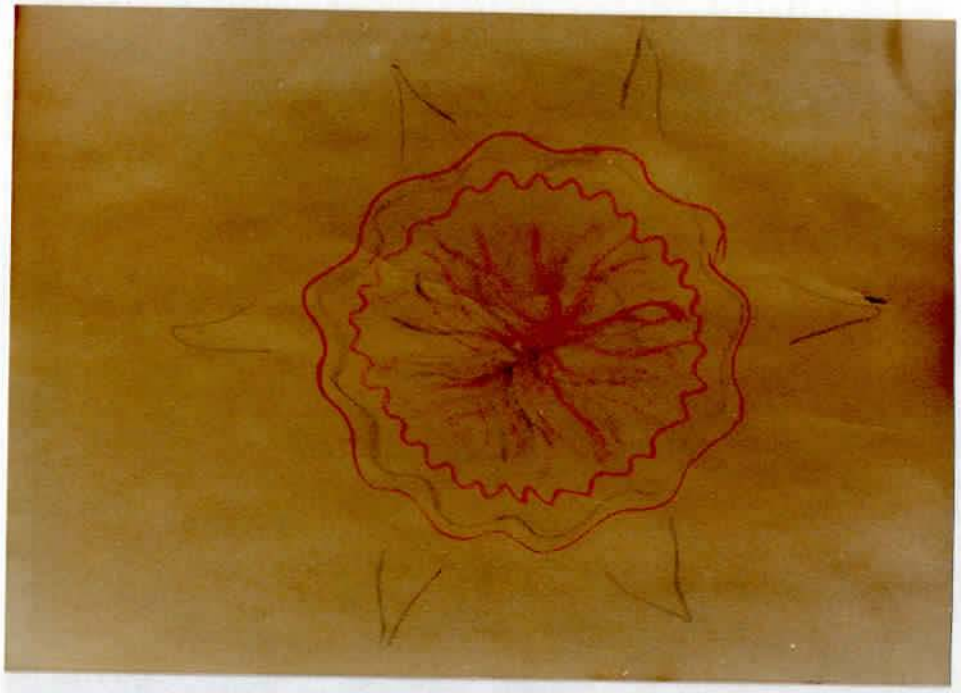
Drawing #2. Family Portrait - "Our Vacation"

Drawing #3. "Free" Warm -Up Exercise

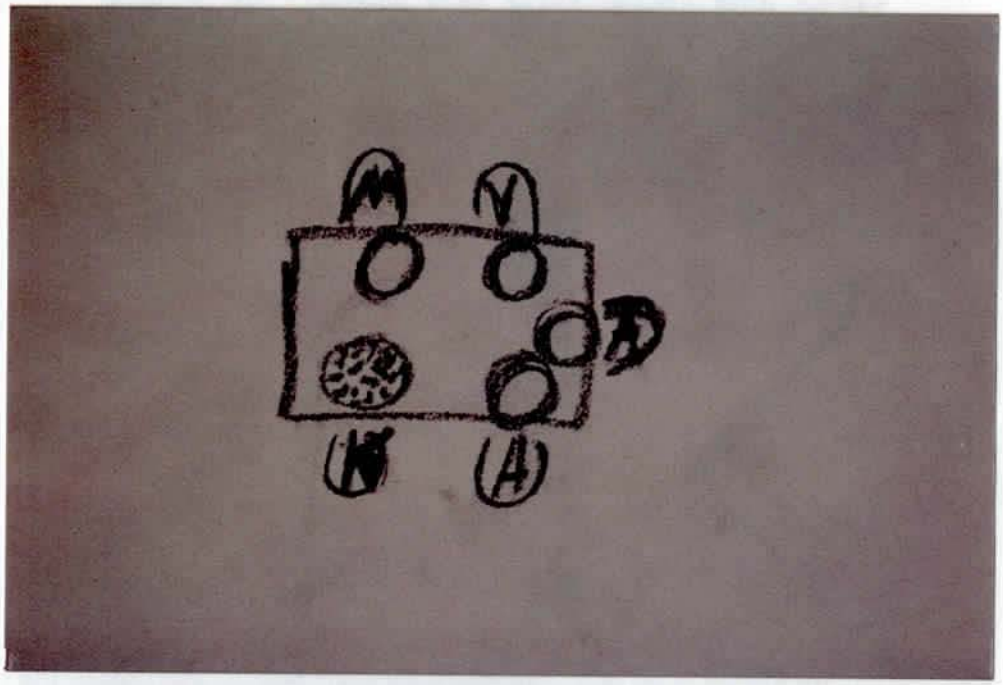
Drawing #4. Image Drawn From Scribble - "A Man"

Drawing #5. "Free" Warm -Up Exercise

Drawing #6. Self Portrait - "How I Feel Now"



Drawing #7. "Ideal-Self" Portrait - "How I Would Like To Be"



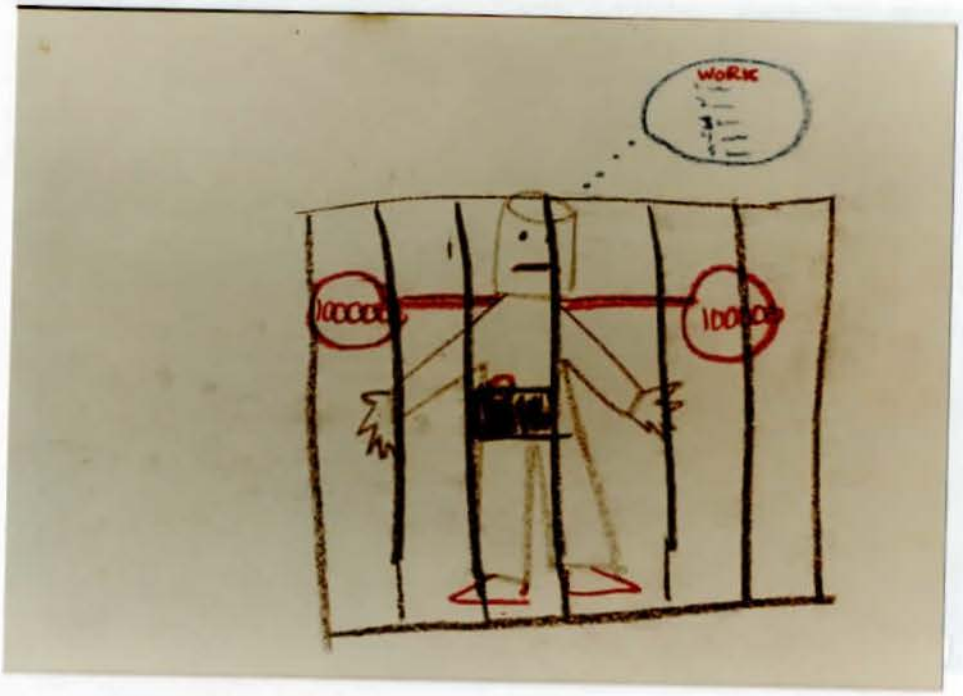
Drawing #8. "Our Family at Mealtime"

(In this drawing "M" represents "Little Sister" and "V" is Mother on one side of the table, and "K" and "A" represent Karen and Father respectively on the opposite side of the table. Eldest Sister ("A") sits alone on the end of the table. The vacant end of the table is pushed up against the wall.

Drawing #9. Double Bind Relationship With Father

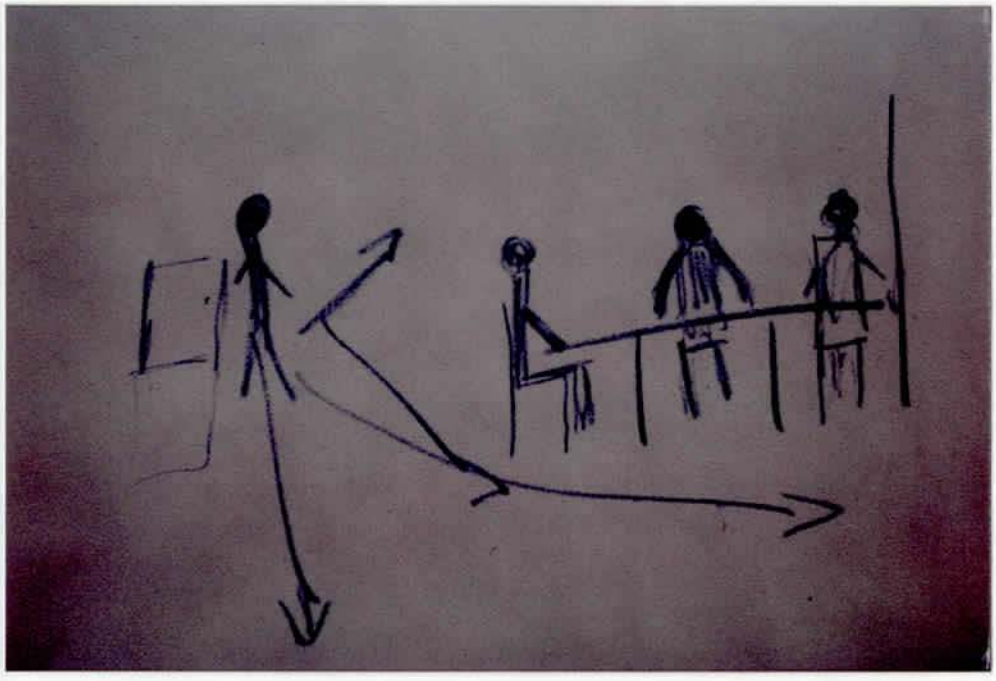
Drawing #10. Butterfly and Rainbow

"How I Feel When I Am Happy"



Drawing #11. Robot - "How I Feel Sometimes"

Drawing #12. "Too Many Things To Do"



Drawing #13. "Dinnertime When I'm Not Ready On Time"

Drawing #14. "Something I Like To Do"

Drawing #15. Collage - "Things I Enjoy"

Drawing #16. "When I Visit My Cousins Farm"

DISCUSSION OF KAREN'S ARTWORK

IN OUR ART SESSIONS

SESSION I

I suggested that we begin to relax with a scribble drawing while listening to music. The music was very relaxing and unintrusive. Karen was quite familiar with this tape from her previous art therapy sessions.

Out of a semi-controlled scribble, Karen began making repetitive loops near the center of the page and then elaborated upon this, filling most of the paper for the next half hour (see Drawing #1). She talked a great deal while she was drawing, but did not say anything about what she was drawing. She talked about her family and school and I was impressed with her healthier appearance since I had last seen her.

Karen's artwork was becoming more flowing and expressive than when she was hospitalized and her ability to talk about her art increased as well. She had been working on a collage which consisted of various symbols and words that she had arranged on a large roll of paper: various foods, desserts, a heart, a car. These were all "things she liked to do." She worked for several weeks on this collage prior to our sessions together (Drawing #15).

Karen's obsessive-compulsive nature and her use of symbols and decorative designs (as in Crowl's study), are all expressed in Drawing #1.

To watch Karen's method of drawing the repetitious designs is to see her almost mechanical rigidity. This is also evident in her compulsive urge to fill the whole page with colors, shapes and lines as if she knows no boundaries.

Her stylized designs and symbolic objects which parade around the central figure are rigidly arranged. Nothing overlaps or interacts meaningfully with its adjacent parts in this outer area. Rather, a quality of "many isolated parts arranged in close proximity" seems to better describe their relationship to one another. Many of these objects are images from her collage that she had done (Drawing #15): a heart, flower, shamrock, and musical notes. An interesting thought emerges when I note how often Karen draws shapes in groupings of five. The groupings of "five" may represent the five people in her family. There are five loops in the central figure, five petals on the rose, five spiral-like petals on another flower, and a set of five "zig-zag" lines to the right of center.

A distinction between the area encapsulated by the green line and the area outside it is apparent. The quality of the line is very different on either the inside or the outside. The outer rigid lines may be described as tense, intrusive, or busy, while the inner area is more flowing, round and soft.

Considering Karen's family, I see that Drawing #1 shows how Karen is overly enmeshed with "the family" and reciprocally disengaged from the world outside her family. The central figures, here, appear to me to be symbiotic-like. I see it as a mutually dependent organism which has two parts: 1) the body of spirals, and 2), the soft, smooth, "stomach-like" entity within. The latter shape may represent the stomach or, might it be a fetus? Such ideas may appear unfounded or mere projections, but they may be valid expressions of actuality as well. Karen's position in her family is rigidly defined and maintained, and I believe she has literally drawn an analogy here in her picture.

She and the others, depicted as a closed system, are alienated from the outer world and preoccupied with trying to find nurturance and support from one another. This family is immobilized, allowing no escape into the evironment and assuring conversely that the environment will not harm them either. I feel that what is important to see in this drawing is the rigid dichotomy between inner and outer "worlds," hence, the development of a symbiosis of sorts within the closed system. One theoretical point pertaining to incorporation of food is that when one is desperately trying to know one's boundaries and to be in control of oneself, it seems that anything that comes from the outside, or is perceived to come from the outside (such as food or others' expectations), might be experienced as an intrusion--a threat to one's concept of self.

Since Karen brought up various interactional family issues during the first exercise, I asked her to draw her whole family doing something together (Drawing #2). Karen thought for a moment and then recalled a fishing trip, which was the last vacation they had taken together.

She began drawing thoughtfully with crayons as usual. First, she drew her older sister - a strong figure holding a big tennis racket in one hand and a fishing pole in the other hand. Karen then drew in the other family members: Little Sister to the left of Big Sister with Mother behind them looking over their shoulders. To the right of Big Sister, Karen drew herself and Father standing side by side and facing away from the others, and forming a unit of their own (see Drawing #2). Father and Karen are depicted as a mutually supportive subsystem in which Karen described Father as "putting worms on my hook." He is not fishing, but everyone else has fishing poles, and all are catching fish. In one sense, Father is not directly participating as the

others are, but rather he is involved with Karen in such a way as to be part of a "symbiotic subsystem." This relationship excludes the others; Karen and Father function together as one unit.

In Karen's drawings, her eldest sister appears powerful and in charge of the family, yet Karen said very little about this girl in our sessions together. Karen did say that she was very capable, outgoing, sports-oriented, a good worker, and an organizer. Perhaps, in some respects, Karen's older sister has exchanged roles with Mother. Karen's Mother does resemble "one of the kids" in Karen's "family portrait," and the eldest sister looks more capable than Mother. I feel that it is noteworthy to acknowledge the conspicuous "clout" that this figure is endowed with in this drawing (#2).

Two relatively stable alliances seem prevalent in Karen's family: 1) Karen and Father and 2) Little Sister and Mother. Functionally, these coalitions seem to "balance" this family. Karen's older sister seems to be the one who takes control of things as well as being the figure-head of the household. In this drawing, Older Sister is planted firmly on the dock, central and foremost, between these two coalitions. Each parent is "teamed up" with one child and the eldest sister seems to be the person most likely to act in charge since the parents are not functioning in such a capacity. It seems that Karen and Father are really more involved together than Father and Mother are together. From what I know both from personal contact with the family and through discussion with the other therapists who worked with this family, I marvel at how accurately Karen's drawing reflects the hierarchical structure in her family.

Minuchin et. al. (1978) might refer to Karen's relationship with her Father as a "parent-child" coalition, wherein they form a mutual "subsystem" which is collusive. This means that the marital or spouse relationship is split, rather than being united as a "leading edge" of the family in decision-making situations (Minuchin et. al. 1978). This is what Haley (1976) refers to as a "cross-generational" coalition (father to daughter). The hierarchy in this family is "disturbed," that is, the parents are not communicating directly in a mature way. Consequently, they are involving their children in marital issues.

The vacation portrayed in Drawing #2 took place a few years ago, and was the last time they had all vacationed together. More recent vacations were taken in separate groups: Father and Karen went together, and Mother and youngest daughter went together. This split, of course, coincides with the recurrent division in this family as evidenced in Drawing #2.

I feel that Karen's family drawing effectively conveys how preoccupied she is with family matters. She is attuned to the needs of "the family" almost to the exclusion of all else. Karen does not draw water, trees, sky or anything else that might have been in her environment except the immediate objects of concern such as fishing poles, a weak platform, or fish on the hook. The family appears to be "lost at sea" or floating in space without any attachment to give them a sense of "groundedness."

Close proximity of all family members is depicted in Drawing #2. This enmeshed quality, which is so typical of anorexic families, is in contrast to the absence of a "background." That is to say that there is no context provided in Karen's perception of the "family-in-the-world" as though her family exists in a vacuum.

Bruch (1978) and others have postulated that both the parents of the anorexic and the anorexic child are developmentally arrested in the area of separation - individuation. In fact, due to the parents' deficit in this area of autonomy, the whole family is designed in a similar fashion. The family becomes organized around an unconscious imperative to avoid separation at all costs, hence, the enmeshed, over-involved, conflict-avoiding patterns that govern their familial relationships.

Karen's family drawing (#2) expresses this feeling. One might see the five people on the floating pier as very insecure and threatened by the extra-familial world, holding desperately onto each other as the only hope of surviving. Karen may be expressing her wish to have the family stay together "as things used to be" as well. She did speak of wishing everyone was the way they were when she was little - "things were so easy then."

One especially interesting detail in Drawing #2 is that Karen drew herself as having no mouth, even though she drew everyone else with a mouth. This self-statement is particularly interesting in view of the nature of Karen's symptoms and her characteristic ambivalence regarding what she "takes in" from the outside world.

Also, no one has hands or fingers. They appear to be ineffective, helpless people. Karen's figures convey no sense of being in control in any active sense of the word. The fishing poles seem to have been added as an afterthought.

SESSION #2

Karen brought explicit family concerns to our second session. Before we began with any art materials, Karen began talking about a family emergency which arose since our last session. Her aunt and uncle (Karen's father's brother) have been taking care of Karen's grandparents who live out West, and suddenly Karen's uncle died this week. This crisis was intensified by the aunt's condition. She has been taking psychiatric medication for some years since a previous hospitalization wherein she was very paranoid and unable to function. Now, with her husband's death, she is unstable. Apparently, she has been inappropriately threatening to the grandparents in the past, and so Karen's father left to assess the situation and see if it would be necessary to put the grandparents in a nursing home. It is obvious that Karen feels the pressure of this unsettling incident. Karen stated, "My Mother is upset because it won't be like Easter at all if Dad is gone all week." She then elaborated that Dad usually over-exaggerates problems and expects the worst to avoid disappoiontment. Karen went on to say that Dad might be able to get back by Saturday, the day before Easter, if all goes well. It was apparent to me that such a crisis was especially threatening to this family. Mother was described as one who likes to "make a big deal out of holidays" in the traditional way and is intolerant of unexpected alterations in family plans.

Karen began drawing while talking about these concerns. She seemed to alternate between being absorbed in her drawing and talking spontaneously about this family situation.

Karen's first drawing today (Drawing #3) is similar in color and shape to her initial drawing in the first session (Drawing #1). As she drew, she mentioned a friend of hers who is also anorexic and goes to school with her. She seemed to be comparing herself with this girl's progress stating that, "she (the other girl) just got out of the hospital, but she's doing better than I was when I first got out." Karen talked of how this girl's parents "couldn't understand that there's more than just eating or not eating."

I was somewhat surprised that Karen acknowledged how superficial her friend's parents seemed to be. Karen went on to explain that, "they don't even think about any other kinds of problems." She seemed amazed that people could only see whether or not their child was eating or not as the only problem in life. This intrigued me. I wondered if she had seen the similarity between her friend's dilemma and her own. I had sensed a greater level of conviction in Karen's words as she related this story, as though she could really empathize with her friend. Karen seemed to identify with her anorexic friend much more than with anyone else in her life.

As I reflect upon the most basic issue of Karen's development, that of separation and individuation, I see that she seems to pride herself on being "an anorexic," as though this is an identity in itself. In this way Karen feels she has found a way to be a unique person--an individual. She describes her pursuit of excessive thinness as "something I do for myself." She experiences little else as such. Rather, much of what she does is experienced as doing for others.

Consideration of the unstated "rules" by which Karen and her family conduct themselves (i.e. no overt self-expression allowed; no open discord) is extremely important to the understanding of the development of the anorexia nervosa syndrome. Overprotectiveness, enmeshed personal boundaries, intolerance of autonomous behavior, etc. set the stage for the "no-win" situation experienced by Karen. The question of "why did Karen become anorexic?" becomes a question of "how can Karen assert herself as an adolescent given the extremely enmeshed relationships and overprotective environment she lives in?" She must find a way of expressing herself in a family where no open discord is allowed and where individuality must be suppressed.

In this sense, giving Karen the space to draw whatever she feels like drawing, even though she often does abstract symbolism or repetitions, may be a positive step in asserting herself in non-anorexic terms. Drawing #3 consists of symbols and repetitive designs which may not appear connected, but having the opportunity to do just that, and for that to be enough, might be conducive to building self-esteem. Karen seems to need to become aware of what truly is or can be a part of her, aside from her self-identity as an "anorexic." She talked a lot about her concerns as she drew, and I trust that in some way, drawing as she talked helped to facilitate integration of cognitive and emotional spheres.

Drawing #4 is the result of an activity that Karen suggested. She wanted to "make a scribble" which she would then try to make into a recognizable image, using certain lines of the scribble. Karen spent a few minutes deliberating, making wide arm movements above the paper before drawing. Then she let loose with fast, wide-swinging arm motions, spanning the entire paper. This took only a few seconds; I had not seen her be so impulsive before.

She did seem to enjoy those few seconds. Karen spent a few moments looking at her scribble to see what emerged that she could outline in red. Next, Karen outlined the silhouette of a man (side view) with a black "teardrop" eye and wearing a brimmed hat.

My initial feeling about this figure was that it seemed sinister somehow. The words "gangster" and "grotesque" came to mind as I observed. Karen reported that it was "yucky" when I asked her to describe the feeling she experienced as she looked at it.

This drawing seems to be a portrait of Karen's uncle who had just passed away. She spoke of her uncle as "creepy." She said that she did not like him, and that "he gave me the creeps." She seemed a bit uncomfortable recalling her uncle and said little else regarding him.

Kwiatkowska (1978, p. 96) speaks of how "portraits of family members can emerge spontaneously from scribbles." Such phenomena may serve to clarify feelings one attaches to other people. The emergence of Karen's feelings about her uncle through her drawing is an example of how people project into an abstract shape what is relevant to us at that moment (Kwiatkowska, 1978; Oaklander, 1978; Rhyne, 1973; Rubin, 1978).

SESSION #3

Upon arrival, Karen immediately began filling me in on the latest family developments since our last session three days ago. She did so before even taking her jacket off. She seemed as though she had saved up all her concerns for our session and, upon walking in, compulsively let loose in a hyperverbal barrage.

Karen said that her father called from out West, where her aunt and grandparents live, to say that the situation was not as desperate as he had expected. Dad would be home before Easter, which was a great relief to Mother, who needed to have the household restored to "normal." Consequently, Karen was also greatly relieved. This is an example of how a crisis reverberates throughout the family when one person is upset - a sort of chain reaction. Such behavior is exaggerated in Karen's family due to the high degree of enmeshment and overprotectiveness. Karen seemed to be trying to sort out her feelings about what was going on in the family today. She began drawing as she talked, alternating between working intently and appearing preoccupied with her thoughts.

I allowed her to "let things settle" as she took her time to relax while drawing. I felt this time was beneficial as a way to integrate all that was "going on" at home.

Drawing #5 seemed to parallel Karen's mood today. She appeared more lively and spontaneous as though a burden was lifted. Karen even seemed unusually comfortable; her manner was more soft and flowing than previously, and she talked more freely. She used soft colors and made more flowing movements in Drawing #5.

She had little to say directly about this drawing, except that it was "softer" and that she liked the "loops."

Karen seems to have used the initial drawings of each session (Drawings #1, #3 and #5) in a similar fashion. It seems that in each case she gave herself permission to relax somewhat, not being concerned with the end result of her drawing. She appeared to have let her process take over for the sake of enjoyment (especially Drawing #5). I feel this was a constructive exercise for Karen. I think that this time served as a transition from "outside" to the therapy room--a centering exercise of sorts wherein she became more introspective and allowed herself to relax.

After Karen's "warm-up" drawing (Drawing #5), I suggested that she draw how she feels. I felt that this might help her express some feelings that she had been talking about today. She asked me if she could draw abstractly and I said that however she expressed "how she feels now" would be fine.

I was impressed with Karen's drawing and I was amazed at how she identified with her drawing (see Drawing #6). She drew four major elements: 1) a soft, colorful, fluffy entity which was in the center of the paper. It appeared to me as an eternal burning ember or a flower, which she described as her "soft, relaxed center"; 2) several jagged lines which are grouped together below the soft center which she described as "things to do." She further explained that these tense jagged lines represented "being busy getting things done." This is in conflict with the "soft center." She said that the calm feeling of the "soft center" is ruined by "being busy" (jagged lines), and conversely, the "jagged lines" won't allow the "soft center" to remain calm amidst "all the work to be done"; 3) a single "curvy line" below the jagged ones was described

to represent a compromise between the two extremes ("soft center" and "jagged lines"). Here, the line has a "steady pace," as Karen described it, but is not so hectic and angular as the jagged lines; 4) two angular shapes that look like two "V's" to the ;right of the "soft center" which she described as stark, cold, dangerous and threatening. However, Karen pointed out that these angles don't point at the "soft center;" "they miss the center and go right by," indicating with her finger the direction they would take if they were capable of moving in the direction of their points. Karen talked of how the threatening "angles" co-exist with the "soft center." She said, "neither one overcomes the other." Karen drew these angles in blue and she described them as her "cold hands."

After we talked about parts of her self-portrait, I suggested that she have them communicate with each other as if they were alive and could talk. She staged a dialogue between the "soft center" and the "jagged lines." The inner peace of the "soft center" is jeopardized by the rigorous "jagged lines." What came out is that the "steady-paced" curved line is the resulting blend of "being relaxed" and "being busy," as she put it. Karen stated, "I can't relax if I'm busy," but the "curved line" maintains a steady pace which is less rigorous and demanding.

Karen spoke of her relationship with Father again as she described the conflict in Drawing #6. It is apparent that two mutually exclusive feelings like "being compulsively busy" and "being relaxed and peaceful" would present a conflict. Karen regards her soft, tender, inner self as vulnerable to the cold, stark, outer environment, and talks about how she must protect it by keeping her inner self private.

In view of Karen's strong over-identification with Father, wherein Karen internalized Father's perfectionistic expectations as her own, it seems more understandable how her inner self remains under-developed and in conflict with what she feels compelled to do.

Even more explicitly, Karen's description of the conflict between 1) soft, tender, inner self, and 2) cold, stark, outer self may represent issues of conflict pertaining to sexuality. It seems probable that Karen's suppression of sexuality may be accomplished by her obsessions and rigid controls over her body and behavior. This issue may be a global conflict which is common among anorexics (not to mention "normal" adolescents), or there may also be a specific concern regarding her relationship with Father (Betensky, 1973; Bruch, 1978). What is interesting is that Karen refers to the ominous blue angles (in Drawing #6) as "my cold hands" in some instances, but at other times she speaks of them as "outer threats" and as "dangerous" to her well-being as though she perceives them as part of the threatening environment. One might wonder if the "cold hands" which she considers threatening to her inner self represents Karen's anorexic stance. In this light, what she is doing via her non-eating, diet control, and her mal-directed pursuit of an identity can be clearly seen to be threatening and self-destructive.

A paradoxical nature permeates Karen's attempts to assert herself and to find an acceptable identity. The very route that she chooses as a method of self-expression is also the road to eventual self-annihilation. I feel this reflects the degree of desperation Karen is experiencing, as well as the degree of determination she applies to whatever she pursues. That such relentless determination is applied to maintaining an identity via her anorexic behavior

attests to Karen's internalization of perfectionist ideals. Since Karen's body seems to be the arena for a struggle over who controls "it," she makes a distinction between her "self" and her "body." As Selvini-Palazzoli (1978) points out, the anorexic family member believes that her "mind" transcends her "body," and she holds the mistaken belief that she is engaged in a victorious battle on two fronts: 1) her body, and 2) the family system. Betensky (1973) and Bruch (1978) also speak of this mind-body dichotomy and of the anorexic's intense fantasy life.

Next, I suggested that Karen draw another picture using the parts from Drawing #6 to reorganize her "self" portrait into how she would ideally want to be (Drawing #7). I was very surprised at how Karen identified with her last drawing, and I wondered how she might reorganize the elements into an "ideal-self" portrait.

Karen depicted her "soft center" in the center of the paper as before, and she arranged the wavy lines and the jagged lines into concentric circles around this center. She arranged six angular shapes at even intervals outside the circle and pointing out away from the central circle. Here, Karen speaks of her soft center as relaxed and withdrawn. She is afraid of outer dangers and is sheltered from the environment by a definite boundary which she refers to as "busy work." She was able to talk about how she withdraws into herself by being so busy with her obsessions and compulsive behaviors in order to avoid the real world and its threatening demands. Betensky (1973, p. 218) spoke of her client's retreat from reality as "an almost narcissistic withdrawal as a defensive detachment from others." In view of Karen's situation, I feel that she might also feel the need to detach herself from the otherwise engulfing relationship with Father, as well as the family system in general.

Because such diffuse personal boundaries exist in Karen's family, she may need to defend herself from being lost in the system.

The similarity between Drawing #7 and Drawing #1 is quite interesting. Though the two drawings look different, they share a common theme: withdrawal into a protected world in which one is dependent, but safe from the unknown. This concept seems to be a fantasy of how she would like things to be: a wish to return to a state of symbiotic dependence like that of a baby in the womb. Such fantasies are rather common with anorexics (Betensky, 1973; Crowl, 1980; Bruch, 1978) and often emerge as conflicts in their artwork in therapy. Karen has talked of her wishes that "everything could be the way it used to be," and of being "afraid of the future," and I feel that she has eloquently portrayed this wish/fear in both drawings (#1 and #7). Karen's ambivalence about whether to stay a child or to risk the unknown is more apparent in some of her art which has not yet been discussed.

Drawing #7 does appear very symmetrical and well integrated as a solid, coherent figure. When I look at it, I sometimes see her drawing as very strong and self sufficient. I also get a feeling of isolation and loneliness as I see those sharp angular protrusions which keep anyone away. Here, it appears as an impenetrable fortress. In this drawing, as in Drawing #1, I experience a strong sense of Karen's need to put forth a great deal of energy toward defending that which she holds to be so valuable. She has talked of how "others are trying to take something from me" in reference to the therapists and doctors. She also said, "they are trying to change me" in a tone that reflected her desperation and fear of losing everything. In this light, Drawing #7 may also indicate Karen's fear of being overcome or controlled by others whose energies are

directed toward changing her present condition. One must consider her strong identification with her anorexic symptoms, and losing that identification seems to be equated with literal death and non-existence. Karen represents her relentless pursuit of an identity as the "burning ember" or "soft center" that she described as "ongoing" and never-ending." This center is rigidly defended in her drawing. Paradoxically, Karen sees her only way to become an individual as that of almost "not being". She speaks of this inner substance as the "real me." Here, she is identifying only with those perfectionistic, relentless, mental pursuits of excellence and achievement.

Along with this idea of achievement through extreme mental control over her body, I remember how Karen described those angular shapes as "my cold hands," and that she does not use her hands to accomplish her ends. Her pursuits are of a different nature; she is passive and dependent, disowning her physical self and withdrawing into a fantastic mental world.

In Drawing #7, Karen drew her "cold hands" outside her self boundary. She said that she did want to be able to do things on her own more, and perhaps the portrayal of her hands as an intermediary between self and environment is a step in the right direction.

SESSION #4

Karen diagrams the family seating arrangement at the kitchen table in Drawing #8. She did so when she was talking about the various problems relating to each person's dinner schedule, and each person's choices about what they want for dinner. She often cooked her own menu, but sometimes shared her food with the others. A conflict often arose when she was late in preparing her meals, because Mother liked everyone to have dinner together at the same time. Much of what is important to this family takes place in the kitchen. Father's negativistic, controlling manner and Mother's concerns with food and weight, added to Karen's obsessions, and finally the fact that the family is almost never all together at the same time except at meal times, all contribute to the focus on the kitchen as the family arena for self expression. The high interest in food and body weight which characterizes this family is especially interesting in light of Karen's development of anorexia nervosa. It is not merely coincidental that Karen's need to emerge as an individual took the shape of "non-eating" and "control over her body."

In Karen's diagram of the family at mealtime (Drawing #8), she displayed the same dichotomy of the family as she did in her "fishing" drawing (#2). Again, her older sister sits at the head of the table (the other end of the table is pushed against the wall). Karen and Father sit together on one side facing Mother and Little Sister on the other side. These two drawings depict the family organization which is so rigidly defined.

In Drawing #9, Karen shows how she feels at home. She describes this drawing as her two opposite moods. Such dual-self images are common in anorexics (Betensky, 1973; Crowl, 1980). In discussing this drawing, Karen speaks of her dilemma in her relationship with her Father. She speaks of this relationship as a very difficult one. Father is a "high achiever" who relentlessly strives for perfection in his performance at his job as a business executive, and does not allow himself to relax or enjoy life. He always expects the worst to happen. Karen describes her own attitude as much like Father's. In fact, they both are seemingly very much alike. One one hand, Karen wants to make him happy and, on the other hand, she needs more personal space from him. She talked of feeling that whatever she did was not good enough for him. Father's expectations were rarely stated directly, but Karen said she "kind of felt what he wanted ... it was in the air." This kind of report is common in anorexic girls (Bruch, 1978). Again, the individual boundaries are almost non existent and second guessing takes the place of direct communication.

Karen's drawing (#9) depicts how she feels as "busy computer" and "happy self." She talked of how she has much difficulty allowing herself to relax and to "just be happy." She feels pressured to keep busy and she calls this "being a computer." She talked about her flight into business as being a way of avoiding Father, who makes demands upon her time. Father wants Karen to be available to him and to "give" to him. When she is unwilling to do so, Father feels rejected and depressed and Karen feels caught in a bind. She said that she tries to approach him after she has her work done and this makes him happy. It seems that even if Karen gave up her compulsive behaviors to devote more time to her own development, Father would expect even more from her than he

does already. Father is known to be "difficult to please," and it is very unlikely that one could satisfy such a person totally. Karen says that her Father "always approaches me when I'm busy, and I can't be with him." She says that she later feels guilty and goes back to Father when she has finished her work. Father expects Karen to be like a parent to him, to take care of him emotionally. Minuchin (1978) and Selvini-Palazzoli (1978) speaks of how the parents of anorexics have not received adequate parenting as children, and now look to their children for this. One can readily see how demanding and inappropriate it is to expect this of a child who has not learned the capacity for independent living. The whole family must be helped through the developmental stages of growth which will help each of them to achieve a higher sense of self and to be more independent.

One activity that Karen loved was gymnastics. This was one way for her to feel worthwhile and competent. Drawing #14 is a picture of Karen at a gymnastics meet. She spoke of this sport as "something I do for myself," and she was able to achieve a degree of "specialness" through her performance. After she injured her knee, she no longer had this support system. It is not really surprising that the unending pursuit of perfectionism that drove her to excell in gymnastics became an enemy when used in a self-destructive manner at the onset of her "anorexic" behavior.

In Drawings #10 and #11, Karen vividly expresses the dual-nature of her identity. While very different visually than Drawing #9, she expresses essentially the same struggle within. In #10, she speaks of feeling happy and free, a fantasy which she often depicts as a butterfly or a sun. Here, she drew a butterfly, a sun and a rainbow - a very colorful, bright mood.

She spoke of this as how she feels when she's happy. In Drawing #11, a robot is weighted down with a huge burden and is locked up behind bars. A sad face appears hopeless and its arms are outstretched as if to say, "What can I do?" The robot is worrying about all the work to be done. This robot represents Karen when she is busy and unable to relax, feeling bound to "achieve" and fulfill others' expectations.

Karen speaks of being either one way or the other. This brings to mind some of the drawings of robot-like aliens depicted by Crowl (1980) wherein similar dichotomies were found in "self" drawings. A helpless feeling of being entirely ineffective in changing the situation is apparent.

Several of Karen's drawings seem to say, "Which way should I go?" or "What should I do?" (Drawings 12, 13, 15 and 16). This ambivalence is an ongoing struggle in her life. For instance, in Drawing #16, she recalls how she feels when she visits her cousin's farm. She really would rather play in the barn with the younger children than be with the kids her age. In #16 she shows this quite literally. She speaks of feeling out of place with peers at school also. Developmentally, Karen lags behind her peers both socially and as an individual in her own right. Her over-involvement with the family, and in particular her Father, leaves her unprepared for autonomous, age-appropriate peer relationships. Her ambivalence now is that she is aware that she would rather stay a little girl, but she thinks she should not be doing this because she is expected to be a parent for her Father. So, here lies the dilemma of remaining a child versus facing the impossible task of becoming an adult. Again, Karen faces a "no-win" situation, which her "anorexia" is an attempt to deal with. Karen is not at the developmental point in which she can share meaningfully some common adolescent

issues through peer involvement. She has not achieved an adequate sense of her own identity with which to enter into normal adolescent relationships, and she feels alienated and ineffective in finding a solution to her amorphous position in life. Therefore, she must learn to differentiate herself from her parents and to grow as an individual to the point where she too is facing genuine adolescent problems as an adolescent, not a young dependent child who is trying to avoid growing up.

In Drawing #12, a simple message is expressed. A rather vulnerable figure with no hands or feet stands in the center of the paper. Several arrows indicate she is going in many directions without projecting a sense of mobility. She stated that this was when she felt frustrated and helpless to know what to do.

Karen draws another typical kitchen scene (Drawing #13) in which she is busy running around preparing her own meal and trying to please Mother also by having it ready by meal time so they can all sit down together. Here, preparing her own food sets her apart as separate, but she feels pressured to be ready in time to sit down with others. This ambivalence between being separate and being accepted as one of the family is again manifested in the area of food. It is this existential dilemma of being separate, yet a part of a whole, that is so important to resolve, for this is what underlies Karen's symptoms.

PART THREE

SUMMARY AND CONCLUSIONS

SUMMARY

In this project, the artwork of a sixteen year old anorexic girl was discussed in terms of her individual conflicts and in terms of her family's interaction patterns. The client's personal growth issues are viewed within the context of her family system. The mutually regulating effects of all members within the family, and the extreme dependence upon others is brought out as the essence of the ongoing problem which precipitated Karen's "anorexia nervosa." A discussion of the interface of the client's artwork, her physical and psychological self, and her family's characteristic dysfunctional transaction patterns is the central theme in this thesis.

To illustrate the theme, the topics of art therapy, families as living systems and "anorexia nervosa" are included in the introduction to the case discussion.

CONCLUSIONS

The major conclusion to my culminating project is that the client's art does indeed reflect both intrapsychic and family issues. These issues parallel those delineated by various authorities in the fields of family therapy and the treatment of "anorexia nervosa." This project is concerned with the use of art expression as an indicator of the dynamics in "anorexia nervosa." The context of an individual seen as a part of a meaningful whole (her family) is a major element of this study. This contextual component is expressed in her art. First, I will capsulize some personal issues which are evident in my client's drawings:

a) An obsessive-compulsive personality structure.
b) A struggle for control.
c) A strong dichotomies of self image.
d) A feeling of being afraid of the outer world.
e) A fear of putting on weight and not being "special" anymore.
f) A fear of being lost in the crowd.
g) A sense of emptiness: a tenuous sense of identity.
h) A lack of a self-concept, except as an "anorexic."
i) Ambivalence about staying a child, or risking peer involvement.
j) Possessing morbid expectations about the future (similar to Father's pessimistic expectations).
k) Feeling compelled to meet these expectations, but finding this too self-destructive, a "no-win situation."
l) A preoccupation with food-related conflicts as a way of avoiding age appropriate ways of acting out, which are felt to be much more threatening.
m) Recurrent themes regarding "what to do?" which characterizes her desperation and inability to develop an awareness of her inner resources.

Karen's art gives clues about the nature of her family as well. In her "family portrait," she portrays a family in which all are insecure, and threatened by the world outside the family, as they cling to one another in desperation. Feelings of entrapment and having no idea what is wrong is shared by all. The patterns of transactions in Karen's family are evidence of the way all the family members are constricted to such a narrow range of behaviors. These ineffective, cyclic patterns repeat over and over. Here lies the pathology of this family; a very elusive structure of ongoing transactions in which inappropriate expectations are conveyed. I have cited some examples of such family traits which are expressed in Karen's drawings as follows:

a) High degree of enmeshment, little sense of self within the group.

b) Communication is very concrete, little affective component.

c) Inability to acknowledge differences and to negotiate workable compromises.

d) "All or none" thinking as manifested in rigid "black or white" quality of family relationships (Drawing #9).

e) A "split" between the parents in which each parent is closely aligned with one child: no cohesive parental subsystem; this results in effective parenting.

f) More specifically, Karen's symbiotic-like relationship with Father.

g) Extreme interdependency: a shared sense of trying desperately to hold the family together.

h) Lack of clear generational boundaries, in fact, a rather stable inappropriate hierarchy exists wherein the parents act as though they are siblings instead of parents in charge.

i) A struggle for control is exhibited by each member of this enmeshed family: this attempt at control is mal-directed to others; attempts to control others, rather than healthy striving for one's own self control and sense of being autonomous.

Other conclusions follow from the main conclusion:

a) Karen's art does express issues which have been acknowledged by others to be characteristic of families in which a member exhibits anorexic symptoms.

b) A relationship exists between 1) Karen's artwork and 2) content of what she talked about during the sessions as she was drawing. I believe that this interplay of verbal/cognitive awareness and expressive/body awareness can be a therapeutic experience, facilitating a new dimension of understanding.

c) I feel that the artistic process is a naturally healthy, creative endeavor aside from whatever the therapist brings to the situation. I believe that giving Karen an opportunity to express herself in new ways, with someone outside her family, is to offer her a new kind of relationship where independence is encouraged and creativity is fostered in an environment more conducive to self exploration.

INDICATIONS FOR FURTHER STUDY

I believe that successful therapeutic intervention in cases of "anorexia nervosa" must involve focusing on the whole family: their dysfunctional, ineffective patterns of interaction in which they feel trapped. A family systems approach to changing more than the superficial symptom which is offered as "the problem" is necessary.

In my course of study in my project, I have come to see how all of the members of the family in question are developmentally arrested in the area of separation-individuation, and that the whole family must be helped to deal with this issue. Parents cannot teach children what they don't know and children cannot help parents with what they themselves have not learned. Ironically, such parents seem to expect their children to be a parent to them. Since each person is struggling with self identity issues, and they all need to heighten their respective awareness of themselves as individuals with differences which can be tolerated or even appreciated, I feel that the use of art as an expressive modality in treatment is especially appropriate. Once the "identified patient" is over the crisis point, and family sessions have relabeled the problem as "a family problem," I feel that the process of individuation might be enhanced by artistic expression in conjoint family sessions. This seems especially appropriate in view of their extensive use of denial and general evasiveness. Having a tangible drawing or clay sculpt as a frame of reference seems helpful in this respect. Self-expression through art is more concrete, leaving less room for denial of what is expressed.

The use of art, in this respect, must be used in such a way as to promote self-expression, and exploration of relationships, and mutual acceptance of individual differences. As others are seen more clearly and realistically, the undifferentiated, enmeshed system becomes a group of separate individuals.

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