What Can the Art of Anorexic Patients Tell us About Their Internal World: A Case Study

Paper

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Art therapy is a form of psychotherapy in which the patient's own image or artwork is the focus of interaction between the therapist and patient. This paper examines the artwork of a 27-year-old woman with a long history of anorexia nervosa with bulimic symptoms. During her in-patient treatment, she attended art therapy and body image therapy, where her ratings of her own body size were recorded. Various aspects of the psychopathology of anorexia nervosa including body image disturbance, depression and obsessive compulsive features are well illustrated here by the images produced during art therapy.

INTRODUCTION

Art therapy is a form of psychotherapy in which the patient's own image or artwork is the focus of the interaction between the therapist and the patient. It provides a neutral space that is tangible and has concrete boundaries. This approach may be particularly valuable to the anorexic patient who often has difficulties in recognizing her own boundaries, both physical and psychological (Lunn, 1990).

Much of the literature on the pathology and treatment of anorexia nervosa highlights the patients' inability to experience themselves as having their own identity (Woodhead *et al.*, 1988). Art therapy can facilitate the freedom of expression, imagination and autonomy which can strengthen and encourage the development of the ego. In doing so, art therapy can enable us to explore various aspects of eating disorders. The key features of both anorexia and bulimia nervosa have been well documented (Russell, 1979; Fairburn and Cooper, 1984). In the present case history, various aspects of the psychopathology including body image disturbance, depression and obsessive compulsive features are well illustrated by the images produced during art therapy.

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THE PATIENT

The patient 'X' is a 27-year-old woman with a 10-year history of a severe eating disorder with episodes of a weight loss, bulimia and amphetamine and solvent abuse.

Prior to the development of these symptoms she had become sensitive to her weight (67 kg) and had started dieting and vomiting secretly. By the age of 16 she had developed severe bulimia nervosa. Dietary restrictions had become more extreme, with episodes of massive overeating associated with immediate vomiting and laxative abuse. By the age of 17, X's weight had dropped to 35.6 kg and she had become seriously ill, physically, with severe muscle weakness, bone marrow failure, heart failure and paralysis of her legs. This resulted in emergency admission to hospital.

She eventually recovered and was discharged. However the anorexia and bulimia symptoms soon resumed, she also became severely depressed and began to injure herself using matches and boiling water.

At the age of 19 she began to abuse solvents and later other drugs including amphetamines, which she injected intravenously.

Her eating disorder and drug abuse continued until her admission to hospital which had been precipitated by her being arrested for drug related offences. It was during this admission that X received art therapy and body image therapy, through which she was able to explore her difficulties.

THERAPEUTIC APPROACH

During her inpatient treatment for severe weight loss, she attended art therapy and body image therapy in which her ratings of her own body size were recorded.

The art therapy group consisted of approximately eight patients with eating disorders. It had a slow, open format and met once a week for 15 months. During the latter months of the group, the art therapist underwent visible changes in her own body as a result of pregnancy.

Eighteen months after the end of the group, X was interviewed by MA (a psychiatrist) and invited to comment on the work she had produced.

Table 1 illustrates a comparison between the comments of the client, art therapist (AT) and psychiatrist for each of the 10 pictures discussed. It also shows the weight, Body Mass Index (BMI) and Body Image Self Rating (BISR) at the time the respective pictures were made.

X'S RELATIONSHIP WITH THE ART THERAPIST— THERAPIST'S VIEW

X took a polite but defiant stance in relation to the therapist from the first group. Initially she played a leading role in the group, initiating the move from

talking to artmaking on several occasions. She questioned comments that I made and refused to be drawn into further elaboration of her work during the discussion times.

I often experienced an undercurrent of hostility towards me which contrasted with the polite 'thank you' I received from her after each group. This gratitude had a somewhat reparative quality. Throughout the course of therapy she missed the occasional group on an almost periodic basis. This seemed to me to convey the message that she wanted to be viewed as a free agent in relation to the group, and was not going to become too attached to it. This was in contrast to the other group members who rarely missed sessions. The sense of needing to keep a distance in relationships increased in the course of the group, until she occupied a fairly isolated position; and her presentation as active, vocal and sociable changed to a passive and withdrawn one as time went on. The reasons for this shift seem related to the development of a cohesive group in which connections were made by members amongst themselves and with their artwork. It may also have been due to the several changes in membership and venue, and my advancing pregnancy. X was the only member of the group who had talked about wanting to have children, yet was the only one who did not mention or acknowledge my pregnancy and its effects upon the group in any way.

X's behaviour in the group, her variable attendance and her premature leaving (she left 2 months before the group ended) were perceived by other members as an attempt to be destructive.

Throughout her time in the group X expressed a fear that the members of the group and of the multi-disciplinary team would misunderstand her pictures and what she said to them. This would explain why it was so important for X to keep her distance in the group, and in relation to me, and is linked to the theme of isolation which recurred throughout her artwork. On one occasion I asked whether she could read us the words she had put on her picture; she said she could not as to do so would make her cry. X's attitude to relationships was characterized by a sense of damage and danger so that I often felt any comments made to her were perceived as abusive.

X'S ARTWORK

In the early groups everybody including X created patterns. X's had an orderly, repetitive and maze-like quality. She worked on a large paper and generally filled this sheet with marks right up to the edges of the paper. She commented that this left her exhausted and depressed. She felt ashamed of her 'squiggles' and was afraid that she was no good at art. She felt lonely in the group, and afraid of its self-directed nature, because it gave her time to think and worry, she said.

Table 1. A comparison between the comments of the client, art therapist (AT) and psychiatrist for each of the 10 pictures discussed and weight, Body Mass Index (BMI) and Body Image Self Rating (BISR) at the time the respective pictures were made

No.	Date	Wt	BMI	BISR*	Client	AT	Psych
5	14.12	48.8	16.5	5	4 is my number		Obs-comp symptoms
8	25.1	51.7	17.4	7	Large shape, ovary. Blue shapes inside follicles	Ultrasound. Desire for children. Fear of wt gain to be fertile. Acknowledgement of her body	4 wk before USS. Fear of wt gain. Ambivalence re fertility, sexuality
9	1.2	53.1	17.9		The stones represent desolation. I can't get over to the other side	Sitting back against boulder; not where she wants to stay, but comfortable. There is a feet flowing river separating the present from the future	Optimism/hopelessness dichotomy. Depressive
12	22.2	54.7	18.4	8	I'm being controlled by the hand. The hand is the whole illness, AN, drug abuse, depression	Seated figure is confronting and being controlled by a giant hand. Radiating from the hand are forces from which the figure cannot escape	Passivity. No responsibility for actions. Childlike
15	15.3	53.8	18.1	7	In hospital. The whole thing represents my mind	Hollow represented by herself. Labelled concentric circles	Institutionalized
16	9.4	53.7	18.1		The thoughts in my head are possessed by the devil. There is a destructive force for which the devil is responsible that drives me to abuse solvents and swallow cigarette ends	The need to preserve her own space and the costs of doing so. No clear picture of future. Feeling claustrophobic	Passivity, possibly psychotic quality. Self-destructive behaviour

19	30.4	52.3	17.8	8	Expresses turbulence I felt in my mind. Rounded shapes related to feeling fat, rounded, curved and negative		Body image disturbance*. Wish to lose weight. Loathing for knees, calves, stomach
21	14.5	52.8	17.9	8	I wanted to get back at the Art Therapy. I didn't want to share with the group	Probably felt more secure and in control using words	Family problems. Separateness
32	20.8	56.5	19.1		Nil	Nil	Depression, isolation, hopelessness
42	24.12	56.7	19.1		Nil	Elements identified as rain clouds and flames which have appeared in previous work	Self-destructive behaviour

*Body Image Self Rating, 10-point scale, 1='least fat', 10='most fat' (Weiss, 1969).

A development occurred when X circumscribed her patterning with a boundary within the edges of the paper. She titled this picture 'Ovary' and she talked about a recent ultrasound scan she had undergone to establish the development of follicles within her ovaries. She talked of her desire for children and her fear that she would have to put on too much weight in order to get her ovaries working again. This picture seemed an important step in several ways: it was the beginning of becoming more personal in the imagery and with the group; it represented an acknowledgement of her body in which there is a promise for growth and change (picture 8, Figure 1).

It is interesting to note that around this time, other members of the group were also forming similar shapes within their work.

Following the 'Ovary' picture, figures representing X appeared in her images. These were of two types: (i) stick figures in standing position, (ii) reasonably 'fleshy' figures, which were always seated holding their knees. Both these figures were placed in settings which were full of obstacles—sometimes dangerous and even attacking, over which the figures seemed to have little or no control.

Picture 9 (Figure 2) describes X's view of the present and the future. In the present she is sitting with her back against a boulder. This is not where she wants to stay but admits that it is comfortable. There is also the difficulty that every time she moves, another boulder appears in the way. There is a

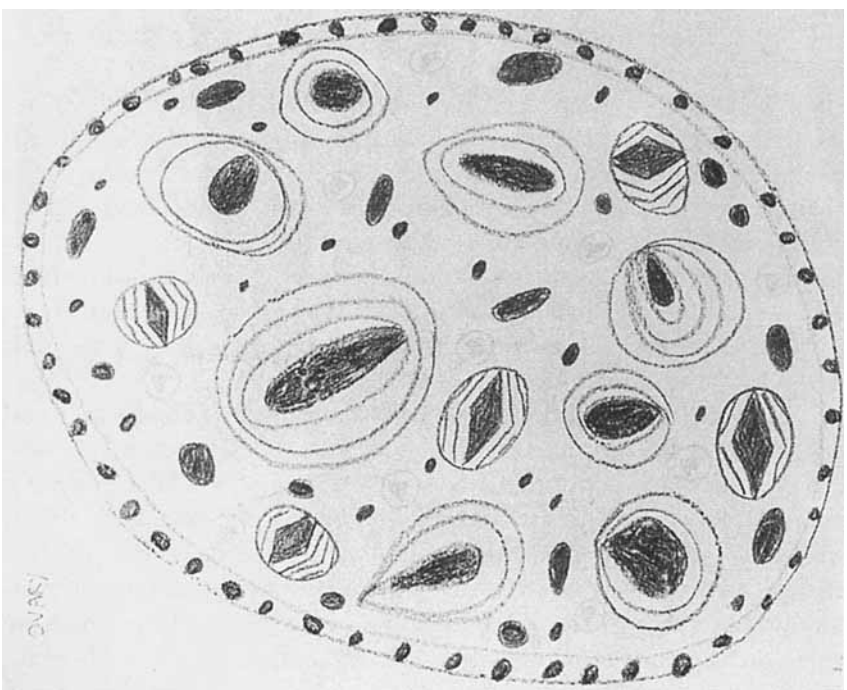

Figure 1. Picture 8, 25.01.91

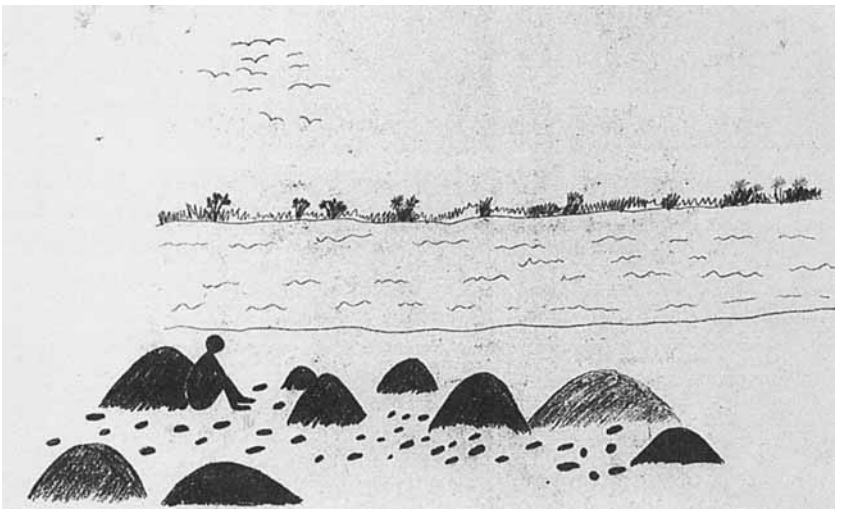

Figure 2. Picture 9, 01.02.91

fast-flowing river which separates the boulders from the bank of flowers on the other side (the future). This bank is her ideal place, but her feelings are mixed—it is frightening because it is unknown. Although she did not talk about them, the birds in flight in the background seem to have freedom of movement which the seated figure does not have. In this picture the figure is not trapped as in some of the later works and shows, like the 'Ovary' picture, a sense of hope, and a vision of the future.

When subsequently seen by psychiatrist (MA), X felt that the scenes represented desolation and she was unable to get over the other side. Commenting on another picture (not shown) X said she felt cold, miserable and barren, like the trees in the picture. She was approaching the weight targeting for her to have an ovarian ultrasound scan.

In contrast to the sense of possibility is picture 12 (Figure 3) in which the seated figure is confronting, and being controlled by a giant hand. Radiating from the hand are forces from which the figure cannot escape. X said that the hand was addiction to the illness.

In the later interview with MA she elaborated that the hand was her whole illness, the anorexia nervosa, the drug abuse and the depression.

This sense of being controlled by others is a theme for a later piece of work (picture 15), in which X has represented herself as a hollow around which she had placed several concentric circles. She has labelled each circle so that it is clearly understood. Her need to convey precise meanings and messages in the artwork was a recurring concern. The arrows which pierce all the circles are the pressures on X from her family, the hospital, and, indeed, from herself. She described the tension between the hollow which she said was like a balloon which she was inflating, and the hospital which was trying to deflate it. X was

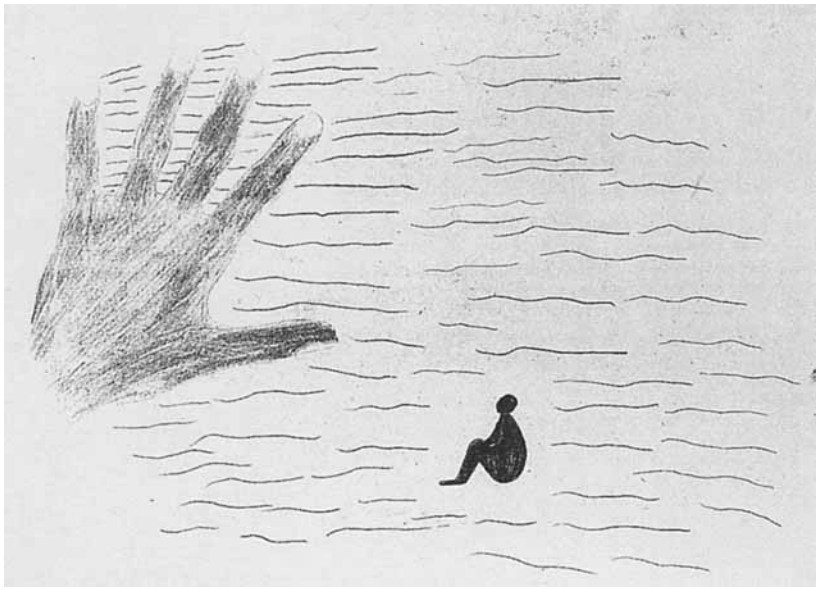

Figure 3. Picture 12, 22.02.91

angry with the hospital routine and accommodation when she talked about this picture. She wanted to cherish the space in the middle (interestingly enough an empty space) but saw the hospital as pressing in on her (attempting to fill the space?). She was angry that she could not find her own space and yet the hollow that represents her in this picture is only seen because it has been defined by the layer labelled 'hospital'.

The preservation of X's own personal space appears to be the preservation of her sense of self and seemed to be a central theme for her. Through it we can understand her resistance to leaving behind her anorexia and substance abuse. This dilemma comes across in much of her artwork, picture 15 being a good example.

The need to preserve her own space, and the costs of doing so, are illustrated in the next picture, which contains imagery also common to her artwork from the middle period of her therapy.

Picture 16 (Figure 4) shows the seated figure contained within a bubble surrounded by a layer of black. Behind the figure is a large television in which there is interference instead of a picture. Behind the television there is a brick wall. X talked of having no clear picture of the future and of feeling claustrophic.

In the follow-up interview X said of picture 16, 'the thoughts in my head are possessed by the devil'. 'The destructive force for which the devil is responsible, drives me to abuse solvents and swallow cigarette ends'. 'I know it's destructive but I do it'.

Her weight started to go down in the next few weeks and her body image disturbance continued. X made some vivid comments about picture 16

(Figure 5) to MA (in the follow-up interview). Her weight had begun to increase and she had developed particular loathing for her knees, calves and stomach. This painting shows very bright colours and curved shapes. She says that this work expressed the turbulence she felt in her mind and the rounded large shapes are related to her anxiety about her growing body.

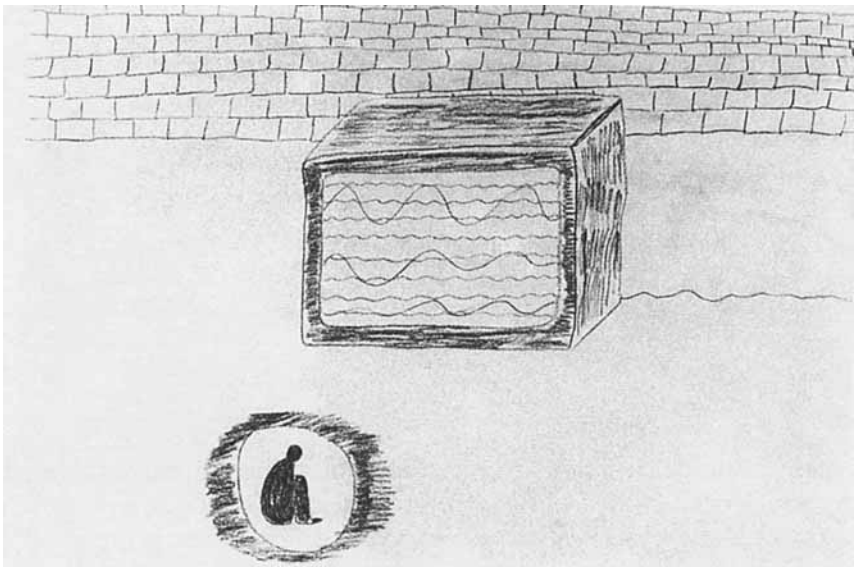

Figure 4. Picture 16, 09.04.91

Figure 5. Picture 19, 30.04.91

For some weeks in the middle of the life of the group everybody's artwork consisted of word collages made from words cut out of magazines. Few spoken words were exchanged during the discussion times, and these times were generally kept short by members leaving less time for discussion by stretching out the art making time. It was clear to the therapist that the group had found a way to resist engaging with the process of art therapy while at the same time appearing to perform the required task of putting something on paper.

X used word collages made from words cut out of magazines regularly for the rest of her time in the group. She said she found words more vivid than images, that she felt insecure about her artistic skills. To the psychiatrist she said, 'by writing down words I do not have to talk about them. Written words cannot be misconstrued'. The therapist's feeling was that she probably felt more secure and in control with words. She also combined painting or written words with collage. X was not keen to explain her choice of words, or to make connections between them. Definite themes emerge, however, these are to do with family, health, sexuality and the future.

Pictures 31 and 32 illustrate her combined images. In picture 31 there are two sections; one with words, the other painted words. The fulcrum around which the picture seems to balance is the word 'home'. X talked of being homesick, of missing the feeling of togetherness and belonging that is part of being a family. She had just got a part-time job, and the painted words relate to her fears about taking the job. Picture 32 continues the concerns about family life and the obstacles that have to be overcome to move forward. The raining clouds are a recurring theme used in her work. The words used in this picture are unusual in that they are in a sentence form. X spoke of a craving to be with her family, and also of her fears of being with them.

The picture made by X in her final group had a more active feeling than some previous work (picture 42). She identifies the elements as rain clouds and flames, which have appeared in her work before, but about which she would not elaborate.

At the end of the interviews with MA, X was asked how she had felt going through the pictures after 18 months. She said that having talked about them made her feel sad about the lack of change. She recognized the feelings and problems she had then and thought they were still with her.

DISCUSSION

It has been our aim in this paper to describe the process of art therapy in a specific case, and to show how the characteristic psychopathology of the disorder is revealed during therapy.

There are certain themes which can be established through recurring images in the pictures. There appears to be no clear progression from one theme to

Figure 6. Picture 21, 14.05.91

another; rather, themes surface for a while, disappear, and reappear some time later, or several themes exist at once. The following themes were particularly evident.

Depression and isolation

In several pictures, a figure appears alone and isolated within its surroundings. It is often associated with the colour black and sometimes adverse weather. This appears to relate to X's depressed mood. Depressive symptoms consisting mainly of subjective feelings of gloom and recurrent suicidal thoughts have been shown to be a prominent feature of the patient's mental state in anorexia nervosa with bulimic symptoms (Russell, 1979). Frequent binges, as were experienced by X, can lead to depression which often clears when the bulimic symptoms remit (Cooper and Fairburn, 1986).

Control and obsessions

A notable feature of X's artwork is the precision with which it is executed. There is a sense of restraint. However, the images describe feeling the contrary, being out of control, being passive—allowing things to happen. The images also convey a feeling of profound ineffectiveness which has been taken as a definitive feature in anorexia nervosa (Bruch, 1974). Related to the issue of control, are obsessive compulsive features which also surface in X's work. Counting rituals are represented by the figure 4 in her case as described earlier. She has said that this number has specific significance for her. The association

between anorexia nervosa and obsessive compulsive features is well documented. Rastam (1992), in a case controlled study of 51 teenagers with anorexia nervosa, showed obsessive compulsive problems to be very common in the anorexic group.

Danger and self-destructive behaviour

Themes of destruction and danger occur throughout the therapy, illustrating X's self-destructive nature—taking solvents, overdoses, vomiting and starving herself. Lacey (1993) showed that self-damaging and addictive behaviours were more common in bulimic women. He coined the term 'multi-impulsive bulimic', referring to patients with multiple disorders of impulse control, for example, drug abuse, repeated overdoses and self-cutting.

Fertility and body image

Amenorrhoea, which occurs in association with significant weight loss, is a cardinal feature of anorexia nervosa. Issues such as weight gain, menstrual periods and body image feature vividly in X's work. As she approached a healthier weight, the ovarian ultrasound scan was on her mind, which was duly expressed in her artwork in the form of a large ovary with multiple follicles (Treasure, 1985). This provides us with an example of how our diagnostic technology is fed back to us in the patient's artwork.

With increasing weight, X's body image disturbance became more apparent. This is expressed in a colourful, joyous picture with curvaceous patterns. In contrast to the appearance of the picture, her expressed feeling was negative, with self-loathing. The tendency for anorexic patients to overestimate the size of their own bodies was originally observed clinically by Bruch (1974), and has since been well documented. The term 'body image disparagement' had been used to describe feelings of extreme revulsion towards one's own body.

Family issues

This is another theme that can be identified in X's work. In her session with the art therapist, X talked of her ambivalence about relating to her family. She feared losing her sense of self by 'fitting in with them', yet desperately desired the feeling of belonging. She had stated in the group that by fitting in with her family, she found that she lost a sense of who she was.

The role of the family factors in pathogenesis and maintenance of anorexia nervosa has been extensively discussed (Minuchin *et al.*, 1978).

CONCLUSION

This account of the use of art therapy in anorexia nervosa shows how the psychopathology of the illness can be explored through this particular

therapeutic approach. The latter provides an arena in which the person can set about establishing and exploring a sense of personal autonomy and interpersonal boundaries. Like the pathological expression of these through the illness, the person is working through her body; the all important difference is that art therapy is creative and non self-harming.

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