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**Starving For Expression Inside The Secret Theatre:
An Art And Drama Therapy Group
With Individuals Suffering
From Eating Disorders**

Bonnie Harnden

**A Research Paper
in
The Department
of
Art Therapy**

**Presented in Partial Fulfillment of the Requirements
for the Degree Of Master of Arts
Concordia University
Montreal, Quebec, Canada**

March 1995

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ABSTRACT

Starving For Expression Inside The Secret Theatre: An Art And Drama Therapy Group With Individuals Suffering From Eating Disorders

Bonnie Harnden

This paper is a documentation of an art and drama therapy group with anorexic and bulimic patients. It focuses on the therapeutic process of three cases. This paper looks at the core-issue of anorexia nervosa and bulimia as being failure in the developmental stage of separation-individuation. It discusses how in this art and drama therapy group this core issue was addressed and expressed throughout the therapeutic process.

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I. INTRODUCTION

I. Introduction

This Research paper is the documentation of an art and drama therapy process of a group of eating disorder patients at a large psychiatric institution. This group ran for a total of eight sessions, meeting once a week.

The central questions at the outset of this research were, "does an applied art therapy and drama therapy approach have curative and therapeutic value with this population?" and, "does this approach address, and work to repair, the failure that occurred in these cases in the developmental process of separation-individuation?".

This paper focuses specifically on the processes of three members of the group: Maggie, Carol and Sara (these names have been altered for the sake of confidentiality). Maggie and Sara were diagnosed as having anorexia nervosa and Carol was diagnosed as a bulimic. Each of these women were hospitalized with their eating disorder. Each woman was discharged at a different point in the group process, being at various stages of their hospital stay: Carol in the fourth week, Maggie in the sixth week and Sara until the final week. To explore the processes of these individuals and evaluate the therapeutic work, this paper will examine each woman's case history, use excerpts from the group transcripts in which each discusses her art work, and how each participated in the art and drama therapy process.

Until recently, much of the literature regarding anorexia has postulated that the failure in the developmental stage of separation-individuation is the major conflict behind this illness. Current researchers have indicated that this is not necessarily so and that the causes vary from individual to individual. I would hypothesize that in each of the three cases examined here, including Carol, who was diagnosed with bulimia nervosa, the cause of the eating disorder rests in the failure to pass through this developmental stage.

The term separation-individuation refers to the act of growing up psychologically. As we grow-up we separate from our parents, leaving a stage of intense closeness behind. This term was coined by Margaret Mahler and is discussed in greater detail in the literature review in this paper. Margaret Mahler hypothesized that this process happens at two distinct times: in infancy, and in adolescence. In order to separate and "leave home" both physically and psychologically, one must have a sense of one's own identity and be able to function independently from one's family. Theorists postulate that this identity is formed in relationship to one's parents. (Mahler, 1972; Winnicott in Horner, 1986)

Kohut discusses the Mother as a mirror, saying that the mother must accurately reflect the child's emotions, and acknowledge the child as a separate and distinct self, more than just as an extension of the herself. Winnicott (in Horner, 1986) refers to this as "good enough mothering". There is evidence to suggest that in some anorexic families this empathic mirroring of the child was absent. Several researchers describe some anorexic families as being characterized by "enmeshment". Enmeshed families in many ways are "too close". This is evident in the cases of Maggie, Carol and Sara. This intense closeness prevents family members from functioning independently of one another. Anorexic daughters are described as "good-girls", passive and well-behaved. There is a sense that only the good and passive qualities were acknowledged and reflected as valuable, desirable and good. There is evidence to suggest that these children live to please their parents and that somehow the unspoken message becomes, "if I separate and grow-up, I will lose the love of my parents." As Maggie states, *"If I say what I really think, I'll be rejected"*. The body becomes the site where the daughter enters into a secret drama. The anorexic attempts to achieve both adulthood and yet still remain her parents daughter. Through the manipulation and control of food intake, she takes control of her body, something that is hers separate from the family and at the same time she remains the child. In this way she tries to emancipate from her parents without risking the loss of love she fears would occur if she were to separate.

Not only is this lack of a mirror and honoring of self-hood absent in the family but in is absent in the North American culture as well.

There is no "empathic mirror" or accurate reflection of the reality of women's physical appearance or identities in the media. In advertisements the images of women are sculpted, airbrushed, and modeled into perfection. Heroines are always portrayed by thin women. Here in the popular culture the crucial mirror is grossly absent.

This paper is entitled, "Starving for Expression: Inside the Secret Theatre" because in many ways that is the dilemma of the anorexic and bulimic female. She is lacking in both psychological and physical nourishment, trapped in a secret internal drama, somatising a psychological problem.

In this paper I hope to show how art and drama therapy provided nourishment and the outward expression of this conflict and how art and drama worked towards the repair of the development failure or delay in the process of separation-individuation. Kohut, along with Winnicott, sees art, and religion as well, as serving to restore or develop cohesion of the self (Lachman-Chapin, 1979). I hypothesize that the art and drama therapy together in this way provide the missing mirror, facilitating the anorexic and bulimic female in a dynamic act of creation towards finding a sense of identity, a sense of self. Art provides a concrete proof of self an "I am, I can create". As Carol said in the art and drama therapy group, *"I created it and it's me"*.

This paper will present the historical background of eating disorders. It will explore the process of separation-individuation and discuss in further depth how this stage is crucial and how a repair must be made at this stage for recovery. It will briefly explore the media's role in the recent rise in eating disorders and discuss it as hampering individuation, failing to provide accurate whole mirrors on a massive cultural scale. There will be a brief summary of the research of art therapy working with this population as well as drama therapy with this population. How the combination of these two disciplines could be effective is also examined. There is a summary of how the art and drama therapy group

was set-up and the goals behind it. Then the psychiatric histories of three patients will be explored and their processes in the art and drama therapy group will be discussed. A summary will be given in attempt to tie all these elements together.

2. Literature Review

(a) Anorexia Nervosa and Bulimia Nervosa

Anorexia Nervosa is described by Minuchin, Rosman and Baker (1978) as: a psychosomatic syndrome characterized by both physical and psychological symptoms. Physical symptoms include a loss of over 25% of the body weight and possible one or more of amenorrhea, hyperactivity and hypothermia. Psychological symptoms include a pursuit of thinness, fear of gaining weight denial of hunger, distorted body image, sense of uselessness and struggle for control (In Crowl, 1980 pg. 141).

The first published reports of anorexia were made one hundred years ago by William Gull (Mitchell, 1980). Gull described "a strange form of disease" occurring mostly in young women and characterized by their refusal to eat and their extreme emaciation. He originally called it "apepsia hysteria," but later named it "anorexia nervosa" since there was not an absence of peptin and it was found to occur in males. (Mitchell, 1980 pg. 53)

Bulimia nervosa is described by Agras and Bachman(1991) as being characterized by, "powerful intractable urges to overeat, binge eating, avoidance of the 'fattening' effects of food by inducing vomiting, abusing purgatives, exercising, starving, or some combination, and a psychological disorder characterized by a morbid fear of becoming fat". (pg. 4)

Bulimia seems to be a lesser known disorder than anorexia, perhaps because it is easier to hide (bulimics tend to be a "normal" weight or slightly higher). The underlying

causes of bulimia have not been as researched as anorexia nervosa. Often patients will have some combination of both illnesses.

Unlocking the secrets behind these illnesses is an intricate study of both cultural and psychological factors. Darcy Lubbers (1991), discussing anorexia nervosa and bulimia, writes, "These illnesses form complex, multifaceted, and multi-determined clinical pictures, with impinging cultural, familial, intrapsychic, interpersonal, and physiological factors" (p.49).

Much has been written about the underlying psychological and social factors behind anorexia nervosa and bulimia nervosa. It could be argued that the relentless pursuit of thinness in western society is the cause of the rise of eating disorders. It is true that in today's society young women grow up surrounded by images of the female figure that are lies - air-brushed, sculpted, and perfected. It has been estimated that we see an average of 1,600 advertisements per day and consciously notice about 1,200 of those (Anderson, 1988). The reality of woman's bodies is quite different from that of the media, varying greater in terms of weight and size. This cultural expectation obviously influences women to diet and be obsessed about their weight - but does it cause anorexia and bulimia? I would argue that it fails to provide an accurate reflection of the reality of women's bodies and in this way promotes it. In order to develop the illness, another factor may be at work. This factor may be the failure to pass through the developmental stage known as separation-individuation.

(b) Separation-Individuation

In anorexia nervosa, the central issue has been identified as failure in the developmental stage of separation-individuation (Sours, 1980). This developmental stage is an essential part of growing up. Mahler proposes two initial stages, symbiosis and separation-individuation, to be the foundations of self. "Growing up," writes Mahler, "entails a gradual growing away from the normal state of human symbiosis, of 'oneness'

with the mother" (Mahler, 1972, p.333). This process of moving away is a lifelong "mourning process" (Mahler, 1972). Mahler describes the biological birth of the human infant and the psychological birth of the individual as being very different. The first happens very clearly, the second is much more complicated. Becoming an adult is an unfolding process, one that takes place in relationship to both one's own body and to the principal representative of the world as the infant experiences it, namely the mother. Anorexia nervosa patients have reported negative feelings "about their bodies, themselves and relationships with their mothers" (Mornoff & Sobel, 1989, p.144). Separation-individuation refers first to the moving away from fusion with the mother, or separation, and then where the individual finds her own identity, or individuation. In order to separate the infant must experience a satisfactory holding environment. According to Lachman-Chapin (1979), the child entering the toddler stage needs to hold on to a grandiose self-image in order to break the symbiotic ties. For her to take a few steps from her mother's side, she needs to think she is omnipotent, and see this confirmed in the gleam in her approving mother's eyes. The mother is also seen as perfect and as an extension of the child (the idealized parent imago). When there is failure in maternal empathy, the child will fail to internalize the idealized parent imago and will "continue to look to the 'perfect other' for guidance and leadership throughout life. (Haeseler, 1982p.53) It is almost as if the child thinks. "If you believe that I can leave you, and you approve, then I'll believe it too." Anorexic females are described by Bruch (1968) as being:

outstandingly good and quiet children, obedient, clean, eager to please, helpful and precociously dependable, and excelling in school work. They were the pride and joy of their parents, and great things were expected of them. The need for self-reliant independence, which confronts every adolescent, seems to cause an insoluble conflict after a childhood of robot-like obedience. They lack awareness of their own resources, and reliance on their thoughts, feelings and bodily sensations (p. 561).

Mothers of anorexic daughters are described as "frustrated women with intellectual controls and high standards of performance who cannot tolerate independence in their children" (Garner & Garfinkel, 1982 pg. 97). I would argue that anorexics did not receive this "gleam", this encouragement to separate. Garfinkel and Garner have also stated that, "a major predisposition to anorexia nervosa relates to difficulties in autonomous functioning and a sense of personal identity and thus an impaired ability to function separately from one's family or other 'guideposts'"(Garfinkel and Garner, 1983, p.388).

It is almost as if the anorexic individual becomes derailed in this developmental process (of separation-individuation). One anorexic patient in the research by Wolf, Willmuth & Watkins (1986) called her sculpture a "deformed fetus" saying that she felt like a rejected deformed child, having no control over her development. Casper, (1983) has suggested that the lack of a stable self-concept and secure self-regard predisposes adolescents to use thinness in a misguided strife for individuation" (Casper, 1983, p.388).

I would argue that this is true and that anorexia is a maladaptive way of attempting to individuate yet stay in symbiosis and not lose her "guide-post". It is almost as if the anorexic daughter splits and says to herself, "part of myself stays with my parents", (she remains passive, the good girl who is always prepared to please), "and **this** part I take for myself" (the control of food intake and control over her body). Any aggression or anger that might be projected outwards in the process of establishing a distinct self becomes turned back on the self. The body becomes a battleground or a tool in the struggle for control. This is coherent with the ideas of Crisp, who described anorexic nervosa as "a distorted biological solution to an existential problem" (Crisp, 1980).

More than separation, the concept of individuation is really about becoming an adult - growing up. The anorexic is struggling to grow up and is caught in a place where she is not moving. She is caught in her body. Joyce Macdougall writes in her book, Theatres of the Body, ".... the curtain on the mind's stage were tightly drawn, so to speak; no sound

reached the outside ears, and yet a drama was being played out that threatened the very life of the theatre owner himself".

The anorexic says to herself, "I'll grow up because I have control over my body and at the same time I won't - I'll still be a child". In fact, an anorexic does become child-like, devoid of sexuality or sexual features such as breasts and menstrual periods. The anorexic puts herself in a situation where she does not have to get angry and assert herself with her parents. In her body she will be the ruler. It is fascinating to note that this struggle for individuation and independence through the body does not only pertain to the anorexic. Hilde Bruch (1968), cites an example where historically hunger strikes have been used to achieve independence for a nation (p.557). Unfortunately, this type of "passive-resistance" in the anorexic female cannot lead to independence and healthy separation. As Maggie, a young anorexic female evocatively states, *"I know I have two choices: I either have to take my place in the world or I'm going to be erased."* It's almost as though the anorexic sits on the fence between childhood and adulthood. Looking over the fence at adulthood saying, "I don't have what I need to go there, I don't have the strength yet. I'll just stay in this in-between place for awhile." Tragically however, this "in-between place" called anorexia and bulimia can lead to death and serious health difficulties. Also, whole parts of adolescence and early adulthood and beyond can be spent in the self-destructive cycle of these illnesses, as Carol states, *"I've missed three years of my life"*. Many of the goals of art and drama therapy can be focused in on helping the anorexic and bulimic in areas as Ego-development and autonomous functioning helping her to find confidence and "build what it is she needs in order to separate".

As this paper discusses the process of an art and drama therapy group, I'll begin with a brief overview of the literature documenting art therapy research with anorexic and bulimic patients. I'll also include research on Drama therapy with this population and discuss the therapeutic value of combining these disciplines together to work with this population.

(c) Art Therapy

Crowl, (1980) worked with anorexic patients using art therapy for a four-year period. She felt that in the drawings there were three primary areas of conflict: self-image, self-esteem and control. Crowl reported that when the patients were asked to draw themselves they portrayed themselves as "little girls". She observed that they often requested the smallest size paper possible, or folded the paper many times indicating feelings of smallness or insignificance. Clown figures were also common in the work. Control was also an important aspect of their work. Crowl observed mechanical, robot forms and noted rigid immobile stances. Crowl writes, "the patient feels and recognizes the body as her own, but controls it as if it were not. In this mechanistic conceptualization, the focus is internal mechanical control (Crowl, 1980, pg. 147).

Wolf, Willmuth and Watkins (1986) found in their work with anorexic patients that many of the drawings demonstrated a concern of boundaries, over personal competency to control what goes in and what goes out of oneself. They also report that they observed a distortion of body-image and they interpreted this as being directly related to the fundamentally impaired self-image. They noticed that the more pervasive and serious the disturbance in self-esteem, the more evident the body-image disturbance. Importantly, they observed a sense of split-self in the art work of anorexics. Crowl (1980) also reported this in her work. Bruch (1978) notes that patients are very hesitant to talk about this split. Wolf, Willmuth and Watkins suggest that this split originates in profound feelings of shame over faulty boundary control and basic feelings of dejectedness. "Feelings of loss of control are central to the development of shame. Shame as an affect state, has an important place in the understanding of eating disorders. Splitting is an attempt to hide the shameful aspects of the self, while denial serves to protect the self from painful feelings of shame associated with the acknowledgment and consequent exposure of the self"(Wolf, Willmuth & Watkins pg., 44 1986). Wolf, Willmuth, Watkins , (1986) conceptualize that

the anorexic as having failed to receive as an infant, for what ever reason, the consistent mirroring that leads to the development of a cohesive, coherent sense of self. They argue that art can serve as a mirror, allowing for undistorted and consistent externalization and reflection of internal feeling states and attitudes.

(d) Drama Therapy

Drama is derived from the Greek "dran" and literally means a "thing done". Drama therapy, writes Renee Emunah (1994) is the intentional and systematic use of drama/ theatre processes to achieve psychological growth and change (p. 3). The tools are derived from theatre, the goals are rooted in psychotherapy (Emunah, 1994, p.3). Drama therapy is a process that embraces all elements of Drama; play, games, movement, dance, voice, gesture and theatre. At the heart of many drama therapy techniques is the use of improvisation and spontaneous role-play as a means of encouraging self- expression in the individual. The therapist aims to create a supportive "freeplay" environment in which the individuals feelings and thoughts become reflected in the improvised roles.

Research in drama therapy working with eating disorder patients is extremely limited. Techniques used are mainly projective ones, such as sculpting, the use of poetry and story-telling. The "empty chair technique" described by Doktor (1993) involves the patient addressing a family member as if they were sitting in the empty chair-then in turn to play the family member addressing them. Another technique known as the "family meal" , is a guided fantasy in which one is guided back to explore the family atmosphere at a family meal from childhood, often brings up painful memories that can be enacted and worked through (Young, 1986). Poetry, story writing and fairy tales have also been incorporated as a means of therapy with this population.

(e) Drama Therapy and Art Therapy:

The Value of a Combined Approach

Drama therapy and art therapy are similar in that they both encourage expression. Because of the immediate engagement that theatre invokes and because patients with eating disorders often have trouble accessing their emotions and expressing their feelings, I felt that the dramatic process would encourage and aid this. In many ways drama therapy is a confrontation with the self - with the material that needs to be explored. Although there is very little research in drama therapy with this specific population, its potential with anorexic and bulimic patients is immense because of what drama therapy does. Drama educator and specialist Richard Courtney found dramatic play to be the central process in thinking, learning, and healing. Courtney describes dramatic play as a stage in ego-development that follows acting-out behavior and eventually leads to sublimation. In his book Play, Drama and Thought (1968), he states that, "dramatic play has a central position, relating the unconscious to the intellect...it is the link between instinctual gratification and mature thought"(p.92-93). If drama therapy connects on that kind of deep level it is the kind of medium that could be very effective with this population.

In the words of Renee Emunah (1994) drama therapy "liberates us from confinement be it socially or psychologically, and the dramatic moment is one of emancipation" (p. xiii). It is appropriate for the anorexic to engage in this process as she is stuck in this developmental delay confined to playing the role of the "good girl". Landy, following in the steps of Joseph Moreno, the founder of psychodrama, says that, "I become a person to the extent that I can play out the many roles of myself and also play out the roles of others through the process of role-reversal" (Landy, p.224).

Because the Drama therapy experience is one of intensity, it is important those engaged in this form of therapy feel safe and contained. It is well documented in the existing literature that art therapy acts as a mirror and container for painful feelings, providing a safe place (Wolf, Willmuth & Watkins 1986; Ticen, 1990). If Drama therapy

is a confrontation with the self, I would argue that art therapy is an exploration. Used together I feel they would compliment one another and be a very powerful way to work with this population.

II. METHOD

1. The Project

The purpose of this research project was to combine art therapy and drama therapy to work with hospitalized anorexic and bulimic patients. In doing so, it was the further purpose of the project to discover if the combination of these two therapies would prove helpful in the recovery of anorexia and bulimia. The group was short term and met for eight once a week sessions. It was hypothesized that combining art and drama therapy might prove efficacious because of the distinctive nature of both of these two disciplines. Group Projects were geared towards accomplishing certain goals and in doing so address the underlying conflicts in both bulimia and anorexia.

2. Group Goals

The goals for the group were that the art and drama therapy process would facilitate the expression of feelings, and that these feelings would be listened to and explored. Two quotes that were key in the set-up of this project were by three of the main researchers in this field, Hilde Bruch and Garner & Garfinkel.

Bruch, (1968, p.566) writes, "the essential therapeutic task with these patients is to evoke an awareness that there are feelings and impulses that originate within them and that they can learn to recognize them".

Garner & Garfinkel (1986) write that the therapeutic aim should be, "to encourage the client in search for autonomy and self directed identity in the setting of new personal relationships, where what they have to say is listened to and made the object of exploration".

It was hoped that by employing the Rogerian techniques of Empathy, Trust, Unconditional Positive Regard that group members would feel like they could express themselves freely both artistically and verbally and that this could happen in an environment where they felt held, accepted and listened to on a deep level. No matter what that every expression would be heard and honored. Listening and responding to patients' feelings seems to be of key importance in working with this population.

Bruch (1968, p.561) writes,

If the therapist communicates his awareness of the patient's sense of helplessness without insult to his fragile self-esteem, meaningful therapeutic involvement becomes possible, avoiding the exhausting power struggle or futile efforts at persuasion that so often characterize treatment of these patients.

Because drama therapy can be initially intimidating it was decided that it would be introduced gradually on the fourth session.

3. Set-up and Projects

A flexible plan was decided on for each session, with projects geared toward encouraging self-awareness and self-expression.

At the beginning of this process, a feeling check-in was established at the start of the session. The group members were asked to say one word or a few words about how they were feeling at that moment. At the end of that session this would be repeated. This was a ritual in the group and was done every session. Once the drama therapy section of this project was incorporated, this "ritual" was continued but accomplished through movement. Each group member would create a movement that represented how they were feeling at the beginning of the group and the group as a whole would mirror back to the group member this movement. This became a very powerful exercise for group members.

As mentioned in the literature review, much of the research indicates that anorexics may have failed to receive as an infant the reflective mirroring and empathic presence of their

mothers or parents. In this feeling check-in exercise discussed above mirroring was provided by the group to each other. It seemed to be a very good way to begin the group, promoting a shared sense of support and a sense of group cohesion before painful material was explored.

(a) Introduction & Self Box (Week One)

Instructions:

"Think about the things that you show to the world, that which is external. How would you represent this on the outside of your box? Think about what would go on the outside of the box. Think about what you kept inside, that which is internal and hidden, What are the things that you don't show? What are the things that you are ashamed of? Represent these things on the inside of the box using the art materials.

The first group began with an introduction to the group and to art therapy. The first project was introduced called the self box. The reason that I chose this project is because it encourages an expression and exploration of the self. I was hoping to begin to "evoke an awareness that there are feelings and impulses that originate within them and that they could (begin) to recognize them".(Bruch, 1968 p.566) The self box has an inside and an outside and I hoped that it would encourage an exploration of what is internal. As discussed earlier, the research suggests that people with eating disorders have trouble expressing internal feeling states. I hoped that providing the space for the group to express the internal, that it would facilitate that kind of deep communication.

The self box is a box that is constructed out of art materials. Group members are provided with cardboard boxes of various sizes. They are asked to make a box that represents themselves.

(b) The Mask Workshop (Week Two)

Instructions:

Think about a part of yourself that you don't get a chance to express very often. Using the art materials, make a mask that represents that aspect of yourself. It can be anything that you like.

The second week I decided that we would make masks. The mask workshop again was aimed at self-expression. Oscar Wilde said "Man is least himself when he talks in his own person: give him a mask and he will tell the truth" (in Ellmann, 1969, p.389). With the mask workshop I wanted group members to feel free to express a part of themselves they do not get a chance to express very often. Also, by using paper plates I wanted to give group participants the permission to use the art materials as food and be able to select the ingredients that they needed to fill themselves at that moment. It encourages the expression of the conflict on a symbolic level. It was also a way to begin to introduce the element of theatre to the group. Materials to make masks were provided.

(c) Past/Present and Future Drawing (Week Three)

Instructions:

Divide the piece of paper into three sections. Make an image in the first section of how you felt in the past, in the second section of how you feel right now and in the third section what hope will happen and how you'll feel in the future.

This was to begin to start looking at what had happened in the past. I wanted to provide the opportunity to express the separation-individuation conflict. I knew that these drawings would provide a practical way to integrate drama therapy into the process.

(d) Past/Present and Future Drama (Week Four)

Instructions:

At the beginning of the group I told the group that this week we were going to do something new. I explained to the group that we were going to be incorporating drama therapy techniques with art therapy. I explained that drama therapy was a therapy that used drama to explore issues and promote healing and growth. I told the group that we would be using their drawings from the previous week and that from the drawings we would create a drama that explored each person's past, present and future. I told them that each person would direct their own scene. I asked the group how they felt about trying this and they responded with enthusiasm. We began by doing basic theatre warm-ups and stretches. We did the feeling/movement mentioned above and then I asked two group members to volunteer to do their scenes for that week. Sara volunteered to go first and Maggie, second.

I thought that using these drawing would be a good spring-board into the use of drama into the therapy session. In this way I hoped that the drama therapy could emerge from the art therapy process organically. By this time group trust had begun to develop. Renee Emunah writes that the theatrical role or character, like the mask, is both a protective and liberating, enabling the expression of what lies buried beneath our real-life roles. (Emunah, 1994) I hoped that by encouraging group members to act in one-another's scenes they would have the chance to express other roles that they would not often have a chance to play.

(e) Past/Present & Future Drama Continued (Week Five)

Instructions:

The following week we continued with this exercise. Carol volunteered to go second and a group member all call Steve (a pseudonym) went first.

(f) Past/Present & Future Drama Continued (Week Six)

This week the final group member dramatized her scene

(g) Three Issues (Week Seven)

Instructions:

The group was asked to decide on three issues that they could all relate to and create a group sculpture expressing three issues (one by one). This sculpture is a freeze that expresses the feeling that this issue brings up for you. Work together to decide on the three issues you would like to explore. Create the sculpture using your bodies as the medium. After the dramas the group members were asked to pick the issue that they feel is the most important one to them at the moment and to draw a picture further exploring this issue.

The three issues chosen by the group were: low self esteem, the inability to be present in the moment & the eating disorder.

Drama therapy normally utilizes the group experience to facilitate the expression, sharing, and understanding of each individual's problems or concerns. This group project I felt would allow group members to work together finding commonalities in their experience of their illness, areas that they related to and also in the drawing, explore the issue that was most important to them.

(h) Good-bye & Closure Process group (Week Eight)

The group begin with a discussion about all the things that happened in the group process. Group members discussed how they felt about the group. We discussed how people felt about the ending of the group. We talked about good-bye's. The group was asked to draw a picture about a separation that they had experienced in their life. Then the group created a drama about what-it feels like to say good-bye. The group members discussed the drama and we talked about what they take from the group. Sara asked if she

could take a photo of the whole group (myself included). The group ended with a picture taken of the group by a staff member and a group hug.

III. CASE STUDIES

The therapeutic process of three group members are explored in this next section in-depth. Their names are Carol, Maggie and Sara (Pseudonyms). Carol was diagnosed with bulimia nervosa. Maggie and Sara were diagnosed with anorexia nervosa.

1. Case One - Inside the Secret Theatre: Carol's Story

Carol was a part of the art and drama therapy process until she was discharged after the fourth session. When the art and drama therapy group began Carol was in the third month of her hospital stay. She was at a normal healthy weight and her bingeing and fasting behaviors had stabilized. Carol's diagnosis was Bulimia nervosa.

(a) History

The following information and case history was taken from Carol's chart.

Identification

Carol is a 26 year old francophone, separated Catholic female, living presently with mother 51, Father 51 and younger sister, 17. Currently unemployed, a patient of the Director of the Eating Disorder Clinic, Weekly visits, last visit the week before admission.

Presenting Problems

Restrictive anorexia

Bingeing and Purging

Laxative abuse

Chewing and spitting of food

Excessive exercising

Secondary amenorrhea.

Past Psychiatric History

Nine months before the art and drama therapy group Carol was treated for anorexia in individual therapy and admitted to a Hospital in the United States for anorexia/bulimia for 3 weeks. She was discharged for a week and then re-admitted. Six months before the art and drama therapy group she was admitted to a crisis clinic for eight weeks in an urban psychiatric hospital. Five months before the art therapy group Carol is treated as an outpatient in the Eating Disorder clinic. She was admitted to the inpatient unit on July 13/94.

History of Present Illness

Carol reported that she was "heavy" throughout childhood and high school. It bothered her being "fat" because she was teased by schoolmates and her parents often told her she needed to lose weight. She had difficulty finding clothes to fit her. In order to hide her hurt, she put on a "tough guy" image so people would be scared away from her. In high school she weighed 155 lbs. She had boyfriends but felt very lonely. She condemns her family's dietary habits: i.e. over use of fats and type of food consumed.

During high school and college she changed her eating habits. She shed 30 lbs and felt good about it. She claims she looked good, had friends and was happier than she'd ever been.

She moved to the mid-western United States in 1989 and traveled a great deal between the mid-west and Quebec; as a result, most of her meals were eaten in restaurants and she started to gain weight again. When she was married one year later, she weighed 135 lbs. Over the next 2-3 years she gained 25 lbs. She felt badly and was constantly seeking

reassurance from her husband that she was still desirable. Generally, her husband was supportive, but at times he would point out other women that were slimmer than her.

In 1992 she started exercising excessively i.e. jogging, walking, aerobics, weight lifting and cutting back on food. In 1993, she began to binge and purge and took care to keep this from her husband and parents. She began to abuse laxatives to the extent of soiling herself at times.

Three weeks before her first hospitalization in February 1992 she started chewing and spitting her food as she could no longer induce vomiting. After three weeks she was discharged and immediately started to chew and spit her food again "24 hours a day" and took herself back to the hospital where she was admitted again for a second period of three weeks.

Once discharged she moved back to Quebec with her parents and made her second suicide attempt by overdose she was taken to the emergency of a psychiatric hospital in Montreal and given a gastric lavage. She was seen at this crisis clinic and referred to the eating disorder program.

Family Constellation:

Her parents have been married for 18 years. Her mother recently sold her business but works as a school commissioner. Her father is an auto body painter. Her sister is 17 years old lives and with her parents. She has a good relationship with Carol. Her husband lives in the mid-west and owns his own business. The couple have a failing marriage and are presently separated.

Personal Development, School and Home Life

Carol was a wanted pregnancy and was born prematurely at seven months. She was a bottle fed contented baby who slept a lot. Carol remembers hating kindergarten, and kicking and screaming every day, not wanting to go to school. She had friends but did not

like inviting them home because her father paid her friends compliments that she did not get. She was teased a lot because of her size and would behave like the "tough guy" at these times, kicking and fighting her teasers. She was very sensitive at being teased. She was an average student at school as she had little time to study. She gave up school when she got married, after one year of studying communication psychology at the university level. She has no plans to return to school. She states that she was encouraged in her education and was allowed to make her own career choice. She feels that she lacked role models and mentors in her parents and other family members.

She describes her home life as being scary at the time. She says that she "never felt loved". Her mother was often drunk. Her father she said was always complaining, stressed and nervous. At age 13 the responsibility of taking care of the house and her younger sister became hers. She was criticized for the things that were not done well.

She describes the family meal times as stressful. The family ate together at dinner time and on weekends. The Father and siblings ate together most of the times, her mother ate at the counter "when she was sober". The parents usually ended up fighting verbally and the rest of the family yelling at the younger sister for picking at her food. The meals were usually prepared by Carol as part of her responsibility.

The discipline of the children was left to father and was accomplished by nagging or nasty looks. Physical punishment was infrequent but fierce. Carol reported that her greatest fear was being "beaten up" by her father. She tried to gain father's approval for everything that she did. There was little privacy living at home, her father walked around naked and she was not allowed to close the door when she took a shower.

Carol has no recollection of incest, but states that her father talks to her "like a lover". In her hospital charts it indicated that her father caressed her in a sexual way i.e. sitting with his knees between hers and rubbing her thighs. It did not indicate her age at the times that this happened, but hinted that they occurred in the present. Clearly a lack of

boundaries and inappropriate behavior occurred between Carol and her father. Recently she has been having nightmares of being touched by a faceless person.

Sexual Development

Her periods started at 12 years. She didn't know what was happening and thought she was bleeding to death. In her chart, there is an account of an attempted rape by a boy in the school yard. Her father who had come looking for her, prevented the rape from happening but beat her up when they got home, discounting her story. Carol claims she has been trying to prove her innocence ever since.

She had her first sexual experience at 18 years "just to try it". She dated before she met her husband(who is a cousin). They lived together for a year and she was not happy with him and felt that a marriage would not last. She married him anyway because she wanted to get away from home. The marriage she describes as "destructive, lousy and boring". She says that her husband is domineering, does not respect her, he verbally abuses her and that he drinks heavily every day but denies he has a problem.

Carol feels that she is like her mother in that she is "outgoing and strict" . She also feels that she resembles her father in that she is always "stressed out". She feels like she is like both of them in that she has a low self esteem. She feels close to both in different ways. She feels alone and does not feel their claim that they are both there for her. Her younger sister is closer to her mother. In spite of her home life she still feels that her greatest loss was moving away from family and friends.

(b) Therapeutic Process

Presentation

Carol is a tall attractive woman. During the group process she would often be very loud and sometimes intrusive with other group members. Carol was the kind of person

that just by her very presence takes up space, and has a very strong presence. She was very suspicious of the art therapy process at first but eventually moved into the process with excitement, although she would always check back "is this what we're supposed to do?". Often at the beginning of the sessions Carol would be crying. During the feeling check-in time she would often report that she felt sad, angry or frustrated. By the end of the session her feelings would move. It seemed that once she had expressed herself in the art therapy her mood would change.

Session 1: The Self Box

In the first session the group was asked to make a box that was representative of themselves. Carol had trouble getting started. She then picked the biggest box to work with. She covered it with yellow tissue paper and flowers (see figure 1). She left one corner of the box open. In it she placed a picture of a women holding an egg and on the other side a picture of a women with a lonely expression.

Carol's Comments:

"I picked the biggest box because I feel big. When I come into a room I take up a lot of space. The flowers and yellow paper are because I act goofy and happy. I only left a small space open because I'm not sure if I want people to get close to me. The one picture of the women is important because she is thinking and feels sad its gray all around her. It represents me because I think a lot. The other women holding the egg is a really important symbol for me. Its like...I feel like I really like this picture it's artistic and its really profound. I feel like this. I want to be the women nurturing and strong-but at the same time I want to be the egg protected and being nurtured".

It was reflected that this was obviously a very important symbol for her, and she responded, *"Yes, there is something in this picture that is very important to me. I feel very drawn to it".*

I reflected to Carol that perhaps she could be both the woman and the egg; she has the ability to be strong and nurturing to protect the "egg", the more fragile parts of herself, the child within. She responded to this suggestion of parenting herself and it was one that she returned to in following sessions .

Session 2: The Mask Workshop

Carol's mask was pink with glittery tears (see figure 2). Like Sara she covered her mask with tissue paper. She was very pleased with her creation.

Carol's Comments:

"I feel like this is me. I feel like I wear a mask all the time. I can't show my anger. I want to go after things but I'm afraid to I'm afraid to assert myself". When I'm in a store and trying something on and the salesgirl is helping me sometimes I buy things that I don't even want because I'm afraid to say no I don't want it. I don't know why I covered up the face, I just did. It must mean something. I think it's to keep people away from me. I'm crying but it's glitter tears".

Session 3: Past /Present & Future

Carol's Comments (see figure 3):

"In the past I was afraid. I was like the women looking down in my picture with no direction. I was like the women with no arms. I was totally vulnerable, I had no way of protecting myself. In the present I'm struggling with food, it's a battle. The woman in my drawing is pointing into the future but looking at the past. I feel that way. I feel like I look like that body type. The people in the background struggle over a piece of food. I feel that's what's happening inside of me right now, the battle over food. In the drawing of the future there is a picture of a confident, outgoing women and a picture of a couple in love. I'd like to be like that

some day. It's surrounded by question marks because I don't know if I can get there. The woman in the couple is confident, she free...she is loved and doesn't need to face the man (couple is in an embrace the woman is looking away) she knows he won't stab her in the back."

Session 4: Drama Therapy Session

It was explained to the group that this session we would dramatize the drawings from the previous week (Past/Present/Future). Each person would act as the "Director" for their own scene. The Director would pick group members to play a scene from their past, present and future, and the Director would explain to the "actors" what to do.

We began the group with basic theatre warm-ups. Carol acted in Sara's scene and in Maggie's scene. In Sara's scene she played the role of Sara in the past. This was very painful. In Maggie's scene she played the role of one who has individuated and is confident. She responded to both roles. In Maggie's scene she stood very straight looking ahead with an expression of confidence on her face. She said that she could relate to both roles that she played. She seemed to especially enjoy Maggie's scene where she played the strong confident woman "taking her place in the world".

Session 5: Past/Present/Future Drama Therapy

This week the group continued with scenes from the previous week and Carol directed her scene. She asked Maggie to play herself in the past. She directs Maggie to run around, frantically, looking at her watch seeming very anxious. She directs Sue to play the woman without any arms. Sue stands passively, her arms behind her back, with her head lowered.

Carol's comments:

"You know, that's what I was like. I was always in a hurry, but never knowing where I was going. And I was like Sue always looking down at my feet. With no arms to protect myself, I couldn't stop anyone who was coming at me" (she raises her arm in a gesture of warding off attackers).

Carol asked Steve and Sara to play the scene representing the present. Carol instructs them to fight over a piece of bread. She directs them to say these lines as they struggle:

Steve: *Eat this, its good for you.*

Sara: *I don't want to eat it.*

Steve: *Come on.*

Sara: *No, I'm too fat. Look at me* (she grabs her stomach)

Steve: *No you're not too fat. Not at all.*

Sara: *Are you crazy? Just look at me, its gross its ugly.* (Touching her stomach)

Steve: *Just eat this you have to eat.*

Sara: *Oh all right* (she makes a move ask to put it in her mouth)

Steve: *No don't eat it.*

While this is occurring Sue stands at the back of the stage playing the role of one who is pointed towards the future but is looking into the past.

Carol's Comments:

"This is what goes on inside of me all the time this struggle over food.. I'm also like Sue pointed to the future but looking into the past. I know I have to go forward but I can't let go of the past and all the rotten things that have happened".

In the future Steve and Maggie enact a love scene. They stand in an embrace, Steve tells her how much he loves her Maggie (playing Carol) says "I know ".

Carol's Comments:

"That's what I want. To be happy, she's looking ahead; confident. She has her back to him and she not afraid that he is going to hurt her. She is confident that he loves her".

Carol is pleased with the scene and we replay it several times.

It is Carol's final group before discharge. The Group gives Carol feedback and words of support. Carol discussed what the group meant to her.

Final comments:

"This helped me. Like I said before I didn't know what this was going to be like in the beginning- but then I create something and it's really me and I created it"

(c) Formulation

In Carol's chart it states that Carol didn't bring friends home to play after school because her father gave them compliments that she did not get. It also notes that Carol was responsible for making the family meal and was criticized for these efforts. It mentions that her mother may have been alcoholic and that her father displayed inappropriate sexual behavior to Carol. Her chart also mentions an incident of attempted rape in the school yard and her father's volatile and inappropriate response to the incident. Clearly Carol was not accurately mirrored by either parent, nor was she provided with a "satisfactory holding environment". In fact it seemed as though there was a role-reversal whereby Carol was forced to take on the role of an adult, especially concerning the family meal preparation. The elements necessary for healthy development and separation are absent. I believe that Carol has not successfully separated from her family. Further evidence of this is in Carol's desire to be near her family despite the difficulties.

Many recurring themes and important images emerged in Carol's work in this process. The first image was the women holding the egg in Carol's self box. This theme centered around fragility and strengthen and a desire to be an adult; *"I want to be the woman nurturing and strong."* But at the same time she express the child within that needs good parenting and protection *"I want to be the egg protected and being nurtured."* She responded to the idea that she can provide this for herself and that it is both appropriate and good that she become the women "strong", protecting the more vulnerable parts of herself, and that it is okay to be both strong and vulnerable.

The second theme that emerges is a lack of boundaries and a fear of asserting herself. In the mask workshop Carols tells of her fear of asserting herself in the world (i.e. shopping). It's as if she is afraid of a angry reaction or rejection afraid to stand up for herself. She also indicates that the covering on the lower half is like a protection. In the first panel of the Past/Present and Future Drawing she places an image of an armless

person. She describes in the discussion that she used to be like that: without arms or protection. This also indicates a lack of boundaries and may also refer to the attempted rape and the lack of boundaries her father displayed towards her.

The third theme that emerged was around food and separation. In the second panel of the past present and future drawing we see a couple struggling over a pear half. Carol indicates in the drama session that this is the struggle that goes on inside of her. On the pear picture are the words (translated from French) *"It's still time to think about the law, to separate from family heritage."*

Carol is inadvertently showing the separation-individuation failure in this image, her thinking about the past her family (the women in the bottom of the image is looking into the past with her hand extended into the future) her struggle over food (the pear image).

A fourth theme that emerged was a desire to be a confident woman, able to be in a trusting relationship. This is expressed by Carol verbally and in the third panel of past/present and Future drawing.

I felt it was key for Carol that her experiences be honored; that her evocative self-expressions be nurtured, encouraged and contained in the therapeutic experience. Carol was engaged in a process of discovery. She was naming the symbols and finding the themes that were important and representative of her. In doing this, she can begin to construct her identity and find a sense of herself.

In participating in the art & drama therapy group Carol recognized herself as one capable of creating. It provided her with a tangible expression of herself. *"At first I didn't understand what we were supposed to do or what you wanted for us. But then I make these things and they're really me and I created them"*. Acting in other group members scenes seemed to give Carol confidence and provide her with an opportunity to discover new roles and new ways of being. For Carol playing the confident outgoing young women in Maggie's scene was in a way a "rehearsal for living."

An Important aspect for Carol was finding symbols to represent herself and her feelings. Growing up and taking care of herself were recurring themes in Carol's process. A desire to have confidence and to assert herself as well as self-acceptance were also issues Carol worked on throughout the art and drama therapy process. I wish that Carol had more time in this process as I feel that the work had just begun.

2. Case Two - A Place in the World: Maggie's Story

Presentation

Maggie initially was quite shy. She was a part of the group but a follower not a leader. Maggie was a slight attractive girl. She often kept her eyes lowered not making eye contact when she spoke. This changed as the groups progressed. At first she participated in the Art therapy sessions with a quality of hesitancy. But as the time wore on Maggie was freer to explore the materials and to express herself with confidence.

(a) History

The following information and case history was taken from Maggie's chart:

Identification

Maggie is an 18-year-old white francophone, single Catholic female living with her parents and younger brother (12 years old). She currently attends CEGEP.

Presenting Problems

1. Restrictive anorexia
2. Excessive exercise
3. Secondary amenorrhea

Past Psychiatric History

No history of psychiatric disorders, alcoholism, drug abuse, suicide or criminality with patient herself or family members.

Medical History

No medical problems with patient or family members to note.

History of Present Illness

Maggie always had a preoccupation with weight and eating healthily. In her early teens, she engaged in swimming and jogging. She left home to attend school in fall 1993 and her condition deteriorated with drastic weight loss (45 lbs.) from 130 lbs. to 85 lbs..

Family Constellation

Her parents have been married for 20 years. Her mother is 45 years old and works as a secretary. Her father is 45 years old and works as a pastoral counselor. Her brother is twelve years old and lives with her parents. Maggie is the eldest child.

Personal Development

She reached normal milestones without incident. She remembers being baby-sat by her paternal grandmother while both parents worked. The birth of her brother when she was six years old bothered her. She was the perfect little girl while he was full of energy. She felt very competitive and wanted to do something special to maintain her status within the family. Today she describes a good relationship with him. In elementary school, she felt rejected, insecure, and persecuted by "the gangs". She had no friends and had difficulty integrating with other students. In high school, she was determined to be part of the peer group and made an effort to make friends. She claims her social life improved somewhat (i.e. made friends but relationship did not last long). She met her first boyfriend around

the age of fifteen. She had five or six other relationships, never lasting more than 1 to 11/2 months. She always ended the relationship before they left her. Maggie has not had sexual relations. Menstruation started at age 16 but was sporadic and irregular. She has been amenorrheic since December 1993. Maggie describes her parents as not having confidence in her, and describes her mother as an emotional "mother hen", preoccupied with weight and diets. Maggie loves her mother and feels close to her but says that she was not a good mother - too protective and smothering. She sees her mother as more of a friend than a mother. She describes her father as a serious man with no sense of humor, who suffers from stress. Currently, he attends group therapy. Maggie thinks her father loves her, but he has never told her so. Father was very undemonstrative toward his wife and children. Maggie says she feels guilty and responsible for the pain she has caused her parents and has difficulty living up to their expectations. She describes her life as unhappy and isolated. She tries to cover up and pretend she is fine, but cries easily and says she is depressed.

Mental Status

She is eighteen years old and looks her stated age and is appropriately groomed. She feels sad and discouraged with regards to eating and gaining weight. She appears depressed and cries frequently. She has had vague suicidal ideas in the past, and thought of taking an overdose of medications during a depressive episode in the last year of high school. She has difficulty sleeping at night, wakes up frequently and exercises. Her speech is coherent. The content focuses on her difficulty fitting into groups. She worries about feeling stupid and inadequate in front of peers. Maggie is oriented to person, place and time. Her memory is intact and she is able to give consistent and accurate account of present illness and past history. She appears to be of average intelligence. Her judgment is appropriate. Her insight is present, she realizes she is stuck and needs help.

Summary Formulation

Predisposing

Biological - mother's obsession with weight and diet.

Psychological - felt displaced by birth of brother.

Social - few friends; isolation.

Precipitating

Biological - restrictive eating

- excessive exercising

- secondary amenorrhea

Psychological - moved away from family to attend CEGEP

- struggle for autonomy

Social - obsessed with physical appearance

Perpetuating

Biological - starvation effects

Psychological - sense of failure

- low self-esteem

- feelings of guilt

Diagnosis

AXIS I: Anorexia nervosa restrictive type.

Social phobias

AXIS II: Personality with obsessional traits

AXIS III: Amenorrhea

(b) Therapeutic Process

Session 1: The Self Box

Maggie made a box covered with purple tissue paper (see figure 4). She was very quiet during the construction of the boxes and said very little during the discussion.

Session 2: The Mask Workshop

Maggie's mask was split one side seemed happy the other sad or angry (see figure 5). It was very similar to the mask that Sara made in that it was split: one side anger and one happy.

Maggie's comments:

"I am afraid to get angry. I feel that if I was myself people wouldn't like me, because if I was the real me I wouldn't always be nice and agreeable. I would say what I thought and what I wanted. I want to be the "real" me, but I'm afraid of being rejected".

The discussion continues with the group relating to how Maggie feels. I ask her, "what will it mean if you say what you want and what you think about?" She responds. *"It will mean people wouldn't always like you You might be angry sometimes or have your own opinion. You would have your own voice. I'm afraid to say what I really think...but I want to at the same time".*

The group focuses on her mask and she continues. *"I feel like I need to take my place in the world. I feel better because I feel that in telling the group how I felt-I took my place in the group today".*

Session 3: Past/Present & Future

The group is instructed to make a drawing of their past , present and future. Maggie draws a heart in the drawing of her past (see figure 6). In the present she places a

small picture of a woman standing in the shadows. In the foreground is places a picture of a cat looking out at the audience. In the future drawing she places a picture of a man sleeping on a park bench.

Maggie's comments:

"I know I was loved by my parents as a child but I don't remember many happy times. The heart stretches into the present because I feel as though I carry the past with me. In the present drawing the picture of the girl symbolizes to me of being nothing...being erased. The cat is symbolic of someone taking their place in the world". I ask Maggie where she stands in this. "I feel like I have two choices I either have to take my place in the world or I'm going to be erased, if I don't take my place in the world I'll be erased...I'll be nothing. The future drawing is a man on a park bench that's just how I feel today...that that's where I'm going to end up".

Session 4: Drama Therapy Session

It was explained to the group that this session we would dramatize the drawings from the previous week (Past/Present/Future). Each person would act as the "Director" for their own scene. The Director would pick group members to play a scene from their past, present and future, and the Director would explain to the "actors" what to do. Maggie acts in Sara's scene playing the flower in the final image. At Sara's direction, Maggie blooms in the scene as the flower. She really takes her time enacting this scene expressing the flower blooming with her arms. It is very beautiful and earnestly completed. Maggie volunteers to do her scene next.

She asked Sue to play the past, Carol and Sara to play the present and Steve to play the future. After she directs them the scene begins. Sue sits on the floor rocking back and forth looking very sad. Sara and Carol play the present. Carol stands in front playing the Woman who is confident and taking her place in the world. She speaks, *"I know where*

I'm going". Sara plays the role of the women who is "being erased". She sit in the back of the stage and rocks in a chair saying, "I'm afraid...I want to go out and join in...should I? No, I'm too afraid, I'll just stay here in my room" .

We rehearsed the scene several times having both Carol and Sara speak at once. I ask Maggie to join the scene. Using hand gestures she manipulates the level of sound making the volume of the actors voices go up and down like a radio. I ask her two take the time to experiment with the volume of the to different voices asking who is louder for you? I asked her to show me where she stood between them. *"I'm right in the middle".*

Eventually Steve joins the scene playing the future. *"He represents both parts combined, me as a whole healthy person".* We played the scene again with Maggie walking around and through the scene. She eventually toned Sara and Carol's voices down and walked towards Steve and embraced him. The scene ended with applause.

Maggie's Comments: *"Steve represents me waking up after of long sleep. In the future I want to be whole".*

Session 5: Past/Present/Future Drama Therapy

This week Carol directed her scene. She asked Maggie to play herself in the past. Maggie ran around the room looking at her watch seeming unsure. She also played the "happy" Carol in the future. Maggie was very sensitive and insightful in her portrayal of the other group members.

Session 6: Past/Present/Future Drama Therapy

During Sue's scene Maggie was very supportive. Since it was her final group before discharge, we spent sometime at the end of the session talking about her process in the group. Group members offered her feedback and support.

(c) Case Formulation

Maggie's struggle to separate is very concretely symbolized both in her art process and in the drama. Maggie describes her parents as not having confidence in her, and describes her mother as an emotional "mother hen", preoccupied with weight and diets. Maggie loves her mother and feels close to her but says that she was not a good mother - too protective and smothering. She sees her mother as more of a friend than a mother. This relationship between mother and daughter was further explained by the following example provided by Maggie's nurse. When Maggie went home for the weekend while Maggie was having a bath her mother knocked at the door and demanded entry. She came into the bathroom and sat on the edge of the tub and started talking to Maggie about the problems she was having with her husband (Maggie's father). While she spoke to her she commented on Maggie's body and how nice it was and how she wished she looked like that. This is a very revealing example both of the relationship between mother and daughter but also the dynamics in Maggie's family. Her Mother is intrusive in her entry into the bathroom, disregarding Maggie's privacy and not respecting boundaries. Her comments about Maggie's body are another example of that behavior. Maggie is also put in the position of having to listen and help her mother with her marriage problems. It's as if the roles are reversed and that Maggie is in the role of being the parent not the daughter. Her family seems to be enmeshed. Her mother, from her behavior, has probably discouraged her attempts at individuation.

During the Art and Drama therapy group Maggie emerged as a leader and actually as quite a talented actress. As she said she "took her place in the group". She contributed to her own process and those of others in the dramatic play and art therapy work. Themes emerged around Separation-Individuation. Being able to express her own anger and "take her place in the world" and not just to be the shy withdrawn "good girl". These themes were expressed both verbally and symbolically. The drama therapy experience allowed

Maggie to play different roles. An emerging role and identity that she began to explore and seemed to become more comfortable with was one of the artistic young women who is free to take risks and express herself. Lachman-Chapin (1979) writes:

When the patient becomes invested in the product of his or her own action- that is, her own art work - the longing for empathic response from the maternal person who is still almost oneself is changed into a sense of pride in being watched over by 'others' real other, as one produces. Real others, then, are objects separate from one's self. Narcissistic investment in an art product helps to individuate the patient.(p.6)

Maggie has begun the process of individuation. She showed a great deal of pride and courage as she acted in other peoples scenes. She expressed her enjoyment of the art therapy process on a number of occasions and was an active group member.

Maggie moved very powerfully in this process from the position of a of a quiet group member to an active, verbal group member willing to take leadership.

3. Case Three - Silent Screams: Sara's Story

Presentation

Sara presents herself as a creative young women. She was dressed in the "grunge" look and appeared extremely emaciated. Sara threw herself into the art therapy process and worked with the materials hungrily, as if she were eating. She showed a great capacity to express herself artistically right from the beginning of the sessions.

The following information and case history was taken from Sara's chart.

(a) History

Identification

Sarah is a 19-year-old white francophone single Catholic female living with her parents. She has a younger brother, 14, and an older sister, 21. Previously, while living on her own, she completed CEGEP. She plans to enroll in Dramatic Arts at a university.

Presenting Problems

1. Restrictive anorexia
2. Excessive exercise
3. Secondary amenorrhea

Past Psychiatric History

At 16 years, Sarah consulted a social worker while beginning CEGEP, following the accidental death of male friend. Attended a doctor since December 1993 for major weight loss. Since June 1994, she was followed privately by a medical doctor and psychologist.

Medical History

Nothing particular to note.

History of Present Illness

During childhood and adolescence, Sarah reported eating normally without any major preoccupation with weight. Her anorexic behavior developed at 16 years of age, following some traumatic events. Her first love relationship ended after two years of dating. Following this experience she entered a new relationship with a boy which ended with his accidental death. Her parents moved and Sarah left her family and went to

Montréal for CEGEP. Gradually, she decreased her intake of food and started vomiting regularly until October, 1993. She stopped vomiting immediately when confronted by her father who suspected she was anorexic. She felt her secret was out and was ashamed to be caught by father. Initially, she denied she was anorexic until a dietitian suggested she consult with a doctor who confirmed the diagnosis. After completing CEGEP, she returned home unable to function in her daily activities (72 lbs.). She was seen privately by the treating doctor and psychologist with limited resources available to her. She denies laxative, vomiting or diuretic use. Engaged in excessive exercise (i.e., swimming and jogging) but parents monitored her closely. When her father took photos of her in a bathing suit she was shocked by her appearance as a skeleton. She realized her situation was deteriorating and she was unable to gain control. She was evaluated in the Eating Disorder Clinic, August 1994, and admitted to the E.D.U. October 10, 1994.

Family Constellation

Sara's parents have been married for twenty-three years. Her mother, 47, is a nurse. She was recently involved in a serious car accident and was hospitalized in Intensive Care for three weeks with multiple fractures. Her father 44, is a director of a company

Her older sister is 21, living with her boyfriend is studying psychology.

Younger brother is 14, living with his parents and attending high school.

Personal Development

Sara reached normal milestones without incident. She sucked her thumb until age nine and stopped after being teased by her father. Her childhood was "normal"; she received average grades in school. In high school she had difficulty with mathematics. Her father arranged for tutoring after school. She was able to complete CEGEP despite her anorexia. She describes her father as a realist "terre a terre", unable to express his emotion.

She idealizes him. She describes her mother as fragile, emotional and impatient with a tendency to take on her daughter's problems as her own. Sara feels sad and guilty for suffering she feels she has inflicted on her parents.

At age 13, she fell in love with a boy two years her senior. Two years later, the relationship ended and boyfriend started dating someone else. This was the first sexual experience for both. Sara was devastated with the break-up and admits she still has feelings for him as her whole existence centered around him. She started a relationship with a boy who adored her. She stated that she was unable to commit herself due to her preoccupation with her ex-boyfriend. She made plans to move to Montréal in the summer to attend CEGEP in autumn. On the day of the move, Sarah received news that the boy had died accidentally while camping and fell off a cliff. She felt shocked and numbed and immersed herself in her studies. She stated that her menstruation is regular due to oral contraception (menses ceased December, 1993).

Mental Status

Sarah is 19 years old and looks younger than her age. Her weight is 31.1 kg (68 lbs.) and she is 154 cm (5'1/2") tall. She appears very thin, pale, with large prominent eyes. She wears a silver ring on her left nostril and is neatly groomed in large baggy clothes. She is cooperative and spontaneous. Subjectively, she admits to feeling sad and anxious when completing meals and feeling full. Objectively, she cries easily, is despondent and depressed. She denies suicidal ideation at the present time. She has difficulty sleeping at night, wakes up frequently and is preoccupied with dreams of her eating non-stop. There is some distortion of body image present (i.e., when she looks in the mirror, she avoids her body and looks only at her face). She finds herself excessively thin when she looks at black and white photos of herself. She is disgusted with her present body. When she takes a shower, she is unable to wash herself or touch her body. Yet, she states that she feels a strong need to preserve this image. She is oriented to person, place and time. Her

memory is intact, and she is able to give a consistent and accurate account of her present illness and past history. Sarah appears to be of average intelligence. She reports no alcohol or drug use. Sarah shows insight in that she understands the psycho-dynamics of the disease process and can't comprehend why she is stuck in her present situation.

Summary Formulation

Predisposing

Biological: family history depression/alcoholism

Precipitating

Biological: restrictive eating, excessive exercise.

Psychological: break-up relationship with first love, accidental death of male friend, moved to Montréal to attend CEGEP, obsessed with physical appearance.

Perpetuating

Biological: starvation effects

Psychological: perfectionist, preoccupation with weight, calories, distorted body image

Social: temporary termination of studies.

Diagnosis

Axis I: Anorexia nervosa restricted type

Axis II: r/o obsessive-compulsive

Axis III: Amenorrhea (stabilized with oral contraceptives)

(b) Therapeutic Process

Sara has attended the art and drama therapy group for all eight sessions.

Session 1: The Self Box

Sara jumped into the group and the process immediately. She was very focused in making her box: she started first and finished last paying a great attention to detail and making new additions to the end (see figure 7 and 7a.). She shared her box with the group and was very genuine in her verbalizations. She picked the smallest most contained box for her creation.

Sara's Comments:

"Everything is black and white, there is never any gray with me. The red on the outside represents pain that the world can see. The sun is on the side of the box and represents the light, the hope. The darkness is there as well. The flower on the other side is hope, creativity. The food on the side of the box represents the love of food and the black on it represents that I can't enjoy it. Inside there is pain (red fabric) and black-question marks, confusion".

She also stated that the heart represents the love she feels she has to give. The group reflected that Sara expressed herself very well.

Session 2: The Mask Workshop

This week during the feeling check-in time, Sara stated that she felt "aggressive" (with a passive tone of voice). The mask she made she divided into two halves: one half

was smiling the other sad and angry (see figure 8). She covered the whole mask with tissue paper.

Sara Comments (after it was reflected to her that the tissue paper covering the mask almost made it look like a mask within a mask) were, *"Yes, it's because I can't express my anger. I feel angry but I can't show it. I'm afraid people would reject me. People wouldn't be able to take it. This is the happy side. I feel this is the side I have to show. I have to seem happy and nice-good all the time"*.

Session 3: Past/Present & Future

The group was instructed to make a drawing of their past , present and future. Sara worked with paints. She was very focused during her creation of the drawing (see figure 9).

Sara's Comments:

"The past is black except for a few happy times . I know I was happy sometimes but I don't remember. That's why it's faded, trickled out. This is the present-I feel oppressed, the black is attacking. The red is pain, the pain that I feel in the past and that I feel now. I'm screaming. I feel like I'm going to explode inside. There is a tornado. I feel that I'm told what to do - I'm being remade here. I'm told things about myself and I don't know if that's me or the Anorexic side of me. I feel like I'm being oppressed. It's the voices in my head. The arguing, the conflict. The future is hopeful. It's good. I know there is love in the world. I think I can get there. I hope I can get there".

Session 4: Drama Therapy Session

It was explained to the group that this session we would dramatize the drawings from the previous week (Past/Present/ Future). Each person would act as the "director"

for their own scene. The director would pick group members to play a scene from their past, present and future, and the Director would explain to the "actors" what to do.

We began the group with basic theatre warm-ups. The group was very excited and responsive about the session. Sara volunteered to go first.

She picked the group members to play her past, present and future. Carol plays her past. She begins by raising her head and greeting the world saying, "Bonjour. Comment ça va?" She sustains an invisible blow to her stomach and doubles over in pain. She raised her head again to the world weaker but smiling still saying, "Bonjour. Comment ça va?" and sustained another blow. This pattern continued until she became weaker and weaker and collapsed on the floor. The next scene begins with Steve lying on the floor moaning and talking almost in a trance like state, saying things like, "Sara you put too much pepper in" and Sue crouched on the floor rocking back and forth (Steve played the anorexic obsessive part of Sara - Sue the part confused and suffering). In the third and final scene (the future) Maggie starts in the position of Sue (crouched over) and blooms as a flower. As she comes up she speaks saying, "How beautiful the world is!" She sustains a blow to the arm like Carol but it doesn't double her over. Instead, she says, "It hurts but I'll be okay." The scene ends with a round of applause.

Session 5: Past/Present/Future Drama Therapy

(continued with scenes from the following week)

Sara was in a meeting with social services, so subsequently came late for the group. A group member asked her to play in their scene and she agreed. She performed in the scene with enthusiasm and was a fairly active in the discussion that followed.

Session 6: Drama therapy and Art Therapy

The group was asked to come up with three main issues that they feel are important and that they all have in common. The three issues were: 1. Low Self Esteem 2. An

Eating Disorder 3. Being present in the moment. The group was asked to act out each issue as a drama. After, the group was asked to pick the one they felt was most important to them. Being present in the moment was sited as the most important. The group enacted this issue again and then drew a picture of it. Sara's picture was of a screaming face surrounded by question marks (see figure 10).

Sara's Comments:

"I feel like I never live in the moment, my mind is always somewhere else. I always need others approval, especially my father. If I know my father loves me then I know I'm okay".

Drama Therapy and Art Therapy (Final session)

At the beginning of the Group Sara asked me if I had children when I replied that I have a son her comment was, "you are such a good mother".

We discussed the ending of the group. I asked the group to reflect on other good-byes and I asked them to draw a picture of one ending in their life. Sara reflected that separating is a big issue for her. She said that she has trouble saying good-bye because of a traumatic ending of a relationship when she was younger. Her drawing was very intense and vivid (see figure 11).

She said *"I want to built a layer around my heart so that I won't be so hurt when I have to say good-bye."* The group enacted a good-bye. They explain to me that they are enacting all the different feelings that a person goes through when they say good-bye to someone they care about. Sara played the part of person that feels sorrow and doesn't want to say good-bye. We discussed the idea that when you say good-bye you take something of the other with you. The group members were asked to share what they take from the group. Group members shared what the group had meant to them and what they felt they had learned. The group ended with a group hug, and a photo taken by a staff member of the group.

(c) Formulation

Sara seemed to be caught between child and woman, being the "good girl" - split off from the bad parts of herself. Struggling with separation-individuation she wants to bloom like the flower in her drawing but is caught, hence the scream. It is almost as if her early attempts at separation were thwarted due to the early traumatic experience of separation.

In the art and drama therapy process Sara was encouraged to accept that the feelings that originate in her can be trusted and that she does not need to look to others for her sense of self and sense of approval. She was working to differentiate between the anorexic obsessive parts of the self and the healthy parts.

She has been a very enthusiastic and involved group member. She is naturally creative and able to express herself in the group.

Because separation was so difficult for Sara who was hospitalized throughout the entire group process this final group was very important. It was important that I model healthy separation and give Sara the permission to separate.

Sara was starving for expression. Sara responded to the art therapy process as one who has not eaten in years. She hungrily and lovingly devoured the materials intently rubbing the brushes on the paint. She was creating as if her very life depended on it and I would argue that it did. In the art and drama therapy process Sara began to concretely symbolize her conflict through her creation.

IV. SUMMARY FORMATION

We see Carol, Maggie and Sara derailed in this development process of separation-individuation.

In all three case histories there is evidence that there was a lack of appropriate mirroring in these families of Carol, Maggie and Sara.

It is interesting in the case of the two anorexics, Maggie and Sara, that their fathers are described in opposite terms: one is idealized, the other unavailable. Maggie has no sense of her father even noticing her-while Sara doesn't feel as if "she is okay" unless she receives the approval of her father. She is not able to function independently from him. In Sara's case we see the "idealized father", in Maggie's the "absent father" in Carol's the "inappropriate father". Carol's case history presents a disturbing picture of abuse. There were not appropriate boundaries between Carol and her father, her father "talked to her like a lover". The suggestion of incest in this case indicates that Carol's sexual development and individuation from her family would have been affected. Her father's response to the attempted rape would have further traumatized this event and is an example of grossly inaccurate mirroring of Carol's feelings.

The mothers as well, in all three cases, did not provide a satisfactory holding environment or appropriate mirroring. Both Maggie's and Sara's mothers are described as "emotional and fragile" and I would hypothesize did not encourage independence in their children. Carol's mother was "often drunk" and unavailable to Carol. There is a sense that all three of these families are enmeshed. Maggie's mother barges in on her while she is taking a bath and discusses her marriage problem with her. Maggie takes on the role of being the empathic listener to her mother instead of it being the other way around. Sara's case is unique in that she is derailed in this process due to her family situation but also to the traumatic loss of her boyfriend and then the subsequent death of another. These losses

during the time when she is beginning to separate and develop outside love interests from her family were traumatic experiences and I would postulate affected her ability to separate. She stated this conflict many times during the group process. "I'm afraid of separations" and "I have trouble separating". She expressed this conflict and derailment so poignantly in her picture and drama where she hopes to bloom like a flower but is caught in the illness, in the scream.

All three of these women begin to take the steps towards separation in this process. We see Maggie's identity emerging so clearly in the drama as she takes on more of a leadership role and as she says, "takes her place in the group". Carol begins to discover things about herself and finds concrete symbols to represent how she feels inside. These created symbols mirror and reflect Carol. She finds the image of the women holding the egg and realizes that its up to her to take care of and parent herself. Hopefully this will translate itself into Carol taking the necessary steps to move out of the unhealthy symbiosis with her family and into a place of her own: as in her final image where she "has the arms to protect herself and assert her boundaries while looking forward, unafraid into the future". Sara moves toward the flower as she hungrily nourishes herself with the art materials. She explores how she feels "I feel really aggressive" and realizes that she is split of from her anger always playing the role of the good girl. She was constantly authentically expressing her feelings. She took part in the drama with great intensity and realized that expressing her feeling was good for her: "this really helped me a lot".

Why did this process work?

I would argue that this process worked to repair this developmental derailment two ways. Firstly, it provided a place for expression and mirroring and secondly the experience of a symbolic healthy separation.

Winnicott (in Horner, 1986, p. 34) stated that the infant must, for successful survival, experience a satisfactory 'holding environment' and 'good enough mother'. In a

way the art and drama therapy group provided a sense of "holding and good mothering". This "holding" was created in the group by the techniques employed mentioned in the method section of this paper. Empathy, trust, and unconditional positive regard were employed by the therapist and encouraged in the group to promote this sense of safety and being held.

Once the "holding environment" was in place the expression and exploration of feelings could occur. Kohut writes, that a healthy relationship between mother and infant establishes mirroring, empathy and a feeling of omnipotence within the infant. Feedback from the group confirmed that this "healthy relationship" was created in the group; "I felt like you didn't judge us. That you accepted every person where they were at. You helped me lot. You wanted every person to be what they wanted to be. You gave as all equal time to express ourselves."

The expression and embodiment and mirroring of feelings at the beginning of each session through the feeling check-in time mentioned in the method section also created a sense of 'being held' in the group; it also helped to establish mirroring and empathy within the group. Mirroring and empathy were also created by the therapist who would respond with empathy and mirror back the feeling expressed by group members accurately.

The feeling check-in time and therapeutic stance helped to accomplish the recommendations by Garner and Garfinkel (1983) who write that the therapeutic aim should be, "to encourage the client in search of autonomy and self directed identity in the setting of new personal relationships, where what they have to say is listened to and made the object of exploration". This "object of exploration" happened in the creative process where group members could explore their feelings through the art materials and in the drama. As group members played out roles and feelings in other group member's lives they would make discoveries "When I was playing the part, I totally related to that feeling."

Feelings would also be expressed and explored in the group closure. This happened at the end of every session for thirty minutes, and group members were

encouraged to talk about what they had made and explore their feelings further. The recognition of feelings was also an important part of this process. The quote by Hilde Bruch that, "the essential therapeutic task with these patients is to evoke an awareness that there are feelings and impulses that originate within them and that they can learn to recognize them"(p.566) cited earlier in the method section of this paper clearly occurred in this process. Feelings were recognized and owned in the creative process. In some cases, the things that were blocking the feelings were also recognized. Sara discovers that she "feels angry" and she is afraid to express it.

The initial goals for the group were that the art and drama therapy process would facilitate the expression of feelings, and that these feelings would be listened to and explored. I think I have shown how this occurred in the group. The issue of separation was addressed symbolically through art and drama therapy but also in the real separations that occurred as patients were discharged and then the ending of the group. Because my goal was to repair the failure in this developmental stage of separation-individuation, my role was that of the "good mother". Clearly this was the transference that occurred in the women's relationship to me. This was very real for the women in this group as Sara said the final session, "You are such a good mother, oh, you are good mother!" As the group continued group members began to take on a mothering role as well. This was especially clear when one group member (not discussed in this study), had trouble directing her scene. The group took on the role of the "good mother", helping and facilitating the scene. In group literature this "mothering" is discussed as playing an important and healing function especially in groups where "good enough mothering" was absent (Hearst, 1982). In addition, members of the group appeared to identify me as the mother of the group. This would indicate a transference toward me. Therefore, I was careful to encourage separation as well as acknowledging their feelings toward me. Researchers suggest that anorexic mothers for some reason reject their daughter's movement towards separation and the that daughter fears the loss of love if she separates. With this knowledge I attempted to

acknowledge the feelings of sadness at the discharges and ending of the group and at the same time give the message that it's sad to say good-bye but it is okay and that they will take all things that they have experienced and learned with them.

As feelings are responded to with empathy and acknowledged, mirrored and explored, it is hoped that a sense of self can be established. This will enable anorexic or bulimic woman to leave the unhealthy enmeshment with their families, no longer depending on them for her sense of identity. Instead, her sense of self is found within and separation can occur and adulthood can begin.

In this group through the disciplines of art therapy and drama therapy I endeavored to promote this repair, so that this "derailment" can be healed and that the destructive secret theatre of anorexia and bulimia nervosa can be left behind. I learned a great deal in this process. The feedback from the doctors and nurses working on this ward was very positive. The patients often used their drawing as a gateway into verbal psychotherapy. As a brief intervention, this group worked very well.

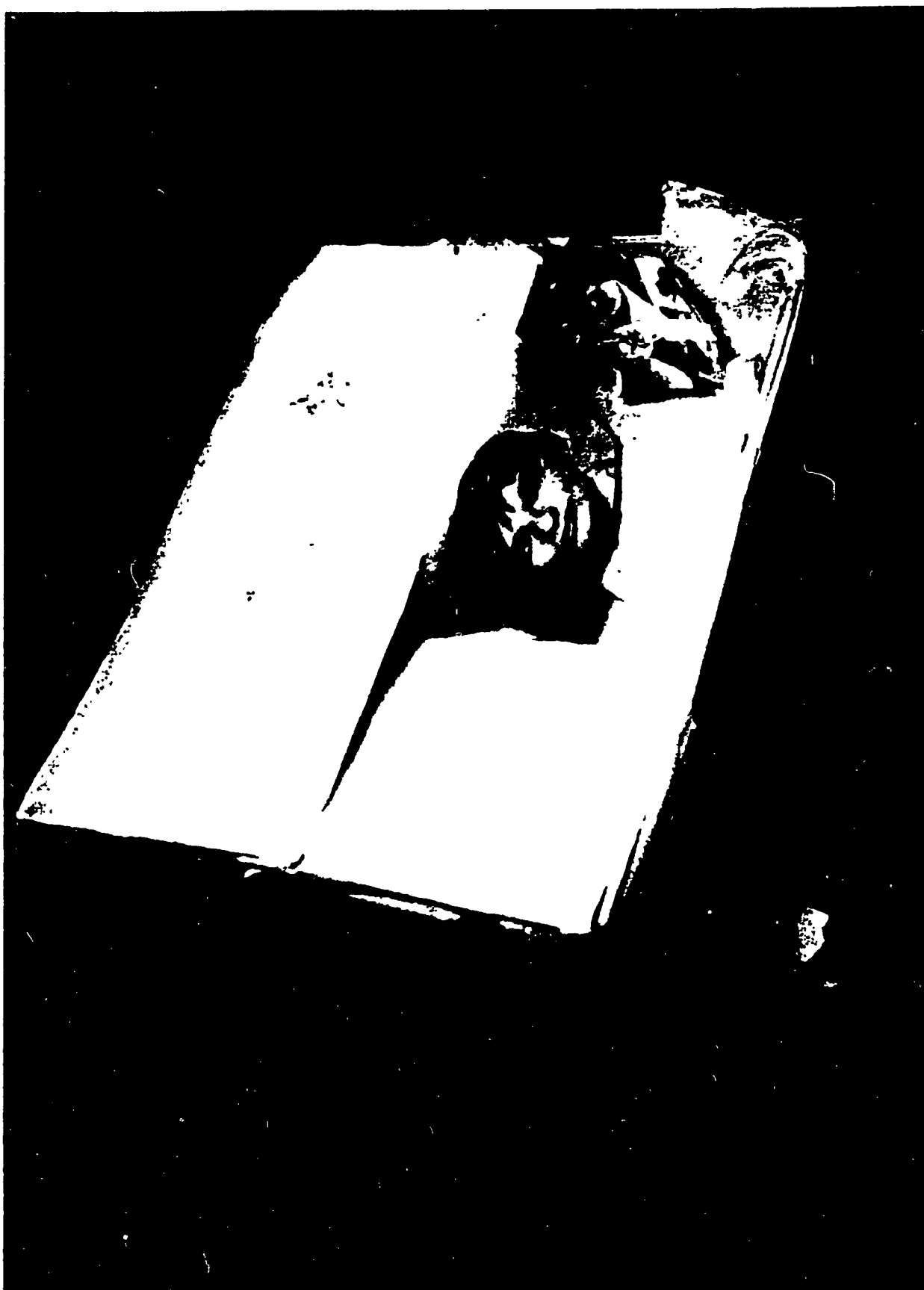
I believe that this method has enormous potential. In the creative expression of art and drama there can be found nourishment and the food of the soul. Anorexic and bulimic women no longer need to stay locked inside their secret body-theatres, but can emerge as strong women capable of creating and taking their place in the world.

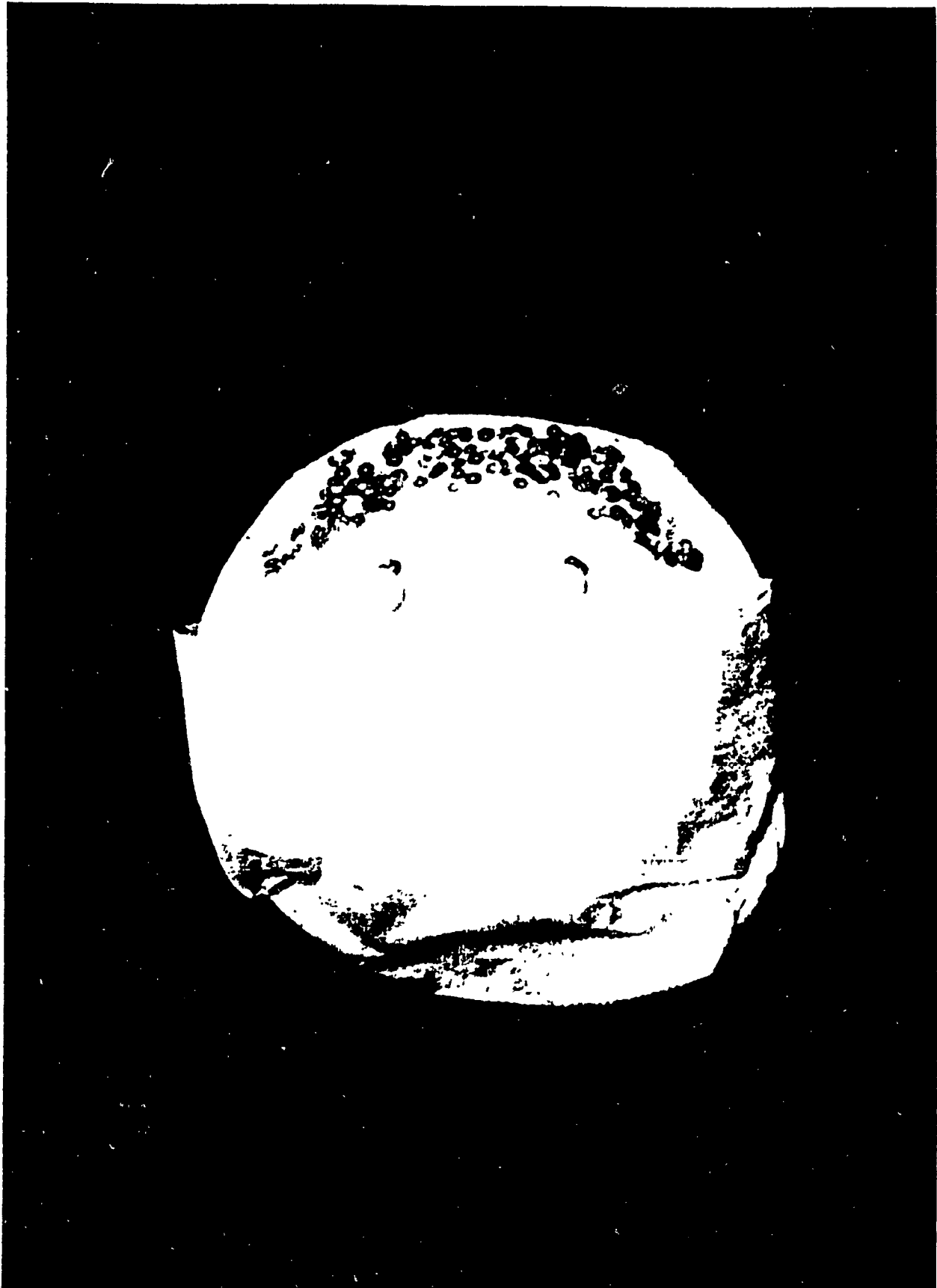
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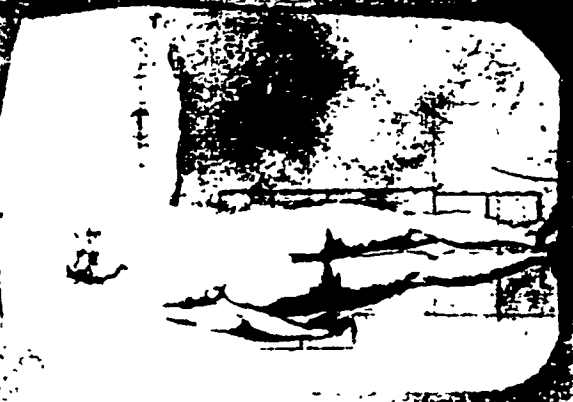
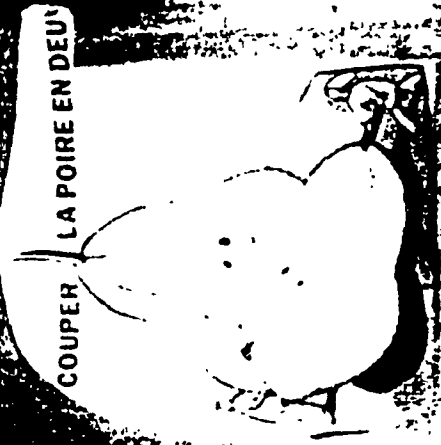
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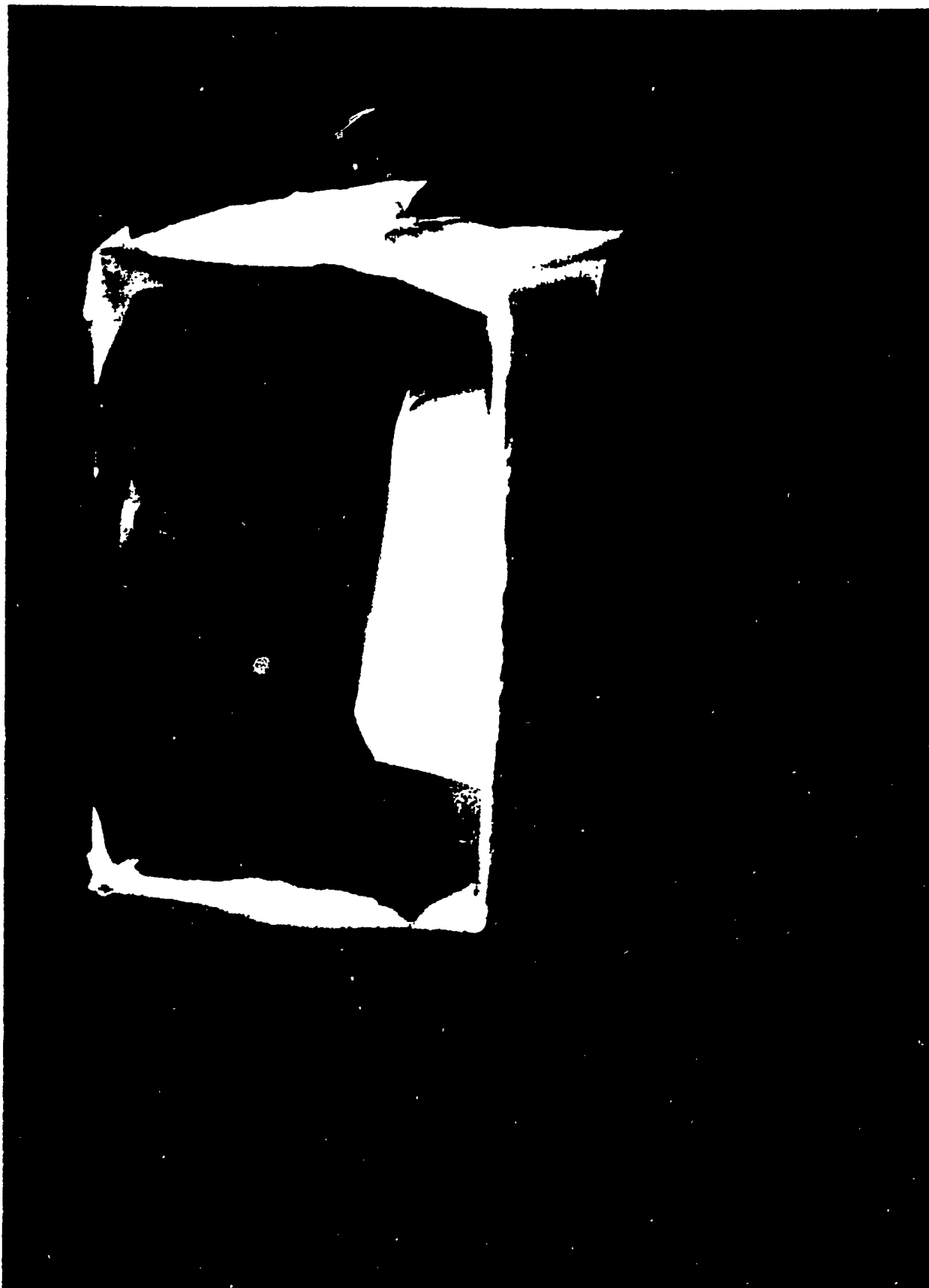
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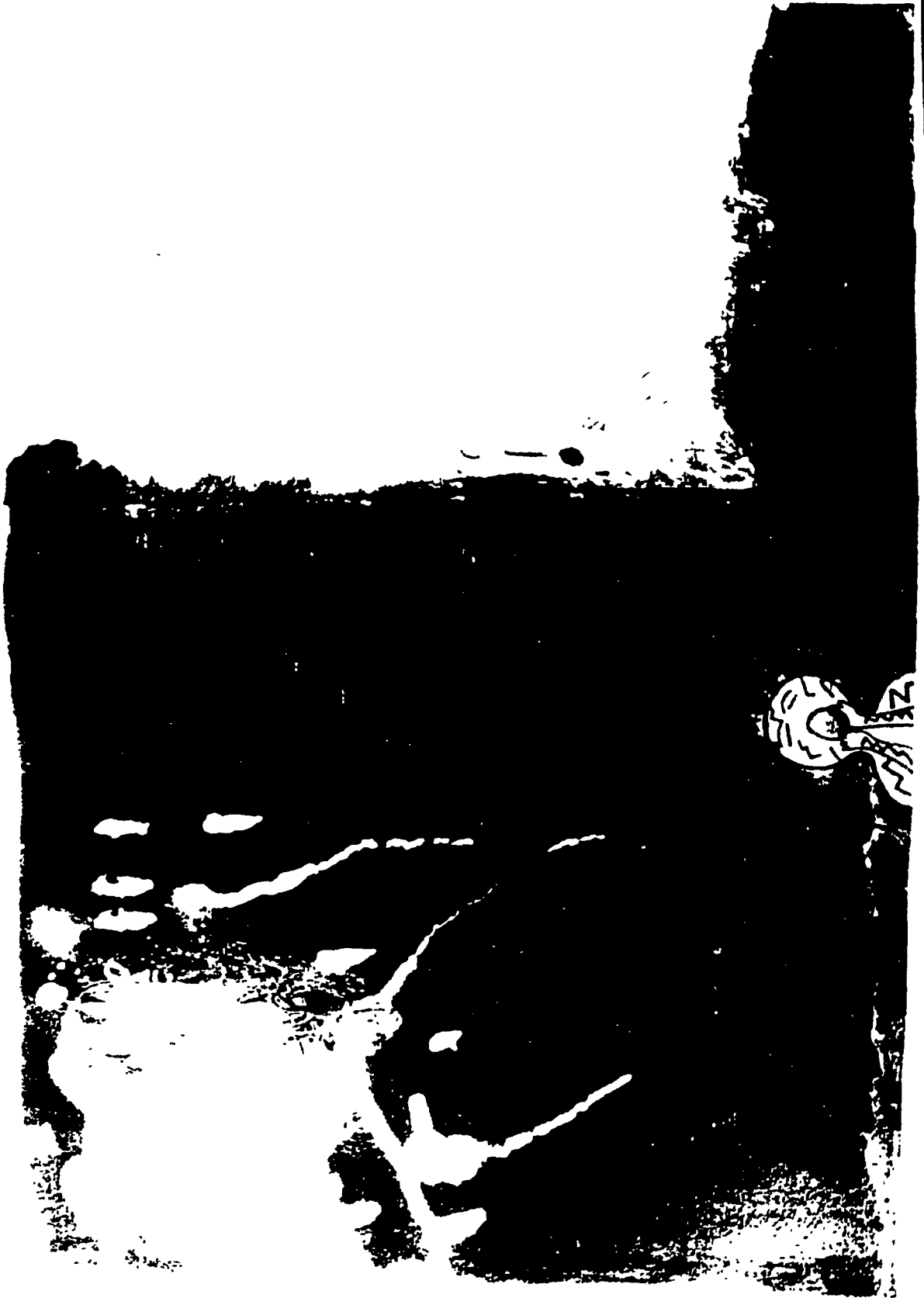


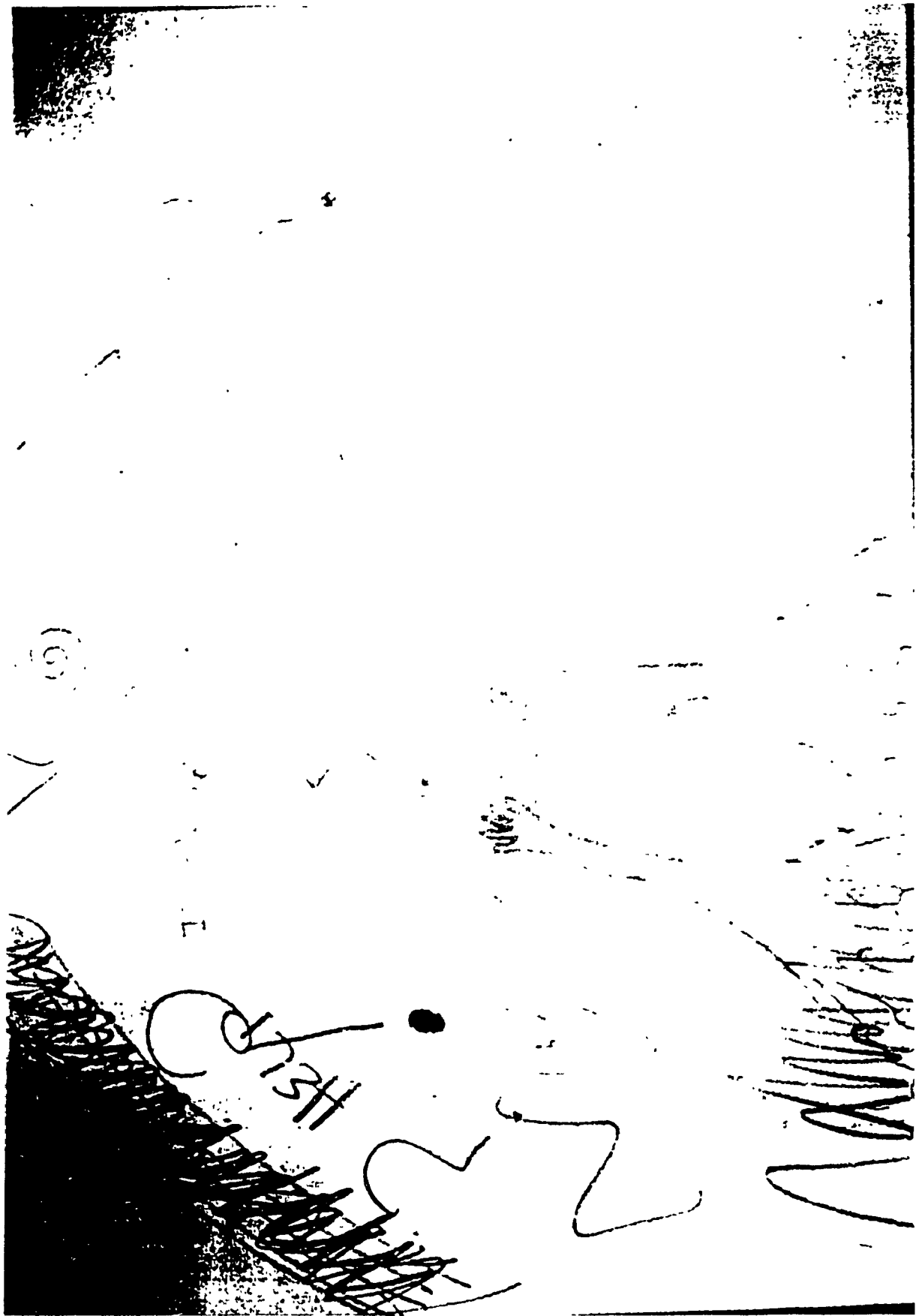


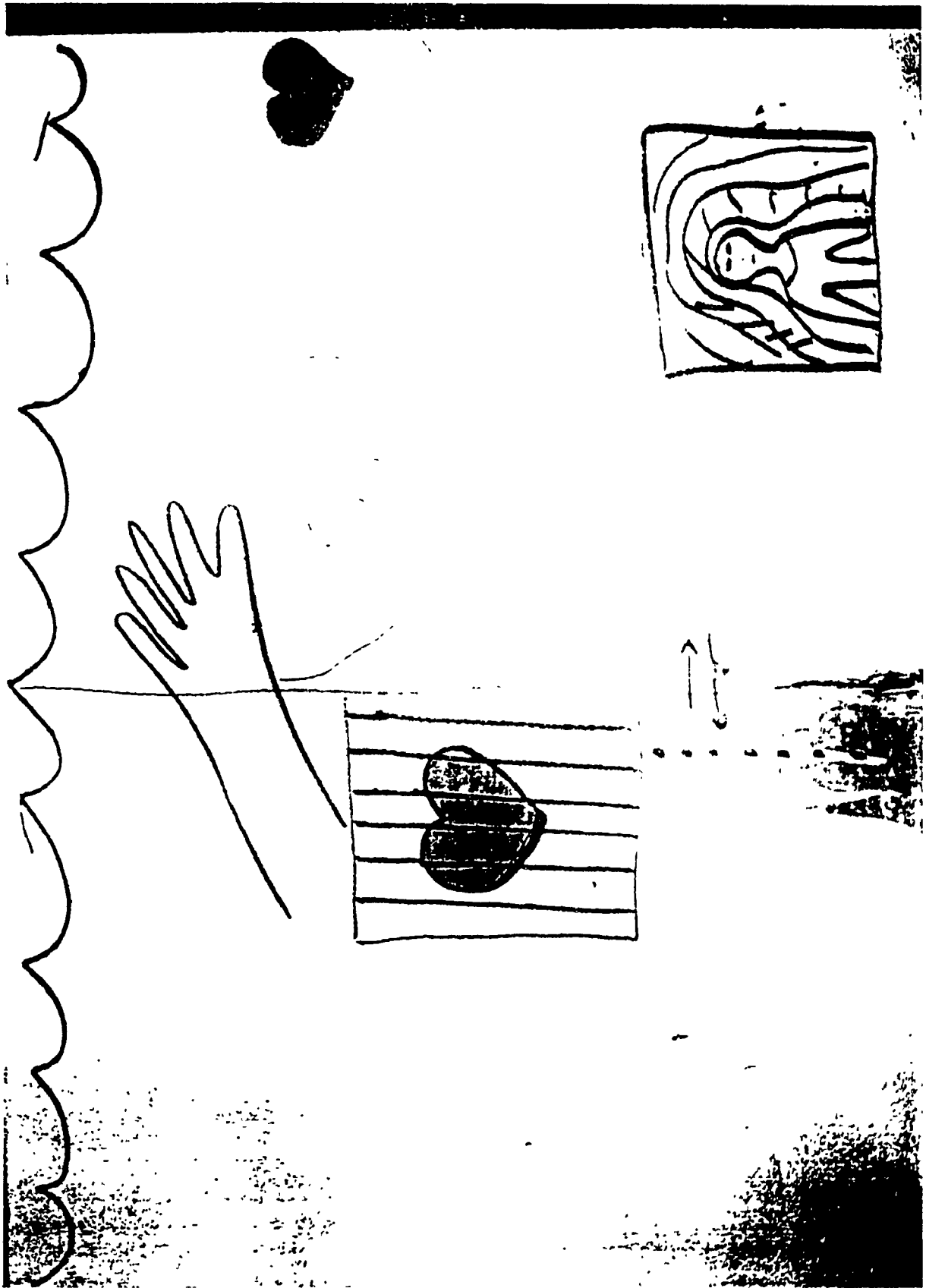












AUTHORIZATION FORM

I, the undersigned _____, authorize Bonnie Harnden, an art therapy student interning at the Douglas Hospital to take photographs of art work produced during art therapy sessions, and to take tape-recordings of sessions (which will be destroyed shortly after sessions). The photographs and tape recordings will be used for educational and supervisory purposes. I understand that confidentiality will be maintained and no reference will be made to my identity. I also authorize Bonnie Harnden to discuss the process and content of the art and drama therapy group I participated in her thesis or publications knowing that my confidentiality will be fully maintained.

I reserve the right to withdraw my consent at a future date.

Witness

Date

Signature of
person authorized
to sign

Date