Taking Focus: A Case Study of Photography Used in an Art
Therapy Group for Adolescent Girls Diagnosed with Anorexia
Nervosa.

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ABSTRACT

Taking Focus: A Case Study of Photography Used in an Art
Therapy Group for Adolescent Girls Diagnosed with Anorexia
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The following descriptive case study explores the use
of photography in an art therapy group with adolescent
girls diagnosed with anorexia nervosa. The ten-session
group occurred over a five-week period as part of a
treatment plan at a Canadian metropolitan children's
hospital. The efficacy of introducing photography as a
creative tool into an art therapy group with this
adolescent population, ages 12-17, is discussed through
case descriptions, artwork and self-reports. How the
photograph in art therapy enables communication of themes
regarding identity, self-esteem, self-reflection and
emotional expression is developed. Conclusions and
recommendations for future groups and research are made.

Acknowledgments

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Chapter 1

Introduction

The purpose of this paper is to explore the use of photography with adolescent girls diagnosed with anorexia nervosa within the context of an art therapy group. As the number of patients diagnosed with anorexia nervosa increases, it becomes crucial to develop efficient and effective outpatient therapeutic interventions. Using an exploratory case study format, this study is based on a ten-session art therapy group that occurred as part of a treatment plan at an adolescent medicine clinic during my practicum. The qualitative data is composed of a combination of descriptions of the sessions, art works and self-reports. This study addresses themes of group dynamics within an anorexic population, the use of photography within art therapy with adolescents, and the efficacy of art therapy in a treatment milieu. This research also examines the efficacy of photography to express identity, experience, and underlying conflicts and emotions.

The length of my relationship with the group is limited by the duration of my practicum and therefore not necessarily the ideal length of time necessary for therapy. As I am part of a clinical team at a hospital, I am working

within the context of a medical model, which poses limitations of my perspective of the participants.

In working with this population I am operating under several assumptions. First, the influence of the media, social pressures and family dynamics, exploit and compromise the identity formation of adolescents. That art therapy, specifically the use of photography, is an efficient method for expression of underlying emotions and will foster positive change with adolescents diagnosed with anorexia nervosa. And finally, that anorexia nervosa is a dysfunctional coping mechanism for latent emotional conflict and that new constructive coping mechanisms can be developed.

This project is relevant to the mental health field and to the creative arts therapies, due to the steady increase in cases of adolescents with eating disorders and the increasing demands for the creation of a variety of effective methods of treatment. It is innovative in accessing affect that is both verbal and non-verbal, which is different from other psychotherapies. The group art therapy approach is an economical method as it involves several adolescents simultaneously in short term therapy compared to multiple individual sessions over a longer time period. It is hoped that this work can be applied to future

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groups within this population in a variety of settings, and
that it will increase the utilization of the creative arts
therapies on treatment teams.

Adolescent girls diagnosed with anorexia nervosa often
become isolated from their peers. There is also a
significant co-morbidity with issues of depression, low
self-esteem and anxiety that coincides with anorexia
nervosa (DSM-IV, 1994). Creating structured group
interaction enables these issues to be addressed through
creative expression and discussion with these highly
resistant youth.

Adolescence is a crucial stage of identity formation
(Erikson, 1968; Moon, 1998) and this population is at risk
of their developing sense of self enmeshing with the
illness of anorexia nervosa. The group interaction expands
self-exploration through self-reflection and recognizing
similar struggles in each other.

Stance

My stance as a researcher and therapist is based on
humanistic and person-centered approaches to art therapy.
Humanistic art therapy focuses on developing one's ability
for meaning-making and building identity through a creative
lifestyle (Garai, 2001). May (1976) believes that we
express our being through the act of creating (p. 8).

Rogers (1993) parallels this thought by stating, "we express inner feelings by creating outer forms" (p. 2).

Within Humanistic art therapy a person is viewed holistically as an autonomous being (Garai, 2001; Rogers, 2001) and their identity is not defined by their struggle or illness. Natalie Rogers bases her person-centered expressive arts therapy on her father's, Carl Rogers, client-centered theory. Natalie Rogers (2001) writes that client-centered therapy is grounded in the belief that each individual has "worth, the capacity of self-direction and an inherent impulse toward growth" (p. 164).

I am also influenced by May's (1953) description of the human condition. He states that a human being must be growing toward something, or else becomes filled with a sense of emptiness in which one's potentials turn into destructive behaviors. May describes emptiness as a sense of one's "powerlessness to do anything effective about their lives or the world they live in" (p. 24). In contrast to emptiness, May believes that freedom is found when someone plays an active part in their own development (p. 160). In relation to anorexia, healing can be found when the patient is actively involved in her own treatment and development of a meaningful expression of self.

In a person-centered approach, Rogers (1993) emphasizes the importance of the empathetic, open, honest, congruent and caring therapist who genuinely hears "the depth of the emotional pain" and respects " the individual's ability to find her own answer" (p. 4).

As an art therapist I view the disease of anorexia nervosa as an outer expression of unresolved inner feelings in a patient. Part of my goal in the group art therapy treatment is to focus on an alternate outward expression of inner feelings. Art becomes a constructive tool of expression, rather than the destructive expression of starvation.

Confidentiality

To ensure the confidentiality and anonymity of the clients all names and descriptive identifiers have been altered. Reproductions of individual's artworks have also been changed to protect identity.

Consent forms were signed in order to use all artwork, medical chart notes and experiences of group sessions.

Chapter 2

Review of Current Literature

The number of diagnosed cases of anorexia nervosa in adolescent girls is steadily increasing, escalating the demand for effective clinical treatment options. I will discuss the four main areas of literature pertaining to this project including: definitions and the aetiology of anorexia nervosa, adolescent identity formation, group work with adolescents and the use of photography in treatment.

The current clinical definition of anorexia nervosa in the DSM-IV (1994) states that anorexia nervosa is a mental illness characterized by extreme self-imposed weight loss, an intense fear of gaining weight, body distortion and amenorrhea. Individuals with anorexia nervosa may also experience depression, anxiety and obsessive traits (DSM-IV, p. 541). The majority of cases of anorexia nervosa occur in females, between 13 and 18 years of age, and are "often associated with a stressful life event" (DSM-IV, p. 543).

The aetiology of anorexia nervosa includes a combination of family dynamics, physiological, psychological and social factors (Brumberg, 1988 & 2000; Dokter, 1995; Garner & Garfinkel, 1985; Messman, 1997;

Steiger & Stotland, 1995), necessitating a multi-dimensional diagnosis.

O'Hagan (2003) considers anorexia nervosa to be a "coping strategy" enlisted when faced with difficult life situations that are perceived to "render you powerless". In order to cope, one seeks power and control somewhere else to find a sense of relief. "Powerlessness undermines your self-worth, self-identity and self-confidence" (O'Hagan, ¶ 1). The patient with anorexia then holds her insecurities of self in her body (Garrett, 1998).

Makin (2000) focuses on anorexia nervosa as a "psychological disturbance involving feelings of poor self-esteem, helplessness and ineffectiveness" (p. 24) therefore the anorexic behaviors allow the patient a "sense of being in control" (p. 25). Whereas Dokter (1995) suggests that difficulty with food consumption may be a symptom of underlying emotion and conflict, therefore successful treatment requires a "consistent experience of being listened to" (p. 15).

Garrett (1998) criticizes the contemporary definition of anorexia nervosa concluding that it "fails to cover a range of experience encompassed by self-starving behaviour" (p. 48). She suggests a focus on recovery and not one based on aetiology. Recovery is encouraged through the search for

autonomy, experiencing self as a whole, trust in self and finding connection with others (Garner & Garfinkel, 1985; Garrett, 1998). Dokter (1995) suggests incorporating the use of art therapy as a symbolic tool to enhance communication and to embody experience. Art-making also affords the opportunity for a patient to exert control over the art media, which in turn may become an alternative to the exertion of control over the body (Fleming, 1989; Mitchell, 1980). In summary, anorexia nervosa is a complex biopsychosocial illness that is understood as a coping strategy, related to poor self-esteem, a need for control and a reaction to unresolved emotional conflict.

Since the majority of cases of anorexia have an onset age between 13 and 18 years old, it is important to understand the key themes in adolescent development. The main challenge during adolescence is the development of identity (Erikson, 1968; Rogers, 1969; Moon, 1998) and developing a sense of self by differentiating from others. Identity and a sense of individuality can be said to be an understanding of one's thoughts, feelings and autonomy. May (1953) defines the self as "the organizing function within the individual and the function by means of which one human being can relate to another" (p. 91). One's sense of self

is determined by one's relationship to others and their environment.

Adolescence is a time of "exaggerated independence" (Mishne, 1986, p. 16) and emotional, physical and sexual growth, self-awareness, narcissism, exploration, flux and intense idealism. Mishne establishes that the search for new attachments, new interests, new self-perceptions, and trying on new roles, can be isolating, lonely and involve depressed moods.

Pipher (1994) focuses specifically on the needs and pressures of adolescent girls in this stage of identity formation. She includes that physical and psychological safety, love and friendship, opportunities for growth, useful skills and stress coping mechanisms are essential factors for adolescent girls' healthy development of self. Orbach (1978) emphasizes that female identity formation is reliant on an individual's connection with others, meeting other's needs and denying themselves. The result, therefore is an under development of their own identity, in which the "authentic self is not autonomous but connected" (Garrett, 1998, p. 53) producing insecurity and a "shaky sense of self" (Dokter, 1995, p. 13). Size and shape become a notion of self-worth and identity, splitting the connection

between body and self, thus the patient with anorexia nervosa "speaks with her body" (Dokter, p. 13).

During my practicum at the hospital, the need for facilitated positive peer interaction with this population was observed by the clinical team. Yalom (1995) stresses the human need for socialization, contact and interaction with others for survival and "pursuit of satisfaction" (p. 21). The establishment of an art therapy group would create an interpersonal process (Riley, 2001; Yalom, 1995) providing an opportunity for self-exploration and personal growth. Using the "here and now" (Riley; Yalom) approach to group therapy and including the art-making process, creates a tangible form of communication (Riley) in a therapeutic setting and fosters a "source of hope" (Yalom, p. 5). Makin (2000) states that group art therapy fosters "positive communication and congenial relationships" which can lead to the expression of emotions and the "sharing of experiences" (p. 40).

Makin (2000) emphasizes the prevalence and importance for group work in treatment settings for patients diagnosed with anorexia. Her own experiences of facilitating art therapy groups with this population have been positive (p. 156). By contrast, Schaverien (1995) believes that group work with this population could indeed cause patients to

react with insincere portrayals of self and therefore stresses individual sessions.

The use of photography is an integral part of the art-making process within this study. Weiser's (1999) established Phototherapy techniques are highly informative with regard to the utilization of photography as a therapeutic tool. Weiser describes photography as an art form that is "dependent on an internalized external subject" (p. 10) whereas the art therapy process focuses on externalizing an internal subject. Using the photograph within the art therapy milieu allows for the art-maker to examine her internalized perceptions from an external view-point. The photograph becomes a tool that enables the participant to metaphorically and literally include their own image within their artwork. "Photographs have the power to capture and express ideas in a symbolic form" and convey personal metaphor (Weiser, p. 6). The symbolizing process is described by Krauss and Fryrear (1983) as the act of placing objects into a context and endowing them with "deeper and/or broader meaning" (p. 47). This process enriches the symbolic language of the participant and provides an alternative coping mechanism for the patient diagnosed with anorexia nervosa.

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Krauss and Fryrear (1983) summarize the use of

photography in psychotherapy in eleven broad categories:

> the evocation of emotional stress, the
> elicitation of verbal behavior, modeling, mastery
> of skill, facilitation of socialization,
> creativity/expression, diagnostic adjunct to
> verbal therapies, a form of nonverbal
> communication between client and therapist,
> documentation of change, prolongation of certain
> experiences and self-confrontation. (p. 4)

Weiser (1988) would have us also consider the "awareness of

one's system of personal symbology and metaphors,

establishing one's place within one's family system, study

of archetypes and awareness of cultural and historical

roots" (p. 349). Krauss and Fryrear, (1983) emphasize the

promotion of the photo in therapy as a tool that enhances

self-discovery, awareness and personal growth that in turn

strengthens an individual's self-esteem. Yalom (1995)

refers to self-esteem as one's own assessment of their

value or worth based upon perceived "attitudes of others

towards oneself" (p. 57). Smith, as quoted in Krauss and

Fryrear, concludes that using photography in a therapeutic

context with youth promotes "self-determination, affirming

identity and creating a better self-image" (p. 7).

Hattersley, found in Krauss and Fryrear, simply states, "in

creating things, we also create ourselves" (p. 10).

Hunsberger (1984) reports studies in which using photography has shown to increase self-esteem through improved problem solving, decision-making and leadership skills. Weiser (1988) reinforces that "nonverbal concepts and communications are best worked through using nonverbal tools" (p. 345). The photograph becomes a frame in which to explore non-verbal themes, developing one's ability for self-reflection and personal growth, in turn increasing self-esteem.

There are numerous writings on the use of photography in therapeutic settings with a variety of populations, using multiple techniques. For the purpose of this paper, my focus is using photography as a projective and reflective catalyst to explore personal meaning and emotions within a therapeutic context.

The current literature includes multiple perspectives on the aetiology of anorexia nervosa and the methods of treatment, however, there is little found literature that specifically focuses on the clinical use of photography in an art therapy group setting with adolescent girls with anorexia.

Chapter 3

The Art Therapy Group

The following experience is based upon a group that took place as part of an adolescent treatment program at a metropolitan children's teaching hospital. The ten session group was one part of the treatment experience designed in consultation with the adolescent medicine team. The team was comprised of doctors, psychiatrists, social workers, psychologists, an art therapist, a dietician, residents, and interns. Having such a diverse team in adolescent medicine offered a unique learning environment and a holistic perspective of a patient. My role as an art therapy intern, in partial fulfillment of my practicum, included individual as well as group sessions with clients' under the supervision of the senior art therapist and the rest of the team.

The previous eight months of working with the team and the patients at the hospital, had inspired me to continue group work with this population. All patients were referred by their doctors based on the perceived need for further treatment and the patient's willingness to participate. When constructing the group, patients at different stages of recovery were included in order to facilitate growth and change through sharing a variety of perspectives.

The group constellation included five participants,
ages 12 to 17 that were both out- and in-patients. The
group met for ten, one and a half hour sessions over a
five-week period and was an addition to the treatment plan
of each patient. Before the sessions begun I met with each
patient individually to discuss the process of the sessions
and answer any questions. Although I had been at the
hospital for eight months prior, none of the group
participants had past individual art therapy experience
with me, although some of them were familiar with art
therapy.

The Goals of the Group

When endeavoring in any task it is important to set
goals. Yalom (1995) emphasizes the importance of setting
achievable goals for the therapy group and collaborating
with the group participants in shaping these goals (p.
452).

The goals and structure of this group were created in
three steps. First, I began in discussion with the
therapeutic team gathering their views and recommendations
for the group. Secondly, based on team referrals, I briefly
interviewed potential group participants. At this point I
created both primary therapeutic and research goals to base

the group framework upon. Finally, once the group had been formed, we discussed the goals of group therapy together and created a group contract of guidelines that we felt were necessary to ensure psychological and physical safety for group process.

The goals of the art therapy group were multi-dimensional and included:

A) To create an emotional, psychological and physical safe environment in which emotions and experience could be openly expressed.

B) To offer new coping strategies that were healthful, effective and that foster self-empowerment, growth and healing.

C) To offer opportunity for patients to take a more active role in their own treatment.

D) To create integration of expression and experience within the hospital treatment.

E) To research usefulness and necessity of group interaction in art therapy for adolescent girls diagnosed with anorexia nervosa being treated in a hospital setting.

F) To research the efficacy of photography with this population in an art therapy group as part of treatment.

Chapter 4

The Photography Project

The photograph has become a symbol of reality and is a concrete, tangible object that we can easily project personal meaning and emotional response upon. Wieser (1988) describes a photo as a "symbol of actuality" (p. 346) that is a form of both art and communication. "We don't see, we perceive" (Beloff, 1985, p. 17) and in general, photographs are perceived symbols and metaphors or reality. Krauss and Fryrear (1983) define reality as being created by our perceptions and our "physiological, socialized and individual experience on the world" (p. 46). Wieser explains that we nonverbally interact with photos and create meaning through "personal and cultural filters" (p. 353).

The photographic medium plays with the idea of control and loss of control. One controls the camera by making choices of what, when, who and how to capture an image. On the other hand, the mechanics of the camera determine the final results. There is an element of surprise when looking at the final image as it appears different then the perceived idea of the image trying to be captured. Makin (2000) writes that patients diagnosed with anorexia tend to use art media that they can dominate or 'control', like the

pencil. Would the use of the camera and photographic circumvent this usual art making pattern?

Photographs become a "potent source of feedback" (Krauss & Fryrear, 1983, p. 91) that can be both negative and positive, but ultimately open and expand our perceptions of ourselves and our environments.

When considering introducing the photograph into therapy, I was conscious of both the potential benefits and perceived risks with this population. Looking at a photograph is like looking into a mirror; it is an indirect image of self. When girls diagnosed with anorexia look into a mirror, a distorted image of their physical self deteriorates self-worth. Would using photos and self-portraiture in therapy have a similar effect and re-enforce negative attitudes? Weiser (1988) writes that when one's perception of self is distorted it becomes "very hard to receive positive feedback" (p. 368), however it is this reaction to the photo that is necessary "in order to produce real change" (p. 362).

The self-portrait allows one to look at herself from an externalized subject instead of internalized perception, self-reflect, and then integrate new perceptions. Weiser (1999) writes that self-portraiture enables "self-empowerment and freedom to create ourselves" (p. 19)

without limitations and expectations of others. It allows one to explore possibilities of identity. She goes on to explain that self-confrontation can be threatening when an externalized image of self, conflicts with an internalized idealized self. It is then the task of both the client and therapist to explore this confrontation in order to foster a deeper, stronger sense of self-knowledge.

Although the girls created a variety of art works, the specific art project introduced to this group included photography. Each girl was provided with a disposable camera and was asked to take the camera with her throughout the upcoming week to photograph her world. More specifically, they were asked to represent how they saw the world around themselves. They were asked to include themselves in an image of self-portraiture, however they chose to do so. The main guideline was that the photos must be taken by themselves and not by others, unless they directed them to take a specific picture. The intention of this project was to use a medium that was both familiar to them, controlled by them, and directly invited their perspectives into the therapy session through images. The photographic images would be later used in an art project of their choice.

Using the photographic medium and self-portraiture projects would be an accessible, projective tool for exploration of perceptions of self and personal experience within a concrete framework and therefore would support reflective and emotional response.

Chapter 5

The Sessions

The structure of each session was consistent in order to establish routine. We began with a check-in: a moment for each person to share how she was feeling. This time was taken to allow everyone to arrive and transition into the space. The next hour was used for art creation. As our time was limited to ten sessions I included both directed and non-directed art activities. The last half hour of the session was reserved for group discussion and/or sharing of artwork.

My role as therapist/researcher was to facilitate and maintain the session framework by providing a safe place for exploration, ask open-ended questions to spark dialogue and to observe emotions and behaviors.

All artwork created in the sessions was stored at the hospital until the completion of the sessions at which point the participants had the option to take their art work home with them or continue to keep it at the hospital.

The following is an outline of the sessions, what occurred and my observations during sessions. I elaborate on the therapeutic process in the profiles of each participant.

1st Session

   The goals of the first session were to introduce each

participant to the group and establish a sense of the art

therapy process. Each participant was asked to create a

piece of artwork that introduced themselves to the group. A

variety of art materials were provided.

   The group as a whole was very quiet and little

interaction occurred. Everyone focused on her own art

creations and avoided eye contact. I was unsure if their

behavior was just a reaction to being in a new situation or

if they were angry and resentful for being in the group as

well.

2nd Session

   For our second session I began with a check-in and

then asked the girls to create a group contract outlining

the guidelines of the group. With encouragement they

brainstormed and decided on the following 8 points to

include on the contract, which in turn they all signed.

As a group we agree to:

          Be confidential
          Try to not compare ourselves to others
          Be non-judgmental towards ourselves and others
          Be respectful to ourselves and others
          Use appropriate swearing
          Use the 'right to pass' (option to not share)
          Encourage others
          To not compare our weights

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These guidelines were meant to include the girls in the structuring of the group, give them a sense of ownership and begin establishing group cohesiveness. They were only guidelines to help create structure and by no means were used as discipline when not followed.

It was in the second session that I introduced the photography assignment. The group would later bring back their cameras for developing in the fourth session and we began work with the photos by our fifth session.

The group participated in the contract building project with encouragement from me. When I asked direct questions there was little hesitation to participate but open ended question or encouragement of discussion was met with silence.

3rd Session

For the third session each person was to create a portfolio for safe storage of her work. Everyone was supplied with a large folder and felts, oil pastels, crayons, magazine images, glue and scissors, with which to decorate the outside with. The only thing I asked them to specifically include was their name. I felt that this activity gave them enough structure with which to begin

creating as well as allowing them space to create as much or as little as they wanted.

Everyone was quite reserved and quiet, but engaged easily in making their portfolios. The art-making allowed them a safe entrance into the group process but also enabled them to avoid discussion and interaction with each other. The session ended with some sharing of the portfolios and introducing themselves to the group.

4Th Session

The challenge this session was to create a group mural. I gave them 15 minutes in which to talk to each other, brainstorm a theme, plan the image and decide how they were going to communicate without using words. The next 45 minutes were to be spent in silence, absolutely no talking, while creating their image together as a group, filling up all the space. As they were resistant to talking in earlier sessions, the imposed silence was to see if they would rebel and begin more discussion.

I had asked them to pick a different place to sit than usual. Interestingly, the middle seat seemed to be that of the 'leader' and a new leader emerged. Changing the room formation changed the group dynamics.

There were a few giggles and protests at not talking and I wondered if they would defiantly begin talking.

It started slowly as they all looked to me for direction. I left it with them, observing the 'new' group leader assert herself. Once they were close to being done, they began to talk again. They had left the common space on the mural mostly blank, at this point I encouraged them to keep creating together. Again, with hesitation they did manage to fill the entire mural space as a group.

In Makin's (2000) experience with the anorexic population, generally they are afraid of making messes therefore combining their artwork in a group project is challenging and difficult (p. 164).

When it was done we put the mural up on the wall and stepped back to look at it. They were both surprised and proud of their final product and it was full of life and energy. There wasn't much discussion, other then me asking questions, but a little more reflection and group interaction occurred.

As control is generally an issue with this population I felt that the silence may have been a way of 'acting-out' their anger at me controlling the group and testing to see if they could gain control through lack of verbal participation. My role as a therapist is not to control the

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group but rather contain the group within a safe framework in which to express emotionally. At this point in the process I tried to re-establish that they were in charge of the group direction.

I also had to reflect on my own agenda. As a researcher I was feeling pressure for group cohesion to solidify, facilitating further emotional expression. Simultaneously, as a therapist I felt the emphasis was to foster bonding, remembering that establishing group cohesiveness involves establishing trust, a challenge for this peer group.

5th Session

During this session I introduced the photographs into the artwork. Photos could be used to create a personal collage in whichever way they chose. Collage refers to the art form of cutting, pasting and combining different images and materials. Collage is a popular method of art creation in art therapy sessions with adolescents as it is a familiar, accessible way of communicating an idea. In contemporary culture we are inundated with images from television, video games, the internet, billboards, magazines, etc… We naturally collage these images and bits of information together in attempts to create integration

and ascribe meaning. Collage becomes a "highly volatile super-language" (LaTourelle, 2003, p. 6) that we employ to communicate our complex experiences of daily living. Makin (2000) explains that patients with anorexia may be "fearful of having to make a perfect product" (p. 9), therefore, using collage, offers a less-threatening, more familiar form of art creation.

Only three participants were present and they all worked quietly and intensely on their projects. I used this opportunity to have individual discussions with each of them as the session progressed. There was very little group discussion at the end.

6th Session

Everyone worked on photo projects at the beginning of the session but then other art projects emerged and I let the girls work on what they felt they needed to. It was my desire for them to work with the photos, in order to determine if it was an effective medium. However, to be an effective therapist, I followed the needs of the patient, which meant possibly letting go of the imposed photo project.

An interesting phenomenon occurred in this session. Throughout the session the group as a whole kept asking me

to get more and more supplies for them. I made many trips out of the room to the supply room. All the girls concentrated on their artwork and there was no discussion and very little interaction except the two girls who were painting. I am unsure if they talked to each other while I was out of the room.

I wondered if this method of asking me to continuously get them supplies was a way to test my ability to unconditionally provide attention and contain their needs. This session seemed important as I believe it established a stronger sense of trust in the group and may have confirmed their sense of agency.

There was a shift at the end of the session when they had a discussion and reflected on how they felt. As usual, I asked open-ended questions to spark dialogue. The theme of turning emotions back on the body emerged and was briefly discussed, until they all got very quiet. It felt like there was a large weight in the room and a common fear of mentioning anorexia. We sat with the silence for a while and then I asked if anorexia was about turning emotions back on to the body. The response was a deeper silence and we sat in the silence until the session was over. I left the session unsure if I had pushed too hard in the discussion or if more interpretation was needed.

7th Session

Only three girls were present this session. I wondered if the discussion in the previous session, when I mentioned anorexia, had scared the other two patients away. One was in deep denial of her diagnosis and mentioning it may have been too much for her. When I phoned home to encourage her to return, she responded sweetly that she'd surely be at the next session. I also wondered about the other patient and her absence, as she was an in-patient. I later found out that she had missed the session as she was out on a pass for a religious holiday.

As the two most silent participants weren't present this session, the group dynamic was drastically changed.

The three girls present chose to continue work on their photo projects and individual art works. They openly interacted the entire session. They discussed themes of violence, friends, the word 'bitch', anorexia, victimization, boys, anger and fear. I was a little shocked after six sessions of almost total silence that all of a sudden, not just discussion occurred but discussion of almost every important adolescent theme!

As the conversation transpired they were also engaged in their art creations. I brought up the theme of the

silence in the sessions and what they thought and felt about it. They talked about how they experienced the silence as uncomfortable. No one was able to share what she thought the silence was about. I was curious to see if the silence would return when the other group members were present. Either it could be the group dynamic or the group could have reached a new level of group cohesion.

As a therapist I didn't want to push discussion or sharing in the group, but still felt it was an essential element to the process. Simultaneously I was confident that the art creation was therapeutic on it's own as they were all deeply engaged in self-expression.

8th Session

The same three girls were present this session, and continued to work on their photo projects and art works.

Again they were actively dialoging with each other about anorexia, their fears of negatively influencing each other and how it felt as if anorexia were part of their identity.

I followed up on the two absent girls and again was offered excuses. I felt that the discussion in the sixth session had discouraged them from coming and I wondered if they would come back on their own.

9th Session

Only two participants were present this session. The two present asked to work with clay and spent the whole session absorbed in clay and discussion.

Being our second last session I wondered if the others were avoiding possible emotional responses to ending. I later inquired into the absent three and found that the two in-patients were both out on passes. The third participant answered that she was interested in coming but hadn't shown up in three sessions.

10th Session

Everyone was present for our final session. Each participant selected their artworks that they were interested in sharing and then displayed them on the wall. As a group we spent time looking at each person's artwork and listening to what they wanted to share about their experience in the group. As it was our last session as a group, I asked each girl to fill out an evaluation, and then we said our goodbyes.

I was surprised that all five girls were present for the last session. In my experience, participants will sometimes be absent for final sessions in order to avoid

saying goodbye and experiencing any emotions associated with endings.

Everyone openly participated in the sharing process as they could choose how much or how little to share with the group. Putting all the work up on the wall gave a strong sense of each person's participation in the group and her accomplishment.

The three girls, who had attended the most sessions, were more emotionally invested in saying goodbye and reflecting on the art therapy process. The other two were more emotionally aloof.

The ten sessions can be summarized by two main themes: building group dynamic and emotional exploration.

The first 5 sessions included creating group structure, developing guidelines, building group cohesion and establishing a comfortable, safe space for emotional expression. All five participants easily engaged in the art-making process, demonstrating both their comfort in using the image as communication and their avoidance of verbal interaction with each other. Introducing the group mural gave them the opportunity to engage with each other on paper and began developing group cohesion.

A deeper level of trust was established in the last five sessions as the group dynamic changed and an increase

in dialogue took place. Three participants were consistently present and were able to verbally and visually explore themes of adolescence and anorexia. Everyone being present in the final session allowed for a strong review of the process and final closure. The following case illustrations further explore each individual's personal process within the group art therapy experience.

Chapter 6

Case Illustrations

Aani

At the time the group occurred, Aani was a 16 year old with a Muslim background. She was the youngest child of five siblings and was raised by her mother. Her three older sisters and one older brother were all in their 20's. Aani's parents separated when she was six years old and her father continued to reside in the Middle East and has little contact with his daughter. For the duration of the group Aani was an in-patient receiving treatment for physical complications related with anorexia nervosa. She had been in and out of the hospital several times in the last year.

Aani seemed interested in participating in the group and became a strong leader voice as the group progressed. During the first few sessions Aani seemed depressed but engaged in the artwork easily.

Aani's portfolio collage was rich in symbols of children and childhood related imagery. This was contrasted by images of teenage boys smoking and a male and female kissing. There seemed to be the distinct struggle to either grow up and mature, or try and maintain childhood. She talked very little about what the images or the words "this

is the time of your life" and "looking back at the gains you've made" meant for her, but the decisions that were important for her were clear.

During the group mural project, Aani initiated the process and actively engaged other group members in conversation. As they created the mural, Aani was aware of everybody and tried to make eye contact. She was the first one to venture beyond her personal art space into the common space on the mural. She also encouraged the rest of the group to participate. Aani was the first member to take a positive leadership role in the group.

When we began the photo projects, Aani seemed resistant and unenthusiastic to work with her photographic images. She chose three images to include in her photo collage and tucked the rest away. The images were of her house and bedroom, void of people but inclusive of material items meaningful to her (fig. 1). Being an inpatient at the time she had taken these photos while on a home visit. Aani said very little of the meaning of these three photos for her or her aversion to the rest of her photos. I imagine that these three photos were chosen for their emotional safety as they seemed neutral. The other photos, full of people and herself may have been too emotionally loaded or contained themes she was not ready to address. As she

worked with the photos she became visibly upset, stated
that she had had a really rough day and requested to do
something else. I suggested that she do art that would
express how she was feeling. She felt like painting big and
I suggested using paper on the wall. She was excited at
this aspect and began painting a large multi-layered
painted image. She allowed her whole body to get into the
process as she stood and energetically applied the paint.
Layer by layer she added more color. She began using a
paintbrush but near the end she used her hands and got even
deeper into the process. She titled the image "Anger" and
ripped holes in it (fig. 2). The image, thick with paint
and holes, barely held itself together but still maintained
structural integrity. After the process Aani explained how
she felt "really good" and that the painting had been a
release of emotion but chose not to explain what the anger
was about. Although Aani wasn't interested in working with
her photographs any further, the photos fostered proceeding
artworks and emotional exploration, as if they were the key
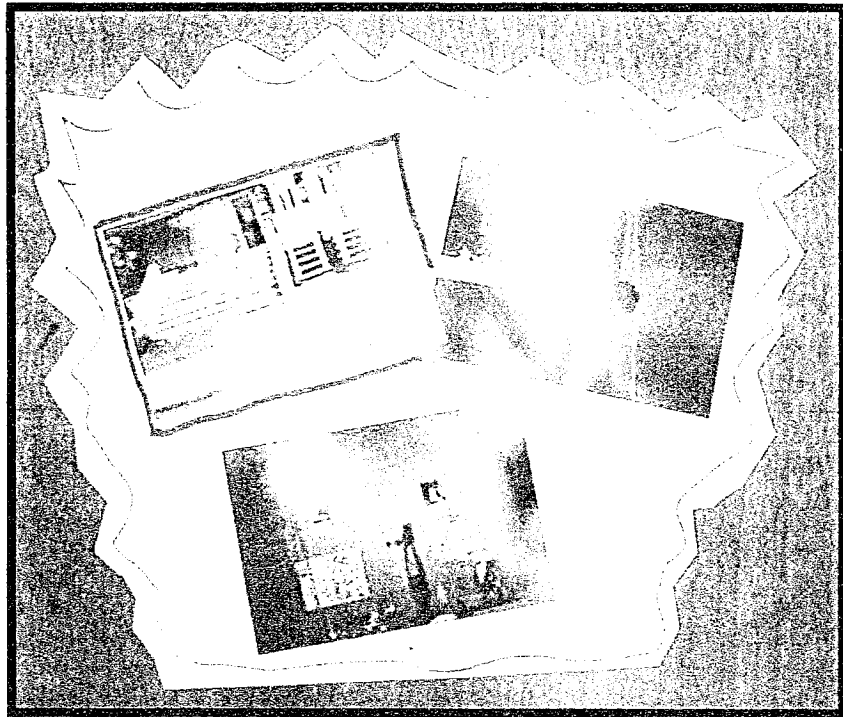that was needed to open the door.

Figure 1

Figure 2

During the last session Aani talked very little about her photo collage as she was excited and proud of her mural. She explained to the group how it had been both a release and realization of emotion and had led to further insight into her thoughts and feelings.

Aani maintained her role as a positive leader in the group, which was stronger when Tess, a silent participant, was absent. She was able to open up with the group and encourage others to do the same. Aani profoundly shared her constant struggle with anorexia, her genuine wish to recover and her fear of feeling her emotions. Her courage to be vulnerable in the art therapy group, through her artwork and discussion, inspired others to take risks as well.

Katie

Katie was the youngest in the group, being almost 13 years old. She was the only child in her family, was adopted, and was likely of Caucasian decent. Both her Mother and Father worked at home and the home environment had been described as stable. Katie was greatly affected by the recent death of her grandfather. When she came to the group she had just begun her treatment at the hospital and had no history of being admitted for anorexia. She attended

a private school and was one of three girls in her class.
Katie arrived in the group very soft spoken and quiet. She
seemed quite shy. I noticed right away that she looked
around often at the other group members and myself, even
when doing her artwork. I wondered if this behavior
indicated her insecurities toward a new situation and if
she was searching for reassurance.

For her first art project, Katie cut out her name from
magazine images, pasted them centrally on her portfolio,
then collaged other images around it. She chose many words;
'love, love potion, glowing, go for it, the ultimate', all
very positive and surrounded them in a rainbow of color. On
her portfolio Katie placed the word 'family' and 'love' in
large letters, which clearly became her central themes in
following sessions. In the beginning Katie was quiet and
spoke little. This changed dramatically by the 6th session.

While, Aani, another girl, was painting, Katie decided
she'd like to do a similar image. Using a big piece of
paper on the wall she layered paint and images on top of
each other. The two girls interacted while doing the art
and Katie seemed to follow Aani's lead. Katie started
painting with her hands right away. She would put the paint
right on her hands and then make handprints on her image.
Next she would smudge them out, layer more and smudge those

out (fig. 3). She titled her image "love hurts". Later I

found out that she had broken up with her boyfriend that

day.

I was struck at how painting in this method pulled

Katie directly into her body. She became playfully engaged

with both the paint on her hands and her own emotions. This

seemed to spark an emotional shift in Katie as she then

became much more invested and interactive with the group.

In Makin's (2000) experience with patients diagnosed with

anorexia, she found that art materials that are cleaner and

more controllable in nature seem to be most popular. She

explains that finger painting would be considered a

challenge to this population, however the lack of control

over messy mediums, like paint, can be a catalyst for

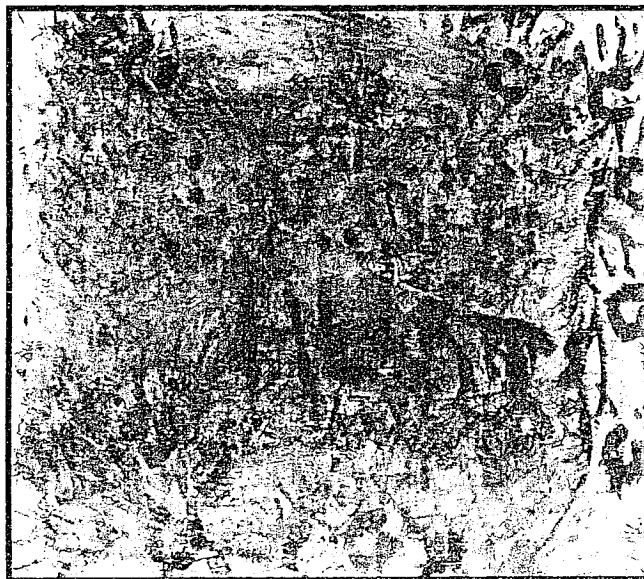emotions to unexpectedly emerge (p. 98).

Figure 3

Makin (2000) also writes that color is usually sparse at first and develops gradually in the artwork of this population (p.105). Throughout the duration of the group Katie's artwork had been full of brilliant colors and I wondered if this was a defense from stronger emotions. It was as if her work was saying 'I'm fine because I am bright and happy', but I wondered what was emotionally happening for her underneath the brilliantly colored surface.

For the next three sessions Katie was absorbed in working on her photo project while engaging with the other group members in discussion.

Katie's creation of a photo collage book addressed her relationships to her family members (fig. 4). As she sat creating she openly shared her thoughts and feelings regarding family, school and her perspective on anorexia. There was an interesting contradiction occurring as Katie created very positive, bright and happy images full of rainbows, idyllic scenes and bright colors as she spoke of her feelings of conflict and struggle.

Katie's photographs tell the story of her relationship to her family members and she is present in many of the images. I felt that her focus on family relationships was influenced by the recent loss of her grandfather and her need to maintain connection with other family members as

she processed her grief. As she had been recently diagnosed
with anorexia, I wondered if experiencing her grandfather's
death had been a trigger into some of the anorectic
behavior. Was it a way of finding control after
experiencing a profound sense of loss of control when
someone dies?
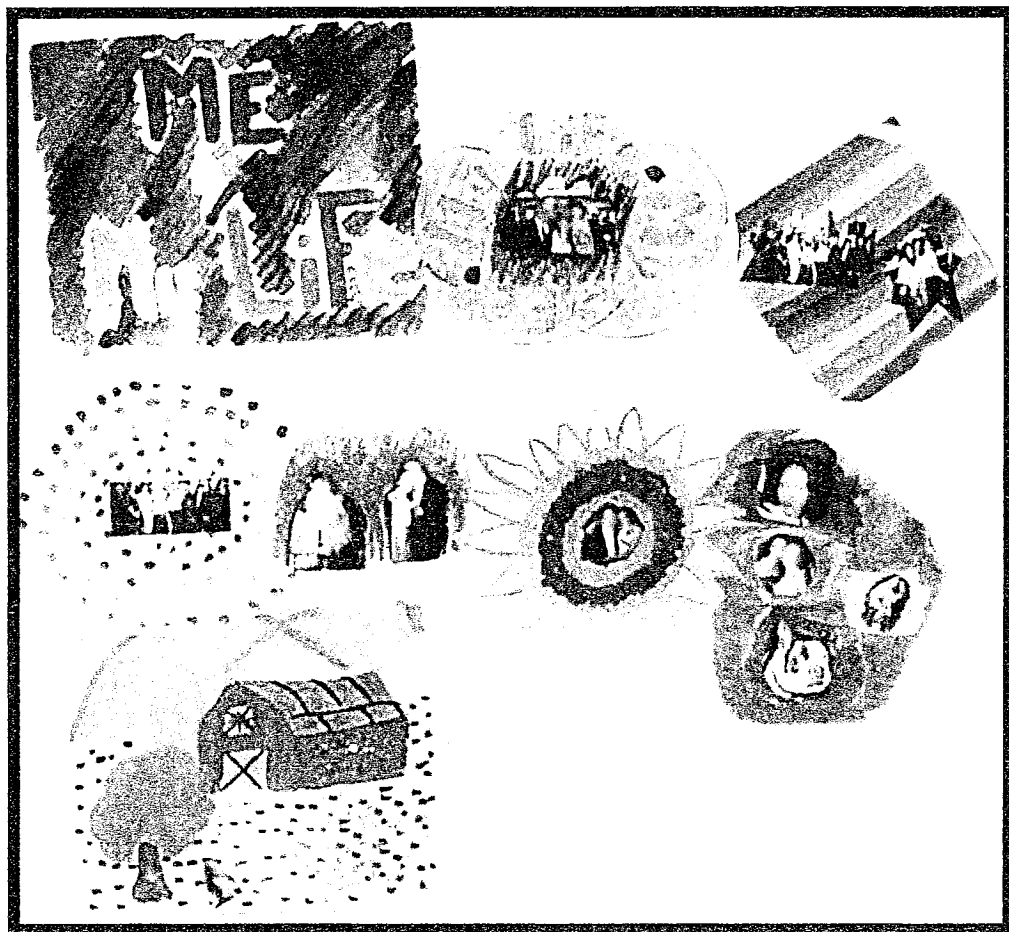
Figure 4
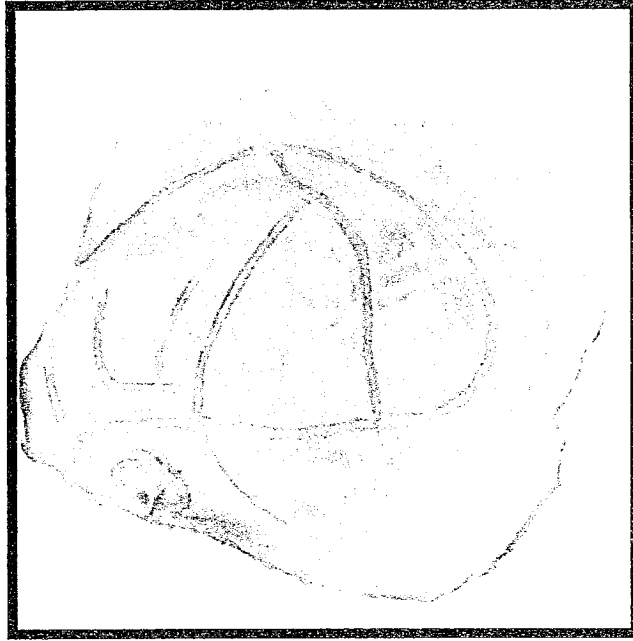
Figure 5

In our second last session only Katie and another were present. They both asked to work with clay. As they sat and experimented with the medium I asked them to pick a theme based on their conversation and use it for inspiration in their sculptures. They choose the concept of 'mixed emotions' to build from. Katie created a flat circular piece with intersecting lines that looked similar to a palm print (fig. 5). She had used her flat palm to create the sculpture creating a dynamic link to her paint mural. This seemed to be an important session for the two girls as they grappled with integrating different emotions.

Overall, Katie was literally and metaphorically present in her artworks. If anorexia was a method for Katie to communicate through her body, hopefully her artworks

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were a more creative way for her to communicate with her
body.

Katie actively connected to herself, her peers and
explored her presence and connection within her family.

Tess

Tess was the oldest in the group at 17. She lived with
her Caucasian Mother and younger brother. Tess had been
asked to attend the group by both her doctor and her
Mother, but clearly was resistant and resentful for being
there. Tess had been seen by the team for a few years and
was in denial about being diagnosed with anorexia nervosa
when she came to the group. Tess presented herself as very
'in control' of her interactions with people and her
physical appearance. She was well made up, fashionable and
always wore a smile on her face. Throughout the sessions
Tess was unable to share genuine emotions and participated
very little verbally, however, she became very involved in
her artwork and the art process. Behind Tess's façade she
seemed extremely angry and I will talk further on how this
anger manifested itself. Although Tess had no desire to be
there, I later found out that each session she would take
an hour bus ride each way to attend sessions at the
hospital. As there were no consequences for her not showing

up I found this to be an amazing indicator that on some level she did want to participate in sessions.

Tess was extremely silent in sessions unless asked a direct question, which she would answer abruptly. Her silent non-participation seemed to become her way of participating. I was struck how similar this was to the anorexic behavior of building identity through restricting. By restricting you become something else, you become an 'anorexic'. The paradox being, that you grow into being by limiting your growth.

Tess's silence took hold of the group and she became a strong silent leader. I felt challenged by this as I felt that my job was to facilitate dialogue in the group. I continued to ask open-ended questions until I became comfortable with the silence and let the group go where it needed to. I relaxed when I remembered to let the art hold the communication instead of the verbalizations. Although Tess was silent, she participated in the artwork with enthusiasm and put effort into attending the first six sessions.

Tess's portfolio, her first introduction of herself to the group, was an image of the letters of her name created with cut out words from magazines. The words she chose were, 'the best of friends, cracked soul, exercise, stray,

secrets, exposed, be strong, love you, and wild'. This told me a lot about Tess's tough exterior and the vulnerability she may have been feeling in not only participating in the group but her everyday experience.

When the group mural project was introduced, Tess contributed an idea that the group accepted. Each individual started in her own space by writing her name and then had to negotiate how to fill in the common space. Tess wrote her name bright, bold and colourful filling in the space with detail, but then found it difficult to contribute to the group space. This mirrored her participation in the group process, as Tess was comfortable engaging in the artwork but almost defiantly withdrew from group interaction.

During the 5th and 6th sessions, Tess focused on creating a book of her experiences at school from her photographs. Her end result became an expressive use of color and creativity.

I noticed that Tess looked around the room frequently to see what others were doing. Although she tended to stay verbally unconnected to the group, simultaneously she was attentive to what was going on and searched for eye contact. She had an uneasy presence in the room and looked often to see if I watching her. When we did share eye

contact, I felt as if she was searching for affirmation and I gave her encouragement. I believe Tess was afraid of being judged by others and defended herself by judging others first. I feel that her silence was both judging and self-protecting but in turn, limited others from speaking. As a therapist and group facilitator it was important for me to approach the situation with empathy and a non-judgmental stance as not to further threaten Tess as well as to try and move past the silence to build group cohesion.

The theme of Tess being surrounded by a protective wall emerged in her appearance, her silence and her artwork. She had chosen to take photographs of her school friends and herself, and created an album of bright colors, definitions of friendships and smiling faces (figs. 6 & 7). In contrast, she also included some darker images of fragmented photos and black backgrounds that indicated Ks emotional struggles (figs. 8 & 9). Although Tess puts up an excellent front of having everything under control, she also seemed very frightened about being vulnerable.

After Tess had finished her photo book, she was absent for the next three sessions. When I phoned to check in with her, she insisted that she'd be there the following session and again would be absent. I respected Tess's choice not to

participate and also felt that her pulling away was another defense mechanism. Tess was in a precarious situation as she was in denial about being diagnosed with anorexia and wasn't open to the group therapy situation, yet enjoyed engaging in the artwork.

Figure 6
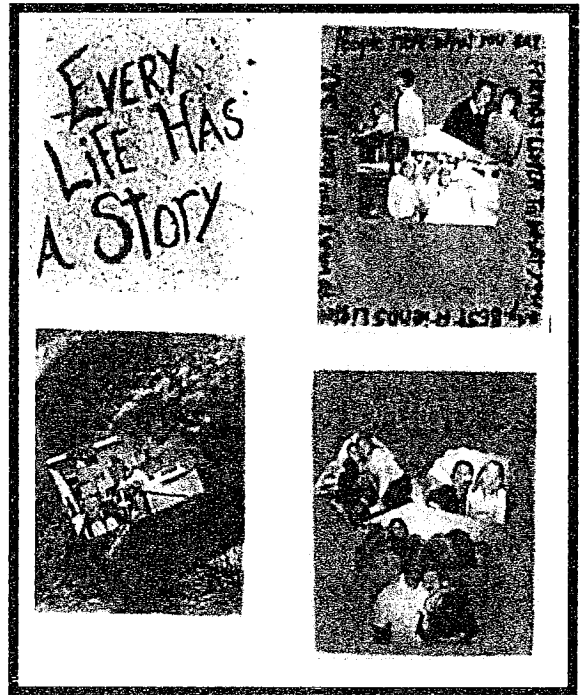
Figure 7

Figure 8

Figure 9

Tess did return on her own to the final session. She chose only the bright, happy images from her photo book to display and share with others. She talked about the importance of her friends and what being a 'true' friend meant to her.

Tess's artwork was a beautiful metaphor for her struggle in relationships. Her images included pictures of friends smiling in a group (fig. 7) to an image of her friends eating juxtaposed and by an empty plate divided by a jagged line (fig. 8). One of Tess's most powerful images was a photograph of herself cut into pieces pasted on a colorful background with intersecting black lines. Although

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Tess was unable to verbalize her struggles and experiences her artwork held powerful messages that spoke for her. Schaverien (1995) writes, that treatment can still be successful even if the patient is unable to speak about her pictures (p. 32).

Developmentally, friend relationships are a prime focus in adolescence. Tess's artwork communicated her struggles and desires in relationships with her peers and with herself. It embodied the paradox of feeling isolated from peer group and finding a sense of self through peer group. This theme was paralleled in the therapy group as Tess isolated herself from the group by not verbally participating as well as searched for reassurance and connection from group members and myself.

<u>Dara</u>

Dara was from a Hasidic Jewish community, and was 16 when she came to the group. She was an inpatient diagnosed with anorexia nervosa and had been hospitalized previously that year. Dara came from a large family with a strong cultural background. It is common to have an arranged marriage in the Hasidic community (Rosenberg, 1990, p. 133) and Dara had been deemed 'un-marriageable' by her *rebbe*, the leader in her community, due to family history. This

position lowered Dara's status within her community, which may have led to her lowered sense of self-worth. When I met Dara, she seemed trapped between two worlds: her cultural community and the culture of the hospital.

Dara came to the group on recommendation from her doctor and her own desire to make art. This was not approved of by her family or by her religious community, however the nature of the art therapy group would allow Dara to participate in what she was comfortable with.

Dara's portfolio was a surprise as she wrote her name in big fancy calligraphy letters. This was a change from the previous two sessions in which her name was barely visible on her artwork. She used marker and created an image of fireworks that filled the page and then decorated the border. On the other side she placed a few collage images but didn't speak about them.

Dara wrote her name large again on the group mural. She spent most of the session working in her own area and hung back until the end to add to the group space. She seemed very isolated in the room as she did not interact verbally, give anyone eye contact and had very little affect. I was unsure if this behavior was culturally based, personality, or an indicator of her emotional and/or physical state.

While working with her photographic images, Dara was very focused and created a book portraying her experience at the hospital. She seemed to absorb herself in the art creation and created an extensive pictorial story as she experimented with shape, color and depth (fig. 10). Each page had a title, 'a good night', 'day activities' and 'what a nice day'.

Overall, I felt her images communicated a positive experience at the hospital and that she had found a strong sense of community there. The images depict herself with friends, nurses, her doctor, and other patients. I believe these relationships were highly valued by her, which could be viewed as problematic. Although she was an inpatient under drastic circumstances, the hospital community also provided her with an escape from difficult dynamics she may have been experiencing at home or school. This may be a natural common experience of inpatients diagnosed with anorexia, however Dara seemed be have become very attached to her relationships in the hospital, possibly becoming resistant to her condition improving as she would be discharged.

After completing her photo book, Dara was absent the following three sessions. As she was an inpatient I wondered if their were extraneous reasons, such as

scheduling, that disabled her ability to attend group or if she was pulling away from the group situation in reaction to opening up and feeling vulnerable. When I was able to speak with her, she insisted that she would be back to the group.

Dara did return for the final session and displayed her images, sharing with the group her story of the hospital. She expressed that she had enjoyed both the art making and the group process. Dara's mood and affect changed very little over the course of the group. Although she interacted very little with the other group members, she still seemed to benefit from creating art in a group of her peers.
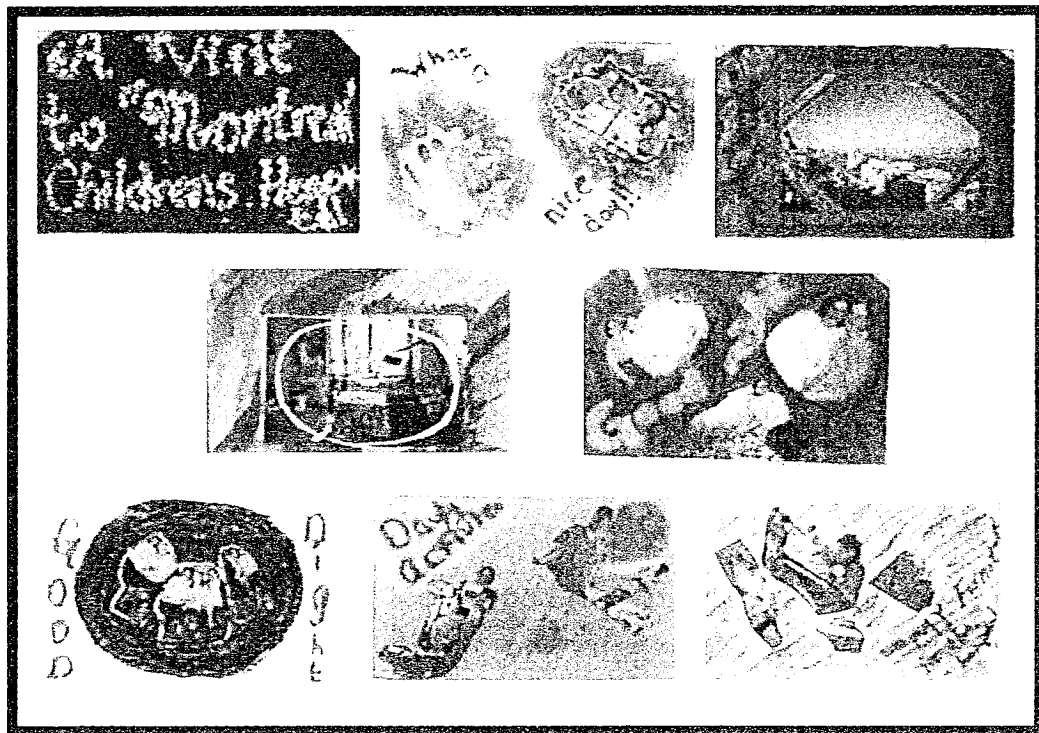

Figure 10

In concluding the group process I was left with many questions regarding Dara's participation. Dara seemed to enjoy the art making process and found it a safe medium for experimenting and exploring her sense of self that might not otherwise have been fostered. I wondered if fostering a stronger sense of individual expression was counteractive in regards to her cultural community or did the art creation enable Dara to express her experience of her culture?

With Dara's interest in art making and her ability to communicate freely through her art, I hoped that she would continue using it as a tool for self-expression and insight.

Nada

When the group occurred, Nada was 15 years old. She lived with her mother and was an only child. Her mother was of German descent and her father was of African descent. Her parents were divorced when she was around two years old and she has had little to no contact with her father since. At the time of the group Nada had been seen by the team for about a year and was active in individual art therapy sessions. Nada asked to participate in the group as she had had positive past experience in an art therapy group.

When I first met Nada she was reluctant to take her
headphones off. She was a big fan of rap music and her art
demonstrated her relation to the rap culture. It was usual
to see her with her headphones on as they provided her a
barrier from the world around her. Being in group therapy
seemed a challenge for her to confront her shyness and
feelings of vulnerability.

As she had previous group therapy experience I was
curious to see if she would play a more active leadership
role in this group. In the first few sessions Nada had a
very sad, depressed demeanor, which may have been shyness,
however she easily engaged in art making and participated
in group dialogue.

When creating her portfolio Nada began by writing her
name boldly and then continued to cover over it in collaged
magazine images. The images cover the whole area of her
portfolio with a central image of a heart. I felt this was
a rich, complex collage of dark and light images that Nada
related to. In contrast the other side of her portfolio was
a mix of images containing people and 'tags', sayings, she
had created with her friends. What I found fascinating
about Nada's art was her communication of opposites and her
fusion of dark and light. Although the duality of dark and
light could be considered to be a common theme in

adolescent thinking, for Nada, I believed it reflected her

own search for identity and exploration of her mixed-race

background.

During the group mural project, Nada mainly kept to

herself and seemed to find it challenging to interact with

other group members. Nada was then absent for the next two

sessions, and I wondered if this was in reaction to being

challenged into group work. As this group had extremely

different group dynamics then Nada's past experiences, I

wondered if she was acting out feelings of anger,

frustration and disappointment by not attending.

When Nada returned both her participation and the

group dynamic shifted as she dove into her artwork and

group discussion. At this point Nada did become a strong

group leader and initiated many discussions. The theme of

her photomural emerged as 'life at school' and communicated

her relationships between herself and school peers (fig.

11).

Nada was the only group participant who focused the

camera on herself and created self-portraits. She placed

her self-portrait in the centre of her page and surrounded

this image with photos of family and friends, her support

system. Nada identified both strong and weak points of

support in her relationships. She had included

relationships that she both trusted and distrusted, and used her photomural to engage and reflect her feelings regarding her relationships and her role in them.

When working with the photos of self, Nada was very critical (fig. 12). Not only was the photograph a physical reflection of her but also became a tool to reflect and articulate her feelings toward herself. The natural camera distortion and alternate perspective of her physical image lead to insight regarding her own body distortions. Although using the camera and photographing her immediate environment, relationships and herself was a challenging, vulnerable experience for Nada, it enabled creative reflection and deeper insight into her own thoughts and feelings from a safer distance.
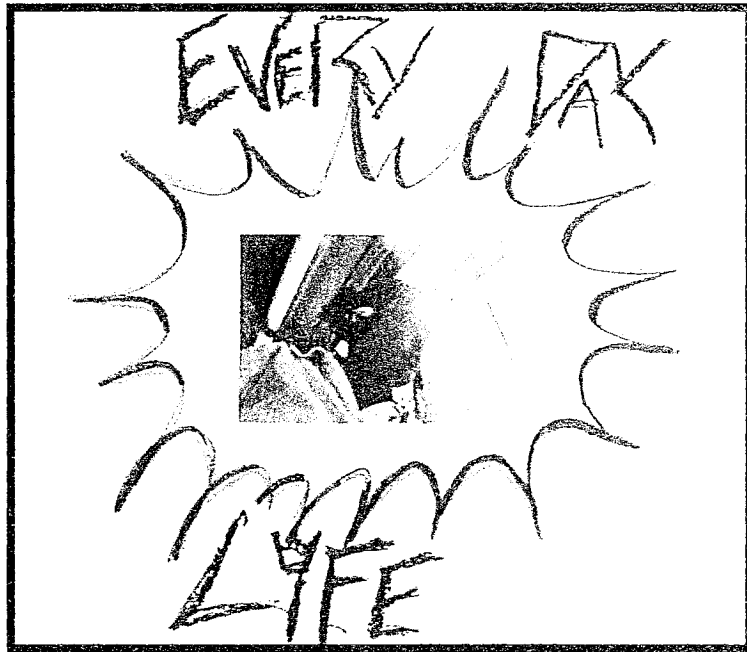

Figure 11

Figure 12

Nada's last artwork was a clay sculpture of her face
with her eyes closed (fig. 13). She titled it 'self-
portrait' and explained how it was full of mixed emotions.
Nada seemed to be working on feelings of being 'mixed' and
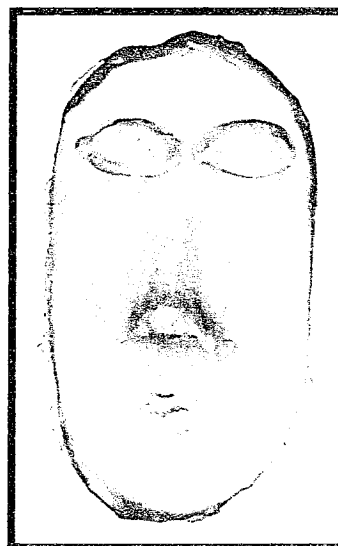finding wholeness by combining, not dividing.

Figure 13

Chapter 7

Conclusion

In reflection on the ten session art therapy group with adolescent girls diagnosed with anorexia nervosa, I will examine the use of photography, the outcomes, the accomplishments, unexpected developments, learnings and future recommendations.

The Group Structure

Creating an art therapy group as an alternative or adjunct to individual therapy has both positive outcomes and negative attributes. Positives outcomes include: increased peer interaction in a safe and contained group structure; expression of self, thoughts, feelings and experience; constructive coping strategies and deeper emotional exploration. The most significant negative attribute that emerged is the tendency to present a false expression of emotion, a protective façade.

In their final written evaluations, Katie, Nada and Aani indicated that the group process was a positive experience for them as they valued and appreciated the peer interaction (table 1). Riley (2001) explains that peer grouping is valued by the adolescent age group, replacing importance of parental relationship. Their connection to

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others benefited them by recognizing similar struggles in each other therefore expanding their perspective, creating community and diminishing their feelings of isolation. All three were able to share authentic expressions of self, through their thoughts and feelings.

Dara offered little written feedback of her experience in the group but indicated that it was a secure place for her (table 1). Dara's verbal participation was minimal within the group, putting more emphasis on communication through her art creations.

Schaverien (1995) emphasizes individual art therapy with adolescent girls diagnosed with anorexia in order to address personal issues of control. Her experience of group work with this population reveals that individuals may be resistant to engaging with others in turn demonstrating a "cheerful false-self" instead of authentic expression (p. 33). This echoes my experience with Tess. She verbally presented herself as cheerful, yet her body language, underlying tone and silence seemed to communicate her anger. Her final written evaluation was extremely positive feedback and I wonder if this is authentic of her experience or an example of her protective cheerful façade (table 1). Tess did put genuine effort into attending group on her own accord and engaged deeply in her photo project.

Overall I believe she authentically valued the group art therapy experience but was unable to verbally share her thoughts and feelings.

In general, the final written evaluations of the group were positive which may not have been completely accurate of their experience. It is possible that their answers reflect a desire to please me and/or defend themselves from any possibility of perceived conflict.

Overall the group structure was successful as it offered another dimension to the treatment plan of the participating girls. It provided them with a contained, safe space that promoted self-expression, peer interaction, constructive coping strategies and further exploration of underlying emotional conflicts. The presentation of a protective façade emerged as a negative aspect of the group therapy structure with this population.

The Photography Project

Introducing photography into the art therapy process was an effective method for the girls to directly bring images of themselves and their world into the therapeutic process. For all five participants it enabled them to capture moments of experience of their environment and

their relationships, distill them, reflect on them and use them for creative means of expression.

Katie, Nada, Tess and Dara easily engaged in their photo projects finding photography an accessible and familiar medium. The four girls used their photos to explore, express and communicate their thoughts and feelings. Aani was comfortable using the camera as a tool but had difficulty incorporating the photos or the contents of the photos into her artwork. However, the process of taking and looking at the photos became a catalyst of deeper emotional expression and insight, leading to other art projects.

Nada took the self-portraiture aspect of the project the furthest. She seemed to have the highest comfort level with the camera and experimented with it. She was able to turn the camera on herself using those images for self-reflection and re-evaluating self-perceptions. Her level of comfort may have been a result of her past group art therapy experience or could have been reflective of her stage of recovery.

Many people confronted with a photographic image of themselves tend toward self-criticism. It came as a surprise that none of the girls verbally rejected their own

image in the photographs and were easily able to incorporate the images into further artworks.

The structure and framework inherent in photo taking offered a starting point for art creation and a window or reflection of their direct environment to reference. As a therapist this enabled me to have a pictorial understanding of each girl's world and their perspectives on it. A large portion of the artwork has been left to interpretation, however, authentic meaning exists un-verbalized with each participant.

Riley (2001) writes, "art used in therapy can meet the adolescents' needs for control, narcissistic expression, creativity, exaggerated logic and experimentation directed toward appropriate individuation" (p. 65). I believe incorporating the photo into art therapy supported these adolescent needs. Alternatively, based on the anorexic need to control, imposing demands or expectations in the form of a set project could have been counter-effective and been rejected easily. Although the photo project was optional, offering the camera as a tool on a more open time-line or later in the sequence of sessions would have reinforced the participant's choice, agency and ownership in the project, ultimately honoring their own agendas.

Part of my initial intention of offering the photography project was to enable the girls to metaphorically and symbolically 'bring their bodies' into their art creations. I was surprised to witness the ease with which both Aani and Katie used their hands to create their emotional mural paintings, literally bringing their bodies into the art making. The medium of paint invited them to experience themselves through its tactile, malleable nature, intensifying their emotional responses.

Although each participant was referred to the group by her doctor, it took a great amount of courage to attend sessions and engage in the creative process. Courage is an internal "capacity to meet the anxiety which arises when one achieves freedom" (May, 1976), or rather strives for freedom. Freedom, as defined by Rollo May, is one's capacity to play an active part in their own development (p. 160). Rollo May (1976) explains this as the courage to relate to "one's self and one's possibilities" (p. 224). Courage is essential in creativity as "every act of genuine creativity means achieving a higher level of self awareness" (p. 228). Becoming aware of one's self and personal growth means letting go of what is "familiar and secure" and "may involve inner conflict" therefore requiring the act of courage (p. 229). Each participant

came to the art therapy group unaware of what may occur and showed courage as they each began a journey in self-exploration through their artistic processes.

Future Possibilities

To extend the experience of this art therapy group I would recommend more initial time encouraging the girls to explore art through open projects before introducing the camera. Reflective writing paired with each art therapy session could be beneficial for the participant by encouraging self-reflection and for the therapist to assess individual needs.

Further recommendations include lengthening the duration of the course of therapy. Each grouping of participants has their own dynamics and themes, making it difficult to gage the appropriate time needed for an effective therapeutic experience. Yalom (1995) suggests that a group dealing with a "specific symptom complex", such as an eating disorder, "last 18 to 24 sessions (p.273). This group took the first six sessions to establish comfort and group cohesiveness in order to openly share with each other and would have benefited from further sessions. Having the group twice a week was beneficial for maintaining consistency and connection, as well as supported the technical aspects of using photography.

Ideally, two photography projects during the art
therapy session would be optimal. The initial project would
provide an introduction to the use of the camera, allowing
the second photo project to focus on exploration and
experimentation. Freed from the technical aspects of
photography, creativity and further insight into the images
could be encouraged.

Positive Change

It is possible to measure changes in behavior that may
be both directly and indirectly related to positive self-
growth. A longer time frame and more intensive research is
needed to track positive change in behavior and self-
esteem.

Alternatively, it is difficult to measure positive
change, increased self-esteem and/or development of a
stronger sense of self, as they are subjective and personal
in nature. More extensive research involving quantitative
methods, longer term group sessions and a more in depth
approach to self-reports would further explore the efficacy
of group art therapy using photography to effect positive
outcomes with this population.

In completion of this project I am reminded of the
saying 'there are no answers, just better questions'.
Working with this population is a humbling experience, as

both the disease of anorexia nervosa and the individual experiences of it, are complex. I am left with more questions: Can the creative use of photography be an effective means to modify self-destructive behaviors connected to anorexia nervosa?

Which is more effective with clients diagnosed with anorexia, a directed or non-directed art therapy approach?

Would it be effective enabling the participants to actively design their own art therapy group?

Copious amounts of research and books written on a variety of approaches to recovery for this population exist. Increasing cases of adolescent girls diagnosed with anorexia nervosa indicates that even more searching for recovery and prevention methods is required.

In conclusion, the five girls who participated in this art therapy group effectively used the photography project to explore their perspectives, gain insight into personal growth, express emotion, and ultimately strengthen their sense of being through creation. Riley (2001) summarizes the importance of the therapy session by stating, "I firmly believe that a therapy session is only a stimulus to the problem solving or changes that go on after the therapy session is over" (p. 95). Recovery from anorexia is a long-term process, and it is my hope that the art therapy group

offered an additional positive coping strategy for each

girl.

Table 1: Final Evaluations

	Katie	Tess	Nada	Aani	Dara
1. What did you gain from your experience in the art therapy group?	Friends and more confidence	I learned to share my thoughts and feelings	Met new people to talk to		
2. What did you get out of making the art?	Nothing really but it was fun	It allowed me to remove some stress or anger onto something else	A way of letting out certain feelings that I was experiencing at the time	Relief	
3. How has being part of the group and making art effected you in a positive way?	I don't know but it felt like no matter what you always had people there for you	It has given me the ability to relieve myself in a positive instead of negative way	I am able to share things a little more without feeling that I need to protect myself	It made me realize that I am not alone	It gives me a better way in giving out my emotions
4. How has being part of the group and making art effected you in a negative way?	I don't know	It hasn't effected me in a negative way	It hasn't effected me in a bad way	I still can't seem to stop comparing myself to others	
5. If you were running this group, what would you have done differently?	Nothing	Nothing, you were awesome!	I don't really know, I think that I would have probably done the same because I don't have any reason to change it	Brought in more people with different problems	
6. Any other comments?	Nope, but thank you so much. You made going through this a little easier.	Thanks for all your help and encouragement		Nope	Thanks for making art therapy a secure place for me

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Appendix 1
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Consent Information for Art Therapy   May 2003

Art Therapy Student: Jennifer Newman
                            Art Therapy Intern
                            Concordia University
                            1455 de Maisonneuve Blvd. O.
                            Montreal, QC.

Background Information:

As a Master's student in the Creative Arts Therapies Program at Concordia University, I am doing a practicum placement from September 2002 to June 2003. Part of my learning as an art therapist is to write a research paper based on my work with the patients I see at the Adolescent Medicine Clinic. The purpose of this paper is to document my own learning as well as provide research for other student's and Art Therapists to increase their knowledge and awareness in this growing field. The long-term goal is to search out more effective and accessible treatments in order to address the needs of the patients.

Permission:

Over the next 10 group sessions participants will be asked to explore a variety of themes through the use of art materials such as photography, painting, clay, collage and drawing. I am asking for your permission to photograph your artwork to include in my research paper. I am also asking for your permission to consult your medical chart for a period of one year (until I have completed my research paper). A copy of this paper will be bound and kept in the Library at Concordia University.

Confidentiality:

Because this information is of a personal nature, it is understood that your identity will be kept strictly confidential. No identifying factors such as your name, the hospital where your art therapy took place will appear in the paper or on your artwork.

Your consent will not effect your treatment or inclusion in the art therapy group in any way. At any point in time before my research paper is published you may withdraw your consent without consequence or explanation. To do this or if you have any questions you may contact my supervisor.

Consent Form

I, _____, authorize Jennifer Newman to:

1)   a) Reproduce artwork
        b) Make video and tape recordings of sessions
        c) Use case material

2)   Use this material and information from my medical chart for educational and research/publication purposes.

I understand that no reference will be made to my identity and that at all times confidentiality will be respected.

I may withdraw my consent at anytime without my treatment being affected.

Signature of Patient _____

Signature of Parent or Guardian _____
(Only necessary if patient is under 14 years of age)

Date _____