

The Story Within:  
A Young Girl Lets Go of Her Burden With the Help of a Hobbit

Beth Robertson

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**ABSTRACT**

*The Story Within:*  
A Young Girl Lets Go of Her Burden With the Help of a Hobbit

Beth Robertson

This paper examines whether Yehudit Silverman's therapeutic approach, *The Story Within: Myth and Fairy Tale in Therapy*, can be beneficial in the treatment of clients with anorexia. Through a case study design, this paper demonstrates how this approach was useful with one anorexic client in working through difficult personal material, through the use of fiction and metaphor. It also demonstrates that Silverman's therapeutic approach allows therapeutic goals to be met, including the instillation of a sense of autonomy, a sense of self, and self-acceptance, as well as aiding the anorexic client in emotional expression. In addition, this paper demonstrates how Silverman's approach aids in overcoming an anorexic client's resistance to therapy, the therapeutic alliance, and the confrontation of personal material. The study design consists of a case study, a narrative account chronicling the use of Silverman's therapeutic approach with an anorexic client over a period of seven months, as well as an analysis of how *The Story Within: Myth and Fairy Tale in Therapy* is useful in working with anorexic clients.

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Lastly, I would like to extend my greatest thanks to my client, who allowed me entry into her beautiful world, and bravely took the journey into the unknown. I feel both privileged and inspired to have witnessed and shared in an incredible healing experience.



## Table of Contents

|  | Page |
|--|------|
| List of Figures  | vi   |
| Chapter One: Introduction and Rationale                                | 1    |
| Definition of Terms  | 6    |
| Chapter Outline  | 7    |
| Chapter Two: Review of Literature                                      | 9    |
| Etiology   | 9    |
| Goals of Therapy   | 11   |
| Therapeutic Alliance   | 12   |
| Other Therapies  | 13   |
| Drama Therapy  | 14   |
| Myth and Fairy Tale in Therapy   | 16   |
| Chapter Three: <i>The Story Within: Myth and Fairy Tale in Therapy</i> | 19   |
| Chapter Four: Case Material  | 28   |
| Description of Agency  | 28   |
| Profile of Client  | 28   |
| Chapter Five: Early Sessions and Beginning <i>The Story Within</i>     | 33   |
| Chapter Six: <i>The Story Within: Process and Reflections</i>          | 44   |
| Chapter Seven: <i>The Story Within: Analysis</i>                       | 109  |
| Chapter Eight: Conclusion  | 126  |
| References   | 132  |
| Appendix A: Letter of Information                                      | 137  |
| Appendix B: Consent Form   | 138  |
| Appendix C: <i>The Fellowship of the Ring: A Brief Synopsis</i>        | 139  |
| Appendix D: <i>The Two Towers: A Brief Synopsis</i>                    | 141  |
| Appendix E: <i>The Return of the King: A Brief Synopsis</i>            | 143  |

## List of Figures

|                                       | Page |
|---------------------------------------|------|
| Figure 1: Social Atom                 | 37   |
| Figure 2: 'Freedom' painting          | 42   |
| Figure 3: 'Freedom' creative writing  | 43   |
| Figure 4: Alicia's Wall (Safety)      | 46   |
| Figure 5: Alicia's Wall (Danger)      | 47   |
| Figure 6: The Two Parts of Gollum     | 55   |
| Figure 7: 'bad' Gollum                | 56   |
| Figure 8: 'good' Gollum               | 57   |
| Figure 9: 'whole' Gollum              | 58   |
| Figure 10: Reactions                  | 59   |
| Figure 11: Commonalities Landscape    | 60   |
| Figure 12: Path of the Ring           | 61   |
| Figure 13: Safe Space                 | 69   |
| Figure 14: Mask                       | 70   |
| Figure 15: Environment                | 71   |
| Figure 16: Objects Within Environment | 72   |
| Figure 17: Environment (clouds)       | 73   |
| Figure 18: Mask Within Environment    | 74   |
| Figure 19: So Heavy                   | 80   |
| Figure 20: So Tired                   | 81   |
| Figure 21: Climbing the Wall          | 82   |

|  |     |
|--|-----|
| Figure 22: Seeing Gollum                 | 83  |
| Figure 23: Resisting Gollum              | 84  |
| Figure 24: Gollum's Pull                 | 85  |
| Figure 25: Gollum's Promise              | 86  |
| Figure 26: Pulled on to the Easy Path    | 87  |
| Figure 27: Letting Go                    | 92  |
| Figure 28: What if I Can't...            | 93  |
| Figure 29: Grabbing Sam's Hand           | 94  |
| Figure 30: I Let You Go                  | 95  |
| Figure 31: Washing Away the Guilt        | 100 |
| Figure 32: The 'easy path' with Gollum   | 101 |
| Figure 33: Path and Gollum Destroyed     | 102 |
| Figure 34: Letting Go of the Burden      | 103 |
| Figure 35: The Weight under her shoe.... | 104 |
| Figure 36: Empty Bag                     | 105 |

## CHAPTER ONE

### Introduction and Rationale

The purpose of this study is to examine whether Yehudit Silverman's therapeutic approach, *The Story Within: Myth and Fairy Tale in Therapy*, can be beneficial in the treatment of clients with anorexia, to aid in working through difficult personal material, through the use of fiction and metaphor. Silverman's approach is a method of drama therapy in which the therapist guides the client through "the formation and exploration of a deep relationship with a carefully chosen myth or fairy tale character" (Silverman, 2004, p. 128). The challenge which the character in the story faces is eventually revealed to be connected with the client's own personal problem. Anorexic patients are highly resistant to any type of therapy, and treatment is not sought out until severe medical complications arise (Bruch, 1973; Marx, 1994). The patients embrace their symptoms, not wanting to get 'better', which makes it difficult to establish a therapeutic alliance (Inbody & Ellis, 1985; Levens, 1995; Tom, 2002). There is also denial of symptoms, and an unwillingness to confront personal issues (Peterson & Rosenvinge, 2002).

There is a strong potential for therapeutic healing of an anorexic client in using Silverman's approach, as the creative process and structure allows the client to "identify uncomfortable feelings without being threatened", thus overcoming resistance (Silverman, 2004, p. 129). The process provides distance to aid in the development of the therapeutic alliance, with emphasis on the client's story, rather than eating behavior and weight (Silverman, 2004, p. 133). The establishment of the therapeutic alliance is also less threatening, the therapist acting as a guide and witness, accompanying the client on

their journey of self-discovery, one that is controlled by the patient, giving her a feeling of autonomy and instilling a sense of self through encouraging creativity. The patient has control of her own therapy process, making her own interpretations based on the symbols and metaphors related to her own life. The therapeutic process involves many creative elements, including embodiment, movement, visual art, writing, and mask-making, and stays within the realm of fiction and metaphor, allowing the client to confront material that is too difficult to deal with directly (Silverman, 2004).

Expressing problematic material and emotions through the arts changes the relationships to problems and feelings (Jones, 1996). According to Fritz Perls, founder of Gestalt therapy, emotional problems “cry for solutions, but if they are barred from awareness, neurotic character formation will result” (Corsini & Wedding, 2000). Drama therapy helps to bring these problems into awareness, bypassing defences and resistance, getting to the core of emotion and human experience. Solomon (1950) reinforces the idea that working in the metaphor decreases anxiety, stating the importance of the therapy being “sufficiently removed from reality so that unconscious motivations can find gratification without the anxiety and hazard attendant upon actual gratification” (p. 267).

Drama therapy focuses on the client as a whole, unique individual, and emphasizes working on the here and now, at times an imagined here and now. Drama therapists believe that imagination and creativity are the safest and shortest routes toward healing, and strive to place the client in an imaginary space where they are free to both be imaginative and creative, better able to confront their fears and emotions, and thereby better able to understand them.

Perls drew attention to the way in which art, drama in particular, deals with the 'unfinished business' of living (Corsini & Wedding, 2000). The theatre of drama therapy is life – theatre created by the client which deals with his or her own life (Jones, 1996). Clients may create roles where they encounter actual feeling states. They may cry, feel anger, hope – these are not experienced as fictional. "Real tears are wept, real anger vented, all within a fictional construct" (Jones, 1996, p. vi). Silverman's therapeutic approach creates this fictional setting, this safe space for emotions to be felt, and throughout the process, explored and understood. The journey of imagination constitutes genuine human experience, something lived through, not simply thought about; having the ability to affect future thoughts, and attitudes towards life (Andersen-Warren & Grainger, 2000). In this way, anorexic patients may be able to confront the difficult personal material that lies at the root of their eating disorder, and discover their own potential healing, as they experience it in a genuine, yet safe manner.

How does drama therapy, using Silverman's therapeutic approach, aid in the confrontation of personal issues of an anorexic patient? This research question is relevant to drama therapy clinical practice in that it will demonstrate the use of Silverman's therapeutic approach by someone other than the author, hopefully validating its effectiveness as a method of drama therapy. It will also show drama therapy as an effective tool in the healing process of anorexic clients, with emphasis on drama therapy's ability to overcome resistance.

The participant under study is an adolescent diagnosed with anorexia nervosa, referred to me by the multidisciplinary team at the hospital where I performed my practicum. We first began therapy sessions while she was still an inpatient, and continued

for several months during her continuous recovery as an outpatient. The study design consists of a case study, a narrative account chronicling the use of Silverman's therapeutic approach with my eating disordered patient, over a period of seven months. Data collection consisted of the utilization of my own process notes, case material, information obtained from other members of the multidisciplinary team, and client artwork from sessions. The data has been analyzed through the theoretical frame of Silverman's therapeutic approach (Silverman, 2004), following the steps of *The Story Within*, with mention of any deviation and reasons for these changes or variations.

Drama therapy sessions occurred twice a week for within the hospital setting, in an office devoted to Creative Arts Therapy. I have documented each session in a narrative style, as well as retained all artwork and material related to the process. After terminating with my client, I began to integrate theory, research, and practice into the culmination of this case study research paper. I was able to discuss case study material (both during the process and after termination) with Yehudit Silverman, DTR, RDT obtaining insight from the creator of the therapeutic approach being used.

It was my intention to discover from the outset of therapy whether the drama therapy therapeutic approach, *The Story Within: Myth and Fairy Tale in Therapy*, would succeed in overcoming resistance and helping my eating disordered client in dealing with difficult personal material. In this paper I will demonstrate how the therapeutic approach has allowed my client to obtain insight into her own illness and personal material, creating a path toward healing. Using creative methods to explore my client's chosen fairytale and character has both deepened her own understanding of herself, and provided a way of working with painful material that is not related to food and weight, reducing

the emphasis on the eating disordered behavior, but rather focusing on the client as a unique individual.

As this is a case study, it may not be generalized to all eating disordered patients, but rather suggests the therapeutic approach's potential for healing with this population. This population is further limited to adolescent girls with anorexia, with no focus on other disorders commonly associated with anorexia, such as schizophrenia, borderline personality, obsessive-compulsive disorder, and so forth (Tom, 2000). The biological perspective of anorexia is not touched upon, as Silverman's approach is a psychological intervention. This research project has also been limited in that the therapy given occurred for a brief period of time, and quite possibly was influenced somewhat by the environment of the hospital, in terms of a lack of privacy, especially while my client was an inpatient. The anorexic patient with whom I worked showed great interest in working with myth and fairy tale, and was of an age (although perhaps she was slightly precocious, being only 12 years old) where the connections between metaphor and life could be made. The case material revolves around one client, although her experience may be similar to other anorexic patients.

In this area of research, my bias is that in order for healing to occur, the client must be able to confront difficult personal material and gain insight as to what led to the onset of anorexia, from her own individual experience, setting the client on her own unique path. Behavioral change on the part of the client is indicative of healing at a peripheral level, yet gives no indication of the client's understanding or insight into said behavior. In order to prevent relapse, true healing must occur, which, from my point of



view, ensures that the anorexia is no longer necessary in the client's life, as her personal material has been dealt with in a healthy and meaningful manner.

### *Definition of Terms*

The terms *Anorexia Nervosa*, *anorexia*, and *anorexic* are based on the DSM IV criteria of refusal to maintain a body weight above the minimum normal weight for height and age; an intense fear of gaining weight or becoming fat, despite being underweight; a disturbance in the way one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation or denial of the seriousness of the current low body weight; absence of at least three consecutive menstrual cycles when otherwise expected to occur (American Psychiatric Association, 1994, p. 544-545).

The term *resistance* or *resistant* refers to 'any defensive mental process of behavior that interferes with the task of understanding and an individual's spontaneously and adaptively responding to life' (Lewis & Read Johnson, 2000, p. 460). *Distance* or *distancing*, is a 'way to move a client further away from the role in order to discover balance and aid in healing, growth, and role expansion through style changes and externalization' (Lewis & Read Johnson, 2000, p. 455). *Empathy* is 'the capacity to think and feel oneself into the life of another person' (Lewis & Read Johnson, 2000, p. 456). The term *projection* or *projective technique* refers to the 'process by which clients project aspects of themselves or their experience into theatrical or dramatic materials or into enactment, and thereby externalize inner conflicts; a relationship between the inner state of the client and the external dramatic form is established and developed through actions' (Jones, 1996, p. 139).

When I speak of *role reversal*, it describes a ‘drama therapy technique which entails the enactor switching places and exchanging roles in order to imagine and express what the other feels like...for the development of empathy and understanding, insight, perspective, and spontaneity’ (Lewis & Read Johnson, 2000, p.461). Engaging in *scene work* ‘entails structured dramatic and developed roles that are not part of the person’s behavior and role repertoire’ (Lewis & Read Johnson, 2000, p. 461). The *therapeutic alliance* is a ‘relationship formed between the therapist and client whereby common goals are articulated and pursued and the client feels the therapist is working with and for him or her’ (Lewis & Read Johnson, 2000, p.463).

### *Chapter Outline*

*Chapter One: Introduction.* This chapter briefly explains the purpose of the paper, its methodology, limitations, operational definitions, as well as a brief description of drama therapy.

*Chapter Two: Review of Literature.* This covers the literature on the etiology of Anorexia Nervosa, therapeutic goals, the importance of the therapeutic alliance, other therapies used in treatment, Drama Therapy in treatment, as well as the use of fairy tale in therapy.

*Chapter Three: The Story Within: Myth and Fairy Tale in Therapy.* Description and discussion of Silverman’s drama therapy approach, outlining the phases and goals of therapy.

*Chapter Four: Case Material.* This chapter includes case material regarding the agency where the therapy took place, a profile of the client including diagnosis, family

history, appearance, affect, discussion of onset, and brief overview of therapy prior to beginning *The Story Within*.

*Chapter Five: Early Sessions and Beginning The Story Within.* This chapter reflects upon therapeutic work during sessions prior to beginning Silverman's therapeutic approach, including techniques used, rationale for engaging in *The Story Within*, and details the first phase of the approach, the Encounter Exercise.

*Chapter Six: The Story Within – Process and Reflections.* This chapter details each phase of *The Story Within* therapeutic approach, including process and reflections, as it was used with an individual client recovering from anorexia. Includes art work and photographs taken during therapy sessions.

*Chapter Seven: Analysis.* This chapter includes an analysis of each phase of *The Story Within* therapeutic approach, in terms of its use with anorexic clients.

*Chapter Eight: Conclusion.* This chapter includes a discussion and reflection of the completed work in relation to the research question, as well as implications for further research to be done.

## CHAPTER TWO

### Review of Literature

#### *Etiology*

According to the DSM-IV (1994), Anorexia Nervosa (AN) is characterized by the refusal to maintain a normal body weight (less than 85% of normal), an intense fear of weight gain, body image disturbance, and, in women, amenorrhea. The most commonly accepted risk factors to date have been drive for thinness, depressed mood, maladaptive cognitions, and 'ineffectiveness' (Bruch, 1973; Dobbmeyer & Stein, 2003). In their study examining these risk factors, Dobbmeyer and Stein (2003) found that drive for thinness and maladaptive cognitions were more related to severity of eating disorder symptoms than were depressed mood and ineffectiveness, although depressed mood was more present after the onset of the disorder. This suggests that depressed mood may be a better indicator as a symptom, rather than a cause. Low self-esteem has been considered for a long time to be predictor of eating disorders, yet 6 out of 7 studies found no correlation (Dobbmeyer & Stein, 2003).

According to Matto (1997), eating disorders are the acting out of inner conflicts through eating behaviors, a belief which is held by many (Inbody & Ellis, 1985; Linesch, 1988; Rehavia-Hanover, 2003). She states that patients with eating disorders are struggling with issues of control, perfectionism, and dependency (Matto, 1997). Dare and Crowther (1995) believe eating disorders, especially anorexia nervosa, to be related to early sexual trauma, where the patient is avoiding entry into the world as a sexual being (Rehavia-Hanover, 2003). Selvini Palazzoli (1974) is among the believers of the object relations theory of anorexia, where the internalized mother threatens to devour the patient

at the onset of puberty; the patient fights back by restricting food and exercising, to the point where menstruation stops. Bruch's (1973) theory is along the same lines, where there is a lack of individuation between mother and child, both in early infancy and again in adolescence, causing an intense feeling of lack of control as well as ineffectiveness, which can be alleviated through extreme dieting.

Much research has also gone into investigating the impact of family dynamics and structure on the onset of eating disorders. As cited in Rehavia-Hanover (2003), Eisler (1995) states that anorexia occurs in a family that is overclose, overinvolved, and places extremely high expectations on the children, while there is little or no support for the child (adolescent) to become an individual. Wisotsky et al. (2003) found that as perceived family functioning becomes more dysfunctional, the severity of eating disorder pathology increases, which supported previous findings, as cited in their study (Lundholm & Waters, 1991; Munichin et al., 1978). They found significant relationships between certain family dynamics and diagnoses (Anorexia Nervosa, Bulimia Nervosa, and Eating Disorder Not Otherwise Specified), most significantly within the subscales of AN and EDNOS. Previous studies were cited (Calam et al., 1990; Kent & Clapton, 1992) where Anorexia Nervosa diagnoses were associated with enmeshment, rigidity, overprotection, lack of conflict resolution, and low parental warmth, concurred with their results. Wisotsky et al. also cite studies which suggest that the anorexic patient uses their illness as a way of communicating messages avoided in the family, and also as a way of deflecting family and parental conflict (Humphrey, 1986; Munichin et al., 1975). Wisotsky et al. found that anorexic symptoms become more severe as perceptions of family cohesion lessen, and rigidity increases. Also notable was that the drive for thinness

and body dissatisfaction were related to having a family that is disengaged and less rigid (traits that are most often at the forefront of *Bulimia Nervosa*).

### *Goals of Therapy*

Differing theories may dictate the specific goals of therapy, which is why I would like to focus on the patients' view of what is necessary for recovery from an eating disorder. Petterson and Rosenvinge (2002) interviewed 48 eating disordered patients (all women), who related what recovery meant to them: improved acceptance of self, improved interpersonal relationships, problem solving skills, and body satisfaction (which was not entirely dependent on the absence of symptoms). All of the women agreed that admitting to the existence of their eating disorder was the first step in the recovery process. Obstacles to this included shame and/or guilt over symptoms, not being 'ill enough', and that they did not deserve help (Petterson & Rosenvinge, 2002). Clinton, Bjorck, Sohlberg, and Norring (2004) studied patient satisfaction with treatment, and found that patient satisfaction was predicted by interventions where the client gained increased control over their eating problems, as well as having perceived support. Patients who were unsatisfied were disappointed with interventions focusing on insight and reflection. The ideas of developing a sense of self, and self-acceptance resonates throughout the literature, and appears as the primary goal (Clinton et al., 2004; Levens, 1995; Licavoli & Orland, 1997; Petterson & Rosenvinge, 2002; Tom, 2002). The other goal emphasized throughout is that of emotional expression (Licavoli & Orland, 1997; Matto, 1997; Petterson & Rosenvinge, 2002; Tom, 2002). This lack of sense of self and trouble expressing emotions are said to be due to relationships and/or family structures

where emotions (negative ones) were never allowed to surface, resulting in ‘good little girl’ syndrome, where the anorexic patient has become extremely good pleasing everyone around her and avoiding conflict (Inbody & Ellis, 1985). There is no sense of self, as the eating disordered patient relies on the needs, emotions, and wishes of others, and is unaware of her own desires and feelings.

### *Therapeutic Alliance*

Some professionals believe that it is not the therapeutic approach that is most important, but the therapeutic alliance, especially for this population (Clinton et al., 2004; Levens, 1995; Licavoli & Orland, 1997; Petterson & Rosenvinge, 2002; Tom, 2002). Licavoli and Orland (1997) relate the importance of symptoms to an eating disordered patient, that they have legitimate functions and there should be no attempt on the part of the therapist to take them away. The therapeutic alliance should be supportive, empathetic, respectful, understanding, and should strive to see the individual ‘behind the symptoms’ (Petterson & Rosenvinge, 2002, p. 66). Establishing a therapeutic alliance with an eating disordered patient may be difficult, as the therapist is seen as threatening (Inbody & Ellis, 1985; Levens, 1995; Tom, 2002). On the other hand, the patient may go to great lengths not to contradict anything that the therapist does or says, in order to avoid conflict (Inbody & Ellis, 1985; Tom, 2002). The therapist also risks harming the therapeutic alliance by directly addressing the patient’s weight or physical appearance, causing distrust and rebellion if seen in a negative light (Inbody & Ellis, 1985). More harm can be done if any compliments are given (regarding weight or simply appearance), as the patient has a false belief that if they look good in others’ eyes while at their present

weight, they will look even better if they were to lose more weight, thus making them even more determined to do so (Inbody & Ellis, 1985). When patients were asked about their best experience with a therapeutic alliance, food, weight, and body shape were not mentioned at all during therapy (Clinton et al., 2004). The therapeutic alliance may also be damaged, or never become established, if the therapist is perceived by the patient as blaming them for lack of progress or failure (Clinton et al., 2004). Patients with eating disorders tend to internalize blame from others into self-blame, believing that everyone in the future will blame them as well (Clinton et al., 2004)

### *Other Therapies*

As patients with Anorexia Nervosa are most likely resistant to establishing a therapeutic alliance, they may be resistant to any type of therapy (Rehavia-Hanover, 2003). Cognitive Behavioral Therapy (CBT) and Interpersonal Therapy are generally the most popular forms of therapy for this population, however, more than a third of patients try to find additional modalities to aid in their healing process (Licavoli & Orland, 1997). Group therapy can be effective, helping to reduce shame, isolation, and improve emotional expression; however, group therapy has been deemed less successful than individual therapy (Licavoli & Orland, 1997). Art therapy has been used often as an adjunct to CBT, or as part of an integrative treatment approach (Bruch, 1973; Luzzato, 1994; Levens, 1995; Matto, 1997; Naitove, 1986; Rehavia-Hanover, 2003). Art therapy is seen to be helpful in treating this population in that it goes beyond the verbal, and more towards the concrete, the art product taking the place of food (Levens, 1995; Naitove, 1986; Rehavia-Hanover, 2003). Art therapy is also seen as being effective as a means of



expressing emotions, a means of communication that is non-threatening, and in the here and now (as opposed to verbal therapies that emphasize past experiences) (Levens, 1995; Luzzato, 1994; Matto, 1997). Lastly, the art therapy process acts as a container, with clear boundaries, much as how an eating disordered patient values her weight and body shape (Matto, 1997).

Elements of Narrative therapy have proven relevant with eating disordered patients, as there are moments when they are able to see anorexia as separate from themselves, but generally find it very difficult to do so. In anti-a/b narrative therapy (Maisel, Epston, & Borden, 2004), the goal is externalization to the extreme, seeing anorexia as an entity who wishes to harm and takes hold of its victims, feeding off of them until they die. One of the biggest obstacles is separating the 'voice' of anorexia from that of the client (or 'insider'), allowing them to see that they are not the 'problem', they have not inflicted this state upon themselves, but instead have fallen victim to this cunning, merciless, evil entity that has tricked them into believing that they are their friend.

### *Drama Therapy*

There is not much in the literature pertaining to Drama Therapy and eating disorders, yet the qualities inherent in this modality make it a valuable tool in the healing process. Drama therapy, much like Art therapy, is an action-oriented therapy, placing the client in the here and now, which, as mentioned above, seems to be effective for treating patients with eating disorders (Levens, 1995; Luzzato, 1994; Matto, 1997). It is suitable for clients who are resistant, as appropriate distance can be maintained through the use of

projective tools such as puppets, masks, costume, and so forth (Emunah, 1994; Jones, 1998). Tom (2002) emphasizes drama therapy's use of metaphor as a way of dealing with resistance, having an inherent structure that mirrors the client's world, yet allows enough distance for the client to feel safe, and for the experience to be contained. As a drama therapist, Tom recognizes the importance of the therapeutic alliance in the success of the healing process, in that the drama therapist herself acts as a mirror, reflecting the client's thoughts and feelings back to her. The drama therapist acts as witness (much like the audience in a theatre), as the patient tells her personal story (in a dramatic way), which serves to strengthen her sense of self (Tom, 2002). The therapeutic alliance may also serve to fulfill the patient's unspoken desire to experience a loving, nurturing, maternal relationship, which may occur simply in the existence of the therapeutic alliance (with a female therapist) or through role play and psychodramatic techniques (Emunah, 1994; Inbody & Ellis, 1985; Landy, 2000).

Emunah (1994) states that "Within the world of make-believe, one can confront difficult situations, try out new options, prepare for real-life events – all without consequences" (p. 39). The resistance commonly displayed by the eating disordered patient can be diminished in this spontaneous yet safe environment, allowing the patient to confront issues that would be too scary in the real world. The world of make-believe within drama therapy, much like the artistic process in art therapy, is something that the eating disordered patient has complete control over, which may take the place of eating behavior in her need for control.

Drama therapy contains many different techniques that are flexible and can be shaped depending on the client's needs (Tom, 2002). Psychodrama may be used with

patients, allowing them to 'say the words that were never said, experience the emotions never felt' (Levens, 1995; Tom, 2002). Catharsis may occur in the use of scene work, as emotions are re-experienced, or experienced for the first time (Tom, 2002). In drama therapy, as in art therapy, the patient is an active participant in the therapy, which Bruch (1973) asserts is integral for genuine healing to occur. Drama therapy is also very effective in dealing with family issues, using role-play, psychodramatic techniques, and so forth, to lead to discovery by the patient the possible underlying causes of her disorder, taking away much of the blame that the eating disordered patient usually places on herself (Emunah, 1990; Landy, 2000; Naitove, 1986; Petterson & Rosenvinge, 2002). Emunah (1990) emphasizes the benefits of the therapist letting the client lead the sessions, of allowing the patient control and autonomy, as well as a feeling of accomplishment (and a witness of that accomplishment).

### *Fairy Tale in Therapy*

Yehudit Silverman (2004) has developed a drama therapy approach, *The Story Within: Myth and Fairy Tale in Therapy*, which uses elements of myth and fairy tale as a way of encountering difficult personal material. The client chooses a story which they feel a strong connection to, and works with a character or object within the story in an in-depth manner, which leads to self-discovery and healing. The process involves many creative elements, including embodiment, movement, visual art, writing, and mask-making, and stays within the realm of fiction and metaphor, allowing the client to confront material that is too difficult to deal with directly (Silverman, 2004).

Fairy tales have been described as vehicles for the human psyche, lending themselves more to universality than depicting any one culture or social attitude (Tatar, 2003). Where fables, folktales, and myths tend to have a lesson to be taught (very entrenched in social values and cultural influence), fairy tales represent the wishes, fears, hopes, and dreams of humans across cultures (Bettelheim, 1977). There may be many different versions of a fairy tale, each culture making slight changes to fit their experience and customs, yet the themes tend to stay the same, reflecting a deeper influence than culture – rather, the human experience.

Using fairytale also allows the client to explore a realm that is ‘culture-free’, or at least is not limited to any specific culture (although various versions of the same fairy tale may reflect elements of the writer’s culture). The only ‘culture’ of fairy tales is that they occur in a world where the fantastic is not acknowledged, the characters are not surprised by the appearance of witches or goblins or giants... they do not “marvel at the marvelous” (Tatar, 2003, p. 36). There do not have to be any actual fairies within a fairytale, only the possibility that they might exist.

Many authors (including drama therapists) believe that fairy tale and story may provide a useful framework for therapy. Bettelheim (1976) postulates that in fairy tales, “internal processes are externalized and become comprehensible” (p. 27). Gersie and King (1990), as well as von Franz (1970) describe how stories may be used in the therapeutic process for their symbolic and metaphoric value, encouraging clients to relate their experiences as stories. Jennings (1990) utilizes mask-making with her clients, creating fairy tale and mythic characters to explore personal issues, and states that, “the nearer we work to a person’s own life...the more limitations we impose on our

exploration of their life story. The greater the dramatic distance we create, the greater the range of therapeutic choices available” (p. 111). Lahad (1992), uses story-telling in his assessment approach (the six-part story method), asking clients to create stories in which they play the main character, allowing the therapist to discover the client’s way of coping with trauma.

It seems that fairy tales have the power to heal, whether used in a therapy session or not, allowing us to face our real-life horrors in a way that is manageable. Stemming from the human psyche, fairy tales are universal, ringing true to human experience across cultures; yet the elements of culture that have been added, or influenced the telling of each universal story, have the power to create a path from the universal to the personal, ensuring that each client’s story be told.

## CHAPTER THREE

### *The Story Within: Myth and Fairy Tale in Therapy*

Silverman's therapeutic approach, *The Story Within: Myth and Fairy Tale in Therapy*, involves the choosing of a story, character/object within the story, and a specific part of the story, all by the client, with the guidance of the therapist. The client first chooses a story, one that they are drawn to, and then "takes on and moves deeply" (Silverman, 2004, p. 128) into the role of a character with whom he or she identifies with. An important therapeutic component of the process is the specific moment in the story which the client chooses to explore, embodying their character as well as through various artistic media, such as creative writing, art, music, and photography. It is a process which relies on the client's own interpretations, metaphors, and symbols, rather than the therapist imposing his or her own judgments. In this way, the therapist is drawn into the client's own world, discovering each new experience along with the client (Silverman, 2004).

The client's choice of myth or fairytale, character or object, and the 'moment' are just as crucial to the therapeutic process as the exploration of these elements, as the client is embarking on a "personal quest similar to Campbell's (1968) heroic mythic journey" (Silverman, 2004, p. 128). The hope is that during this journey the client will not only experience the character's world, but also learn something important about him or herself – usually something that has been suppressed or hidden, or, in the very least, not fully understood. The client develops an intimate relationship with the chosen character, experiencing empathy for the character's trials and obstacles, and receiving validation and new insight into their own. This personal projection onto the character "creates a

setting in which the client can identify uncomfortable feelings without being threatened” (Silverman, 2004, p. 128).

This idea of feeling threatened, of new ideas permeating the client’s ‘problem’ or ‘difficult material’, is addressed by Rollo May (1975), who postulates that ‘insight breeds anxiety and guilt, due to the inherent struggle between what we consciously hold on to, and the new idea or belief’ (Silverman, 2004, p. 129). Despite the fact that much good may come from newfound insight, the anxiety of letting go of old patterns of behavior, no matter how destructive, can be overwhelming. Silverman’s process allows for insight to emerge gradually, at the client’s own pace, through the use of fiction and metaphor, creating an environment that feels safe, rather than threatening.

The therapist plays an important role in the creative process, acting as guide, witness, as well as setting up the structure (which is flexible) that best allows the client to traverse on their path toward healing. The therapist does not choose the story, character, or ‘moment’, but instead supports and validates the client throughout, as well as witnessing each new discovery. The therapist engages in the dramatic and projective work, taking on necessary roles and giving encouragement, challenging the client to utilize different artistic media, whether familiar or new. Most importantly, the therapist does not interpret or lead the client, rather he or she allows the client to discover his or her own personal *story within*.

The goal of the process is for the client to eventually make a connection between the client’s fictional character and his or her own personal material; “over time, the client’s hidden life problem emerges into consciousness and is understood, often for the first time” (Silverman, 2004, p. 129). The client is not required to understand ‘why’ he or

she has chosen a specific story or character, but to trust that the journey will reveal what is necessary for healing to occur, allowing the client to delve deeply, without pressure, into the creative process. As the client begins to make the connection(s) between him or herself and the character, their own difficult material begins to show itself, and the client is provided with a structure for working through it in a safe manner. The character's struggle is eventually revealed to be the client's own struggle, which can be dealt with on the client's own terms, with as much distance as they require.

*The Story Within* has been used by Silverman both individually and in groups, as well as in drama therapy training. It was developed over a 15 year period in various settings, including hospitals and private practice, and continues to develop. Silverman has found success working with children, adolescents, and adults, with diagnoses ranging from eating disorders, anxiety, conduct disorders, social disorders, delinquency, and victims of physical and sexual abuse. Clients chosen for the process must have the "ability and willingness to work creatively through fiction and metaphor" (Silverman, 2004, p. 130), which excludes clients with dementia, as each session must be built upon. Schizophrenic clients may undergo this process, with a strong emphasis on the distinction between what is fiction and what is real (Silverman, 2004).

#### *Encounter/Projection Exercise*

The therapist places an object, or a number of objects (with various textures/qualities) in the centre of the room. The client is asked to "approach the object as if it were something never seen before" (Silverman, 2004, p. 130), to look at it from many different angles. The object (or chosen element) is then 'encountered' in three



ways: through drawing or painting, writing (a short personal story), and through creative movement or sculpture which embodies the feeling of the object. Each modality is from the view-point of the object, enabling the client to project their instinctive feelings/thoughts onto the object, yet maintaining distance, as it is the client, but *not the client*—the ‘me, but not me’, of Winnicott’s (1974) writings on object relations theory. This exercise prepares the client for the next phase, where “he or she will project feelings onto their chosen character” (with whom they will eventually identify with) (Silverman, 2004, p. 130).

### *Finding the Story*

The story is chosen by the client, during the first few sessions of the therapy, which is an integral part of the therapeutic process. The client is guided by the therapist to find a story that they have an intuitive response to, which causes excitement, or perhaps may be emotionally unsettling (although the reasons may not be clear). The client may be drawn to events in a story, a particular character (which they may or may not ultimately choose), the setting, or perhaps it is just story they remember from their childhood, carrying sense memories and feelings (that may prove significant as the story is explored). The therapist helps the client discover the story that most affects them, most likely without knowing why. The “not knowing” is an important aspect of the process (Silverman, 2004, p. 129). The client “does not need to set out to find a parallel story to their own life, although they may have one in mind from the outset – and perhaps be surprised at what they discover” (Silverman, 2004, p. 130).

### *Finding the character*

The client then proceeds to choose a character (or object) with which they feel empathy towards, and are interested in exploring more in depth. The character need not be of the same gender or age, or even human. The world of fairytale and myth, and drama therapy, for that matter, has no bounds, as any element may be given a voice, whether it be a prince, an animal, a tree or brick (Silverman, 2004). The purpose of the first exercise is to open the mind of the client, to the possibility of projecting emotion on to anything, to begin thinking in the metaphor (Silverman, 2004). In this way, the opportunity for creativity and exploration is incredibly rich, again giving the client the amount of distance needed, as well as individuality. The “process of choosing a story and character requires the client to pay attention to his or her own emotions, responses, as well as intuitions, which in itself is therapeutic”, creating a pathway into the psyche (Silverman, 2004, p. 131).

### *The ‘Moment’*

The client is then asked to focus on a specific moment from the story that they feel most drawn to. Using creative expression and embodiment, the client begins to examine the dramatic conflicts his or her character experiences, allowing for empathy for the character’s fears and challenges to be felt (Silverman, 2004). The client experiences emotions, conflict, and so forth in a novel form, through artistic expression and role-play/embodiment. The experience is genuine, the feelings are felt, yet in a liminal space that the client may trust as fiction, a world of their own creation. This experience may serve as a “springboard for self-examination”, as the client begins to differentiate him or

herself from the character, exploring how it felt to be the character, where they felt most in tune with the character, where they felt most distanced, and so forth (Silverman, 2004, p. 132). The ‘moment’ becomes the catalyst for discovering the essence of the character’s central problem or inner conflict, and the client’s (Silverman, 2004).

### *Becoming the Character*

After this initial dramatic experience, the client is then guided by the therapist to explore the character more in depth, using various modalities, such as creating text, engaging in guided visualization, and making a mask to represent what the character shows the world, and what is hidden (Silverman, 2004). Aiding in this stage of the process is the creation of the character’s physical environment, the place where the character “lives” (Silverman, 2004, p. 131). The client is asked to bring in materials and objects from home, and also to create items that they feel are necessary (physically or metaphorically in the space). The environment is a tangible fusion of the character and client, as the objects belonging to the client are already imbued with the client’s sense memories, and are being introduced and incorporated into the world of the character. Embodying the character within the environment, the client experiences a deeper identification, as he or she is lead on a “journey into the character’s psychic terrain” (Silverman, 2004, p. 128). As the relationship between the client becomes more intimate, a deeper empathic connection is shaped; as the client learns and experiences the character’s vulnerabilities, it becomes safer for the client to delve into their own (Silverman, 2004). On the part of the therapist, “witnessing this emotionally intensive work of the client brings him or her closer into the client’s world”, strengthening the

therapeutic relationship, as well as validating the client's experience (Silverman, 2004, p. 131).

### *Facing the Edge*

The next phase involves the client creating a depiction of their "scary or interior place" or "edge" (Silverman, 2004, p. 132). Once created, the client is asked to physically approach the 'edge', first in role as his or her character, and then as him or herself. Here, again, the client is able to notice the similarities and differences between him or herself and the character, as the character may approach the edge very differently from the client. Seeing his or her difficult material from a different point of view allows for new insight to occur, yet without the inherent anxiety, as "the 'problem' is given distance, depicted externally, concretely" (Silverman, 2004, p. 132).

### *Director's Chair*

The next phase of this therapeutic approach puts the client in the director's chair, in which they direct the therapist in the role of their character. This allows for the client to witness the character as embodied by someone else, as well as an opportunity to direct exactly how they wish the character to be portrayed (Silverman, 2004). The therapist may give feedback regarding what it was like to embody the character, adding "yet another level of empathy for the client to experience", in that the therapist may be experiencing what the client experiences, or perhaps another aspect that the client had not noticed or admitted (Silverman, 2004, p. 131). This exercise is important for the client to gain other perspectives, how other people can experience the same character. They may be surprised

that someone else can experience the character so differently. At this point, “the client is now ready to perceive their character as transformative, as having the ability to alter or change,” (Silverman, 2004, p. 132). They may also begin to see their character or story in a new light (and subsequently, their own difficult material may be viewed as such). This, hopefully, will lead to the understanding that it is “possible for the client to engage in transformation” as well, and that it can be a positive experience (Silverman, 2004, p.132).

### *Creative Transformation*

The final phase of *The Story Within* is the client’s creative expression of his or her personal journey with their character. This may be an enactment, embodiment, painting, drawing, written piece, or whatever modality (or combination) the client chooses (Silverman, 2004). This part of the process helps the client to discover (if they have not already) why they have chosen their story and character, and how they relate to the client’s own life. It also gives the client the opportunity to “resolve any conflicts that have previously been hidden or avoided, in a ritualistic fashion that is both witnessed and validated by the therapist” (Silverman, 2004, p. 133). Lastly, this phase is important for the client to “experience closure with the story and character, and is done so in a witnessed manner”, by the therapist (Silverman, 2004, p. 133).

Silverman’s therapeutic approach, *The Story Within: Myth and Fairy Tale in Therapy*, “has been found effective with clients who failed to respond to other forms of therapy” (Silverman, 2004, p. 133). The main elements of the process, that of a “gradual progression, emphasis on safety, appropriate amount of distance, and high level of empathy, are dependent on the therapist, and his or her own level of comfort working in

this manner” (Silverman, 2004, p. 134). The therapist “must approach the therapy as an inquiry, and ‘journey into the unknown’, acting always as guide and witness” (Silverman, 2004, p. 129). This provides the client with “autonomy, and the courage to face their inner demons”, as they have a companion to share in their own metaphorical world (Silverman, 2004, p. 129). However long or difficult the journey, the true healing is found within.

## CHAPTER FOUR

### Case Material

#### *Description of Institution/Agency*

My practicum placement was at a clinic specializing in adolescent medicine, which is part of a children's hospital. The clinic offers services to adolescents for routine health care, gynecology, and eating disorders as well as providing services for adolescent parents and their babies (if followed during pregnancy in the Gynecology Program). It also provides assessment and treatment for preadolescents and adolescents with anorexia or bulimia by offering a multidisciplinary approach including individual and family therapy as well as clinical nutrition. I was part of the Eating Disorders multidisciplinary team, where I received referrals for both inpatients and outpatients. The multidisciplinary team consists of doctors, medical students, psychologists, social workers, family and individual therapists, clinical nutritionists, and creative arts therapists.

#### *Profile of Client*

'Alicia' was a 12-year-old girl recovering from anorexia nervosa, restricting type. She was hospitalized with a weight of 22.7 kg, and released a month later, to continue treatment as an outpatient, with restrictions to diet and exercise, as well as limited school attendance. Prior to hospitalization she had progressively been losing weight over the year, as well as showing signs of dysthymic disorder. She denied any purging behavior, and neither confirmed nor denied the use of laxatives. She claimed to want to be a vegetarian, restricting her diet to salad. She had remained physically active, engaging in

soccer and training for a long distance run. Upon hospitalization, she saw herself as 'a person who needs to gain weight', yet was not admitted willingly.

She lived with her mother and father (both 47 years old), and 18-year-old sister. Her eldest sister (aged 24) was also living at home until her marriage, a month or so into the therapy sessions. The family had moved two years prior, changing neighborhoods and schools. This change seemed to have many negative repercussions for both Alicia and her sister, although not much was voiced at the time of the move. Upon release from the hospital, Alicia was allowed to attend her preferred school, where all of her old friends attended, rather than continuing at the school that is closer to her new neighborhood. She seemed much happier there, and was able to make new friends (whereas at the other school she had not). Alicia was very petite, with black hair that was long when I first met her, and was later cut to shoulder length, with bangs. She had not yet started menstruating until a week or two before our sessions ended, and had the appearance of being younger, perhaps 8 or 9 years of age. She moved in a very light manner, not taking up any unnecessary space. Her usual disposition was that of a shy, polite, and seemingly happy girl. She brightened over the initial months of therapy, going from pale to rosy-cheeked, with a smile that became more genuine, deepened by a sparkle in her eyes. There was at first a limited display of emotion, especially of anything negative (sadness, anger, etc) but she was slowly able to allow the smile to disappear at times, and describe herself as feeling something other than 'good'. Despite looking very young, she seemed wise for her twelve years, with a vast imagination and the ability to think in a metaphorical fashion, which helped tremendously in allowing her to express herself and gather insight. She loved to read, write, and paint, and did extremely well in school.



Over the seven months of therapy, she became comfortable displaying a greater range of emotion, including real joy and laughter, as well as sadness, fear, and anger. She even broke down in tears a few times, which was never a possibility for her until therapy began. Rather than just allowing the smile to disappear once in a while, she became able to engage in the emotion, to allow it energy, to be charged by it. These felt emotions were no longer for other people, such as her parents, but for herself, and she demonstrated ownership of them. This capacity to show emotion (especially negative) was encouraging in that she might not so easily take on the burden of those around her, being more in touch with what she herself was feeling, what she herself needed. She continued to display her precociousness, allowing her imagination and metaphorical thinking to help in her journey towards healing, gathering much insight into her own psyche, as well as developing the ability to express her thoughts and feelings in a multi-layered fashion.

Alicia continued to do very well in school, and became more confident in subjects such as history and math, which she had had trouble with in the past. She was able to put less pressure on herself to get very high marks (although still receiving them), making time to 'play' and have fun, as well as relax. At the end of our sessions, she was not yet allowed to engage in gym or dance class, other than stretching, yet managed to be involved in an observatory fashion.

During most of our time together she had been having difficulty sleeping, especially falling asleep, but took an exercise from the sessions, involving discovering a 'safe space', which proved very helpful in allowing her to sleep. She managed to maintain her weight gained during her hospital stay, which was still low, but she had been gaining weight by the end of therapy, enough so that she was continuing to grow and

experience puberty. She was the 'privilege' of only having to see the doctor every six weeks, which denotes confidence in her defeating the eating disorder.

The onset of Alicia's anorexia seemed to fall under the theory explored by Humphrey (1986), and Munichin (1975) suggesting that the anorexic client uses their illness as a way of communicating messages avoided in the family, and also as a way of deflecting family and parental conflict. In Alicia's case, the avoided material surrounded the move that the family had made two years earlier, which had caused her and her sister much sadness and distress. Through working with Alicia, especially on her folder, it became clear that there was a 'silence' within her family, in that all negative emotions were suppressed most of the time, making Alicia feel that she must remain silent as well, for fear of upsetting other members of her family, especially her parents. This silence was demonstrated midway through our sessions, as Alicia voiced her frustrations that her mother was suppressing her grief over her father's death, refusing to speak of him to the rest of the family. Alicia said that she knew her mother was trying to 'protect' her (as Alicia had been trying to protect her family), but that she could see how much her mother was suffering on the inside. This silence, this burden consisting of her parents' (as well as her own) hidden emotions, was manifested physically as Alicia began to disappear (to lose weight), although at the time on a subconscious level.

One may also approach Alicia's anorexia from the viewpoint of Bruch (1973), who believes that a lack of individuation between mother and child contributes to feelings of lack of control and ineffectiveness, which are only alleviated through extreme dieting. Alicia seemed to have an intense connection with her mother, feeling that any negative emotions she felt would directly lead to her mother's unhappiness, creating feelings of

dependency within Alicia, as well as ineffectiveness to produce any of her own, separate emotions. The one part of her life which felt under her own control, was her weight. This lack of individuation, lack of sense of self, may also have physically manifested itself as Alicia lost weight.

It seems that her family structure, and relationships within her family may have been the largest contributing factors to the onset of Alicia's anorexia, as when I first met her, she seemed to fall under Inbody and Ellis' (1985) 'good little girl' persona, always with a smile on her face, focusing on pleasing others and denying any conflict. As mentioned, it became clear during our sessions, that her family went to great lengths to avoid conflict, resulting in Alicia's own emotions to be suppressed, causing her to be unaware of her own needs, emotions, or desires, and rather, relying on the needs, emotions, and wishes of others, thereby lacking a sense of self (Inbody & Ellis, 1985).

The 'cause' or 'root' of the anorexia may have had many contributing factors, psychological, biological, genetic, and environmental. In terms of drama therapy, the goal is to determine the client's own individual experience of it, rather than to discover what is 'right' or 'wrong'. Thus, in working with Alicia, my goal was to engage her in a journey of self-discovery, learning from whatever lay within her own psyche, to help her find her own path towards healing. Hopefully, this journey would help bring to awareness her own needs, emotions, and desires, helping to strengthen her autonomy, and develop a sense of self.

## CHAPTER FIVE

### Early Sessions and Beginning *The Story Within*

I feel that I was lucky with Alicia, as she was clearly a patient who had the desire to 'get better'. During our first session we created a contract, deciding, in a collaborative way, what the goals of our time together might be, the limits/boundaries that needed to be established, and so forth. Alicia seemed to appreciate that she would not have to 'talk' all the time, but be allowed to express herself in other ways, as she considered herself to 'be a very creative person'. She made it clear that she liked to have options, as well as the right to say 'no' (both values that I uphold very highly in a therapy setting). The contract itself consisted mainly of symbols and drawings, rather than words, already revealing Alicia capability and pleasure in working with metaphor, as well as exploring and creating her own 'language' or metaphorical world.

The next few sessions were spent exploring her family life and relationships, using the psychodramatic technique of the social atom (Figure 1), which explores all the relationships that a person carries with them, anyone significant to the client at any given time (Lewis & Read Johnson, 2000). I asked Alicia to use symbols and color to represent people and places, rather than the restrictive shapes and sizes that are usually employed. In this fashion, Alicia again was creating her world how she saw it, using her imagination to create her own symbols and metaphors for the people in her life, and the connections she had with them. This seemed to instill a sense of control, in that she was not constricted by someone else's interpretation, but free to make her own (which led to much insight into the workings of her family, as well as the defenses she places around herself). The main theme that arose out of this work was that of communication, or lack

thereof, within her family structure. Her sister and herself were very opposed to moving, yet said nothing, for fear of upsetting their parents. When her sister finally did reveal her true feelings, Alicia saw how hurt her parents were by this, and contained her emotions even more, never letting on how much she missed her old neighborhood, her friends, and her school. She was placing her parents' feelings above her own, weighing herself down with both her parents and her own burden.

The social atom revealed the different types of communication she had with different family members and friends, whether unspoken, peripheral, or virtually nonexistent. There was only one friend with whom communication was open, and even this was closed during the beginning and middle stages of her eating disorder. Through this, Alicia came to realize that she was not the 'problem' in her family, that everyone was a bit responsible, and the desire to promote change was strong in her. Awareness was the first step.

During these sessions and subsequent sessions Alicia seemed to find her voice, using the drawings as a starting point for discussion, letting her thoughts go as they wished while she drew and colored. She told me that it helped to focus her thoughts, but also relax her, in that she was not 'in the spotlight', as she felt (and hated) during family sessions. The pressure was taken off, the distance she needed was given, which led her to better understanding and insight of her world and the people in it.

Our next major activity was the creation of a folder, in which all of her artwork/creations were to be kept, but which also had much significance itself. The inside of the folder was to depict her inner self, the parts that she held most dear, that perhaps might be kept secret from others. The front of the folder depicted what she let the world

see, or projects herself to be. The back of the folder was what she wants the world to see, and may or may not have achieved as of yet.

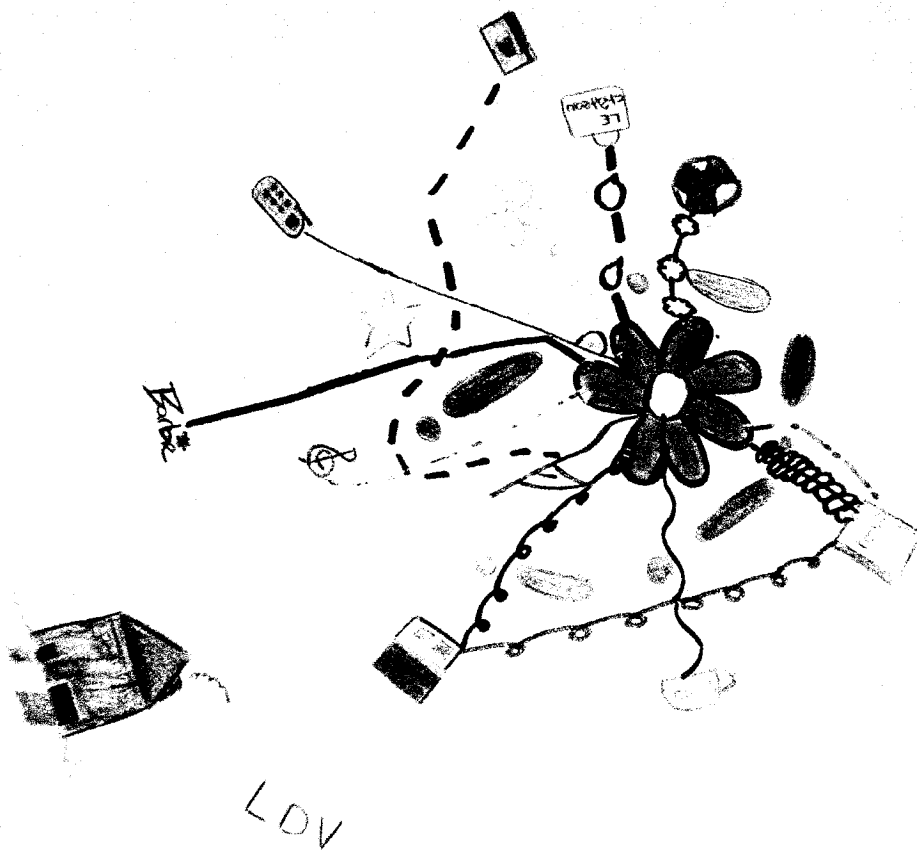
At first the drawings/symbols were very clear, concise, lacking depth, as she experimented with what she might reveal. In later sessions she delved deeper into herself, creating metaphors to represent feelings and relationships that felt right to her, that were unique to her experience. Her fears began to take shape, as well as the 'silence' that was her family's lack of communication. The cycles that she imposed on herself (and were imposed upon her) became visual, colorful, more real. Her wishes and dreams, memories as well as regrets all seemed to come alive on paper, yet remained on the paper, safe and contained.

Each session was begun and ended by pulling down the *magic box*, a projective technique which promotes awareness in the moment, in regards to emotions being felt in the here and now, as the client is asked to place something within the box that they wish to get rid of (perhaps a negative emotion such as sadness or fear), and to take out something that they need (a positive emotion such as happiness or confidence). This also serves as a check-in, allowing the therapist to have an idea of the client's state of being at the beginning of the session, which might affect where the session goes that day, as well as a way of closing the session, containing any emotions that had arisen during the session. Usually Alica placed whatever she had drawn in the box, both so that she could remember it for next time, as well as keep it extra safe. Sometimes, though, she would take a bit of the insight she had gained, in hopes that it would help her outside of our therapy sessions.

We next began to work on the front of the folder, which she divided into family, friends, and 'everyone', making it clear for herself how she portrayed herself in these different areas of her life, leading to her realization that she kept these areas separate on purpose, and was adamant that the two 'worlds' not collide. A lot of times what was depicted on the front somehow needed to be addressed on the inside, showing how it differed or changed. The back of the folder seemed to evolve almost on its own, as each new idea/issue/relationship was now being depicted on each part of the folder. Alicia was getting to know herself, and seemed to be delighting in the process, even when the issues were difficult. These difficult times produced the greatest feelings of accomplishment, as she was tackling things that were so complex, yet managing to unravel them and make them make sense – again, by using her own language and metaphor.

During the creation of the folder we rarely spoke of her anorexia, of the hospital, of food or weight. It became clear that the 'month of May' was when things were at the breaking point, when the eating disorder fully took hold. Slowly, details about the month of May were coming out, but at Alicia's own pace. There had also been a very uncomfortable and hurtful situation with a doctor during this time, who she had trusted and looked up to, that had betrayed her and made her feel worthless. We still had work to do concerning these two issues, which Alicia acknowledged and I wished to approach using *The Story Within* process. From the outset of therapy she was able to express feelings of happiness for surviving her illness, for being strong and brave enough to help herself to get better, showing that there was great potential for a deeper understanding and healing to occur.

Figure 1: Social Atom





*Encounter/Projection Exercise*

Once she felt satisfied that the folder was relatively complete (but could always be added to or altered), we began *The Story Within* process by exploring three different modalities of expression, to see what potential they had for her, as well as limitations. I set out a few different materials/objects, all having some relationship to each other depending on their placement, creating a still-life sculpture of sorts. The exercise was to choose an element of the sculpture that seemed to speak to her in some way, whether it was the material itself, a colour, a texture, a character, etc., and to take the point of view of that element/object. Using each modality, of drawing/painting, writing, and embodiment in whichever order she chose, she was to communicate what that element had to say, or what it said to her, how it touched her. She chose to paint first, then embody, then write. I allowed her to take the time she needed, especially for the painting, so this process took a few sessions. Through this process she discovered that she could express herself in different ways, that each modality had a different impact, in regards to emotional distance. She found that painting (Figure 2) was the most freeing (and distant) modality, whereas writing (Figure 3) was the easiest, most clear path. Embodiment was somewhat difficult, as she was self-conscious and not very confident about her 'acting skills', but was greatly aided when she brought the object (that she had chosen) into it. Although this modality was the most difficult, it proved to be the most revealing, as it moved her closest to her own experience. After each of these experiences, she decided to add the new insight or connection to her folder, where she felt it belonged. This reinforced that the experience was contained, as well as remembered (and witnessed by myself as the therapist).

She had chosen a purple sarong, more specifically the images of the butterflies and 'swirly sunshine' depicted on it. She used deep colors, using a lot of paint and little water. She described how she remembered liking the butterflies and the suns, which reminded her of freedom, of being outside, and how much she liked the reddish-purple colour that is so vibrant and strong. She realized that she found painting to be relaxing. As she painted she told me about goings on in her family. I asked her how school was going, to which she replied 'good', and then looked a little sheepish as she knew that was the easy answer.

She focused on mixing the colours, doing so vigorously, and commented that she enjoys mixing, and apologized for using so much paint (as I kept having to refill the red for her). She painted all of the design elements first, making it more of an effort to paint the background. She continued to be very polite, saying thank you when I gave her more paint, and sorry as well. I told her 'no sorries, there's lots of paint'. She painted over the first butterfly she had painted, making it darker, and commented that it was much better now. She said that she is clumsy when she draws and paints, but enjoys herself anyway.

She continued to talk about school, telling me about her English teacher who always speaks to them in Italian (which she found quite funny). She was proud (and a bit bashful) that her French teacher had called her mother to say that she was doing well (despite having missed a whole month of school). As she is finished up, she told me about when she used to go to daycare, the music teacher would read bits of *The Hobbit*, and that now she was reading it herself and was thinking that it might be a good story to use in therapy. I asked her what it is about the story that (so far) had made her want to read it herself, what had touched her about it. She liked that Bilbo, although he is so

afraid of adventures, is now going on one! She also liked the writing, that the descriptions allow her to picture everything in her head. She said that she likes stories that take her to another world.

When she finished the painting, I asked her if she would like to give it a title. She thought for a moment and painted the word 'Freedom' in a contrasting colour. I then asked her if there was anything she would like to say about the painting, to which she replied that it reminds her of the 'butterfly effect', where one butterfly stands out. I asked her if she was ready to try another way of expressing the element she had chosen (the sarong/butterfly), and she chose (to my surprise) embodiment. She told me that she wanted to embody the butterfly, the feeling of freedom. I told her that she can go wherever she liked in the room, that she did not necessarily have to treat me like an 'audience'. I asked her how her body would be positioned in this feeling of freedom. She was shy, self-conscious, smiling. She made a tableau with her arms and legs extended. I asked her to try moving from a place of *not* being free, to reach that feeling of freedom. She curled up on the floor, and slowly reached back into the extension. She still did not seem to be really feeling it, so I asked if it would help to have some kind of prop, like the actual sarong. This seemed to be a good idea, in that she rushed to get it off the chair, and immediately turned the sarong into wings. I asked her how the butterfly would walk, and she described her movement as she did it, as 'strong yet free'. I then asked her how she, Alicia, could feel this freedom, and she dropped the sarong, closed her eyes, looked up to the sky, extended her hands as if feeling the sun, and her expression changed to one of contentment, eyes fluttering. I had tears in my eyes as I felt her sense of freedom. She broke, seeming to be breathing easier, and sat back down. I asked her how it felt to

embody, and she said that it was a bit awkward 'acting', but the feeling was stronger than when she was painting.

I felt that this was a kind of 'breakthrough' session, in that she got to experience the power of embodiment in a positive manner, perhaps making her less afraid of attempting it in the future. It was also a well-rounded session, in which she displayed shyness, over-politeness, resistance to discussing anything directly related to the anorexia, as well as showing her ability to take risks and engage in self-exploration. She was also very chatty, a sign that she had become very comfortable with me, that the therapeutic relationship was strengthening.

Figure 2: 'Freedom' painting



Figure 3: 'Freedom' creative writing

Hello, I am the butterfly you see on the cloth. I am a rich color, purple. I stand out. I am flying off the cloth and into the air. I am free. I love being outside with the sun, the wind, and the beautiful colorful flowers. I have many friends following me to the outdoors, into freedom. Although I like this cloth, its softness, its color, and its the warm, comforting feeling that comes with it, I am excited to go out into the world and fly.

## CHAPTER SIX

*The Story Within – Process and Reflections**Finding the Story**Process.*

We had discussed earlier the task of finding a story and finding a character, which Alicia had undertaken with much enthusiasm. She read quite a few stories and chose a few that she really liked, but there was one in particular that she was very drawn to, called ‘One eye, two eyes, and three eyes’ (Grimm, J. & W., 1812/2001). We worked with it a bit in the beginning, where she told me the story and drew a character from it that interested her, creating its environment and illustrating its wants, needs, and emotions. I did not want to jump into it, as I felt that working on the folder was a tremendous therapeutic tool, so after that session we left the story alone (which she was fine with). As we got closer to finishing the folder and going into this new process, I gave her the option of using this story that she had chosen at the beginning, or possibly finding something else that touched her.

She had been thinking about it on her own time, and kept coming back to *The Hobbit* (Tolkien, J.R.R., 1937/1978), which she seemed to have an ongoing relationship with, but had not, as of yet, completed reading.

In the meantime, and in order to aid Alicia in expressing elements of her life in a metaphorical fashion, I asked her to think about what an ‘obstacle’ meant to her, how it might look, feel, and so forth. She began working on the construction of a ‘wall’, which was the first time she had decided to construct something (rather than paint or draw), and she told me that it was the first time she had expressed herself so deeply and truly. First

she created a wall that reminded her of an actual wall, one that she had attempted to climb, an obstacle that had been very difficult at first, but that she had tackled in the end. On one side of the wall she created an area that represented safety and happiness, as she incorporated elements of nature, including a pond, trees, and grass (Figure 4). The other side of the wall held both danger and satisfaction, with obstacles and enemies to be encountered (Figure 5). What was most powerful, was the incorporation of a wizard/guide (inspired by Gandalf, from *The Hobbit*) and a troll/protector she called 'Gollum' (another character from the book), both figures that she came to realize she needed to help her over the wall, and which she expressed desire to incorporate into her life. She said that these figures could appear on both sides of the wall, guiding and protecting her. It became clear that the story of *The Hobbit*, or at least the world in which it takes place, was a rich backdrop for Alicia's own story to emerge.



Figure 4: Alicia's Wall (Safety)

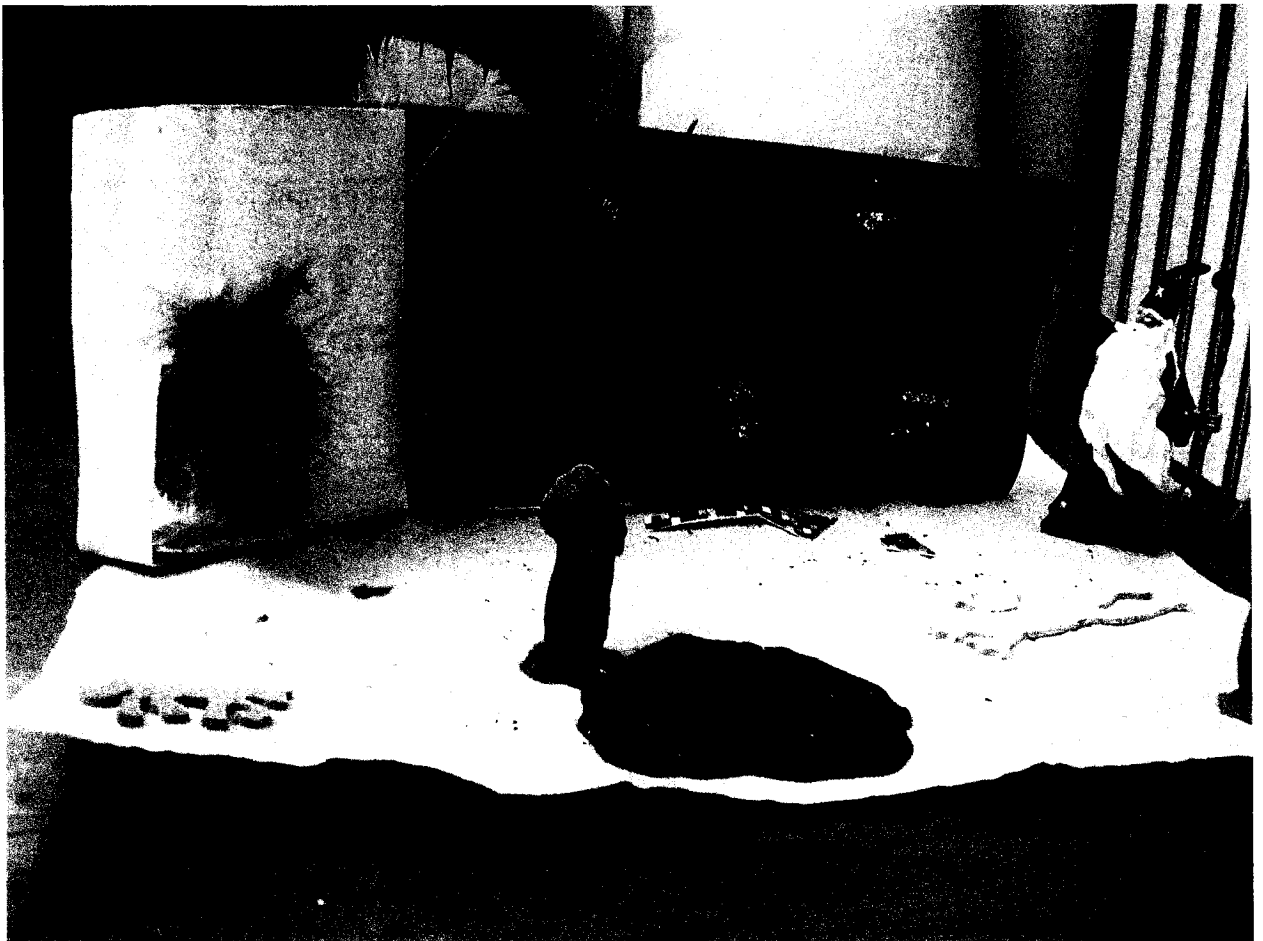


Figure 5: Alicia's Wall (Danger)



### *Reflections.*

Part of *The Story Within* is finding a story that touches you in the here and now, today, and since she had been going through so many rapid changes, I thought that perhaps the story had changed. She had found the initial story (*One Eye, Two Eyes, Three Eyes*) while still in the hospital, and much had happened since then. The story of *The Hobbit* seemed to touch her in an exciting manner, as she expressed excitement when describing the characters and events, and enjoyed the rich descriptions of Tolkien's *Middle Earth*.

### *Finding the Character*

#### *Gollum.*

Alicia was initially drawn to the character of Gollum, who only appears in one chapter of *The Hobbit*, yet is a very important character in *The Lord of the Rings* (Tolkien, J.R.R., 1966/2004). Alicia chose to write creatively from Gollum's point of view, of which she felt he actually had two. She also depicted this duality using paint, creating separate forms for both 'sides', as well as symbols and words to show how she felt about each (Figure 6). To further explore the facets of Gollum's character, she created or found toys to physically represent his two sides, and also created an environment or 'home' for each. She found a toy that she felt was a good depiction of Gollum 'as a whole', and during these sessions she would place the toy where she felt the division between the two personalities lay.

Alicia was very aware early on that Gollum seemed to have a duality, almost a 'split' personality – one that had 'been taken over by the ring', that was 'greedy and

mean', as well as 'lonely and isolated'. The other was his 'good' side, the part of what was 'left from before he had come upon the ring', the part that she said did not want to live in the dark, but have friends and care about other things than just the ring. We explored this duality in terms of their wants, needs, as well as how they viewed the past, present, and future.

She painted the 'bad' Gollum as dirty, ugly, and placed a symbol of a hand with a bar across it, saying that he is someone she 'would not like to be friends with'. She could not find a toy that seemed suitable, so she used a soft black glove, stuffing it and shaping it into quite a scary figure, and placed him in small box, using dark colours and materials, and his 'island' where he kept his Ring (Figure 7).

She painted 'good' Gollum (on the same page) as less threatening, smiling, smaller in stature, and with brighter colours. She painted a hand beside him, to show that she would like to be friends with him, and she felt that 'he would welcome' her friendship. She created a physical depiction of him using clay, and placed this Gollum in a brightly decorated box, and said that he 'wanted a home, one that was warm and good for visitors'(Figure 8). She imagined that he was actually friends with the Hobbits from the story, as well as many animals.

The 'whole' version of Gollum was a toy she had seen while shopping with her mother, and had been immediately attracted to it. It was soft, resembling a frog, and she said it had the very important element of the Gollum's 'lantern-like eyes'(Figure 9). This Gollum was what others saw, what he looked like 'on the outside'.

Alicia was surprised to discover that although she was repelled by the 'bad' Gollum, she seemed to understand him better, finding it easier to write from his point of

view, that she knew 'what he was thinking', even if she did not necessarily approve.

Upon further exploration she came to a somewhat sad conclusion that the two sides were not balanced, that the 'good' Gollum was only a small part, more of a conscience for the Gollum that had been seduced by the Ring.

Feeling confused about her connection with Gollum, Alicia continued her exploration of his character by watching the film version of *Lord of the Rings* (Jackson, P., 2001, 2002, 2003), as she 'wanted to know the whole story', so she could better decide whether to continue to develop her relationship with him. Upon watching the final installment, *The Return of the King* (Jackson, P. 2003), in which there is a sequence where it is revealed that Gollum killed his best friend in order to obtain the coveted Ring, Alicia felt that the connection she had had with Gollum had weakened, that she no longer understood him. She expressed feelings of betrayal, anger, and disappointment, using painted words and phrases (Figure 10). She said that she was no longer confused, but actually that she did finally understand Gollum now, that his true self had been revealed when he obtained the Ring.

Watching the films had not only allowed her to explore Gollum's character, but also that of Frodo, the Hobbit whose task it is to destroy the Ring, lest it fall into the wrong hands and allow evil to dominate in Middle Earth. Alicia said that she felt a very strong connection to Frodo's struggle, especially that of the 'burden' of the Ring, that he had carried very far, despite missing his family and home. She said that they had 'both chosen the burden', not knowing 'how hard it would be'.

In order to transition away from Gollum and to further express her new understanding of his character, Alicia chose to enact the murder scene, and go through

the ritual of taking hold of the ring and revealing Gollum's true self. This scene was very emotionally charged (as well as violent), making it somewhat difficult for her to embody, so we went through the process in steps, first using a puppet to play the friend, and rehearsing the scene until it seemed 'right', with myself in the role of the friend at the end.

It seemed that the most powerful element of the embodiment was portraying the actual 'shedding of skin' that she had described, which was reminiscent of her butterfly tableau where she had felt freedom for the first time. In this instance, she was experiencing a different sort of freedom, that of insight into a character's true self, as well as the freedom from fear to do so. She was able to invest herself emotionally, aided by having a tangible conflict, a physical person (myself) to react to, although with necessary distancing steps. The enacting of the 'event', which she herself had inserted into the story, had led to her own deeper understanding of this character, why she had rejected him, allowing her to break away from him, yet honoring all of the work she had put into her exploration of him.

#### *Frodo.*

All of the work we had done with Gollum allowed the exploration of Frodo to flow quite easily, as Alicia already had an idea of what she wished to discover, and how to go about it. She began to paint the common elements between herself and Frodo, yet quickly decided that creating a physical manifestation seemed to hold more power and meaning, as well as clarity. She created a *Commonalities Landscape* (Figure 11), both in

session and at home, using materials with various textures, colour, as well as involving objects significant in her own life.

The *Commonalities Landscape* depicted her and Frodo's love of nature, softness, comfort, and openness. They both loved to read, loved animals, and valued friendship above most things. She used a tiny birdhouse to show their love of their home, as well as their shared longing to go back to it. Alicia worked very much in the metaphor, including a baby's shoe to represent both her and Frodo's want to 'fit in'. Most interesting (and complex) was her inclusion of the 'burden' – in Frodo's case, the ring, which he clings to although it is eating away at him, and in her case, the burden of worrying about everyone else in her family, rather than her own wants and needs. For this, she used two steel marbles her father had made for her a few years ago, which were heavy and cold, attached to a tiny scroll with a name tag, to show how strongly she feels it belongs to her (and Frodo).

She emphasized that the name was important, as the burden (the Ring) belonged to him, and that although it was heavy, he carried it willingly. She said that her own burden, the weight of her family's emotions and so forth, was something that she had wanted as well, despite how difficult it was to carry. Lastly, she placed a clear plastic cover over the 'burden', to keep it safe, yet also to allow others to know that it existed, which was frightening for both herself and Frodo. She had initially put a soft piece of furry material overtop of the burden, hiding it, yet had changed her mind, realizing that she was unable to hide it any longer, just as Frodo could not hide the effects of the Ring from his best friend Sam.

Alicia's search for the right character not only led to a change of heart in regards to the character, but also to the story (although, one may argue that the *The Hobbit* and *The Lord of the Rings* make up one larger story, despite each being able to stand alone as works of literature). The character of Gollum touched her, yet she felt more pity for him in the end, as opposed to the deep empathy and understanding she felt towards Frodo. The two characters have similar stories, in that they both carry the Ring, but their motivations are different; Gollum does not see the Ring as a burden, but as a prize, whereas Frodo chooses to carry the Ring, as an act of selflessness, wishing to save those he loves. Alicia had found a character similar to herself, with a similar journey. Both herself and Frodo had had to leave their homes, sacrificing their own happiness for the well-being of others.

She had been unable to talk about her feelings about missing home, being burdened by others' emotions/feelings, and how, like Frodo, she could never go home again. Unlike Frodo, she no longer felt the need to go 'home' (back to her old neighbourhood), as she had made new friends, enjoyed her young neighbours' company, and felt stronger than she had when admitted to the hospital. She recognized that the burden had been too much, that she had trouble letting go of it, but that it was necessary for her own self-preservation. Carrying the burden had changed her, as the ring had changed Frodo, not knowing who she could trust, causing her to be sad, lonely, depressed, and isolated.

### *The Ring.*

Exploring the two characters who were both tied so closely to the Ring in the story, led to many questions about it, its nature, whether it changed people (consumed



them, had them under its power), or whether it brought out the darkness within them. To explore the Ring, Alicia decided to work with art materials, creating a 'path' for the ring, one that each person follows when it comes into their possession (Figure 12). All of these elements were gleaned from going over the events of *The Lord of the Rings*, and the journeys of the various characters who have been carriers of the Ring (Gollum, Bilbo, and Frodo).

Creating the 'path of the ring' aided in the transition from Gollum to Frodo, as both must follow the path, but with different ends. Alicia showed how the ring 'draws a person in' by placing it at the beginning of the path, in an elevated fashion, 'on display'. She then showed how the person experiences the 'weight', or burden of the ring, represented by a pair of dumbbells. The path then leads to one's mind being poisoned by the Ring, which she chose to show in the form of a snake. Lastly, the person goes into the darkness, whether willingly or not (in Gollum's case, willingly), where the Ring then abandons them, searching for its next master. She was very clear that the Ring abandons you, yet leaves its burden behind. Alicia expanded the path, creating a fork, where a friend may guide the carrier of the ring away from the darkness (as Sam did for Frodo). The final element of the path was never created physically, but discussed, where Alicia explained that the person attempts to go back to who and where they were before obtaining the ring, but finds they cannot go back, and must move on to a new plane of existence. This last discovery reinforced Alicia's decision to choose Frodo, as she realized how much they had in common, that their burdens had changed them, not allowing Frodo to return to his home, the Shire, and she no longer needed to return to her old home and neighborhood that she had missed so terribly.

Figure 6: Two Parts of Gollum



Figure 7: 'bad' Gollum



Figure 8: 'good' Gollum

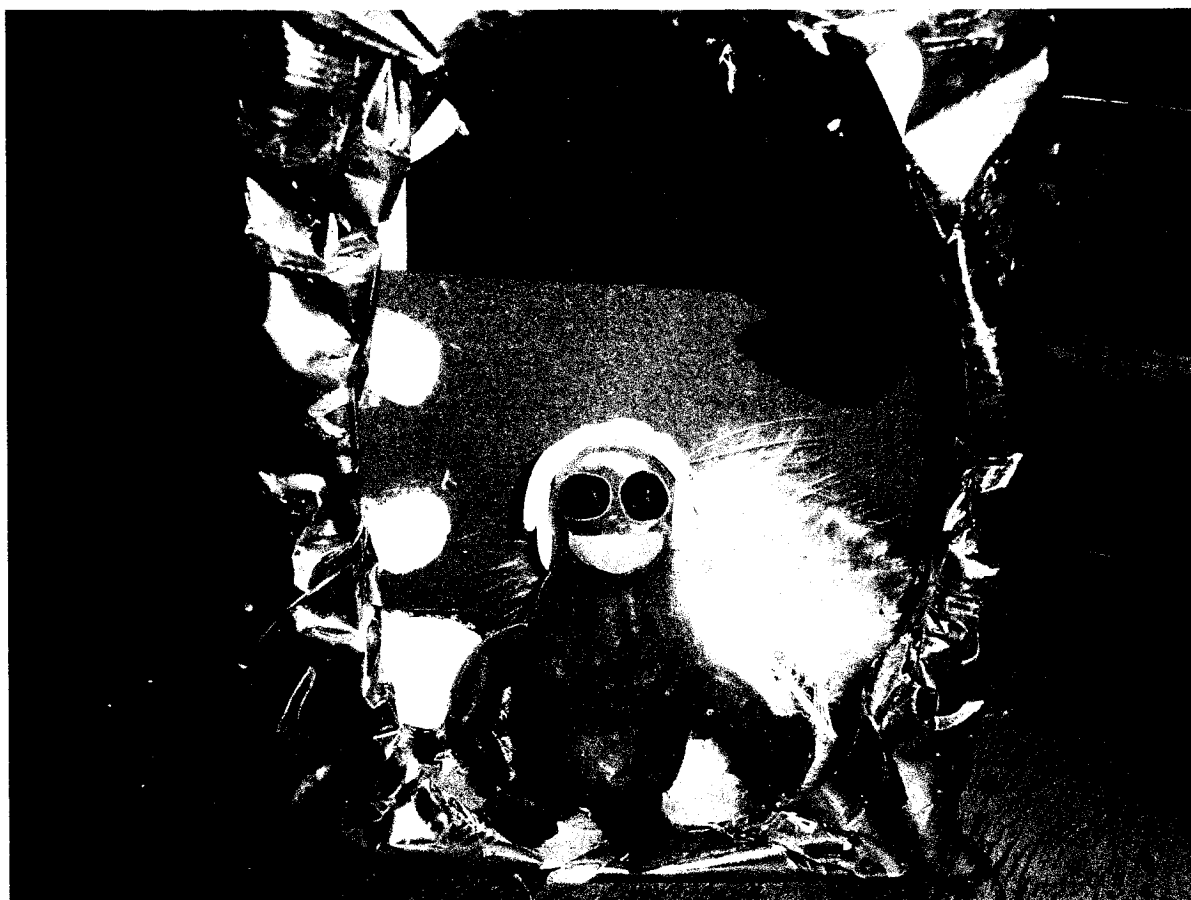


Figure 9: 'whole' Gollum

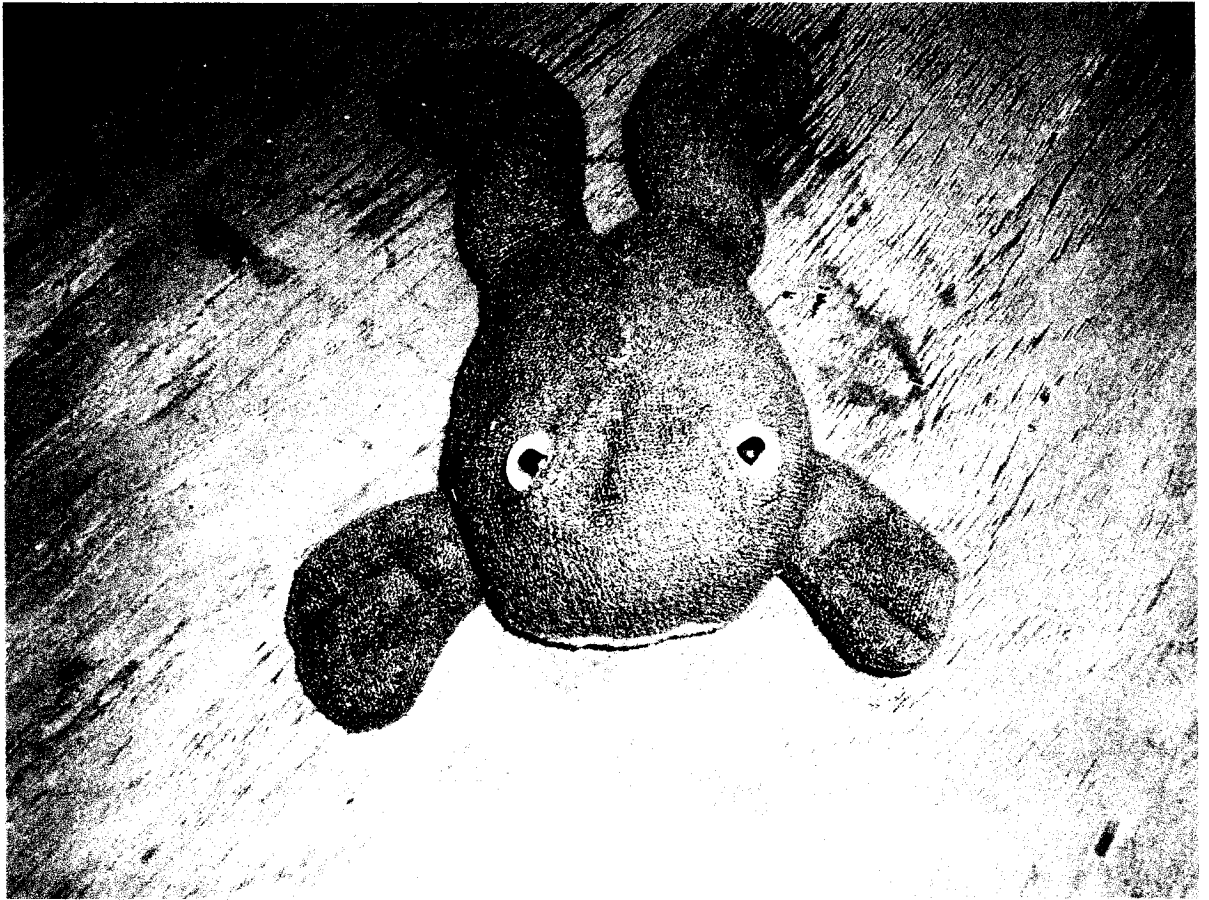


Figure 10: Reactions

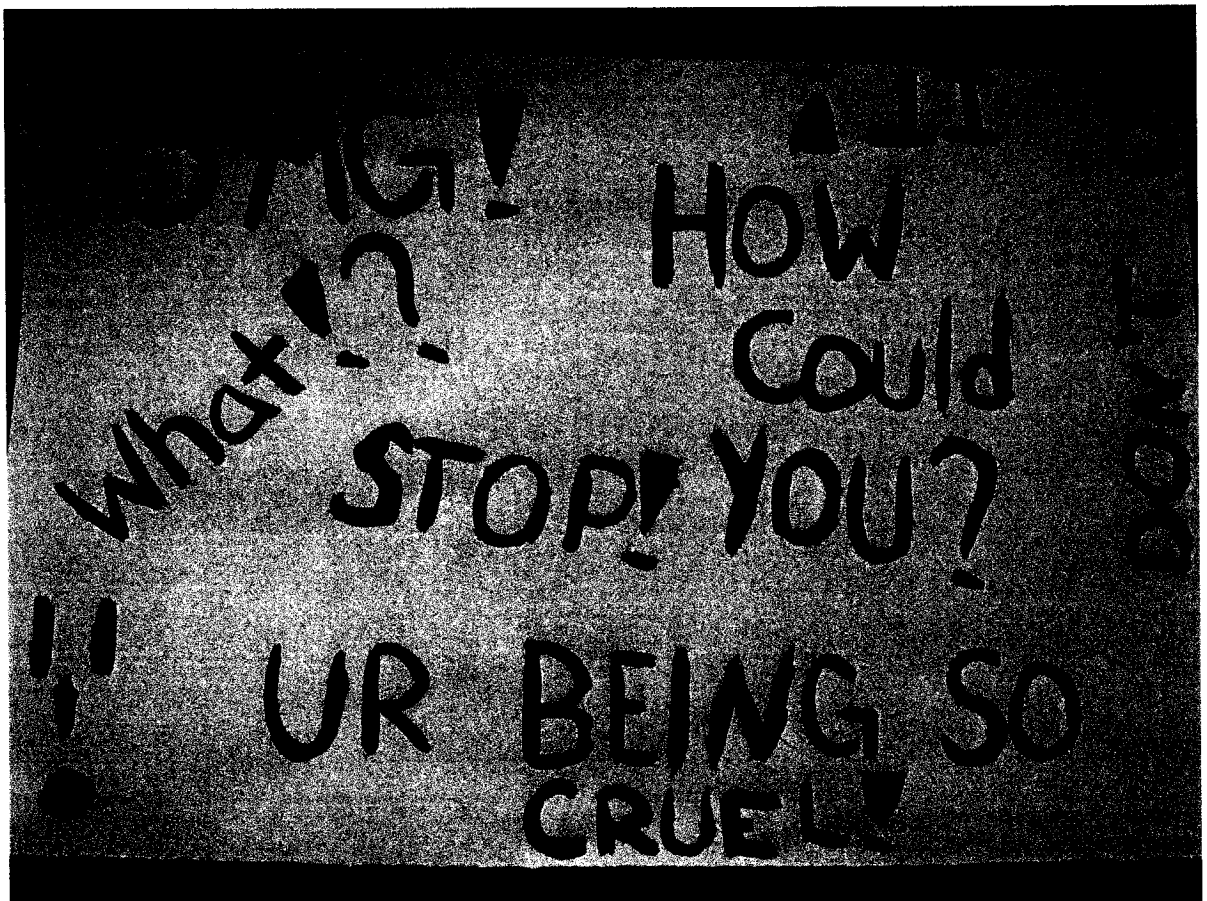
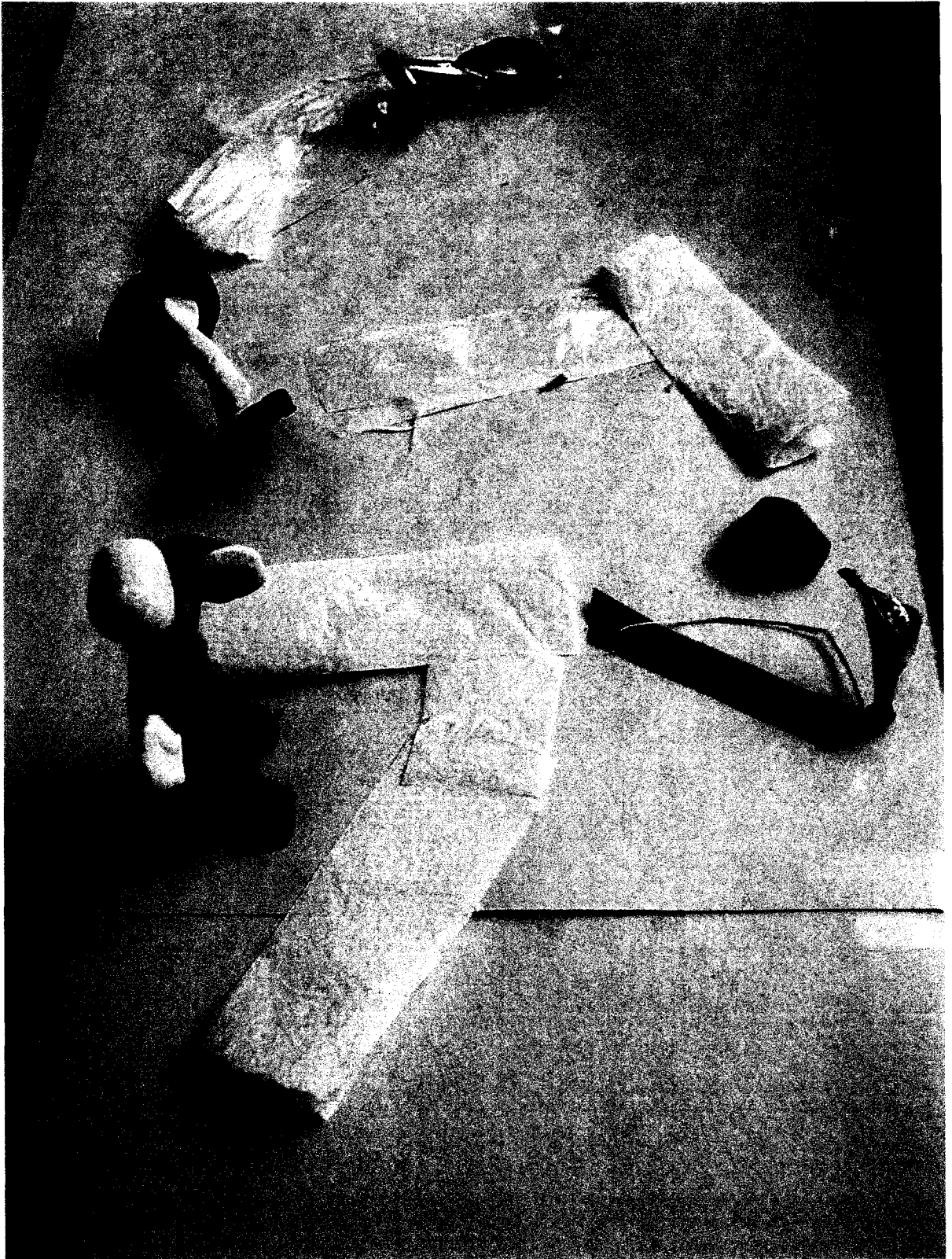


Figure 11: Commonalities Landscape



Figure 12: Path of the Ring





*Reflections.*

Alicia had found a character with whom she felt great empathy towards, which did not require that he be of the same gender, age, or even human. The first encounter exercise had shown Alicia that it was possible to project her own thoughts, feelings, and emotions onto objects outside of herself, making it easier for her to do so with the characters of Gollum and Frodo. She was open to the idea that although these characters are not 'real', her projections onto them were (as she had experienced in the exercise), and had the potential to become more and more meaningful. She was given distance from her own personal material (yet aware of its presence) each time she felt a connection with Frodo, whether it be acknowledging his pain and sadness at being so far from his home, or understanding the burden that he was carrying in the form of a Ring. Through these realizations, acknowledgments, and empathic emotions, Alicia was able to acknowledge her own emotions and struggle, as she was being given a mirror with which she could finally see a bit of herself. The connections made between herself and her character validated her own experience, as well as strengthened her own individuality, as she was able to recognize the differences along with the similarities. Choosing her character had been therapeutic in itself, as she had allowed herself time to decide, to trust her instincts when things did not feel 'right', and to experience joy and excitement when she eventually made her choice. Her exploration of the characters also allowed her to explore herself, as she was becoming familiar with the images, symbols, and language which belonged to her own psyche, which spoke to her (as well as allowing her to communicate).

The process of finding a character led to self-discovery as well as the discovery of various tools that allowed Alicia to better express herself, mainly through metaphor, but in a way that was tangible, visual, and in which she was thoroughly engaged. She was beginning to feel that she was not alone; her feelings, values, and emotions were validated and strengthened, creating a strong foundation for further insight.

### *Becoming the Character*

#### *Process.*

The process sped up considerably, as Alicia began to make many life connections with herself and Frodo. Her emotions and thoughts were explored in her journal, usually through drawing, as well as through projected role play, using figurines to walk along the path of the ring. She also became more in tune with Frodo, especially the things they have in common, through a guided imagery exercise in which I got her to lay down on a mat with her eyes closed, first leading her towards her own body and sensory awareness, and then getting into the character of Frodo, imagining being in his body, experiencing his senses (and 'safe space'). She explored this experience further by painting the 'space', an outdoor scene with vibrant green grass, the sun shining, with emphasis on the breeze (Figure 13). She extended the experience further by imagining the space, including the senses, when she was having a hard time sleeping at night. For the first time in months, she was able to fall asleep at a reasonable hour.

#### *Mask Work.*

Alicia next began working on creating a mask to represent Frodo, depicting what is both 'seen and unseen' (Figure 14). She worked on it both in session and at home, and

received help from her father and mother and cousin, learning how to use a glue-gun, and to sew. She chose to have the mask cover most of her face and head, matching up with her own eyes, nose, and mouth. She spent a lot of time in its creation, first using many layers of tape to create the right shape and texture, as well as many layers of paint. She created hair, using string that her family uses to make sausages, and spray painting it; she bought false eyelashes and cut them to the right length, and created bold eyebrows, placing them so that they make different expressions on each side of the face. The most significant element seemed to be the ears, which her mother helped her to sew, that are pointed and give the mask its 'hobbit' look.

She decided to divide the mask, one side representing Frodo's strength, determination, and hope; the other representing his vulnerability to the Ring, his sadness at being away from the Shire (his home), and his fear that he may not be able to let go of the Ring (burden) when the time comes.

The elements 'unseen' seemed to be developing through the senses, as I asked her to think about what the character 'sees', 'hears', 'smells', 'tastes' (and what he says and does not say), in relation to each side. This seemed to help tremendously, as well as thinking about the functions of the eyes, ears, mouth, and nose, the idea that things go in or go out (tears, food, etc). She decided to show important elements through tears, using small pieces of red tissue paper in the form of broken hearts, and pieces of soft green feather to portray Frodo's love and loss of the Shire (on the 'vulnerable' side) and sparkly glow-in-the-dark paint to show tears of hope, light, and joy on the strong side. The eye on the vulnerable side she painted black, showing the darkness within Frodo, whereas the eye on the strong side she painted brown, to look 'more natural', yet 'dirty' from his toils.

*The Environment.*

Alicia also began collecting items for her character's environment, a space where her and her character met, in that she would wear the mask in the environment, becoming the character, yet the elements within it reflected them both. Some things were from home, and were significant objects (such as her favorite book), whereas others were more metaphorical (a chime representing the wind). She spent a lot of time creating two trees, which she felt was incredibly important for this space, and was something that she made with her neighbours, allowing her to bring them into her space as well.

The session in which Alicia entered her space, she took her time to create her character's environment, using materials she had brought in, as well as some of the materials around the room. Before placing them, she explained why she had chosen them, which elements were more a part of herself than her character, and how they were intertwined. When she felt satisfied that the environment was complete, she said that she was ready to get into character. She put on the mask for the first time, tying it on with yarn. She felt that something was missing, and I asked if she would like to add some pieces of costume. She found a red cloak, which she said definitely made her feel more like a hobbit, and just needed a sword to complete the effect. Unfortunately I did not have any toy swords in the room, but she was happy to use a rubber wand instead.

The next portion of the session I videotaped, so that Alicia might have the opportunity to see herself in character, to decide what seemed right, what was missing, and so forth. I told her to take her time getting into character to walk around, but not to enter the space yet. When she was ready, I asked her to introduce herself (as Frodo), and

talk about how it felt to be outside of her (his) environment or 'safe space', to speak of any fears or worries that were present, as well as anticipation of entering the space. In a soliloquy, she spoke of feeling tired, of wanting to put down her burden, of wanting to relax and forget the tasks ahead of her. I next asked her to enter the space, taking her time, and going through any ritual or process that Frodo might normally do upon entering. She said there were no locks, that she could just walk in, and proceeded to take off her shoes before entering.

I guided her through exploring the environment, much like she had done in the first encounter exercise, taking in each element, noticing what feelings they evoked within her. After she had taken the time to just experience the space she had created, to touch each object, feel each surface, as well as imagine other senses such as the sun on her face, the grass beneath her, the sounds around her, and smells, I asked her to describe what she felt comfortable talking about, what had touched her, and how. I then asked her if there was anything missing, or if there was anything that did not belong. I told her that she would be leaving the space soon, and to take the time to say goodbye to each object, in her own way, and to prepare to leave as her character would. She first lay down for a bit, becoming as comfortable and relaxed in the space as she could, enjoying just 'being' there. She proceeded to go around to each object/element, shifting it a bit to how she wanted to leave it, silently acknowledging its presence. She put her cloak back on and retrieved her sword, and stepped out of the space. I again asked her to describe any emotions evoked upon leaving the space, the thoughts going through her head, and so forth. She described feeling a bit sad about leaving, that she now had a journey ahead of

her, which she knew would be difficult, but that she also knew that her space would be there for her, whenever she needed it.

This encounter with her character's environment proved to be very much a liminal space, in which she was in character as Frodo, yet still very much herself. Each object had a dual purpose, as they were a reflection of both Alicia and Frodo, sometimes in relation to appearance, to what they reminded her of, and how they were significant to both. She felt that everything belonged, especially the clouds in the sky, which represented freedom and tranquility, for both herself and her character. She said that her trees had helped greatly, depicting the outdoors, nature, and growth. She said that one thing missing was animals, that there did not seem to be any in Frodo's world, and that they were very important for herself, so perhaps she would find a way to incorporate them. I asked if this space was hers alone, or if anyone else was allowed in. She was very clearly 'Alicia' in answering this, as she named her cousin and one of her close friends as allowed to enter. She felt satisfied with the space she had created, and was certain that it would be easier for her to remember her space now, when she was at home, to evoke the feelings of safety and comfort.

After she had taken off her mask, I gave her a camera, to take photos of her space, her mask within the space, to give her some distance from the experience, as well as to capture the elements she wished to remember (as the environment had to be taken down) (Figures 15, 16, 17 and 18).

Becoming the character, through various modalities, had brought Alicia closer to Frodo, and she described imagining her safe space at night, and sometimes becoming

Frodo, sometimes herself. She expressed amazement at how many things they had in common, which made her feel 'not so alone', and helped to 'take away some of the guilt'.

Figure 13: Safe Space

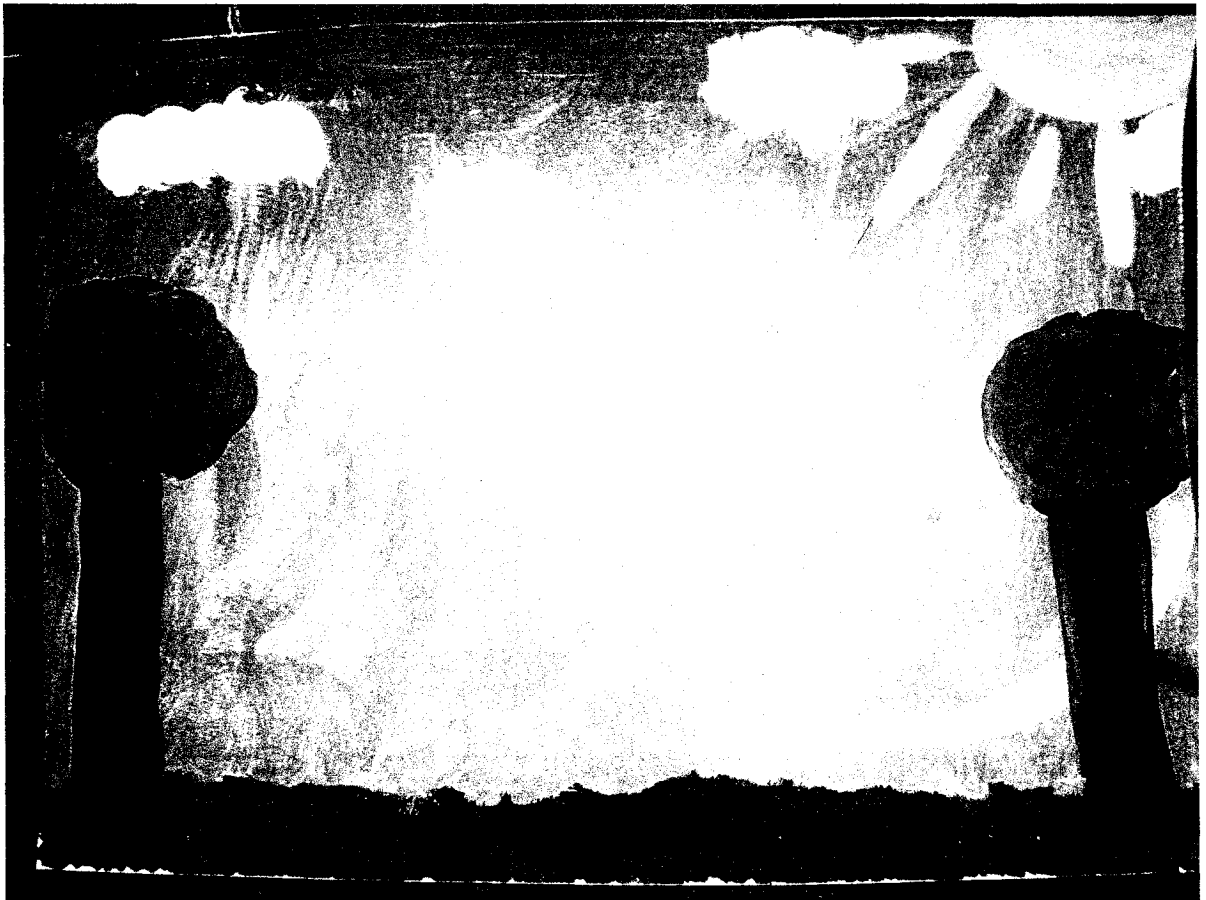




Figure 14: Mask



Figure 15: Environment

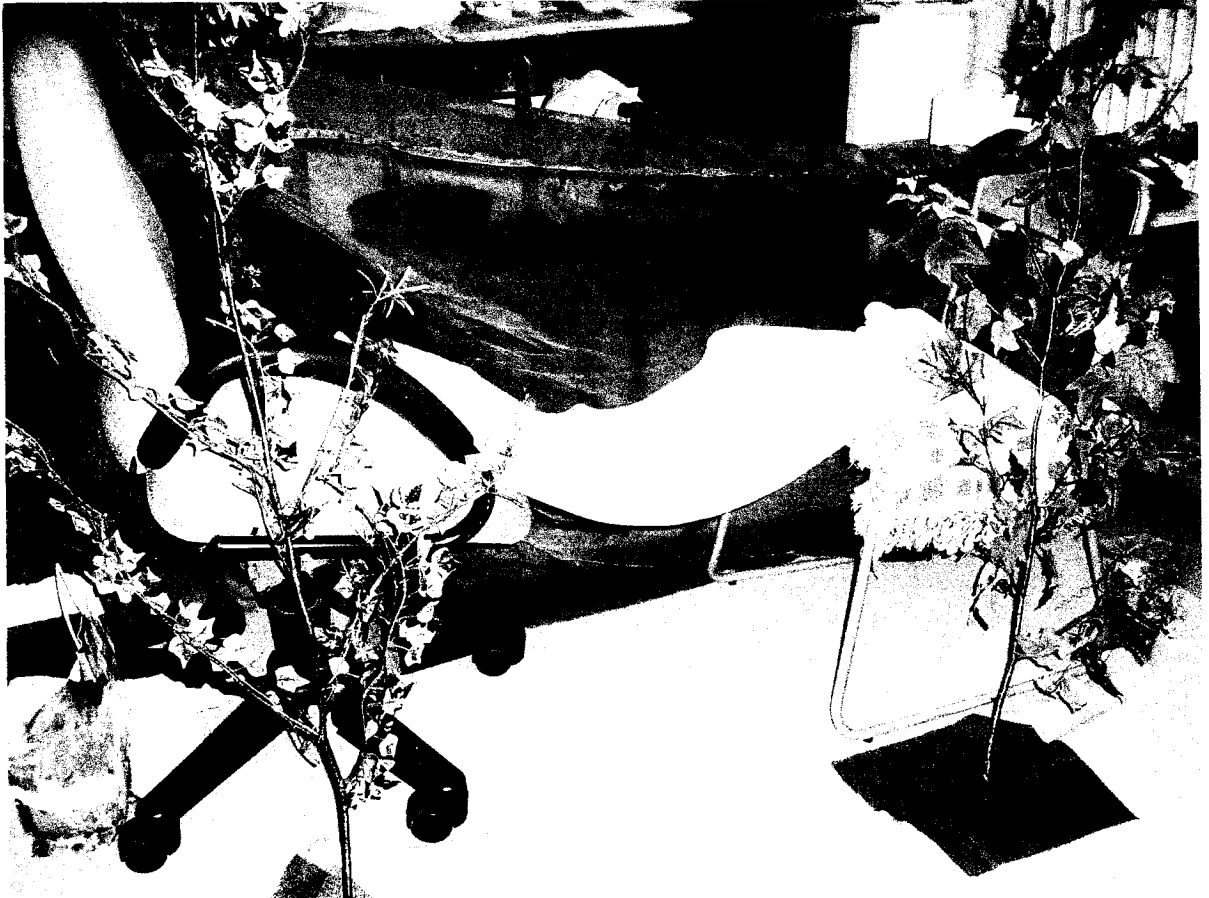


Figure 16: Objects within Environment

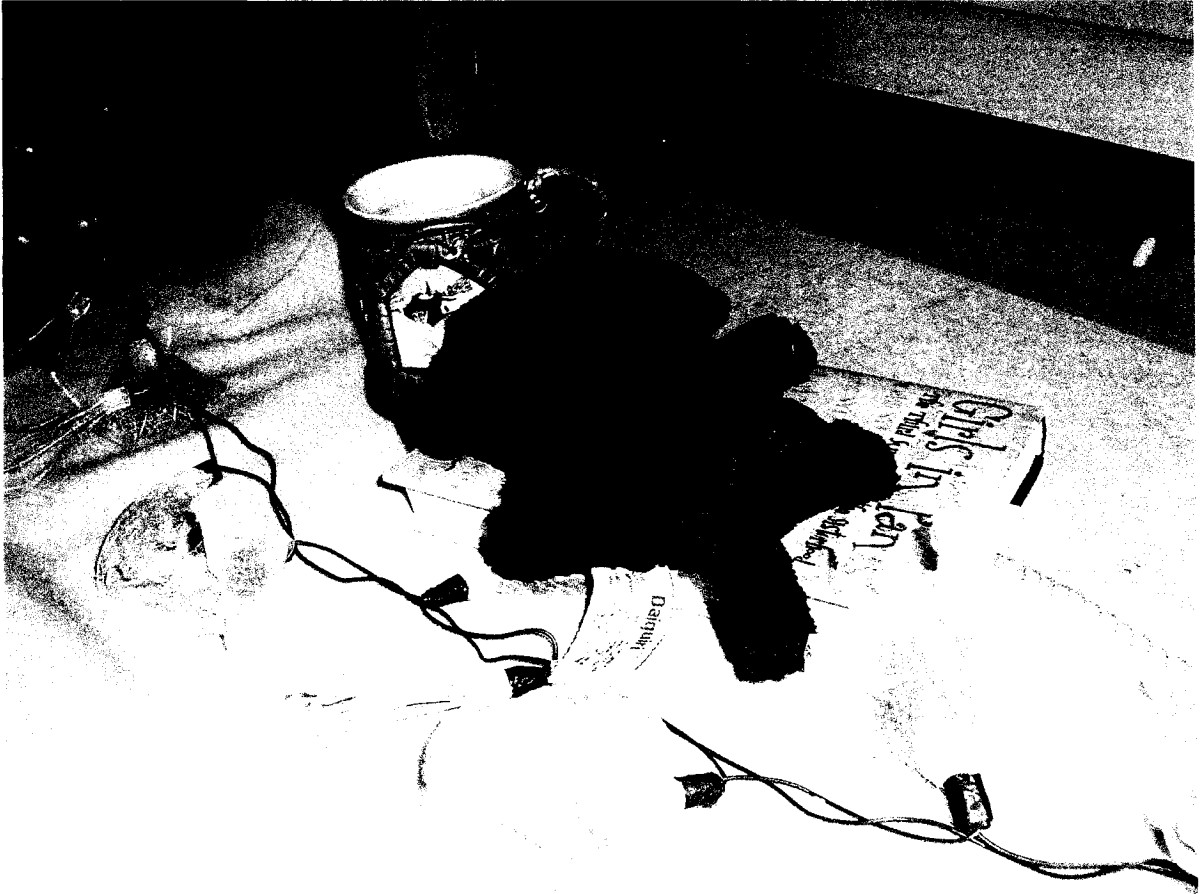


Figure 17: Environment (clouds)

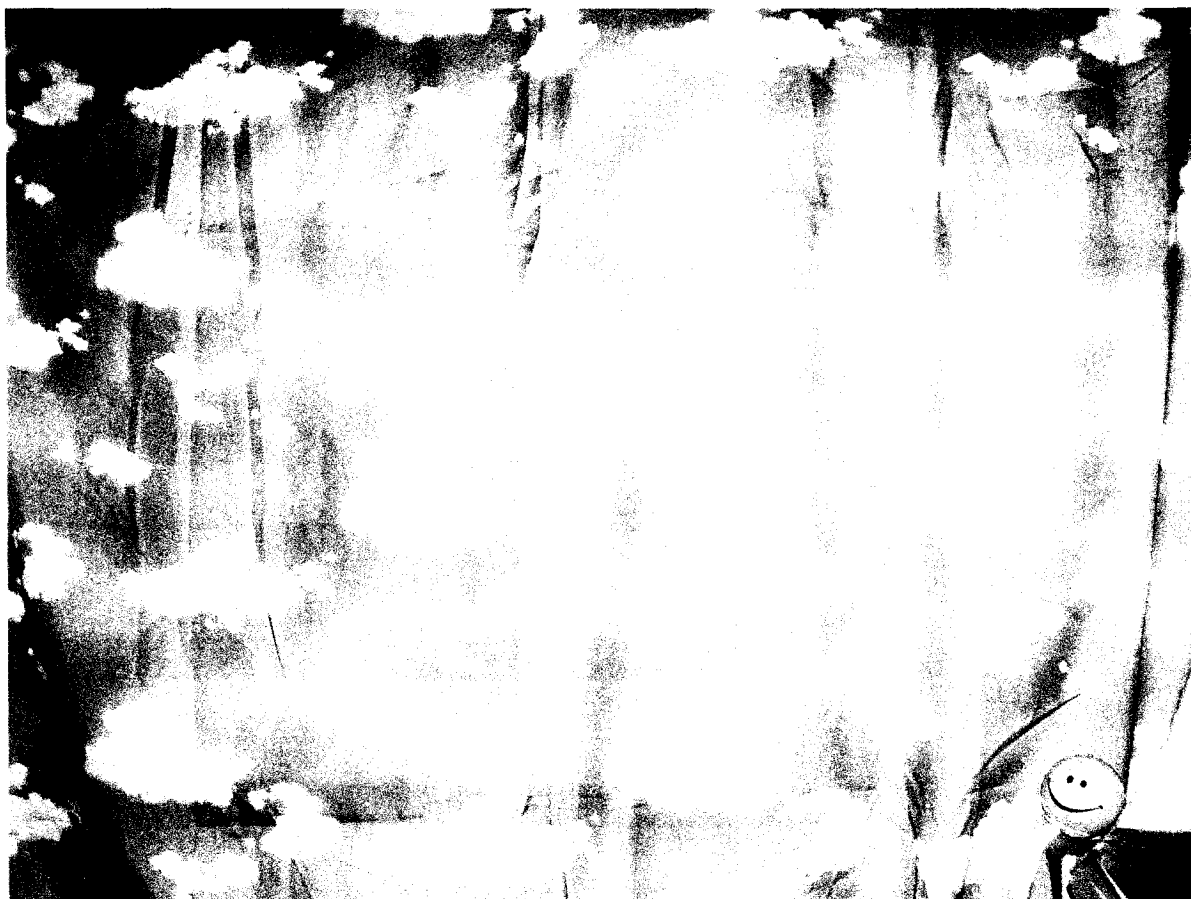
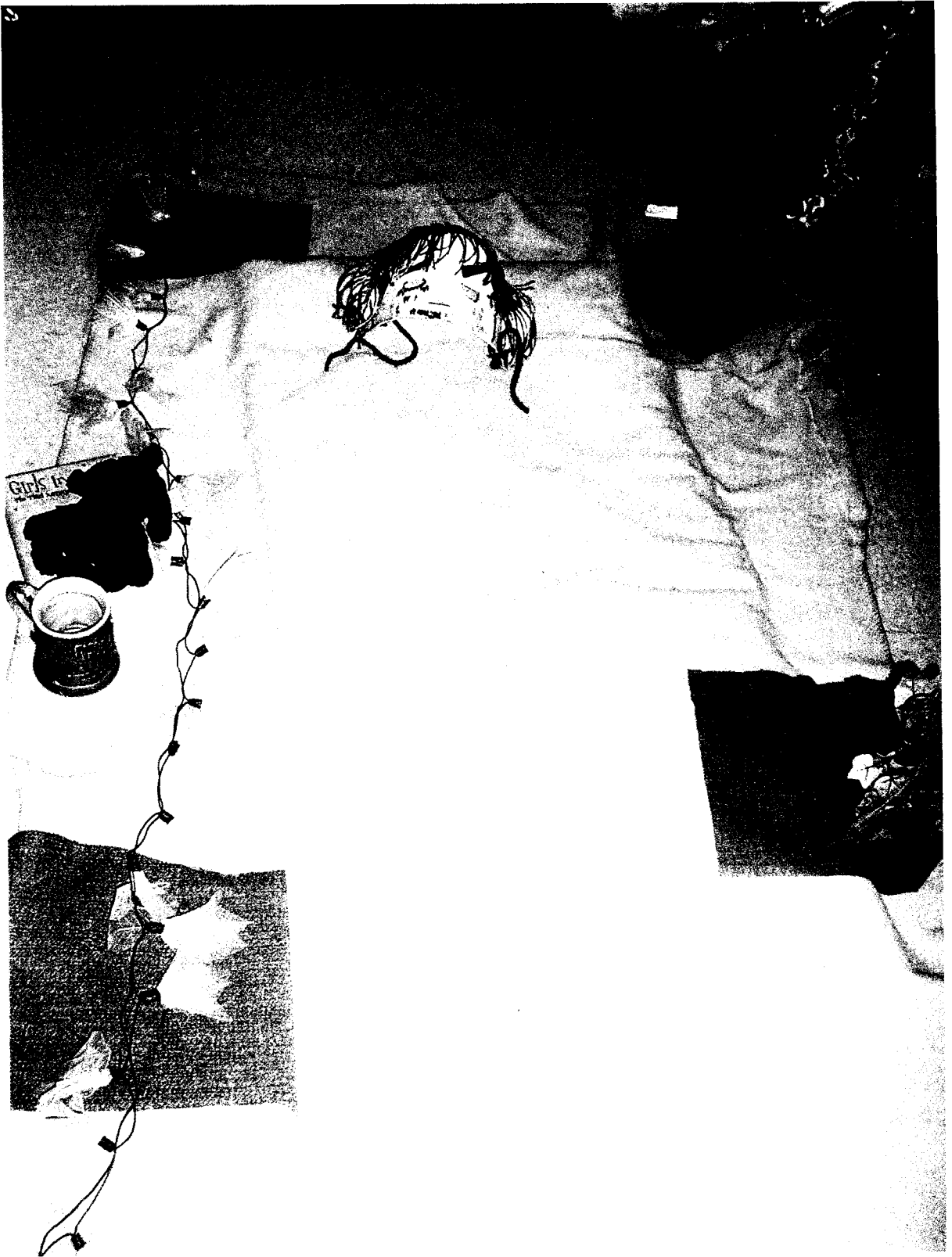


Figure 18: Mask within Environment



*Reflections.*

Alicia was able to explore her character more in-depth, through guided visualization, the creation and exploration of his environment, and through the creation of a mask, which allowed her to discover elements revealed, as well as those hidden. This exploration of her character laid the foundation, giving her the metaphorical (and safe) tools with which to explore herself. During this phase of the process, the identification with Frodo became deeper, the line between the two became less clear, as Alicia was able to invest more of herself into 'becoming' someone else, through sense memory, embodiment, and creating and wearing the mask.

The guided visualization employed to discover Frodo's 'safe space', involving all of her senses, became a tool that aided in her own relaxation, giving her the experience of safety and comfort, so that she knew what to look for, and how to achieve it, when it was needed. Frodo's safe space became her own, as she drew from his character what she required, intermingling her own desires until the space belonged to both of them.

The creation of Frodo's environment grew out of the 'safe space', bringing it into physical, visual being, as she brought in elements from home, and created what else was needed. Frodo's environment became hers as well, as the objects contained within it were significant to him, yet distinctly Alicia's, creating a place where both could exist, with an intimate understanding. By becoming Frodo within this environment, she was able to explore his 'psychic terrain', as well as her own, in a fashion that was safe, free from any outside threat. Experiencing Frodo's vulnerabilities – knowing what he would not allow into his environment, such as the Ring/burden – created a safe space for Alicia to delve into her own, perhaps realizing for the first time how much she wished to leave her

burden 'at the door' as well. As a therapist, I was able to witness this authentic 'happening', validating her experience, as well as get a better understanding of Alicia's world, through Frodo's, helping to strengthen our therapeutic relationship.

The creation of the mask gave Alicia the opportunity to explore Frodo's character further, noticing elements which he revealed to the world, and those elements which he chose to keep hidden – although by representing them on the mask, a deeper bond was formed between Alicia and Frodo, as she was able to do the revealing for him, and wear the mask proudly. Alicia had been aware of the elements in her life which she had kept hidden, mainly any 'negative emotions', which she had expressed within her folder. The exploration of how her character shows himself to the world, and what he keeps hidden, created a pathway into her own experience, as she was able to relate to Frodo's 'tears', his broken heart, his vulnerability due to the weight of the burden.

#### *Facing the Edge/Director's Chair*

##### *Process.*

Nearing the end of the process, there was still one big element to incorporate, which is the life connection to the anorexia itself. We had discussed it in relation to the 'Month of May' (the time when the anorexia took hold, but which she would not discuss further), so I asked her to draw what Frodo's 'Month of May' would look like. She was able to draw a climactic scene from the story in which Gollum tricks Frodo into thinking that his best friend (Sam) has betrayed him, in a way pushing Frodo over the edge into the darkness. Frodo believes Gollum, but later discovers his treachery. Frodo is left alone, sad, depressed, isolated, and ashamed, which Alicia could relate to her own experience of

the 'Month of May'. I asked her if there was something during the 'Month of May' that might have pushed her over the edge. I asked if perhaps Gollum fit somewhere in her own 'Month of May'. She said 'yes', and asked if we could use the wall that she had made during earlier sessions. She chose the 'good' version of Gollum that she had created earlier, and said that he was part of her 'edge'. I asked whereabouts he belonged on her wall, and she placed him on the top, 'guiding her towards the easy path'. I asked her to choose a figurine to represent herself, and to show where she would be on the wall, which she immediately placed facing Gollum. I asked her to give both characters one line. The line for Gollum was: 'Take the easy path', and her own was 'I'm so tired'. I asked her to step back from the wall for a moment, and to approach it again, this time as Frodo (with the mask on). I asked her (as Frodo) how looking at the 'edge' made her feel. She said that she wanted Sam there. I asked her to approach the wall again as herself, and what it made her feel, as Alicia. She said that she knew Gollum was lying, that he was not her friend.

Despite not being able to directly talk about the 'Month of May', Alicia was getting closer to her own emotions, allowing herself to feel them, to express them. She acknowledged, for the first time, this 'easy path', this moment during the month of May where she had made a decision to take it (to give in to the anorexia). She, like Frodo, had been deceived, had thought that Gollum was a friend, not knowing that he would lead them on a path into darkness. What Alicia now needed was insight into why she had chosen the easy path, which she would find as Frodo.

I incorporated the next phase, the Director's Chair, in order to help Alicia face the 'edge' in a more in-depth, tangible manner. It seemed a natural transition, as Alicia



herself made it clear that she still needed something more concrete than a visual confrontation. Alicia found it easy to transition into this phase, as she had already set the scene using her wall. We created a physical version of the wall, as well as the 'hard path' and the 'easy path'. She had brought in a bag of marbles to represent her 'burden', and placed Frodo's Ring around her neck. Wearing the mask, and a vest she had brought in, we went through a series of tableaux depicting Frodo approaching and climbing the wall, and facing Gollum (Figures 19, 20, 21 and 22). Next I asked her to play Gollum, as I approached the wall as Frodo. We improvised for a bit, as she attempted to get the desired reaction from Frodo. I added in the use of a long piece of material to help represent the struggle (Figures 23 and 24), which she found very helpful in finding the right amount of resistance and pull necessary to bring Frodo 'to his side'. We reversed roles a few times, trying to get the 'scene' to feel right, and added lines where necessary. We went through the entire scene again, making the tableaux flow naturally, Alicia as Frodo, and myself as Gollum.

By taking on both roles, and directing me in them, Alicia was able to see both characters in action, to gain insight into each characters' motivations, emotions, and physical struggle. When approaching the wall, as Frodo, she described how heavy her burden was, and allowed it to shape her body as she dragged it along. She described being 'so tired' when she reached the wall, that she knew she should take the hard path, but the easy path 'looked so much nicer'. When she saw Gollum, she was scared at first, but he seemed like he wanted to be her friend, and he reminded her of how her parents had given her this burden, and that he would be able to lighten it for her (Figure 25). As

Gollum, she got to be on the other side, aware that she was being manipulative, 'pretending' to be Frodo's friend.

Adding the material not only added a physical struggle, but also made Alicia realize how difficult it was to fight back while she carried the burden in her other hand. Her vulnerability became real, tangible, as she physically strained, but eventually was pulled onto the easy path (Figure 26). She saw for the first time that taking the easy path may have been the 'wrong' decision, but given her circumstances and state of being at the time, it was no wonder she had chosen as such. After the embodiment was over, Alicia said she felt 'less guilty', that she had taken the easy path, but now knew the consequences, and no longer believed Gollum (the anorexia).

Figure 19: So Heavy



Figure 20: So Tired



Figure 21 : Climbing the Wall



Figure 22: Seeing Gollum

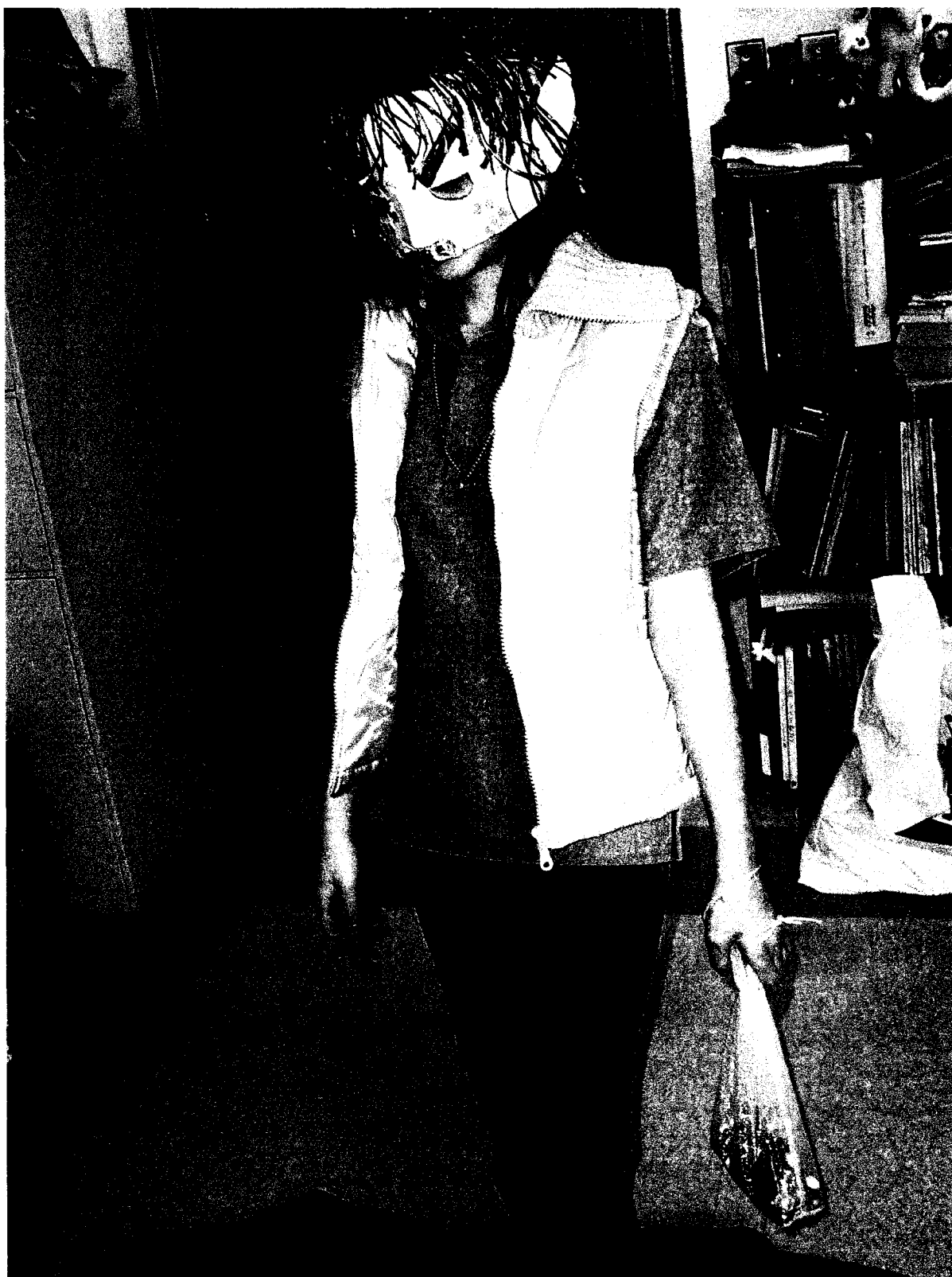


Figure 23: Resisting Gollum



Figure 24: Gollum's Pull

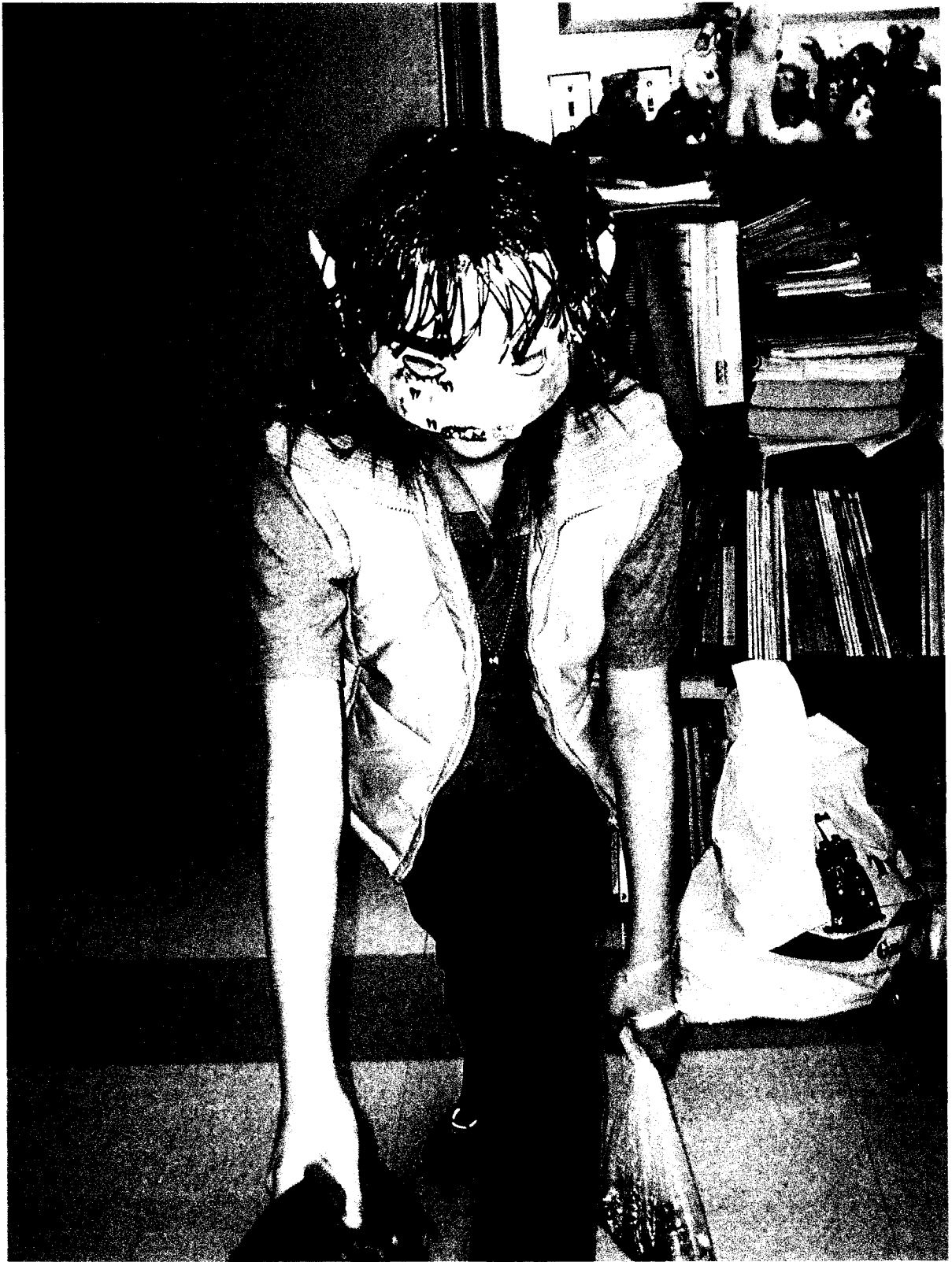




Figure 25: Gollum's Promise



Figure 26: Pulled onto the Easy Path



*Reflections.*

The 'Month of May' had always been a scary place for Alicia, in that she could identify it as such, as the 'worst time', but would never elaborate as to what exactly had happened during that time, although it seemed clear that it was during this time that the anorexia had taken hold. The process was integral for discovering more about the Month of May, as she was only able to get minutely closer to it through Frodo. By creating his 'Month of May', she essentially created her own, embracing the metaphor fully as she created a scene which was a heightened version of one that had occurred in the story. She was putting to work several layers of metaphor, embodying Frodo's psychological struggle in a physical, visual manner, which mirrored her own struggle with anorexia. Both she and Frodo had become weakened by their burden, emotionally drained and physically tired as they reached the 'edge' or the 'wall' where Gollum/Anorexia stood. Gollum wanted the Ring for himself, and took advantage of Frodo's vulnerable state, saying that he was his friend, that he could help lessen the load of the Ring, if Frodo followed him. Gollum as Anorexia offered Alicia an 'easy path', which would lessen the load of her own emotional burden, knowing that she was 'so tired'. Gollum/Anorexia told Frodo and Alicia that those they had thought loved them had betrayed them—in Frodo's case, Sam, and for Alicia, her family and friends—that they did not care, did not understand, whereas Gollum/Anorexia did, and only wanted to 'help'.

Alicia needed to embody this liminal struggle, in order to acknowledge her own struggle, to fully realize and understand it. The 'Month of May', after this embodiment, became less scary, as her motivations and vulnerabilities were validated, as she realized how difficult the struggle had been, how hard she had tried to fight Anorexia, which

helped to dispel the cloud of guilt surrounding her 'edge'. Depicting her edge in a concrete way allowed new insight to occur, and was done so with the amount of distance required (through Frodo) for the resulting anxiety to be diminished. It was the first time that Alicia was able to confront her Anorexia, and was only possible for her in this metaphorical, safe container that she had created.

Directing me in role as her character allowed her to witness her character in action, and get an outside view of how she wished for him to be portrayed. She was able to see me going through her struggle, adding another level of empathy and support for her experience. Directing me in role as Gollum, and taking on the role herself, enabled her to give Anorexia shape, substance, something to physically be grappled with and confronted, in a way that was satisfying to her, as she could make any changes to make the scene 'right'.

The direction and role reversal were helpful in finding the right words, adding impact to the embodiment, as she was given my perspective (the words I chose to use as Gollum and Frodo), as well as her own. She could determine from an outside view which words touched her, caused the right reactions between the characters, as well as which words helped to express emotions while embodying the characters. She was able to see the different choices that could have been made, as well as why and how the struggle had transpired. This experience allowed her to see that her character had choices, leading to her deciding upon the 'moment' with which she wanted to explore deeply. Her anorexia was now seen in a new light, as something outside herself, which she ultimately had control over. This embodiment and witnessing of her 'edge', of how the anorexia had

taken hold, had also given her insight as to how she might banish it, and now had the tools to do so.

### *The Moment*

#### *Process.*

Alicia had discovered while facing her 'edge', that what she needed to do was let go of her burden, lest she remain vulnerable to the anorexia. She felt that if she could let that go, she would not be 'so tired' anymore. She expressed that although she knew it would be hard to let go, as it had been difficult for Frodo to let go of the Ring, that she no longer wanted it, as it had been 'too heavy'.

She wished to embody the climactic scene in *The Lord of the Rings* where Frodo may either allow the ring to consume him and die for it, or he can let it go, despite the pull it has on him. (In the story, Gollum actually bites off Frodo's hand to get the ring, and then falls into the lava with it, taking the decision away from Frodo. However, there is still that moment where Frodo almost gives up hope and lets himself fall after the Ring, which in the end, he does not).

She wanted to do it in the same tableau form we had for the 'edge', and I photographed each one, so she could see if it looked right. She first enacted Frodo throwing the Ring into the lava of Mount Doom (Figure 27); his indecision to go after it (Figure 28); his decision to live, to grab Sam's hand (Figure 29); and his rejection of the Ring (Figure 30). We went through the same process, adding a line to help get the right emotion, adjusting her bodily position until it felt 'right'. When she felt satisfied, she went through the entire scene in a flowing manner, with myself as audience and witness.

Enacting the 'letting go of the Ring' allowed her to feel empathy for Frodo, to realize how hard it had been to let go, the indecision that they both had struggled with, and the support that they both needed to truly let it go. Frodo had had Sam lend him a hand up the cliff wall, just as Alicia had been supported by her family and friends when she really needed them. They did not give up on her, just as Sam had not given up on Frodo. This embodiment also prepared her for her final act, in which she was no longer Frodo, but Alicia, letting go of her own burden for good.

Figure 27: Letting it Go

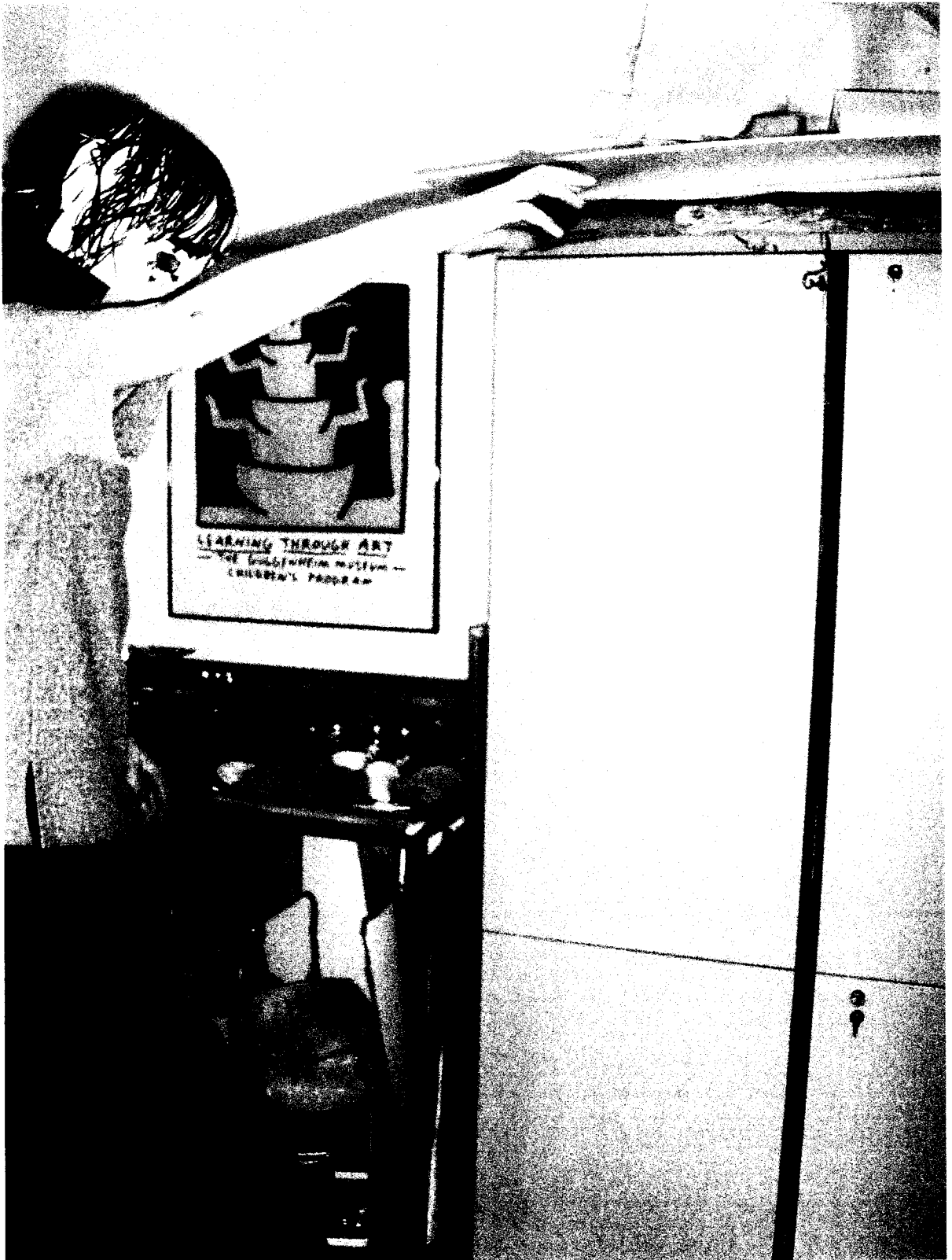


Figure 28:: What if I Can't...

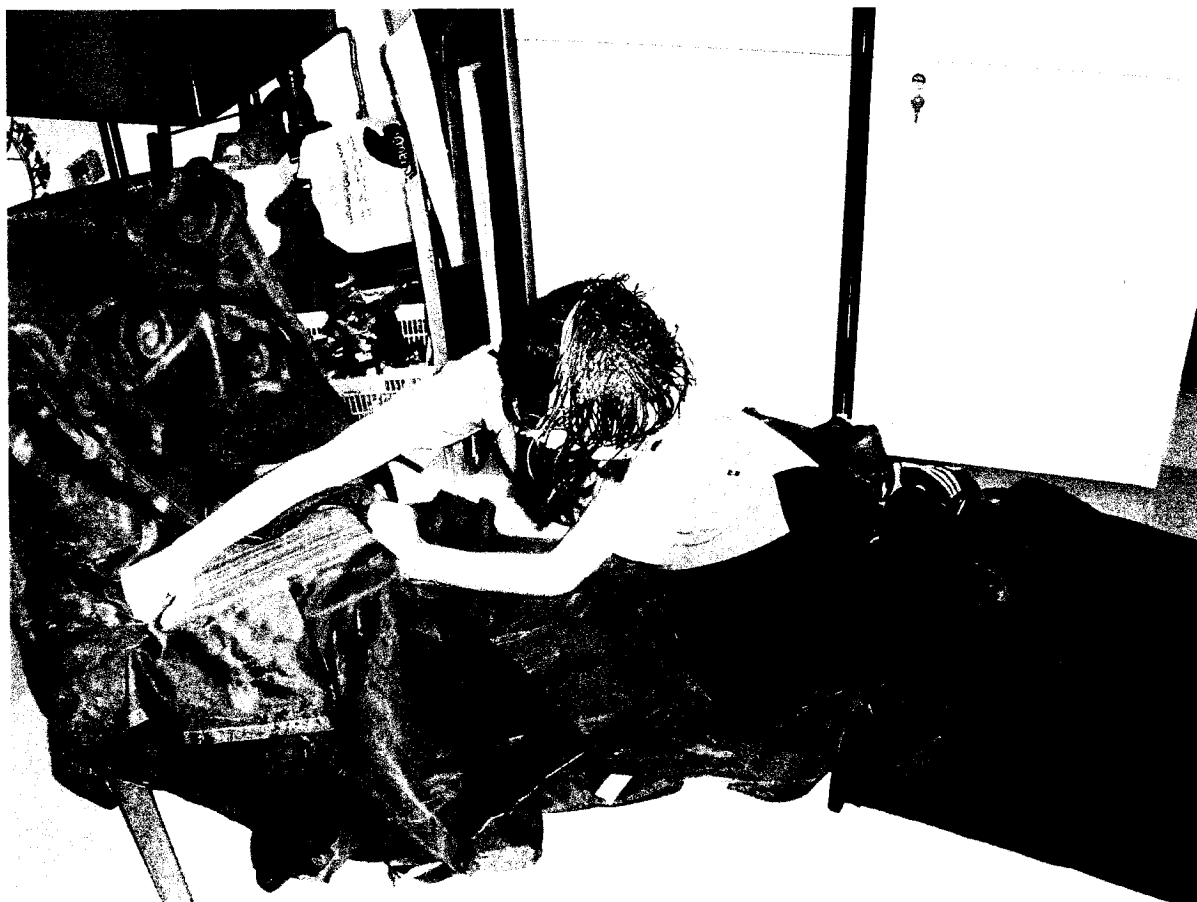




Figure 29: Grabbing Sam's Hand



Figure 30: I Let You Go



### *Reflections.*

This phase of the process had occurred later than dictated by Silverman's methodology, yet it was still effective in allowing Alicia to explore her chosen character's dramatic moment, more so even than if she had attempted it earlier in the process. At this point she had developed a deep relationship with her character, and was able to feed off the empathic connection between them in order to break free and go through her own Creative Transformation of letting go of her burden. Alicia needed this liminal space, this trusted container in which to genuinely experience the feelings which Frodo felt upon letting go of the Ring, as a rehearsal for her own endeavor. The moment was a catalyst for Alicia's own healing, as she experienced it initially through Frodo, giving her the courage she needed. Enacting this particular moment in the story, at this point in the process also allowed her to say goodbye to Frodo, as they had journeyed together to reach an ultimate point of understanding and empathy, and she no longer needed him to continue along with her.

### *Creative Transformation*

#### *Process.*

Alicia had several processes that she wished to go through as part of the final phase, which she felt comfortable doing with little instruction or aid from myself. She first wished to 'wash away her guilt'. She chose to paint, depicting all of the things that she felt guilty about in her life, related to the anorexia. She painted quickly and with

determination, and when she was finished, she described each element, all which had been painted in a metaphorical way, some of the images closely related to those she had originally drawn in her folder. After explaining, she was able to say why she no longer felt guilty for each, and hence wished to 'wash the guilt away' in a visual manner, by placing her creation in the sink, and running it under water. She found that the paint did not come off so easily, and used a brush to aid the water, blurring each image. As the paper lay in the water, I asked if she felt the guilt was washed away, and she said 'no, almost', and then proceeded to rip the paper apart, leaving the pieces to soak up water from the sink (Figure 31).

The washing away of the guilt allowed Alicia to concretely see it happen, to go through the motions of realizing why she had felt the guilt, and feeling strong and confident enough to destroy it, as only she could do. Rather than rely on others to forgive her, she decided to forgive herself, and got much satisfaction from doing so.

She next had an idea of how to 'destroy the path', and had brought in a plastic mallet of her father's for the task. She placed her wall on the floor, and put the plasticine Gollum on the wall (Figure 32). She then proceeded to smash the 'easy path' she had created, saying that it was 'gone forever'. She took a moment, placed Gollum on the floor, and smashed him with the mallet as well (Figure 33). I asked her if there was anything else she needed to do, and she picked up the pieces and ripped them up and threw them into the trash, saying that he (the anorexia) was 'finally gone'.

Destroying the 'easy path' and Gollum was incredibly powerful to witness, as I saw Alicia experience freedom in yet another way. Gollum/Anorexia had no place in her life any longer, nor did the 'easy path', as she was willing to traverse the 'hard path' from

now on, knowing that she was strong enough to get through it. Physically smashing with the mallet made the experience more real, more tangible, giving her the sense memory of defeating her foe, of seeing him squashed. Her teary yet bright eyes and smile when she was finished was a good sign that she had enjoyed the experience, and she said she 'felt she could breath now'.

Almost without pause, she quickly lay a blanket on the floor. She placed the plasticine dumbbells that had represented the weight of her burden in her bag of marbles, along with the ring, and when she felt ready, emptied the bag onto the floor, letting the marbles shoot in all directions. The rolling marbles were beautiful to watch, as her entire healing process had been. She had released the emotions, the guilt, the fears that belonged to others, no longer willing to carry them, to crumble from the weight.

She saw the dumbbells and stamped on them, saying she would not 'pick up the burden again', that it was 'no longer heavy, just something unimportant on the bottom of her shoe'. I gave her my camera, and she took pictures of her feat (Figures 34 and 35), and at the end asked me to take a picture of her holding the empty bag, that she would 'remember it (the burden), but it would 'always be light' (Figure 36).

The Creative Transformation session was highly charged with energy and emotion, leaving both of us teary-eyed by the time each 'process' was completed. Alicia demonstrated that she no longer needed Frodo's help, that she was able to let go of the burden, of her anorexia, on her own. She had found ways of working creatively to express herself in her own fashion, and used those tools in her own healing, as it was clear she was capable of. Alicia was able to experience each task she had set out for

herself fully, to see it, feel it, hear it, and have someone bear witness to it, making it a true 'happening', a true accomplishment.

Figure 31: Washing away the guilt

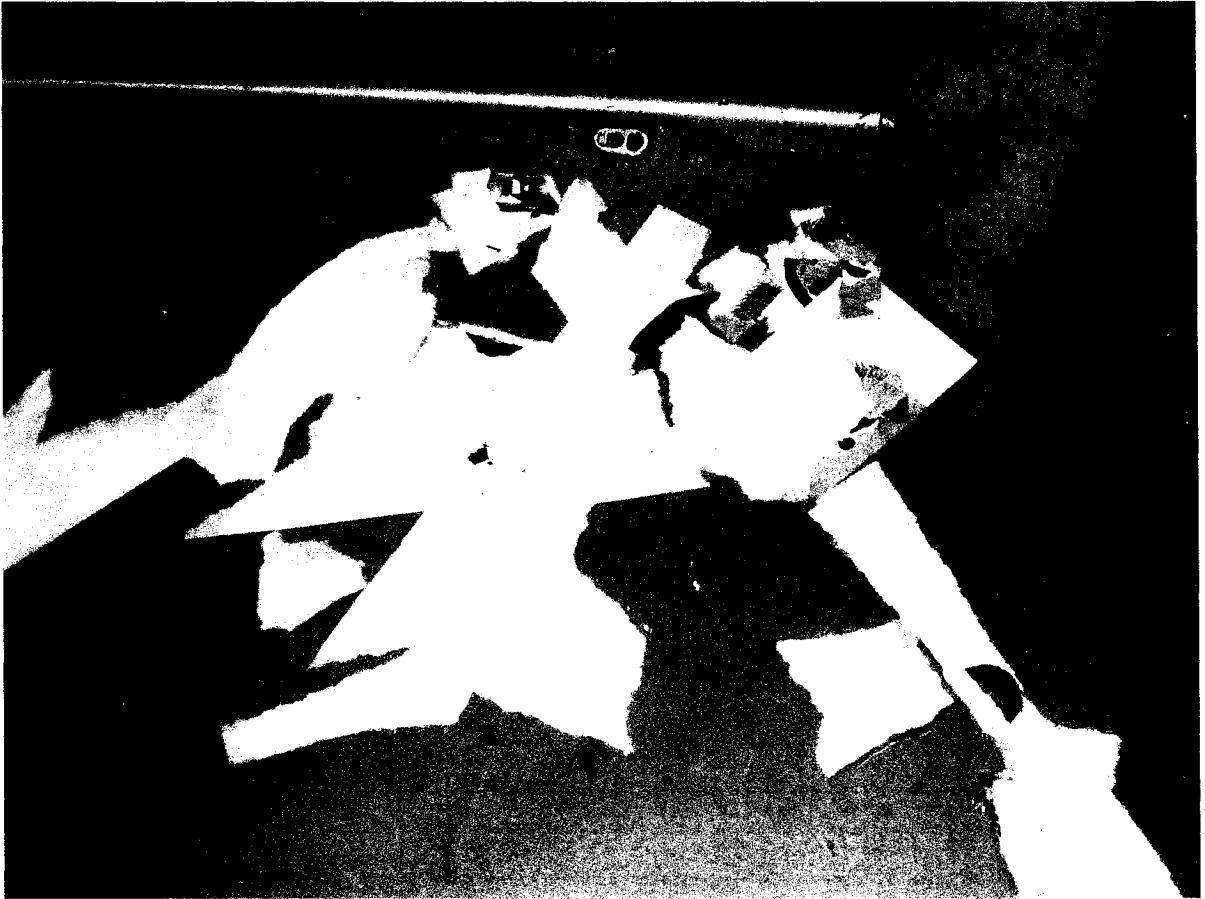


Figure 32: The 'easy path' with Gollum





Figure 33: Path and Gollum destroyed

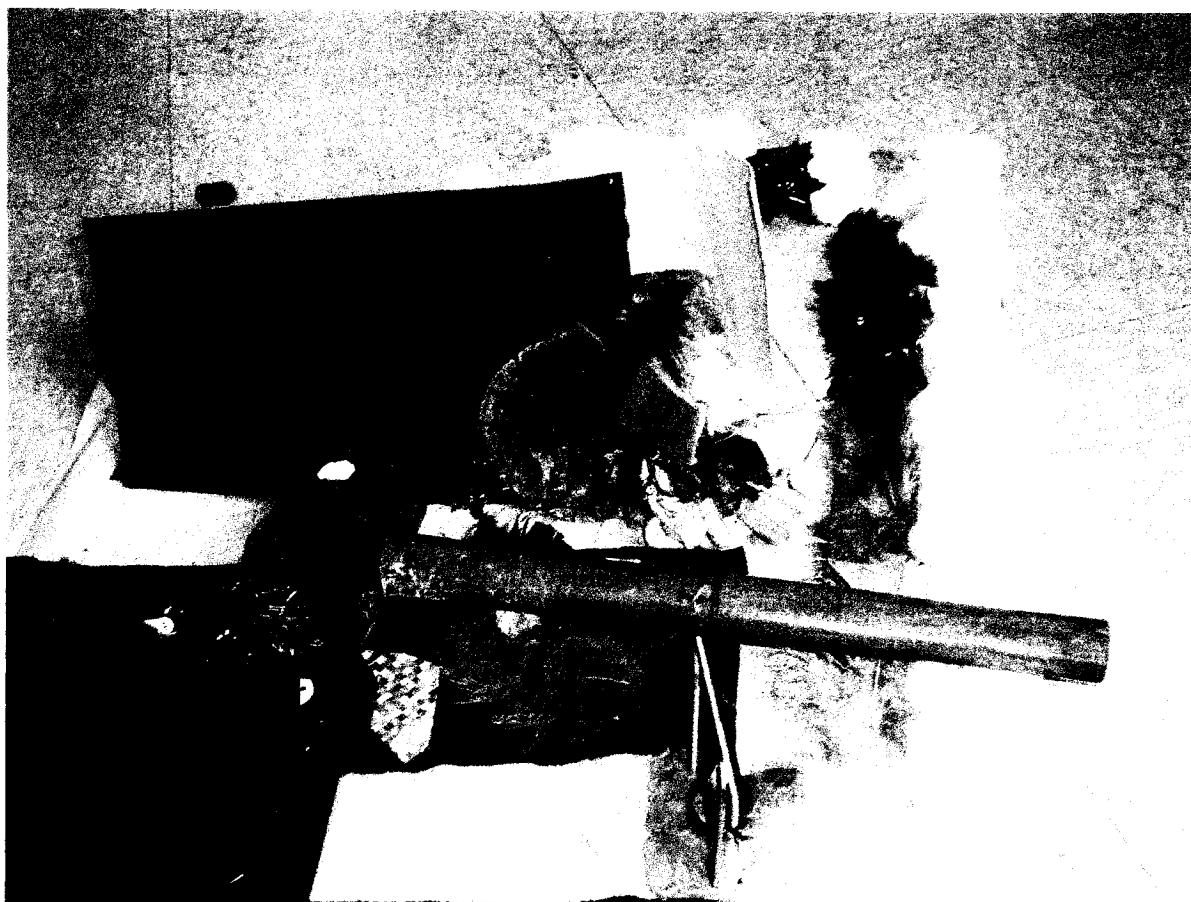


Figure 34: Letting Go of the Burden



Figure 35: The Weight under her shoe...



Figure 36: Empty bag



*Reflections.*

Alicia's personal journey with Frodo had set the stage for her Creative Transformation, helping her to discover which steps were necessary to resolve the conflicts within herself and allow healing to occur. The process, up to this point, had given her many tools and a deeper understanding of herself, giving her the autonomy and confidence in her own creativity to choose various rituals to perform and be witnessed.

From the beginning of our therapy sessions together, Alicia had been aware that she carried a weight, a burden, that she had placed her family's emotions and feelings above her own, embracing them and carrying them with her wherever she went, causing her to be silent when it came to her own needs. Her burden had become heavier and heavier and she began to disappear, both spiritually and physically.

When the anorexia took hold, seemingly taking away some of the burden, giving her something else to focus on, to give shape to the emptiness she was feeling inside, she was grateful for this sudden ease. However, when she was hospitalized, she became overwhelmed with guilt, that despite carrying the burden for so long, she had still managed to cause her parents and family much pain, as they feared for her life. She also felt guilty for giving in to the anorexia, for not being strong enough to continue carrying the burden, to maintain her family's ignorance of her own suffering.

The ritualistic act of washing away the guilt remained in the metaphorical language and images she herself had created, allowing her to acknowledge their presence, and then destroy them in a visual and physical manner. She literally washed away feelings that had been barring her from recovery.

Destroying the 'easy' path, and then Gollum/Anorexia was an act that Alicia had been frightened to do from the very beginning, as she had felt responsible for their existence. Washing away the guilt gave her the strength and resolve to say goodbye and good riddance to the parts of the 'story' which she no longer needed to face. She had encountered Anorexia and decided she did not like what she saw, and therefore had to destroy it, for her own well-being. The process had given her the insight necessary to come to these conclusions, as well as the safe container to enact them in a way that proved meaningful and satisfying for her.

The bag of marbles that she had used throughout the process to represent her burden was given further significance by placing both Frodo's ring and the projected 'weight'(dumbbells) that Alicia had created. By releasing the marbles, emptying the bag of her burden, she was also releasing the last bit of Frodo that remained, and the dumbbells which were a part of the process that she no longer needed. Her decision to tread on and squash the dumbbells literally allowed her to destroy the weight, so that 'she would not be able to pick it up again'. Photographing the elements of 'letting go' gave her distance from the experience when it was over, and also allowed her to act as witness to her own accomplishment, giving her a sense of closure.

Each ritual that Alicia had created and enacted had been meaningful for both of us, as, through Silverman's therapeutic approach, I had been able to take the journey with her, to understand and empathize with her, using fiction and metaphor to discover her own personal world and language. I was able to act as witness, enhancing her feelings of accomplishment, and validated her experience as one now knew her very well, and

genuinely appreciated all that she had gone through as well as the extent to which she had 'transformed'.

## CHAPTER SEVEN

*The Story Within: Analysis**Encounter/Projection Exercise*

The Encounter/Projection Exercise is effective in that the object(s) and material(s) placed by the therapist for the client to encounter have never before been seen by the client, leaving them open for the client to project their own material upon. There are no immediate sensory or emotional memories associated with the objects, giving the client a 'clean slate' to instinctively project their own emotions and feelings, but in a distanced manner, as the encounter is expressed from the point of view of the object, rather than the client's.

The objects placed in the middle of the room were chosen by myself, quite at random, as I found a piece of material (a sarong) with various colours and abstract designs, and placed it on a wooden chair that my client had not used in the past. Another piece of material was placed (in a random fashion) on the chair as well, this one a solid mauve colour, with a silken texture. The object, again placed without any intention on my part, was a stuffed toy, a raccoon that my client had not seen before. I could have placed a toy mouse, who was eating a piece of cheese, but that may have suggested to my client to focus on eating or weight, or anorexia, which I did not wish to be the case. The projected material must come from within the client, rather than be imposed.

Had I placed any materials or objects with logos, Disney characters, religious symbols, and so forth, the exercise would not have been a true encounter, as it would have triggered projections from my client that would have carried a weight, a pressure to conform to what the objects or materials are *supposed* to represent, from a point of view



of social and pop culture. She may still have been able to project as if she had 'never seen the object before', but it would have been much more difficult, providing an obstacle to overcome, rather than instinctual and free-flowing encounter.

Projection allows for the externalization of inner conflict, which is essential for an anorexic client. Anorexic clients embrace their symptoms, avoiding the inner complexities or 'problem(s)' which may have contributed to those symptoms (Inbody & Ellis, 1985; Levens, 1995; Tom, 2002). Simply telling an anorexic client to 'project' their inner conflict, or their 'anorexia', to separate it from themselves in order to deal with it, would be meant with much resistance and defensiveness. Projection within Silverman's therapeutic approach overcomes resistance in that it is allowed to occur naturally, instinctually. The inner conflict emerges on its own, in a gradual fashion. The Encounter/Projection exercise, therefore, is useful in introducing projection to the client, allowing internalized conflict to emerge safely, in a non-threatening manner.

The element which my client chose to encounter occurred instinctually, as the designs on the sarong are not 'supposed' to be butterflies, but perhaps the manner in which the material was placed, combined with the personal thoughts and feelings that my client was currently dealing with, her instinctual response was to see a butterfly.

Encountering the 'butterfly' in three ways (painting, embodiment, and writing) was useful in allowing my client to project her feelings and thoughts using various amounts of distance, informing both of as to where my client felt most comfortable (felt the greatest distance) and where the material projected was most personal (the least distance felt) in terms of how it was expressed. The unwillingness to confront personal material that is usually the case with an anorexic patient (Pettersen & Rosenvinge, 2002),

can be overcome through distancing, as the material becomes less personal the more distance is given. Artistic modalities allow for distance, although each client is unique and may find particular mediums more distancing than others. Silverman's approach gives the client the flexibility needed for an anorexic patient to discover which modality or modalities work best for them, allowing for the emergence of difficult personal material to occur gradually, and safely.

The goal of the exercise is to prepare the client for projecting onto their chosen character; in this way, my client was able to experience projection, how it touched her, how each artistic medium affected her in different ways, giving her some insight into how her inner material could be expressed, in various degrees of comfort. By focusing on the art, as well as on emotional projection unrelated to the anorexia (or, at least, seemingly so), the client is not intimidated, therefore not resistant to engaging in the exercise. The two primary goals in working with anorexic clients are the development of a sense of self and self-acceptance, as well as emotional expression (Clinton et al., 2004; Levens, 1995; Licavoli & Orland, 1997; Petterson & Rosenvinge, 2002; Tom, 2002). This exercise increases self-awareness, leading to the development of a sense of self, as well as self-acceptance. It also aids the client in becoming aware of different ways in which he or she can express themselves, especially in an emotional manner.

Painting the butterfly, which proved the most distanced, showed her the ease with which she could explore her emotions, as she enjoyed taking her time mixing the colours, creating shapes, and simply engaging in the art form. Having experienced painting the butterfly, she now knew that when it came to projecting onto her character, painting

would hold the least amount of pressure, maintaining the greatest amount of distance between her own problem and that of her character's.

Embodying the butterfly, which proved to be the least distanced, allowed my client to project as well as experience the feeling of freedom. Doing so from the point of view of the butterfly gave her the necessary distance to explore the feeling, and the artistic medium of embodiment added the layer of experience, as she was not only seeing the butterfly, as she had created her own version of it in her painting, but was herself becoming the butterfly, feeling how she imagined it felt, thereby experiencing the feeling herself (in a distanced manner). At first it was difficult for her to embody the butterfly, as it was a modality that my client was unfamiliar with, and was intimidating, as she felt she had to 'act' or 'perform' (which was not distancing for her). However, with the added element of costume (the sarong) to represent the 'wings' of the butterfly, my client was able to engage in sculpting and embodying the butterfly. This encounter showed my client, and myself, how she might express and experience emotions in a safe manner, giving her a frame of reference for when it came time to embody her chosen character. Knowing that this modality held less distance than painting, prepared my client for the potential emotions she might be able to encounter through her character, and how powerful they could potentially be (as well as overwhelming, if she did not feel ready to do so). The added element of costume to the embodiment continued to prove useful during the rest of the process, as will be discussed further.

Writing from the point of view of the butterfly validated my client's notion that it would be the 'easiest', as she was able to express herself in the most clear, concise manner using this medium. This encounter still held a great amount of distance, as she

was writing from the viewpoint of the butterfly and felt comfortable in doing so, yet she was able to identify the feeling of freedom, and how she related to it. It also served her well, in that it distanced her from the embodiment experience, enabling her to take a step back from the experience and process what it had meant, why it had been important to feel 'free'. Later in the process, when it came time to project and identify feelings and thoughts onto her character, she would know that writing from his point of view would be a clear path, one that was safe, yet with a clear connection, as she felt confident expressing herself with words.

The Encounter/Projection exercise prepared my client for projecting her emotions and thoughts onto her chosen character, revealing various ways in which she might approach her character, depending on the material she wished to explore. As a therapist, I was able to determine how I might be able to guide her in the creative process, having learned which modality she was able to use most freely (painting) and which might be a little more challenging, yet powerful (embodiment). Based on this exercise, it seemed probable that later on, if my client was having difficulty confronting an emotion or event, it would be safest to first explore it through visual art, gradually moving towards embodiment and role play. Creative writing seemed to be a modality with which she was comfortable with, and which also might prove useful in processing a powerful emotional experience, providing distance in a gradual manner (a way of de-roling less abrupt than simply saying 'you are no longer the butterfly'). Interestingly enough, creative writing was used by my client rarely during the rest of the process, except in exploring the character of Gollum, and her personal reactions to his characters' actions. The reasons for this will be explored further in the following sections.

Silverman's first phase of *The Story Within: Myth and Fairy Tale in Therapy*, the Encounter/Projection exercise, was successful in preparing my client for the next phase of the process, exploring how she, as a unique individual would be able to use various artistic mediums to instinctively project her thoughts and feelings, discovering the amount of distance each held. This phase also provided myself, as a therapist, entry into my client's 'psychic terrain', giving me a glimpse of the path we might take to explore it further.

### *Finding the Story*

Silverman (2004) emphasizes that finding the story is an integral part of the *Story Within* process, in that the client chooses the story, rather than the therapist. During the Encounter/Projection Exercise, the feelings and thoughts projected come from within the client, in an instinctive, intuitive manner. The same holds true in the process of finding the story, in which the client is guided by their own instincts, emotions evoked, and genuine interest in the story that they ultimately choose. Were the therapist to choose the story, the client's intuitions, sense of spontaneity, of excitement, as well as autonomy, would be lost. Anorexic clients benefit greatly from the instillation of a sense of self, autonomy, of having some control in their own therapy (Bruch, 1973; Clinton et al., 2004; Levens, 1995). Resistance to therapy is overcome as the client becomes immersed in finding a story which touches them, excites them, despite not knowing why – or having the added pressure of having to find a 'parallel' story to their own (Silverman, 2004). Instead, the therapist guides the client in discovering the story, giving the much needed support that anorexic clients require (Clinton, Bjorck, Sohlberg, and Norring,

2004). Being supported by the therapist, despite ‘not knowing’ where the journey may take them, again overcomes resistance, as the client is able to engage in the process of finding a story, exploring elements of him or herself, without the pressure of focusing on the anorexia.

The process of finding a story allowed my client to explore elements of herself in a metaphorical and projective fashion, not only increasing self-awareness but also allowing her to indulge in her own interests (such as taking the time to read a story which she had wanted to read for a long time). I did not ask her how the story was relevant in her life, or her anorexia, which may have made her resistant to using it for the process. Allowing insight and identification to occur naturally helped my client to become the “hero of her own quest” (Silverman, 2004, p. 128), helping to shape her sense of self, strengthening feelings of autonomy each time she felt validated in choosing her story, having trusted in her intuition, trusting in the ‘journey’ (Silverman, 2004).

### *Finding the Character*

The process of finding a character, according to Silverman (2004), “requires the client to pay attention to his or her own emotions, responses, as well as intuitions” (p. 131). As with the first two phases, the self-awareness that is being developed in order for the client to recognize his or her own emotions, responses, and intuitions, is incredibly beneficial to an anorexic client. For clients dealing with anorexia, who are lacking a sense of self, relying on the needs, emotions, and desires of others, this ‘paying attention’ is therapeutic in itself (as Silverman suggests, p. 131). This process also allows the client a sense of control and autonomy, as did the process of finding a story, elements that are

very important in the healing of an anorexic patient (Bruch, 1973; Clinton et al., 2004; Levens, 1995). The continued support of the therapist, another important part of therapy (Clinton et al., 2004), strengthens the anorexic client's feeling of autonomy, and overcomes resistance, as the client feels empowered to explore, without feeling threatened or pressured.

For my client, the choice of character changed as she became more familiar with the stories of *The Hobbit* and *The Lord of the Rings*. While she was exploring the character of Gollum, she was able to feel empathy towards him, to identify with his feelings of isolation, loneliness, and his dependence on the Ring. Clients with anorexia, are incredibly dependent on others, as they lack a sense of self (Inbody & Ellis, 1985), much like Gollum was dependent on the Ring. When my client chose Gollum as her character, she was still very much trying to please others, avoiding conflict at home and at school, and although she had made improvement in her eating behavior, she was most likely doing it for the sake of others (rather than herself). She was feeling much guilt and self-blame for having anorexia, and because of this guilt seemed to feel that she did not deserve to get better, which is the experience of many anorexic clients (Pettersen & Rosenvinge, 2002). Gollum is a pathetic character, seen as greedy, cold-hearted, and undeserving of any sympathy. At this stage of my client's therapy, through the use of projection, identification, and distancing techniques, she was able to identify these feelings of guilt, shame, of worthlessness.

However, as the therapy continued, and she began to develop a stronger sense of self and autonomy, through these techniques, she no longer felt so much of the blame, the guilt, as she became aware of the other emotions she had been suppressing, such as fear,

sadness, and anger. The obstacles of self-blame and guilt, which needed to be overcome in order for her to recover (Pettersson & Rosenvinge, 2002) were beginning to lessen. She was able to use the character of Gollum to express these emotions, such as the instance where she painted words of frustration, anger, shock, and so forth, at what he had done to his best friend (murdered him). The structure of Silverman's therapeutic approach allowed Alicia to feel these negative emotions in a safe manner, as she was directing them towards a fictional character, yet despite him not being 'real', the emotions felt and expressed were genuine. Not only was she able to feel these emotions, the use of paint and creative writing allowed her to express them, having the distance of both the modality, as well as the fictional container.

Alicia's choice to explore the character of Frodo more in depth, rather than continue with Gollum, was revealing of the fact that she was becoming more aware of her own needs and desires, indicating that her sense of self was beginning to develop (Inbody & Ellis, 1985). She was able to identify with this character, as these newfound emotions (sadness, loss, fear) had naturally been brought into awareness through the use of projection, metaphor, and distancing techniques. Her intuition was that the character of Gollum had been 'wrong', and that the character of Frodo was someone she 'had more in common with'. Silverman's (2004) process allows the client to have control over her own therapy, supporting each step in the journey, and thereby strengthening her sense of autonomy, again aiding in the development of a sense of self, and self-acceptance. Had I told my client 'no', that she had to stick with Gollum, the therapeutic alliance would have been damaged, as the support she had felt all along would be gone, and the feelings of accomplishment and trust in her own intuitions would be quelled. The flexibility of *The*



*Story Within*, as well as the nature of the therapeutic relationship dictated by Silverman (2004), in that the therapist acts as guide and witness, with no judgment or interpretation, allowed for the therapy to continue in an upward fashion, rather than being halted, or worse, fall backwards.

### *Becoming the Character*

The modalities used to explore and deepen the client's relationship with his or her chosen character during this phase, continue to work in a realm of fiction and metaphor, allowing the anorexic client necessary safety and distance. Resistance continues to be overcome, as the client "moves deeply" into his or her relationship with the chosen character, without knowing exactly where the exploration may lead (Silverman, 2004, p. 128). This "not knowing" inhibits anxiety from emerging, allowing the client to enjoy the process, rather than having to make an immediate connection between his or her 'problem', and that of the character (Silverman, 2004, p. 129).

The creation of a mask, which explores the character in terms of what the character reveals to the world, and what he or she keeps hidden, is beneficial for an anorexic client who ultimately must become aware of elements of him or herself which are revealed, and kept hidden. In terms of Inbody & Ellis' (1985) theory, in which the anorexic client shows the world a 'good little girl', in an attempt to avoid conflict, meanwhile having little sense of self as all emotions, needs, and desires are suppressed or 'hidden', the awareness of this duality is integral for recovery. However, anorexic clients shy away from confronting personal material (Pettersen & Rosenvinge, 2002), and, as mentioned, benefit greatly from the projective and distancing techniques. Exploring the

revealed and hidden elements of a character allows the clients own personal material to be projected in a safe and natural manner (as it is the 'character' and not themselves they are focusing on), which is ultimately expressed in a distanced (yet tangible) way, in the form of a mask. The elements projected are contained within the mask, posing no threat towards the client herself. Once the client has thoroughly explored various facets of the chosen character, his or her own revealed and hidden material begin to surface, yet in a gradual manner, as the exploration of the character has been the main focus.

The mask also allows the character itself to be contained, in a concrete way, in terms of when the client engages in role play as the character. When wearing the mask, the client is the 'character', but when he or she takes the mask off, they return to being the client. This clear differentiation adds another level of safety and distance when in role as the character, allowing them to immerse themselves within the role, knowing that what they are enacting is 'in character'. The emotions felt are experienced in a genuine fashion, yet in a non-threatening manner. The mask work allows for emotional expression, a primary goal of therapy with an anorexic client (Licavoli & Orland, 1997; Matto, 1997; Petterson & Rosenvinge, 2002; Tom, 2002), as well as allowing the client to explore, uninhibited, the personal material of the character, allowing for the emergence of the client's own, which would normally be met with much resistance (Petterson & Rosenvinge, 2002).

The creation of the character's physical environment, a liminal space in which the client and the chosen character meet, is beneficial for an anorexic client in that it maintains the elements of distance and safety (remaining in the 'fiction'), while at the same time honouring aspects of the client, which he or she chooses to bring into the

space. The client incorporates elements of him or herself into the world of the character, objects which hold significance for the client, creating a space wherein the needs, emotions, and desires that have been brought into awareness have been given shape. The client's willingness to incorporate these elements into the space, indicates that the therapeutic goals of developing a sense of self, as well as self-acceptance (Clinton et al., 2004; Levens, 1995; Licavoli & Orland, 1997; Petterson & Rosenvinge, 2002; Tom, 2002), are closer to being realized. The anorexic client is able to move towards these goals in a safe manner, as he or she is working in the realm of metaphor and fiction.

Embodying the character within the environment, using the mask and further distancing elements of costume, deepens the empathic connection between the client and character, allowing the client to identify the character's vulnerabilities, as well as experience them in a distanced manner (Silverman, 2004). This identification and embodied experience allows the anorexic client to approach her own vulnerabilities, as she is supported by the therapist, who has witnessed the experience, and also by her character, with whom she feels a reciprocated empathy. The therapeutic alliance is strengthened further, as a deep, emotional experience has been shared, aiding in recovery (Clinton et al., 2004); the anorexic client's resistance to confronting difficult personal material is lessened, as she experiences it first through embodying her character, another important step towards recovery ((Petterson & Rosenvinge, 2002).

#### *Facing the Edge/Director's Chair*

The next two phases, combined in this case study, continue to work towards the therapeutic goals of overcoming resistance, instilling a sense of self, and strengthening

autonomy and self-acceptance, all of which have, on numerous occasions, been cited as important in the recovery of an anorexic client (Clinton et al., 2004; Levens, 1995; Licavoli & Orland, 1997; Petterson & Rosenvinge, 2002; Tom, 2002). These phases also provide the client with distanced modalities for emotional expression, another important therapeutic goal (Licavoli & Orland, 1997; Matto, 1997; Petterson & Rosenvinge, 2002; Tom, 2002).

The creation (and in this case, embodiment) of the client's "edge" or "scary interior place" allows the client to notice the similarities and differences between him or herself and the character, as well as seeing this difficult material from a different point of view, one that is outside the client, depicted in a concrete way (Silverman, 2004, p.132). The difficult material, expressed metaphorically, using art materials, provides the client with enough distance to approach it, to see it in a new light. The resistance to dealing with this material is overcome, and new insight may occur, as the anorexic client does not feel threatened, which is usually the case (Petterson & Rosenvinge, 2002). The overwhelming emotions surrounding the difficult material, usually suppressed by the anorexic client, are depicted using metaphors within the client's world, and the world of the character, in this creation.

Approaching the 'edge', as the client, and through the eyes of the character, allows the client to not only acknowledge the presence of the material, yet feel validated for the emotions evoked, as the therapist witnesses this event, and supports the client as new insight and understanding occur. Self-acceptance is fostered, the client's autonomy strengthened as she feels validated that following her instincts and intuitions have proved fruitful in her own understanding, which in turn allows her sense of self to flourish.

Furthering this experience of approaching the 'edge', by way of the 'director's chair' phase, seemed a natural, even seamless transition, as my client instinctively wished to embody what she had created visually. This fervor and determination indicated that her resistance to dealing with her personal material was greatly diminished, and also that her sense of autonomy and sense of self were growing, as she displayed confidence in her own instincts. Silverman's approach was effective with this anorexic client, as she had been able to gather the tools necessary to follow those instincts, and trusted in them. By not simply embodying the character, but becoming the director of her chosen 'scene', my client further displayed her sense of autonomy, which was strengthened, as her needs and desires, as well as the emotions that she wished to express were within her control. Her sense of self (as well as separateness from her character) was further established and became apparent, as she directed each part of the encounter, gaining further insight and understanding into her (and her character's) 'problem'.

Embodying the character and witnessing the character as embodied by myself, allowed my client to perceive her character as transformative; as an anorexic client, this part of the process allowed her to see beyond her symptoms, to see that perhaps she did not have to depend on them, that she had a choice, as well as the newly found confidence, support, and feeling of safety to attempt her own transformation. The embodiment and director role of the Director's Chair phase allows the anorexic client the much needed opportunity to both identify and express emotions, as well as to see them and witnessed by someone else, as well as the aforementioned strengthening of autonomy, furthering self-acceptance and the development of a sense of self.

### *The Moment*

According to Silverman (2004), the Moment becomes the catalyst for discovering the essence of the character's central problem or conflict, as well as the client's. In this case study, the Moment served more as a catalyst for my client's discovery of how she might heal, through first exploring and experiencing the Moment where her character would find healing. The placement of this phase most likely depends on the client, on where they are in the journey, and as Silverman's therapeutic approach is incredibly flexible, guided by the client's needs, I do not see this as a huge deviation. My client had spoken about this Moment earlier during the process, but had not been ready to (or did not see the value in) exploring it further. It was not until she had explored her character more fully, which aided in her own self-exploration, that she decided that the embodiment of this part of the story would be helpful for her.

Allowing the client to choose a Moment that they feel is relevant, and acting upon it, exploring it through embodiment, as with other elements of Silverman's therapeutic approach, gives the client control of her own therapy, the opportunity to trust in her own instincts and intuition; hence, developing her sense of autonomy and sense of self. All, as stated by Clinton et al. (2004), and others, are important therapeutic goals with an anorexic client. Completing this phase at this point in the creative process, seemed all the more powerful and beneficial, as the client has become comfortable and somewhat of an 'expert' in regards to which modalities are most effective for her, and is able to express emotions (and experience them), from a perspective more knowledgeable, wise, and insightful than at the beginning.

Embodying her character's Moment not only served as a rehearsal for my client's own healing, but was a natural transition away from this character, as she no longer needed him, no longer needed the distance he provided, just as she no longer needed the anorexia. The Moment also gives the anorexic client an opportunity to discover how the conflict that both she and the character share are different, and how the transformation that they both must go through differs. My client was able to experience and express emotions first through her character, preparing her to do so as herself. The Moment, which in this case study allowed for a gradual transformation process, is beneficial for an anorexic client, as it overcomes resistance, allowing emotional expression to take place, and the difficult personal material to be confronted and worked through in a safe manner not usually experienced by a client with anorexia (Licavoli & Orland, 1997; Matto, 1997; Petterson & Rosenvinge, 2002; Tom, 2002).

### *Creative Transformation*

The final phase of Silverman's therapeutic approach, the creative expression of the client's journey, is firstly beneficial for an anorexic client in that it is completely their choice, with little guidance from the therapist. The client demonstrates acquired autonomy and self-confidence, as well as a developed sense of self, as he or she instinctively knows which modality (or modalities) will best express or help in a final exploration/cathartic moment for him or her as a unique individual. This phase allows for any unfinished business, which the client is now aware of, to be worked through, within a framework that the client chooses, one that is enriched by the clients own personally developed language of metaphor and projection. The strong therapeutic alliance that has

grown throughout the process provides the client with support, empathy, as well as a witness to his or her 'transformation'. This phase also provides closure for the client, again maintaining a level of safety and containment necessary in working with an anorexic client, allowing him or her to say goodbye to the character, as well as honour all that has transpired during the therapy process.

The emotions expressed and felt by the client are no longer those of the chosen character, but those of the client; the scene enacted is not dictated by the fictional story, but is one that the client devises; the transformation that is witnessed by the therapist is that of the client, who has been an active participant in his or her own healing.

This phase demonstrates the therapeutic goals that have been reached with an anorexic client during the *Story Within* therapeutic approach, that of instilling a sense of autonomy, self acceptance, emotional expression, and a sense of self.



## CHAPTER EIGHT

### Conclusion

The purpose of this research project was to examine how Silverman's therapeutic approach, *The Story Within: Myth and Fairy Tale in Therapy*, could be beneficial in the treatment of an anorexic client. Through following one case, I discovered that it aids in the working through of difficult personal material, using fiction and metaphor. The case material presented demonstrates the potential for this therapeutic approach to be successful with anorexic clients, as my client was able to confront issues and feel emotions by developing a deep relationship with a fictional character with whom she felt empathy for. In her discovery and exploration of Frodo, Alicia was able to discover and explore herself; confrontation with Frodo's challenges gave her the strength to face her own.

The primary therapeutic goal in working with an anorexic client is the development of a sense of self, and self-acceptance (Clinton et al., 2004; Levens, 1995; Licavoli & Orland, 1997; Petterson & Rosenvinge, 2002; Tom, 2002). The second therapeutic goal in working with this population is that of emotional expression (Licavoli & Orland, 1997; Matto, 1997; Petterson & Rosenvinge, 2002; Tom, 2002). In order for these therapeutic goals to be met, the anorexic client's resistance to therapy, to the therapeutic alliance, and to confronting difficult personal material must be overcome ((Bruch, 1973; Inbody & Ellis, 1985; Levens, 1995; Marx, 1994; Petterson & Rosenvinge, 2002; Tom, 2002). Silverman's (2004) therapeutic approach, *The Story Within: Myth and Fairy Tale in Therapy* aided overcoming resistance and achieving these

goals, through the use of projective and distancing techniques, as well as allowing the client to work in the realm of fiction and metaphor.

The first phase, the Encounter/Projection Exercise, allows the client to project their own personal material onto an object or material that they have never seen before, and to encounter that material in a distanced manner. This exercise increases self-awareness, leading to the development of a sense of self, as well as self-acceptance. The various modalities used in encountering the material aids the client in becoming aware of different ways in which he or she may express emotions. The Encounter/Projection exercise introduces projection to the client, allowing internalized conflict to emerge safely, in a non-threatening manner, thereby overcoming resistance. The experience is guided and supported by the therapist, without interpretation and judgment, allowing for resistance to the therapeutic alliance to be overcome.

The process of finding a story, the second phase of Silverman's therapeutic approach, in which the client is guided by his or her own instincts, intuitions, emotions evoked, and genuine interest, also serves to increase self-awareness, a sense-of self, and self-acceptance, allowing the client autonomy in choosing his or her own story. Resistance to therapy is overcome as the client becomes immersed in finding a story which touches them, the therapist guiding the client in discovering the story, giving the much needed support. Being supported by the therapist, despite 'not knowing' where the journey may take them, overcomes resistance to the therapeutic alliance.

Self-awareness continues to develop as the client recognizes his or her emotions, responses, and intuitions in order to instinctively identify a character within their chosen story that they wish to explore and develop a relationship with, during the third phase of

Silverman's therapeutic approach, *Finding the Character*. Emotional and creative expression is also fostered, as artistic mediums are employed as a mode of exploration. The continued support of the therapist strengthens the anorexic client's feeling of autonomy, and overcomes resistance, as the client feels empowered to explore, without feeling threatened or pressured.

The phase of *Becoming the Character* allows for emotional expression, in the form of a mask, and the creation of the character's environment which incorporates elements of the client's own life, aids in the further development of a sense of self, and self-acceptance. Resistance continues to be overcome, as the client "moves deeply" into his or her relationship with the chosen character (Silverman, 2004, p. 128). Embodying the character (while wearing the mask) allows the client to experience expressing emotions, as well as the character's vulnerabilities; the anorexic client's resistance to confronting difficult personal material is lessened, as he or she experiences it first through embodying her character. The therapeutic alliance is strengthened further, as a deep, emotional experience has been shared.

During the phases of *Facing the Edge* and *Director's Chair* (combined in this study), difficult material, expressed metaphorically, using art materials, provides the client with enough distance to approach it, to see it in a new light. The resistance to dealing with this material is overcome, and new insight may occur, as the anorexic client does not feel threatened; the client feels validation for the emotions evoked, as the therapist witnesses this event, and supports the client as new insight and understanding occur. Self-acceptance is fostered, the client's autonomy strengthened as she feels validated that following her instincts and intuitions have proved fruitful in her own

understanding, which in turn allows her sense of self to flourish. The embodiment and director role of the Director's Chair phase allows the anorexic client the much needed opportunity to both identify and express emotions, as well as to see them embodied and witnessed by someone else, which strengthens autonomy, furthering self-acceptance and the development of a sense of self.

Allowing the client to choose a Moment (the next phase employed in this case study, which usually occurs after the identification of the character) that they feel is relevant, and acting upon it, exploring it through embodiment, gives the client control of her own therapy, the opportunity to trust in her own instincts and intuition; hence, developing her sense of autonomy and sense of self. The Moment, which in this case study allowed for a gradual transformation process, overcomes resistance, allowing emotional expression to take place, and the difficult personal material to be confronted and worked through in a safe manner.

During the final phase of Silverman's therapeutic approach, Creative Transformation, the client demonstrates his or her acquired autonomy and self-confidence, as well as a developed sense of self, as he or she instinctively knows which modality (or modalities) will best express or help in a final exploration/cathartic moment for him or her as a unique individual. The strong therapeutic alliance that has grown throughout the process provides the client with support, empathy, as well as a witness to his or her 'transformation'. Emotions are expressed and felt by the client, rather than those of the chosen character, just as the artistic form and content are not dictated by the fictional story, but by the client, demonstrating the resistance to the confrontation of difficult personal material has been overcome.

Resistance to therapy was initially lessened as Alicia appreciated engaging in therapy where she did not have to ‘talk’, especially about food or weight. Using artistic modalities posed less of a threat, as they allowed for the amount of distance needed for Alicia to feel safe. Working in the realm of fiction and metaphor provided greater distance, further overcoming resistance, as Alicia was able to confront uncomfortable feelings and emotions through identification with her character, which not only made her feel safe to do so, but provided her with reassurance that she was not alone in having these feelings. Resistance to the therapeutic alliance was not overly relevant in this instance, as I had been working with Alicia for several months prior to beginning *The Story Within*. Through the creation of her social atom, her folder, and other projective techniques, the initial sessions worked in the same fashion as Silverman upholds, in that as a therapist I was always in the role of guide and companion, allowing my client control over her own therapeutic journey, making her own interpretations, creating her own language out of the symbols and metaphors related to her own life. Alicia utilized many creative elements, including embodiment, creative writing, role-play, painting, drawing, and visual art, staying in the realm of fiction and metaphor, allowing her confront material that she found too difficult to deal with directly.

In my work with Alicia, my goal was to engage her in a journey of self-discovery, to help her find her own pathway towards healing, in terms of her own experience, stemming from her own psyche. In using Silverman’s therapeutic approach, *The Story Within: Myth and Fairy Tale in Therapy*, her resistance to dealing with her difficult personal material was overcome, as she was able to use fiction and metaphor, as well as

creative mediums, which provided the distance and safety that was necessary for healing to occur.

The conclusion that Silverman's therapeutic approach is beneficial in the treatment of anorexic clients may only be recognized as of yet as having 'potential', as further studies must be conducted to strengthen this hypothesis. This potential may not be generalized to all eating disordered clients, but may indicate some promise for adolescent females diagnosed with Anorexia Nervosa, who have the capacity and desire to work in fiction and metaphor.

The long-term effects of this approach have not been determined in this instance, which would strengthen my bias in regards to the nature of psychological healing (as opposed to behavior change) if no relapse were to occur during the client's lifetime. It is also recognized that other factors, such as those biological, genetic, and environmental, have not been taken into account, and further study must be done in order to account for these factors. It is my hope that other drama therapists will embark on their own journey into the unknown, to help other clients (those with anorexia or no) discover *The Story Within*.

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## Appendix A: Letter of Information

Drama Therapy Student: Beth Robertson  
Concordia University  
Montreal, PQ

Supervisor(s): Yehudit Silverman

**Background information:**

One of the ways drama therapy students learn how to be drama therapists is to write a research paper that includes case material and examples of artwork produced by clients during drama therapy sessions. The purpose of doing this is to help them, as well as other students and drama therapists who read the research paper, to increase their knowledge and skill in giving drama therapy services to a variety of persons with different kinds of problems. The long-term goal is to be better able to help individuals who enter into therapy with drama therapists in the future.

**Permission:**

As a student in the Masters in Creative Arts Therapies Department at Concordia University, I am asking you for permission to write about your child's drama therapy sessions and to photograph and/or videotape his/her art/performance work for inclusion in my research paper. I am also asking you for permission to consult your child's (medical or other) file for a period of one year (or until I have completed my research paper). A copy of the research paper will be bound and kept in the Concordia University Library, and another in the program's resource room. This paper may also be presented in educational settings or published for educational purposes in the future.

**Confidentiality:**

Because this information is of a personal nature, it is understood that your child's confidentiality will be respected in every way possible. Neither his/her name, the name of the setting where his/her drama therapy took place, nor any other identifying information will appear in the research paper. Confidentiality will be maintained in the presentation of his/her artwork as well; his/her identity will not be revealed.

**Advantages and Disadvantages to Your Consent:**

To my knowledge, this permission will not cause your child any personal inconveniences or advantages. Whether or not you give your consent will have no effect on your child's involvement in drama therapy or any other aspect of treatment. You may consent to all or just some of the requests on the accompanying consent form. As well, you may withdraw your consent at any time before the research paper is completed with no consequences, and without giving any explanation. To do this, or if you have any questions, you may contact my supervisor Yehudit Silverman, 848-2424 ext. 4231 .

If at any time you have questions regarding your child's rights as a research participant, you may call the Compliance Officer at Concordia University, Montreal, PQ H3G 1M8. Phone: 848-2424 ext. 7481 Email: adela.reid@concordia.ca

## Appendix B: Consent Form

**Drama Therapy Research Paper**  
**Beth Robertson**  
**Masters in the Creative Arts Therapies Department**  
**Concordia University**

I, \_\_\_\_\_, give permission to \_\_\_\_\_ to photograph \_\_\_\_, videotape \_\_ and audiotape \_\_ my child's creative work for inclusion in his/her master's research paper in the Creative Arts Therapies Department at Concordia University.

I also give \_\_\_\_\_ permission to have access to my child's medical and social service files for the purpose of writing her research paper.

I understand that both my child's name and the setting where his/her drama therapy sessions took place will be kept strictly anonymous and that no identifying information will be given in the research paper. I also understand that I may withdraw my consent any time before the research paper is completed, without explanation, simply by contacting Beth Robertson or her Supervisor, Yehudit Silverman (848-2424 ext. 4231). This decision will have no effect whatsoever on my child's drama therapy or any other aspect of his/her medical treatment.

I have read and understood the contents of this form and I give consent as described above to \_\_\_\_\_ to utilize and publish case material for educational purposes, provided precautions be taken to conserve confidentiality.

I have had an opportunity to ask questions about the implications of this consent and I am satisfied with the answers I received.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix C

### *The Fellowship of the Ring: A Brief Synopsis*

When the eccentric hobbit Bilbo Baggins leaves his home in the Shire, he gives his greatest treasure to his heir Frodo: a magic ring that makes its wearer invisible. Because of the difficulty Bilbo has in giving the ring away, his friend the wizard Gandalf the Grey suspects that the ring is more than it appears. Some years later, Gandalf reveals to Frodo that the ring is in fact the One Ring, forged by Sauron the Dark Lord thousands of years before to enable him to dominate and enslave all of Middle-earth. Gandalf tells Frodo that the Ring must be destroyed to defeat Sauron's evil, but he also warns him that the Enemy has learned of the Ring's whereabouts from the creature Gollum and will seek to find it and kill its bearer. Despite the danger and hopelessness of the quest, Frodo accepts the burden and resolves to take the Ring to the safety of the elven stronghold of Rivendell.

Frodo sets off with three companions, fellow hobbits Merry, Pippin, and Sam. After a series of close calls and misadventures, where they are saved only by the timely intervention of the mysterious Tom Bombadil, they reach the town of Bree. The innkeeper delivers a letter from Gandalf recommending a weather-beaten Ranger known as Strider as their guide to the elves. Strider leads them cross-country, hoping to avoid the Black Riders who are watching the Road, but they are attacked near the ancient watchtower of Weathertop. Frodo puts on the Ring, revealing himself to the Black Riders. Their leader stabs him with a blade of evil enchantment, and he nearly dies as they race for Rivendell. The Nine Riders try to force Frodo's surrender, but a flood destroys their horses even as Frodo collapses into unconsciousness.

Frodo wakes in Rivendell, where the wise Elrond has worked his healing magic to save the hobbit. Frodo discovers that Bilbo, now grown very old, lives with the elves, and they reunite happily. Soon Elrond calls a council of the representatives of elves, men, and dwarves to respond to the growing darkness in the world. The council reviews the history of the Ring from its forging to the recent discovery that Frodo's ring is the One. Although Boromir, the representative of Gondor, the greatest kingdom of men, argues that the Ring should be used as a weapon against the Enemy, the Council resolves to destroy it. Someone must throw the Ring into the fires of Mount Doom, where it was first created, deep in Mordor, Sauron's country. Frodo accepts the task of carrying the Ring to Mordor, and a company is selected to help him on the quest: the wizard Gandalf; the men Boromir and Aragorn (known to Frodo as Strider but in fact the true king of Gondor); Legolas the elf; Gimli the dwarf; and Frodo's own hobbit kin, Merry, Pippin, and Sam. They are called the Fellowship of the Ring.

The company considers several paths through the mountains, but the ways are all watched. Even if they did not have Sauron to fear, Saruman the White, once the wisest of the wizards, has allied himself with the Enemy and seeks the Ring for himself. When they attempt to cross the pass of Caradhras, an unnatural snowstorm nearly buries them, and they are forced to turn back. Finally, they resolve to brave the perilous dwarven Mines of Moria, now overrun by orcs and even darker things. Within Moria, Gollum begins following them. When the nine have nearly found their way out, they are attacked by orcs

and a Balrog, a terrible demon. Gandalf holds it back so that the party can escape, but then he falls with it into the abyss.

Devastated by the loss of Gandalf, the Fellowship flees to the elven wood of Lothlórien. Lady Galadriel shelters them for a while and offers wise counsel. Frodo offers the Ring to Galadriel, but she resists the temptation. When the Fellowship leaves, she gives them boats to continue their journey down the river Anduin as well as more powerful gifts. Orcs attack them while traveling downriver, and they feel the presence of a winged Black Rider overhead, but they make it to the lawn of Parth Galen unharmed. There, they must decide whether to turn for Mordor and Mount Doom or to go to Minas Tirith, Boromir's home in Gondor. Boromir tries to force the issue by seizing the Ring from Frodo, but the hobbit escapes. Frodo resolves to set out alone for Mordor, reluctantly accepting Sam's steadfast refusal to stay behind.

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## Appendix D

### ***The Two Towers: A Brief Synopsis***

As Frodo and Sam leave, a band of orcs captures Merry and Pippin and kills Boromir. Aragorn, Legolas, and Gimli decide to let the Ringbearer go and instead rescue Merry and Pippin. Aragorn, Legolas, and Gimli pursue the orcs as they run across the fields of Rohan toward Saruman's fortress at Isengard. They find evidence that the orcs of Sauron and Saruman have quarreled and that either one hobbit is still alive, but they begin to lose hope as they fall farther and farther behind. After three days of running with little rest, they meet a troop of the riders of Rohan. The horsemen's leader, Éomer, informs the trio that the orcs were destroyed on the edge of Fangorn forest, with no survivors. He lends them horses to continue the pursuit, but offers little hope that the hobbits escaped the battle.

Although treated roughly by the orcs, Merry and Pippin remain unharmed. When the Rohirrim attack, the hobbits run to the safety of the forest. They eventually make their way through the dense woodland to a stony hill where they meet Treebeard the Ent. This ancient being looks like a walking and talking tree and is the guardian of the forest. He does not particularly care about Sauron, but he takes the threat of Saruman very seriously. The wizard once cared for the forest and learned much from Treebeard, but now he chops down the trees to fuel the war machines of Isengard. Treebeard calls an Entmoot, a meeting of many Ents who decide to fight Saruman.

Aragorn, Legolas, and Gimli find the remains of the orcs at the edge of Fangorn and follow the hobbits' tracks into the forest. They meet a white-robed wizard under the trees whom they at first take to be Saruman, but he reveals himself as Gandalf returned. When he fell in Moria he continued to fight the Balrog and eventually overcame him. The ordeal changed him, and he has returned in white to signify that he is now the head of the wizard's council. Gandalf takes the three remaining members of the Fellowship to Edoras, Rohan's capital, to counter the evil influence of Saruman. King Théoden has listened to the evil counsels of Wormtongue, Saruman's spy, succumbing to old age and despair. Gandalf rouses him from his stupor and reveals Wormtongue's treachery. Éowyn, Théoden's niece and Éomer's sister, admires Aragorn. Théoden then musters his army and leads them to the fortress of Helm's Deep. The Rohirrim defeat Saruman's enormous army, although they suffer many losses. Unexpectedly, a great forest of trees appears in the valley and destroys all the orcs that try to escape.

After the battle at Helm's Deep, Gandalf takes Théoden and his companions to Isengard. Where they had expected to find a wizard's stronghold, they find ruins. Merry and Pippin, left to wait at the gate, explain that the Ents have destroyed Isengard, although Saruman himself remains hidden in the impenetrable tower of Orthanc. Gandalf speaks to the fallen wizard, offering him a chance to repent. When Saruman refuses, Gandalf breaks his staff. Wormtongue, perhaps trying to hit Saruman, throws a crystal ball out the window. Later that night, Pippin sneaks a look into the stone and encounters Sauron



himself. Fortunately, Gandalf breaks the contact before the hobbit has a chance to reveal Frodo's quest to destroy the Ring.

Meanwhile, Frodo and Sam have become lost among the pathless hills of the Eryn Mui. They realize that Gollum is following them and manage to capture the corrupt creature. Despite Sam's misgivings, Frodo bargains with Gollum for guidance to the Black Gate of Mordor. Gollum agrees and leads them out of the hills and through the Dead Marshes, a haunted swamp. When they reach the Black Gate, Frodo and Sam despair of passing the constant guard but resolve to make the attempt. Gollum, however, begs them to take another way—a secret passage that only he knows. Desperate, Frodo agrees, and they turn aside from the gate.

Traveling toward the pass of Cirith Ungol, the hobbits discover a surprisingly pleasant countryside. When they pause for a stewed rabbit dinner, however, they find themselves in the middle of a battle between an army journeying to Mordor and a company of Gondorian men. Gollum sneaks off, but the hobbits are captured by the men. The Gondorians lead them to a secret base, where they learn that the men's captain is Faramir, Boromir's younger brother. Faramir realizes their quest and their burden, but he does not attempt to take the Ring from Frodo. With Frodo's help, he does capture Gollum, an action that breaks the fragile trust that had begun to form between the two Ringbearers. Faramir advises the travelers against the path they have chosen, but he can suggest no alternative ways into Mordor.

After leaving Faramir, the hobbits make their way past Minas Morgul, the home of the Black Riders. They take a hidden path into the mountains behind the fortress, a path made of steep staircases and tunnels bored through the rock. At the top of the stairs, the hobbits find themselves in a reeking tunnel clogged with tough webs. This is the lair of Shelob, a giant evil spider with an insatiable appetite. Gollum hopes to recover the Ring from the remains of Frodo and Sam, after Shelob has eaten them. With the aid of Galadriel's gift, a phial containing the pure light of elven stars, they escape Shelob's tunnel, but she attacks again from another angle and stings Frodo. Sam drives her from Frodo's fallen body, but he finds his master cold and lifeless. Nearly incapacitated by grief, Sam forces himself take the Ring from Frodo and continue the quest.

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## Appendix E

### ***The Return of the King: A Brief Synopsis***

To keep Pippin out of further trouble, Gandalf rides with him to Minas Tirith, the city that Sauron's armies will soon besiege. They meet with Boromir's father Denethor, the Ruling Steward of Gondor, and in gratitude for Boromir's sacrifice (saving them from the orcs at Parth Galen), Pippin pledges his service to the steward as a Guard of the White Tower. Denethor does not trust Gandalf, and he knows that the wizard has brought Aragorn to reclaim the throne. Faramir returns to the city, wearied from fighting, and reports his encounter with Frodo. Angry that his son did not bring the Ring to Gondor, Denethor sends the exhausted captain back into the field to lead a rearguard action against the oncoming army. When they make their last dash for the safety of the gates, Gandalf rides out to defend them from the flying Nazgûl, but Faramir falls at the gates.

The Riders of Rohan muster their forces, preparing to ride to the aid of Minas Tirith, and Merry strikes up a friendship with Théoden. Aragorn realizes that he must take the Paths of the Dead if he is to reach Minas Tirith in time to lift the siege. He takes the evil road with Legolas, Gimli, and the Dúnedain (a group of Rangers) who have joined him from the North, but the Rohirrim are convinced that he has gone to his own death. Théoden leaves behind Merry and his niece Éowyn, claiming that neither can help in the battle, but a young rider offers to carry Merry. With the aid of a strange tribesman, the Rohirrim find a forgotten road and arrive just in time to surprise the besieging army at Minas Tirith.

Although small in number, the Riders of Rohan sweep across the battlefield. Then the Witchking (the most powerful Nazgûl) kills Théoden, and their charge is stopped. The rider who brought Merry to the battle reveals herself as Éowyn, and with Merry's help she slays the Enemy's greatest servant. The hopes of the city are dashed when a fleet of dark ships appears on the river, but the lead ship unfurls a banner bearing the insignia of the True King: Aragorn has arrived from the Paths of the Dead. He used his authority as the True King to call the dead themselves into battle, and they destroyed a second army that had been approaching from the river.

Inside the city, Denethor descends into madness as he watches the plight of his city and the deadly illness of Faramir. Convinced that all is lost, he orders Faramir's body carried into the mausoleum, where he plans to burn himself and his son alive. Pippin manages to find Gandalf, who saves Faramir from his father's madness, but Gandalf cannot prevent Denethor's own suicide. Faramir is taken to the Houses of Healing, as are Éowyn and Merry, and Aragorn enters the city to tend to their illness. The ability to heal is a sign of the True King, and Ioreth, one of the women in the House, recognizes Aragorn's right to the throne.

Although the battle for Minas Tirith has been won, the only true victory lies with Frodo's quest. To distract Sauron from any attempt to reach Mount Doom, Aragorn leads the remaining armies of the West to the Black Gate. When they arrive, a herald from Mordor

shows them Frodo's mailshirt in an attempt to make them lose heart, but the attempt at misdirection shows them that Sauron does not yet have the Ring. An enormous army attacks, and Aragorn's armies are slowly overwhelmed.

Back in Shelob's tunnel, after taking the Ring, Sam hears a party of orcs approaching and hides from them. They find Frodo's body, and Sam learns from their conversation that Frodo is only unconscious, not dead. He rescues Frodo from the orc tower, and they begin the final stage of the journey across the desert wasteland of Mordor itself. They move slowly, hampered by thirst and the almost unbearable burden of the Ring itself, not to mention the necessity of avoiding the armies of orcs swarming the countryside. After a long struggle, they reach the slopes of Mount Doom. Gollum reappears and attacks Frodo, finally realizing that the goal of the quest has been to destroy his precious Ring. Sam holds him off long enough for Frodo to reach the Cracks of Doom. When the time comes to actually give up the Ring, Frodo cannot do it. Instead, he claims it for his own and puts it on. Instantly, Sauron sees what has happened and sends all of his power toward the mountain, including the remaining Nazgûl. Gollum is faster, however, and he struggles with Frodo on the edge of the pit. When he wrests the Ring from Frodo's hand, Gollum dances for joy and accidentally falls into the volcano, inadvertently achieving what Frodo could not do intentionally.

Frodo and Sam are rescued by the giant eagles from the slopes of the mountain, and Aragorn himself tends their injuries. The world hails them as heroes for destroying the Ring and Sauron. Aragorn takes the throne of Gondor and marries Arwen, the daughter of Elrond. Eventually, the hobbits return home to the Shire. When they arrive, they find that the country is not the green and peaceful land they remember. A form of martial government has been instituted, and many people have been thrown into prison while others have cut down trees and polluted the countryside. Merry, Pippin, and Sam lead a revolt to reclaim the Shire, and they learn that the cause of this devastation is Saruman. Released by Treebeard, the former wizard has exacted his revenge by bringing the war home to the hobbits.

Despite the ravages of Saruman's rule, the hobbits manage to restore the Shire to its former glory. Merry, Pippin, and Sam become prominent citizens, but Frodo remains detached and saddened, permanently damaged by his experiences with the Ring. Several years after his return home, he takes a final journey. Joining Elrond, Galadriel, Gandalf, and even Bilbo, Frodo sails with the elves to the Undying Lands, having saved the Shire for others but unable to stay there himself. Sam returns to his family in the Shire, saddened by Frodo's departure but happy with the life he has made for himself.

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