Symbolic Representation of Psychological States in the Dreams of Women with Eating Disorders

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Abstract

The study compared the dream content of 12 eating-disordered (ED) and 11 non-eating-disordered (NED) women using the Marascuilo method of pairwise comparisons. The results showed significant links in the dreams of the ED group between the presence of an eating disorder and a sense of ineffectiveness, the presence of self-hate, a sense of being controlled by others, a sense of being watched and judged, an inability to self-nourish, and the presence of negative emotions. A sense of ineffectiveness was significantly paired with the presence of anger and negative emotions in the ED group. There were no significant pairings in the NED group. Dream examples are given to illustrate the findings. Implications for counselling are discussed in terms of aspects of self that emerge via dreams, and what techniques can intensify these experiences in the counselling setting.

Résumé

Cette étude compare le contenu des rêves de 12 femmes souffrant d'un trouble de la conduite alimentaire et de 11 femmes n'ayant pas ce problème, ceci en utilisant la méthode de comparaison par les pairs de Marascuilo. Les résultats démontrent des liens significatifs dans les rêves des femmes ayant un trouble de la conduite alimentaire entre la présence de ce trouble et un sentiment d'inefficacité, de haine de soi, un sentiment d'être contrôlée par d'autres, un sentiment d'être surveillée et jugée, une inhabileté à se nourrir soi-même et la présence d'émotions négatives. Un sentiment d'inefficacité était associé de façon significative à la présence de rage et d'émotions négatives dans le groupe des femmes ayant un trouble de la conduite alimentaire. Il n'y avait aucune association significative dans le groupe des femmes n'ayant pas ce trouble. Des exemples de rêves sont présentés pour illustrer les résultats. Des implications pour le counseling sont discutées en termes des aspects de soi qui se manifestent par le rêve et quelles techniques peuvent intensifier ces expériences en counseling.

Anorexia Nervosa and Bulimia Nervosa are profoundly self-destructive disorders, yet those who suffer from them often cling to the life-threatening behaviours as their only form of control. Despite a plethora of books and studies on eating disorders, the counsellor working with these clients continues to face difficult and sometimes intractable problems in treatment (Zeibe, 1992).

Bruch (1978) first wrote of the importance of bypassing the denial and surface obsession with food and weight in treating eating disorders. In recent years, clinicians using art therapy and visualization with eating-disordered women (Wooley & Wooley, 1985) have shown the value of creative techniques that utilize unconscious processes. Symbolic representation in particular provides a safe medium of communication through which eating-disordered clients can begin to talk about their

problems, although anorexics have been found to have an impaired capacity to articulate intrapsychic conflict symbolically (Conroy & McDonnell, 1986).

Dreams are a medium in which symbols are spontaneously and unconsciously produced (Jung, 1964), and therefore obviate the problem Conroy and McDonnell (1986) found using traditional art therapy with anorexics. Counselling anorexic and bulimic women in a hospital program introduced the authors to the particular usefulness of dreams in working with eating disorders. The authors' request for dreams was well received, and the women being counselled were willing to explore their feelings through the medium of dreams while resisting more direct approaches of counselling. Dreams collected from these women contained themes that seemed to represent some of the underlying psychological states noted by eating-disorder specialists such as Bruch (1978), Goodsit (1985), and Stern (1986).

Several books and articles contain examples of eating-disordered women's dreams (Sours, 1980; Thoma, 1967), and some clinicians (Palazzoli, 1974; Woodman, 1982) have documented using dreams in the treatment of eating disorders. Yet there are few studies in this area (Dippel, Lauer, Riemann, Majer-Trendel, Krieg & Berger, 1987; Frayn, 1991; Levitan, 1981; Weizsacker, 1964), and of these, only two (Dippel et al.; Frayn) are controlled. The focus of Dippel et al., and Frayn's research is primarily diagnostic and prognostic, leaving a gap in dream research in the examination of eating-disordered women's unconscious issues via symbolic representation. The study reported on in this paper attempts to address that gap.

A REVIEW OF THE LITERATURE

Themes noted in the dreams of eating-disordered women can be roughly divided into three areas: (a) the psychoanalytic writers (Levitan, 1981; Sours, 1980; Thoma, 1967) who understand the dreams within a framework of repressed sexual, incestuous, and aggressive wishes; (b) Jungian analysts such as Woodman (1982) who believe disconnection from the feminine principle to be the root cause of the self-hate in eating-disorders, and who quote themes of the negative mother, crumbling foundations or an ethereal sense of weightlessness as evidence of this disconnection; and (c) writers who span various orientations, but take an atheoretical approach to interpretation (Palazzoli, 1974; Weizsacker, 1964). Prevalent themes cited by these authors are: violence, both against the dreamer and enacted by the dreamer; helplessness; entrapment; and a sense of being watched and judged. Food images predominate, but never in a nurturing and satisfying way. They appear as either aggression by food; "forbidden," unavailable, insufficient or inedible food; or gigantic and overpowering portions of food.

Researchers Dippel et al. (1987) and Frayn (1991) found: (a) a high incidence of food in the dreams of anorexic and bulimic clients compared with a depressed group, as well as bulimic subjects having a higher incidence of negative affect and hostile acts towards the dreamer than anorexics (Dippel et al.); and (b) a higher incidence of frightening themes, food themes, and images of themselves as overweight and/or physically distorted, in the anorexic group (Frayn).

As found in the dreams collected from the hospitalized eating-disordered women during this study, several of the dream themes isolated from the literature seem congruent with psychological states noted in developmental theories of eating disorder etiology. The following section examines these states in more detail.

A sense of ineffectiveness and self-hate. Loss of autonomy and a paralyzing sense of ineffectiveness are viewed as a core developmental problem in the etiology of anorexia nervosa (Bruch, 1978). In her writings, Bruch (1982) also mentions the ". . . primitive helpless rage and anger . . . kept in check until the illness developed . . ." (p. 1533), but she does not enlarge upon this as a developmental issue. It is Stern (1986) who elaborates on the concept by discussing the primary rage response to early-childhood deprivation in the pre-anorexic or bulimic child. In this object-relations view, negative affect is deeply embedded in the child's psyche and is dealt with by the primitive mechanisms of denial, repression, splitting and projection. The authors have taken this theory a step further in proposing the repression, projection, projective identification and introjection of rage as the central feature in eating disorders (Brink & Allan, 1992). Thus the rage is directed against the self in the form of self-hate, with a sense of ineffectiveness as a secondary effect.

Self-hate in eating disorders has emerged as a significant factor in a few recent studies, understood variously as "conflict turned inward" (Sheppy, Friesen & Hakstian, 1988), "self-criticism" (Lehman & Rodin, 1989), and "self-directed hostility" (Williams, Chamove & Millar, 1990). Williams et al. found eating-disordered subjects to exhibit significantly more external control, inward-directed hostility, less self-assertion, and less family encouragement of independence than dieters and non-dieting controls.

The sense of being controlled by others. The presence of a controlling family is much discussed in the etiology of eating disorders. Stern (1986) has found a preponderance of what he terms "malignant control" in eating-disorder families, namely, the restraint of the child to conform to parental needs, versus "benign control" when the limits are caringly enforced in the child's own interest. These families move in to control at the first sign of weakness, but respond to initiative with rejection and abandonment (Minuchin, Rosman & Baker, 1978). However, no clear picture of

family control as a significant consistent experience in anorexic and bulimic subjects, when compared with a control group, seems to have emerged in the research to date.

Sense of being watched and judged. Self-psychology emphasizes the importance of parental mirroring of the child's inherent exhibitionism and grandiosity. In pre-eating-disordered girls, the parents have more often expected the child to mirror them. This results in the formation of a fragile and peripheral sense of self, and a high need for constant validation as an indicator of personal acceptability in the developing girl (Goodsit, 1985). Both Bruch (1985) and Goodsit discuss narcissism in eating-disordered women in terms of the anorexic's grandiosity, exhibitionism and need for external mirroring, yet only (Weizsacker, 1964) appears to mention the inner tensions of the narcissistically-wounded individual evident in a constant belief that she is being watched and judged. Both Palazzoli (1974) and Weizsacker report anorexic dreams of being watched constantly, which may indicate the role of dreams in bypassing defense mechanisms.

Inability to self-nourish/self-nurture. MacLeod (1981) writes of the anorexic's inability "... to gauge the state of her own stomach, or assess what is a reasonable requirement of food for her own bodily needs" (p. 97). She goes on to equate the sense of being well-fed with the feeling of being loved, "... if only by oneself" (p. 97). MacLeod sees the pursuit of a sense of emptiness in anorexia nervosa as a symbol of the anorexic's deep underlying fear that her inner emptiness, rooted in a core sense of worthlessness since early childhood, can never be filled.

Lehman and Rodin (1989), who describe self-nurturance as ". . . an attitude directed toward the self that is self-comforting, accepting and supportive" (p. 117), found high levels of self-criticism and low perceived self-efficacy to be related to a low ability to be self-nurturant in bulimic women.

Evidence of a possible link between these psychological states and themes observed in eating-disordered individuals' dreams raised the question behind the present study, namely: would a comparison of the dreams of women with eating disorders (ED) and women without eating disorders (NED) show a significant presence of the isolated themes in an ED group? The preliminary analysis, using the independent *t*, found a significant presence of a sense of ineffectiveness, the presence of self-hate, and negative emotions in the ED group's dreams (Brink, 1991). The focus of the current paper is a re-analysis of the data utilising chi-square and Marascuilo's method of multiple comparisons, which we judged as a more robust statistical method than the independent *t* with its corresponding risk of the liberalization of alpha.

METHOD

Subject

Twenty-five young women between the ages of 18 and 33 years of age participated in the study. The 12 ED women were recruited from a local hospital program and local counselling practices, and the 13 NED women were recruited from the community via suburban newspapers and from an undergraduate psychology course. The ED group had to satisfy DSM-111-R (American Psychiatric Association, 1987) criteria for anorexia nervosa or bulimia nervosa, and the NED group were screened for any psychological symptoms of somatization, depression, obsessive-compulsive tendencies, and anxiety (Derogatis, Lipman, Rickels, Uhlenhuth & Covi, 1974). Subjects in each group were matched for age, level of education, and occupation. Mean age for the ED and NED group was 24.33 and 25.08 respectively, with the NED group being slightly higher in educational qualifications (university education: NED = 6; ED = 3). Occupations were evenly matched. Subjects were informed that the study was an examination of the dreams of women from different backgrounds.

Procedure

Subjects were asked to record every dream upon waking, including the emotions they experienced during the dream, for a period of four weeks. To avoid contaminating dream material by researcher bias, the primary researcher's preliminary interview and subsequent telephone calls to check on progress with dream recall were kept uniform, and questionnaires were administered at the completion of the four-week period. Two subjects were dropped from the NED group at this point as a result of scoring over the cut-off point (20) on the EAT (Eating Attitude Test, Garner & Garfinkel, 1979).

Measures

Three questionnaires were administered at the completion of the four-week dream collection period, two checking the appropriateness of group characterization (EAT, Garner & Garfinkel, 1979; Hopkins Symptom Checklist: HSCL, Derogatis et al. 1974); and one as an alternate measure of the central construct of ineffectiveness (General Causality Orientation Scale [GCOS], Deci & Ryan, 1985).

The EAT has demonstrated a high level of validity ($r = 0.87$) to measure a broad range of symptoms characterizing anorexia nervosa, including bingeing and purging behaviours, and has been found to be particularly sensitive to eating disorders that relentlessly pursue thinness (Garner & Garfinkel, 1979). The 45-item HSCL is reported to have item-total correlations ranging from $r = 0.45$ to $r = 0.80$, and high internal consistency for each neurotic dimension (Derogatis et al., 1974). The GCOS meas-

ures three causality orientations, namely: *autonomy* (intrinsic motivation stemming from internal informational standards); *control* (intrinsic motivation dependent on externally controlling standards); and *impersonal* (extrinsic motivation residing in a belief that behaviours and outcomes are independent of each other, with external forces being uncontrollable). The questionnaire is made up of 12 vignettes depicting interpersonal and achievement-related situations, thus fulfilling one of Vitousek, Daly and Heiser's (1991) criteria for bypassing denial in eating disorders (i.e. ask hypothetical, inverse, and 3rd person questions). Its use has demonstrated competence in measuring a sense of ineffectiveness in both a restrictive and bulimic anorexic subject group (Strauss & Ryan, 1987). Internal subscale consistency is rated as satisfactory ($\propto = .70–.76$, Deci & Ryan, 1985). Test-retest reliability is also satisfactory ($\propto = .71–.78$) and construct validity has been supported by meaningful correlations with 11 other personality measures (Deci & Ryan, 1985).

A dream scale was constructed for the study,[1] since established dream content analysis scales were not sufficiently specific to the eating-disorder issues we wished to examine. To start with, we examined 14 dreams collected from five hospitalized patients with eating disorders, and the dreams of anorexics and bulimics quoted in books and studies. From each dream we extracted at least one, and in some cases several, scenarios and noted each stated emotion. In all, forty-five scenarios were isolated from a total of thirty-six dreams, which we then categorized into images or behaviours. Also, forty-two emotions were noted. In addition, we examined each dream narrative for the dreamer's underlying belief system, which we termed an attitude. We also noted a sense of impending threat at the end of many of the dreams, and added this category to our list. We then formulated a 91-item dream scale (Brink, 1991), comprising the isolated attitudes, behaviours, emotions, images, and an assessment of the dream ending. From these items, 11 common themes of the psychological traits underlying eating disorders emerged. These were: (a) a sense of helplessness/ineffectualness; (b) anger; (c) self-hate; (d) a fragmented sense of self; (e) a sense of being rigidly controlled; (f) a sense of invasion of privacy; (g) a sense of being watched and judged by others; (h) an inability to self-nourish/self-nurture; (i) an obsession with food; (j) an obsession with weight; (k) presence of negative emotions. The scale is ordinal, measuring degrees of intensity of presence of the dream content. Raters assess the items as either absent, present, or extremely present, with corresponding values of 0, 1, and 2. The dream rating scale was tested several times on student raters for ease of rating and comprehensibility.

Two hundred and seventy-five dreams were collected (ED: 139; NED: 136). The dreams were rated by eight trained volunteers comprising 4 counsellors in private practise and 4 graduate students in a counselling

program. All were "blind" as to the group membership of the dreamer. Inter-rater agreement was calculated by a random sample of 35 dreams being issued to one of the raters after the initial rating was completed. Percentage agreement of the items (83%–100%) was calculated by comparison with the original ratings of the randomly sampled dreams. We then tallied the frequencies of items on the dream scale that were significant in the preliminary analysis and analyzed them for association with eating disorders using the chi-square test. Marascuilo's method of multiple comparisons among proportions (Glass & Hopkins, 1984) was conducted as a post-hoc analysis. The frequencies in the occurrence of 9 out of the 11 psychological themes in the dream content were tested in the same manner.[2]

RESULTS

Items on the dream scale

A chi-square comparison between the two groups on the proportions of frequencies of the presence of the five dream items: (a) the attitude "whatever I do I won't succeed"; (b) the emotion of anger; (c) the emotion of guilt; (d) the image of being watched as if guilty; (e) the dream ending a sense of threat, indicated that the proportions of the ED group were considerably higher than the NED group on all the items. Specifically, in the ED group, we found eating disorders to be closely associated with the five items on the dream scale, and a within group association between the two variables (ED group & dream items) at the .05 level of significance.

Pairwise comparisons of the proportions in the two rows using Marascuilo's method (Glass & Hopkins, 1984) indicated that, in the ED group, the proportions of frequencies of response to the item "whatever I do I won't succeed" differed only from those of the item assessing the end of the dream ("dreams ending in a sense of threat"), and none of the others. Similarly, the proportion of frequencies of response to the item "being watched as if guilty" differed significantly from those of "dreams ending in a sense of threat" at the .05 level. The other items evoked essentially the same response.

Psychological Themes

A chi-square comparison of the proportions of frequencies of psychological themes in the dreams of the two groups indicated that the proportions in the ED group were considerably higher than the NED group (see Table 1). Specifically, in the ED group, we found the eating disorder factor to be closely associated with the following themes present in dreams: ineffectiveness; anger; self-hate; a sense of being controlled by others; a sense of being watched and judged; the inability to self-nourish;

an obsession with food; an obsession with weight; and negative emotions. A significant within group association between the two variables (i.e. ED group & physchological themes) was found at the .05 level.

TABLE 1

Comparison of the Proportions of Frequencies of The Presence of Psychological Themes in the Dreams of the ED and NED Groups

	Themes								
Group	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
ED	.80	.69	.76	.76	.74	.78	.58	.85	.63
NED	.20	.31	.24	.24	.26	.22	.42	.15	.37

Note: 1=Sense of ineffectiveness; 2=Presence of anger; 3=Presence of self-hate; 4=Sense of being controlled by others; 5=Sense of being watched and judged; 6=Inability to self-nourish/self-nurture; 7=Obsession with food; 8=Obsession with weight; 9=Negative emotions.

A pairwise comparison of the proportion of frequencies of the nine themes using Marascuilo's method found that not all the themes differed significantly at the .05 level. Of the 36 possible pairs of themes, only the 9 following pairs were significantly different: a sense of ineffectiveness and anger; a sense of ineffectiveness and an obsession with weight; a sense of ineffectiveness and the presence of negative emotions; self-hate and an obsession with food; a sense of being controlled by others and an obsession with food; a sense of being watched and judged and an obsession with food; an inability to self-nourish and an obsession with food; an obsession with food and an obsession with weight; an obsession with weight and negative emotions. The remaining 27 pairs did not meet the statistical criterion for a significant difference.

The results of the GCOS, which was a test of the central construct of a sense of ineffectiveness, found the ED group to score significantly higher on the impersonal dimensions ($p = <.001$; see Table 2).

The implications of these findings are discussed in the following section.

DISCUSSION

These findings are compatible with other studies of the personality characteristics of women with eating disorders (Lehman & Rodin, 1989; McLaughlin, Karp & Herzog, 1985; Sheppy et al., 1988; Strauss & Ryan, 1987; Williams et al., 1990) and are consistent with theories of the developmental deficits in eating-disorders (Bruch, 1978, 1982; Goodsit, 1985; Stern, 1986). The consistency of the results with research and theory in eating disorders contributes to Jung's (1934/1970) theory that dreams present the unmasked truth of the psyche to the dreamer.

TABLE 2

Means (M) and Standard Deviations (SD) across Groups (ED & NED) for the 3 Subscales on the GCOS (Deci & Ryan, 1985)

		Group		
Subscale		*ED*	*NED*	t-*value*
Autonomy	M	65.42	71.27	-2.16
	SD	7.44	5.26	
Control	M	50.88	50.82	-0.06
	SD	12.80	4.73	
Impersonal	M	53.83	37.55	4.93*
	SD	8.09	7.71	

The small number of subjects and the imposition of a preconceived framework of meaning on to the dream data suggest caution. However, these limitations were somewhat mitigated by the substantial amount of dreams collected and substantiation of the central construct of ineffectiveness in the ED group on the GCOS.

In interpreting the results, we have taken the significant pairing of "an obsession with weight" and an "obsession with food" as justification for a view of the two categories as synonymous with the presence of an eating disorder. Thus the categories under discussion are the significant links between: (a) a sense of ineffectiveness and the presence of an eating disorder, the presence of negative emotions, and the presence of anger; (b) the presence of an eating disorder and the presence of self-hate, the sense of being controlled by others, a sense of being watched and judged, and an inability to self-nourish/self-nurture; and (c) negative dream endings and in attitude of ineffectiveness, and being watched in the dream images.

The significant connection between a sense of ineffectiveness, anger, and negative emotions in the dreams of the ED group contributes to Stern's (1986) object-relations view of the etiology of eating disorders. These results also seem to lend further credence to our view of the repression, projection, projective identification and introjection of rage in infancy as *the* central issue in eating disorders, with the "... all pervasive conviction of being ineffective . . ." (Bruch, 1978, p. 41) as a secondary response (Brink & Allan, 1992). The power of this inwardly-directed rage is evident in the data in the images of violence against the dream-ego, the negative dream endings, and the high number of negative emotions in the ED group's dreams. The following dream is an example:

> It was in the early evening and I was walking through the park. The night air was warm and the moon was full . . . all of a sudden someone grabbed me from behind. I tried to break free but he was too strong. He pulled me down behind the bush.

> He was crushing me. I tried to scream but he covered my mouth. . . . I started panicking and managed to break free. I tried to crawl away but suddenly there was a sharp pain in my back and I could feel the blood coming out.
>
> Feelings: Frightened, panic, shame.

The significant relationship between self-hate and the obsession with food in the present study seems key in understanding the development of an eating disorder. An examination of the concepts of Palazzoli (1974) in the light of Kohut's (1978) view of narcissistic rage offers an explanation. Kohut writes of the infant's rage response to the unavailable or uncontrollable mother, which manifests in an ". . . unmodifiable wish to blot out the offense that was perpetrated against the grandiose self . . ." (p. 645). Palazzoli's proposal that the body of the anorexic does not merely contain the negative, overpowering aspects of her mother, but in fact becomes reified as the bad object itself, clarifies why the rage might be directed against the body.

The significant pairing of a sense of being controlled with an obsession with food accords with Bruch's (1978) theory of the eating-disordered woman's preoccupation with, and control of, food as an extreme attempt to establish personal control in a life otherwise invaded by others. Our study explored the issue of control through images of entrapment and stated experiences of "feeling controlled" in the dreams, so that it was not specifically focused on family control. However, we understand the eating-disordered women's experience of feeling controlled as emanating primarily from family dynamics, with societal control of women's behaviour and needs permeating both family and the larger community.

The significant pairings of a sense of being watched and judged with an obsession with food, and images of being watched as if guilty of something with the occurrence of negative dream endings, points again to the role the core belief, that she is bad and unworthy, plays in the development and maintenance of an eating disorder (Bruch, 1985). Of interest is the fact that, as in the reports of Palazzoli (1974) and Weizsacker (1964), a study of dreams in eating disorders has revealed this important underlying theme in the dream material. This in itself seems a significant finding in support of dreams as a counselling tool.

The significant link between themes indicating an inability to self-nourish/self-nurture and an obsession with food in the dreams of the ED group, is a further demonstration of the connection between an eating-disordered woman's relationship to food and her primary sense of unworthiness. This finding agrees with Lehman and Rodin's (1989) report of the connection between low-self-nurturance and existence of an eating disorder.

The anorexic's experience of food as profoundly lacking in self-nourishment and nurturance is exemplified in the following dream of an anorexic subject:

> I was helping my girlfriend sell muffins and cookies. I had to taste one, but when I went to eat it, it was a great, big, huge, bread loaf.
>
> Feelings: Out of control; panic.

A particular theme, namely, images of babies being either inadequately fed or inappropriately nurtured, occurred solely in the dreams of the ED group. We understand this as an illustration of the infantile state of the anorexic or bulimic woman's needs, and her difficulty meeting them.

The significant pairing between the negative dream ending and the attitude of ineffectiveness in the present study captures the dreamer's belief system that a threat is always around the corner. Nightmares with resolved endings communicate the belief that though things may be bad, the dreamer will get through them. We understand the attitude "whatever I do I won't succeed (in changing the bad situation)" as rooted in the inability to process rage provoked by an earlier trauma. The violence in the following dream illustrates both the extent of the dreamer's rage and her helplessness to transform it:

> We were driving in a car. My cousin started drinking, and he and my brother started to fight. The car started to go faster and faster. I was scared so I closed my eyes. When I looked up there was a big truck in front of us. I screamed . . . and I heard my brother yell at me to get down. I heard the brakes lock and screech. When I looked up, I saw my cousin's head hit the windshield as the car ran under the truck, decapitating him.

The further link between a sense of being watched and judged, and the negative dream endings is an additional illumination of how the belief that she is bad and unworthy impacts the eating-disordered woman's perceived ability to resolve distressing situations.

In this study, we attempted to confine ourselves to descriptive scenes and stated emotions in the quantifying of underlying psychological themes, which was in itself a methodological challenge, given the subjective nature of dream material. Further research in the area using qualitative methodology would address the subjectivity of the data, and add depth to the findings of the current study.

Implications for Counselling

When working with clients with eating disorders, the counsellor can expect to meet strong resistances, mostly due to their deep fear of perceived loss of control. These findings demonstrate that dreams can provide a window into the inner world of eating disorders; a world of strong affect and vivid images which often contradicts the client's controlled exterior. The dream images and emotions can be explored through journal writing, and intensified via art work, dream enactment, and active imagination. Dreams can thus provide a vehicle for exploration of relationship to others as well as to unknown or banished parts of self. Many times the simple question of what might be happening in their

lives that feels similar in emotional tone to the dream, can unfold a previously unacknowledged problem. Finally, the dream narrative can tell a profound story, as in the following dream of a subject with bulimia. We understand the story as a metaphor for the curtailment of her autonomy, the subsequent development of an eating disorder, and her valiant struggle to heal herself.

> I was riding a horse that had been wild at one time. I managed to tame it and ride it. As I sat on the horse's back I felt the strength disappear from my horse. Soon the horse was very sick and I ended up carrying it. Then I was in a stable, meeting with some people . . . I remember trying to get them to make my horse better.

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Notes

[1] Copies of the scale can be obtained by writing to the 1st author.

[2] Two themes, namely "a fragmented sense of self" and a "sense of invasion of privacy" were discarded due to very low frequency scores.

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