

Psychiatry in pictures

EDITED BY ALLAN BEVERIDGE

Do you have an image, preferably accompanied by 100 to 200 words of explanatory text, that you think would be suitable for Psychiatry in Pictures? Submissions are very welcome and should be sent direct to Dr Allan Beveridge, Queen Margaret Hospital, Whitefield Road, Dunfermline, Fife KY12 0SU, UK.



Anonymous. Text by Dr Donal J. Cotter (child and adolescent psychiatrist, Dublin)

Part 2 of 2 (first part published September 2005, vol. 187, A10). A 14-year-old boy, of normal IQ and with mild spina bifida, was referred for therapy with symptoms of depression. It soon became clear that communication was being conducted on two levels. On the verbal level the young man dismissed the possibility that his spinal defects were an issue for him ('Aw no! I got used to that long ago'). But between sessions he produced a series of drawings with powerful recurring themes and images: a checkerboard spinal column and a destructive Medusa-like intermediate host (above left), and a lonely kyphotic creature cast in stone (above right). These images denoted the primacy of his spinal problem, his beliefs about its origin (prenatal exposure to medication) and his fears for the future. The young man rarely, if ever, discussed his drawings. Expressions of interest were met with a shrug of the shoulders and a mumbled remark that he was only doodling. Nevertheless, by the conclusion of therapy he had made a good symptomatic recovery. There is often, on the part of the young person, a degree of ambivalence about imparting information, or material may be offered without knowing its worth or meaning. The therapist's task is to tease out the strands of such material and assess their significance in the overall design.