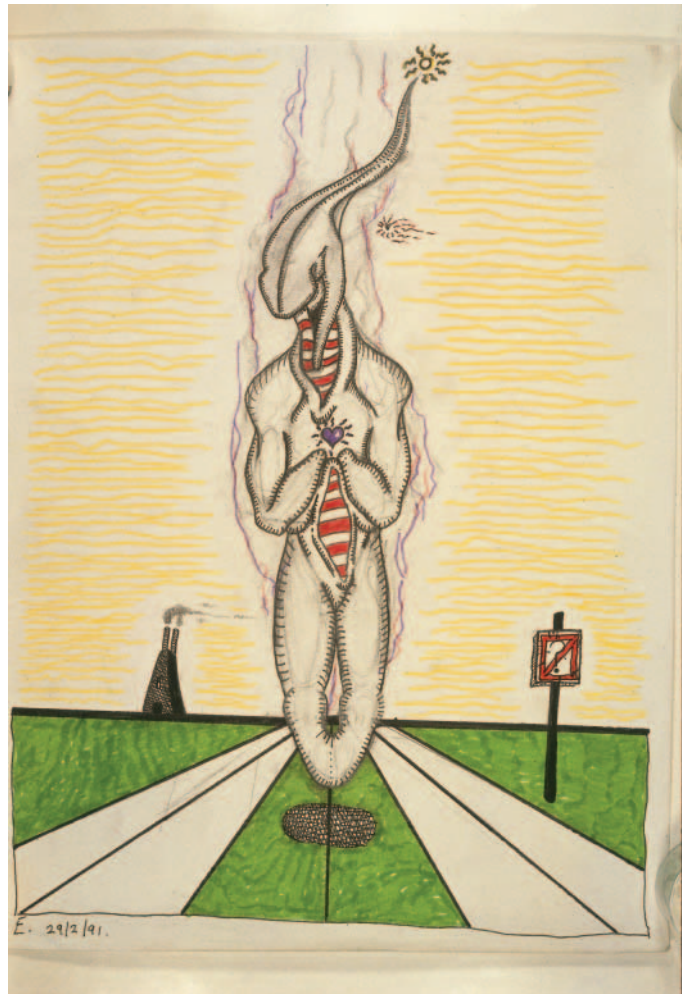
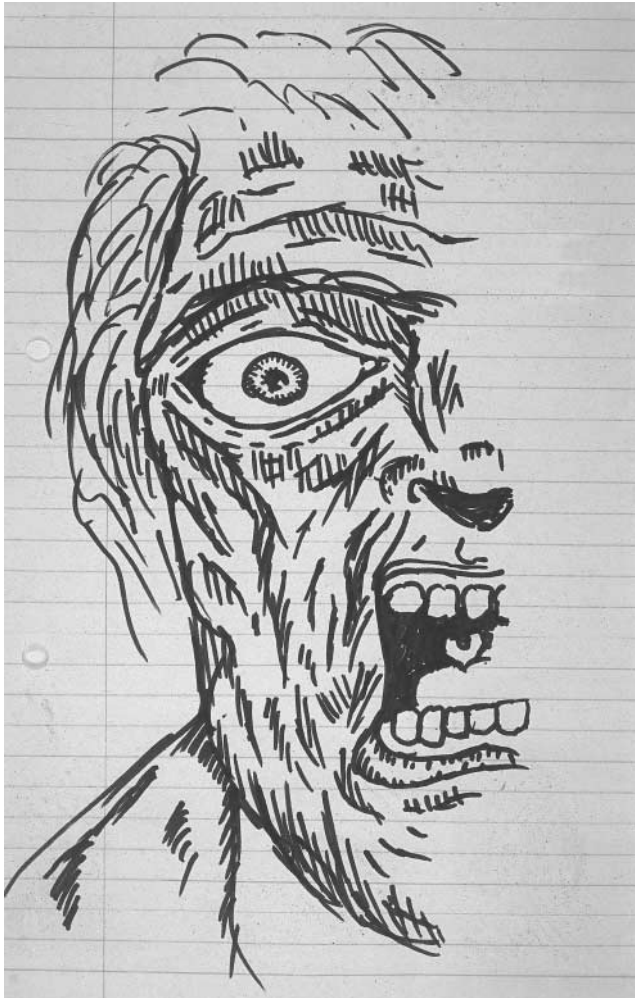


## Psychiatry in pictures

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)

A 14-year-old boy, of normal IQ and with mild spina bifida, was referred for assessment because of deteriorating school function and increasing isolation and withdrawal. It was thought that these problems were related to his parents' marital difficulties and subsequent separation. He initially denied any problems and suggested, toward the end of the second session, that perhaps it had not been necessary for him to come to treatment as he was feeling much better. Somewhat perplexed, the therapist asked him to draw a picture. In about 10 minutes the young man completed a drawing of an intensely distressed, incomplete person (above left), that was totally at odds with his seeming equanimity. The therapist then expressed an interest in seeing any other drawings that the boy had done previously. The drawing produced at the next session (above right) had been composed about 6 months earlier and expressed an important theme that hitherto had not been identified – his spinal defect and feelings of incompleteness. From then on over the course of therapy he produced a series of 20 drawings (a selection of which will be published in next month's 'Psychiatry in pictures') that allowed the therapist a unique avenue of access to his intense core concerns.