

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

ProQuest Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
800-521-0600

UMI[®]

The Assessment of Attachment Security through Art Therapy: A Case Study Illustration

Sophie Huot

A Research Paper

in

The Department

of

Art Education and the Creative Arts Therapies

Presented in Partial Fulfilment of the Requirements

For the Degree of Masters of Arts

Concordia University

Montréal, Québec, Canada

September 2002

© Sophie Huot, 2002



**National Library
of Canada**

**Acquisitions and
Bibliographic Services**

**395 Wellington Street
Ottawa ON K1A 0N4
Canada**

**Bibliothèque nationale
du Canada**

**Acquisitions et
services bibliographiques**

**395, rue Wellington
Ottawa ON K1A 0N4
Canada**

Your file Votre référence

Our file Notre référence

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-72966-4

Canada

ABSTRACT

The Assessment of Attachment Security through Art Therapy: A Case Study Illustration

Sophie Huot

This research paper explores the expression of attachment patterns in drawings. It begins by giving an overview of attachment theory, particularly reviewing Bowlby's concept of internal working models of relationships and Fonagy's ideas on the development of children's perception of themselves as thinking and feeling beings. Current applications of attachment theory in art therapy research are also summarised. These concepts are then illustrated with the case study of a 9 year-old boy diagnosed with disrupted attachment, attention deficit hyperactivity disorder and conduct disorder. The Family Drawing Checklist (FDC) devised by Fury (1996; Fury, Carlson & Sroufe, 1997) to categorise family drawings according to attachment type is used to analyse this boy's family portrait, as well as the drawings he made in his individual art therapy sessions. These results classify his work as being insecurely attached but without distinguishing between insecure attachment types. The Kerns Security Scale (KSS) constructed by Kerns, Klepac & Coles (1996) is also utilised to glean more information about his attachment status. Its results show that he is securely attached to his father but insecurely attached to his mother. Links between this child's artistic production, his attachment patterns, and the results of the FDC and the KSS, support the blend of art therapy and attachment theory when treating children with attachment disorders.

Acknowledgements

I would first like to express my thanks to my clients and to my professors for their guidance over the course of the past two years. I am also very grateful for the support of the members of the day treatment team throughout the course of my practicum. I would particularly like to thank Mireille Joussemet, psychology intern, for her help administering the assessment tools used for this research project, Allan Rosales for his work establishing inter-rater reliability, as well as Davina Mill for her assistance and her encouragement in dealing with the quantitative results of this paper. I am also deeply indebted to Louise Lacroix, Danielle Dion and Dr. Jaswant Guzder for their inestimable supervision and insights throughout the development of this project. Finally, a very special thank you is extended to John Dodge, for his invaluable editing skills, his patience and his love, which carried me through this degree.

Table of Contents

	Page Number
List of Figures: Client Artwork	viii
Chapter I: Attachment Theory Overview	1
a) Introduction.....	1
b) Klein's Contribution.....	1
c) Mahler's Contribution.....	3
d) Bowlby's New Outlook.....	3
e) The Strange Situation and Attachment Types.....	5
Chapter II: Internal Working Models of Attachment	7
a) Introduction.....	7
b) Definition of Internal Working Models.....	7
c) The Role of Cognitive Abilities.....	8
d) The Structure of Internal Working Models.....	8
e) Transgenerational Transmission.....	9
f) The Influence of Communication Patterns.....	10
g) Defensive Exclusion.....	10
h) The Stability of Internal Working Models.....	13
i) Factors Inducing Change.....	13
j) Treatment Approaches.....	14
Chapter III: The Development of the Mentalising Stance	15
a) Introduction.....	15
b) The Need for Reflection of Internal States.....	15

c) The Role of Play.....	16
d) The Therapeutic Process and Mentalisation.....	17
Chapter IV: Attachment Theory in the Art Therapy Literature.....	18
a) Introduction.....	18
b) Sivan-Foster's Contribution.....	19
c) Kaiser's Contribution.....	19
d) Pollock-McKenna's Contribution.....	19
e) Qualitative Research.....	20
f) Compatibility of Art Therapy and Attachment Theory.....	21
Chapter V: Case Study.....	23
a) Introduction.....	23
b) Personal and Demographic Description.....	23
c) Symptoms.....	26
d) Working Diagnosis and Psychological Evaluation	26
e) Goals and Initial Treatment Plan.....	28
f) Overview of Sessions: Initial Phase	29
g) Overview of Sessions: Middle Phase, Fall Semester.....	37
h) Overview of Sessions: Middle Phase, Winter Semester.....	49
i) Overview of Sessions: Final Phase.....	57
Chapter VI: Findings Using the Family Drawing Checklist.....	63
a) Introduction.....	63
b) Strengths and Weaknesses of Projective Tests.....	64

c) The Use of Family Drawings as Projective Tests.....	65
d) The Family Drawing Checklist	66
e) Results of the Analysis of the Family Drawing.....	73
f) Results of the Analysis of Artwork Made in Therapy.....	75
Chapter VII: Findings Using the Kerns Security Scale.....	79
a) Introduction.....	79
b) Kerns Security Scale Reliability and Validity.....	79
c) Kerns Security Scale Subscales.....	80
d) Results of the Kerns Security Scale.....	81
Chapter VIII: Discussion.....	82
a) Introduction.....	82
b) Martin's Progress.....	82
c) Recommendations for Future Treatment.....	85
d) Discussion of Test Results.....	88
e) Theoretical and Clinical Considerations.....	92
Bibliography.....	95
Appendix A: Blank Copy of Consent Form.....	107
Appendix B: Markers Evaluated by the Family Drawing Checklist.....	108
Appendix C: Summary of Global Rating Scales for Family Drawings.....	109
Appendix D: Means and Standard Deviations on the GRS.....	110
Appendix E: Copy of the Kerns Security Scale.....	111

List of Figures: Client Artwork

	Page Number
Figure I: 18" x 12", marker on paper.....	32
Figure II: 15" x 12", marker on paper.....	35
Figure III: 18" x 12", marker on paper.....	36
Figure IV: 14" x 8 ½", marker on paper.....	41
Figure V: 8 ½" x 14", marker on paper.....	42
Figure VI: 8 ½" x 14", marker on paper.....	44
Figure VII: 14" x 8 ½", pen on paper.....	45
Figure VIII: 14" x 8 ½", pencil on paper.....	47
Figure IX: 24" x 18", marker on paper.....	55
Figure X: 18" x 24", marker on paper.....	55
Figure XI: 24" x 54", marker on paper.....	58
Figure XII: 18" x 24", pen, sequins and coloured string on paper.....	60
Figure XIII: 2" x 3", tempera on DAS (self-drying modelling clay).....	61
Figure XIV: 18" x 12", marker on paper.....	73

Chapter I:

Attachment Theory Overview

a) Introduction

When Bowlby began practising as a psychiatrist in the 1940's, the British Psychoanalytical Society was divided into three groups: one which followed Klein's ideas, another upheld Freud's views, and a third which became known as object relations theories (Mitchell & Black, 1995). Bowlby's ideas on attachment spearheaded this last group, whose basic principle was that infants instinctively try to develop harmonious relationships with their caregivers. Emotional ties in intimate relationships were of primary importance for him, contrary to Freud's insistence on sexual and aggressive fantasies (Shaver, Collins & Clark, 1996) and his dismissal of concrete experience (Fonagy, 2001). This chapter further outlines the historical development of attachment theory, particularly Klein and Mahler's contributions, as well as the advances it has supplied to our current understanding of human behaviour. For a more detailed description of crucial influences on the development of attachment theory, the reader is referred to Fonagy's (2001) review of attachment theory research and psychoanalysis.

b) Klein's Contribution

Particularly useful concepts to the understanding of attachment security are Klein's (1961) description of the paranoid-schizoid and depressive positions. Although attachment theory developed partly in reaction to her approach, these two currents are compatible ways of working (Fonagy, 2001). She believed, as did Freud, that libidinal and aggressive impulses are the basic motivators of human behaviour. However, her theories described these urges as more complex and personal determinants compared to those of her

predecessors (Mitchell & Black, 1995). According to her, these are means for the infant to perceive the self as entirely good, loved and loving or as entirely bad, hated and destructive. Thus, early experience fluctuates between these two poles. Klein used the image of the “good breast” and the “bad breast” to explain the feelings involved in each of these states. The good breast fills the infant with life-giving milk and soothes with loving protection, whereas the bad breast abandons the child to hunger, attacking him/her from within. Consequently, when encountering the bad breast the infant becomes overwhelmed with fantasies of revenge and destruction. In order to preserve the safety of the good breast, and the possibility for the child to vent his/her rage against the bad breast, both must be kept separate. Any confusion between the two could result in the demise of the good breast, which would be catastrophic, since the child would be left entirely at the mercy of the bad breast’s malevolence. Klein termed this early experience of the world the paranoid-schizoid position because of the persecutory anxiety and split between good and bad inherent to this stage. Eventually the good and the bad breasts begin to be integrated as different features of the mother. With this, the child’s feelings of vulnerability and paranoid anxiety and the necessity of splitting diminish. Thus, the depressive position is achieved. Klein chose this name because of the depressive anxiety that accompanies the realisation that the mother is the provider of both comfort and frustration. Consequently, in order to be able to tolerate this more mature position, the child must trust that his/her love will be stronger than his/her hate, and that along with his/her capacity for reparation, it will keep his/her beloved objects whole.

Also crucial to the development of attachment theory’s current understanding of the bond between mother and child (Mitchell & Black, 1995) were Klein’s (1961)

description of the mechanisms of introjection and projection. According to this theory, the child absorbs qualities of the mother, or love object, through the process of introjection. This introjected image helps the child cope with the mother's absence. It also protects the love object from the child's innate sadistic impulses. However, a balance must be maintained between introjection and projection of the self onto others, as these processes can impair the perception of relationships as well as the development of a sense of self.

c) Mahler's Contribution

Mahler was also a great contributor to our present knowledge of early relationships, being the first to emphasise observational methods in the study of the earliest stages of development (Fonagy, 2001). She (1979) insisted that a mother must satisfy her infant's needs in order for normal development to occur. She was also among the first to point out that psychological birth is not synchronous with our physical birth (Mitchell & Black, 1995). According to her, psychological growth occurs over four sub-phases, ultimately heading towards separation and individuation from the mother. The child eventually identifies the mother, forms boundaries and separates. In deviant development, the breakdown of ego function is attributed to the inability to perceive the image of the mother, or the loss of the mental representation of this love object. Thus no boundaries between the inside and the outside world can be established, and object constancy as well as separation individuation cannot be achieved.

d) Bowlby's New Outlook

Attachment theory's emphasis on biology and actual life experiences, steeped in observation-based analysis, without recourse to phase-specific traits, sharply contrasted with previous attempts to account for the aetiology of human behaviour (Fonagy, 2001).

Bowlby (1979) felt that examining human beings' propensity to create emotional ties to others was central in explaining various emotional disturbances. In contrast to traditional psychoanalytical theory's dual drives of libido and aggression, he (1988) theorised that five biologically rooted motives define human responses: attachment, exploration, parenting, sexuality, and eating. Moreover, he determined that five instinctual behaviours lead to interactions between the child and the mother: smiling, crying, clinging, following and sucking. The child's tendency to attach to the mother is therefore inborn, and not developed through the mother's need-gratifying acts (Mitchell & Black, 1995). Bowlby (1988) felt that Klein and Mahler's perspectives neglected the importance of children's external relationships in their development of internal representations of relationships and ignored the significance of clinical data. Attachment theory suggests that children's expression of mourning and loss are due to actual instances of loss, rather than the frustration of drives (Dunn, 1993).

Bowlby (1979, 1988) also emphasised the importance of the partnership that develops between a mother and child. Later relationships evolve based on the security of this bond. This contrasts with Mahler's (1979) theory, which stresses autonomy and separation between the child and the caregiver. However, Bowlby's (1988) conception of attachment is not phase-specific. According to his theories of psychopathology, it does not imply a fixation at a particular stage, but rather it is, like healthy development, continuously evolving. If our initial adaptation is deviant, our progress is likely to continue to follow this course, unless there is a change in the environment or within the self. Consequently, the need for attachment is felt throughout our life span and is crucial to human development and the understanding of psychopathology.

e) The Strange Situation and Attachment Types

Ainsworth (Ainsworth, Blehar, Waters, & Wall, 1978) further developed attachment theory by categorising attachment types. She devised an experimental setting called the “Strange Situation” to identify which types of attachment patterns coincided with each parenting pattern. This experiment examined the behaviour of one-year olds left alone in an unfamiliar room for a few moments and their response upon their mother’s return. Three categories of attachments were noted: secure, resistant (also termed ambivalent) and avoidant. A fourth category, disorganised attachment, was added later following Main and Solomon’s (1986, 1990) work. These patterns were seen to depend on the closest proximity available to the child allowed by the parent (Shane, Shane & Gales, 1997).

The optimal attachment type is a secure attachment, where the child feels comfortable enough to explore the world and confident that the caregiver will be responsive upon their return. Thus, growth is fuelled by interdependence rather than independence or autonomy from the caregiver (Bowlby, 1988). A sense of secure attachment leads to healthy emotional and social development throughout the life span (Bowlby, 1979).

Insecure attachment has been linked to a broad range of developmental difficulties in children (Colin, 1996). Bowlby (1988) states that infants who are insecurely attached cannot internalise the love object. Complete withdrawal occurs if the infant fails to establish contact with the caregiver (Brazelton & Cramer, 1990). Resistant attachment is characterised by children who are alternately clingy and rejecting, and parents who are neglectful and unpredictable in their emotional availability. These children are chiefly

preoccupied by their relationships and often engage in long, drawn out confrontations with their parents (Williams, O'Callaghan & Cowie, 1995). Their contact with caregivers is typically tinged with ambivalence, vacillating between exaggerated intimacy and subtle hostility (Main & Cassidy, 1988). In avoidant attachment, parents are rejecting. As a result, these children withdraw in an attempt to become emotionally self-sufficient (Bowlby, 1988). They usually try to minimise their contact with caregivers as much as they can, putting all of their attention towards the activities they engage in (Main & Cassidy; Williams et al.). Disorganised attachment behaviours are correlated to abusive and psychotic parenting. They are manifested by a lack of consistent strategies to achieve connection or separateness from their caregivers (Main & Solomon, 1986). Parental-type behaviours eventually develop in an attempt to control their interactions with their caregivers (Main & Cassidy).

Chapter II:

Internal Working Models of Attachment

a) Introduction

Bowlby (1973, 1980, 1987, 1988) was instrumental not only in establishing the importance of attachment security in childhood, but also in further elaborating the concept of internal working models (IWMs) of relationships. These models are central in attachment theory's conception of mental and emotional growth because of the vital role they play at all levels of development throughout our life span (Bretherton & Munholland, 2000; Colin, 1996; Goldberg, 2000). They are fundamental to our view of the self and others, starting as early as the first month of life, being rooted in infants' attempts at gaining comfort and security (Main, Kaplan & Cassidy, 1985). This chapter discusses how the development of children's cognitive abilities impacts on the structure of IWMs. The crucial roles of defensive processes, transgenerational transmission and communication patterns are also touched upon. Finally, the stability of IWMs and its implications in treatment approaches are addressed.

b) Definition of Internal Working Models

Colin (1996) defines IWMs of attachment relationships as "mental representations of the self, the other and their relations" (p. 19). This concept is consistent with other object relations theories, which believe mental representations to be crucial structures in the development of personality (Blatt, 1995). They consist of four inter-related dimensions: memories of attachment related experiences (especially those with primary attachment figures), beliefs, attitudes and expectations of the self, attachment related goals and needs, and lastly, strategies and plans necessary to the achievement of these goals

(Collins & Read, 1994). Thus, these structures are an integral part of the development of self-regulation of attachment needs. They also serve to obtain or limit access to all the information we perceive (Main et al., 1985).

c) The Role of Cognitive Abilities

Consequently, the growth of cognitive abilities has a large role to play in children's use of IWMs. As soon as we are born, we begin encoding information about our relationships, first using sensorimotor representations (Solomon & George, 2000). Eventually patterns of interactions with caregivers become generalised into preverbal, mental experiences. These include memories of the infant's efforts at being comforted and their typical outcome (Collins & Read, 1994). As cognition develops, the coding of attachment information shifts from sensorimotor to symbolic, and then to conceptual forms of mental representations (Bretherton & Munholland, 2000). New information is constantly added to existing models by process of assimilation. Deliberate patterns of thought become less conscious with use, as they are integrated into one's automatic behaviours. This is more efficient in the long run, but less flexible (Bretherton & Munholland).

d) The Structure of Internal Working Models

Throughout their development, the structure of IWMs evolves from the general to the specific, becoming more and more intricate as time goes on. The child's experience of the primary attachment figure, usually the mother, is assumed to be the most influential in the initial building of internal representations (Bretherton & Munholland, 2000; Main et al., 1985). The first models of "self" and "other" emerge as soon as infants can distinguish between themselves and their caregiver (Main et al.). These are the broadest

and the most consequential of all IWMs of relationships, having the greatest influence on behaviour, especially compared to schemas associated with individual relationships (Bretherton, Ridgeway & Cassidy, 1990; Collins & Read, 1994; Feeney & Noller, 1996).

According to Crittenden (1990), IWMs are structured following one of three distinct patterns, each implying a particular style of attachment. The most primitive structure indiscriminately fits all relationships into one model of the self and others. This is typically found in rejecting mothers and their children, who cannot perceive the uniqueness of each relationship (Crittenden, 1990, 1995). Frameworks featuring multiple but unrelated IWMs have been associated with individuals showing a lack of coherent sense of self and an inability to predict their own behaviour and the course of their relationships. These attributes are generally found in moderately maltreated mothers. Complex, adaptive and integrated patterns of IWMs are characteristic of securely attached individuals. Without responsive parenting, such intricate structures are unlikely to develop (Crittenden, 1990).

e) Transgenerational Transmission

Even before becoming a parent, individuals have schemas of themselves as caregivers and of their behaviour within their future family. These later influence their relationship with their children and are subject to be transmitted and repeated from one generation to the next through their parenting styles (Ammaniti, van Ijzendoorn, Speranza & Tambelli, 2000; Main et al., 1985). Fonagy et al. (1995) found that parents' ability to reflect on ideas related to attachment issues increases the probability of secure attachment in children. Thus, individuals who are not self-reflective are particularly likely to be swayed by models or relationships that are outside their consciousness. Those who "do

not come to terms with the past are destined to repeat it” (Eagle, 1997, p.223). Parents’ behaviour, and hence children’s attachment organisation, particularly risk being dominated by traumatic experiences if they remain unresolved (Main & Cassidy, 1988). Moreover, this transmission process is reinforced over time: with the repetition of caregiving patterns and experiences with additional family members, children’s models of relationships become more and more associated with those of other generations (Collins & Read, 1994; Steele & Steele, 1994).

f) The Influence of Communication Patterns

Parents’ IWMs also affect communication patterns. The manner in which caregivers respond to their children has been found to predict the latter’s attachment style and whether they perceive that they are worth being replied to (Bretherton & Munholland, 2000). The self must be judged deserving of a helpful answer for a secure attachment to develop (Bowlby, 1973). Through their responses, caregivers also indicate if their IWMs are open to questioning and revision. Ultimately, these serve as guides in children’s construction and exploration of their own schemas of relationships (Bretherton & Munholland). Behaviours which caregivers respond to become quickly separated from those which elicit no answer. As a consequence, where their parents do not acknowledge them, children fail to recognise themselves (Bowlby, 1988). Hence, insecurely attached parents inevitably impose on their child their skewed models of relationships (Bretherton & Munholland).

g) Defensive Exclusion

Defensive exclusion is thought to be chiefly responsible for these distortions. Similar to the Freudian concept of repression, it is also an elementary defence mechanism

(Bowlby, 1987). Various pathologies in adulthood are held to be traceable to this process as well. It blocks traumatic events from awareness, initially in an adaptive effort to protect the self (Bowlby, 1980, 1987; Bretherton & Munholland, 2000; George, West & Pettem, 1999). It harms children's sense of security because true perceptions are discredited, leading to conflicting models of relationships (Bowlby, 1980).

In defensive exclusion, contradictory versions of events are encoded at different levels of cognition, and unavailable in their entirety to consciousness (Bowlby, 1988). These are manifested as discrepancies between semantic memories, which pertain to general knowledge, episodic, or autobiographical memories, and procedural memories, which include actions, strategies and skills (Bretherton & Munholland, 2000). For instance, the semantic memory "my mom is caring and loving" contradicts the episodic memory "my mom ignored me when I scraped my knee yesterday", as well as the procedural memory "it annoys my mom when I cry, so I avoid her when I'm upset". All of these are components of the long-term memory system, defensive exclusion thus having far reaching consequences on an individual's behaviour and perception of events (Shaver et al., 1996).

Inconsistencies will occur between IWMs when children's attachment needs are not satisfied and result in punishment, or when they are penalised for accepting information known as true, particularly in the case of witnessing trauma. Defensive exclusion can also occur when a parent, deprived of love, tries to fill this void through the child. Roles become reversed as the child is expected to appreciate the scant nurturing available and ignore the demands placed on the relationship by the parent (Bretherton & Munholland, 2000). Children easily yield to these pressures because they play on their

need to be loved and protected. Most are also eager to see their parents in a good light (Bowlby, 1988), since they cannot preserve their trust in their caregiver without it. Young children are especially prone to using defensive exclusion because attachment behaviours are so active in the first years of life (Bretherton & Munholland).

In all of these cases, the model of the relationship to the caregiver becomes split between good and bad. The latter is banished from consciousness in order to preserve the image of the good parent. As a result, feelings and situations that threaten the internal representation of the “good parent” cannot be acknowledged (Bowlby, 1987). The child also becomes unable to consciously integrate painful emotions or to develop communication styles with which to access them (Bretherton & Munholland, 2000).

As a result, defensive exclusion makes it very difficult for individuals to revise IWMs that are no longer applicable to their current experiences of relationships. This means that despite new environments and new relationships, earlier, possibly outdated models will still inform a child’s behaviour (Williams et al., 1995). When these schemas are too far removed from external reality, one’s information processing and decision making become impaired (Bretherton et al., 1990). Without revisions, healthy attachment patterns cannot develop since these involve being aware of others’ feelings, intentions and points of view, and being able to modify one’s IWMs accordingly (Bowlby, 1988). New situations also cannot be faced with the benefit of previous experiences, making revisions particularly important during childhood, when so many changes occur so fast (Bretherton, 1995).

h) The Stability of Internal Working Models

Researchers are finding that once formed, IWMs are remarkably stable (Ammaniti et al., 2000). Based on a child's expectations, the initial models of the self and others shape the creation of subsequent schemas. Individuals have a tendency to select environments that repeat familiar patterns out of a need for predictability and control. Moreover, the greater the experience with a particular model, the stronger its influence and the more likely it is to be utilised. This allows previous plans and strategies to be re-used (Collins & Read, 1994). Thus, individuals behave in ways that sustain early IWMs through a benevolent or a vicious cycle of behaviour, depending on what attachment style is used (Brazelton & Cramer, 1990; Eagle, 1997; Lewis, 1987).

i) Factors Inducing Change

Because each new relationship elicits slightly different IWMs, all bonds can foster a sense of security in an insecurely attached child, not strictly those shared with primary caregivers (Williams et al., 1995). Bowlby (1973) theorised that the experience of a significant, long-term, stable and caring relationship increases attachment security by challenging the experiences that caused the development of earlier insecure models of attachment. However, the elements of IWMs that reside outside of our awareness are particularly resistant to change, especially those developed in infancy, being encoded kinetically rather than verbally (Goldberg, 2000). These are elicited in the transference of a therapeutic relationship and consequently come to a client's awareness with the help of the therapist (Bowlby, 1973; Colin, 1996). Change can also be fostered by the development of cognitive skills. For instance, children who have just mastered formal operations thinking will not conceptualise their relationships in the same manner as those who have not.

Being able to think about thoughts is a great advantage, as without this ability IWMs can only be altered as a result of concrete occurrences (Main et al., 1985). Major life transitions, such as a divorce or a new baby in the family, have also been noted to cause shifts in IWMs (Feeney & Noller, 1996). However, it is the security of attachments that determines how these changes are weathered, as well as how they impact on IWMs (Bretherton, 1991).

j) Treatment Approaches

Bowlby (1988) states that children who are insecurely attached are unable to internalise the image of the caregiver and thus do not have a “secure base” from which to explore their environment. He theorised that the significance and consistency of therapeutic relationships are key elements in increasing attachment security in insecurely attached children. There are five fundamental conditions involved in establishing a secure base: “safety, a protecting environment, therapeutic parenting, appropriate clinical skills and a therapeutic relationship” (James, 1994, p.58). Maintaining the therapeutic frame is especially important because it ensures that children feel safe and it avoids re-traumatising or overwhelming them with their affect (James). Hence, while helping the client recognise how their schemas of the self and others are derived from past experiences, the therapist’s basic role is to act as a protector, a provider and a guide (Bowlby, 1988).

Chapter III:

The Development of the Mentalising Stance

a) Introduction

Fonagy (1991, 1998a, 1998b; Fonagy & Target, 1995, 1996; Fonagy et al., 1995; Target & Fonagy, 1996) further contributed to the framework of attachment theory with his research on the evolution of children's mentalising stance, or their capacity to think of themselves as thinking and feeling beings. Between the ages of 3 and 4, children develop the ability to understand their own as well as others' behaviour in terms of mental states, rather than interpreting events based on external circumstances. Factors such as beliefs, feelings and intentions begin being considered in their attempts to make sense of, and anticipate others' actions (Fonagy, 1991, 1998b). Attachment trauma is thought to inhibit infants' capacity to mentalise and is believed to be at the root of many characteristics of personality disorders (Fonagy, 1998a). Insecurely attached children often do not develop a mentalising stance because the notion that they are thinking and feeling beings is not fostered by their caregivers. As a result, their parents' mental states become internalised, at the expense of their capacity to see their own self (Fonagy, 1998a, 1998b; Target & Fonagy). This chapter further addresses two crucial elements in the development of mentalisation: the parent's reflective stance and play. These factors' involvement in the therapeutic process is discussed as well.

b) The Need for Reflection of Internal States

The caregiver's reflective function is vital to mentalisation since it allows the child to internalise a representation of an inner state, rather than its exact replica. This allows the child to learn how to symbolise (Fonagy, 2001). The expectation of comfort and

soothing makes the child especially receptive to caregivers' feelings and increases the likelihood of the reflections of their mental states being internalised (Target & Fonagy, 1996). If the caregiver's responses consistently misunderstand, describe too accurately, or neglect the child's mental state, they amplify the latter's distress. The baby's sense of self may also eventually become distorted as a result. Feelings that remain unreflected are forced to belong to the outside world, since the parent's behaviour appears to indicate that they do not relate to the child. This is akin to children's inability to recognise themselves in areas where they are not acknowledged by their parents' responses (Bowlby, 1988). To explain this lack of response, the infant translates these feelings into the image that they are frightening and unmanageable (Fonagy, 1998a; Fonagy & Target, 1995). Unreflected feelings are thus doubly terrifying because of the potential threat they seem to pose to physical safety (Fonagy, 1998b; Fonagy & Target, 1996). Consequently, self-expression and the possibility of bodily harm become pathologically confused, limiting the child's understanding of others' minds to concrete manifestations (Fonagy, 1991). In fact, perception takes the place of apperception (Winnicott, 1971). Being too threatening, mentalising processes as a whole are rendered inaccessible to consciousness (Fonagy, 1998a).

c) The Role of Play

Besides reflectivity, play is also crucial in distinguishing between what is physical and what is mental, since it highlights the boundary between thoughts and the physical self (Target & Fonagy, 1996). Contrary to the "psychic equivalence" mode of thinking, characteristic of very small children, that holds ideas as being real rather than mental, play

allows children to safely explore their caregivers' mind without fearing that their thoughts will impact on the outside world (Fonagy & Target, 1996; Target & Fonagy).

d) The Therapeutic Process and Mentalisation

This “pretend” space is found in therapy as well. The therapeutic process must begin by acknowledging that the client's fantasies are real, as without mentalisation there is no separation between what is physical and what is psychic (Fonagy & Target, 1996). Mental states eventually become more conscious and more accessible with the help of a therapist's reflective stance, mirroring the client's emotions and perceptions (Fonagy, 1991, 1998a). Moreover, the therapist's concern for these gradually becomes integrated, as the client's capacity to mentalise develops and early mental experiences are restructured (Fonagy, 1991, 1998b).

Chapter IV:

Attachment Theory in the Art Therapy Literature

a) Introduction

Art therapy has the potential of making a considerable contribution to the development of attachment theory, given current researchers' emphasis on the role of symbolic, pre-verbal representations in the elaboration of attachment patterns (e.g., Cicchetti, Cummings, Greenberg & Marvin, 1990; Fury, 1996; George et al., 1999; Grossmann & Grossmann, 1991; Kaplan & Main, 1986, cited in Fury). IWMs of attachment are also increasingly conceptualised as being image-based constructs (Colin, 1996; Solomon & George, 1999). Many parallels exist between the constructive process of art making and the organisation of IWMs, since both reproduce a vision of one's surroundings, mediated by feelings and experiences, as opposed to replicating them (Fury). Some authors even consider these models to be "creative acts" unto themselves, involving "innovations in thinking and conceptualising" (Wyman & Forbes-Jones, 2001, p.164). However, so far the framework of attachment theory has seldom been applied to art therapy. The art therapy literature has rather explored the bond between mother and child in terms of separation and individuation or from a Kleinian perspective (Cohn, 1984; Henley, 1991; Levinson, 1986; Lewis, 1987; Malone & Rosal, 1993; Robbins, 1987; Weir, 1987). This chapter briefly summarises the contributions of some art therapists working with attachment theory and the results of their research. Overall, art therapy and attachment theory have been found to be very compatible, particularly in terms of treatment approaches. Theories as to why art may be a more effective means to express attachment trauma are also examined.

b) Swan-Foster's Contribution

The concept of attachment as applied to art therapy was first introduced by Swan-Foster's (1989) work with pregnant women. She used art therapy to help mothers-to-be bond and separate with their unborn child. The process of externalising internal images increased these women's self-awareness, their sense of control and their attachment to their foetus. By exploring the content of their symbolic expressions, the expecting mothers were also able to defuse negative emotions and reinforce healthier attachment patterns. Overall, this study's images emphasised the participants' increasing awareness of their future role as a mother.

c) Kaiser's Contribution

Seeing the need for more research inspired by the framework of attachment theory in art therapy, Kaiser (1996) developed the Bird Nest Drawing (BND). So far, this projective drawing task is the only validated assessment tool evaluating attachment security introduced by an art therapist. She theorised that nest drawings involve more emotional distance, and thus less defensive responses, compared to family drawings, while still tapping into IWMs of relationships. The participants of her study, 41 mothers, were asked to draw a bird's nest. Eight out of the nine criteria analysed in the BND were determined to be reliable indicators of attachment type, when compared with other measures of attachment. As a result, Kaiser concluded that art therapy lent itself to the symbolic illustration of attachment theory's IWMs.

d) Pollock-McKenna's Contribution

Inspired by Kaiser's (1996) contributions, Pollock-McKenna's (1998) research project with six pregnant women aimed to explore their IWMs of attachment during this

crucial stage. She administered Bartholomew and Horowitz's (1991, cited in Pollock-McKenna) Relationship Questionnaire to categorise the participants according to their attachment style. They were then asked to draw a Mother and Child Drawing, to illustrate the participants' "mother construct" (Pollock-McKenna, p. 32), and Kaiser's BND, to assess their attachment security. All of these sources of information were expected to be complimentary and concordant. The data found IWMs to be in a state of flux during pregnancy, the mother-to-be's relationship to her unborn child seemingly causing a shift in her conception of attachment. However, the information collected from the drawings did not confirm the results of the relationship questionnaire. Rather, it complemented them by adding information regarding the present physical and emotional state of the mother, not unlike a snapshot of the experience of the pregnancy (Pollock-McKenna). It appears as though each of these tests measured slightly different constructs of the mother's relationship to her unborn child.

e) Qualitative Research

Some art therapy research using the framework of attachment theory has focused more on the symbolic use of materials. Hoye (1998), in her study of a boy diagnosed with separation anxiety, as well as Cormier (1999), working with two children with disruptive behaviour disorders, both hypothesised that attachment styles are re-enacted through the transference and the artwork produced in therapy. They found that early attachment experiences could be repaired with the help of the artistic process, especially through activities involving the fastening of different materials (Cormier; Hoye). However, these studies were strictly descriptive and no other measures corroborated the hypothesised attachment style of the participants.

f) Compatibility of Art Therapy and Attachment Theory

Art therapists working with attachment theory have found art therapy to be a fitting method to explore IWMs (Cormier, 1999; Hoye, 1998; Kaiser, 1996; Pollock-McKenna, 1998; Swan-Foster, 1989). By combining primary and secondary processing, greater knowledge of individuals' IWMs becomes accessible (Pollock-McKenna). Thus, art making appears to bring a new level of consciousness, depicting patterns of relationships that are beyond verbal communication (Robbins, 1987). This is especially true of our first experiences, as these are "preverbal, unverballed and unverballedisable" (Winnicott, 1971, p.112). Moreover, creative endeavours can generally be seen as reflections of the mother/child relationship (Winnicott, 1971). These ultimately allow it to transform as well, since the act of creating "gratifies the wish to be one with the mother. The lost object and the self are for the moment recreated and together" (Stronach-Buschel, 1990, p. 49). Children experiencing attachment trauma may further benefit from art therapy since they typically avoid linking affect with cognition in an attempt to overcome their fears and feelings of vulnerability. As a result, their abilities to attach words to feelings, to symbolise and to fantasise become seriously impoverished (Johnson, 1987). At the same time, a number of findings suggest that trauma is encoded visually rather than verbally (Howard, 1990; Johnson). Hence the visual and kinaesthetic channels of play and art making perform important roles in rendering the whole of their personality accessible. Art therapy may thus have an edge over strictly verbal means of treatment when trying to revise IWMs, as it encourages creative ways of thinking and the non-verbal expression of unconscious concerns. As Colin (1996, p.220) explains, "a model that works well enables the child or adult to manipulate images..."

Several models of the therapeutic relationship in art therapy closely parallel Bowlby's (1988) insistence on the establishment of a secure base. His treatment approach and Rubin's (1978) "framework for freedom", which emphasises safe and supportive environments for children to explore physical and psychological aspects of control in art therapy, have previously been compared (Cormier, 1999). Some authors (i.e. Schaevarian, 1992) also suggest that art therapists remain in a role of "holding", to allow individuals to perceive the images they create at their own pace, an essential element to the development of secure attachment (Fonagy, 2001). Likewise, Bowlby's (1988) belief that patterns of relationships emerging within the transference help to indicate attachment style is reflected in the work of some art therapists (i.e. Schaevarian). These authors state that close attention should be paid to the reactions that images made in therapy provoke, since these repeat clients' patterns of relating. These pictures also indicate what types of emotions have been invested and to what degree the artist identifies with them. At the same time, the distance one can take from images maintains a sense of control and safety when exploring painful experiences (Cohn, 1984; Stronach-Buschel, 1990). James (1994) also emphasises the importance of maintaining the therapeutic frame, especially when dealing with children experiencing disturbed attachment patterns, to avoid clients being re-traumatised and to foster feelings of security. Thus, working with clients in art therapy can create corrective experiences through a therapeutic alliance with a "significant other" (Bowlby, 1973), transforming feelings of object loss via a more direct access to trauma.

Chapter V:

Case Study

a) Introduction

The following case study describes the evolution of art therapy sessions with **Martin (a pseudonym)**, a 9 year-old child diagnosed with an attachment disorder. This boy eloquently expressed the insecurity present in his relationships in the artwork he made throughout the duration of our meetings. He currently attends the day treatment program of a large hospital in an urban setting for his verbal and physical aggressivity at school and at home, his impulsivity, and his lack of respect for authority. His treatment includes family therapy, classroom-based interventions and individual art therapy sessions. He was recommended for individual therapy by the unit's psychiatrist, who felt it would be beneficial for him to have a space to voice his concerns and develop better coping mechanisms. Art therapy was chosen specifically because of his highly developed drawing skills. At the time of writing, these are on par with those of a 12 or 13 year-old (Rey, 1962). This chapter begins by describing Martin's personal and demographic situation. His working diagnosis, his symptoms and the initial goals of treatment are also discussed. Finally, the art therapy sessions are summarised focussing on pertinent examples of the initial, middle and final phases of therapy, and linked with certain relevant aspects of attachment theory and research.

b) Personal and Demographic Description

Martin is a stocky 9 year-old Caucasian boy. He presents as a bright child who has difficulty sitting still and following instructions. He is the only child of divorced

parents, both of French-speaking, working class backgrounds. However, his father speaks mostly English at home. Martin currently lives with him in a quiet suburb.

Martin was raised by his mother until the age of four, when his father took over custody. Up until last year, he had little supervision, either at his mother's or his father's house. He was regularly exposed to violent and sexually explicit television programs and films. His parents divorced when he was 2 years old, ending a brief but extremely stormy relationship. Then as much as now, Martin has had to cope with much abusive language between his parents, their present relationship being just as vitriolic as ever. Although his father now makes more efforts to shelter him from violent arguments, he is still used by both parents as a pawn in their own agendas.

Martin's mother presently works as an exotic dancer. She struggles with cocaine and alcohol addictions and also suffers from general anxiety disorder and panic attacks. As a child, she was repeatedly physically and sexually abused by her father and by members of the foster families where she was placed. However, little else is known about her family life growing up. She is very wary of the treatment team and limits her involvement with the family therapist as much as she can. She is currently living with her common-law spouse, who is also alcohol dependent. The couple lives with his adoptive son, a 12 year-old boy with behaviour problems. This man's 23 year-old nephew and his 19 year-old girlfriend are also temporarily part of the household.

Martin's father was incarcerated for the sale of narcotics when his son was 1 year old and released three years later. His family has a very long history of physical and sexual abuse, combined with alcoholism and drug addiction, all going back several generations. He was physically and sexually abused while in foster care. A long time binge drinker and

heroin user, he recovered from his addictions approximately 3 years ago. He presently seems committed to getting his life back on track and now owns a successful retail business. He has also been quite involved in family therapy, particularly in terms of improving his parenting skills. As a result, Martin is now living in the most stable and consistent home environment he has ever had, despite the fact that his father's supervision is still inconsistent and that his mother denies any of her son's problems.

Nevertheless, long-term placement options are under review for this boy. Martin is currently completing his second and final year in the day treatment program. This team, the Department of Youth Protection (DYP), and his parents are now faced with the difficult question of what to do following his discharge. While Martin clearly does not want to go into placement, he has not shown that he truly intends to improve his conduct. At the moment, he cannot function in a regular classroom and few resources are available for conduct disordered boys of his age. Unless Martin has the support of extremely structured surroundings his behaviour quickly escalates into violent tantrums that put himself and others around him in danger. It is also becoming increasingly clear that, combined with Martin's constant demands for attention, the need for such consistency is a struggle for his father to maintain. He is constantly on the edge of burning out, having no respite between caring for his son and running his own business seven days a week.

Unfortunately, the father's load cannot be lightened by further involvement from Martin's mother. Despite many therapeutic interventions, she has shown a great deal of difficulty providing a safe environment for her son. She is often not available when he visits, being either at work or asleep when Martin expected they would be spending time together. Even when she is physically present, she is not necessarily emotionally accessible

because of her alcohol and cocaine addictions. This lack of availability sets up situations where he has little adequate supervision, and resorts to tantrums in order to receive attention. As a result of his dangerous outbursts, his contact with her has been curtailed to one day every second weekend.

c) Symptoms

Martin's behaviour at home and at school include violent fights (many of which have been with boys much bigger than him, as well as adults and police officers), lack of respect for authority figures, and vulgar language. Overall, his conduct shows a dangerous mixture of impulsivity and lack of empathy for others. At the same time, he often has trouble separating from people he is attached to, and displays almost continual negative attention getting behaviours. He easily becomes frustrated when he does not get his way, especially when the individuals he is seeking out are not available, dismissive or unresponsive. Thus, maintaining rewarding relationships is very difficult for him, being particularly prone to falling into the role of the victim or the aggressor. He is also very confused in terms of taking responsibility for his actions and shows minimal insight into what triggers him to act out. With the help of medication (at times maximum dosages of Risperdal, up to 2.5 mg/day and Ritalin, up to 60 mg/day), he has become somewhat more contained when functioning within a structured environment. However, whenever emotional stressors or unexpected changes occur, Martin is still extremely vulnerable to his impulse to lash out, despite medication.

d) Working Diagnosis and Psychological Evaluation

Based on the DSM-IV's (American Psychiatric Association, 1994) diagnostic categories, Martin's working diagnosis on Axis I is: 1) Disrupted attachment, parent/child

issues, poor supervision, 2) Conduct disorder, 3) Attention deficit hyperactivity disorder (ADHD). Axis II is currently under review, and indicates risks for personality disorders with antisocial and borderline traits. Axis III includes 1) Stomach aches, not otherwise specified, and 2) Headaches, not otherwise specified. Axis IV consists of severe chronic stressors, comprising long standing disrupted attachments, lack of supervision and precocious exposure to adult material. Axis V lists his adaptive capacity as very poor, with a global assessment of functioning of 35 to 40.

Although “disrupted attachment” is not a diagnosis per se in the DSM-IV, it nonetheless emphasises the reactive nature of attachment disorders (American Psychiatric Association, 1994). These are characterised by patterns of inhibited and hypervigilant, or ambivalent and contradictory behaviours. Inappropriate care taking is implicit in their diagnosis (Kaplan & Sadock, 1996), being particularly associated with family violence in infancy (Zeanah & Scheeringa, 1997).

Conduct disorder involves the presence of aggressive conduct towards people, animals, or objects. Other’s rights and rules are violated repetitively and persistently (American Psychiatric Association, 1994). Processing difficulties, birth complications, maternal rejection and exposure to violence have all been correlated to conduct disorder (Kaplan & Sadock, 1996).

ADHD includes three types of problematic areas: inattention, hyperactivity and impulsivity. Symptoms must be present before the age of 7 and apparent in more than 2 settings (American Psychiatric Association, 1994). Structural and functional anomalies in the brain are the most supported explanation for ADHD (Kaplan & Sadock, 1996). In Martin’s case, it is probable that his mother’s alcohol and drug use during pregnancy

contributed to these irregularities, although biogenetic and environmental factors may also be responsible. Absence of a loving relationship between the parents, exposure to violence, and inconsistent parenting can all typically linked to ADHD as well (Ladnier & Massanari, 2000).

All of these diagnoses are thought to be interrelated, the description of insecure attachment patterns in infancy closely resembling symptoms leading to ADHD and Conduct Disorder diagnoses in later childhood (Ladnier & Massanari, 2000). Early attachment trauma has been shown to lead to deficits in the formation of neural connections as well as to the hyperarousal of the child's stress-response system. These changes in the infant's brain appear to lead to an ADHD profile. Furthermore, these deficits seem to prevent the development of skills necessary to form attachments and manage emotions. Without these abilities, patterns of conflict and violence associated with conduct disorders are likely to develop and intensify between the child and his parents (Kaplan & Sadock, 1996; Ladnier & Massanari).

Martin's IQ has recently been measured to be in the average range overall. However, his visual processing and organising abilities were classified as high-average, whereas his verbal comprehension, his auditory memory and his word knowledge all ranked at the low-average level. Thus, testing has shown a significant difference between his verbal and non-verbal abilities.

e) Goals and Initial Treatment Plan

I saw Martin for a total of 23 individual art therapy sessions conducted in both French and English. Please refer to Appendix A for a blank copy of the consent form authorising his participation to this project. My initial goals were focused on fostering

corrective experiences with a caregiver, in order to help him build more secure relationships and use more appropriate coping mechanisms. However, after a few sessions, it became clear that Martin's perception of the world is very polarised between good and evil. Thus, I also tried to help him see the grey area between these poles.

Grounding myself in the treatment approaches of attachment theory, as well as its applications within the field of art therapy (see sections IIj and IVf), my work with Martin oscillated between following his lead and setting firm limits. Generally, I was non-directive in my approach, allowing him to choose from a variety of art materials and draw whatever he liked. I find it useful, especially early on in the therapeutic relationship to see what clients will bring to sessions of their own accord. However, there were times where I felt specific issues needed to be addressed and imposed themes for Martin to explore in his drawings. In order for Martin to feel contained, I also took on a behavioural position within our sessions, setting very clear boundaries and preventing self-destructive behaviour. This limit setting along with the consistency of the therapeutic space were undoubtedly the most crucial elements of my role as Martin's art therapist.

f) Overview of Sessions: Initial Phase

The following four sections summarise key points of Martin's sessions, to give an overview of the development of our relationship. This first portion limits itself to the building of our alliance. Two sections concerning the middle phase of our relationship follow, each outlining pertinent events of the fall and winter semester respectively, while the last discusses the termination of our meetings.

The early phase of our relationship was characterised by much limit testing, while Martin determined whether I could be trusted. I tried to be as firm as I could in setting

boundaries, so as not to eventually undermine the security of our relationship (Rubin, 1978). He initially introduced problematic issues through his artwork and then spoke of them. This pattern lasted throughout the duration of our relationship, his ability to broach sensitive issues and problem-solve through images being far more developed than his capacity to do so verbally. Martin's difficulties separating at the end of our sessions also manifested themselves from the start, trying to find every excuse to delay going back to his classroom, particularly if the schedule of our meetings was to be disrupted in the following weeks.

Many of our sessions seemed to revolve around the theme of self-protection. Often during this initial phase, he described grandiose means of defence, highlighting his identification with the role of the aggressor. For instance, he regularly wished that he could have thousands of arms to be able to beat up anyone wanting to do him harm, or that he could grow up to be the tallest and the richest man alive. Despite his insistence that he was a "good guy", he saw no problems in using violence against others; this prospect actually seemed very exciting to him. He also did not see any disadvantages to being as tall as the hospital or having more than one pair of arms.

With these fantasies, Martin's eroticised transference came to the fore as well. His desire to be the biggest and strongest around seemed related to being able to win me in my role as the "good mother". This preoccupation was prevalent throughout our relationship, particularly during dialogues where he bragged about having girlfriends who were much older than him. When not being oppositional, he had a very seductive manner about him. Insecurely attached children frequently use disarming behaviour to maximise parental attention and minimise the risks of neglect and rejection. Cute and charming

behaviour often also serves to cover up feelings of anger and vulnerability (Crittenden, 1995). At the same time, his mother seems to reinforce his violent tantrums and his seductiveness towards older women since she tends to interact with him only if she is approached through physical channels. His grandiose tendencies appear to intensify as he acts out his mother's projection that he's a grown man. As a result, Martin's oedipal fantasies and his fears of harming his beloved object may seem real, causing him much psychic pain (Target & Fonagy, 1996). As Eagle (1997, p.219) explains about individuals with unresolved oedipal conflicts, "having intensely conflictual feelings toward the person who is normally one's attachment figure is likely to compromise the degree to which that person can serve as a source of felt security". This seems especially true in Martin's case since the resolution of this complex is contaminated by unresolved pre-oedipal trauma. To cope with the distress of his wishes coming to life, this information may be radically repressed or "pretend" representations may become intensely activated (Target & Fonagy).

Martin's artwork in this early stage presented many extremely well defended monsters. He was often disappointed that his images were not more fearful looking and spent much time trying to render scarier pictures. He would also announce at the end of our sessions that his pictures would be much more threatening the following week. This may have been an attempt to warn me of the evil and destruction he feels capable of inside, and to establish whether or not I could survive his attacks.

When approached prior to our first session, Martin was thrilled to hear that he would have some individual attention as well as a block of time set aside to make art. In fact, he seemed immediately inappropriately attached to me. Once in the consultation

room, he began by nervously drawing a penis entering a vagina. He explained that when he was 6 years old, he witnessed his mom and her spouse having sex. He said he was frightened that the couple would notice he was awake. He then added that he really wasn't sure if talking and drawing about this was allowed in art therapy. Thus, almost immediately he tested where the limits lay in our relationship, and how I would deal with the overwhelming anxiety of this intimate information. After he was reassured that this was the right place to speak of incidents that weighed on his mind, he scribbled over this picture and began again on the other side of the page.

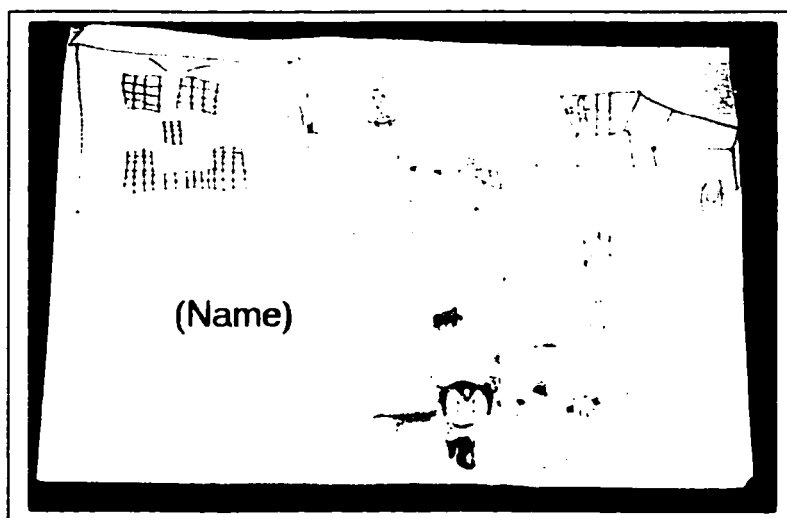


Figure 1

He first drew a police car at the top right of the page (see Figure 1). It might be associated with "bad guys" given his parents' past criminal activities and illegal drug use. It may also have been a need to appeal to the limit setting function of the superego, following such anxiety provoking material.

Next he drew a monster with a pumpkin head, holding a weapon in each hand, and riding a skateboard. He did not say very much about this character, only that he constantly drew monsters from horror films when he was younger.

He then depicted what he described as a haunted house in the top left corner. This house has a very disquieting anthropomorphic disposition of tightly obstructed windows. These and the lack of a door suggest inaccessibility, isolation and difficulties relating to others (Ogdon, 1984). If taken as a female symbol (DiLeo, 1983) or a reflection of his feelings for his mother (Groth-Marnat, 1997), it implies that the important women in Martin's life have been both inaccessible and menacing. This would be congruent with findings stating that insecurely attached children often experience their caregivers as frightened or frightening (Fonagy, 1998a; Main & Hesse, 1990). Overall, this image seems to reinforce the fact that this boy has lived in a highly chaotic, unsafe maternal environment since his early childhood.

The last and most invested area in this image was the creature at the bottom right of the page. This monster is very well protected, wielding a variety of weapons from his many arms. While he was drawing it, Martin described the only horror film that ever scared him, a story about a boy whose left hand was possessed by the devil. This hand forced him to do horrible things, like killing his parents and his dog. Martin's fears of losing control and doing things he later regrets seemed to be voiced through this tale.

Both this drawing and this story appear indicative of hypervigilance, a component of insecure attachment, particularly in resistant relationships. As was mentioned before, this type of bond is characterised by chronically activated attachment behaviours, due to the child's fears of losing contact with his/her caregivers, usually unpredictable or neglectful parents (Goldberg, 2000). These children are selectively attuned to attachment information, excluding any other type of data in their environment. This considerably taxes their cognitive development and their ability to learn (Crittenden, 1995). They must

usually act out to get any parental attention, punishment being a means to avoid feeling abandoned by the parent (Goldberg). This hypervigilance is also typical of children who have lived through chronic trauma and experience the world as a threatening place (Stronach-Buschel, 1990; Zeanah & Scheeringa, 1997), their belief in the trustworthiness of their caregivers having been impaired (Bretherton, 1995).

Throughout the session Martin repeatedly mentioned that he wanted to start a gang with his stepbrother. This gang would be strictly made up of “good guys”, and they would be entitled to beat up anyone who stood in their way. These comments may have been requests for limit setting and protection. However, along with his drawing, they also illustrate his identification with the role of the aggressor. Children having experienced traumatic encounters with violence, either as the witness or the victim, are likely to identify with perpetrators in an attempt to master their trauma. As a result, they develop the assumption that attacking is the best means of defence (Bowlby, 1979). Fantasies of revenge, combined with guilt about the inability to intervene and poor impulse control typically also emerge (Stronach-Buschel, 1990).

Martin began our next session by saying he was angry with his father because he had forced him to wear a coat that did not match with the rest of his outfit. He went on to mention how important it was for him to look good and be a cool guy. Beneath his tough guy façade, he admitted that he was very hungry for others’ approval.

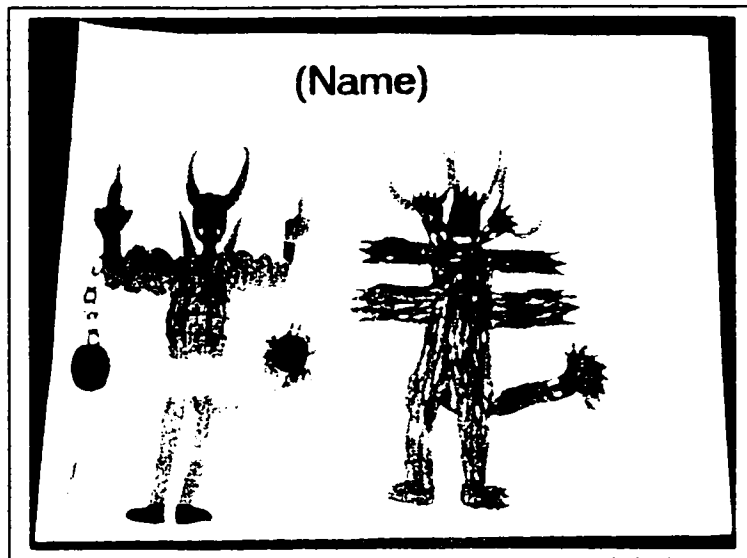


Figure II

Interestingly, the devil he drew that day holds menacing balls and chains, weapons that also hold him prisoner (see Figure II). This may have unconsciously referred to the weight of his anxiety about maintaining his cool looks. This character also has heavy cage-like lines around the chest, which Martin described as abdominal muscles. This pattern around the mid-section of his characters was often repeated, particularly in those that represent him (see also Figure III for example). The end result is an armoured, constricted-looking devil, rather than a strong, fearful one. This appears to speak to his conflicting feelings about identifying with the role of the aggressor.

The pose this devil holds was also frequently repeated in Martin's drawings. It seems to indicate a mixture of desire for love, affection and interpersonal contact, as Ogdon (1984) describes. However, it also illustrates his position as a victim, trying to strike out, warning others by waving extended claws, but really leaving himself wide open to abuse and injury. Eventually his characters' postures became both less aggressive and less open to the attacks of others.

He completed this drawing during the next session by adding a werewolf. This creature was less powerful than the devil; in fact, it was described as his assistant. It would seem that already, Martin felt he was able to let his guard down to some degree. However, his werewolf remained well protected and very vigilant, having eyes and fangs even on its tail.

As he was walking out the door at the end of this session, Martin asked if I saw other children in art therapy. When we began our next meeting by exploring his question, Martin explained that if he was the only child I saw, we could spend all of our time together and quickly fill his box with artwork. This might be related to his desire to possess me in the role of the "good mother", and become a "good baby". This question may also be linked to his fear of having to compete for my attention with other siblings or other suitors. Considering his pattern of insecure attachments, he may have felt that our relationship was threatened by competitors, and that each meeting might be our last.

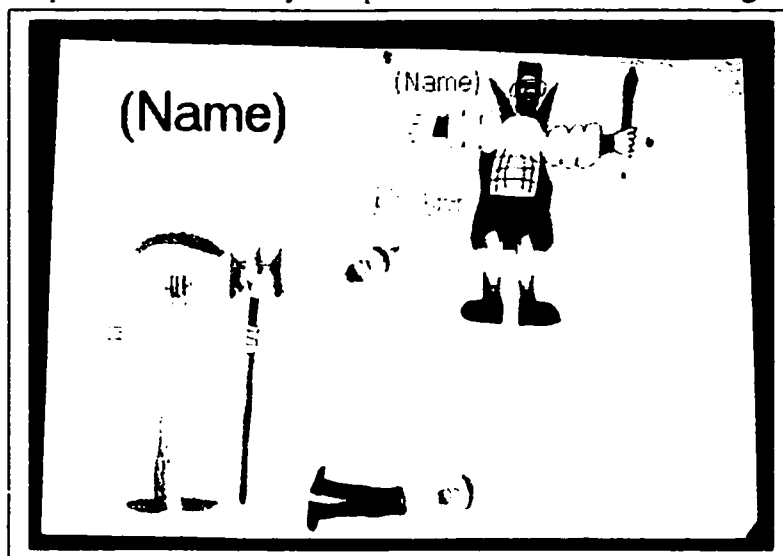


Figure III

Martin's oedipal complex appeared to come to the fore in his next artwork. He began by drawing a knight at the bottom left corner (see Figure III). He mentioned that he

was very impressed by the picture of a knight that his father, also a talented artist, had drawn. He was unusually unsure of himself while drawing this figure and left it unfinished. He quickly moved on to the king's head hanging in the centre of the picture. This face was identified as bin Laden, a bad king. Next, he drew the figure with the missing torso at the bottom of the page. Finally, in the top right corner he depicted the person he labelled as himself. He explained that the knight had just killed the old king, bin Laden, to help Martin, the new king, take power. However, this new king does not wear a crown. It would seem that he is not legitimately in power.

The figure at the bottom of the page was never mentioned, possibly because it was too anxiety provoking for Martin to contemplate. When I asked about it, Martin simply said that it was a "bad guy". Interestingly, this character is lacking a torso, precisely the same area that is reinforced in the new king. This character's arms are so muscular they are rigid and bloated looking. Such rigidity and excess of muscles suggests profound insecurity. The prominent oedipal theme in this story seems to indicate that Martin is still very much in the midst of resolving this complex. His wish that he could wear a suit of armour himself while he was colouring in the new king's codpiece appears to reinforce this hypothesis. Moreover, Martin's budding identification to his father may be indicated by the fact that the knight, reminiscent of his father's drawing, and the new king were both on the same side.

g) Overview of Sessions: Middle Phase, Fall Semester

Martin's persistent anxiety that his artwork would be broken or stolen during his absence distinguished this phase from the early stage of our relationship. It would seem that once we had built up an alliance, he was constantly mistrustful and expected that it

might be destroyed. Rather than suffer the pain of witnessing me end our relationship, his attempts to break the frame and take the role of the aggressor can be interpreted as a means to do so himself. Stories where small evil creatures managed to obliterate everything and everyone standing in their way, despite their size, became increasingly frequent. These were especially prominent during sessions where he was particularly distressed.

Martin also alternated between being very defended and making artwork that increasingly showed his vulnerability and his needs. When he was more guarded, his artwork related to his role as an entertainer, trying to make light of his troubles through scatological humour. As was previously mentioned, it seems likely that this method of dealing with problems has been reinforced and expected of him by his caregivers. When he was able to be more open, he explored a variety of less aggressive and more responsible roles through the characters in his artwork. In fact, the gruesome monsters present in Martin's early artwork had practically disappeared by the end of the fall semester, possibly a sign that he felt more able to relax and trust the consistency of our relationship.

Occasionally during this phase, Martin would transform his artwork into costumes or props and start play-acting. It was very important for him to see his reflection in the mirror while playing these different characters, often older and very virile. This can be interpreted as an attempt to redress the mirroring that he lacked as an infant. According to Kohut (1984), such play would be an element of Martin's "mirroring transference", an indication that he is attempting to get confirmation and approval of his existence in the process of repairing early object relations. Eventually, these narcissistic needs are tested

out against reality and slowly transformed into a more realistic sense of self and others (Mitchell & Black, 1995).

During the next three sessions, Martin was very distraught about the death of his cat. In the second of these meetings, he decided, after much hesitation, to make a Tyrannosaurus Rex out of Model Magic (a self-drying modelling paste). He described it as a mean dinosaur that eats people and other dinosaurs. He was then very disappointed to notice that some sections of sculptures he had made in previous sessions had come apart. He asked me to bring glue to repair them for the following week. This seemed to speak to his exceptional resilience and his desire to mend past experiences. However, the realisation that his artworks were not impervious to damage seemed to give rise to the idea that his dinosaur would not be safe during his absence. He was furious that I had not prevented his sculptures from coming to harm. Rather than simple disappointment at having to glue his sculptures back together, the intensity of his anger seemed indicative of his recurrent frustrations with his mother. Perhaps in an effort to avoid further anguish about the safety of his sculptures and control their fate, the T-Rex was destroyed a few weeks later. Most of the later part of the session was spent describing in detail how Martin would like to kill various horror film villains if he ever came across them, perhaps describing his fantasies of revenge for what he seemed to perceive as a breach of his trust. These descriptions were similar to the harm he had wished to cause the veterinarian the week before, whom he blamed for his pet's death.

The following session occurred immediately following a meeting between Martin, his family therapist, his primary caseworker and myself. The main goals of the meeting were to address his behaviour during the previous weekend and adjustments that were to

be made in reaction to it. While at his mother's house, Martin threatened to murder his stepfather's nephew from behind with a crowbar, saying he thought it would be funny if he tried to play baseball with his head. Fortunately, this man was able to grab the crowbar before it hit him. When he brought Martin to his mother to be disciplined, she got angry with her nephew because he was holding her son by the collar. In light of these events, it was decided that Martin could no longer sleep at his mother's house overnight, so as not to put him or the household in danger. Otherwise, he would continue to see his mother as usual every second weekend. Despite the agreement of both parents and the unit's recommendations to the DYP, he has slept over at his mother's many times since then.

Parents who have insecure resistant attachments with their children, as Martin's mother appears to, frequently attempt to enmesh the child in their world (Williams et al., 1995), forming clingy yet punitive alliances with them (Crittenden, 1995). Her intense anger at anyone disciplining him may be due to the fact that she perceives her son as a direct extension of her. By trying to set limits to his behaviour, they are imposing them on her as well. This may partly explain her own inability to set boundaries. When their caregivers are too closely identified to them, children are at risk of internalising their parents' hostility, self-hatred, low self-esteem and depressive affect. This can manifest itself as self-destructive or accident-prone behaviour. These children may also provoke violence in order to try to control their situation or as a way of getting attention (Stronach-Buschel, 1990). This cycle conditions them to identify themselves with their aggressor as well.

In our session, Martin could not focus on the news of these new sleeping arrangements until he had vented the rage he felt towards his step-cousin. He was upset

with him because he had repeatedly disciplined him using very humiliating methods, such as washing his mouth out with soap or holding his head over the toilet bowl and flushing. However, Martin's most powerful emotion was an overwhelming jealousy of his step-cousin's girlfriend. His mother being emotionally unavailable apparently makes it very difficult for him to resolve his oedipal complex, to the point where it seems necessary for him to use other family members to do so. It also appears as though his fantasy world is so intensely activated that he is not in a position to perceive ideas as merely ideas, operating on the level of what Fonagy & Target (1996) describe as "psychic equivalence". Contrary to the pretend mode of play, this type of thinking equates a child's ideas not with mental representations but with reality. As explained earlier, the possibility that his murderous wishes might become real would cause him much psychic pain. He has enormous difficulty trusting his judgement in making the distinction between reality and fiction. The ability to make this distinction is intricately linked to the capacity to recognise one's self as a thinking being (Fonagy & Target, 1996; Target & Fonagy, 1996). At the same time, children who do not have predictable care giving patterns cannot learn to trust their cognition as a source of information (Crittenden, 1995).



Figure IV

In Figure IV, Martin drew what he wished could happen to his step-cousin. As if seeing him hung from the gallows wasn't enough, he also had to add a lightning bolt electrocuting him. His step-cousin is also soiling himself in every way possible. Martin was not able to express any empathy for him or even for other family members who would miss him.

Although Martin is able to see that not every one shares his feelings, he cannot feel empathy for those who are not like him, conceptualising the world in terms of people who are either on his side or against him. In this sense, he is completely incapable of grasping the concepts of ambivalence or ambiguity. Because the development of empathy follows the milestones of cognitive development (Wade & Tavris, 1993), Martin's difficulties experiencing empathy for others would seem illustrate one of the limitations of his rigid and concrete style of thinking.

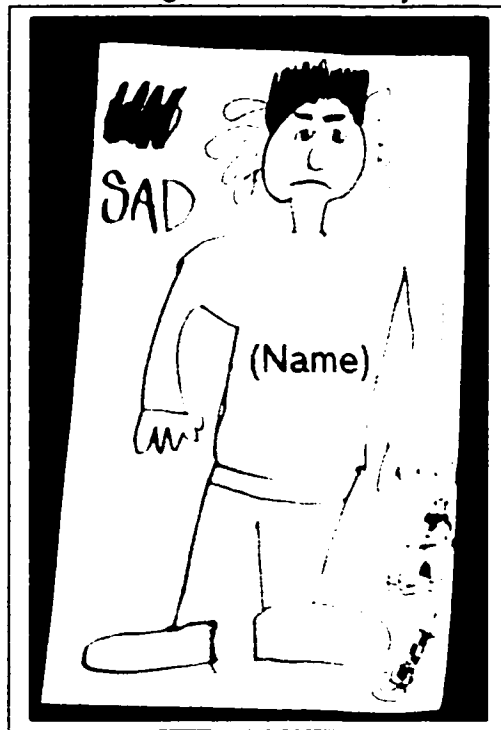


Figure V

Once some of his rage against his step-cousin had abated, I asked Martin to draw his feelings about not being able to sleep over at his mother's house anymore. He began by sketching a pair of feet the size he usually represents people, such as in Figures II and III, but he quickly tossed this drawing aside. Starting over, he drew himself as big as he could, using the full length of the page (see Figure V). According to Ogdon (1984), a large drawing of the self, particularly with wide shoulders, can indicate a compensatory reaction to insecurity. He first titled this picture "Mad", but later realised that what he really felt was "Sad". This would illustrate a shift from the *paranoid-schizoid position* to the *depressive position*, described by Klein (1961). Some authors (e.g. Fonagy, 2001) believe that this change can be equated with an increase in the security of attachment. The fact that Martin was able to identify his emotions and feel safe enough to communicate them seemed to be a dramatic improvement in his ability to mentalise.

However, some of his habitual preoccupations remained. In the bottom right corner of Figure V, Martin drew an elf. Initially, he explained that this was a good elf that was asking him how he was doing. Yet a few minutes later, he began to recount the story of the Abominable Elf, a character from a series of horror films. This elf is greedy and evil, killing anyone standing in his way. Even though he is small, he is extremely dangerous. Interestingly, Bolandu (1977) believes this corner of an image to be associated to hell and chthonic powers.

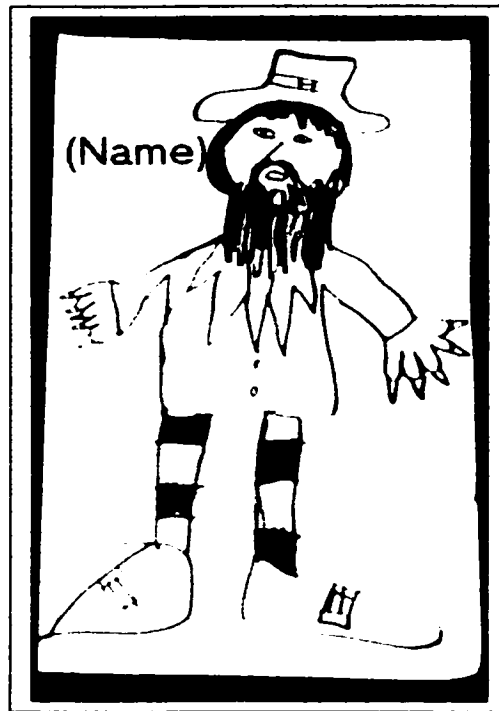


Figure VI

Martin then drew the Abominable Elf using the full length of the page (see Figure VI). This creature seems to represent the side of him that is desperately trying to defend himself: being thoroughly evil and dangerous, he should be avoided at all costs. At the same time, Martin was very adamant that he would kill this creature if he ever ran into it. Again, his self-loathing and his intense guilt come into play as he identifies with this evil elf, having internalised only the "bad breast" (Klein, 1961).

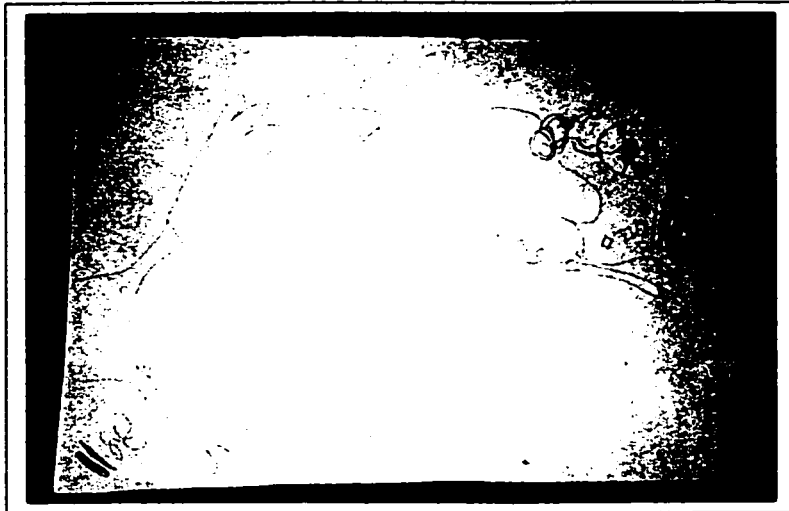


Figure VII

Our next session's drawing seemed to describe another aspect of Martin's self-concept. That day, he came into the session saying he wanted to make something "funny". He then went looking specifically for a pen amongst the art materials. The result was a creature "screaming so loud his teeth are falling out" (see Figure VII). As if to emphasise what a monster this being was, Martin counted the number of fingers out loud as he was drawing them. He uncharacteristically chose to show an unarmed creature in a vulnerable moment. This figure is even losing its teeth, its natural means of defence. Some authors have found the loss of teeth to be related to fears of castration and impotence (Chevalier & Gheerbrant, 1973).

This picture appeared to be a shift in Martin's artwork because it was the first time an image seemed to relate more directly to his home life, as it can be linked to his early exposure to graphic violence and pornography. However, when I asked him if he had ever been scared of a horror movie, he flatly said no. The fact that Martin used a pen might suggest that he wanted as much control as possible over the subject matter (Howard, 1990). The distortions in the human form and the cartoon style he used may

have helped him distance himself from painful material. At the same time, this monstrous creature might illustrate how he feels damaged and distorted by his experiences with intense fright.

Our next session further illustrated his identification with the aggressor. He attempted to run out of the consultation room with a spike made of modelling paste, a remnant of his sculpture of the T-Rex he had carefully saved. This piece was particularly appealing to him because it closely resembled a weapon. He repeatedly asked to be allowed to take it out of the consultation room to show his classmates. This happened on many occasions, especially prior to disruptions in our weekly schedule. His clinging to the clay spike/weapon may have been a means for him to compensate for his feelings of loss, vulnerability, and abandonment stemming from our separations. It may also have been motivated by a wish to display and hold onto the power he felt in our sessions. At the same time, it seemed very important for Martin to be seen in the role of the aggressor. He might have unconsciously wished for his peers to confirm his identification with these traits. Insecurely attached children must create situations where they are likely to be rejected or abused to maintain some sense of congruence between their inner world and outside reality, and to escape being annihilated by their persecutory self-image. (Fonagy, 1998a).

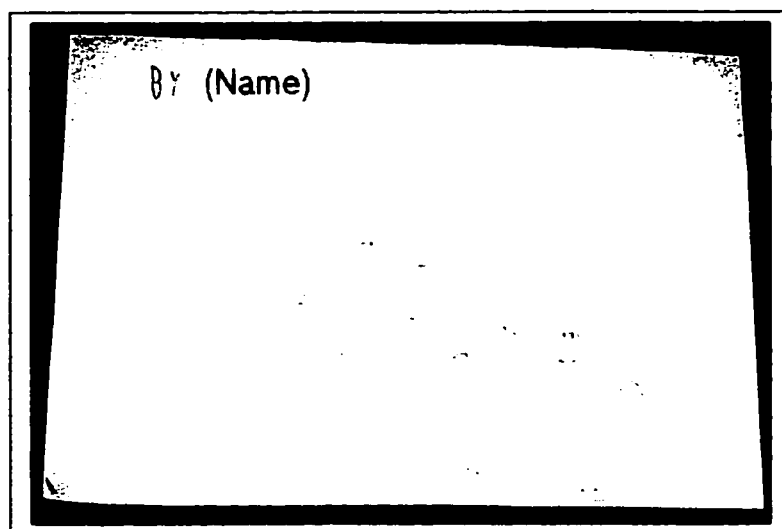


Figure VIII

He then proceeded to make a skull with horns out of Model Magic he entitled "le 'ti 'yable" (the little devil). I reflected to him that he had spoken many times of creatures that were small but powerful. In what appeared to be a response to my comment, he began to speak of evil toys that can kill people. He made a picture of three of these to illustrate his stories (see Figure VIII). He first drew the smallest, a faceless toy with a spinning horn on top of its head. The second toy, to the right, was so strong it could make holes in the walls with its fists. Martin also specified that it had a big chest. The third, to the left, was able to shoot "real" guns with all of its eight arms.

This drawing appears to be a striking family portrait. The first toy's horn seems similar to Martin's use of the clay spike earlier in that session. Besides this weapon, it appears to be completely helpless, having no eyes to see approaching danger and no mouth with which to shout. It also has no way of communicating with the outside world, besides blindly reaching out. The second toy's big chest may point to his mother's breasts, being inaccessible because of the strong fists keeping everyone at bay. This toy is also making an aggressive gesture towards the smallest one. This might be linked to

Martin's feelings about his mother's aggressive and rejecting tendencies. The third toy, possibly the father, looks equally dangerous and inaccessible, shooting anyone coming too close. It also seems to be outside the conflict going on between the first two toys.

Martin refused to keep this picture in his box, claiming that he did not like it even while he was completing it. However, during our following meeting he decided that he wanted to sign it and that it could be stored in his box after all, despite the fact that he continued to say that he didn't want it. What he may have meant to say was that he did not want this kind of relationship with his family.

During our last appointment prior to the winter holidays, Martin made a comparatively regressed sculpture with Model Magic. He made a point of using all of the modelling paste available, perhaps in an attempt to fill himself up as much as he could, in order to weather the break. After a series of transformations, his sculpture ultimately became a waterslide park. While we were talking about the various paths the swimmers could take to go up and down the slides, he made these safer and safer. The dangerous looking environments in his images were often spontaneously transformed into more welcoming and secure places during our discussions, almost as though he needed my reflection of the danger present in his artwork to be able to become aware of it. Only then was he able to adopt and represent healthier models of the world and show his astonishing resilience.

Throughout this session he appeared very worried that he was not up to par with my expectations. He explained that he was much more handsome at the age of 5 than now. He also stated that he hated himself because he was not cool, being very aware that some time in kindergarten he began to change and become "bad". He apparently

experienced the separation of the winter holidays as a rejection on my part and seemed to be seeking reassurance that we would continue seeing each other following this break.

h) Overview of Sessions: Winter Semester

Throughout the sessions following the winter holidays, Martin insisted on taking art materials out of the consultation room practically every time we met. The fear that his artwork would be destroyed while he was absent also persisted and intensified during this phase. These concerns seemed to be related to his need to verify whether the boundaries of our relationship remained the same following a long interruption. The knowledge that our relationship was coming closer to an end may partly explain the rise in these anxieties as well. By questioning our rules he might have been trying to find out whether there was one last, lingering hope that we might not end our sessions. Because I consistently upheld the therapeutic frame, Martin could expect me to follow through with whatever I said, and thus theoretically be better equipped to face termination. During this phase, Martin was also often acting out in our sessions. Thus, in my role as the “good-enough mother” (Winnicott, 1971), by definition I also had to be “bad-enough” while containing his acting out behaviours to ensure that he did not pose a danger to himself or others. This is akin to Schaevarian’s (1992) emphasis on the holding environment in art therapy as well.

Despite Martin’s persistent fears about the consistency and the safety of our relationship, he seemed much more inclined to reveal himself as a child hungry for attention. As a result, much of his artwork revolved around the desire to be fed by a “rich” mother, who would be responsive to his needs. The trust that was built up between us also allowed him to show more of his vulnerability so that the grandiose defences

present in the first half of our sessions, where Martin portrayed himself as the strongest man alive, progressively diminished as his pre-oedipal concerns came to the fore.

Martin was very eager to see me after the long separation of the winter holidays. For his first art project of the winter semester, he decided to use DAS, a self-drying modelling clay. What started as an Indian's head transformed itself into a soup bowl and a spoon. He then covered the bottom of the bowl with sparkles. These seem to point to how rich and precious an experience our relationship was for him. They may also stand for his beloved self, enclosed within a sturdy container. The spoon accompanying his bowl is possibly a metaphor for the tools that art therapy has given him to access psychic nourishment. Consequently, this session's artwork appeared to point to the orality of his needs and how much our relationship "filled" him up from an affective point of view.

The only event Martin described in detail about his winter holidays was an incident where he punched his uncle in the stomach because he was threatening to hit his mother during an argument. Martin explained that he had wanted to teach his uncle not to use violence when fighting with people. His uncle's response was to slap him, which made Martin's mother even more furious at her brother. Martin was not able to see the problem in hitting someone to convince them not to hit others and felt entirely entitled to have hurt his uncle.

Insecurely attached children's difficulty mentalising prevents them from generating different possibilities of what others might be thinking, their own feelings and thoughts being perceived as physical states (Fonagy, 1998a). Traumatic experiences having compromised their ability to symbolise, they are "forced to rely on more primitive motoric solutions" (Van der Kolk, 1987, cited in Stronach-Buschel, 1990, p.48).

Consequently, when these children use violence, towards themselves or another, they are in fact trying to attack their own or the other's thoughts (Fonagy & Target, 1995). At the same time, because they are mistreated, they come to expect to find malevolence in others, especially in stressful situations. This makes their assumption of danger more obvious and increases the likelihood of resorting to physical means, namely violence and seduction, to find solutions to their problems and establish relationships with others (Fonagy, 1998a).

Martin's behaviour seems to indicate that he has adopted his mother's pattern of attachment. As was previously mentioned, caregivers' IWMs shape their parental behaviours. These are particularly likely to be passed on to their children if they have experienced much unresolved trauma (Main & Cassidy, 1988). Martin's role in the family system rewards him for striking back, even before he is actually struck. Thus, his acting out can be explained as an attempt to confirm what he has internalised from his mother's behaviour and maintain some sense of coherence between his inner world and outside reality (Fonagy, 1998a).

During the following session, his fear that his work might be stolen during his absence led us to explore his fantasies of being the richest man alive. Possibly to illustrate these ideas, he made a necklace out of multicoloured beads, which he called "diamonds". He used all the different colours available to him but pink. Including pink beads might have been too blatant a reference to his own fragility. He also made an Indian feather headdress. It was very important for him to go over to the mirror on the wall and see what he looked like as this powerful and rich Indian. This possibly compensated for the vulnerability portrayed by his necklace.

Martin stated that he would never wear these very expensive jewels in public because they would be stolen. This concern seems indicative of fears resulting from inconsistent care. His mother's attention is very precious to him but is never guaranteed. Making this love known to others, including his mother, would put it at risk of being taken away. In parallel to his avoidance of the threatening pink beads, wearing this necklace in public would be admitting his need for care and his vulnerability to his mother's neglect. As a result, he must pretend that he does not have anything precious in his possession if he hopes to continue receiving his mother's attention. Children who are maltreated often avoid showing their "aliveness", believing that they have no right to feel human (Fonagy, 1991).

Martin's capacity to make and wear this necklace proudly in our session appears to speak to the level of trust established between us. In stark contrast to his usual oppositional façade, he may have been able to show his desire to be precious and attached in our sessions because I conveyed to him that he was worthy of being cared for. This also gave him permission to have and express these needs. This approach is congruent with Rubin's (1978) framework for freedom, where children are encouraged to freely express themselves within a safe environment. Moreover, Bowlby (1973) stated that to achieve a secure attachment, children must not only feel their caregiver is responsive to their needs, but also feel that they are worth being responded to.

Martin's mother's own deprivation appears so great that she feels very threatened by her son's demands. Mothers who have themselves been neglected as children often have much difficulty noticing and attuning themselves to their child's needs (Fraiberg, 1975). Parents who have been affected by violence, as a witness or as a victim, also often

have similar problems being available and responsive to their child (Osofsky, 1997).

They feel that their baby is depleting them of their already impoverished emotional resources, being still so deprived themselves (Fraiberg). As a result, Martin's mother has reinforced those behaviours in her son that gratify her need to be loved, such as his feisty and seductive demeanour.

Our following session was unusual because Martin and I were videotaped for the first time. The addition of the eye of the camera was like having an outsider witnessing our interactions. Martin began by showing off the necklace and the Indian "hat" made during our previous session to the camera. This evolved into a role-play where he pretended to be an Indian while whispering to me all the right questions to ask him. "Evil" the Indian raised turkeys and ate them everyday. He had to kill anyone who came to steal his birds or else he would starve. When the "real" Martin came back, he claimed that he had been caught by Evil before while trying to steal his turkeys. This scenario seemed to be a reference to his desire to be able to have access to, and control, his source of sustenance. Yet it also reflected a part of him that feels denied and dead when trying to receive nurturing. At the same time, this scene may also indicate castration anxieties, should Martin get too close to the forbidden turkeys.

He then decided to make a cup using DAS, the notions of feeding and being fed playing a very large role throughout this session. During the building of his cup Martin asked me to give him little bits of clay. Later, while he was decorating it, I was told to pick "diamonds" and hand them to him to press into the clay. This seemed to pick up the thread from our previous session, exploring his fantasies of being rich and powerful. I could choose any colour I wanted except pink, which again, seemed to be too threatening

for him to associate with. By supplying Martin with diamonds, I became the “rich mother”, provider of all comforts and gratification.

Martin appeared to know exactly what he wanted out of me in this role and was very authoritarian throughout the session. His need to direct my interventions may point to the urgency he felt at correcting his early unsatisfactory experiences. At the same time, insecurely attached children often attempt to control their caregiver through punitive or parental-type behaviours (Main & Cassidy, 1988). My counter-transferential reaction to all of his commands was to quickly become defensive and exasperated. I felt that while I was doing my best to help him, he was being impatient and impossible to please. This reaction did not make sense to me since his requests were not particularly difficult for me to follow. I believe I was reacting to his expectation that I would easily become frustrated and give up trying to fulfil his needs. I imagine this is often how Martin’s mother was feeling, not knowing how to soothe her needy baby. Typically the more children are neglected, the more their demands for attention become insistent. This creates an ever widening pendulum in the child, swinging between feeling hatred towards the parent for leaving their needs unmet and guilt for wishing harm to their beloved object (Bowlby, 1979).

Martin placed all of his diamonds on the side of the cup furthest away from me. This may point to his learned response of denying his need to be cared for. He again conveyed the sense that any nurturing must be surreptitiously hidden from his mother. Like stealing Evil’s turkeys, this experience appears to have been very frightening and danger-ridden as well. His emphasis on the preciousness of these diamonds might also speak to how little care and attention there was to go around early in his life.

At the very end of the session, he asked if he could say goodbye to the camera. His wave turned into an aggressive gesture, pretending to break the lens. On one hand he may have wanted to destroy the image of an inanimate and uncaring mother, after having found a more responsive caregiver. On the other, this may have been an attempt at ensuring that his precious artworks, his diamonds and his diamond-providing mother were all protected from the intruder. At the same time, this gesture might have been seeking to destroy any outside evidence of our relationship, to avoid rivals competing for my attention. This may also have been an example of his wish to kill the witness to the failure of his oedipal fantasy (Fonagy & Target, 1995).

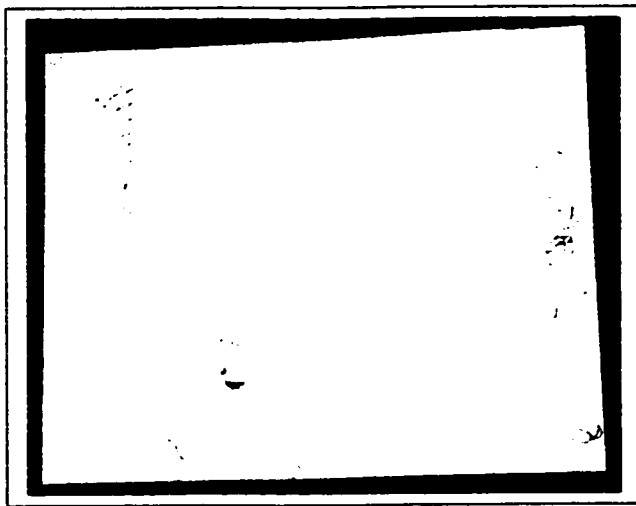


Figure IX

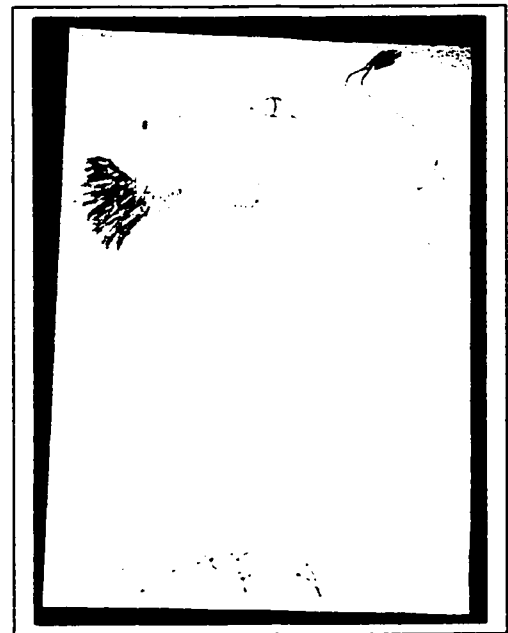


Figure X

Martin's conflict with his mother continued to be explored in the weeks to come. In one particular session he drew two dinosaurs using the biggest size of paper available (see Figures IX and X). The first, Figure IX, was initially the strongest around. This pregnant dinosaur is pictured chewing on a smaller creature she has just killed. Her baby has the same means of defence as she does: spikes, sharp teeth and a poisonous stinger.

The foetus is shown inside her stomach where it is “practising to use its stinger”. This does not harm the mother since she is immune to her own poison. Martin began by saying that the baby was not happy in the womb because he could not get out. However, he later changed his story to say that he was happy to be inside his mother, possibly because this allowed him to stay sheltered from her dangerous impulses. On a second piece of paper, he drew a Tyrannosaurus Rex, “the strongest of all dinosaurs” (see Figure X). This creature had the same weapons as the mother dinosaur, as well as the ability to breathe fire. This allowed him to beat her in their battles.

When looked at as a diptych, Figure IX and X make a remarkable portrait of the vicious fights Martin parents often had and the lack of safety around both parents. As the foetus, he is stuck inside the mother, without any efficient means of defence. The smaller, faceless dinosaur being eaten may also represent him. These roles appear to illustrate his inability have a relationship with his mother, having the choice of being either destroyed and ingested or completely fused with her. Either way, he has no existence of his own, perhaps illustrating again Martin’s enmeshment with his mother. This appears to parallel the story of Evil the Indian: if the mother dinosaur were to lose her child, she would starve. Therefore she has to fiercely protect her food/foetus from intruders.

Martin seemed to deeply identify with the figure of the T-Rex, possibly because it has a separate identity from the mother dinosaur. It has a mildly joyful expression on his face, perhaps due to the fact that it and the female dinosaur are interacting. Along with seduction, aggression is perhaps the only way Martin’s mother knows of to communicate with the outside world. Families where children have been diagnosed with ADHD are frequently caught in a cycle of traumatic bonding, conflicts escalating until the parents

give in to acting out behaviours or try to defeat their children. These children typically exhibit poor skills for relating to and dealing with their parents, who often lack empathy (Ladnier and Massanari, 2000).

i) Overview of Sessions: Final Phase

As time grew increasingly closer to termination, Martin showed more and more concerns about our schedule, trying to ensure that his sessions were exactly 45 minutes in length. If I happened to come by his classroom one or two minutes later than usual, he would make a point of informing me how many minutes we would have to make up at the end of the session. He also began to anxiously fill any silences with words, perhaps to remain in control and restrict the opportunities to discuss termination as much as he could. Furthermore, he became more and more agitated about separating at the end of our sessions. These anxieties were possibly triggered by the knowledge that his time in the day treatment program was soon coming to a close as well. His parents' increasing inefficiency and lack of co-operation with the team and the DYP may also have provoked his return to angrier and mistrustful patterns of behaviour.

Martin's artwork in our final sessions was characteristically very angry and very defensive. However, whenever I tried to point this out, he did not respond to my comments. His anger may have been an attempt to take away my capacity to mentalise, in order to replicate relationship patterns to which he's identified and avoid what was too threatening for him to think about (Fonagy, 1991). "Anger is an integral part of separation, and many patients have a great deal of trouble recognising it or tolerating its existence" (Balsam & Balsam, 1974, cited in "The final phase", n.d.). In fact, it can usually be linked to feelings of rejection and fears of abandonment (Bowlby, 1988).

Consequently, Martin may have hoped that his anger towards me would serve as a deterrent, preventing me from ending our relationship (Bowlby, 1979). This feeling may also be used by clients trying to avoid contact with their vulnerability ("The final phase", n.d.). Still, although Martin returned to drawing monsters similar to those of our first sessions, they seemed more tentative and ambivalent than before.

A clear example of Martin's anger was the bazooka he constructed by rolling two large sheets of paper together. Some pipe cleaners he added at one end of this tube stood for an additional gun. Sliding this weapon on his arm he proceeded to demonstrate how sensitive it was by lightly brushing it against my hand, explaining that even such a delicate touch would make it go off. It seemed that part of him wished that he could simply blow me up to avoid the pain of separation. At the same time, he seemed to be testing what would happen if I were put in contact with his rage, perhaps making sure that I could contain it.



Figure XI

A more ambiguous expression of Martin's feelings towards termination occurred a few weeks later. After much hesitation and testing of the therapeutic frame, Martin decided to make a leprechaun (see Figure XI). It was important that this drawing be "huge", so we taped three big pieces of paper together. However, despite its size, it is not very menacing compared to other figures he has drawn in the past, especially in the early stages of our relationship (see Figures I, II and III for examples). Unlike the "Abominable Elf" he spoke of prior to the winter break, this leprechaun is not dangerous. The drawing of this elf is much more aggressive and menacing looking as well (see Figure VI).

Martin was upset that the face did not turn out the way he had planned. I am assuming that the scared and sad expression in the eyes and the tight smile are what he was referring to. However, when I asked what element of his drawing was not to his liking, he could not (or would not) explain himself. The shading of the beard may possibly indicate his anxiety about speaking of his feelings about termination (Ogdon, 1984).

The posture of this figure is strikingly ambiguous. It is difficult to tell whether it is coming or going. This is likely related to Martin's desire to continue our sessions, mingled with the wish to disappear, to avoid the pain of separation. However, this confusion may also be due to Martin's struggle to represent a human body in a three-quarter view. The leprechaun is waving, but he said nothing about its gesture. When in a later session I asked what it was doing, he evasively said that it was saying hello, or possibly goodbye. Again, the ambiguity of this gesture would point to his ambivalence about termination. Compared to the violent imagery of his earlier artwork, this drawing is

a very benign representation of a goodbye. However, this relatively healthy view of termination did not endure as our last session approached.

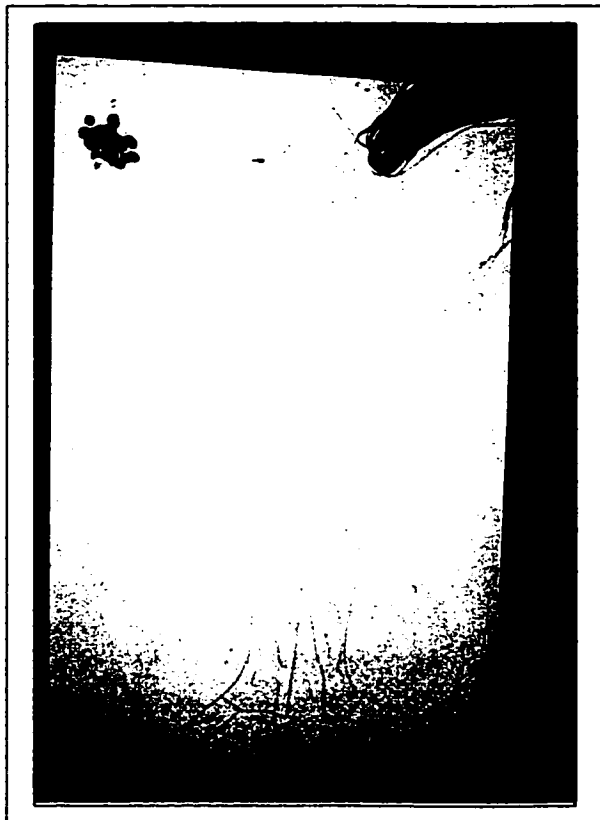


Figure XII

During our second-to-last session, Martin drew a creature of his own invention inspired from Digimon cartoon characters (see Figure XII). It is very similar in appearance to his first drawings (see Figures I and II for example). This creature seems vulnerable despite its weapons, having stumps instead of hands and a completely exposed belly. It holds a whip (green string) and a bazooka, which is shooting bullets (sequins), while it is breathing fire (red string). The only other time he used the sequins was while decorating the bottom of his bowl. Their use might illustrate the idea that he must be contained or he will lash out. At the same time, he may have felt that his precious self was being ejected from our sessions. This image appeared to show how closely in contact

he was with his explosive and angry side, while still feeling like a victim. The red and green strings spill over the edge of the page, conceivably indicating how close he felt to boiling over. He may have chosen to use a pen in order to have more control over the feelings he expressed in this image (Howard, 1990), similarly to the difficult material he dealt with in Figure VII, which is also drawn in pen. When I pointed out that this creature looked very angry, Martin did not respond to my comment. However, he proceeded to add more muscles and veins popping out from the arms and legs, possibly to compensate for his feelings of helplessness.



Figure XIII

Martin was very guarded throughout our last session. He did not want to acknowledge either his feelings or mine about termination and refused to review his artwork. He stated that he was quite excited to be able to bring it home but this reaction appeared to be an attempt to compensate for his feelings of loss and sadness, having come to the end of our relationship. After much indecision, he finally chose to make a rabbit out of DAS (see Figure XIII). He was not willing or able to verbalise anything about this sculpture. However, it seems likely that Martin chose to represent this animal because it is a notably vulnerable creature. They are also known for their ability to run away from danger. This interpretation seems supported by the fact that Martin also made another

bazooka matching the one he had made a few weeks earlier. With both of these on his arms, he pretended to blast down the door of the consultation room.

Martin also asked what dialling "911" on the telephone meant. This seemed to relate to his feelings of desperation, urgently trying to avoid losing his therapist. His worst expectations of loss and abandonment may have seemed confirmed by our impending separation (Bowlby, 1979). However, he could not explain this preoccupation and when I attempted to put words to what he may have been feeling, he turned away or interrupted me. I believe that beyond this metaphor, the end of our sessions was still too threatening for him to contemplate. Without a mentalising stance, children cannot hold onto an object's image during an absence. Martin may have panicked, feeling that his sense of self would disintegrate without my reflections (Fonagy, 1991). At the same time, insecurely attached children come to expect their own emotional arousal to signify abandonment (Fonagy, 1998a). In moments of stress, they are particularly likely to fall back on non-mentalising responses, such as dissociation, to avoid reliving early traumatic experiences (Fonagy, 1998a, 1998b). Thus, the denial of threatening situations is a learned response for Martin. Not surprisingly, he left without saying goodbye.

Chapter VI:

Findings Using the Family Drawing Checklist

a) Introduction

Projective tests can be defined as investigation methods that require participants to structure and interpret ambiguous stimuli. They are often an integral component of psychological testing procedures, especially when studying less obviously measurable traits (Heiman, 1999). All types of projective tests are based on the “projective hypothesis”, a psychoanalytic theory which assumes that individuals project their psychological makeup when they are structuring unstructured material (Rapaport, Gill & Schafer, 1968, cited in Groth-Marnat, 1997). This approach takes for granted the existence of an unconscious mind and that this part of the psyche will reveal itself in symbolic form in the projected material (Groth-Marnat). Projective drawing techniques are very important tools for art therapists because they are used and understood by a wide range of mental health professionals to assess various aspects of behaviour, personality and emotions (Fury, 1996). They are particularly useful when working with participants in middle childhood, being more developmentally appropriate than play or story telling assessments (Fury). This chapter begins by briefly discussing the strengths and weaknesses of projective tests in art therapy as well as the use of family drawings as assessment tools. Some background information on the Family Drawing Checklist (FDC), a projective drawing task using family drawings, is also summarised. Finally, Martin’s family drawing and the work he did in art therapy are analysed using the FDC.

b) Strengths and Weaknesses of Projective Tests

Projective tests are favoured when the constructs to be measured are likely to be unconscious or difficult for participants to reveal explicitly (Heiman, 1999). They are particularly useful when working with children, who do not have the skills necessary to reflect on themselves, as adults do. To obtain information on their inner world, more roundabout means such as projective tests are needed (Neale, Rosal & Rosal, 1993). Because the stimuli measured by these tools are ambiguous, they do not arouse the conscious responses or the defence mechanisms that verbal means of investigation do. Thus, attempts to hide feelings or distort results are bypassed because participants are not easily able to determine how the projective tasks will be evaluated (Groth-Marnat, 1997; Weininger, 1986). The more individuals are able to structure the evaluation process, the more projection is elicited, expressing what is psychologically meaningful to them (Woltmann, 1964, cited in Rubin, 1978).

Although more and more research is supporting the use of projective drawing tasks as a dependable source of information (Neale et al., 1993), crucial problems relating to their interpretation, validity, and reliability remain (Fury, 1996). Projective tests are difficult to score, being highly susceptible to examiners' biases and expectations (Heiman, 1999). Investigators must have a clear idea of personal biases that can distort their interpretations in order to administer them (Groth-Marnat, 1997). This makes their application difficult to trust as quantitative assessments. Furthermore, most discrete emotional and personality indicators have been contested (Feder & Feder, 1998). Researchers developing projective tests have also been inconsistent in their attempts at finding valid and reliable scoring criteria (Groth-Marnat; Kahill, 1984). Until these

variables are more objectively defined, it will not be possible to adequately validate the results of projective drawing procedures (Fury).

As a result, many professionals in the mental health field regard the results of projective drawings as general guidelines in understanding participants' inner structure rather than as psychometric tests (Groth-Marnat, 1997). Furthermore, they feel that these tasks are more properly employed as rich, clinical tools from which to build working hypotheses (Feder & Feder, 1998; Groth-Marnat; Kahill, 1984). Thus, despite their empirical limitations and the absence of statistically significant results as primary diagnostic tools, these remain popular clinical procedures (Groth-Marnat; Kahill).

c) The Use of Family Drawings as Projective Tests

Art therapists have developed standardised projective procedures using family drawings since the 1950's. Hulse introduced the first standardised family drawing task, the Draw-A-Family Test (DAF) in 1952 (cited in Fury, 1996). The Kinetic Family Drawing (KFD) is a later variation of the DAF published by Burns and Kaufman in 1972. Rather than simply asking the participant to draw their family, as in the DAF, the KFD requests that the figures be depicted while "doing something". The presence of movement in a family drawing is believed to elicit more information related to family dynamics and to feelings towards family members, particularly those that are difficult for the conscious self to accept (Feder & Feder, 1998). The DAF and the KFD are both grounded in psychoanalytical principles and are designed to assess interpersonal dynamics (Groth-Marnat, 1997; Oster & Gould, 1987). Consequently, these tasks were not designed as tools for differential diagnosis but rather as guidelines for clinical hypotheses (Feder & Feder). Nonetheless, the KFD's reliability and validity were found to be significant in a

Increasingly, findings are supporting the notion that a child need not be observed with the parents to get an idea of their relationship, all that is necessary being an “active reminder of the relationship” (Main et al., 1985). However, the development of assessment tools measuring children’s symbolic behaviour is still just beginning (Solomon & George, 2000).

Kaplan and Main (1985, 1986, cited in Fury et al., 1997) were the first to look at children’s drawings as a means to classify attachment styles. In their unpublished manuscript, they describe a system categorising family drawings of 5 to 7 year-olds into secure, insecure avoidant and insecure resistant attachment types. Their relatively small sample included mostly white children from upper middle class backgrounds. Based on a series of eight scales, each dimension is related to specific features found in drawings and organised according to attachment type. For instance, on the individuation scale the discrete indicator “figures not overlapping” is correlated to secure attachment (Kaplan and Main, 1986, cited in Pianta et al., 1999). In the drawings of securely attached children, the self is usually portrayed as happy, competent and deserving of care, and family relationships are typically pictured as comfortable, rewarding and fulfilling. As a rule, the elements of these pictures are realistically drawn. On the other hand, insecurely attached children are likely to depict themselves as lacking competence and being unworthy of care, while their family members often seem to be pictured as hostile and rejecting (Kaplan & Main, 1986, cited in Pianta et al.).

Kaplan and Main (1986, cited in Pianta et al., 1999) warn that these drawing classifications are far more indirect means of obtaining information about attachment compared to observation or intensive interviewing. They suggest that these categories are

number of studies (Neale et al., 1993). However, some authors (i.e. Wegmann & Lusebrink, 2000) argue that more standardisation and more objective scoring criteria are necessary to ascertain the KFD's reliability. Burns and Kaufman have also been severely criticised for not including any data on reliability in their coding manual and for their loose definition of the features to be rated (Fury).

Other approaches to projective family drawing tasks include Kwiatkowska (1967) and Landgarten's (1987) evaluation systems. These assessment tools are both based on series of picture-making activities made jointly with other family members. Like the DAF and the KFD, these two evaluation methods focus mostly on understanding the dynamic process between family members rather than formulating diagnoses. Although Kwiatkowska's method has objective criteria from which to measure artwork, clinicians tend to ignore the scoring system and employ it as a therapeutic intervention instead. Langarten's assessment procedure primarily rests on the observation of the family's behaviour while making artwork rather than its content. Even though the structure of this task is standardised, its results are based entirely on intuitive and qualitative data (Feder & Feder, 1998).

d) The Family Drawing Checklist

More recently, attachment theory has been explored as a means to interpret children's family drawings (Fury, Carlson & Sroufe, 1997; Grossmann & Grossmann, 1991; Kaplan & Main, 1986, cited in Pianta, Longmaid & Ferguson, 1999; Pianta et al.). This is a radically different approach to projective drawings since it has an empirically tested basis, there being an "established link between children's attachment behaviour and their representations of relationships within the family" (Pianta et al., p.245).

Until further studies replicate and validate these findings, this system cannot be considered a measure of attachment (Goldberg, 2000). However, until then, this system can still serve as a valuable source of theories on the construction of children's IWMs (Solomon & George, 2000) and is an improvement over hypothesis-based projective drawing tests (Pianta et al.).

Fury (1996) further revised Kaplan & Main's scoring criteria in her doctoral dissertation, studying a racially mixed group of 171 8 to 9 year old children at risk, mostly from highly stressed, low socio-economic backgrounds. Fury et al. (1997) continued the work begun in her doctoral dissertation, analysing data from the same group of children. This study, like Fury's dissertation, aimed to identify and cross-validate drawing features empirically linked to attachment groups. The FDC's evaluation of family drawings is oriented towards visual realism which, developmentally speaking, is to be expected in children's artwork beginning around 8 or 9 years of age (Fury). Features that were judged to require too much subjectivity or too difficult to interpret in an image, such as "faint ominousness" and "pained smile" were eliminated. Eleven other signs predicted to be present in this sample's drawings were also added to create the FDC (see Appendix B). These were thought to reflect more accurately older children's developmental drawing and cognitive abilities. The indicators were also grouped together into broader categories of attachment type. These aggregates were then compared with the discrete signs in terms of their effectiveness in determining children's attachment status. The results were contrasted with those of the more integrative Family Drawing Global Rating Scales (GRS) as well. Also developed by Fury, this tool groups a series of eight global 7-point rating scales evaluating vitality/creativity, family pride/happiness, vulnerability, emotional

distance/isolation, tension/anger, role reversal, bizarreness/dissociation, and global pathology (see Appendix C). Thus, three types of evaluations were conducted, the first using only specific signs as a means to determine children's attachment status, the second using aggregates of signs, and the last using the scales of the GRS.

A series of chi-square tests resulted in a highly significant association between stable attachment classifications at 12 and 18 months and FDC classifications at 8 years. Chi-square tests were also conducted separately on the 24 items of the FDC in order to link them to children's attachment history. Only one of the predicted signs for avoidant attachment, "arms downward", was found to be significantly related to children with avoidant attachments in infancy. Four signs predicting resistant attachment were found to be significant: figures separated by barriers, unusually small figures, exaggeration of soft body parts and crowded figures. This appears remarkable, considering the small number of family drawings labelled as resistant in Kaplan and Main's (1985, cited in Fury et al., 1997) original sample. The indicator "neutral/negative facial affect" was significantly related to the drawings of participants with histories of generally insecure attachment. None of the signs forecasting disorganised attachment were found to be significant. Thus, the majority of discrete signs were not significantly useful in distinguishing between early patterns of attachment (Fury, 1996; Fury et al.).

These signs were then aggregated into the broader categories of mixed insecure signs, avoidant, resistant and disorganised drawing features, again with the help of chi-square tests, to analyse the association between the signs of the FDC and infant attachment classifications. The total number of signs thought to predict each attachment type present in each drawing was found to be modestly yet significantly associated with

children's attachment classifications. When correlated to attachment history, the scales of the GRS fared even better, despite their more subjective and more difficult application. Please refer to Appendix D for a list of the means and standard deviations obtained with each of its scales. Fury (1996, Fury et al., 1997) theorised that this was because of the synthesis of data these seem to allow. These results endorse the widely held notion that approaches which integrate and evaluate many different aspects of drawings are more accurate than those based on discrete signs (Groth-Marnat, 1997). These also concur with the idea that context and meaning are crucial considerations when assessing complex developmental constructs (Sroufe & Waters, 1977, cited in Fury et al.), since discrete signs take on very different meanings depending on the overall context in which they are found (Fury et al.).

Significant results were obtained with the emotional distance and tension/anger scales, which were found to be related to anxious avoidance in infancy. The vulnerability scale also produced significant findings, being associated with early resistant attachment. Secure, avoidant and resistant attachment types were all significantly linked with the global pathology scale as well. These results were upheld even after Fury et al. (1997) controlled for IQ, classroom behaviour, stress levels and emotional functioning.

Overall, Fury et al. (1997) found that "early attachment history made a significant contribution to the prediction of negative drawing outcome" (p. 1163). Thus, secure attachment in infancy significantly predicted drawing quality, regardless of concurrent life stressors, emotional functioning and IQ. These findings also underline the importance of "felt security" in childhood and support those of other studies where drawings reflect the degree of stressors, especially those linked to close relationships (p. 78). These also

successfully determined the reliability of family drawings as correlates to attachment security with a more demographically diverse pool of children, a step not included in Kaplan and Main's (1985, 1986, cited in Fury) research. The FDC and the security of attachment observed at 12 and 18 months of age were found to be correlated, however more cross-validation is still needed. Fury (1996; Fury et al., 1997) also concluded that children's drawings appear to be a potentially powerful means to capture their IWMs. Family drawings in particular seem to tap into "more subjective, personal and possibly unconscious models of the self in relationships" (Fury et al., p. 1162).

Pianta et al's (1999) study also examined Kaplan and Main's (1986, cited in Pianta et al.) scoring criteria focusing on their validity and reliability. It is important to note that this list of indicators differs slightly from the FDC, which is Fury's (1996; Fury et al., 1997) updated version. They linked these with teacher ratings of children's social adaptation, particularly controlling for the confounds of age, sex, socio-economic status (SES), cognitive ability and fine motor skills. They studied 200 children ranging between 5 and 6 years old from mixed ethnic and socio-economic backgrounds. Features thought to relate to disorganised drawings were surprisingly discriminating in this study. Ominous, foreboding, irrational or disorganised images occurred in 54% of drawings classified as representing disorganised attachment, unfinished objects were found in 56% and 39% had scratched out figures/false starts. Except in two instances, these features were not found in drawings of other attachment categories. These results are also surprising since none of these signs were found to be significantly associated with disorganised attachment in Fury's research. Indicators predicting other attachment categories did not fare nearly as well. The most recurrent predicted resistant features were present in drawings labelled in

other categories 11 to 35% of the time, those related to avoidant attachment 21 to 40%, and secure attachment 3 to 47%. Nevertheless, on average, 93% of secure drawings were correctly grouped according to attachment type, compared to 75% of drawings of the three insecure attachment types.

When comparing these findings to teacher evaluations of social skills, they found that children whose drawings were classified as secure were rated as “more sociable with their peers, more task oriented and more socially competent”, in contrast to children who produced drawings labelled as resistant (Pianta et al., 1999, p.251). This group of children was judged to have more learning difficulties, anxiety, behavioural problems and shyness than those with drawings in the secure or avoidant categories. They suggest that the moderately positive classroom adjustment ratings of avoidant participants might be linked to this group’s tendencies to make few demands on adults and to be fairly task-focused. Consequently, the results of this study indicated that secure representations of family relationships in drawings were generally related to a wide range of social skills. Securely attached children appear to draw more complete and individualised figures compared to those who are insecurely attached. Secure children show better fine motor skills and stronger cognitive abilities than their insecurely attached peers as well.

This study’s results provide more preliminary support for the reliability and the validity of Kaplan and Main’s (1986, cited in Pianta et al., 1999) classification system. According to these, family drawings again appear to be a good source of information on IWMs, independent of age, sex, SES, IQ and fine motor skills. The level of reliability for examiners not to rely too closely on discrete features, many of which could not be reliably coded in this study and consequently did not decisively distinguish between children’s

examiners not to rely too closely on discrete features, many of which could not be reliably coded in this study and consequently did not decisively distinguish between children's attachment classifications. Instead, similar to Fury's (1996; Fury et al.) conclusions, they encourage coders to look at "global judgements based on the patterning of drawings" (Pianta et al., p.252). These appear to be more reliable, both in terms of interrater agreement and drawing classification.

e) Results of the Analysis of the Family Drawing

The analysis of Martin's family drawing used the FDC and the GRS outlined by Fury et al. (1997, see Appendix B and C). Shortly after his return from winter break, roughly at the mid-point of our sessions, he was presented with a package of 10 markers placed in standard order and a 12" x 18" sheet of paper. The warm-up task of drawing a person used by Fury (1996; Fury et al.) and Pianta et al. (1999) was not used since the evaluator, a psychology intern, was all ready known to Martin and he was in a familiar setting. I chose not to administer this task myself, so as not to contaminate my therapeutic alliance with him or bias the resulting image.

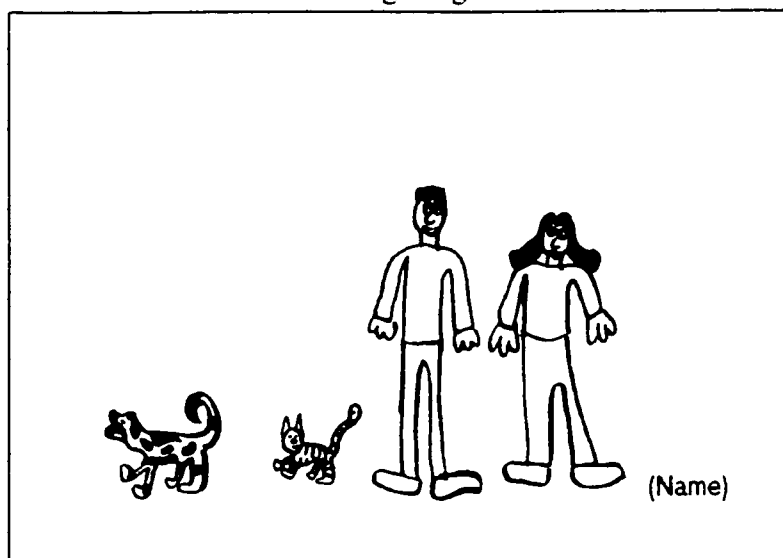


Figure XIV

another cat before the one pictured in the drawing and that his mom had stopped growing at the age of twelve. When the examiner asked who had told him this fact about his mother, Martin answered that she had told him herself and added "Could you imagine if she had stopped growing at 5?" His mother's body is noticeably more poorly constructed, less care being taken to depict her face and legs, compared to the other elements in the drawing. In fact, his two pets look more detailed and more conscientiously drawn than his parents. Among the predicted signs for avoidant attachment, his family drawing fulfilled the arms downward, the lack of colour, and the omission of the child criteria. The only predicted feature for resistant attachment was the exaggeration of the mother's hands. None of the predicted disorganised features were present. However, the mixed insecure signs absence of background details, figures not grounded, and neutral/ negative facial affect were all displayed.

Many ratings on the GRS were difficult to assign because Martin did not include himself in his drawing (see Appendix C). This situation is not explicitly addressed in the scoring instructions, despite the fact that "omission of mother (or child)" is one of the features predicting avoidant attachment in the FDC. On the vitality scale, he was accorded a rating of 3, corresponding to "moderately flat or restricted in feeling". On the family pride/happiness scale, he scored a 2, or moderately low. Vulnerability was judged to be moderately high, with a rating of 5. Emotional distance/isolation were assessed as being very high, at 7, since Martin did not include himself in his family drawing. Martin was given a 5, moderately high on the tension/anger scale, particularly pictured by the poor construction of his mother's body. This drawing could not be judged on the role-reversal scale, because Martin did not include himself in his picture. However, his

comments about his mother's arrested growth strongly suggest the presence of role-reversal with her. The moderately high score of 5 was assigned on the bizarreness/dissociation scale. Finally, this picture was deemed to be a 6, or a high rating on the global pathology scale.

Consequently, the FDC and the GRS assessed Martin's family drawing as being an example of insecure attachment. His most extreme score was on the emotional distance scale, which was found to be significantly associated with avoidant attachment, along with the tension/anger scale. Discrete features associated with this type of attachment were also more prevalent in his drawing. However, these were combined with absence of background details, figures not being grounded, and neutral/ negative facial affect, all mixed insecure signs. It is therefore difficult to come to any definite conclusion about the exact type of insecure attachment represented in his drawing. More comparative data on the FDC and the GRS are also necessary to definitely categorise his artwork according to attachment type. Furthermore, it is important to keep in mind that these evaluations are biased because of my close working relationship with Martin and prior knowledge of his family background. Ideally an examiner would rate drawings with the FDC and the GRS blindly. This was unfortunately not possible here due to a lack of time and resources.

f) Results of the Analysis of Artwork Made in Therapy

Free drawings made in art therapy do not fall under the definition of projective "tests", but their value has been known to clinicians for many years, both in terms of therapeutic emotional release and insight into an individual's inner world (Groth-Marnat, 1997). In her diagnostic evaluation, Rubin (1978) emphasises the free choice of materials and activity during the assessment period in order to gain the most accurate reflection of

participants' psychological makeup. As not everyone is comfortable with non-verbal projective tasks, it is crucial that there be many options available for individuals to find something that elicits projection from them (Oster & Gould, 1987). Furthermore, therapy appears to be a useful context within which to evaluate children's attachment status since attachment behaviour is best elicited in situations that are stressful and reminiscent of the child-mother relationship (Solomon & George, 2000). Consequently, additional hypotheses about the elaboration of Martin's IWMs or other meaningful attachment-related information may be obtained by using the FDC and the GRS with images made in art therapy.

This assessment excluded all of the three-dimensional work that Martin made in our sessions, as I deemed the FDC not to be adaptable to sculptures. I also disregarded two-dimensional artworks that did not include people or creatures for the same reason. Furthermore, the criteria that relate directly to the mother and child, "child and mother positioned far apart on the page", "omission of the mother (or child)", and "mother not feminised", were ignored since Martin never explicitly stated that he was drawing his parents during our sessions. Likewise, the role reversal scale on the GRS was also eliminated. The scoring for the family pride/happiness scale was reversed, in order to make all of the high ratings of scales of the GRS correspond to insecure attachment. Otherwise, the FDC and the GRS were used as described in Appendices A and B in the assessment of a total of 14 images.

Since I played the role of researcher and therapist, it was important to establish inter-rater reliability. Three images were randomly chosen from all the images analysed in

this study to verify the validity of my scoring. The scores rating the items of the FDC were in agreement 82.2 % of times, whereas those of the GRS concurred 55.6% of times.

Out of the predicted features of avoidant attachment, lack of colour appeared 10 times out of 14, arms downward 3, disguised family member 7, and exaggerated heads 6, for a total of 26 counts. Predicted signs for resistant attachment occurred 17 times overall, unusually large figures being apparent 5 times in the images rated, unusually small figures 1, figures in corners 1, exaggerated facial features 3, and exaggerated hands/arms 7. Signs in the category for mixed insecure attachment were the most prevalent of all rating categories, being almost continually found in Martin's drawings. These were detected a total of 37 times, with lack of background detail being observed in all 14 images, and figures not grounded as well as neutral/negative facial affect appearing in 11 instances. Predicted signs for disorganised attachment were the least prevalent, with only 4 occurrences, 1 false start and 3 unusual scenes being noted.

Since signs included in the FDC's mixed insecure category do not discriminate between insecure attachment types (Fury, 1996), it becomes difficult to assign a definite insecure attachment classification to Martin's drawings. As in the assessment of his family drawing, the mixed insecure features such as lack of background details, figures not grounded and neutral/negative facial affect are so prevalent, that a specific category cannot be applied to his drawings beyond insecure attachment. Moreover, without more data with which to compare Martin's drawings, it is also impossible to assign any conclusive attachment status to his artwork.

On the GRS, Martin's lowest score (thus most tending towards secure attachment) was a mean of 4.21 on the vitality/creativity scale. This average was the only one to fall

within the range of the standard deviations of Fury's (1996) results (see Appendix D). The highest counts were found on the vulnerability, emotional distance/isolation and tension/anger measures, where his pictures averaged a score of 5.93 on each one. The family pride/happiness, bizarreness/dissociation and the global pathology scales were not far behind, totalling 5.79, 5.36 and 5.57 points respectively. These results all fall far beyond the means obtained by Fury, especially the scores on the bizarreness/dissociation scale (see Appendix D). The scores for each image ranged between 33 and 45, with a mean of 39.07. There were no clear progressions over time in the measurements of the GRS's scales or in the total rates attributed to each image. In fact, when grouped together, the score of the first seven images made in therapy is almost identical to that of the last seven, averaging out to 34.29 and 35.23 respectively. However, the drawings that received the highest scores seemed to be those made during particularly stressful sessions. For instance, Figures V, VIII and XII all received the top rating of 45 out of a possible 56.

Fury (1996; Fury et al., 1997) found the tension/anger and the emotional distance/isolation scales to be associated with avoidant attachment and the vulnerability scale with resistant attachment. Kaplan and Main (1986, cited in Pianta et al., 1999) and Pianta et al.'s studies also found vulnerability to be more often associated with resistant children's drawings. However, since Martin scored equally on all of these, it is again difficult to establish a clear attachment style from what is pictured in his drawings. It is also difficult to state with confidence what his attachment status is, when strictly looking at his drawings, without having more comparative data on the GRS.

Chapter VII:

Findings Using the Kerns Security Scale

a) Introduction

In order to corroborate the results of the FDC and the GRS, Martin was asked to complete the Kerns Security Scale (KSS). Developed by Kerns, Klepac and Cole (1996), it is a 15 item, forced choice, self-report scale designed to assess attachment security (see Appendix D). It is particularly devised to assess children's perception of the responsiveness and the availability of each parent, their tendency to rely on them when they are distressed, and the ease with which they communicate with each parent. The results are calculated by assigning a score of 1 to 4 to each response, 4 standing for the most secure response. Participants falling within the top two thirds of the distribution are classified as secure and those in the lower third as insecure. This criterion was chosen based on studies using the Strange Situation, which demonstrated this ratio in middle class samples. In this chapter, the reliability and validity of the KSS and its subscales are discussed, as well as the results of Martin's answers to this questionnaire.

b) Kerns Security Scale Reliability and Validity

The KSS was designed in an attempt to alleviate the dearth of well-validated instruments measuring the security of children's attachment to their parents for middle childhood. It was shown to be valid and reliable by Kerns et al. (1996). This scale also showed high internal consistency, Cronbach's alpha = .93 and a high test-retest correlation over a short period of time, $r(30) = .75$. It was cross-validated using other self-report instruments, such as scales that grouped mothers' willingness to be a secure base. However, no other sources of information, such as observation or psychometric tests,

were utilised, (Kerns et al.). Few measures of attachment exist for children over the age of 6, and without other validated instruments to test them against, their efficacy remains undetermined (Greenberg, 2000).

In their study of 110 lower middle-class children aged between 10 and 12, Kerns et al. (1996) found a significant link between their reports of perceived attachment and the number of friendships, acceptance by peers and absence of loneliness. This study's responses ranged between 1.80 to 4.0. For boys, the cutoff score of 2.94 marked the top two thirds of the distribution, the demarcation between secure and insecure attachment.

c) Kerns Security Scale Subscales

Lieberman, Doyle and Markiewicz (1999) also used the KSS in their study of attachment security to each parent in late childhood and adolescence. They separated this tool into two subscales, one reflecting the child's dependency on the parent's help, and the other the child's perception of each parent's availability. Higher scores on these scales indicated increased dependency on parental help and greater availability of the parents. These scales were shown to be internally consistent, with Cronbach's alpha coefficients of .85 and .74 respectively for the mother, and .87 and .77 respectively for the father. They appeared to represent somewhat distinct aspects of attachment security, being only modestly correlated, $r(541) = .51, p < .001$ for the mother and $r(533) = .64, p < .001$ for the father. Each item of the KSS was more highly correlated to items on the scale they were assigned to than to those of the other scale. Scores ranged from 1.3 to 4.0 for the mother and 1.2 to 4.0 for the father on the availability subscale, and from 1.0 to 4.0 for both the mother and the father on the dependency subscale. The mean on the availability subscale for the mother was 3.55, with a standard deviation of .48, and for the father was

3.38, with a standard deviation of .61. On the dependency subscale these were 3.38 for the mother and 3.31 for the father, with standard deviations of .48 and .54 respectively. This study found that the younger boys in the study, aged 9 to 11, were more likely to perceive that their father was less available than their mother, compared to the older boys of the study, aged 12 to 14. Both groups of boys were also equally dependent on their mother and father.

d) Results of the Kerns Security Scale

A psychology intern administered this questionnaire shortly following the mid-point in Martin's sessions. As with the family drawing task, I chose not to do this myself, so as not to alter the therapeutic alliance or the results. Compared to the results of Kerns et al. (1996) study, Martin's score is well within the secure range with his father ($M = 3.60$) but his answers show an insecure attachment to his mother ($M = 1.80$). This figure corresponds to the lowest score amongst Kerns et al.'s participants. His lack of acceptance by peers seems to be congruent with the links drawn by this study. When separated according to dependency and availability subscales his responses averaged out to be $M = 4.0$ and $M = 3.0$ respectively for his father and $M = 1.78$ and $M = 1.83$ respectively for his mother. This may indicate that Martin is principally concerned by his father's availability. Conversely, availability and dependency issues appear equally problematic with his mother, this assessment further highlighting his greater security of attachment to his father. This boy's responses differed from Lieberman et al.'s (1999) results, finding his father more available than his mother. He also seems to be more dependent on his father, rather than being equally reliant on both parents, as this study found boys of his age group to be.

Chapter VIII:

Discussion

a) Introduction

Generally, art therapy was a successful means for Martin to express his concerns and work through some of his anxieties. His pictures gradually expressed less aggression and insecurity. These also conveyed his attempts to cope and find gratification in what he perceives as an unsafe world. His desire to be “fed” art materials and to see himself mirrored in various roles also point to his attempts at repairing very early experiences. The following chapter reviews various aspects of my role as a therapist and of Martin’s progress. Suggestions are then made as to what might be best in terms of future therapeutic interventions for this very damaged boy. Finally, broader theoretical and clinical implications are raised. These attempt to clarify the results discussed in chapters VI and VII and to link together significant elements of attachment theory, Martin’s patterns of relationships, and his therapeutic process.

b) Martin’s Progress

I was able to notice improvements on several levels of our relationship over the course of Martin’s treatment in art therapy, particularly in his capacity to trust and feel contained. Although he tested limits continually throughout our relationship, this came to be more of a familiar ritual to verify my responsiveness as a caregiver rather than a genuine attempt to change the therapeutic frame. This appears similar to the way infants seek out their caregiver in order to re-establish their emotional equilibrium (Fonagy, 1998b). Like a baby, he needed to be reassured that the therapeutic relationship would soothe him and mirror his emotions. Once he found that this containment was still present,

his anxiety was temporarily alleviated. This pattern possibly unravelled some of his expectations of abandonment as well. It is important to point out that I could be placed in the role of the good mother only because there were enough people on the unit to be hated, transference issues being shared and split amongst the workers of the day treatment team.

Martin's oedipal complex, which is still in a state of flux, played a large part in his transference, my role alternating between being a nurturing pre-oedipal mother and an eroticised object. It is crucial that he be able to work these anxieties through within a therapeutic relationship since his mother is unavailable. This is especially important in Martin's case, not only to alleviate his profound feelings of inadequacy and his fears of harming beloved objects, but also because the resolution of this complex is contaminated by unresolved pre-oedipal trauma.

Martin was also progressively able to show himself as more human, both in our conversations and his artwork, shifting from very grandiose aspirations, to being more realistic and grounded. Over time, he began to tell me about more mundane activities, including incidents where he was vulnerable or got into trouble. Consequently, he gradually appeared to identify with a wider range of roles than simply those of the victim or the aggressor. In Kleinian terms, this might be interpreted as there being less of a split between the good breast and the bad breast, resulting in making the outside world seem less hostile (Klein, 1961). In other words, Martin very tentatively began to tolerate ambivalence. This evolution is mirrored in the figures depicted in his artwork, moving away from aggressive creatures (e.g. Figure I), towards more human models (see Figure XI). His images also progressively addressed more experiences directly related to his

home life (see Figures IV and VII for instance). Thus, it seems that he was eventually able to show more of his “true self” (Winnicott, 1965), perhaps needing to be less idealised and well defended in my eyes. This may also mean that his capacity to mentalise was improved, since being more in contact with one’s “true self” implies being less likely to be governed by the vicissitudes of one’s internal states (Target & Fonagy, 1996).

The art making itself seemed to contribute as much to Martin’s progress as our relationship. From the beginning of our sessions, he introduced problematic issues through his images rather than speaking of them. Much of his growth in our sessions was therefore demonstrated symbolically in his artwork rather than in his dialogues. Without the benefit of a mentalising stance, Martin has a very limited capacity to learn through secondary processes. Being able to work within metaphors afforded him more freedom to tap into his largely repressed anxieties, without the threat of becoming overwhelmed by them. The pretend mode also allowed him to obtain knowledge or abilities that were not otherwise available (Target & Fonagy, 1996). This increased access to unconscious concerns was crucial in the treatment of such a rigidly defended child. Moreover, Martin’s artwork mirrored his internal states back to him, similar to the reflective function of parents in infancy (Fonagy, 1998a; Fonagy & Target, 1995), helping him repair very early experiences. Seeing that the pretend sphere could safely be explored, his ideas gradually began to be identified as simply ideas (Target & Fonagy).

Martin’s progress in our sessions may have been due to the fact that my behaviour did not reinforce the same patterns as those evoked by his relationship with his parents. For instance, the predictable, structured setting we worked in did not make it necessary for him to be constantly on his guard. Martin also did not have to be perpetually

performing, either through seduction or acting out, in order to keep my attention. Instead, he was encouraged to think and feel, developing his capacity to mentalise.

Consequently, my work with Martin seems to show that it is possible for him to form increasingly secure attachments over a relatively short period of time. When functioning within settings having clear boundaries, he is able to focus on developmentally appropriate attachments, rather than enacting his mother's sexualised projections. Martin's capacity to love and be loved by others is perhaps the greatest indication of his resilience. His wish to be seen as a good baby, who fills his box with artwork, is quite extraordinary given his past attachment patterns. The fact that he was able to bring his needs to my attention, particularly in terms of accepting the life sustaining function of feeding, also seems to show a growing amount of confidence in our relationship. By accepting food and love, a child begins to "overcome resentment about frustration relatively quickly and when gratification is again provided, regains his feelings of love" (Klein, 1961, p.249). This appears especially significant given neglected children's tendency to efface their "aliveness" (Fonagy, 1991), as well as Martin's deep-seated feelings of self-loathing. The fact that he created situations where he could be metaphorically fed may indicate that he was beginning to feel worthy of being loved and responded to. Along with being cared for by a responsive parent, this feeling is the basic building block of a secure attachment (Bowlby, 1973).

c) Recommendations for Future Treatment

Unfortunately, Martin's constant expectations of abandonment and his inability to take responsibility for his actions did not shift markedly throughout our work together. In our sessions he also showed little empathy for others and minimal insight as to what

motivates him to act out. Beyond aggression, he was unable to generate possibilities to account for others' behaviours. He generally could not afford to let his guard down since no substantial changes occurred in his family life (Minuchin, 1981), particularly in his relationship with his mother. Consequently, much more time would have been necessary in order for Martin to build up the trust needed to tolerate a detailed exploration of these problem behaviours. These should continue to receive attention in future treatment endeavours, as I expect them to persist until he is able to build healthier bonds with others. Martin's strengths should also be kept in mind when planning future treatment goals, in order to foster more growth in these areas as well.

Moreover, Martin's impulsive and oppositional conduct on the unit, at school and at home, did not significantly evolve over the course of treatment. It would seem that the gains he made in individual therapy were not generalised to other settings. Outside of the frame of our sessions, he seemed to quickly get overwhelmed and fall back on familiar acting out patterns. Again, much longer-term therapy would have been needed in order for him to be able to apply the budding security of our relationship to his interactions with others, and integrate it to his self-concept in a lasting manner.

At this point, long-term placement seems to be the only option for this boy to thrive. The consistency and the structure necessary to his treatment and well-being do not seem available to him in either his mother or his father's homes. I believe that unless he spends an extended period of time within a therapeutic milieu, his violent impulses will persist. Long-term individual therapy also seems essential for him to be able to integrate new models of behaviour, given his rigid processing skills and his continual need to feel

contained. This would also help to counter the chronic parental neglect and instability he has experienced.

Art therapy should continue to be used in his treatment as it was shown to be successful in helping him to achieve some level of security, partly because of the frame of our sessions but also because of the transitional space created by the art making (Schaevarian, 1992). As discussed earlier, particularly in section IVf, this treatment modality allows for a more direct exploration of trauma and early, preverbal experiences, while concretely reflecting the current state of individuals' IWMs (Polioc-McKenna). Thus, Martin achieved more freedom from his usual rigidly defended sets of behaviour, leaving him free to express his concerns in a non-threatening way. Being partly non-verbal, this type of treatment also allowed Martin to use his strengths. As his IQ testing showed, his visual processing is far superior to his verbal abilities. Moreover, art therapy capitalises on his artistic skills, helping to identify with more positive role models. All in all, art therapy would ideally reinforce his ability to trust others and curb his persistent expectations of abandonment and his need to act out when used in combination with a therapeutic placement.

It is crucial that Martin be in contact with his parents while in placement, so as not to exacerbate his feelings of isolation and neglect. His reactions to his placement should be explored in therapy to ensure that this transition is as beneficial as possible. Therapeutic alliances should be maintained with both parents to sustain the progress that has been made so far in terms of parenting skills and commitment to caring for their child. His father's difficulties being a single parent dealing with a very demanding son should be addressed to try to prevent any future burnout on his part. Ideally Martin and he would

continue being seen together in family therapy. This boy's mother would become more involved in treatment as well. Martin would also benefit from her having individual attention of her own. Only once his mother's unconscious motives and needs are addressed and clarified will the disturbed attachment patterns between her and her son be in a position to improve (Bowlby, 1979).

d) Discussion of Test Results

The FDC categorised Martin's artwork as insecure. The most prevalent signs in his drawings were indicators Fury (1996; Fury et al., 1997) labelled as "mixed insecure" that did not distinguish between insecure attachment types. Signs predicting avoidant attachment ranked second. Features thought to relate to resistant attachment came a distant third. The results of the GRS were also inconclusive, equally high scores being found on scales related to avoidant and resistant attachment patterns. However, in Fury et al.'s (1997) analysis, resistant attachment was more strongly correlated to mixed insecure drawing signs than avoidant attachment. Based on the attachment literature (e.g. Main & Cassidy, 1988; Shane et al., 1997; Williams et al., 1995), Martin's behaviour is more in line with that of a resistant child's acting out rather than an avoidant child's withdrawal. This may explain why Martin's drawings featured an overwhelming amount of mixed insecure features, compared to signs thought to predict avoidant and resistant attachment.

It is possible that Martin's talent as an artist influenced his attachment classification. For instance, he would be unlikely to grossly exaggerate body parts, make false starts or draw incomplete figures because of his highly developed drawing ability. It is also possible that since these are comparable to those of a 12 to 13 year old (Rey, 1962), the criteria of the FDC did not accurately evaluate his work. Although Pianta et

Clients commonly use anger during the termination phase in order not to be in contact with their vulnerability ("The final phase", n.d.). Thus, vulnerability seems to be an important issue to explore clinically and theoretically to deepen our understanding of children with resistant attachments.

Other particularly informative scales in Martin's case were the emotional distance/isolation, and the tension/anger measurements. These both provided higher scores during particularly stressful sessions. They also both seemed to be more prevalent in drawings representing antisocial fantasies, such as Figure IV. Bizarreness/dissociation was a more vaguely defined construct and consequently more difficult to score. In Martin's artwork, high scores on this scale were especially related to desires of omnipotence, as in Figures I and XII. Again, all of these measurements did not show any clear progression over the course of therapy. More drawings made over a longer period of time would have been necessary to distinguish a pattern in the ratings of his artwork. Comparing the total scores of the first and second half of drawings made in therapy also did not show to any notable change. The slight increase from a mean of 34.29 to 35.23 may be attributed to Martin's feelings of loss and abandonment, his behaviour becoming much angrier as we approached termination.

The least telling scales while examining Martin's artwork were the family pride/happiness and the creativity/vitality measurements. The family pride/happiness ratings were consistently low, showing little variability over time. The affect Martin expressed in his drawings seemed unwaveringly unhappy. The creativity/vitality scale was the most difficult to use and analyse since high scores could pertain to highly involved expressions of either positive or negative feelings. This could lead to contradictory data

al.'s (1999) study controlled for motor skills, the effect of a high level of artistic skill has yet to be discussed. It would be important to control for this confound in future efforts to validate the criteria of the FDC. Furthermore, since most securely attached children display greater fine motor skills than their insecure peers (Pianta et al.), studying children such as Martin who do not seem to follow the norm may yield interesting information.

Out of all the constructs measured by the GRS, Martin's level of vulnerability seemed to be key in understanding his attachment patterns, the content of his drawings and his concerns in therapy. Kaplan and Main (1986, cited in Pianta et al., 1999), Fury et al. (1997) and Pianta et al. all found vulnerability to be associated with resistant attachment. Given that children who develop this type of relationship pattern are often neglected as infants, and experience the world as a hostile place from the very beginning of their lives (Fonagy & Target, 1996), it is not surprising that this feeling plays a large role in their verbal and visual narratives. The absence of background detail and figures not being grounded, signs very prevalent in Martin's artwork, may be related to these children's wish to avoid seeing their affective environment. However, without further research, the link between these two indicators and insecure resistant attachment cannot be ascertained.

No distinct progression towards security could be established using the GRS's vulnerability scale. Clearer results would presumably have been obtained had we worked together over a longer period of time. Any improvements he may have shown on this scale were also possibly obscured by his feelings of vulnerability and rage at having to terminate our relationship. Consequently, his verbal and visual narratives returned to those of our early sessions. This can be seen by comparing Figure II with Figure XII for instance.

when incorporating these ratings to those of the other scales of the GRS. Being able to be more specific about positive or negative-looking imagery when rating drawings with this scale would have been useful in this case.

The KSS results showed Martin's attachment to his mother to be highly insecure, the availability and the dependency subscales revealing almost equally low levels of security, compared to his perception of his relationship to his father. This is congruent with what is known of his family background, his mother being the less efficient and responsive parent out of the two. His dependence on his father was surprisingly secure, scoring a perfect 4.0 on this subscale. Rather, Martin seemed mainly concerned by his father's availability. Bowlby (1973) explains that although the frequency of attachment behaviours decreases approaching adolescence, the availability of attachment figures remains a primary concern. It determines whether a child will become distressed when facing potentially alarming situations. Martin's concerns for the availability of caregivers may stem from his experiences with erratic patterns of caregiving in early childhood and be exacerbated by the small amount of time his father can spend with him. In addition to this, children such as Martin having experienced the loss of, or the separation from, one parent are especially prone to fearing the loss of or the separation from the remaining parent (Bowlby, 1980). Divorce in particular can serve to confirm insecurely attached children's worst expectations and fears (Williams et al., 1995). Thus the issue of parental availability seems valuable territory to explore in future therapeutic endeavours.

These results support the idea that children's attachment to their mother has the most important and the earliest influence on their IWMs (Bretherton & Munholland, 2000; Main et al., 1985). However, Kerns et al.'s (2000) findings show the father's influence

becoming more important in middle childhood. This study sheds a ray of hope for Martin's future, his current insecurity having the potential of eventually being transformed by his father's growing role as a secure base.

All the results presented in this research paper are very limited in terms of validity since I tabulated the assessment tools while being aware of Martin's background. My counter-transference to this case may also have distorted its findings. Moreover, I rated Martin's artwork based on the instructions outlined in Fury's (1996, Fury et al., 1997) research, without seeing any examples of drawings scored by her and her team. It was sometimes difficult to evaluate his drawings without having seen examples of the indicators of the FDC or knowing what the extremes of the scales in the GRS might look like. In addition, more large-scale studies are needed in order to verify the reliability and the validity of the results of the FDC and the GRS. Without any data to compare them to, the findings described in this paper hold little significance. It is also important to remember that the concept of IWMs is still only a hypothetical construct and too much remains to be learned to consider them hard facts (Colin, 1996).

e) Theoretical and Clinical Considerations

Fury et al. (1997) suggest that research considering children's emotional and behavioural responses to family drawings could be a valuable adjunct to the data gathered by these images and an alternative way to have a window to their IWMs. The length of time necessary to complete projective tasks, attitude, and verbal or non-verbal reactions have all been widely recognised as important elements for examiners to note as they can colour conclusions drawn from more structured tests (Groth-Marnat, 1997). An accurate assessment attempts to go beyond mere appearances and tries to develop a deeper

understanding of the individual (Groth-Marnat, Oster & Gould, 1987). Thus, by combining information gleaned from the therapeutic relationship with the assessment of a family drawing, the clinician is more likely to make accurate interpretations about children's attachment status. In fact, some authors suggest that this combination of objective and subjective data is the best way to capture the breadth and complexity of our inner world (Lieberman, 1989). These certainly provided for a more integrative assessment process, the importance of which was emphasised by Fury et al. (1997). Evaluating artwork made in art therapy with insecurely attached children may serve to eventually broaden the list of predicted characteristics for each attachment type, as well as to refine the definition of the scoring criteria for the GRS.

The fact that the GRS scored better than the discrete signs of the FDC supports the idea that artworks should be interpreted as wholes, synthesising as much information as possible about the client, rather than isolating specific features. Consequently, examining the structure of gestalts and global constructs appears to be a sounder approach to validate the efficiency of projective drawing tasks, rather than trying to establish relationships between discrete signs and their meanings. By the same token, the clinical work that art therapists have been doing for decades would also find itself validated. These results would be of great significance at a time where the necessity to develop tools to quickly identify various clinical populations keeps increasing (Kaiser, 1996; Neale et al., 1993).

All in all, art therapy appears to be a successful means to assess and increase attachment security in insecurely attached children. The mirroring and the exploration of problematic issues through the pretend sphere that are encouraged in art therapy become

especially useful when working with clients who have disturbed attachment patterns or a limited capacity to mentalise. Conversely, attachment theory's treatment approach appears to be a highly valuable framework for art therapists to work with. Art therapy stands to benefit from a marriage with attachment theory particularly because of its rigorous scientific foundations. Although it is disappointing that the results of the FDC and the GRS did not reflect more closely Martin's insecure resistant behaviour, they did emphasise important recurrent affective themes in his artwork and the underlying insecurity of his attachments.

Bibliography

- Ainsworth, M. D. S., Blehar, M., Waters, E. & Wall, S. (1978). *Patterns of attachment*. Hillsdale, NJ: Erlbaum.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Ammaniti, M., van Ijzendoorn, M. H., Speranza, A. M. & Tambelli, R. (2000). Internal working models of attachment during late childhood and early adolescence: An exploration of ability and change. *Attachment & Human Development*, 2(3), 328-346.
- Blatt, S. J. (1995). Representational structures in psychopathology. In D. Cicchetti & S. L. Toth (Eds.) *Rochester Symposium on Developmental Psychopathology: Vol. 6. Emotion, cognition and representation* (pp. 1-33). Rochester, NY: University of Rochester Press.
- Bolandu, K. (1977). *Assessing personality through tree drawings*. New York: Basic Books.
- Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation, anxiety and anger*. New York: Basic Books.
- Bowlby, J. (1979). *The making and breaking of affectional bonds*. London: Tavistock Publications.
- Bowlby, J. (1980). *Attachment and loss: Vol. 3. Sadness and depression*. London: Hogarth Press.

- Bowlby, J. (1987). Defensive processes in light of attachment theory. In J. L. Sacksteder, D. P. Schwartz & Y. Akabane (Eds.), *Attachment and the therapeutic process* (pp. 71-79). Madison, CN: International University Press.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- Brazelton T. B. & Cramer, B. G. (1990). *The earliest relationship: Parents, infants, and the drama of early attachment*. Reading, MA: Merloyd Lawrence.
- Bretherton, I. (1991). Pouring new wine into old bottles: The social self as internal working model. In M. R. Gunnar & L. A. Sroufe (Eds.), *Self-processes and development: Vol. 4. The Minnesota symposium on child development* (pp. 9-30). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Bretherton, I. (1995). Attachment Theory and developmental psychopathology. In D. Cicchetti & S. L. Toth (Eds.) *Rochester Symposium on Developmental Psychopathology: Vol. 6. Emotion, cognition and representation* (pp.231-260). Rochester, NY: University of Rochester Press.
- Bretherton, I. & Munholland, K. A. (2000). Internal working models in attachment relationships: A construct revisited. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical applications* (pp.89-111). New York: Guilford Press.
- Bretherton, I., Ridgeway, D. & Cassidy, J. (1990). Assessing internal working models of the attachment relationship. In M. T. Greenberg, D. Cicchetti, E. M. Cummings (Eds.), *Attachment in the pre-school years* (pp. 273-308). Chicago: University of Chicago Press.

- Burns, R. C. & Kaufman, S. H. (1972). *Action, styles, and symbols in kinetic family drawings (KFD): An interpretive manual*. New York: Brunner/Mazel.
- Chevalier, J. & Gheerbrant, A. (1973). *Dictionnaire des symboles*. [Dictionary of symbols] (8th ed., Vol. 2). Paris: Seghers.
- Cicchetti, D., Cummings, E. M., Greenberg, M. T., & Marvin, R. S. (1990). An organisational perspective on attachment beyond infancy. In M. T. Greenberg, D. Cicchetti, E. M. Cummings (Eds.), *Attachment in the pre-school years* (pp.3-49). Chicago: University of Chicago Press.
- Cohn, R. (1984). Resolving issues of separation through art. *The Arts in Psychotherapy*, 11(1), 29-35.
- Colin, V. L. (1996). *Human attachment*. Philadelphia: Temple University Press.
- Collins, N. L. & Read, S. J. (1994). Cognitive representations of attachment: The structure and function of working models. In K. Bartholomew & D. Perlman (Eds.), *Attachment processes in adulthood* (pp. 53-90). London: Jessica Kingsley Publishers.
- Cormier, B. (1999). *Attachment theory and art therapy: Indications of attachment in the art therapy of two children with disruptive disorders*. Unpublished master's thesis, Concordia University, Montreal, Canada.
- Crittenden, P. M. (1990). Internal representation models of attachment relationships. *Infant Mental Health*, 11, 259-277.
- Crittenden, P. M. (1995). Attachment and psychopathology. In S. Goldberg & R. Muir (Eds.) *Attachment theory: Social, developmental and clinical perspectives* (pp. 367-406). Hillsdale, NJ: Analytic Press.

- DiLeo, J. H. (1983). *Interpreting children's drawings*. Bristol, PA: Brunner/Mazel.
- Dunn, J. (1993). *Young children's close relationships: Beyond attachment*. Newbury Park, CA: Sage Publications.
- Eagle, M. (1997). Attachment and psychoanalysis. *British Journal of Medical Psychology*, 70, 217-229.
- Feder B. & Feder, E. (1998). *The art and science of evaluation in the arts therapies*. Springfield, IL: Charles C. Thomas.
- Feeney, J. & Noller, P. (1996). *Adult attachment*. Thousand Oaks, CA: Sage Publications.
- Fonagy, P. (1991). Thinking about thinking: Some clinical and theoretical considerations in the treatment of a borderline patient. *International Journal of Psycho-Analysis*, 72, 639-656.
- Fonagy, P. (1998a, November 13). *Pathological attachments and therapeutic action*. Paper presented at the Annual Elliott Sokoloff Clinical Day, Sir Mortimer B. Davis Jewish General Hospital, McGill University, Montreal, Canada.
- Fonagy, P. (1998b, November 13). *Transgenerational consistencies of attachment: A new theory*. Paper presented at the Annual Elliott Sokoloff Clinical Day, Sir Mortimer B. Davis Jewish General Hospital, McGill University, Montreal, Canada.
- Fonagy, P. (2001). *Attachment theory and psychoanalysis*. New York: Other Press.
- Fonagy, P., Steele, M., Steele, H., Leigh, T., Kennedy, R., Mattoon, G. & Target, M. (1995). Attachment, the reflective self, and borderline states: The predictive specificity of the Adult Attachment Interview and pathological emotional development. In S. Goldberg, R. Muir & J. Kerr (Eds.), *Attachment theory:*

Social, developmental and clinical perspectives (pp.233-278). Hillsdale, NJ: Analytic Press.

- Fonagy, P. & Target, M. (1995). Understanding the violent patient: The use of the body and the role of the father. *International Journal of Psychoanalysis*, 76, 487-505.
- Fonagy, P. & Target, M. (1996). Playing with reality: I. Theory of mind and the normal development of psychic reality. *International Journal of Psycho-Analysis*, 77, 217-233.
- Fraiberg, S. (with Adelson, E. & Shapiro, V). (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry*, 14, 100-136.
- Fury, G. (1996) *The relationship between infant attachment history and representations of relationships in school-aged family drawings*. Unpublished doctoral dissertation, University of Minnesota, Minneapolis.
- Fury, G., Carlson, E. A. & Sroufe, A. L. (1997). Children's representation of attachment relationships in family drawings. *Child Development*, 68(6), 1154-1164.
- George, C., West, M., Pettem, O. (1999). The Adult Attachment Projective: Disorganisation of adult attachment at the level of representation. In J. Solomon & C. George (Eds.), *Attachment disorganisation* (pp. 318-346). New York: Guilford Press.
- Goldberg, S. (2000). *Attachment and Development*. London: Arnold.
- Grossmann, K. E. & Grossmann, K. (1991). Attachment quality as an organiser of emotional and behavioural responses in a longitudinal perspective. In C. M.

- Parkes, J. Stevenson-Hinde & P. Marris (Eds.), *Attachment across the life cycle* (pp. 93-114). London: Routledge.
- Groth-Marnat, G. (1997). *Handbook of psychological assessment* (3d ed.). New York: John Wiley.
- Heiman, B. W. (1999). *Research methods in psychology* (2d ed.). Boston: Houghton Mifflin.
- Henley, D. R. (1991). Facilitating the development of object relations through the use of clay in art therapy. *The American Journal of Art Therapy*, 29(3), 69-76.
- Howard, R. (1990). Art therapy as an isomorphic intervention in the treatment of a client with post-traumatic stress disorder. *American Journal of Art Therapy*, 28(3), 79-86.
- Hoye, S. M. (1998). *An exploration of normal and pathological attachment and separation in children: A literature review and art therapy case study*. Unpublished master's thesis, Concordia University, Montreal, Canada.
- James, B. (1994). *Handbook for treatment of attachment-trauma problems in children*. New York: The Free Press.
- Johnson, D. R. (1987). The role of the creative arts therapies in the diagnosis and treatment of psychological trauma. *The Arts in Psychotherapy*, 14(1), 7-13.
- Kahill, S. (1984). Human figure drawing in adults: An update of the empirical evidence, 1967-1982. *Canadian Psychology*, 25(4), 269-290.
- Kaiser, D. H. (1996). Indications of attachment security in a drawing task. *The Arts in Psychotherapy*, 23(4), 333-340.

- Kaplan, H. & Sadock, B. (1996). *Comprehensive textbook of psychiatry* (6th ed., Vol. 1 & 2). Lippincott, Williams & Wilkins: Philadelphia.
- Karen, R. (1990). Becoming Attached. *The Atlantic Monthly*, 265, 35-53.
- Kerns, K. A., Klepac, L. & Cole, A. (1996). Peer relationships and preadolescents' perceptions of security in the child-mother relationship. *Developmental Psychology*, 32(3), 457-466.
- Klein, M. (1961). *Envy and Gratitude*. New York: Basic Books.
- Kohut, H., & Goldberg, A. (Ed., with Stepansky, P.). (1984). *How does analysis cure?* Chicago: University of Chicago Press.
- Kwiatkowska, H. Y. (1967). The use of families' art production for psychiatric evaluation. *Bulletin of Art Therapy*, 6(2), 52-72.
- Ladnier, R. D. & Massanari, A. E. (2000). Treating ADHD as Attachment Deficit Hyperactivity Disorder. In T. M. Levy (Ed.), *Handbook of attachment interventions* (pp. 27-65). San Diego, CA: Academic Press.
- Landgarten, H. (1987). *Family art psychotherapy: Clinical guide and casebook*. New York: Brunner/Mazel.
- Levinson, C. P. (1986). Patient drawings and growth towards mature object relations: Observations of an art therapy group in a psychiatric ward. *The Arts in Psychotherapy*, 13(2), 101-106.
- Lewis, P. P. (1987). The expressive arts therapies in the choreography of object relations. *The Arts in Psychotherapy*, 14(4), 321-331.
- Lieberman, M., Doyle, A.-B. & Markiewicz, D. (1999). Developmental patterns in security of attachment to mother and father in late childhood and early

- adolescence: Associations with peer relations. *Child Development*, 70(1), 202-213.
- Lieberman, P. B. (1989). "Objective" methods and "subjective" experiences. *Schizophrenia Bulletin*, 15(2), 267-275.
- Mahler, M. (1979). *The selected papers of Margaret Mahler (Vol. 1)*. New York: Jason Aronson.
- Main, M. & Cassidy, J. (1988). Categories of response to reunion with the parent at age 6: Predictable from infant attachment classifications and stable over a 1-month period. *Journal of Developmental Psychology*, 24(3), 415-426.
- Main, M. & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infants disorganised attachment status: Is frightened and/or frightening behaviour the linking mechanism? In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years* (pp. 161-182). Chicago: University of Chicago Press.
- Main, M., Kaplan, N. & Cassidy, J. (1985). Security in infancy, childhood and adulthood: A move to the level of representation. *Monographs of the Society for Research in Child Development*, 50(1-2, serial 209).
- Main, M. & Solomon, J. (1986). Discovery of an insecure-disorganised/disoriented attachment pattern. In T. B. Brazelton & M. Yogman (Eds.), *Affective development in infancy*. Norwood, NJ: Ablex.
- Main, M. & Solomon, J. (1990). Procedures for identifying infants as disorganised/disoriented during the Ainsworth strange situation. In M. T. Greenberg, D. Cichetti & E. M. Cummings (Eds.), *Attachment in the pre-school*

- years* (pp. 121-160). Chicago: University of Chicago Press.
- Malone, S. N. & Rosal, M. L. (1993). Journey towards integration: The use of collages to assess the separation and individuation process of an adult identical twin. *Art Therapy: Journal of the American Art Therapy Association*, 10(1), 16-22.
- Minuchin, S. (1981). Introduction to Structural Family Therapy. In R. J. Green & J. L. Framo (Eds.), *Family therapy: Major contributions* (pp.443-473). New York: International Universities Press.
- Mitchell, S. A. & Black, M. J. (1995). *Freud and beyond*. New York: Basic Books.
- Neale, E. L., Rosal, M. & Rosal, M. L. (1993). What can art therapists learn from the research in projective drawing techniques for children? A review of the literature. *The Arts in Psychotherapy*, 20, 37-49.
- Ogdon, D. P. (1984). *Psychodiagnostics and personality assessment: A handbook* (2d ed.). Los Angeles: Western Psychological Services.
- Osofsky, J. D. (1997). Children and youth violence: An overview of the issues. In J. D. Osofsky (Ed.) *Children in a violent society* (pp.3-8). New York: Guilford Press.
- Oster, G. & Gould, P. (1987). *Using drawings in assessment and therapy: A guide for mental health professionals*. New York: Brunner/Mazel.
- Pianta, R. C., Longmaid, K. & Ferguson, J. E. (1999). Attachment-based classifications of children's family drawings: Psychometric properties and relations with children's adjustment in kindergarten. *Journal of Clinical Child Psychology*, 28(2), 244-255.

- Pollock-McKenna, A. (1998). *An art therapy assessment instrument to gauge attachment during pregnancy*. Unpublished master's thesis, Concordia University, Montreal, Canada.
- Rey, A. (1962). *Interprétation de dessins et développement psychologique* [Interpretation of drawings and psychological development]. Neuchatel: Delachaux.
- Robbins, A. (1987). An object relations approach to art therapy. In J. A. Rubin (Ed.), *Approaches to art therapy: Theory and technique* (pp.63-74). Bristol, PA: Brunner/Mazel.
- Rubin, J. A. (1978). *Child art therapy*. New York: Van Nostrand Reinhold.
- Schaevarian, J. (1992). *The revealing image*. London: Routledge.
- Shane, M., Shane, E. & Gales, M. (1997). *Intimate attachments*. New York: Guilford Press.
- Shaver, P. R., N. Collins & Clark, C. L. (1996). Attachment styles and internal working models of the self and relationship partners. In G. J. O. Fletcher & J. Fitness (Eds.), *Knowledge structures in close relationships: A social, psychological approach* (pp. 25-61). Mahwah, NJ: Lawrence Erlbaum Associates.
- Solomon, J. & George, C. (1999). The place of disorganisation in attachment theory: Linking classic observations with contemporary findings. In J. Solomon, & C. George (Eds.), *Attachment disorganisation* (pp.3-32). New York: Guilford Press.
- Solomon, J. & George, C. (2000). The measurement of attachment security in infancy and childhood. In J. Cassidy, & P. R. Shaver (Eds.), *Handbook of Attachment: Theory, Research and Clinical Applications* (pp.287-316). New York: Guilford Press.

- Steele, H. & Steele, M. (1994). Intergenerational patterns of attachment. In K. Bartholomew & D. Perlman (Eds.), *Attachment processes in adulthood* (pp. 93-120). London: Jessica Kingsley Publishers.
- Stronach-Buschel, B. (1990). Trauma, children and art. *The American Journal of Art Therapy*, 29(2), 48-52.
- Swan-Foster, N. (1989). Images of pregnant women: Art therapy as a tool for transformation. *The Arts in Psychotherapy*, 16(4), 283-292.
- Target, M. & Fonagy, P. (1996). Playing with reality: II. The development of psychic reality from a theoretical perspective. *International Journal of Psycho-Analysis*, 77, 459-479.
- The final phase. (n.d., pp.81-97).
- Wade, C. & Tavris, C. (1993). *Psychology* (3d ed.). New York: HarperCollins.
- Wegmann, P. & Lusebrink, V. (2000). Kinetic family drawing scoring method for cross-cultural studies. *The Arts in Psychotherapy*, 27(3), 179-190.
- Weinger, O. (1986). The differential diagnosis technique: A visual projective test. Springfield, IL: Charles C. Thomas.
- Weir, F. (1987). The role of symbolic art expression in its relation to art therapy: A Kleinian approach. In *Images of art therapy* (pp.109-127). London: Tavistock Publications
- Williams, L. M., O'Callaghan, J. & Cowie, H. (1995). Therapeutic issues in educational psychology: Can attachment theory inform practice? *Educational and Child Psychology*, 12(4), 48-54.

Winnicott, D. W. (1965). *Maturation processes and the facilitative environment*.

London: Hogarth Press.

Winnicott, D. W. (1971). *Playing and Reality*. London: Tavistock Publications.

Wyman, P. A. & Forbes-Jones, E. L. (2001). Creative adaptation to life adversity:

Deriving meaning from the past and expectations for the future. In M. Bloom &

T. P. Gulotta (Eds.), *Promoting creativity across the life-span* (pp. 157-190).

Washington DC: CWLA Press.

Zeanah, C. H. & Scheeringa, M. S. (1997). The experience and effects of violence in

infancy. In J. D. Osofsky (Ed.) *Children in a violent society* (pp.97-122). New

York: Guilford Press.

Appendix A:

Blank Copy of Consent Form

Authorisation for the participation and inclusion of art therapy materials in Sophie Huot's research paper

I, _____, undersigned, consent to my child, _____'s work in art therapy being included in Sophie Huot's research paper. This paper is a requirement for the completion of the Masters in Arts degree at Concordia University. Once it is completed, it will be available for educational purposes through the university library. This paper will discuss the use of art therapy from an attachment theory perspective. Strict confidentiality will be maintained, thus any names, locations nor any other identifying information will not be mentioned.

I consent/do not consent (circle one) to my child's participation in this research paper.

I consent/do not consent (circle one) to the inclusion of photographs of my child's artwork (such as drawings, sculptures, paintings, etc) produced in art therapy in this paper.

I consent/do not consent (circle one) to the future partial or complete publication of this paper.

I consent/do not consent (circle one) to the use of this research material in professional conferences or presentations.

I understand that I may change or withdraw my consent at any given point before the paper is completed, with no consequences and without explanation, simply by contacting Sophie Huot at (phone number). Should this happen, it will not affect my child's involvement in art therapy in any way.

Parent's signature : _____

Child : _____

Witness : _____

Date : _____

Appendix B:

Markers Evaluated by the Family Drawing Checklist

*: Kaplan and Main's (1986, cited in Fury, 1996) predicted signs

†: Fury et al.'s (1997) additional predicted signs

Predicted Avoidant Signs

1. Lack of individuation of family members. *
2. Arms positioned downward, close to the body. *
3. Exaggeration of heads. †
4. Lack of colour in drawing as a whole (entirely or primarily black). †
5. Mother positioned far apart from the child on the page. †
6. Complete omission of mother or child. †
7. Disguised family members (portrayed as non-human, creature-like). †

Predicted Resistant Signs

8. Figures positioned extremely close (leaning together or bodies overlapping). *
9. Figures separated by barrier(s). *
10. Unusually small figures. *
11. Unusually large figures. *
12. Figures positioned on corner of page. *
13. Exaggeration of soft body parts (stomach, lower body). *
14. Exaggeration of facial features. *
15. Exaggeration of arms/hands. †

Predicted Insecure (Mixed Anxious) Signs

16. Absence of background detail. *
17. Figures not grounded on page or imaginary surface. *
18. Incomplete figures. *
19. Mother figure not feminised in the drawing (via hair, body, clothing, etc.). †
20. Males and females undifferentiated by gender (including child). †
21. Negative or neutral facial affect. †

Predicted Disorganised Signs

22. Scrunched figures (constricted in appearance). †
23. False starts/scratched out figures. *
24. Unusual signs, symbols or scenes. †

Appendix C:

Summary of Global Rating Scales for Family Drawings (cited in Fury et al., 1997)

Scale	Description
Vitality/creativity	Emotional investment in drawing reflected in embellishment, detail and creativity.
Family Pride/Happiness	Child's sense of belonging to and being happy in the family group.
Vulnerability	Vulnerability and uncertainty reflected in size distortions, placement of figures on the page and exaggeration of body parts.
Emotional distance/Isolation	Loneliness reflected in disguised expressions of anger, neutral or negative affect, distance between mother and child.
Tension/Anger	Tension or anger inferred from figures that appear constricted, closed, without colour or detail, careless in appearance, or scribbled/crossed out.
Role Reversal	Suggestions of role reversal inferred from relations of size or roles of drawing figures.
Bizarreness/Dissociation	Underlying disorganisation expressed by unusual signs, symbols, fantasy themes.
Global Pathology	Overall degree of negativity reflected in global organisation, completeness of figures, use of colour, detail, affect, and background scene.

Appendix D:**Means and Standard Deviations on the GRS
(cited in Fury, 1996)**

<u>Rating Scale</u>	<u>X</u>	<u>Stand. Dev.</u>
1. Vitality/Creativity	4.57	1.43
2. Family Pride/Happiness	3.97	1.46
3. Vulnerability	3.91	1.54
4. Emotional Distance	3.89	1.47
5. Tension/Anger	3.66	1.55
6. Role Reversal	2.92	1.27
7. Bizareness/ Dissociation	2.72	1.15
8. Global Pathology	4.23	1.51

Appendix E:

Copy of the Kerns Security Scale

Name (First & Last) _____ Grade _____

Teacher _____ School _____ Class No. _____

Which Kids I Am Like

Now we're going to ask you some questions about you and your **MOM**. We are interested in what each of you is like, what kind of a person you are like. First let me explain how these questions work. Each question talks about two kinds of kids, and we want to know which kids are most like you. Here is a sample question.

Really Sort of
True True
for me for me

Sort of Really
True True
for me for me

		Some kids would rather play outdoors in their spare time	BUT	Other kids would rather watch T.V.		
--	--	--	-----	------------------------------------	--	--

What I want you to decide first is whether you are more like the kids on the left side who would rather play outdoors, or more like the kids on the right side who would rather watch T.V. Don't mark anything yet, but decide which kid is most like you and go to that side of the sentence. Now, decide whether that is sort of true for you, or really true for you, and check that box.

For each sentence you will **only check one** box, the one that goes with what is true for you, what you are most like.

Now we're going to ask you some questions about you and your mom.

Do you have a mom?	Yes	___	No	___
Do you live with your mom?	Yes	___	No	___
Do you have a stepmom?	Yes	___	No	___
Do you live with your stepmom?	Yes	___	No	___

If you have both a mom and a stepmom, choose who you want to tell us about.
Mom _____ Stepmom _____

(If you don't have a mom or stepmom please take out some work to do quietly.)

TURN THE PAGE AND ANSWER THE QUESTIONS

ONLY CHECK ONE BOX FOR EACH QUESTION!!

- | | Really True for me | Sort of True for me | | | Sort of true for me | Really true for me | |
|----|--------------------------|--------------------------|---|-----|---|--------------------------|--------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids find it easy to trust their mom. | BUT | Other kids are not sure if they can trust their mom. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids feel like their mom butts in a lot when they are trying to do things | BUT | Other kids feel like their mom lets them do things on their own. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids find it easy to count on their mom for help | BUT | Other kids think it's hard to count on their mom. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids think their mom spends enough time with them. | BUT | Other kids think their mom does not spend enough time with them. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids do not really like telling their mom what they are thinking or feeling. | BUT | Other kids do like telling their mom what they are thinking or feeling. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids do not really need their mom for much | BUT | Other kids need their mom for a lot of things | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids wish they were closer to their mom. | BUT | Other kids are happy with how close they are to their mom. | <input type="checkbox"/> | <input type="checkbox"/> |

ONLY CHECK ONE BOX FOR EACH QUESTION!!

	Really True for me	Sort of True for me			Sort of True for me	Really True for me	
8.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids worry that their mom does not really love them.	BUT	Other kids are <u>really</u> sure that their mom loves them.	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids feel like their mom really understands them.	BUT	Other kids feel like their mom does not really understand them.	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are really sure their mom would not leave them.	BUT	Other kids sometimes wonder if their mom might leave them.	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids worry that their mom might not be there when they need her.	BUT	Other kids are sure their mom will be there when they need her.	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids think their mom does not listen to them.	BUT	Other kids do think their mom listens to them.	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids go to their mom when they are upset.	BUT	Other kids do not go to their mom when they are upset.	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish their mom would help them more with their problems.	BUT	Other kids think their mom helps them enough.	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids feel better when their mom is around.	BUT	Other kids do not really feel better when their mom is around.	<input type="checkbox"/>	<input type="checkbox"/>

Here are three ways that kids can feel about their mom. Put an X by the ONE that is most like the way you feel about your mom.

I like to do things by myself rather than ask my mom for help. Sometimes it's hard for me to count on her or tell her what I am thinking or feeling.

I'm really close to my mom. I know my mom always listens when I tell her things. I know she'll be there if I need her.

Sometimes I wish my mom and I were closer. It also sometimes seems like my mom gets in the way when I'm trying to do things.

Name (First & Last) _____ Grade _____
 Teacher _____ School _____ Class No. _____

Which Kids I Am Like

Now we're going to ask you some questions about you and your **DAD**. We are interested in what each of you is like, what kind of a person you are like. First let me explain how these questions work. Each question talks about two kinds of kids, and we want to know which kids are most like you. Here is a sample question.

Really Sort of
 True True
 for me for me

Sort of Really
 True True
 for me for me

		Some kids would rather play outdoors in their spare time	BUT	Other kids would rather watch T.V.		
--	--	--	-----	------------------------------------	--	--

What I want you to decide first is whether you are more like the kids on the left side who would rather play outdoors, or more like the kids on the right side who would rather watch T.V. Don't mark anything yet, but decide which kid is most like you and go to that side of the sentence. Now, decide whether that is sort of true for you, or really true for you, and check that box.

For each sentence you will **only check one box**, the one that goes with what is true for you, what you are most like.

Now we're going to ask you some questions about you and your dad.

Do you have a dad?	Yes _____	No _____
Do you live with your dad?	Yes _____	No _____
Do you have a stepdad?	Yes _____	No _____
Do you live with your stepdad?	Yes _____	No _____

If you have both a dad and a stepdad, choose who you want to tell about.
 Dad _____ Stepdad _____

(If you don't have a dad or stepdad, please take out some work to do quietly.)

TURN THE PAGE AND ANSWER THE QUESTIONS

ONLY CHECK ONE BOX FOR EACH QUESTION!!

- | | Really True for me | Sort of True for me | | | Sort of true for me | Really true for me | |
|----|--------------------------|--------------------------|---|-----|---|--------------------------|--------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids find it easy to trust their dad. | BUT | Other kids are not sure if they can trust their dad. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids feel like their dad butts in a lot when they are trying to do things | BUT | Other kids feel like their dad lets them do things on their own. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids find it easy to count on their dad for help | BUT | Other kids think it's hard to count on their dad. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids think their dad spends enough time with them. | BUT | Other kids think their dad does not spend enough time with them. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids do not really like telling their dad what they are thinking or feeling. | BUT | Other kids do like telling their dad what they are thinking or feeling. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids do not really need their dad for much | BUT | Other kids need their dad for a lot of things | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids wish they were closer to their dad. | BUT | Other kids are happy with how close they are to their dad. | <input type="checkbox"/> | <input type="checkbox"/> |

ONLY CHECK ONE BOX FOR EACH QUESTION!!

- | | Really True for me | Sort of True for me | | | Sort of True for me | Really True for me | |
|-----|--------------------------|--------------------------|---|-----|--------------------------|--------------------------|---|
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids worry that their dad does not really love them. | BUT | <input type="checkbox"/> | <input type="checkbox"/> | Other kids are <u>really</u> sure that their dad loves them. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids feel like their dad really understands them. | BUT | <input type="checkbox"/> | <input type="checkbox"/> | Other kids feel like their dad does not really understand them. |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids are really sure their dad would not leave them. | BUT | <input type="checkbox"/> | <input type="checkbox"/> | Other kids sometimes wonder if their dad might leave them. |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids worry that their dad might not be there when they need him. | BUT | <input type="checkbox"/> | <input type="checkbox"/> | Other kids are sure their dad will be there when they need him. |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids think their dad does not listen to them. | BUT | <input type="checkbox"/> | <input type="checkbox"/> | Other kids do think their dad listens to them. |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids go to their dad when they are upset. | BUT | <input type="checkbox"/> | <input type="checkbox"/> | Other kids do not go to their dad when they are upset. |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids wish their dad would help them more with their problems. | BUT | <input type="checkbox"/> | <input type="checkbox"/> | Other kids think their dad helps them enough. |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids feel better when their dad is around. | BUT | <input type="checkbox"/> | <input type="checkbox"/> | Other kids do not really feel better when their dad is around. |

Here are three ways that kids can feel about their dad. Put an X by the ONE that is most like the way you feel about your dad.

_____ I like to do things by myself rather than ask my dad for help. Sometimes it's hard for me to count on him or tell him what I am thinking or feeling.

_____ I'm really close to my dad. I know my dad always listens when I tell him things. I know he'll be there if I need him.

_____ Sometimes I wish my dad and I were closer. It also sometimes seems like my dad gets in the way when I'm trying to do things.