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**An Exploration of Normal and Pathological Attachment and Separation in Children:
A Literature Review and Art Therapy Case Study**

Sarah M. Hoye

**A Research Paper
in
The Department
of
Art Education and Art Therapy**

**Presented in Partial Fulfilment of the Requirements
for the Degree of Master of Arts
Concordia University
Montréal, Québec, Canada**

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ABSTRACT

An Exploration of Normal and Pathological Attachment and Separation in Children: A Literature Review and Art Therapy Case Study

Sarah M. Hoye

This research paper explores a selection of theories describing the creation of normal and pathological bonds, or attachments. It also illustrates how pathological attachment problems in young children might appear in their behaviours, be expressed through the art materials and art process, and be helped through the treatment of art therapy. In the first three chapters, the work of three theorists, John Bowlby, Mary Ainsworth, and Margaret Mahler, are presented for psychological discussion upon the issues of attachment. Chapter IV presents a case study in art therapy of a young boy with an insecure attachment to his primary caregiver. During the course of treatment, he was able to express his attachment issues clearly through the art materials and art process, and through his relationship with me, the student art therapist. Chapter V interprets the art therapy case in more depth, discusses the boy's expression of attachment issues in terms of the psychological theories of Bowlby, Ainsworth, and Mahler (Chapters I, II, and III), and follows with a final conclusion of this paper.

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On a more personal note, my deepest gratitude is for my parents, whose love and support opened many doors and made this goal a possibility.

This work is dedicated to my grandmothers.

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Introduction

"... images, no matter how painful, horrific or frightening, are expressions not of pathology and sickness but rather of movement toward help" (Moon, 1996, p. 6").

Many believe personalities can be deeply affected by early childhood experiences, but which of these crucially matter? It has been suggested that early bonds, or relationships, with significant figures can damage or nurture an individual. This paper explores a selection of theories describing the creation of normal and pathological bonds, or attachments, and illustrates how pathological attachment problems might appear in the behaviors of young children and be expressed over the course of art therapy through a case study.

The works of three theorists, John Bowlby, Mary Ainsworth, and Margaret Mahler, have been chosen for psychological discussion upon the issues of attachment. There are many others who have provided solid theories and research as well, but all could not be discussed in this research paper. Thus, I have chosen to address these theorists' work because of their pioneering and influential contribution to the field. Together, Ainsworth and Bowlby developed the current attachment theory. Among other things, Bowlby formulated the basic principles of attachment, while Ainsworth was the first to empirically test them (as cited by Parkes, Stevenson-Hinde, Marris, 1991). Mahler pioneered the first conceptualization of child psychosis through a psychoanalytic framework. She also described the psychological birth of infancy, including four subphases of separation and individuation from the mother.

and the problems which can occur during this development (St. Clair, 1996). Each theorist proposed steps in the infant's development of attachment to her/his mother (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969; & Mahler as cited by St. Clair, 1996).

Each of the first three chapters of this research paper describes one of these theorists' work, while Chapter IV presents an art therapy case study of a young boy with an insecure attachment to his primary caregiver, his mother. During the course of treatment, he was able to express his attachment issues clearly through the art materials and art process, and in the way he related to me, the student art therapist. Chapter V interprets the art therapy case in more depth, discusses the boy's expression of attachment issues in terms of the psychological theories of Bowlby, Ainsworth, and Mahler (Chapters I, II, and III), and follows with a final conclusion of this research paper.

I selected this particular case for illustration because of the insecure attachment and the boy's ability to express it as mentioned. This child's primary caregiver was his mother and as a result, the focus of his attachment issues is upon this female figure. I feel it is important at this point to address my proceeding discussion of this figure as the mother. It is not my opinion the attachment figure or primary caregiver of a child is always the natural mother or a woman. Today there many family constellations in which the main attachment figure might be the father, another man, a sibling, or a shared position among two or more people. In addition, impairments in attachment to a secondary figure, in this case the father, can affect the attachment to the primary figure when the child is four or five years old. In this case study, there was little information offered from the hospital files or the sessions to

describe the father's way of relating to the child. In light of this and the focus of this paper, I have only touched lightly on the role of the father in the case study.

Chapter I: Bowlby

Introduction

Both John Bowlby and Mary Ainsworth have had a major impact on the care of children and the ideas of psychologists (Belsky, Rosenberger, & Crnic, 1995). In fact, their research and work have come together as the current theory of attachment. Pulling on ideas from cybernetics, ethology, and psychoanalysis, Bowlby (as cited by Parkes, Stevenson-Hinde, & Marris, 1991) outlined the basic theory of attachment. He proposed a new way of looking at the infant's bond to her/his mother, and he described how this tie could be disrupted through deprivation and separation. This chapter outlines Bowlby's attachment theory, stages of normal attachment, and causes and sequelae of impaired bonding.

Bowlby's Attachment Theory

Bowlby (as cited in Karen, 1990) was trained in Kleinian theory during the 1930's, and was even supervised by analyst Melanie Klein, who was the inventor of psychoanalytic play therapy and one of the first theorists of object-relations. However, he abandoned Klein's theories because he believed the treatment of the child by the parents greatly determined the child's development, and Melanie Klein did not support this. He further explained her object relations theory addressed the importance of internal relationships, or fantasy, without including the idea that external relationships are reflected in internal relationships, an idea which was very significant to him.

Bowlby (as cited in Karen, 1990) was greatly influenced by the ethological studies of Lorenz and Tinbergen, who looked at the bonding behaviour of mammals and birds. He related their work to humans and proposed that they, like the animals studied, would have the same instincts for bonding behaviours and predispositions for certain relational experiences. He also suggested these instincts could be negatively affected if the environment failed them, especially if children are separated from their mother.

Bowlby followed that a child's sucking, clinging, and following are instinctual behaviours which keep the proximity of the mother. He saw a child's smile as a *social releaser*, a way to attain the care of the mother. Instead of using Freud's drive theory, Bowlby described an infant's instinctual behaviour patterns, which are developed and enriched by the environment's responses to them. These patterns promote relationships and include babbling, looking, smiling, and listening. The theorist actually defined a series of four developmental stages, which were founded on the maternal bond and are described later in this chapter.

Focusing on this bond, or attachment, Bowlby (1969) developed an attachment theory, which he published in a trilogy entitled Attachment and Loss (1969, 1973, 1980). The attachment theory gives a helpful explanation for understanding both disturbed and healthy relationship patterns (Kaiser, 1996). Bowlby (1979) explained his attachment theory as:

a way of conceptualizing the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression, and emotional detachment, to which unwilling separation and loss give rise. (p. 127)

He also devised two types of children's attachment organizations (secure and insecure) by examining the detrimental effects of separating young children from their mothers. He believed the secure, or strong, attachment organization of an infant to his mother was the foundation for social and emotional health in childhood and even adulthood. In fact, a person's relationship patterns in life (with peers, significant others and own children) are determined by the attachment patterns shaped in infancy.

Furthermore, Bowlby (1979) saw affectional bonding as "a result of the social behavior of each individual of a species, differing according to which other individual of his species he is dealing with: which entails of course an ability to recognize individuals" (p. 68). If two individuals are not bonded, one of them often strongly resists the other's approach. The key characteristic of affectional bonding between two people is the tendency for them to maintain proximity to each other. Affectional bonding often brings up intense emotions during the formation, disruption, maintenance and renewal of bonds. In relating humans to animals, Bowlby saw bonding as just as important for survival as reproduction and food, because it protects the population from predators.

The Stages of Normal Attachment

Bowlby (1969) explained the development of attachment behaviour in infants through four phases. They are quite similar to Ainsworth's (with Blehar, Waters, & Wall, 1978), but with a different emphasis. Bowlby (1969) stressed the purpose of this classification is for further analysis, and so there are actually no sharp divisions between the phases.

Phase 1: Orientation and Signals without Discrimination of Figure

This phase begins at birth and usually lasts until the infant is twelve weeks old, but can end after eight weeks or last longer than twelve weeks in adverse conditions. The infant has characteristic ways of behaving towards people, but is unable or poor at discriminating specific people. She/he may only be able to differentiate through sounds only, but it is uncommon to begin before the child is four weeks old. To interact with others, the baby will orient towards a person close by, and track the eye movements, reach, grasp, babble, and/or smile. When the child hears a voice or sees a face, she/he will stop crying. All these behaviours are likely to keep the person in proximity to the baby for a longer period of time. After the infant is twelve weeks old, the baby's friendly responses become more intense (Bowlby, 1969).

Phase 2: Orientation and Signals Directed towards One (or More) Discriminated Figure(s)

In this phase, the friendly social behaviours are shown more to the mother than other figures. After ten weeks of age, and not usually before, the infant develops a responsiveness to different visual stimuli. It is common for the baby to distinguish between different visual and auditory stimuli after twelve weeks of age. Usually, this second phase continues until the child is six months old, but it can last much longer under different conditions (Bowlby, 1969).

Phase 3: Maintenance of Proximity to a Discriminated Figure by Means of Locomotion as Well as Signals

By the end of the third phase, an attachment will have developed between the infant and the mother. Bowlby admitted it is difficult to say when the onset occurs in the second

phase, even though attachment is clearly not developed in the first phase, but can be plainly seen in the third phase. Bowlby (1979) believed most infants develop an attachment to a mother figure during their first nine months of life. If the child experiences a great amount of social interaction with a certain figure, usually the mother, she/he is more likely to become attached to her.

In third phase, the child becomes increasingly discriminating in her/his behaviour of others. She/he also develops more responses to the mother's behaviour, including following her if she is leaving, greeting her when she returns, and "using her as a place from which to explore" (Bowlby, 1969, p. 267). At the same time, the somewhat indiscriminating and friendly responses to others become less frequent. The infant begins to select certain people for figures of subsidiary attachment, while strangers are treated with increasing wariness to the point of withdrawal and alarm. Some of the child's behaviour systems towards the "mother become organized on a goal-corrected basis" (p. 267). This is when everyone can see the child's attachment to the mother. She/he begins to maintain proximity to this figure through the "goal directed systems" (p. 267). This third phase usually begins when the child is between six and seven months old, but may not happen until after the child is one year old, especially if there is little contact with the mother figure. Most likely it will continue into the child's third year of life.

Phase 4: Formation of a Goal-corrected Partnership

During the transition between the third and fourth phase, the child observes the mother's behaviour and what affects it. Through this, the "child comes to infer something of his mother's set-goals and something of the plans she is adopting to achieve them" (p.

267). In a sense, the child is developing insight into her motives and feelings. The child's behaviour also becomes potentially more flexible and she/he develops a more sophisticated understanding of the world. Once this base is established, the dyad can move into a more complex relationship, which Bowlby called a partnership. The child is then said to have moved into the fourth phase. It is not often this begins before age two, but is more likely to develop after or near the child's third birthday. The attachment behaviour of the child continues through most of her/his third year (Bowlby, 1979).

Results and Causes of Impaired Bonding

Bowlby also suggested personality and psychoneurotic problems are reflective of an individual's impaired ability for building affectional bonds. He saw this disturbed ability as being "due to either faulty development during childhood or to subsequent derangement" (p. 71). He insisted those who have psychiatric disorders always display an impaired capacity for affectional bonding, and this difficulty often lasts a long time and is severe. In addition, these individuals often come from an atypical family, and/or they experienced repeated or prolonged disruptions of the bonding with their mother in their first five years of life.

When considering children with psychiatric disorders, Bowlby (1979) believed the possible causes of their illnesses were problems with the development of important affectional bonds, in that the development was missed or repeatedly disrupted (Bowlby, 1951). He related the events of divorce, separation, or death to profound disruptions in the bonding process. In addition, Bowlby (1979) stressed the strong causal relationship between the experience a child has with her/his parents, and her/his later ability to develop affectional

bonds. He also related certain patterns in children's upbringing to later problems, such as personality disorders, "neurotic symptoms" (p. 135), and difficulties with their own children and marriage.

This chapter presented Bowlby's attachment theory, including the four phases of normal attachment and some of Bowlby's thoughts on the results and causes of impaired bonding. He proposed a new way of looking at the infant's bond to her/his mother, and how this tie could be disrupted through deprivation and separation (as cited by Parkes, Stevenson-Hinde, & Marris, 1991).

Chapter II: Ainsworth

Introduction

This chapter outlines Mary Ainsworth's theories and research on attachment. Before her research, it was widely assumed life experiences shaped personality, but there had been no demonstration of exactly which life experiences mattered (as cited by Karen, 1990). Ainsworth, together with John Bowlby, helped change this and they developed the current attachment theory. Bowlby formulated the basic principles of attachment, and Ainsworth was the first to empirically test them (as cited by Parkes, Stevenson-Hinde, Marris, 1991) through a procedure called the *Strange Situation*. She interpreted her findings to describe three different types of attachment (Ainsworth & Wittig, 1969). This chapter presents Ainsworth's procedure, empirical findings, and interpretations after outlining her stages of the development of mother-child attachment.

The Stages of Normal Mother-Child Attachment

It is important to note that Ainsworth (with Blehar, Waters, & Wall, 1978) made a clear distinction between how she used the terms *attachment*, *attachment behaviour*, and *attachment behavioural system*. *Attachment* refers to the affectional tie or bond which develops between the child and the mother figure. It tends to be seen regularly over time and in different situations. *Attachment behaviour* is defined as the type of behaviours which are predictable or usual for the child to attain the desired closeness to the main attachment figure.

The infant also actively seeks or maintains closer contact with others through certain behaviours, such as grasping, sucking, rooting, and adjusting her/his posture when being held. When the infant has the ability to discriminate among people, especially in finding the difference between his mother and others, Ainsworth saw the first phase ending and the second beginning. It is difficult to see an exact switch from one phase to another, as it is a more gradual process, and aspects of discrimination are learnt earlier. It has been found that the infant can actually discriminate her/his mother from others through somasthetic or olfactory cues quite early, whereas visual discrimination develops relatively later. Ainsworth suggested it is simplest to see the first phase as ending when the infant can fairly consistently discriminate her/his mother through visual signs. This usually occurs when the infant is between the age of eight and ten weeks old.

Phase II: *Attachment-in-the-Making*

During the second phase, the infant can see the difference between a familiar and unfamiliar person, as well as discriminate between two familiar people. This discrimination is displayed in how the baby uses the attachment behaviours, such as crying, with different people. Each person then responds differently to these proximity promoting behaviours in how quickly she/he can stop them. During this phase, the infant develops more attachment behaviours which are active like coordinated reaching. In addition, she/he usually shows a preference for one particular person (Ainsworth, Blehar, Waters, & Wall, 1978).

Phase III: *Clear-cut Attachment*

This third phase usually begins during the second half of the infant's first year, but can occur as early as six months. It usually continues through the second and third year of

the child's life. Ainsworth (with Blehar, Waters, & Wall, 1978) viewed the infant in this phase as ready for attachment as she/he becomes more active in initiating getting close (contact and proximity) to certain preferred and discriminated people. The child becomes more physically active and this serves certain behavioural developments. However, Ainsworth saw this new locomotion as also serving the attachment development because the baby actively approaches, greets, follows or tries to be closer to a preferred person. There are also new "active contact behaviours" (p.25), which enhance the attachment system and include embracing, clambering up, exploring the face and body of an attachment figure, and burying the face in the attachment figure's body. Signaling behaviours are continually given out by the infant and may be used intentionally as communication. Language also develops during this phase.

Although the child in this phase becomes more active in seeking contact and proximity, she/he only does this intermittently. The baby actively manipulates found objects, explores her/his environment, and learns about the properties of the environment and the objects. Thus, the child in this phase is not constantly focused upon the attachment figures. However, these people give a secure place so the infant can move out and explore the surrounding environment.

Ainsworth (with Blehar, Waters, & Wall, 1978) saw the beginning of attachment as being recognized by the onset of goal corrected attachment behaviour, as first described by Bowlby. Ainsworth related it to the increasing significance of the infant's general plan and goal of her/his attachment behaviour, as compared to the decreasing importance of each form of her/his behaviour. In addition,

the characteristic way in which a child has learned to organize his behavior with reference to a specific attachment figure is of clearly greater importance than the intensity or frequency with which he manifests each of the behavioral components of the attachment system. (p. 25-26)

An important implication for Ainsworth's (with Blehar, Waters, & Wall, 1978) view of attachment included the infant's developed concept of permanence, as first described by Piaget (1936). In other words, the child must know that the attachment figure exists even when absent in order to become attached to that person. Interestingly, Ainsworth (with Blehar, Waters, & Wall, 1978) also stressed that separation distress is likely to occur before this third phase. What also comes in the third stage is the child's ability to anticipate her/his mother's behaviours if they are reasonably consistent. The infant actually adjusts her/his actions in consideration of what the expected ones of her/his mother are.

Phase IV: Goal Directed Partnership

Ainsworth looked to Bowlby for the final phase of the child-mother attachment development. The child becomes less egocentric and is able to see things from her/his mother's point of view. The infant gradually takes into consideration some of the motives, feelings, plans, and set goals of her/his mother and how they might affect her behaviour. With this knowledge, she/he can have the mother accommodate to her/his plans with more skill, or can help find an acceptable compromise for both of them. With this, the relationship becomes more complex, and Bowlby called it a goal-corrected partnership. The child's attachment and the mother's reciprocal behaviour are more flexible (Ainsworth, Blehar, Waters, & Wall, 1978).

Thus, the interactions between the child and attachment figures change a great deal, especially because of the developments of communication and symbolic representations of attachment figures and the self. Even though the attachment behaviours of the child still include those of contact and proximity seeking in certain situations, the types of attachment behaviours become more varied. Ainsworth stressed, when including Bowlby's (1969, 1973) ideas, that "few if any adults cease to be influenced by their early attachments, or indeed cease at some level of awareness to be attached to their early attachment figures" (Ainsworth, Blehar, Waters, & Wall, 1978, p. 28).

The Strange Situation and Interpretations

In 1954, Ainsworth (as cited by Karen, 1990) studied the attachment behaviours of 28 mother-child dyads in Uganda. She classified the children as having insecure, secure, or nonattached attachment to their mothers. After more study in Baltimore, she developed and refined her ideas and classifications. In 1969, Ainsworth and colleague Wittig designed a controlled laboratory procedure they named *the Strange Situation*. Intended to highlight each dyad's underlying bond, the procedure was conducted in Baltimore and observed one year old children and their mothers. It consisted of several situations, which were presented in the same order to 26 infants and were intended to intensify and/or activate their particular attachment behaviour. Each situation or environment was strange in that it was unfamiliar, but not alarming, to the children. In fact, the procedure's room had a large selection of toys.

In one situation, Ainsworth and Wittig wanted to see how the child would react to the absence or presence of her/his mother. In other situations, a "tactful" stranger was introduced

with or without the mother's presence. Not only were the child's reactions to these situations studied, but also the responses to the mother's return compared with the stranger's return (Ainsworth, Blehar, Waters, & Wall, 1978).

Ainsworth and Wittig reported dramatic differences in how children reacted to their mothers' leaving, how they enjoyed her presence and asked for her attention, and how they showed their attachment to their mothers. Some children preferred to remain close but did not like being held; some wanted to cuddle a great amount; and some were content when they could wander away, but enjoyed having a lot of attention and dialogue from their mothers. It was thought that each child may request different kinds of contact depending on her/his developmental stage, certain situation, and how she/he is feeling. However, this variation in behaviour does not necessarily mean that the relationship is unstable (Ainsworth & Wittig, 1969).

Ainsworth and Wittig also examined the infants' persistence and intensity of interactive behaviours with the stranger or mother. It was scored by evaluating the contact and proximity seeking behaviour, contact maintaining behaviour, resistant behaviour, avoidant behaviour, searching behaviour during separation, and interactions at a distance behaviours. Although Ainsworth and Wittig believed interpretations of the data from the *Strange Situation* and home observations of the same population should be conservative, they divided the infants into three classificatory groups of A, B, and C.

The typical group A infant, classified as having an anxious/avoidant attachment, reacted with avoidance to reunions with the mother, who had a parenting style of indifference or rejection. The child was ready and able to explore the room independently, but showed

little affect in sharing the experience. The avoidant reunions were characterized by the child withholding contact and ignoring the mother (turning away, moving away, and looking away). The child A also showed a mix of avoidance and desire for closeness. Furthermore, she/he was not comforted by renewed contact with the mother, and this interfered with the exploration of the environment. In fact, the avoidance was more extreme during the second reunion (Ainsworth, Blehar, Waters, & Wall, 1978).

The typical group B child, labeled as having a secure attachment, displayed more positive and cooperative behaviour with her/his mother as compared to the other two groups. The interactions were harmonious in nature, the infant cried less, and the mother was a secure base for exploration. The child could separate easily from her to play with the toys and showed affective sharing in play. When distressed, the infant could be comforted easily, and this helped her/him to return to play. When the dyad was reunited, the child was active in seeking interaction or contact with the mother. If distressed after the reunion, the infant immediately sought and maintained contact, which was effective in ending the distress. If not distressed, the child greeted the mother with happiness and was active in engaging her. It was thought this child had been cared for responsively, with consistent responses to her/his needs and signals.

The typical C infant was described as having an anxious resistant attachment with the mother. She/he found it hard to separate to explore and was wary of new people and situations. Following the separation, she/he withheld contact, and ignored or primarily avoided the mother. There was a mix of seeking and resisting contact (kicking, hitting, and squirming). The typical C child also could continue to fuss and cry, or show strong passivity.

Like the anxious/resistant infant, this child found it difficult to explore the environment because she/he could not be comforted by the mother's contact. The mother was thought to have given the child insensitive care (Ainsworth, Blehar, Waters, & Wall, 1978).

Ainsworth made more interpretations into the three child classifications and the maladaptive natures of groups A and C (anxious/avoidant and anxious/resistant). She also addressed the relationship between the patterns of avoidant and resistant mother-child attachment and the children's risk for problems later in life. Her efforts, interpretations and study sparked others to examine mother-child attachment for years to come (Sameroff & Emde, 1989).

This chapter outlined Mary Ainsworth's theories and research of attachment. The *Strange Situation* was an important step in the development of the attachment theory because the basic principles of attachment could be empirically tested for the first time (as cited by Parkes, Stevenson-Hinde, Marris, 1991). Ainsworth interpreted her findings to describe three different types of attachment an infant might have for his primary caretaker (Ainsworth & Wittig, 1969). This chapter presented Ainsworth's four stages the development of mother-child attachment, and the *Strange Situation* procedure, findings, and interpretations.

Chapter III: Mahler

Introduction

This chapter outlines the basic work and theory of Margaret S. Mahler, a psychoanalyst and physician. She was the first to conceptualize child psychosis through a psychoanalytic frame work. She also described the psychological birth that takes place in infancy, including four subphases of separation and individuation from the mother, and the problems which can occur during this development (St. Clair, 1996). An emphasis and in depth look at these will be undertaken in this chapter.

Mahler's background was in orthodox psychoanalytic and psychiatric theory. In the 1930's, she started her practice with children in a clinical psychoanalytic practice in Vienna. After years of study and practice, Mahler (1968) found:

rare cases of severe emotional disturbances in children, the clinical picture of which did not fit into the nosological category of neurosis; at the same time they could not be forced into the wastepaper basket category of organicity ... they could not be analyzed by the classical psychoanalytic method. (p. 1)

She searched for an explanation and appropriate treatment of these children which would satisfy her. This led her to pioneer the first psychoanalytic explanation for childhood psychosis (St. Clair, 1996). She later saw the symptoms of the children:

along a broad spectrum, from complete autistic withdrawal from the human environment ... to seriously panic-stricken, almost incessant and for the most part

ambitendent (Bleuler) attempts at reinforcement of the delusional fusion with and riddance mechanisms against the symbiotic engulfment (Mahler, 1968, p. 5-6).

Mahler also observed the interactions of normal babies and their mothers. Based on the observations, she inferred the psychological processes occurring within children before the development of words. She provided formulations and descriptions of the intrapsychic processes during the normal child's first three years of life. Her theories are linked to the work of D. W. Winnicott, Melanie Klein, and Rene Spitz, as well as to the instinct model (St. Clair, 1996).

The Psychological Birth of the Human Infant

Mahler's (1975) model of development explains the gradual organization of the self through three processes: symbiosis, separation and differentiation. Symbiosis is the infant's primitive intrapsychic experience of being fused with or undifferentiated from the mother on both a cognitive and emotional level. Mahler suggested that everyone's personality begins in this state of psychological fusion with the mother, and then gradually goes through the separation process. Mahler saw that the process of separation and individuation occurring approximately between the ages of 4 or 5 months and 30 or 36 months. She called this gradual transition the psychological birth, which is very different from the visible and dramatic biological birth. The psychological birth, consisting of psychic processes which are only partly seen in observable behaviour, is the infant's process of separation from the mother to become an individual (St. Clair, 1996).

To clarify terms, separation describes the child's attainment of an intrapsychic feeling of separateness from the mother. This sense includes a distinct psychic self representation, which is distinguished from the mother, other people and objects. Through the separation process, the child emerges from the symbiosis with the mother and there is disengagement, distancing and differentiation from her. Individuation is the child's developed sense of being and entity ("I am"). In this process the child develops intrapsychic autonomy and individual characteristics distinct from others. Separation and individuation establish the child's differentiated representation of self as distinguishable from object representations. These intrapsychic developments are facilitated by outside interactions and behaviours.

Individuating and separating come about with the child's attainment of separate functioning with the mother's emotional availability. The new experience of separate functioning can bring about separation anxiety, but the pleasure which the child feels in functioning separately can help overcome this. The child needs to develop an awareness of self and other separateness. This coincides with the beginning of true relationships with objects, a sense of self, and a realization of the outside world's reality. During this process, the ego emerges in a basic structure (St. Clair, 1996).

The Four Subphases of Separation and Individuation

Mahler (1975) defined four subphases of separation and individuation: differentiation and body image, practicing, rapprochement, and emotional object constancy and individuality.

Subphase I: *Differentiation*

This first subphase starts at the height of the symbiotic phase when the infant is five or six months old, and continues for the next four to five months. At five or six months of age, the child will distance her/his body a small amount from the mother's and will develop motor skills which enable her/his to move off her lap and play close to her feet (St. Clair, 1996). In this phase, the child will look more outwardly for stimuli and pleasure, but will keep close proximity to her/his mother (Mahler, 1965). Mahler called this *hatching*, and it includes: "checking back" to the mother, comparing others with her, and comparing the unfamiliar with the familiar (St. Clair, 1996). Coinciding with this phase is the child's mastery of certain locomotor skills, including climbing, standing up, and creeping. In addition, the child can look past the immediate field of vision, and develops mouth, hand, and eye coordination. She/he shows an interest in pursuing goals, in objects in the environment, and in investigating the mother's hair, mouth, and face through touch (Mahler, 1965).

Subphase II: *Practicing*

The second subphase is the high point of *hatching* (St. Clair, 1996), and it usually occurs when the infant is ten to fifteen months old (Mahler, 1965). It overlaps *differentiation* and starts with free upright walking. In order for the *practicing* period to begin, the child must be able to crawl and stand up while holding on. This is because the child increasingly moves away from the mother, is engaged with new activities, and seems oblivious to her/his mother. This is essential to the development of the distinct representation of "I". Between the ages of 16 and 18 months, the child has a strong narcissistic belief in her/his own

omnipotence and idealizes the self. This comes from sharing in what are perceived to be the mother's magical powers (St. Clair, 1996).

Although the child can be very absorbed in an activity away from the mother for long periods of time, she/he still returns to her periodically for *emotional refueling*. This refueling was first described by M. Furer (as cited in Mahler, 1965) as personal communication. Examples Mahler gave are "crawling to the mother, righting themselves on her leg, or touching her in other ways, or just standing, leaning at her leg" (p. 165). During this phase, the child continues to explore more of the environment (people and objects) and practice motor skills.

Subphase III: *Rapprochement*

Rapprochement occurs approximately between the ages of 18 and 24 months when the child's ego sees both the need to be with her and the separateness or autonomy from the mother. Because the child feels less omnipotent and more dependent, she/he returns back to the mother. The toddler increases her/his awareness of physical separateness from the mother, and feels more of a need to have closeness with the mother because of separation anxiety, feelings of helplessness and separateness (St. Clair, 1996). The child becomes increasingly insistent that the mother share in all parts of her/his life. For some mothers, this demanding request may be hard to accept, while others may have problems in accepting the child as becoming increasingly separate and independent. This subphase is also characterized by the infant's mastery of upright locomotion and the vocal and physical expressions of "no". In addition, the toddler *develops active approach behaviour* (Mahler, 1965).

Subphase IV: Emotional Object Constancy and Individuality.

During the fourth subphase, the child achieves *emotional object constancy and individuality*, which is consolidated mainly during the child's third year and does not have a precise ending point. The child also increases emotional object constancy and consolidates individuality. Establishing this object constancy occurs when the child has successfully internalized a positive inner image of the mother. When this has happened, the child can function separately because the image is comforting during the mother's absence (St. Clair, 1996). In this stage there is also the beginning of make-believe, role playing, and fantasy play. The child is observing the world with more detail and this is included in her his play. In addition, she/he becomes more interested in people other than the mother, including playmates and other adults. The child has an increasing toleration of waiting to be gratified and is able to endure separations. Also observed is a large amount of active resistance to adults' demands and a desire for independence, which is often unrealistic (Mahler, 1965).

Pathological Psychological Development

There are many reasons why the normal process of separation and individuation might be inhibited or derailed. Mahler believed that unresolved crises during an infant's psychological birth and earlier symbiotic phase can influence relationships throughout an individual's life. In fact, she suggested these issues could predict later psychopathology in adulthood. If the child has an uncomfortable and intense symbiosis, she/he might hatch early and move into differentiation. If the symbiotic stage is too intrusive or smothering, then there

can be various forms of differentiation disturbance. For instance, the child can push the mother away quite dramatically (Mahler, Pine, & Bergman, 1975).

In 1968 Mahler and Furer suggested that infantile psychosis, where symbiosis is distorted or absent, could result from a serious trauma during the symbiotic period. The center of this disturbance involves a parent-child problem, which affects the child's use of the mother intrapsychically: the child is blocked from internalizing mother, and so she/he cannot differentiate the self from the mother to have an individual identity.

Some mothers would like their child to be grown up right away as soon as symbiosis is over. These children, who are not ready for this, find it difficult to grow apart and they actively ask for closeness with their mother. Other mothers think that their child is all grown up once they see the child walking, even though the child has not hatched intrapsychically. If the mother has not provided for the child's needs, the child will not have the means to hatch from the symbiosis without psychic strains. Still other mothers cause problems for their child when they abandon them too soon, while other mothers might hold onto the symbiotic holding behaviour for too long. A problem also could arise from a mother who cannot find a balance between giving support and watching her child from a distance. For example, a mother could avoid giving her child physical contact when her child needs it, and then demand it at times when she needs it (St. Clair, 1996).

Another problem, which could occur during separation and individuation and seriously affect an infant's development, is the mother's unavailability during the rapprochement phase. In this situation, the child is restricted from exploring the environment because she/he is desperately trying to engage the mother. This drains the child's ego energy

and there could be serious developmental problems, which could result in pathological borderline and narcissistic tendencies. Some of the symptoms of borderline and narcissism pathology (splitting, grandiosity and omnipotence) are behavioural manifestations due to disturbed or uncompleted developmental tasks.

This chapter outlined the basic work and theory of Mahler, who was the first to conceptualize child psychosis through a psychoanalytic frame work. She also described the psychological birth of infancy, including four subphases of separation and individuation from the mother, and the problems which can occur during this development (St. Clair, 1996).

Chapter IV: Art Therapy Case Study of a Child with a Pathological Attachment

Case Outline

Introduction

To illustrate how pathological attachment problems might appear in young children under five years of age, and how they can be expressed in art therapy, I have chosen to describe a case of a child I treated during my internship in the psychiatry department of a large children's hospital. I selected this case for illustration because the boy had an insecure attachment to his parents; he had been diagnosed as having Separation Anxiety Disorder and a Parent/Child Relational Problem (American Psychiatric Association, 1994). He also expressed his attachment issues clearly through the art materials, art process, and the way in which he related to me as the student art therapist. This chapter begins with an outline of the case, including the patient's identification, reason for referral to a psychiatric hospital program, diagnosis, background information, treatment, symptoms, reason for an art therapy referral, and goals and treatment plan in art therapy. The boy's attachment difficulties as expressed in art therapy are discussed along with the therapeutic relationship. Important to the therapeutic relationship and the case is that there was not a transcultural difference between the patient and myself. Therefore, I have not addressed this in this paper as it was not an issue.

Patient Identification

At the beginning of his treatment in individual art therapy, Tim (pseudonym) was 4 years and 8 months old. Appearing well kept and dressed by his parents, Tim was a good looking European-Canadian young child with brown eyes and hair. His parents owned and operated a convenience store, had been married for six years, but had marital problems (the mother had threatened to leave and father's religious beliefs were extreme). Tim had a six year old sister, who was described by the team as a normal and well behaved child. He showed normal perceptual development, and fine and gross motor skills, while his speech was unclear at times, immature in articulation, but appropriate in expressiveness.

Reason for Referral to Psychiatric Preschool Program

A year previous to his treatment in individual art therapy, Tim was referred to the preschool program of the large children's hospital because of the presenting problems of aggressiveness, uncontrollable temper, violence towards his mother and sister, refusal to stay in pre-kindergarten, and his mother's expressed inability to control him in public and fear of suddenly not being able to cope. A year before, Tim's mother complained that he would not leave her side and this is why she could not leave him at the daycare.

Beginning Diagnosis

One year before his treatment in individual art therapy, Tim was diagnosed as having:

Axis I: 313.81 Oppositional Defiant Disorder

309.21 Separation Anxiety Disorder

Axis II: Deferred

Axis III: Deferred

Axis IV: V61.20 Parent/Child Relational Problem

V61.1 Partner Relational Problem

Axis V: GAF 55

DSM-IV (1996) Definitions of Axis I Disorders

Oppositional Defiant Disorder: A disturbance in behaviour, which causes significant problems in social, occupational or academic functioning, and whose criteria do not meet that of Conduct Disorder. This disturbance, lasting at least six months and not occurring exclusively during a Mood or Psychotic Disorder, is a pattern of hostile, defiant, and negative behaviour. Four or more symptoms of the following must be observed for diagnosis:

- (1) often loses temper
- (2) often argues with adults
- (3) often actively defies or refuses to comply with adults' requests or rules
- (4) often deliberately annoys people
- (5) often blames others for his or her mistakes or misbehavior
- (6) is often touchy or easily annoyed by others
- (7) is often angry and resentful
- (8) is often spiteful or vindictive (American Psychiatric Association, 1994, p. 68).

Separation Anxiety Disorder: This disturbance causes significant distress or problems in important areas of functioning, and lasts at least four weeks. It does not occur during the course of a Psychotic Disorder, and is not accounted for by Panic Disorder With Agoraphobia. This disturbance shows itself by excessive and inappropriate anxiety about

separation from major attachment individuals or from the home. Three or more symptoms must be seen from the following list:

- (1) recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated
- (2) persistent and excessive worry about losing, or about possible harm befalling, major attachment figures
- (3) persistent and excessive worry that an untoward event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped)
- (4) persistent reluctance or refusal to go to school or elsewhere because of fear of separation
- (5) persistently and excessively fearful or reluctant to be alone or without major attachment figures at home or without significant adults in other settings
- (6) persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home
- (7) repeated nightmares involving the theme of separation
- (8) repeated complaints of physical symptoms (such as headaches, stomachaches, nausea, or vomiting) when separation from major attachment figures occurs or is anticipated (American Psychiatric Association, 1994, p. 75).

Pertinent Background Information

Tim's mother always worked at the convenience store except for three months after the birth of each child. Her pregnancy and delivery of Tim were described as normal, except

his blood-sugar level was high at birth. He walked before 13 months, began speaking words at 12 months and sentences at 30 months.

The parents were described by the psychiatric preschool team as being extremely unhappy and disagreeing a lot about the management of the children. The mother complained her husband did not pull his weight around the house or look after the children properly when she was at work. She said (and he denied) that he bought land and decided to build a house six years before without her consultation. She felt isolated and was also upset because of her son's violence towards her.

In addition, Tim's mother showed increasing concern about her husband's growing born again Christian beliefs. At times he read the New Bible to Tim, accused the mother of having the Devil in her, told her and others they needed to be saved, alienated extended family, and preached to customers at their store. During the previous year, Tim's mother was afraid to leave her children with him because she was frightened he would brainwash them like she thought he had been. It seemed to the social worker of the team that Tim's father was almost psychotic or possessed with his religious beliefs. It was likely he was not supplying consistent and supportive parenting skills. His attachment to Tim seemed distant and unhealthy, which probably negatively affected the attachment between Tim and his mother.

There appeared to be some family violence as the mother apparently hit and scratched the father. The couple lacked child management skills and continuously compared Tim to his well behaved sister. It was speculated that Tim's separation anxiety was a symptom of his anger towards his mother.

Treatment

When the art therapy treatment began, Tim had been treated in the day preschool program within the hospital's psychiatry department for the previous year and a half. The program provides assessment and treatment for children up to 5 years of age who have behavioural, emotional and/or developmental disorders. Tim's treatment included a twice weekly psychoeducation group with just three other children. Each week one parent of each child would be invited to participate in a thirty minute parent-child art therapy intervention, which was led by another art therapist and part of the psychoeducation group. His parents were counseled in weekly couple therapy by a social worker on the team. Even though these treatments were important to Tim's progress, I am not going to address them here as the focus of my paper is his treatment and progress in art therapy. In the space of six months, Tim participated in fifteen weekly individual art therapy sessions with me. These sessions lasted up to 30 minutes each.

Symptoms

At the beginning of individual treatment in art therapy, Tim showed aggressive and oppositional behaviours at home and in the community. At home he had tantrums, kicked his mother in the shins, fought with his sister, and destroyed her things. His parents felt they could not control him in public and his daycare of the previous year could not contain him. He was described as having a high activity level, and he consistently showed impulsive and over-active behaviour. His expressive language skills were delayed and his articulation was unclear.

Reason for Referral to Art Therapy

It was thought by the preschool team of the child psychiatry department that Tim would benefit from weekly individual art therapy sessions because he needed a positive relationship, special attention, and containment from an adult. Also he had experienced separation anxiety in his maternal relationship and individual art therapy was hoped to give him the attention he had missed.

Goals and Initial Treatment Plan in Art Therapy

The art therapy goals were to provide a consistent, containing and supporting therapeutic environment for Tim; to help him explore the issues surrounding his strong anger, aggression, and opposition; and to give him the individual positive attention he craved. The approach was non-directive, in that Tim chose the art materials and activity for each session from a large selection of materials which remained the same each week: paints, paper, scissors, masking tape, paint brushes, water, clay, oil and chalk pastels, and blocks of plasticine. An important routine developed in coming into the room, choosing the materials, creating art, cleaning up, and leaving. Tim also had a special box where his art work was stored.

Attachment Difficulties Expressed in Art Therapy

Overall, Tim appeared to me as excitable, compliant, social and intelligent. He maintained appropriate eye contact throughout treatment. At times he could be careful, thoughtful, anxious, and impulsive. During his treatment, Tim was willing to come to art therapy and was adventurous in exploring all the materials over time. In every session, he

was keen to start and would engage me in the art process. For many sessions, Tim could not stay for the entire treatment length: he would ask if he could go or say he was finished and wanted to leave. It took him many sessions to fully trust the room and myself as the therapist, but over time was able to develop a relationship with me. Little by little, he could extend the sessions until he stayed for the full length and even voiced his wish to stay longer.

Through the art materials, Tim often expressed and explored his attachment issues and his growing relationship with me as an attachment figure. Thus, the attachment difficulties were not only expressed through the materials and process, but also in the interactions and development of a relationship with the student art therapist. Therapy helped intervene with his issues by giving Tim the means for expression. I have chosen excerpts from Tim's sessions for discussion because he expressed strong signs of these issues through the art media.

In his first session, Tim willingly came to the art therapy room from the psychoeducation classroom. He had met me once before because I had substituted recently for the other art therapist to lead his parent-child group. He separated well from his group and psychoeducator and immediately looked at and asked questions about the art materials. He decided on paint and made a very quick painting for just a couple of minutes. Then he quickly sampled the brown plasticine by piling little bits of it into a mound he called a rock. This use of paint and plasticine seemed like a way of introduction and initial media exploration for him.

He then chose a dark grey piece of paper and became very invested in this material. He cut a semi-circle shaped piece in the center of the page and decided to use masking tape.

He then gestured for me to help him to cut the tape because it was so sticky. My job was to hold out the masking tape while he cut where he wanted. He was the one who decided how long the tape should be by winding it out, and then I would hold the roll so he could cut. He taped the round piece, which he called his house, back to its original place with several pieces of tape. I commented that the pieces of tape reminded me of bandages (suggestive of healing) and he said he thought they looked like that too.

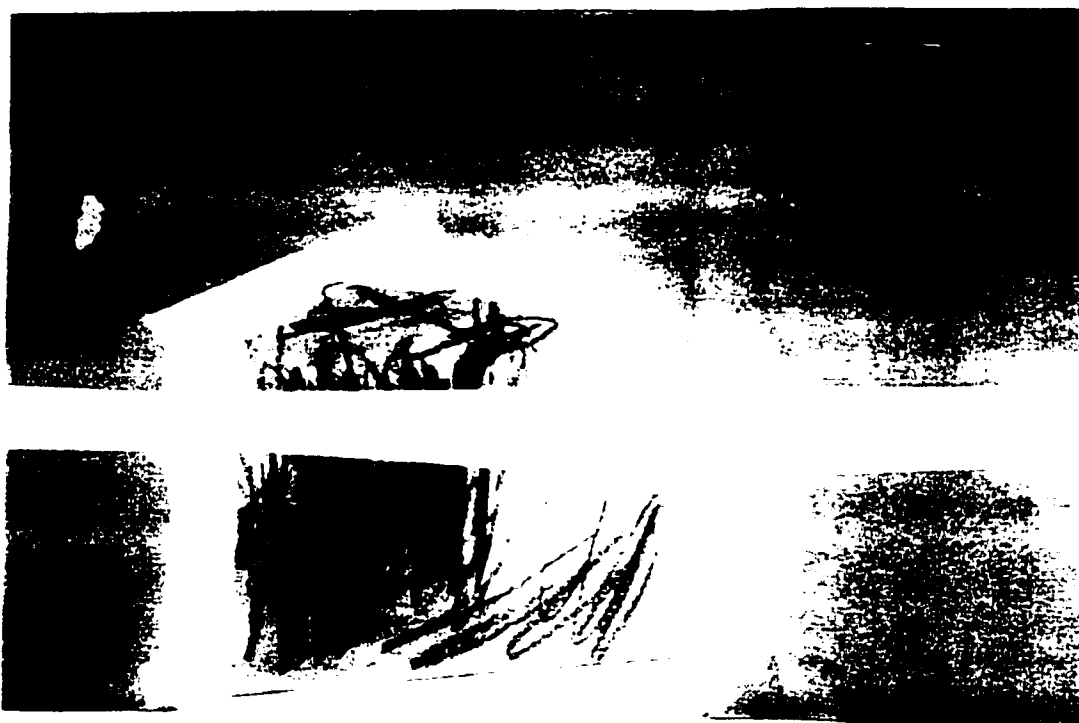


Figure 1.

Tim then went to get some oil pastels and calmly scribbled inside the house with black, orange and white. Interestingly, the drawing strokes do not look calm, but anxious. He talked of his mother, who was giving him some gifts soon. He used a very long piece of tape

to place it right across what he had just called his house. Then he cut an even longer piece which he placed across the whole page and house. He actually wrapped it across the back of the page (please see figure 1).

The session ended early after twenty minutes when Tim said he was finished. He understood he needed to clean up before leaving and did so in a big hurry. I sensed anxiety in this sudden pressure for time, but he was smiling at the same time. He listened well, but tried to oppose some of the clean-up by leaving the paper towels in the sink. He raced back to the group and separated very easily from me. He seemed anxious to return.

In the next session, Tim wanted to see his work from the previous session. When we looked at the two pictures together, he was hardly interested in looking at the first (the painting). What seemed of great significance to him was the second piece, which was his house. He verbally expressed that the house was broken so he had to fix it with the tape. It seemed this was his way of expressing that his home life was broken and he felt responsible for fixing it and bringing everyone together. Perhaps he had become aggressive, oppositional, and defiant as a way to get help for his broken family. Maybe he was the one carrying and expressing his family's frustration and anger.

On this day Tim decided to use clay, and after a while he asked if he could have another ball from the container. He then moved bits of one ball to the other. This reminded me of a transplant, in that he took bits from one ball and put them on the corresponding part of the other. He described what he was doing. Then he moved bits back to the first ball, pressed each ball back into a round shape, and said he was finished with the clay as he placed the balls back into the container. The two balls and the movements between them were

reminiscent of two people and their interactions. It appeared to me that he had symbolically expressed his feelings about his relationship with his mother, his primary caregiver. Perhaps she had given him love and then had taken it away. I wondered if he was exploring ambivalent feelings about his needs or feelings about his mother and/or family. In addition, it was possible he was exploring the notion of a give and take relationship or some aspects of our new therapeutic relationship in this expressive process.

Tim then painted with poster paints on white paper. He used a lot of water and the paper was splashed with yellow as he dabbed at the palette of poster paints. He created a black and yellow rectangle on the white paper and then he cut the paper from the bottom left hand corner, up to the rectangle, and then down to the right. He said he would tape it back together like last time. I saw this as relating to his need to fix his broken house. This repetition of taping seemed symbolically significant to Tim's self-expression of his need for reparation and creation of a safe place.

He then got the tape and had me hold the tape while he cut the pieces like last time. After many pieces of tape, he taped the piece of paper back to the rest of the paper, and he covered all the accidental yellow splashes. This process took some time and concentration. He then used more paint (red and black) to add little bits of colour so that he could tape over them. There seemed to be a covering up of mistakes or things that were not pleasing, wished for, or meant to be. There was also an attempt to make mistakes so they could be covered over. Perhaps this was a reenactment of the mistakes and pain he saw and/or experienced at home.

Through all the taping, we developed a code of words for lengths of tape so he could let me know what size he wanted me to roll out. Then I would know from his word: "big", "really big", "small", "big-small", etc.. The experience of cutting together, him chatting, and me reflecting what he was doing, seemed very positive. I found it very significant he was using me, the student art therapist, to enter what seemed like a symbiotic state with an attachment figure. This wish or recreation through engaging me in his art process occurred throughout his treatment. As a student especially, I was amazed by this process. He was able to help himself by using the materials and myself as the art therapist in such a natural way.

When his art piece was finished, it had a huge amount of tape on it with most of it in the bottom left quadrant. It appeared to me he was trying to repair or bandage up a specific area. I wondered if this could have represented his beginnings and/or fixation on early stages, particularly the infant's intrapsychic experience of symbiosis. Perhaps this have be tied to his relationship with his mother and or his family. I also saw significance in his need to tape a long piece along the top of the page, which went around the back of the paper (please see figure 2). This seemed to really complete, cover and contain the image. Perhaps this gesture of safety was something he wished for and/or needed.

When we were tidying up at the end of the session, Tim asked my age. After I answered, he told me his parents' ages, but he sounded a little doubtful. In reality his parents were much older, but interestingly, he said his mother was the same age as me. This was suggestive he was looking to me as a mother figure in art therapy from early on in treatment.



Figure 2.

Relationship with Therapist

Tim's relationship with me was positive and he seemed to enjoy it as his face lit up when I came to get him for art therapy and he often asked when he could see me. In his body language, it was evident that he felt comfortable to be with me, although his high level of seemingly anxious energy could often be sensed. The therapy session was a special time with an adult who accommodated his needs: I catered to his requests of rolling out different tape sizes and giving him the paint bottles he needed. There was a warm feeling when I helped to create his artwork. It appeared Tim identified me as his mother through transference. At times I took a motherly role through supporting and containing him: getting paint off his nose

and hair; being there one-on-one; and fulfilling his needs. It was a time which was similar to Mahler's symbiosis and attachment.

It was important for me to take note of my countertransference feelings to understand what Tim was feeling and experiencing. When Tim was squeezing and mixing the paint, I felt content and he looked content. However, he appeared a little excited, agitated, and/or aggressive when he was vigorously trying to shake the paint down to the end of the bottle. This contentment plus aggression could reflect the love-hate relationship he had with his mother and family. When Tim was cutting through the paper, I felt a sense of destruction and uneasiness. When Tim was taping things, I could see his determination to bring things together and cover up mistakes. I felt and sensed his relief when that was done.

Over the course of therapy, Tim continued to engage me in the art process. He seemed very proud and excited about his art work and related to the materials with enthusiasm and interest. He explored all of the given art materials and even asked to see what was inside the cupboards of the therapy room. As mentioned before, it took some time before Tim was able to trust the therapy setting and myself as the student art therapist. He found it difficult for the first many sessions to stay for longer than ten or fifteen minutes. In this he was showing me his anxiety about beginning to trust someone and develop an attachment. It seems his early experiences of developing attachments had made him hesitant about starting another attachment.

Through time in art therapy, the trust built through the consistency and familiarity of the therapy session, art therapist and room. During the session in which termination was introduced, he wanted to leave after only ten minutes. I imagine the anxiety of the expected

departure of an another attachment figure was overwhelming, and so he had to control the situation by leaving first. However, after this and until the end of therapy, Tim was able to tolerate the idea of termination, which was frequently discussed so as to prepare him. His remaining sessions extended to the full length. I felt this was a significant sign of his progress because he could tolerate his anxiety over losing an attachment figure.

In the last two sessions, Tim asked to make and play with play dough after seeing the flour, salt, and powdered colour when he had asked to look into the art therapy cupboards in a previous session. As usual he asked for my engagement and the play dough became very watery because of his wish to put a lot of water into the mixture. It had a very soothing consistency of mud and was reminiscent of the mixture of liquid paint and water he often enjoyed making (this is further discussed in the following chapter). In the last session we poured the liquid play dough into each other's hands. This process was very symbiotic in feeling and Tim described the falling mud as rain coming down. Then the play moved into separated but parallel processes. Tim described his mud as a cake and I suggested we were making good-bye cakes. We made one for each other and pretended to blow out the candles and eat the cake. I saw this as an important step in the individuation process from me as the therapist. Since I represented Tim's mother through transference, he was also symbolically making a real or practice step in the process of separation and individuation from her.

It was a fairly smooth transition into putting the play dough back into the container and cleaning up. Tim, however, resisted half way through by trying to pour the play dough onto the table again. This was most likely because he realized this was really the end. It was difficult for him, but he was finally able to accept termination through the containment of

limit setting. In keeping with the team's policy, Tim was only permitted to take some of his art work home. Before leaving, he chose which art pieces he wanted to take home. This was hard for him as well because he wanted to take it all home, but he was able to make decisions. An attachment had grown to the art as an object and even though it was difficult, Tim was able to leave some of it behind in the therapy room. The limit setting, containment, and art object in art therapy were very important to his progress and feeling of security.

This chapter illustrated how pathological attachment problems were found in the case of a young boy under five years of age, and how they were expressed in art therapy. The patient's insecure attachment to his parents, especially his primary caregiver, his mother, were expressed clearly through the art materials, process, and relationship with me as the student art therapist. The following and last chapter, number V, interprets this art therapy case in more depth, discusses the boy's expression of attachment issues in terms of the psychological theories of Bowlby, Ainsworth, and Mahler (Chapters I, II, and III), and follows with the paper's conclusion.

Chapter V: Integration of Case Material with Theory

Introduction

This chapter interprets the art therapy case in more depth and discusses the boy's expression of attachment issues in terms of the psychological theories of Bowlby, Ainsworth, and Mahler (Chapters I, II, and III). The child's material use of paint mixing, paper cutting and taping will be examined more fully, as well as his separation anxiety and attachment issues. The end of this chapter will present the final conclusions of this research paper.

Discussion and Interpretations of Material Use

Enthusiastic for art therapy, Tim would often begin his sessions by commenting or asking why I had the same materials out. It seemed that this consistency was surprising to him, and I imagined this was a contrast to his home life. Supplying a consistent and predictable environment seemed important for Tim's progress and personal expression.

Tim showed great creativity and imagination in his artwork. One of his favourite materials to use during the course of his fifteen sessions was liquid paints from bottles. He enjoyed and invested a great deal of energy in pouring, squeezing and mixing all different colours of paints on styrofoam mixing trays to express himself. A couple of times he made paintings with some of the mixed paint, but his enjoyment and time were focused on the pouring. As time went on, Tim mixed his trays of paint less and less until he did not do so at all. He became completely invested in the pouring and this took up a good part of his process in art therapy.

Mixing of Colours from Bottles

The mixing of paint seemed to give him an exciting sense of mastery and experimentation because he was creating his very own colours. The mixing of colours could have been symbolic of his mixing of emotions about relationships. It is very significant Tim's tray paintings became less mixed over time. Perhaps this could have been reflective of his inner psyche working through his mixed emotions: a move towards differentiation. It appeared to me Tim focused a great deal upon this mixing and pouring activity because it was important for him to work through. The tray was a safe, soothing and containing place to do this.

The mixing of paint and water seemed calming and reminiscent of symbiosis with the mother figure in infancy. It was possible that Tim was regressing in a controlled way to this stage because he had not resolved it before. This was probably a time when he was more content, and this contentment could be seen as he poured and mixed. This contentment was like the one from feeding, and the paint bottles were much like baby bottles in shape and size. The bottles could have represented the feedings of the mother, and of myself in the art therapy session. The tray of paint was like the undifferentiated area between the mother and child. The paint and feelings were mixed together and hard to differentiate.

Over time, Tim moved from the tray mixing to the mixing and painting on the paper. It seemed this could have been a symbolic move from the oral stage, where he might have been stuck, to the anal stage. Perhaps he had gone back and forth between these stages through the materials because he had not resolved them. Interestingly, he did not want to make a painting after mixing his first tray. Perhaps he was not able to face differentiation or

the anal stage. It seemed it was important for him to enjoy the watery and symbiotic feeling of a large amount of paint. As time progressed, in fact, Tim liked to add an increasing amount of water to his trays of paint.

Cutting and Taping

It appeared to me the cutting and taping was reflective for Tim's anger and desire for control over his attachment, separation and loss. He defined the shape of his house and put it back together as if it had not broken apart (please refer to figure 1). It seemed like an attempt to put things back together and keep them together. Tim said himself that the house was broken and so he had to fix it. Maybe he felt the responsibility was in his hands. Cutting is an aggressive act and it seemed to speak of his anger about his loss through separation. Perhaps when he saw the house cut out there was too much anxiety over this symbolic loss, and so he taped it back to secure and repair. Interestingly, his pastel strokes appear anxious (please see figure 1).

Tim appeared to me to have some ambivalence and confusion over this doing and undoing because he repeated this in the next session (please see figure 2). I wondered if this ambivalence involved his wish to attain symbiosis once more with his mother and his prediction or wish of further separation from his mother and family. Tim's expressed anger was probably centered upon his treatment by his mother and fragmented family. The theme of doing and undoing was also seen when he worked with the two balls of clay: he moved bits of clay from one ball to another; moved the bits back; reshaped the balls of clay; and put them back in the container. In the process of figure 2, Tim also covered up his mistake of splashing yellow paint on the paper. This could have been reflective his family's way of not

dealing with problems and/or symbolic of his role or attempt at repairing mistakes and damage of his home situation. It seemed he was covering up what was unacceptable and I imagined errors were not allowed in his family or by himself. The intentional mistakes can also be seen as a form of communication, like his aggressive behaviours, which he probably felt were not heard and he might have sensed were in need of repair.

Theory Integration with Case Study

Tim's attachment issues culminated in his diagnosis of Separation Anxiety. Bowlby (1973) suggested a child will experience intense separation anxiety if there is an uncertainty surrounding the attachment figure's availability. For example, Bowlby believed school phobia could actually be a type of separation anxiety, a fear of leaving the attachment figure and home. Some children might want to stay home to protect the figure because they are scared something awful will happen to the him or her (Cassidy, 1995). Tim had great difficulties separating from his mother, especially at his day care. It is possible he feared leaving his mother at home in case something would happen to her. It is also likely Tim feared his environment and viewed it as untrustworthy and threatening because of the influence of his father, who alienated extended family and wanted to "save" people. This alienation of potential attachment figures would have likely increased Tim's difficulty of separating from his mother.

Mahler (1965) discussed the mother's unavailability during the rapprochement subphase of the process of separation and individuation and the effect this could have on the child in terms of separation anxiety. She suggested that severe separation anxiety in a child

can be connected to the delineation of this subphase. This third subphase, discussed in Chapter III, occurs approximately between the ages of 18 and 24 months when the child's ego sees both the need to be with her and the separateness or autonomy from the mother. Because the child feels less omnipotent and more dependent than in the earlier subphases, she/he returns back to the mother. The toddler increases her/his awareness of physical separateness from the mother, and feels more need for closeness with her because of separation anxiety, feelings of helplessness and separateness (St. Clair, 1996).

The extreme separation anxiety is provoked when child is restricted from exploring the environment because he/she is desperately trying to engage the unavailable mother. This drains the child's ego energy and there could be serious developmental problems, which could even result in pathological borderline and narcissistic tendencies. This ego draining seems likely in the case of Tim, but also his negotiation of separation would have been influenced by his father's adverse behaviour, which seemed to present the environment as dangerous. Also draining for Tim would be the felt anxiety of his mother, who was afraid to leave the children with her husband.

It is probable that Mahler and Bowlby would have explained Tim's separation anxiety through either his uncertainty of availability or the unavailability of his attached figure, which appears to be his mother. Mahler would have continued that this extreme anxiety was due to Tim's drained ego energy, which was drastically reduced when he tried to engage her during the rapprochement phase of the separation-individuation process. Bowlby would have suggested Tim's unwillingness to stay at preschool the previous year was due to a fear of

losing his mother and a need to protect her from something awful happening. This was all focused around the deep rooted uncertainty surrounding her availability.

It is likely that Ainsworth would have described Tim as having had an anxious/resistant attachment to his mother. Like the infants, he found it difficult to separate from her to explore his environment and he was wary of new people and situations. His violence toward his mother was also typical of this group. If Tim fitted into this category, Ainsworth probably would have described his mother as giving insensitive care (with Blehar, Waters, & Wall, 1978). More information about Tim's behaviour toward his mother was not documented, but it seems he fitted the anxious/resistant attachment pattern. I imagined he developed this pattern and was unable to shake it because of his parents' inconsistent and insensitive care over a long period of time. Not mentioned by Ainsworth as part of the typical description of a child with an anxious/resistant attachment to her his mother, but important to his situation, was the verbal and physical abuse he witnessed between his parents as a regular form of communication between the two.

The discussed theories of attachment difficulties can provide an explanation for Tim's issues, as well as for the therapeutic process in art therapy. The treatment can be seen as helping him reduce his separation anxiety by aiding him through his early ego draining during the rapprochement phase. It seemed he needed to revisit the symbiosis of early infancy in therapy before he could move through the later rapprochement phase. Long term art therapy could have allowed Tim to move even further.

Conclusion

The first chapter of this research paper discussed Bowlby's attachment theory, including the four phases of normal attachment and some of Bowlby's thoughts on the results and causes of impaired bonding. Chapter II outlined Ainsworth's developmental stages of mother-child attachment, the *Strange Situation* procedure and her interpretations. The third chapter presented the basic work and theory of Mahler, including the psychological birth of infancy, the process of separation and individuation from the mother, and the problems which can occur during this development. Chapter IV discussed how pathological attachment problems were found in the case of Tim and how they were expressed in art therapy. This final chapter interpreted the case in more depth and integrated his expression of attachment issues with the theories of Bowlby, Ainsworth, and Mahler.

Showing great creativity, resourcefulness, and imagination, Tim was able to express his attachment issues clearly through the art materials and process, and through his relationship with me, the student art therapist. Through his treatment in the context of a trusting and consistent environment, Tim increased his confidence and control over these issues. His expression and process in art therapy were very appropriate for his situation and age. The focus of his art work and process was centered upon his symbolic separation from his family, particularly his mother, and his mistakes and those of his family. This seemed to reflect deeper issues of his behaviour and family setting. He used the art materials and art objects to suit his needs, creating a relationship with them which aided his separation process. The art work acted as an important tangible self object for Tim to take home and remember his experience in art therapy by, even when the therapeutic relationship had ended.

My role was to supply a safe and consistent environment within a framework of limit-setting. In addition, I catered to his changing needs and allowed him to symbolically explore his separation issues and practice adaptive separation strategies. After six months of leading Tim's art therapy, I became more aware of his difficulties, and believe more treatment for him and the family would be very beneficial.

Through the art therapy treatment and the exploration of this research paper, there were many aspects of this case of pathological attachment which were not discussed in this paper, but I now question: the effectiveness of Tim's multi-disciplinary treatment program including art therapy; and appropriate future treatment for him and others with pathological attachments. As discussed in Chapter IV, Tim received weekly individual art therapy, weekly group mother/child art therapy, and bi-weekly group psychoeducation, while his parents also participated in weekly couple therapy. Since a great deal of his issues were rooted in his relationship with his family, especially his primary caregiver (his mother), I believe it would have been even more effective to conduct family or parent child therapy without the group format. Tim's team treatment was very effective, but this added and focused intervention could have helped to further resolve his issues and those of his family.

In treating Tim individually in art therapy, I would have liked to have been more aware of the attachment theory and issues before treatment began. However, as I was exploring them in more detail during treatment, this knowledge proved very useful in understanding Tim's issues and expression in art therapy and in continuing his treatment. I look forward to applying this knowledge to future cases which might be similar. I hope this paper might encourage others in the field to gain more insight into the attachment issues of

many patient populations and to apply it to their own cases in art therapy. I believe it is important to be aware of attachment difficulties in treating many different populations in all types of therapies. Appropriate future treatment for Tim and others with similar issues would include a sensitivity to and respect for normal and pathological attachment.

Many theories of attachment and other areas of development, such as physical and cognitive stages, have not been discussed because of the focus of this research paper. In addition, more discussion of each theorist's work and ideas might enhance the topic's depth, as well as more cases of children with attachment issues in art therapy. A comparison of how different attachment bonds are expressed at this age would further enrich the research of this paper and field. How would a child's expression change over time? Would patterns emerge in relation to the child's attachment and behaviour? It would be very interesting to study the relationship between the drawings and behaviours of children and their primary caregiver. Could links be found to give a more rounded look at the attachment problems? How would the primary caregiver's art and parenting skills relate to the type of attachment they had with their own caregiver? Research might be enhanced with the inclusion of a quantitative study, conducted by researchers other than the primary art therapist, to explore the art work and data of the cases. There are many avenues for further research development about the topic of attachment which would enhance the field of art therapy.

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Appendix: Blank Copy of Client Consent Form

(Hospital's Name)

Art Therapy Program

I hereby give consent that art produced in evaluation and/or on-going therapy may be photographed and used along with case material by Sarah Hoyer for any of the following purposes:

- 1) Consultation with the (name of hospital) staff intended for the client's benefit
- 2) On-going training of other mental health students or professionals
- 3) Educational purposes

No reference will be made to the identity of the client and/or his family, and confidentiality will be maintained.

Art Therapy Intern

Concordia University

Name of Patient

Date

Signature of Parent/Guardian