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Quality of Attachment and Embodied Symbolic Play: A Case Study:

Drama therapy with a mother-preschooler dyad  
manifesting an insecure attachment pattern

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A Research Paper

in

The Department

of

Creative Arts Therapies

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**ABSTRACT**

Quality of attachment and embodied symbolic play: A case study:  
Drama therapy with a mother-preschooler dyad  
manifesting an insecure attachment pattern

Athena P. Madan

The attachment relationship in the parent-child dyad directly affects the child's developmental, social, and emotional growth. This first, formative relationship not only acts as the foundation from which the child relates to his or her social environment, but it also influences their self-concept, the cognitive and social capacities that are crucial in later childhood development, and ultimately how the child will respond and adapt to the world. This paper discusses one case study dealing with semi-directed, embodied symbolic play in drama therapy interventions designed to increase the quality of attachment with a mother-preschooler dyad. Intervention targeting both parent and child's abilities in perceiving, interpreting, and responding to emotional states in self and other may address some of the deficits associated with child aggression and disorders of conduct. A drama therapy model may serve parents in responding, interacting, and/or relating more sensitively to their child.

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**CHAPTER ONE: Insecure attachment and the insecurely attached  
parent-child relationship**

Piglet sidled up to Pooh from behind.

“Pooh,” he whispered.

“Yes, Piglet?”

“Nothing,” said Piglet, taking Pooh’s paw. “I just wanted to be sure of you.”

*-Winnie the Pooh (A.A. Milne)*

**Theoretical approach and background**

In 1940, John Bowlby combined existing principles from psychoanalytic theory, ethology, developmental psychology, and cognitive information theory to introduce Attachment Theory as means of explaining the emotional distress experienced by infants as a result of separation from their attachment figure. He proposed that a child’s behaviour with his or her primary caregiver was in fact a predictable organisational system involving cognitive and emotional components, largely based on patterns of experience with that caregiver. Bowlby outlined and identified these components, as well as their substantial and unique roles within the framework of the mother-infant relationship, in child emotional security and in subsequent child development.

While psychoanalytic trends at the time focussed on nature as being the primary hand influencing the cradle (see M. Klein, 1932, for review), Bowlby brought forward the argument that nurture was the more significant influence on the manner in which the cradle rocked. He also rejected the psychoanalytic notion that emotional bonds were derived from psychosexual drives (Rutter, 1997). It was widely accepted that early attachment experiences affected childhood behaviour regulation and child development, but opinions differed about the degree of the effects of such experiences on mastery, emotion and behaviour regulation, and interpersonal closeness. Bowlby suggested that

the early attachment experience was crucial in the majority of these areas, and, more specifically for the child's learning of expectations of self and others, adaptation to circumstance, and the shaping of future experience.

Bowlby's subsequent research on Attachment (1958, 1969/1982, 1973, 1977, 1980, 1988) can be summated in five main postulates: (1) The parent-child relationship has as a primary, but not exclusive, function the bond of attachment-caregiving; (2) The ability of an infant to adapt successfully (without distress) to a new environment or situation is related to the quality of that bond of attachment; (3) Quality of attachment is largely determined by the patterns of interaction within the dyad; (4) Rehabilitation of insecure attachment patterns necessitates intervention with both the parent and the child; and, (5) Insecure early attachment bonds seem to play a role in the genesis of any eventual psychopathology.

Continued empirical research on Attachment Theory has generated a great deal of support for associations to be drawn between secure attachment and positive adaptation in childhood development, and between insecure attachment and poor adaptation in childhood development (for complete review see Goldberg, 1991; Rice, 1990). In addition, a "growing body of work is consistent with the hypothesis that early [attachment experiences] contribute to the representational models that guide emotional reactions, interaction patterns, expectations, and processing biases in adult personal relationships" (Bartholomew, 1993). Early attachment experience helps provide a framework wherein the social and psychological functioning of the child, and his or her later subsequent development through to adulthood, may be understood.

At the core of Attachment Theory is the role the child's caregiver plays in providing a *secure base* (Ainsworth, 1973; Ainsworth, Blehar, Waters, & Wall, 1978). If the parent, as this base, balances the need to protect the child and be available for him or her, with encouragement for independent exploration of the physical and social environment, the child's relationship is conceptualised to be *secure*. Conversely, if these two factors are not adequately balanced, or if one of the factors is not present, the child's relationship is conceptualised to be *insecure* (Ainsworth et al., 1978; Bowlby, 1969, 1988; Bretherton, 1985).

Current Attachment psychoanalysts continue to use these conceptualisations as the foundation for ongoing clinical research and application in the field. Some areas pertaining to my case under discussion here include: the nature of "responsive and sensitive parenting" (Karavasilis, 1999); attachment beyond infancy (Ainsworth, 1989; Easterbrooks & Goldberg, 1990; Greenberg, Cicchetti, & Cummings, 1990; Sroufe, 1979; Stern 1985); attachment patterns across the life cycle and between generations (Ainsworth 1985; Bretherton 1985; Hinde & Stevenson-Hinde, 1987; Main, Kaplan, & Cassidy, 1985); and links between insecure attachment, psychopathology, and disorders of child behavioural conduct (Atkinson & Zucker, 1997; Erickson, Sroufe, & Egeland, 1985). Research in these areas has reinforced the general associations postulated by Attachment theorists: *Secure* children appear to effectively regulate the need for proximity with independent exploration of their physical and social environment. They also demonstrate the ability to adapt to new external stimuli, with little internal distress. Conversely, children conceptualised as having *insecure* attachment do not appear to present the capacity to balance these needs; they demonstrate an inability to respond to

the demands of their physical and social worlds in ways that are either resilient or developmentally appropriate (Spangler & Grossmann, 1993; Sroufe, 1979).

### **Maternal behavioural factors in assessing infant attachment**

In working with young children manifesting behavioural difficulties, Bowlby found that behavioural acting-out could be reasonably explained when the quality of maternal care the child had received was taken into account. The care, in turn, could be reasonably explained when considering the caregiver's personality, her perspective on parenting and babies, and the experiences she had had in her family of origin. He therefore proposed that psychoanalysts, like biologists, should study "the nature of the organism, the properties of the soil, and the interaction between the two" (Bowlby, 1940, p.155) in order to understand the fullness of the family "ecosystem" as a means of preparing the ground for eventual rehabilitative change.

Bowlby further proposed that the parent's own attachment experiences are often intergenerationally transmitted, and that they are important indications, if not causal factors, in emotional disturbance in clinically referred children. In other words, at the very core of the present family experience is what was learned within the primary relationships of the past. To rehabilitate the dyad in its present interaction required recognising the feelings surrounding the parent's own childhood, and the development of their own sensitivity about being a child (Bowlby, 1940, 1969).

The idea of maternal sensitivity has been of special interest to attachment researchers (see Parkes, Stevenson-Hinde & Marris, 1993 for review), with specific emphasis on the mother's ability and willingness to perceive the child's various modes of communications, be sympathetic to the child's point of view, and respond promptly and

according to the child's developmental needs. However, as "sensitivity" is a generalised term, it is not surprising that, as a variable, it differentiates most inconsistently among behavioural classifications (de Wolff & van IJzendoorn, 1997; Grossmann & Grossmann, 1991; Isabella, 1993; Thompson, 1998). As further refinement, Seifer & Schiller (1996) argued that maternal sensitivity likely involves numerous components: Mothers of secure toddlers demonstrate more active involvement during play sessions, more enthusiastic attitudes, and less control in their interactions, than mothers of insecurely attached toddlers (Achermann, Dinneen, & Stevenson-Hinde, 1991). These mothers also demonstrate high affiliation, sociability, and empathetic concern in their expression of negative emotions (Izard, 1990); further, they also appear to enjoy their children, and have positive experiences with them, more (Stevenson-Hinde & Shouldice, 1995).

#### **Ainsworth's Situational assessment of mother-child dyads**

In order to provide measurable and valid constructs for assessment of maternal sensitivity as an attachment factor, Ainsworth and her team (1978) conducted a series of "programmatically" (p. 4) observations with mother-infant dyads. Her team visited each dyad at home for 72 non-successive hours, paying special attention to maternal responsiveness, eye contact, and expression during a typical interaction with the infant. Acting as informal observers, the researchers (Ainsworth, Bell, & Stayton, 1974; Ainsworth, Blehar, Waters, & Wall, 1978; Blehar, Ainsworth, & Main, 1978; Main & Londerville, 1978) decided upon six specific maternal characteristics, and assessed them on a continuum according to the degree that each was present in typical mother-infant interaction. The six maternal characteristic scales were: *sensitivity-insensitivity*,

*acceptance-rejection, co-operation-interference, accessibility-ignoring, emotional expression, and rigidity.*

The *sensitive-insensitive* scale measured the mother's perception of her infant's signals. The optimally *sensitive* mother was found to be alert and accurate in perceiving these signals. The accuracy of her interpretation was demonstrated by an appropriate response that alleviated the distress. A completely *insensitive* mother would interact almost exclusively within the context of her own states, wishes, and activities.

The *acceptance-rejection* scale indicated the balance between the mother's positive and negative feelings about her baby. This was measured by the extent to which she displayed having accepted both her maternal role and her child, and by the degree of enjoyment with respect to each. A highly *rejecting* mother would display frequent anger or resentment towards her infant and its behaviour; a highly *accepting* mother would respond with empathy in the face of unresponsiveness, upset, or conflict of interest. If irritated by persistent defiance or contrariness, the highly accepting mother would differentiate between the infant and his or her behaviour. She would not treat or talk to her child as the source of irritation, but attempt to patiently reason or negotiate with the child in his or her state of distress.

The *co-operation-interference* scale indicated the degree of control the mother was observed to exert. The highly *interfering* mother would direct or control the infant's actions and exploration; the highly *co-operative* mother limited direct interventions of control, using persuasion to re-direct activities only when necessary. She respected her infant's developing capacities to act, think and behave as an identity separate from herself. The interfering mother did not demonstrate such support for autonomy.

The *accessibility-ignoring* scale indicated the mother's psychological availability, by measuring her physical accessibility to the infant. The *ignoring* mother, preoccupied with her own thoughts, activities, or unresolved states of mind, would have little reserve for awareness of her infant's messages. Attending to her infant would be a decision based on deliberation more than instinct/response. The highly *accessible* mother would display availability and readiness to attend to her infant's signals, communicating any unavailability in a sensitive manner, and acknowledging outside distractions or competing demands for attention.

The scale of *Expression* measured the mother's degree of freedom in emotional expression, affect, body, voice, and word. Main and Londerville (1978) hypothesized that extreme lack of expression implied the suppression of strong feelings of anger, and/or inhibition of expression of negative emotions, thus negatively affecting the quality and type of attachment.

Lastly, *Rigidity* rated the extent to which the mother interacted with flexibility. Unlike the other scale, this was an inverted scale. The extremely *rigid* mother was found to be generally inflexible, compulsive, and perfectionist in her interactions. A mother scoring low on this scale was found to be one who demonstrated adaptability in attending to her child's needs, balancing tasks according to both her availability and the child's priorities.

### **Infant behavioural considerations in assessment of attachment**

To explore the correlation between infant attachment behaviour and specific characteristics of maternal sensitivity, Ainsworth et al. (1978) then created a method of observing the infant's responses to the mother in a controlled and unfamiliar clinical



environment. The following three infant behaviours were noted: (a) demonstrated feeling of safety with the mother (assumed to be the primary attachment figure), in reaction to the clinical room; (b) reaction to the mother leaving and re-entering the room; and (c) responses to interactions initiated by a stranger, both with and without the mother's presence in the room. Ainsworth was then able to discern specific maternal behaviours as possible antecedents to specific infant responses, and vice versa. This systematic differentiation revealed three major attachment patterns, and specific infant and maternal behaviours associated with each, in the mother-infant relationship.

The observing team (Ainsworth et al., 1978) assessed five dimensions of infant behaviour hypothesised as being reflective of attachment. The behaviours were: *proximity and contact seeking, contact maintaining, resistance, avoidance, and distance interaction*. Unlike the maternal sensitivity scales, these infant behavioural components are considered optimal when generally balanced across the different behaviours, rather than scoring relatively high or low on one end of the scale. Similarly, the observed infant behaviours were not mutually exclusive; the presence of one did not necessarily pre-empt another.

*Proximity and contact seeking* behaviours denoted the active initiative an infant showed in seeking physical contact or proximity to his or her mother. This included activities such as moving towards her, raising arms to be lifted, and/or initiating physical contact or touch.

*Contact maintaining* was the degree of active initiative exerted in order to maintain physical contact, once contact was achieved. This included behaviours such as intensified clinging, or not wanting to let go when the mother attempted to put the infant

down or shift position. This also included turning immediately around to climb up again, or reach out with arms outstretched in efforts to be picked back up, when put down.

*Resistant* behaviours included persistent angry and/or resistant behaviour towards the mother, manifested in the infant's squirming, pushing away from, and striking out at the mother when she offered contact; or pushing, throwing away, or rejecting toys offered at attempts to mediate interaction.

An infant persistently ignoring of his or her mother, continuing to play without acknowledgment despite her efforts to invite approach, was considered to display *avoidant* behaviour. There did not seem to be any displayed anger; the infant's affect was quite consistently neutral. This infant would keep distance in proximity, and brevity in interaction, with the mother throughout the session.

Lastly, if the infant showed a clear display of attachment to the mother, but without proximity or contact seeking in reunion, this was considered *distance interaction*. Here the infant displayed heightened interest in interacting with the mother across a distance—smiling or babbling at her, pointing to things of interest, showing her toys, or offering her toys with enthusiasm. The interaction was demonstrably trustful, but though the child had adequate locomotive capacity, he or she did not display a need for, or initiation towards, close physical proximity or contact.

### **Categories of patterns of attachment**

From these behavioural observations, infant responses were grouped and corresponding attachment patterns inferred. The three main categories in Ainsworth's study (1978) were *Secure*, *Insecure-ambivalent*, and *Insecure-avoidant*.

Infants placed in the *secure* attachment category had a tendency to be distressed during separation, but the distress was not necessarily prolonged, and quick to be soothed upon the mother's return. These infants were clear in their desire for proximity, contact, and/or interaction with the mother, and actively sought it (especially in reunion episodes). When contact was achieved with the mother, the secure infant sought to maintain it, either by resisting release or protesting if put down. There was little or no tendency to resist contact or interaction with mother, responding to her with a smile, visual or vocal contact, or tendency to approach. Behaviour with the stranger was found to be typically friendly (Rutter, 1997) across the group, but the observers found the infant to display more interest in interacting with mother than with the stranger.

Infants who seemed without distress, ignoring and/or nonchalant of the caregiver upon return were classified as *insecure-avoidant*. Generally, these infants displayed minimal disturbance in both separation and reunion episodes. Making little or no efforts to seek proximity, interaction, or contact with the mother throughout Ainsworth's Situational procedure, the insecure-avoidant infant would typically ignore the mother upon reunion, or give a casual acknowledgment greeting (if a greeting was given at all). Typical responses while interacting included turning away, moving past the mother, avoiding eye contact, or preoccupying him/herself with toys. If the mother picked the infant up, there was little or no tendency to cling, or resist being released; instead, the infant would sit, neither consoled nor depressed, or squirm to be put back on the ground to continue playing. The stranger was treated with similar indifference, though some infants were observed to actually be more friendly towards the stranger than to the mother. In separation, any displayed distress seemed to be unrelated to the mother's

absence. For most insecure-avoidant infants, the infant's distress was not dependent upon the separation; distress did not occur when the mother was absent, and any distress upon being left alone tended to be alleviated if the stranger was present.

Infants combining strong proximity-seeking behaviour and contact, with simultaneous resistance once that proximity or contact was established, were classified as *insecure-ambivalent*. Often their refusal to be soothed limited or interfered with their play or exploration. These infants displayed conspicuous discontent with simultaneous passivity, or strong opposition and defiance mixed with almost regressive submission (Goldberg, 1997). They also displayed an inherent keen awareness of the mother's emotional state, manifest in their own reactions. Overall, the insecure-ambivalent infant displayed general maladaptive behaviour in the situation, consistently unsettled and unable to be soothed.

#### **Influence of Ainsworth's findings**

Ainsworth's findings were of significance in a number of ways. Of primary importance, they not only provided a structure for the continued measuring and assessment of parent and infant interaction, but they also provided the beginnings of empirical support for Bowlby's hypotheses towards both Attachment Theory, and the understanding of infant behaviour. Specifically, in demonstrating the attachment *bond* as being distinct from attachment *behaviour*, Ainsworth was able to pinpoint the crucial experiences of attachment security with regard to infant and child development.

The findings also contributed a useful theoretical link between specific maternal characteristics and observed infant responses. According to her study, mothers of avoidant infants were distant, unresponsive to, or rejecting of, their children's signals,

and were disinclined to give physical contact; mothers of ambivalent infants were inconsistently responsive, and inconsistently involved; and mothers of the securely attached responded sensitively, timely, and according to their children's signals (Ainsworth et al, 1978; Grossman, Grossman, Spangler, Suess, & Unzner, 1985).

Overall, Ainsworth's combination of empirical support for Bowlby's initial postulates provided validity and reliability for Attachment Theory, generating much interest and subsequent inquiry into attachment behaviour, its applications, and its implications beyond infancy to other stages in child, adolescent, and adult development.

### **Post-Ainsworth perspectives:**

#### **Clinical and preschool-aged applications of attachment theory**

Despite the fact that Ainsworth's research was valuable, the need for applications to clinical and non-Western populations soon became necessary. Her findings, though still used as an operational standard for attachment research, did not consider the father at all in the study, and assumed "separation" to have a universal application for the study of infant behaviour. Central to these universal assumptions was that the findings were anchored largely in a Western, industrialised, middle-class culture (Belsky & Isabella, 1988; van IJzendoorn & Bakermans-Kranenburg, 1997). Other limitations included a restriction to a developmental psychological perspective, a disregard for attachment behaviour beyond infancy, an inconsideration for the individual disposition of the infant, an inconsideration for the individual disposition of the mother, and an assessment using only non-clinical, stable, and intact nuclear family constellation populations. In general, then, this approach was hardly comprehensive enough, neither in scope nor consideration, for applications to growing clinical and cultural populations. Numerous transcultural and

clinical studies have since been conducted<sup>1</sup> that have added to our understanding of the different contexts of emotional, cultural, and clinical implications of attachment, and refined the areas of maternal sensitivity and responsiveness applicable to this paper and its case discussion.

Clinical studies with at-risk preschool-aged children have identified other types of insecure attachment patterns, or refined the existing ones according to Ainsworth (Crittenden, 1981; Main, Kaplan, & Cassidy, 1985; Radke-Yarrow, Cummings, Kuczynski, & Chapman, 1985; Goldberg, 1997). The most important of these, with regard to childhood behaviour problems, are the *disorganized / disoriented* (Main and Solomon, 1990), *insecure-controlling* (Goldberg, 1997), *ambivalent-resistant* (Fonagy et al., 1997), and *other* (Goldberg, 1997) classifications.

Unlike the avoidant and resistant attachment patterns, *disorganization / disorientation* was characterized by a seeming absence of coherent attachment strategy. The observed behaviour was so inconsistent and conspicuously odd that it seemed reasonable to conclude the child was confused by or fearful of the primary caregiver. If a child has a primary classification of disorganization, he or she will probably display, to some degree, other characteristics in some or all the other categories.

---

<sup>1</sup> A detailed, but by no means complete, list of research in clinical applications of attachment include: Atkinson & Zucker, 1997 (attachment and psychopathology); Belsky & Isabella, 1988, 1990 (socioeconomic factors in attachment security); Crittenden, 1997 (attachment and sexual behaviour); Crowell, Feldman, & Ginsburg, 1988 (assessing infant attachment implications on early childhood); Grossmann and Grossmann, 1991 (attachment across the life cycle); Grossmann, Grossmann, Spangler, Suess, & Uzner, 1985 (attachment behaviour in post-war nuclear families); Hawes, 1999 (attachment with multiple caregivers); Kaufman & Zigler, 1987 (attachment and abuse); Kirkpatrick, 1999 (attachment in religious communities); Loeber & Stouthamer-Loeber, 1986 (attachment and delinquency); Main, 1990 (trauma and attachment); Schneider-Rosen, Braunwald, Carlson, & Cicchetti, 1985 (attachment in orphanages); and van IJzendoorn and Bakermans-Kranenbrug, 1997 (intergenerational transmission of attachment). The replication of Ainsworth's original attachment study in different countries for specific cross-cultural applications to the theory is beyond the scope of this paper.

A child classified as *insecure-controlling* was seen to assume a parentified role, taking direct control of interaction upon reunion. Behavioural strategies of control were demonstrated in the following two ways: *Controlling-punitive*, in which the child demonstrated hostility and anger, acted out in manners (usually verbal) seemingly intended to humiliate or reject the caregiver: giving orders to leave the room, stay in a specific place, or demeaning the caregiver's behaviour; or *controlling-caregiving*, an overly solicitous or incongruent behaviour by the child in attempts (usually through action) to take care of the parent, so as to constrain or put limits on parental activity.

Ainsworth's original insecure-ambivalent category has since been refined to *ambivalent / resistant* (Goldberg, 1997), so as to more distinctly reflect the range of extreme behaviours or emotions an infant would display with the caregiver within the contexts of this category: overt proximity and contact maintaining behaviour, mixed with active resistance to proximity, and negative behaviour including opposition and defiance.<sup>2</sup>

Lastly, if a child demonstrated clearly insecure and/or distressed behaviour (such as unusual fearfulness, depression, sexualized behaviour, or extreme behaviours), but outside the constructs of avoidant, ambivalent, controlling, or disorganized attachment, this behaviour was classified as *other*.

### **Significance of secure attachment in child and child development**

Insecure attachment in infancy can be immediately observed to some degree. It is manifested with the infant's consistent emotional distress, maladaptive behaviour, or

---

<sup>2</sup> In fact, the use of and reference to "resistant" behaviour to mark this category has become so standard among attachment researchers that in some studies I have consulted, it is used either synonymously with, or replaces, the former title "ambivalent / resistant".

noticeably abnormal activity. Researchers have targeted four specific areas (Weinfield, Sroufe, Egeland, & Carlson, 1999) of development that are influenced by attachment experience beyond the infant years: Cognitive functioning, affect regulation, behavioural regulation, and social and self-representation. Of interest to the discussion in this paper are the latter three; see Cicchetti & Tucker (1994) and Schore (1994) for studies in the area of cognitive functioning.

*Affect regulation.* According to Isabella (1993), the caregiver's emotional responses—whether conscious or not—to the infant's elicited expressions become internalised even before the infant learns to regulate his or her own emotions. As such, the degree of recognition of feeling, as well emotional expression or repression, will be reflections or imitations of those learned from the caregiver. In this way the child will also learn which feelings, expressions, and needs are accepted, tolerated, or ignored. This is considered to be the primary component affecting the quality of infant attachment.

*Behaviour regulation.* The behavioural patterns within the initial primary relationship act as a blueprint for the construction of future ones with other individuals. Reasonable correlation exists between secure attachment with the primary caregiver and greater co-operation, reciprocity, better peer relations, self-control, and sociability in the preschool years (Fonagy et al., 1997; Greenberg and Speltz, 1991).

*Social and self-representation.* Evidence suggests that the caregiver's manner of responding to the infant's signals shapes the infant's anticipation and expectation of experience, as observed through behaviour.

Overall, recent attachment research has shown significant links between what is played out in the first and primary relationship, and a child's expression, behaviour,



interaction, and conduct (Elicker, Englund, & Sroufe, 1992; Frankel & Bates, 1990).

Studies have found secure children as displaying sensitivity, co-operative acceptance, the facility to negotiate and accommodate self and other, and the ability to seek and maintain healthy intimacy in interpersonal relationships, at higher and more consistent levels than insecurely attached children (Pastor, 1981). This is not to say that insecure individuals cannot or will not develop these behaviours across time or with other attachment experience, or that their interpersonal skills are inevitably less adaptive than those who are labelled as being secure in infancy. However, three main points on the significance of attachment security have been indicated through attachment research: (1) Infant attachment patterns seem to be associated with particular developmental, behavioural, and affective problems in child development; (2) These patterns seem to be perpetuated with time and across generations; and, (3) Given patterns of attachment in parent-infant dyads seem to be repeated in interpersonal relationships consistently and beyond early childhood development (Erickson, Sroufe, & Egeland, 1985; Lewis, Feiring, McGuffog, & Jaskir, 1984; Sroufe, 1988).

### **Attachment considerations in preschoolers**

The case discussion in this paper focuses on one dyad's quality of attachment: mom, Adèle, and her preschool-aged son, Rion. For the purposes of this study, then, specific consideration will now be given to attachment manifestations in preschoolers. Three markers define child development at the preschool age, with respect to attachment behaviour: (1) IWM representation; (2) the growth towards a "goal-corrected partnership" (Bowlby, 1969/1982; Marvin, 1972) with the primary caregiver; and, (3) the

expansion of range of preschooler's attachment relationships to include multiple caregiving adults.

*IWMs.* IWMs at this point in child development are actively observable through action and in contexts of attachment behaviour strategies. This idea will be elaborated upon later.

*Goal corrected partnership.* In this phase, the child becomes able to understand, in cognitive terms, his or her mother as having a separate will, and that he or she has the power to bring that will closer to his or her own. The preschooler-parent relationship changes from one based on physical proximity and contact and dependence, to mutually regulated goals and shared internal states (Cicchetti, Cummings, Greenberg, & Marvin, 1990). Less physical distance may be required in interaction if goals and states can be mutually shared and negotiated. However, conflict and conflict resolution may become an issue concerning attachment interactions in parent-preschooler dyads when plans are not shared, or if states are not mutual.

### **Parameters of attachment in the preschooler-parent relationship**

Specific predictions for, or correlations with, infant attachment experience for the child as a preschooler (indeed, as at any other stage across the life span) will have to assume a certain degree of continuity, across time and situation, of the factors contributing to the early attachment experience<sup>3</sup>. As explained above, there is generally

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<sup>3</sup> Discontinuity of these factors across time and situation (for example, foster care, circumstances terminating or permanently altering the parent-infant relationship, or change in quality of parental care) has different implications. A growing body of research is documenting the effects of broken attachment experience on subsequent child development. While not pertinent to this paper, absolute continuity cannot be expected under all conditions—especially in clinical populations—and neither does each developmental phase preclude opportunity for reorganization or repair. As the contexts of development are in years, and this paper's consideration of insecure attachment implications is like a brief snapshot along the course of these years, my point of departure assumes continuity in the following three areas, from infancy through to

<continued>

consistency in patterns, rather than specific behaviours themselves, found across time (Rutter, 1984). For example, the baby who seems irritable, unsettled and frequently in tears may not display these exact same traits three years later; but the cluster of these early characteristics can be systemically predictive of other sets of behaviour for this child at a variety of subsequent ages.

The results of a number of recent studies have contributed to an emerging picture of the importance of the quality of child-mother attachment in infancy for development in preschool years. These studies point to the more “optimal adaptation” of children who were securely attached to their mothers in infancy (Easterbrooks & Goldberg, 1990, p. 237). As indicated, the overall position of most socio-emotional researchers in the field is that positive early attachment experience is likely to set the stage for future positive adaptation to circumstances, and negative early attachment experience is likely to set the stage for maladaptive future behaviour. Empirical findings are supportive of the position that aspects of early parent-child relationships carry forward to play an influential role in the growth and development of a preschooler’s capabilities in the areas related to exploration, concentration, interpersonal and social competence, conflict resolution, self-regulation, emotional control, and psychological and psychosocial functioning.

To summarize, secure attachment has been specifically associated with the following characteristics in preschoolers (see Parker, 2002 for more detailed discussion): (1) greater cooperation, responsiveness, positive affect, and less frustration in parent-child play and activities (Main, 1983; Matas, Arend, & Sroufe, 1978; Waters, Wippman, & Sroufe, 1979); (2) a higher tendency to ask for adult help in a positive manner, when

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the present age: (a) the degree of responsiveness of parental care; (b) the history of patterns of interaction between the dyad; and (c) the social and emotional constructs of the dyad within which the adaptive pattern or attachment strategy took root.

needing assistance (Parker, 2002); (3) higher levels of ego resilience and social competence, as perceived by their preschool teachers (Sroufe, Fox, & Pancake, 1983); (4) higher levels of concentration and attention to task, again as perceived by their preschool teachers (Greenberg, DeKlyen, Speltz, & Endriga, 1997; Sroufe, Fox, & Pancake, 1983); (5) better pro-social conflict resolution skills, with lower levels of aggression (Goldberg, 1997; Greenberg, DeKlyen, Speltz, & Endriga, 1997; Parker, 2002); (6) a more positively demonstrated perception of social situations (Grossmann & Grossmann, 1991); and (7) a greater demonstration of understanding of emotional expression and feeling (Laible & Thompson, 1988). Resistant attachment has been associated with anxiety disorders (Warren, Huston, Egeland, & Sroufe, 1997), somatic complaints (Parker, 2000), and social withdrawal at age six (Lewis et al., 1984). Further, resistant infant classification has been linked with open hostility and aggression at preschool age, and avoidant infant classification seems to predicate passive non-compliance and object-related aggression (Parker, 2002; Sroufe, 1983). In preschools, teachers have rated boys with histories of avoidant attachments as more aggressive than their secure or resistant peers, as measured by the Child Behaviour Checklist (Renken, Egeland, Marvinney, Mangelsdorf, & Sroufe, 1989); and studies of mothers scoring their six year-old's behaviour according to the Child Behavior Profile report that 60% of boys scoring above the 90<sup>th</sup> percentile on the total problem scale were resistant in infancy, as compared to 33% avoidant and only 6% secure (Lewis et al., 1984).

### **Considering Attachment as strategy**

Continued assessments of child and adult attachment behaviour (see Fonagy et al, 1997; George, Kaplan, & Main, 1984; Steele & Steele, 1994, for review) have

contributed to the idea of insecure attachment behaviour as being an *adaptation* to the child's familial experience. However problematic, insecure attachment relationships serve a functional adaptive purpose: to protect the child against the anxiety that results from a "less than optimally available" caregiver (Belsky & Isabella, 1988, p. 78).

The idea of attachment as an adaptation explores the child's confidence in the availability of his or her primary caregiver, to suggest reasonable insight into insecurely attached behaviour. Considering the parent-child relationship as a strategy provides the framework within which to understand how and why a child reacts in particular ways, how interpersonal relationship dynamics are created, and how the child's model of the world becomes manifested across time. Further, attachment as strategy holds the framework to how a child (and subsequently, an adult) places him or herself in proximity to others, what he or she has learned to expect from relationships, and how he or she is used to being treated—factors that are shaped and experienced quite significantly within the primary attachment relationship (Grossmann & Grossmann, 1991).

The flow of attachment experience as an intergenerational and interactive phenomenon can be seen in **Figure 1**. It is a summary of the theories, observations, empirical studies, interpretations, and experiences of other attachment clinicians as discussed in this paper. Correlation does exist between parental states of mind and parental emotional development, with infant classifications of attachment, the self-belief a child subsequently develops, and behavioural patterns the child develops as an adult (van IJzendoorn & Bakermans-Kranenburg, 1997). The patterns presented in Figure 1 do not necessitate "blaming parents", or that certain ways of acting, behaving, and being are inevitable—but rather indicate that, within the contexts and considerations of each

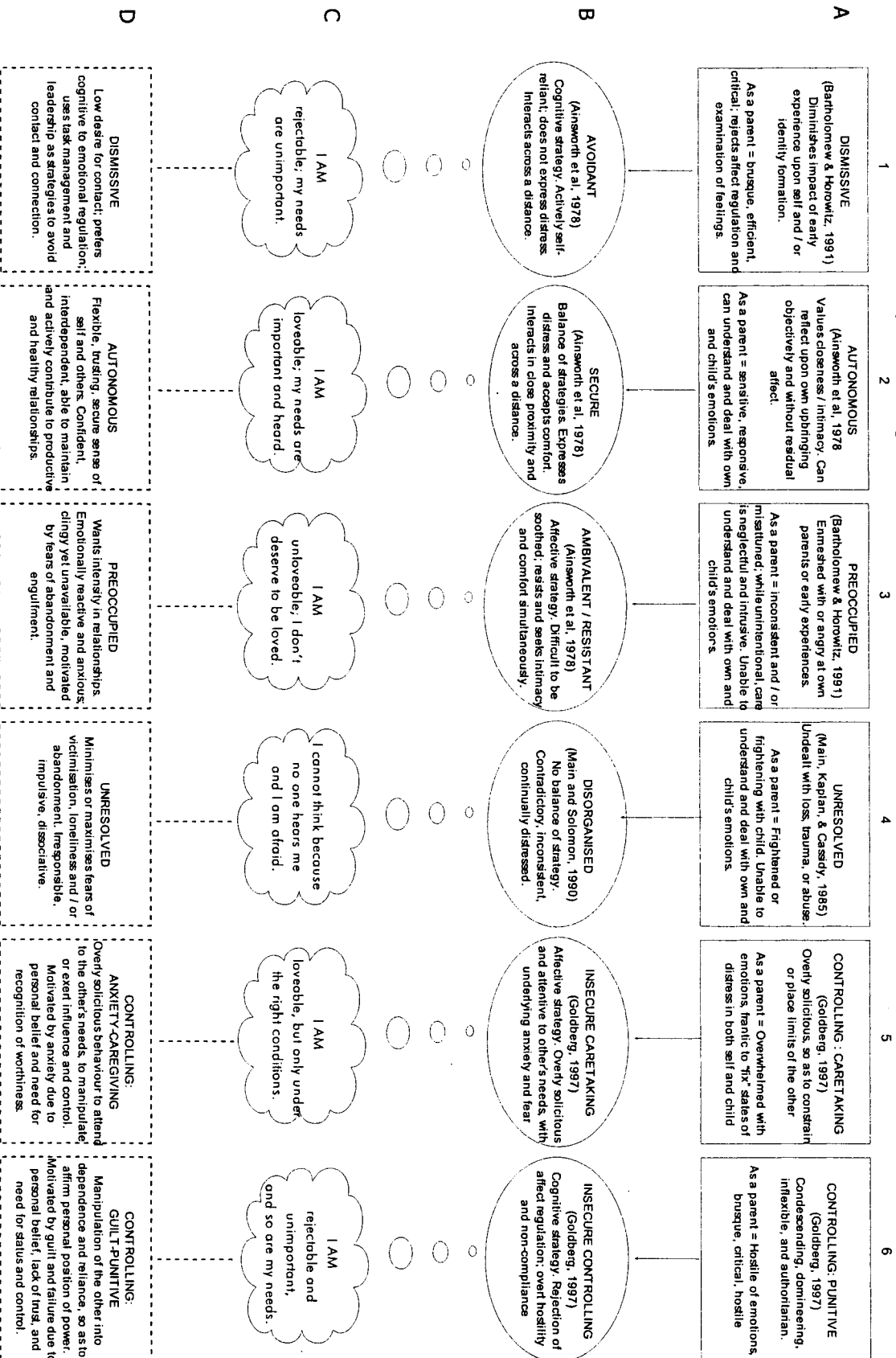
respective individual's life circumstances, each parent does his or her best in bringing up a child, and that each child learns and responds in the best way he or she is suited and able. The patterns presented here are not static, inflexible, or predetermined. But there is enough correlation to reasonably conclude that these patterns do exist, and that they are interdependent.

***Explanation to Figure 1: The intergenerational transmission  
of attachment and self-belief***

Figure 1 contains four horizontal Rows and six vertical Columns. The breakdown of the Rows is as follows: Row A charts the six different adult and parental attachment style behaviours, with their respective definitions; Row B charts the six different categories of corresponding infant attachment patterns; Row C charts the IWMs, or self-beliefs, developed as a result of dyadic interaction; and Row D charts the different projections of what such a child's behavioural pattern is likely to be as an adult, based upon what is already known through attachment research, assuming continuity across time and situation, and without clinical intervention.

The six different columns, with adult / parental attachment behaviour (Row A) as point of departure, describe the flow of the intergenerational transmission of attachment and self-belief. Of relevance to the case study discussed later is *Column C: Preoccupied-Ambivalent/Resistant*. (For a more complete description of the other types of attachment style and intergenerational attachment flow, please see Appendix A.)

Attachment strategy family tree  
(The intergenerational transmission of attachment and self-belief)



*Column C: Preoccupied-Ambivalent/Resistant.*

Parents of resistant-ambivalent infants are generally *preoccupied* (Row A): heavily invested in their own continuing struggles with parents or experiences of being a parent, having little perspective of themselves or their circumstances independent of these struggles. As such, they are inconsistent and extreme in their ability to respond or be available to cries of distress. Their responses tend to be exaggerated, but empty or misdirected: When noticing that the child is in distress, fuss is made over attending to the distress, but the actions taken fail to appropriately soothe or respond to the infant's needs (Peck, 2003). These behaviours are not intentional, so much as unaware. Seeing their child in a state of distress brings up their own difficulties with the distress that they are still facing, and the result of this can be overwhelming.

The *resistant* child (Row B) has been taught that he cannot trust his caregiver's reliability (Ainsworth, 1984), having experienced high maternal interference mixed with low maternal availability (Cassidy & Berlin, 1994). He feels his needs are met only through much continued effort, and only after displaying high levels of distress. From past experience, his caregiver is hard to avail, and on the occasions when he does receive attention, it is overly indulgent and constraining. He displays a keen and continued awareness to his caregiver's presence and affect, displaying extreme dependence as strategy to heighten importance of the relationship. His exploration is difficult to maintain: he is preoccupied with his caregiver's neglect when she is absent, and preoccupied with her interference when she is present. So as he is uncertain how his primary caregiver will avail herself to him, the ambivalent child is continually in a state of upset: distressed by separations, unsoothed upon reunions, unsure of the balance in the



relationship. This child has created a strategy relying on affect and expression, as expression has proved most reliable; behaviour has not.

The IWM belief (Row C) in an ambivalent-resistant child is that his ability to be loved is uncertain and undeserving. From his point of view, his mother's irritation is his fault; and his needs, based upon his experience with "neediness", can never be met. Future attachment (Row D) is projected to be preoccupied.

#### **A note on the projected outcomes of attachment<sup>4</sup>**

Overall, the capacity for emotion regulation necessary for response and availability to a child in distress proves limited for the adult who has learned an insecure strategy from his or her own childhood. As discussed, for the parent who learned to dismiss negative feelings, opening up to the expression of anxiety and distress in their own child is foreign. For the parent still preoccupied with his or her own parental or childhood attachment experiences, opening up to such expression can be potentially overwhelming. For the parent whose childhood pain is unresolved, opening up projects an emotional landscape that is too painfully reminiscent of his or her own. In any given case, because their own limited ability to regulate or respond to emotion, a clinical parent "emotionally cannot afford" (Peck, 2003, p.45) to be empathic toward his or her child in a state of distress.

It is important to note that projected outcomes of attachment are just that—projections. Moreover, attachment beyond infant and childhood years is not exclusively

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<sup>4</sup> The projected outcomes of attachment in Figure 1 can apply to interpersonal relationship development in relationships at large, though for the purposes of this paper I have focussed specifically on the dynamics of the parent-child relationship dynamic. There is substantial interest in the area of infant attachment experience and its affects across the life cycle, pertaining to other aspects of interpersonal attachment relationship and functioning into adulthood. See Atkinson and Zucher (1997), and Grossmann and Grossmann (1991) for more complete review.

dependent upon the infant or child experience. Many chances, factors, and opportunities do exist for breaking the cycle of attachment insecurity across generations (Rutter, Quinton, & Hill, 1990). However, there is a considerable amount of empirical research supporting the theory of intergenerational transmission of attachment, duplicated with time and between generations, across various cultural and clinical populations. Internal working models influencing pattern of attachment have been noted to be set in place as a projected reality by the age of ten (Zimmerman, 1994, as cited in van IJzendoorn and Bakermans-Kranenburg, 1997); and adults classified as avoidant in infancy demonstrate lower sensitivity, acceptance, and accessibility scores reflective of dismissive behaviour (Beckwith, Cohen, & Hamilton, 1995). Hamilton's (1994) study with 30 subjects across 17 years reported 77% correlation with the theory of intergenerational attachment patterns; and Waters, Merrick, Albersheim, & Treboux (1995) found an average of 74% correlation with their study of 50 subjects over a continuum of 20 years. Lastly, van IJzendoorn & Bakermans-Kranenburg's (1994) study across three generations found 77% correspondence between avoidant-dismissive relationship patterns, 75% correspondence between unresolved-disorganised patterns, and 69% correlation of intergenerational attachment patterns overall. Many researchers have therefore considered it reasonable to conclude that the data provided in these studies have pointed to a theory of intergenerational transmission of attachment that operates "as an established fact" (van IJzendoorn & Bakermans-Kranenburg, 1997, p.163)

### **Intervening factors towards increasing quality of attachment**

Rehabilitation within the insecure parent-child dyad requires three levels of consideration. First, because a child most directly manifests attachment insecurity in his

or her behaviour, it is the behaviour that will need to be most immediately addressed.

Second, the parent will need individual treatment, for the restructuring of his or her own attachment frame. Third, it is best to conduct at least some of the intervention and treatment in parent-child dyadic formation, for the following reasons: (1) The child's maladaptive behaviour is best treated with his or her primary attachment figure (Bowlby, 1940); (2) Intervention is more effective in changing parental sensitivity than in changing the actual child insecurity (van IJzendoorn, Juffer, & Duyvesteyn, 1995); and, (3)

Assuming some amount of misattunement in the parent's interaction with the child is not unreasonable (Caldwell, 2002). Under these considerations, the quality of attachment and styles of interaction between the dyad can be most effectively observed, assessed, and restructured for growth and change.

**CHAPTER TWO: Drama therapy interventions for the treatment of  
parent-preschooler dyads manifesting attachment insecurity**

People, who do not act, are boring. Children, who do not play, are sick.

*-Mayakovsky (1893-1930)*

For parents and children experiencing insecure attachment patterns—however actively expressed or silently constrained—the parent-child relationship dynamic can be exhausting. For the parent, nothing she does helps to soothe the child, and the child acts as though he'd rather not be there. For the child, nothing he wants is within reach, and the parent acts as though what he needs is the source of all her irritation. Each perspective is invalidating for the person experiencing it. Both people are constantly frustrated and unsatisfied, and neither seems to be able to wade very far in the misattuned muck that has become the relationship. At the very best, the relationship is not enjoyable as it exists, and being in it is alienating and difficult.

The considerations for intervention in parent-child rehabilitation (discussed at the end of Chapter One) are applied primarily to the cognitive-behavioural framework. However, it will also be of primary importance to provide some frame for emotional and social exploration within which to build association and experience for the relationship to be enjoyable. This is where drama therapy can quite literally come into play.

**Theoretical approach and background:**

**Play in drama therapy**

Play and dramatic improvisation have been used for clinical applications since the 1930s. The processes of play have been analysed with regards to social development (Parten, 1932; Ward, 1930), psychosocial development (Erikson, 1950), intellectual

development (Piaget, 1962), language acquisition (Garvey, 1977), and psychological maturity and development (M. Klein, 1955; Winnicott, 1953, 1971). For educationalists, play is a way of testing, exploring, learning about, and making sense of the self in relation to the environment (Axline, 1964; Ward, 1957; Way, 1967). For cognitive psychologists, play is a way for children to assimilate information from, and accommodate their experiences of and into, the world (Piaget, 1962). For psychoanalysts, play is considered in children to be the equivalent of verbal free association in adults (M. Klein, 1955), and houses the origins of creativity (Winnicott, 1971). For the drama therapist, play helps to create meaning, explore difficulties, and achieve therapeutic change (Jones, 1996).

In summary, play as used by drama therapists has the following eight applications: (1) As a way to explore and learn about reality (Cattanach, 1994; Irwin, 2000); (2) As a way to explore and learn about what is hoped for (Grainger, 1996); (3) As having symbolic relationships to life experience (Anderson-Warren & Grainger, 2000; Bretherton, 1984; Jung, 1966); (4) As providing structure and distance within which to experience, or experiment with, rules, boundaries, and alternate realities (Boal, 1995; Moreno, 1985); (5) As means of understanding, confronting, and coping with difficult or traumatic experience (Boal, 1995; Irwin, 2000; Jones, 1996; Moreno, 1985); (6) As reflection of and catalyst for individual cognitive, social, and emotional development (Emunah, 1994); (7) As involving both simple and complex components of spontaneity (Jones, 1996; Moreno, 1985); and, (8) As a way of free and open recreation and enjoyment (Harvey, 2000; Jones, 1996).

### **Play in preschoolers**

The developmental stages of play at preschool age (three to six years) include two categories: Symbolic play and social pretend play (Garvey, 1977).

*Symbolic play* is the “deliberate illusion” of a spontaneously believed reality; make-believe play made manifest as resulting from pure egocentric thought (Piaget, 1962, p. 168). This phase in child’s play occurs throughout the preschool years. A child playing symbolically links causality with behaviour, decreases the use of play with tangible objects, and enacts scenarios and situations with the body in an aware and affirmed state of “pretend” that is clearly representative of their social worlds (Bretherton, 1984). In other words, symbolic play is the activity employing scenarios that are make-believe in projection, yet representative in role.

*Social pretend play* is considered to be a more evolved form of child symbolic play (Caplan & Caplan, 1973), starting at around four years of age and marked by the ability to seek out and include interrelationship in the play process. This type of play is collaborative and increasingly verbally communicative (Garvey, 1990). Themes are still played out symbolically (Emunah, 1994), but the marker here is the trend to frame activity with others in a negotiated, communicative, and affective manner.

Traditionally, a child’s engagement with symbolic play has been viewed as providing the affective development reflecting the mastery of impulses and expression of inner conflicts (Freud, 1965). As the child grows into the phase of social pretend play, such activity has been observed and considered as providing the child with both context and opportunity to share and experiment with social and emotional experience (Fein, 1987), leading to the “mastery” to which Freud referred. Peter Slade (1954) has similarly

noted the aims of symbolic play to be mastery of emotional control and understanding. Winnicott (1953) considers symbolic play, in play therapy contexts, as the provisional frame in transition and change; Mahler, Pine, & Bergman (1975) regard symbolic play from a psychoanalytic perspective as the exploration of separation and individuation; and Cattanach (1994) indicates symbolic play provides a connection between developmental functioning and cognitive, emotional, and interpersonal aspects of functioning that are just as crucial for development, but not as biologically innate (A. Slade, 1987a). Whichever theoretical perspective is used in therapy, each researcher agrees that symbolic play is essential in child development; and furthermore, that the most important characteristic of symbolic play development is that the child initiates the play in the contexts of a relationship with a primary figure of attachment who then responds.

Research confirms that maternal involvement, when the mother is the primary figure of attachment, helps promote the development of symbolic play. Tingley (1994) noted the quality of maternal responsiveness in infancy was related to the level and coherence of child symbolic play during the preschool years. Mueller & Tingley (1990) noted significant association between maternal sensitivity at 20 months of age and positive family themes in play at preschool age. A mother's sensitive, active co-operation while the child plays has been shown to positively affect the frequency (A. Slade, 1987b), complexity (Bornstein, 1995), and duration (Dunn & Wooding, 1977) of symbolic play episodes. More specifically, mothers' levels of verbal and emotional expression while engaging in play have been linked with the child's ability to develop symbolically interconnected themes (Kreye, 1984). Additionally, Fein and Fryer (1995) have noted that effective maternal play suggestions and commentary are semi-directed, and rooted in

the child's view of the activity; and mothers demonstrating affectionate physical gestures towards their child during play correlates with their child's more frequent and sophisticated play episodes in social pretend play with other children (Bornstein, 1995). Children have consistently demonstrated higher and more developed levels of pretence (Beizer & Howes, 1992; Vygotsky, 1966) when they play with their responsive<sup>5</sup> and co-operative mothers.

Socially, children's symbolic play abilities have been linked to competence with peers (Connolly & Doyle, 1984) and sociometric status (Howes, 1987) in the preschool years. It would seem reasonable to assume that, if attachment security plays a part in the development of co-operation, social competence, and conflict resolution skills, then insecure attachment would limit a preschooler's abilities in social pretend play to a readily observable degree. Symbolic play, then, is an important component in the rehabilitation towards secure preschooler attachment.

### **Dramatic play**

Early stages of symbolic play are inherently dramatic (Piaget, 1962). As such, dramatic play is a positive platform upon which to frame a rehabilitative process (behavioural or otherwise) with children of preschool age. Specific components of dramatic play include creative dramatics (Spolin, 1963), role projection and enactment

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<sup>5</sup> This responsiveness directly enhances the ability to play symbolically (Dunn & Wooding, 1977; O'Connell & Bretherton, 1984; Russell, 1982), and dyadic harmony, or attunement (Caldwell, 2002), is associated with its development. The idea that attunement contributes to the emergence of symbolic thought (Bretherton, Bates, Benigni, Camaioni, & Volterra, 1979) receives strong support from other theoretical perspectives as well: specifically, from attachment theory (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969, 1973, 1982; Bretherton, 1985), cognitive-developmental theory (Vygotsky, 1978), and psychoanalytic observational research (Drucker, 1975; Mahler, Pine, & Bergman, 1975; Slade, 1986). Although relying on somewhat different explanatory methods, each perspective suggests that the quality of the early parent-child relationship directly affects the emergence of symbolic processes, thereby influencing the child's ability to respond and adapt to the world adequately.



(Landy, 1986), improvisation (Spolin, 1963), shaping of dramatic episodes into conflict identification and problem solving (Harvey, 1983), and movement (Read Johnson, 1991)

### **Embodiment**

As the primary means of communicating for both child and parent—each of whose verbal articulacy is in different stages of development—the body has great potential in interrelationships and in interrelating (Jones, 1996). Because drama therapy relies upon the body in expression, gesture, movement, and voice, its framework provides parents with specific areas as points of departure in increasing level(s) of sensitivity to provide a more secure attachment with their child. Coaching new ways to interrelate to each other within close physical proximity helps create a felt sense of security; the facial expressiveness, interaction, and mutual acknowledgment helps generate a “spirited and emotional joining. . . .characterized by an attunement or responsiveness, and the ability of parents and children to resolve conflicts with flexibility” (Harvey, 2000, p.387).

Embodied play can be thought of as a catalyst for establishing new patterns of attachment (Garvey, 1977; Harvey, 1994; Stern, 1985). Working with the body can provide both insight into, and freedom from, the usual ways of holding and experiencing the self, and one’s way of responding to others (Jones, 1996). As the parent and child experience mutual emotional changes through new ways of approaching and responding to the other, intimacy and security (Harvey, 2000) can be restored and recreated. Further, through occurring within specific, familiar boundaries (Jennings, 1990), the embodiment of symbolic play can provide opportunity for new patterns within the dynamics of the insecure parent-child dynamic.

### **Family Dynamic Play**

Family dynamic play (Harvey, 1983, 1990, 1994a, 1994b, 1997, 2000) is an intervention style using movement, drama, and storytelling<sup>6</sup> creatively and systematically to address and positively transform a conflictual family dynamic. The central concepts of this drama therapy approach are rooted in physical drama, contact improvisation, clinical applications of attachment theory, and play. Family interactive patterns, themes, and metaphors are explored through the play, and play improvisation, for individuals within the family to regain their “naturally occurring creativity in everyday life” (Harvey, 2000, p. 380), and identify and resolve their relationship challenges. As families start to interact in mutually creative activity together, a more positive and emotional atmosphere develops; family members can rediscover play, meaning, and relationships that are enjoyable and significant to them.

The following general ideas form the theoretical base of Family Dynamic Play (Harvey, 1983, 1990, 1994a, 1994b, 1997, 2000):

1. Play offers a non-threatening way for a family to establish intimacy or reconnection following moments of conflict, isolation, and transition, or in times of emotional difficulty.
2. Play is strongly influenced by a family’s history with attachment, trauma, and loss.
3. The dysfunctional family dynamic has developed from the individuals’ collective loss of ability to play with each other in ways that are developmentally appropriate.

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<sup>6</sup> My discussion using Family Dynamic Play as a drama therapy intervention style focuses on these elements. Harvey also uses and documents the processes of art, dance, and video expression in his case work.

4. Play, however dysfunctional, still occurs naturally within the family.
5. Play both reflects and helps produce the quality of emotional life and attachment in the family, or at least the motivation to engage in positive mutual emotional experience.
6. Observations of the ebbs and flow of a family's play help to provide an understanding of the underlying individual emotional relationships.
7. Intervention attempts to help families discover or renew their play potential, so as to be more creative in solving problems.
8. Intervention attempts to help individuals in families renew, repair, and resolve relationships that have become stuck in conflictual patterns.
9. Interventions make use of the close physical proximity that occurs with mutual play.

#### **Goals of treatment using the Family Dynamic Play method**

Overall, the primary goal of intervention is to help each individual within the family to develop a greater feeling of security with and around each other (Harvey, 2000), so as to experience affiliation and affirmation in intimacy and attachment. The secondary goals of intervention include an increase in mutual activity reflecting more enjoyment, more complex, and more improvised and spontaneous play, so as to address emotional issues such as loss, trauma, and interactive behavioural patterns, as needed.

#### **Therapeutic process of Family Dynamic Play**

Within the framework of Family Dynamic Play, there are four general phases describing the flow of the therapeutic process. Most drama therapy case discussions describe the therapeutic process similar to Emunah's (1994) division of three-phase

model I will describe them here in the following order: Evaluation, Improvisation, Interaction, and Regeneration<sup>7</sup>.

*Evaluation.* This is a basic and generally brief period of assessment for the identification of presenting problems, both verbally and in play. Specific types of play activities are planned by the therapist to facilitate observation of the family interactive patterns and dynamic. Different modes of expression (verbal, corporal, physical, emotional, affective, artistic, unexpressed) are used. This phase generally also includes a verbal interview to review present emotional and behavioural concerns, and clinical history of attachment, loss, separation, and trauma.

The therapist's role during this phase is largely an observational one; sometimes, in the case of a clinically documented family history, the evaluation phase can be almost completely conducted without the actual family members present. If possible, direct physical interaction with the individual family members during play episodes is limited, encouraging instead ideas or activities that facilitate the members to participate amongst themselves. Generally, the therapist participates as necessary to initiate flow in the activity.

*Improvisation.* In this phase, the therapist introduces activities and improvisational ideas to facilitate a growth of "mutual curiosity" (Harvey, 2000, p. 302) and positive experience with each other. The main objective in this phase is to facilitate family members to enjoy improvising together, and as such develop co-operative and collaborative skills with each other. The therapist becomes a more actively involved observer in the play, modeling expression, suggesting variation, and reflecting

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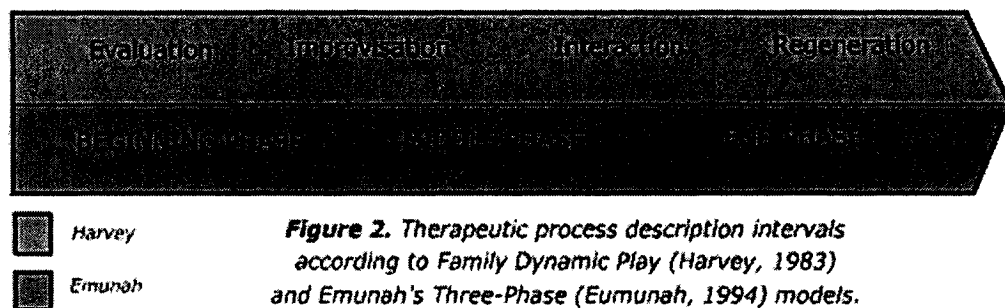
<sup>7</sup> Harvey (2000) labels the phases as *Phase 1: Evaluation Period*; *Phase 2: Development of Mutual Parent-Child Improvisation*; *Phase 3: Identification of Core Theme, Conflict, or Interactive Process*; and *Phase 4: Family Members Generate Their Own Positive Corrective Play*.

participation to the family members, using spontaneous metaphor and improvisation to facilitate more mutual play.

*Interaction.* The objective in this phase is to identify the basic theme(s), process, and/or emotional content that underlie the family in interaction. Symbolic activities are created, or built upon from previous activities, and unpacked so as to develop individual and collective meaning. The therapist is still an active observer, with ideas to facilitate more mutual play as specific areas of conflict and misattunement are identified. Towards the end of this phase, the therapist's role becomes less active. Instead, the therapist spends more time helping plan new activities extending outside the family therapy space.

*Regeneration.* In this phase, the family members use their own collaborative and co-operative ideas to generate positive corrective play. The therapist provides more encouragement than direct intervention at this point, as the family now has, ideally, their own insight and strategy to define and recreate their own interactive dynamic. Termination is also addressed in this phase.

Within the larger circumference of Emunah's (1994) three-phase division of the therapy process that is generally considered standard in case study presentation, *Evaluation* and *Improvisation* would fall under to the Beginning-Middle phases of therapy; *Interaction* would fall under the Middle-End phase of therapy; and *Regeneration* falls under the End phase of the therapy process (see **Figure 2**).



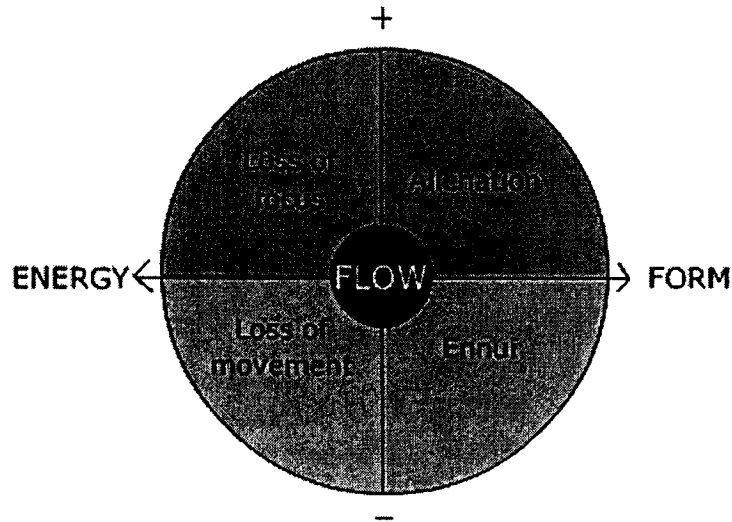
### **Assessment and Evaluation of Family Dynamic Play**

Harvey's main assessment tool throughout the drama therapy process using Family Dynamic Play is qualitative observation of the elements *Flow*, *Energy*, and *Form* (see **Figure 3**).

In observing *Flow*, the therapist focuses on the play process more than the actual content that is played out: How, by whom, and when the mutual play is both initiated and stopped; demonstrated bodily level of ease or rigidity in play; freedom or inhibition of movement and expression. Examples of ebbs (breaks) in the flow include change in direction or rules of play, shift in emotional states, periods of rest or injury, sudden impulses or verbalised outbursts, and non-participation.

It is optimal for the therapist, in observing the elements *Energy* and *Form*, to maintain an equal balance so that improvisation can proceed in flow. *Energy* refers to the impulse of expression, generally physical in nature, with motivation to back it up and ideas to propel it forward. *Form* is the structure behind the impulse: Rules, plans, and directions to focus its acted expression. Figure 3 simplifies the interactive balance between these two factors: Insufficiency of energy results in loss of movement, while an excess of it results in loss of focus; an excess of form results in alienation, while its insufficiency results in ennui.

The therapist must be able to sensitively and unobtrusively encourage or harness both elements as improvisation is played out, as appropriate to the improvisation at hand. In most instances, the balance is best achieved with semi-directed activities, as the therapist models an improvised form of expression until the family members feel comfortable and competent embodying the process themselves.



**Figure 3.** *The interactive balance between Energy and Form in assessing dramatic improvisation in Family Dynamic Play. (Harvey, 1990, 1994a, 1994b, 2000).*

Other qualitative observation methods used to assess the process of dramatic play include the Expressive Inventory (Jones, 1996), in which participation, involvement, means of expression, and theme development processes are considered; and the Sutton Smith-Lazier Scale of Dramatic Involvement (Sutton-Smith, 1981) that preceded it. Observation methods for assessing the content of dramatic play include the guidelines for analysis of projection of role (Landy, 1990), and the guidelines for investigating the creative-expressive experience of individuals and groups involved in personal and social change (Anderson-Warren & Grainger, 2000). It is important to note that methods of qualitative analyses of dramatic play are difficult to standardise, as they will differ in emphasis according to both the individual(s) and the therapist who are participating. Generally, in evaluating and assessing the process of dramatic play, *what* is specifically assessed and evaluated is secondary to *how* the dramatic process is played out.

### **The Present Research: Rationale**

The nature of embodied symbolic play in this paper discusses parent-child intervention in dyadic formation, wherein parent and child may both explore and establish a framework for greater attunement and responsiveness within their relationship. Specifically, it discusses Harvey's Family Dynamic Play approach to drama therapy in working with a mother-child dyad experiencing an ambivalent attachment pattern.

The implications of insecure attachment for a child at preschool age, the importance of symbolic play in child development, and the need for maternal involvement in child symbolic play episodes have all been previously mentioned. Because the Family Dynamic Play approach implements symbolic play processes between parents and children with playful and imaginative dramatic elements, and because it is rooted using the considerations of Attachment theory (Harvey, 1983, 1994a, 1997, 2000), it is an appropriate and useful method in engaging parents with their preschool-aged children. In addition, the structured, semi-directed activity participation, using the body as a tool of expression and communication, helps to nourish the sense of emotional, bodily-felt trust inherent in secure attachment (Bowlby, 1969; Harvey, 2000). Moreover, as the idea of a goal-corrected partnership is central to the preschooler-parent relationship, dramatic improvisation helps facilitate negotiation, communication, and recognition of internal states, for both parent and child, in ways that are developmentally and emotionally accessible. Lastly, the contexts of drama therapy provide a playful and encouraging space, allowing safety in exploration without judgment.



Another important consideration is the group framework of the therapy, with multiple parent-child dyads. On the parent's side, the group support provides opportunity for parents in the following five ways: (1) To observe how their children interact with other children; (2) To observe how their children interact with other adults; (3) To observe how other parents interact with their children; (4) To obtain feedback and mutual support regarding their parent-child relationship; and, (5) To develop social alliances with other adults in the instances where they might otherwise feel isolated. On the children's side, group treatment provides the following three opportunities for children: (1) A space to play with their parents; (2) A space to play with other children and adults; and, (3) A structure to learn appropriate social cues, within a supportive and nurturing environment. Further, as it was the child's behaviour with other children that referred the dyad to the hospital, it is simply practical that these issues be addressed in a group setting with other children.

### **Research Question**

In working at my Practicum site with a number of child populations, it seemed that attachment was a key issue for many of the children struggling with behavioural and social disorders. This has also been an observation made by many clinicians working with children in clinical settings, Bowlby included.

Harvey's idea of attachment, in being an emotional, bodily-felt sense of safety and security, resonated with Bowlby's ideas, presented almost half a century earlier. But his intervention style was unique. In light of the literature on child development and consideration upon attachment experience in preschoolers, Family Dynamic Play seemed to be built upon a natural platform, using direct interaction between family members to

correct maladaptive patterns, in the very moment of maladaptive functioning. It further seemed to be both a fun and non-threatening process. Though most of Harvey's articles discussed casework focussing on multiple family relationships, I felt that this style of intervention had application and potential within the parent-child attachment relationship as a dyad.

The framework of the Parent-Preschooler program at the hospital suited direct work with parent and child maladaptive dynamics, as related to insecure attachment. I decided to focus on the drama therapy applications of Family Dynamic Play, with the intention of eventually contributing to the literature exploring the potential of drama therapy intervention with parent-child dyads. I felt that there was a need for literature about embodiment in drama therapy, and specifically about dramatic physical play. I further felt that the dramatic use of the body as an instrument of dramatic expression—whether to correct or contain, express or retain—and simply as container of self is unique, and especially so with children and preschoolers. I wanted to reflect embodiment as being at the core of my drama therapy work with this group.

In working with the parent-preschooler group, then, the central inquiry into my experience came to focus on the use of the body in attachment experience, and the incorporation of symbolic (dramatic) play. I found the elements of embodiment and dramatic play to be essential “tools” in designing intervention, to increase the quality of attachment. As my research into both attachment theory and Family Dynamic Play deepened, I formulated my questions around the ideas specifically pertaining to security and quality of attachment. The inquiry, as it occurred in the contexts of this group, was developed as follows:

If attachment is considered an emotional, bodily felt sense of trust and security (Bowlby, 1969; Harvey, 2000), and if its measurement is indicated by the level of parental sensitivity, then how does an intervention using semi-structured, embodied symbolic play activities affect the quality of attachment, in an insecure parent-preschooler relationship? Subsidiary to this question, I was curious to explore how this analysis could be used to help understand the quality of attachment.

### **Hypotheses**

Given the rationale for use and implementation of Family Dynamic Play with parents and preschoolers manifesting insecure attachment patterns, I proposed that the use of embodied symbolic play activities as an intervention style would positively affect both the quality of attachment within the dyad, and the occurrence of demonstrations of parental sensitivity. Specifically, I proposed that the group activities would help foster the following three components, as measured by my own qualitative observations and the discussed observations of the team: (1) Correction of the child's externalising behaviours surrounding insecure attachment; (2) A more positive quality of sensitivity and responsiveness between both individuals within the dyad; and, (3) A more positive quality of the dyad's affiliation and affirmation in intimacy and attachment.

### **Method**

#### ***Participants***

The participants in this paper's case discussion are one of five dyads who participated in a parent-preschooler outpatient rehabilitation program in a psychiatric hospital on the island of Montreal. The main premise of the ongoing parent-preschooler program is to increase the quality of attachment between parents and their preschoolers

manifesting insecure attachment patterns. Specific interventions focus on facilitating security and positive affiliation within the dyad, as well as increasing the level of parental sensitivity in day-to-day interactions with the child.

The case study I will discuss centres on Adèle, age 33, and her son, Rion, age six. I chose this particular dyad for case discussion mainly because of the framework I had in writing this paper. Though it is true that I felt a certain amount of positive affinity with Adèle and Rion, I have not chosen them for this paper because I felt that they were the most “successful” in therapy, or even because I “liked” them the most out of the group members. I can honestly say that the relationships, work, and time shared with all the members were enjoyable, both as pairs and as individuals; further, that growth was notable in each dyad over the course of the therapy. In considering which parent-child dyad to write about, it was difficult for me to choose, and to limit that choice, to one.

I did, however, decide upon Adèle and Rion as the participants of focus, after taking into account three deliberate factors. My first limiting factor was in light of the literature: Almost exclusively, it considers and applies specifically to mothers, and characteristics of mothers. I therefore decided to focus on the mother participants, as opposed to the father participants, in the group. The second limiting factor was in consideration of this paper. As the discussion of intervention need only apply to one population, I decided to focus on a child whose only presenting problem was externalizing behaviour. My decision does not reflect that internalizing behaviour, or other multiple psychosocial problems, was absent from the group experience, or that these are unrelated to insecure attachment in general. But I chose to focus on externalization because it is a phenomenon commonly observed amongst child and

family clinicians, and commonly referred to in the child attachment literature. Also, the third and final limiting factor was the simply the fact that this is a paper about drama therapy, thus, it was best to focus on the dyad whose material I could most elaborate upon from the dramatic activity portion of the group.

### *Recruitment*

Each parent and his/her child is referred to the hospital from educators or day care workers observing severe developmental or social concerns in the child. In some rare cases, the dyad is referred by social or medical workers tracking the families, in conjunction with medical and health care personnel concerning a pre-existing condition in the parent, immediate family, or the child him/herself. In this parent-preschooler group, the referral sources of most of the children were the schools.

### *Overview of Institution*

The psychiatric hospital houses approximately 700 inpatients and 3000 outpatients. All forms of psychiatric disorders are represented among the hospital's clientele, ranging in age from early childhood to geriatric.

The centre for outpatient child and adolescent services, where the parent-preschooler program takes place, offers therapeutic and rehabilitative services on both an individual and family basis. The parent-preschooler program is one of three parent-child therapeutic programs at the hospital, for children and their parent(s) who are manifesting insecure attachment patterns. The parent-preschooler group meets once a week for twelve (12) consecutive weeks.

Treatment and rehabilitation team members in the parent-preschooler program include psychiatrists, occupational therapists, social workers, psychologists, family

therapists, and social work and creative arts therapies student interns. Other team members in the centre for outpatient child and adolescent services include educational outreach workers, social affairs teachers, day care workers, nurses, medical staff, music therapist, and art therapist. Though aspects of treatment at the hospital include music, art, and drama therapy, the supporting theoretical framework for the institution is behavioural-cognitive.

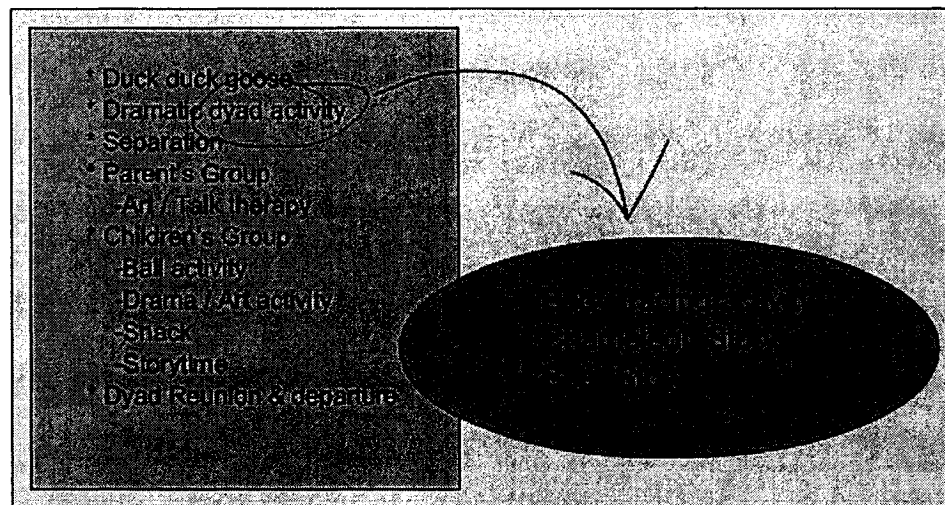
### *Assignment profile*

Drama therapy interventions for the parent-preschooler program are designed to assess and restore attunement between parent and child, specifically in providing a structure in which the parent can relate to the child in a more sensitive, responsive, and enjoyable manner. Patterns of interaction manifesting the attachment insecurity should also be identified and corrected, so as to foster understanding of the contributing actions that have led to the current states of misattunement and insecurity in the relationship dynamic. Both parent and child may present other clinical symptoms that need to be addressed, whether resulting from or causing the current state of insecure attachment, such as: depression, anxiety, dysthemic (or otherwise generalized state of imbalance) disorder, substance abuse, or learned patterns of dysfunction in the parents; and children may present opposition, defiance, aggression, impulsivity, attention deficit / hyperactivity, separation anxiety, selective mutism, or reactive attachment disorders. Generally, it is the child's behaviour that brought the dyad to the hospital for treatment; thus, the immediate concern is on rehabilitation of the child's presenting behavioural issues. However, the actual focus of the treatment and intervention will be with the parent: upon the relationship between the parent and the child as it exists in the present,

certainly, but with emphasis on how it may or may not relate to the nature of attachment relationship or experience the parent has had in the past (see Fraiberg, Adelson, & Shapiro [1975] for review and consideration of this approach to therapy).

The activities of this particular group employed embodiment, projected and symbolic play, storytelling, and improvised drama and drawings, with an emphasis on both verbal and non-verbal communication. My facilitation was over the children's group, with a social worker and a social work intern as co-facilitators. The parent's facilitating half of the team included a family psychologist and a clinical art therapist.

**Figure 4** indicates the orientation of group sessions. Each session lasted two hours. The first forty minutes of the group was spent in dyads, with parents and preschoolers participating together in semi-directed symbolic play activities. This was conducted under my direction and planning, with the collaboration of the social worker and social work intern, under the observation in an adjoining room by the family & art therapists. Following this, parents and preschoolers separated for their own respective



**Figure 4.** Orientation of group sessions.

groups: the children's group, aimed towards the learning of appropriate social cues and building of positive alliances with other children and adults; and the parent's group, aimed towards discussing personal issues surrounding parenting and being a parent. Each parent-child dyad, their individual and collective needs, and their respective areas of interest were considered in planning the activities for each session. This case discussion will focus primarily on the dyadic interactive portion of the group.

### *Overview of measures*

Activities in the group were semi-directed, interrelated, and mutually generative. Specific activities this case discussion<sup>8</sup> will refer to include Duck-Duck-Goose, The Chameleon Story, a body tracing activity, and The Bear Story. Of these, the Chameleon Story and the body tracing activity occurred only once; The Bear Story was repeated three times throughout the group's twelve sessions; and Duck-Duck-Goose was repeated at the beginning of every session. Both the activities themselves and the regularity of their implementation helped provide a structure for the group, a basis for improvisation and play, and a context within which to chart the dyad's progress and quality of interaction across time.

#### *Duck-Duck-Goose*

This is a well-known child's play game<sup>9</sup>. Our group played this game with the variation that we limited the run around the circle to one time, and we did not have a

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<sup>8</sup> Here I must acknowledge that playing "Duck-Duck-Goose" as the opening activity was one of the social worker's contributions to the group sessions. The other activity ideas I refer to in this case discussion are my own, synthesised from course and supplementary readings, and from discussion with my academic and clinical supervisors.

<sup>9</sup> From [www.gameskidsplay.net](http://www.gameskidsplay.net), here is a description of how to play the game: *[Children] sit down in a circle facing each other. One person is "it" and walks around the circle. As they walk around, they tap people's heads and say whether they are a "duck" or a "goose". Once someone is the "goose" they get up and try to chase "it" around the circle. The goal is to tap that person before they are able sit down in the*  
<continued>



tagged goose sit in the middle of the circle. Qualitative observations during this activity included who chose whom, how frequently they were chosen or not, and the playfulness with which players interacted and responded to each other while running around the circle at any time throughout the play.

### *The Chameleon Story*

This was an activity using the story *A Color of His Own* (Lionni, 1975) as a platform. After reading the story aloud, each parent and child was given an outline of a chameleon to colour as he or she wished. After, the parent and child created a “scene” or “home” for the chameleons on a separate piece of paper, cut the chameleon out, and glued them in that setting according to their own design.

Qualitative observations during this activity included how each individual chooses to place his or her respective chameleon; if the patterns the dyad choose for their chameleons complement, match, or oppose each other; if the colours are complementary or harmonious; and the general degree of enjoyment and flow as the dyad interacts throughout the activity.

### *Body tracing activity*

In this activity, parent and child trace the contours of the child’s body with markers, on large pieces of pre-measured paper. Afterwards the shapes of the bodies can be painted in or coloured together, according to each individual’s design (and according to the appropriate media to use for the group).

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*"goose's" spot. If the goose is not able to do this, they become "it" for the next round and play continues. If they do tap the "it" person, the person tagged has to sit in the center of the circle. Then the goose becomes it for the next round. The person in the middle can't leave until another person is tagged and they are replaced.*

Qualitative observations during this activity included the flow of interaction between the dyad, themes with which each individual associates him or herself, and communication process in the parent-preschooler relationship.

*The Bear Story*

Please see Appendix B for a full text outline of this story. In brief, it was a story about a little bear who wanted to explore the world outside of his cave. While the story was being told, the child would embody the character of the little bear, and the parent would embody each element that the little bear interacted with along the way.

Qualitative observations (as indeed, with most activities of the group) included general perceptions of the facilitation of flow, and process and quality of interaction. Specific questions in observation for this Story included: Is assistance or modelling needed in any of the interrelations? What attunement exists between the dyad—how does the parent understand and respond to the child’s initiatives? How does the child communicate his or her wishes to the parent? Does the child react positively, ambivalently, or with resistance to the parent’s initiatives or assistance? Who generally initiates approach? Which areas of activity were collaborative and which areas were controlled?

Table 1 and Table 2 list roles in The Bear Story, their embodiments, and questions the team used for observation. Though these questions are Bear Story-specific, they indicate the team’s general guidelines in assessing the quality of dyadic interaction in any given activity during the group. As time and familiarity with both the group and the story progressed, play became improvised for longer periods of time, and emphasised in different areas. As the improvisations became more central to the play, the parents began

to discuss specific symbols and their own reactions in embodying them, with specific emphasis on their experiences with attachment; the questions for observation were then given or denied emphasis accordingly.

*Qualitative Measures Overview:*

*Table 1 and Table 2*

The qualitative data pertaining to these tables, as well as the observations described in the case presentation, are from clinical progress notes, my personal field notes, and from other team members' observations as discussed in clinical team meetings immediately after the session. The observation questions indicated in Tables 1 and 2 are general overview of the kinds of interactions we took notice of throughout the group process.

Team members shared the responsibility of recording notes for individual group members. If one team member contributed specific observations about a particular individual or dyad to the team discussion, then they would generally record that individual's progress note for that session. Otherwise, the writing of progress notes was divided at random. Notes were not recorded until the team had discussed each individual within the group, and in light of the general findings within each member of the team. Generally the team took notes according to a verbally clarified standard of "appropriateness" according to attachment theory and practice, already referenced in this paper.

Team members shared the responsibility of recording notes for individual group members. If one team member contributed specific observations about a particular individual or dyad to the team discussion, then they would generally record that

**Table 1. Parents' embodiment of role in "The Bear Story" and possible observations for parental interaction with child**

<b>Parent's Role</b>	<b>Embodiment for interaction</b>	<b>Questions in observing the child's interaction</b>
Cave	Child sits in parent's lap.	<ul style="list-style-type: none"> <li>• If parent initiates approach, how does child respond?</li> <li>• Does child appear comfortable on parent's lap? Any degree of fidgeting or unsettled movement?</li> </ul>
Tree	Child sits / lies down on floor, at base of parent's legs or feet.	<ul style="list-style-type: none"> <li>• Proximity that child chooses to place him / herself at base of tree?</li> <li>• Degree of freedom of exploration of forest?</li> </ul>
Cliff	Child stands while parent kneels, looking over parent's shoulder; <i>or</i> parent stands low, child jumps onto piggyback.	<ul style="list-style-type: none"> <li>• General demonstration of relationship with exploration with "cliff": resistance, comfort, ease?</li> <li>• Does child rely excessively upon or refuse parent's assistance in reaching the cliff?</li> </ul>
Boat	Child & parent both seated on floor, with child in front of parent or on parent's lap. Parent's arms are raised around child and hands are steering wheel.	<ul style="list-style-type: none"> <li>• Does child take initiative to lead and to drive?</li> <li>• Degree of spontaneity or playfulness?</li> </ul>

individual's progress note for that session. Otherwise, the writing of progress notes was divided at random. Notes were recorded after the team had discussed each individual

**Table 2. Child embodiment with parent roles in "The Bear Story" and possible observations for child's interaction with parent**

Parent's Role	Embodiment for interaction	Questions in observing parent's interaction
Cave	Parent sits with child in lap.	<ul style="list-style-type: none"> <li>• Who initiates approach?</li> <li>• Does parent appear comfortable with child on lap?</li> <li>• If child initiates approach, how does parent respond?</li> </ul>
Tree	Parent stands or kneels with arm draped over child as canopy. Tickling roots: Hands or feet.	<ul style="list-style-type: none"> <li>• Distance between parent's canopy and the child?</li> <li>• Width and breadth of the canopy?</li> <li>• Does the parent appear to enjoy this?</li> <li>• Tickling roots: Hands or feet used? Degree of spontaneity and playfulness?</li> </ul>
Cliff	Parent kneels, child looking over shoulder; <i>or</i> Parent stands low, child jumps onto piggyback	<ul style="list-style-type: none"> <li>• Demonstration of rigidity as cliff?</li> <li>• Does parent appear to assist perspective for child to explore beyond cliff?</li> <li>• Parent's cliff: safe base, insufficient base, or overextended? How much room allowed for exploration?</li> <li>• If child wants piggyback: How does parent respond to child's cues for assistance?</li> </ul>
Boat	Parent sits on floor, legs out straight or cross-legged; child sits in front of parent or on parent's lap. Arms are raised around child; hands are steering wheel.	<ul style="list-style-type: none"> <li>• Does parent follow child's lead (turns, etc.) in being the boat?</li> <li>• Does parent let child control the steering wheel?</li> <li>• Degree of playfulness in responding to child's initiatives in driving?</li> </ul>

within the group, and in light of the general observations within each member of the team. Generally the team took notes according to a verbally clarified standard of “appropriateness” according to attachment theory and practice, already referenced in this paper.

### **Qualitative observations: Coding**

Activities themselves were coded according to the terminology provided in the Crowell procedure (Crowell, Feldman, & Ginsberg, 1988): *directed* (“Use this crayon to colour that shape”), *semi-directed* (“Colour any shape using any [crayon] you like”), and *free* (“Let’s colour.”). The observations in Tables 1 & 2 can apply only to those activities that were semi-directed, which, for the purposes of this case discussion, were the activities played out in the dramatic, dyadic portion of the group. Free activities are generally much more fluid and diverse than what can be observed; this will be demonstrated later with a brief discussion of theme development in Rion’s free play with puppets. Observations during the directed children’s group activity, the snack, are limited to the task at hand. Though important in the overall assessment of functioning in the child, and considered as a component over the course of the therapy, directed activity responses are generally of little emphasis in considering the quality of attachment, and hence will not be considered in this case discussion.

### **Limitations and assumptions**

The first assumption is a personal one: I assumed a certain lack of maternal sensitivity in the day-to-day interactions and response between the parent-child dyad.

Two other particular limiting factors are of note. The first is theoretical: The current method of assessing attachment insecurity assumes continuation of attachment

strategy beyond infancy. While this is not an unreasonable assumption, it is as a theory still under investigation for high-risk and clinical populations (see Atkinson, 1997, for review). Such investigation extends also to the population discussed in this paper (Goldberg, 1997).

The second limiting factor is methodological: My intervening role was principally with the children of the group; the family psychologist and art therapist intervened only with the parents. While the period of time spent in parent and child dyadic, dramatic activity did provide insight and assessment, this time was brief; and, considering the intergenerational transmission of attachment, my role as child facilitator would limit the first-hand progress I could report in the parent's portion of the group. To keep the impact of this limitation at a minimum, we as a team of five adopted the following three measures: (a) we kept open communication in discussing observations, progress, and questions for subsequent observation in meetings following each group session; (b) we held corresponding treatment goals; and (c) we used consistent methods of coding.

## CHAPTER THREE:

### Case Presentation

The world is . . . a stage upon which each person plays a role; conversely, the stage is a symbol of the world where it is possible to see reflected fundamental patterns of human behaviour.

*-The Essential Theatre (O.G. Brockett)*

#### Introduction: Adèle and Rion

##### *Reason for referral & Presenting problems*

Rion was six years old at the time of referral. He was referred to the Parent-Preschooler Program by his school, upon suspension from first grade for presenting high levels of the following behaviours: aggression and impulsivity, including kicking, biting, and hitting; open negativism and hostility; and opposition and defiance. Adèle, Rion's mother, had no clinical history.

##### *Family history*

Adèle was a 33-year-old woman, quite smiley upon initial presentation, and neat and fashionable in appearance. She and Rion lived with her father in his two-bedroom apartment. Adèle had a history of physically abusive relationships, Rion's father among them. Her parents' marriage was intact prior to the passing of Adèle's mother, six months ago. Adèle was an only child, and reported having been very close to her mother, whose death is still "hard" to deal with. She described her relationship at the time with her father as "difficult".

Rion and Adèle have lived in a number of different apartments, moving frequently from Adèle's parents' apartment, to the apartment of Adèle's partner at the time, and back again to her parents' after the dissolution of that partnership. Adèle lived with Rion's father the longest, where Rion lived until he was two. Adèle told the social



worker in the initial home interview that there was “a lot going on” in her life, and that although Rion was “not a problem at home”, his behaviour at school required more energy than she admittedly had. Rion’s suspension at the school was for two weeks, with required admittance into the Parent-Preschooler Group.

### *Initial therapeutic objectives*

The team’s objectives were collaborative. Based on the initial interview with the social worker, the team felt it important for Adèle and Rion to view each other in more responsive and enjoyable roles. The team further felt that Adèle needed to grieve the death of her mother, and recognise the dysfunctional patterns in the relationship with her father. Her depressive tendencies, preoccupation surrounding her mother’s death, patterns in romantic relationships, and present difficulties with both Rion and her father could be points of departure for her in the parents’ half of the group; Rion’s aggressive behaviour and impulsive defiance at school, with other children, and his reported differing behaviour at home, could be components to be addressed in the children’s half. Specific drama therapeutic goals concentrated on enabling and recognising of play initiatives, and eventually, for the dyad to metaphorically enact situations fostering a more enjoyable and secure sense of attachment: Rion playing roles seeking shelter or nurturance, and Adèle playing the roles that provided that security.

Given these considerations, then, with the overarching objective to positively affect the quality of attachment, the team decided on the following specific objectives for treatment:

1. Provide structure for Rion’s externalising behaviour, so as to model appropriate ways of interacting with other children.

2. Provide support and insight for Adèle surrounding her own experience with attachment, so as to reframe her models of attachment and interaction with Rion.
3. Provide opportunity for Rion and Adèle to spend time together in an enjoyable way.
4. Provide opportunity for Rion and Adèle to interact with each other in ways that developed or fostered a sense of a more heightened sensitivity.

#### **Evaluation and initial assessment: Group beginning phase**

Initial separation and reunion during the beginning phase sessions (sessions one through four) revealed a resistant attachment, with some tendencies for avoidance. Rion largely ignored separation, unless Adèle said his name in saying goodbye, and as she spoke to him, he would respond with seemingly irritated yelling sounds. Upon reunion, Adèle was consistently the last to enter the room, and Rion was consistently last to finish playing and go to and greet her. When he did move towards her in greeting, it was often to run past, so she would have to chase or call after him down the hall. Adèle's affect in observing Rion play was inexpressive; neither accomplishment nor reproach seemed to move her. In fact, she sometimes seemed, and admitted, to "zone out" while watching the children play. Rion's approach, in interacting with Adèle, tended to be inconsistent: sometimes demanding, sometimes offering negotiation, and sometimes submitting to whatever Adèle instructed. At times he demonstrated a marked affectation of defeat without her assistance, and other times he seemed not to want her help at all.

From the beginning, dyadic interaction observations between Adèle and Rion indicated that Adèle controlled more than responded to Rion's initiatives, and that Rion generally did not like this control. Playing out "The Bear Story", Adèle controlled the

steering wheel as she embodied the boat, not letting Rion drive; in the body tracing activity, Adèle would direct Rion in what to do and where to colour, but not assist or join him when he indicated he “[couldn’t] do it”. Rion’s behavioural acting-out seemed to be reflected as though an attempt to “break free” from the control: initially refusing to pick Adèle in Duck-Duck-Goose, running past her full-speed down the hall when she came to pick him up at the session’s end, driving fast and bumpy and *out of control* when she was steering the boat. Adèle’s reign over Rion, when she was paying attention to him, seemed to be quite oblivious and restricting. Consequently, Rion’s energy upon entering many of the activities was boundless, but quick to deflate or lose form.

Consistent with the theory surrounding resistant attachment, the team felt that sometimes Rion displayed behaviour regressive of his age, or passive considering his ability, to enlist Adèle’s attention. This could have possibly accounted for what Adèle reported as his “easy”-ness at home. We also observed how often, in the face of Adèle’s unresponsiveness, Rion would commence or continue running around (which was not necessarily always the task at hand) with a fierceness and a passion. This was not to say that Adèle was dismissive towards or unplayful with Rion—she went out and actually bought shoes for her “to play” in, as in her heels Duck-Duck-Goose proved somewhat difficult—it was simply the observation that Adèle evidently felt more comfortable with controlling the direction of the play, than with contributing to its evolution. The team felt this was indicative of Adèle simply not knowing how to respond or relate to Rion appropriately and according to his level of development. Given also her admitted preoccupation with her mother’s death six months earlier, these indications were again consistent with the theory of an emotional incapacity to respond.

***Behaviour and interaction in group***

Rion's initial interaction with other children in the group was aggressive, with low tolerance for frustration. Though he did not always provoke a fight, he was unfailing in responding to one. He would often hit, push, or throw objects, in seeming efforts to dominate the space or toys available in the room. He would also call other children "stupid", and his efforts to "gang up" his cars in a row, or collect the colours of markers others wanted to use, seemed to reflect a need to have the most toys or control which toys were even used in play. Despite this behaviour, Rion was a popular and well sought out peer: He was among the older of the children in age, loved spheres of action, and was blessed with an ease of rambunctious and well-coordinated physicality. Amidst the children and their play, both in activity and level of energy, Rion was the uncontested leader of the group.

In the parent's group, Adèle was pleasant and chatty in demeanour, but reluctant to share personal details or feelings in conversation (she reported having moved in to an ex-boyfriend's apartment two sessions after the actual move, admitted that the move had been planned "for a while", and that the transition was working out "okay"). She would discuss her late mother's "good" qualities and her father's "bad" qualities with considerably more ease than she would about her feelings surrounding the relationships with, or between, each of her parents; she would also listen to others speak about Rion, but have little to add about him herself.

***Development of themes.***

Five activity descriptions will detail the themes that developed within this initial phase. As discussed, some activities were repeated throughout the group process, and

some were not; thus, some themes described here were touched upon only once, while others were visited more frequently throughout the twelve sessions. Those more frequently visited activities will be discussed and detailed in the different phases of the therapy process.

Duck-Duck-Goose was the very first group activity I will describe here. It was intended to be simply a fun and engaging activity, but it also seemed to allow the dynamics of group formation to be readily observed by everyone who was present in the group.

*Duck-Duck-Goose: Inclusion and sensitivity in belonging*

In this activity, even though we were all sitting in equal space around a circle, I felt an uncertainty and vulnerability in each member reminiscent of how it was to “wait” as teams were picked for elementary school sports—belonging was essentially compulsory, yes, but this offers no reassurance when you’re the last person to be brought on board. A sense of pressure pervaded each passing “Duck’s” choice: Who chose whom to be the “Goose”? Though not spoken aloud, the members’ questioning glances and uncertain smiles seemed to reflect such feelings. Most of the adults ensured “fairness” as the play progressed, picking other children who had not yet been picked, or telling their own child who would be the “best person to pick” so that each child had a turn to be the “Goose”. Even so, it seemed there was a high level of sensitivity among the members, child and adult alike, as to status—up or down, in or out (Klein, 2003)—within the group sphere.

Two out of the five child group members met the initial play of “Duck-Duck-Goose” with resistance. Rion was one of them. He started the game out, however,

enthusiastically enough: Kneeling, instead of sitting cross-legged, in anticipation of a fast start; making movement to jump up even before he was in line to be picked; one hand down, fingertips planted firmly in a star-shape formation at his side, set like a sprinter prepares to the starter's command of "On your marks!" around the track. Rion's readiness must have been noted amongst the other players, and he was chosen after the second turn around the circle. He jumped up and ran with full speed.

However, the child Rion picked as "Goose" was one who had never played the game before. Instead, he sat with his head in his hands, not wanting or knowing (though the rules had been explained) how to play. Rion stood still as the boy continued to sit, his movement suspended in freeze-frame, as though waiting for a cue to resume play. The cue never came—and though the boy's parent completed the turn, Rion was visibly deflated.

A couple of turns later, Rion moved towards the small march of stairs leading up to the sink in a corner of the room. Sitting with his chin in hand, he said that the game was "stupid", and that he did not want to play anymore. I wandered over to the steps where he was sitting, and asked what exactly happened during the game that he thought was stupid: Was it because he had wanted to be chosen first, or more frequently? Was it because the other person he picked did not respond in the way he had hoped?—He had started out in a way that seemed he wanted to very much to be playing the game, I said; and we wanted very much to be playing with him. Being in the game and waiting for whatever he wanted to happen would surely be more exciting than not playing at all. He continued watching out of the corner of his eye while we sat on the steps, ignoring other "Duck's" attempts to extend the circle and include him with each passing turn. Given

Rion's reticence and that I was also co-facilitating the group, I stood up to rejoin the activity, telling him we would save his place in the circle. As I patted his back on my way to stand up, he responded, almost inaudibly: "People feel left out. Their feelings can get hurt." Rion sat out the rest of Duck-Duck-Goose for this session. We saved his place in the circle.

*The Chameleon Story: Searching for a suitably noticeable camouflage.*

"The Chameleon Story" activity (conducted in session two) also provided an interesting and exciting development along the theme of security as a physical, felt sense of belonging and inclusion. Rion's initial response, upon hearing the story read aloud, was to look mischievously to his left and his right, slink down out of his chair and onto the floor, and wander towards a corner of the room (the one where the cabinet with toys was kept) on four legs, in imitation of a wandering chameleon. While he was doing this, he said, "I am a chameleon. You can't find me. I go with the walls." Adèle, in response, indicated verbally for Rion to return to his seat; when he ignored her request and continued in his route towards the cabinet, she got up out of her chair in efforts to herd him back to the table. Upon her approach, Rion immediately stopped pulling on the toy cabinet lock and slid down onto the floor, apparently having evolved into a frog, and sprang nimbly away from her reach. (The earlier session we had sung a song about a frog, using a frog puppet; though apparently singing was not a favourite activity of any of the children in the group, jumping around like a frog soon became one.) I joined the jumping Rion for a spontaneous game of Leapfrog, which soon involved some of the other children and, by default, some of their parents; we leapt in successive turns around the table until, enlisting the help of the non-leaping parents as geographical barriers (tree,

quicksand, volcano) along the Leapfrog terrain, the line could be herded back to the chairs, and resume the activity at hand with the rest of the group.

This led to a brief discussion about chameleons and frogs. Rion expressed that being a chameleon was “neat” because he could “hide lots of places,” but “you can catch it . . . [it’s not] fast like a frog”; on the other hand, though a frog could move quickly and with freedom, the chameleon was able to “be lots of things”. Which did he think was cooler to be? —“The chameleon.”

Having observed Rion’s propensity for movement—not only in the co-ordination which came so easily to him, but as an action that followed immediately after his mother’s unresponsiveness—I felt that moving fast was a way of channelling fury or frustration. I also felt that this moving was also a way of “escaping” the moment of Adèle’s lack of response. Contrasting this flight to his Duck-Duck-Goose freeze—one unresponse familiar, the other not—it seemed that the ability to not be caught was of secondary importance to being able to take flight. In fact, it seemed as though Rion secretly wanted to catch or be caught, often giggling or laughing uncontrollably when succeeding in efforts to retrieve or redirect him. When his usual enthusiastic zeal for playing Duck-Duck-Goose returned, he would laugh upon blocking the route to another person’s completing his or her turn around the circle; when running down the hallway past the grasp of either his mom or myself, Rion’s speed varied according to the person in pursuit. Further, after Rion and Adèle had completed the activity and placed their chameleons in the collaborative setting, Rion’s was placed his behind his mother’s, with the front two forelimbs planted—in a somewhat playful manner, I thought—on her tail.



I wondered if the metaphor of being a background blend spoke of, and to, Rion's feeling of being unnoticed in moments of Adèle's unresponsiveness. I likened his inconsistency with Adèle to the seeking of places and pattern for the chameleon in the story: Each change was an attempt to accommodate a different strategy, to a different situation at hand, in search of a different sense of self-acceptance. The emphasis on the camouflage was not so much for hiding, so much as finding a suit enabling his discovery. It seemed Rion was not necessarily seeking camouflage out of his own will, though it did seem to be a metaphor that spoke to him. Could camouflage be a state imposed by the circumstances provided him at home? We considered this as so. We felt that that Rion was tired of showing his mom where he was hiding. He wanted, and wanted desperately, to be seen.

*The Bear Story: Observing the dynamics in play.*

The Bear Story reflected the dynamic of Adèle controlling Rion's initiatives in play: She told Rion where to plant himself at the base of her tree; her canopy leaf spread was more in relation to where she stood than in where he lay down; she used Rion's hands as the steering wheel, instead of providing them for him, thus controlling the direction they drove. When embodying the cliff, she was quite rigid in posture; and with Rion on her lap, her "cave arms" held him quite tightly in place. I noted that her observed rigidity was not a cold, capable stiffness (as is often seen with dismissive caretakers; see Karen, 1988), but more of an unpractised, unknowing inflexibility.

*Body tracing: Bonding in perspective.*

Adèle reported really enjoying the body tracing activity, saying "it gave [Rion] and me an opportunity to bond." Rion, on the other hand, while not vocalising a dislike of

the activity, contributed unenthusiastically and without energy in its development. He did stay physically present for the activity's duration, but his participation level was visibly less than active. He participated quite compliantly and pleasantly to being outlined on the large piece of paper, but was openly ambivalent and displayed little interest in filling the rest of it in.

As Rion did not seem to indicate that he had any fearful or inappropriately morbid association with the body-outline, I considered this as potentially being reflective of any of the following six things: (a) He was more partial to physically active activities (more simply put, he just didn't like "art", as he called it); (b) He was overwhelmed at the size of the marker tip, in comparison to the size of the space the marker had yet to fill in, and did not feel up to the task; (c) He didn't like how the paper got "crumple" once it was painted, as some of the other children commented; (d) He opposed his mother's directives in completing the task; or, (e) He had no idea how to complete something that was supposed to be representative of who he was. He did finish filling it out, in the end, his mother being the primary force behind its completion.

Whatever the "success" of the activity's outcome, the team noticed that there was little collaboration between the dyad in this activity. Adèle initiated directive, more than discussion, as to how the project would proceed; she further seemed very focussed on her portion, remaining almost oblivious to Rion's disinterest and discontent, until he scribbled over his allotted portion of the outline and tossed his marker away from him and onto the ground. This she would notice, respond with a brief verbal reprimand for Rion to "stop that", hand the marker back to him with specific directions as to where to colour, and then continue working on her portion of the outline. This happened three

times, with each time Rion growing quite literally more and more uncontained with discontent: Towards the end of the activity, the scribbles were larger, more intense, and increasingly outside the realm of the outline. More markers littered the ground than there had been in use, from the growth of his manifest resistance to the activity.

During this activity, I took turns with each dyad, “joining” each of them intermittently if there was indication that assistance or involvement was needed. Rion responded positively to being approached. Though his capacity to verbally request or respond to be joined in activity was limited, his emotional expression “lit up” when I asked if he wanted someone to “join and help” him colour—his posture grew from slouching to straight, and his eyes became raised from downcast. As I did not feel it possible or appropriate to be with Rion for the whole activity, I indicated, speaking also to Adèle, that he could also ask his mother to help join him when he felt “bored” with the activity; that perhaps unless he “used his words” to let her know, she would think he did not want her to join him.

Following this intervention, Adèle came to use a phrase that the family psychologist later acknowledged, positively, in the parents’ group: “Do you want help?” This is not to say that the rest of the activity was demonstrated as being an enjoyable one for Rion—as indicated earlier, his contributions to the completion of the body tracing were unenthusiastic and minimal—but it seemed that the simple act of acknowledging and labelling a state of discontent, and further, accepting that it was okay to feel “bored” or not wanting to do an activity, reduced to some degree the very expression of his ambivalence-resistance.

*Free play with puppets: On the nature of alligators*

Another brief development occurred during a children's free-play session with puppets (session two, with Adèle observing in the adjoining room). Rion's character of choice was an alligator. Naming this character "Ali," he announced in a strong and booming voice that he liked to eat up "all the puppets in the world." He was unmoved when the other puppet characters in the room expressed their dismay. He further had indifferent feelings to all the other puppets in the room when they presented themselves, until he met the lion—Ali liked the lion, it seemed, because he had a roar louder than his own. This may have been reason enough to re-evaluate eating the lion, but because of time constraints, the re-evaluation was never addressed. Consequently, all the puppets remained alive and well, and Ali complained later on that he was hungry. Another puppet, his mouth full of cookie, asked why Ali liked to eat all the puppets up in the world. Ali said that he "[didn't] know—that's just what alligators do," and moved along to sip quite contentedly from his apple juice.

*Symbolic and theoretical considerations*

A brief consideration of the symbolic significance of frogs, chameleons, and alligators<sup>10</sup>—or, at the very least, examining the immediately observable, physical

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<sup>10</sup> A more complete, non-Freudian consideration of these symbols' archetypes, as found in J. Chevalier & A. Gheerbrant's *A Dictionary of Symbols* (© 1982, Paris: Jupiter; reprint 1996, London/ New York: Penguin):

"*Chameleon*, pp. 181-182: The part of the go-between played by the chameleon between mankind and the sky gods. . . Through the chameleon, the sun was able to communicate with mankind. The chameleon exhibits a startling bipolarity, positive and negative, which brings together its strengths and weaknesses. "*Alligator* (cross-reference "Crocodyles", pp.244-245): The [alligator] . . . is a divinity of darkness and the moon, whose greed is like that of the night, which each evening devours the sun. From civilization to civilization, and from age to age, the [alligator] exhibits a high proportion of the countless links in that basic symbolic chain which belongs to the controlling forces of death and rebirth. The [alligator] may be a formidable figure, but this is because, like all expressions of the power fate, what he displays is inevitable—darkness falling till the daylight may return death striking so that life may be reborn.

<continued>

properties of these creatures—reflects an outer projection in line with what Bowlby indicated the internal working model of an ambivalent attachment pattern would be: unlovable and undeserving, lumpy and unattractive, generally unwanted and despicable (and often lazy) characters in the fairy tales that are told so well. However, on a less conscious level, these creatures of a more primitive, basic nature also represent the fairy-tale ability (Bettleheim, 1975; Cashdan, 1999) to redeem a lack of evolutionary sophistication, to a higher quality of living.

The team very much felt that Rion, not unlike his dual capability to freeze and deflate, or zoom and escape following non-response, held a sense of underlying hope or resistance for change that burned bright, but was easily extinguished. We further felt that, though Rion's emotional intensity did not appear to be in critical risk of extinguishment, or failing to thrive, numerous failed responses by mom had been had already. He needed to grow, and be deemed worthy of growing.

### **Mid-session of the series: Progress in therapy**

#### *Behaviour and interaction in group*

Observing the extent to which Adèle controlled both energy and form in play (specifically, the body tracing activity in session three, and the Bear Story in session four) had provided some insight into the manner in which Rion seemed to dominate the same in children's group activities. We had assumed that the extent of Adèle's control of the dyad's interaction would diminish with time. However, even after the group moved into

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*"Frog, p. 412: Frogs were employed in many symbolic guises, but chiefly in relation to their natural element: water. Even in the West, frogs have been regarded as a resurrection symbol because of the changes in their life cycles."*

As the children did not *choose* these symbols, per se, these descriptions pertain to how they may have resonated with Rion, more than what may have been their "meaning".

the sense of familiarity inherent with progression into a middle phase of the group process, there remained little improvised action between the dyad. Whatever improvised actions Rion seemed to initiate, Adèle responded with a “squelch” of directive and control.

Rion’s behaviour during this phase of the therapy was mixed. Though sensitive to the dynamics of belonging and inclusion in the parent-child dyadic activities, he displayed less awareness to such sensitivity when with other children. With Adèle, he would passively comply or actively resist in response to her initiatives. With other adults, he displayed more spontaneous and positive interaction, seeking them out and responding to their contact in a consistently positive manner. With other children, he still had a tendency to fight, and the ball activity still needed to be strictly controlled: He would sometimes “forget” that it was another child’s turn, or that another child was neither as co-ordinated nor as capable as he, and would often have to be redirected from monopolizing the ball in play so that each child could have an equal turn.

Towards the end of this phase, however, the ball activity being consistent in its structure, play began to flow. Rules were in place, turns were understood, and each child’s space was defined. At this point it seemed that Rion’s expression to “make the kick” was considered a challenge for the other boys to perform; moreover, if they decided to defer what they perceived to be a “hard” kick—and often the deference would be in his favour, he having been silently chosen as the “strongest” of the group—Rion’s challenge of “Come on!” seemed to provide a sort of encouragement in the face of hesitation. Overall, he was beginning to demonstrate a tolerance for, or at least an understanding of, taking turns and sharing in the space with the other children.

Adèle, in observing the children play outside of the presence of adults, was starting to respond to hearing feedback and observations about Rion's behaviour with other children. The art therapist and family psychologist pointed out Rion's behaviours of dominating objects, or controlling initiatives, in play. They also pointed out Rion's unfailing habit in responding to conflict.

The team had considered whether Rion's observed "[ganging] up" of cars, collecting of all the markers when drawing, or his controlling of the ball in the ball activity, were in fact hostile, aggressive actions with deliberate intent. We had also considered whether, as an extension of the chameleon metaphor, his overcompensation of space reflected a need to have his existence within it acknowledged. Neither of these ideas was dismissed in attempting to understand Rion's behaviour. However, we felt the more likely factor was Adèle's sphere of influence: Perhaps interaction had been modeled to him in such a way that he simply didn't know otherwise. It could have been that these were actions constituting the rules of play in his framework, and, like the alligator, this was the way he knew how to act.

The family psychologist reported addressing attachment security in the parents' group, and how attachment extended beyond the proximal bubble of the parent-child relationship. Specifically, she addressed the theory of the intergenerational theory of attachment, and attachment behaviour across the life cycle. She emphasised the following: (a) how the parent's own history of attachment can affect the dynamic played out in the present; (b) the role of maternal sensitivity in an infant's development of attachment strategy; and (c) the implications of the child's adaptive strategy, as manifest from his or her attachment behaviour, on interaction outside of the family sphere. While I

did not facilitate the parent's group directly, both the family psychologist and the art therapist reported that this was information that the parents, Adèle included, seemed to consider and reflect upon within the contexts of their own experiences.

The next session, the family psychologist reported that Adèle initiated a discussion in the parents' group about a reflection she made during the week, after having had an argument with her father. According to the family psychologist, Adèle reported that the fight had concluded with the slamming of doors and yelling of insults. Following the fight, she realised that Rion's questions as to "what happened" may have provided an opportunity to have labelled and talked about alternate ways to interact with each other, and perhaps even identify the conflict or anxiety in their own relationship. This was all reflection that occurred to her in retrospect and after having "thought about" the previous parents' meeting; for Adèle had, according to the family psychologist, not responded to Rion's questions about the argument. However, Adèle had expressed the occurrence of this incident fostered her motivation to learn more about the potential effects of her personal and family relationships, on Rion's development and behaviour. She took the example of this one argument with her own father and, noting how she responded to him and how she remembered feeling in the midst of the argument, began to examine if there were links between how she acted in her relationship with her father, and how Rion behaved towards her or towards other children.

The team felt this was a significant step in rehabilitation. Though there had been some progress with Rion in the children's group about taking turns, sharing, and generally getting along without force (whether actively aggressive or innocently overenthusiastic—he would often have to be told to "touch soft" when going around the



circle in Duck-Duck-Goose, else he would mark his passing with a shove or a slap), the team felt whatever progress could be made in Rion's behaviour was directly related to the progress in Adèle's sensitivity.

### *Continuation of themes*

#### *Duck-Duck-Goose*

As mentioned, Adèle had purchased a pair of "sporty" shoes to wear specifically for playing Duck-Duck-Goose. Rion met the ritual of Adèle changing into these shoes, upon arrival to group, with what seemed to be equal enthusiasm for actually playing the game itself: I observed him on two occasions running back and forth in the hallway, touching different coloured tiles on the multicoloured-tile wall, singing out "Duck!" in different pitches of voice and vibrato. On the second occasion, when Adèle had finished changing her shoes and was looking down the hall at a loss as to how to get Rion to into the room, I sang out "Goose!" operatically down the hall. Rion turned around in time to see me pointing at Adèle as the Goose, while jumping out of the way of the doorframe, so that Adèle, as "Goose", could usher herself into the room. Rion quickly started his dash back to the room, saying "Heeeey!" with a smile as he approached, and ran over to Adèle (who, by this time, was sitting down at a place in the circle) and sat by her side, impulsively leaning in with an affectionate hug. At the end of the session, Rion ran down the hall with one of Adèle's heeled boots in hand while she was changing out of her Duck-Duck-Goose shoes, an attempt for her to keep her "playing shoes" on.

#### *The Bear Story*

The Bear Story was again enacted during the parent-child dramatic activity portion during session eight. As with the previous re-enactment, Adèle still controlled the

steering wheel when embodying the boat; she still told Rion to place himself directly in front of her, seated at the toes of her feet, in relation to her tree base. However, I did notice that she had moved her canopy cover from the sides of her shoulders to in front of her—though distant in relation to where Rion sat, it was now extended directly over his head. The team felt that this exercise, along with the repetition of it from session one, helped to both reflect and concretise Adèle's sphere of awareness of herself in relation to Rion. This was further demonstrated by her insight regarding Rion's vulnerability and confusion in conflict.

However, despite this developing insight, and despite the fact that the dyad appeared to enjoy being able to play together in activities, the demonstrated mutual engagement during the actual play was still limited. Interaction was still largely in regards to communicating about logistics: Dissemination of the task at hand, division of duties, and delegation of space. It was almost militaristic in fashion and command. There was little negotiation about who wanted what, when movement took place, exploring possible outcomes, or even if the activity was enjoyable. For the most part, Adèle controlled both energy and the form of the flow in interaction, and it seemed that Rion, if he wanted to play the game, needed to acquiesce to her order, rank, and file. Generally, because Rion wanted to play with Adèle (or so we assumed), this was an unspoken term to which he agreed and accepted. However, upon entry into the actual acting out of those terms and agreements, Rion would display resistance through lack of attention, withdrawal, or seeming loss of interest. It was like a simultaneous display of seeking and rejecting Adèle's initiatives, to which Adèle felt she needed to "try harder". Consequently Adèle would start to feel at a loss and express "this is when [she didn't

know] what Rion wants”, contributing to her sense of needing to overcompensate or hold the balance of control.

Viewing the relationship from the Family Dynamic Play perspective provided possible explanation to Rion’s inconsistent responses in these activities. Adèle held both sides of the form-energy continuum, leaving the only room for Rion to explore the uni-dimensionality of her horizontal hold. As such, there was little allowance for improvisation. Rion’s actions consisted of certain amounts of loss in movement (flopping on the floor, seemingly lethargic and unmotivated, when Adèle told him he “needed to colour”), loss of focus (scattering markers on the floor and across the room after scribbled attempts to colour the portions Adèle had allotted him), alienation (refusing to colour), and ennui (saying “I’m bored” during the colouring activity).

### **End Phase of the Therapy Process**

#### *Behaviour and interaction in group*

At this point the team recognised the need to start addressing the close of the group sessions to the children, so as to prepare for the transition in separation. We hoped that some of the play activities from the group would be helpful in engaging in mutually supportive interaction at home. Much of the “work” for intervening with behaviour would now need to be passed off and carried back home with the parents, to be “rehearsed” during the week between sessions. We had hoped that some of the group activities, or ways in dealing with both conflict and play during group time, might be naturally carried out at home; with group termination looming nearer and more imminent, the idea of “acting out” at home became more critical.

The family psychologist and art therapist practised dialogue with the parents about how to explain circumstances of the group's termination with the children. They also emphasised the idea of Bowlby's goal-corrected partnership, wherein the need to explain circumstances, and arrange mutually negotiated states in planning, was inherent. Though termination of the group was just one specific transition to address, the ideas of clear and open communication, outlining what to expect and what the transition experience most likely "meant" for their schedules, could be applied to most any other transition. The improvised activities, such as "The Bear Story", had helped foster a more casual, indirect negotiation between the parent and child; this discussion covered additional tools for formal-type interaction requiring more verbal interaction and parental authority.

The family psychologist reported that this time spent in practical instruction seemed both interesting and beneficial for Adèle. She further reported that Adèle had started to voice her ideas and observations: reflecting upon her own experiences with less preoccupation, appreciating the experiences that group members also had to give, and seeking to share or exchange ideas more frequently. Indeed, she often lagged behind with other parents in coming to pick Rion up at the end of the session, so involved in conversation that on one occasion we left (after debriefing and notes!) before she did.

#### *Termination of themes*

##### *The Bear Story*

The final re-enactment of The Bear Story, following the parents' group's discussion surrounding negotiation and dialogue, reflected both comfort and familiarity with the context of dramatic play together. The team also felt its re-enactment showed

some significant changes in Adèle's level of sensitivity towards Rion: Her canopy-leaf cover provided adequate shelter for Rion when he settled in to sleep; she shifted her feet in relation to where he chose to settle at the base of her "tree;" she moved in relation to him, this time around. She still embodied the steering wheel, controlling who drove, but she did follow Rion's lead in rocking back and forth across the waves.

*Free play with puppets: The return of Ali.*

The second to last session, while nibbling on his third of three cookies—nibbling, to make them "last longer;" we had said while setting up the snack that the next week's session would be the last time for us to snack together—Rion asked if Ali would be able to say goodbye.

Snack time was only time in the group that there was little conflict among the boys, who, paying no attention to distraction, focussed on the task at hand. So after the boys had quietly finished their snack, the puppets came out to play. Rion had saved one of his cookies for Ali, who, of course, indicated he was hungry. The puppets were greeting each other, happy to reunite, even if to say goodbye; I approached Ali, who was eating a morsel of cookie.

I was a squirrel. "Are those," I asked, referring to his one cookie and an imaginary pile all around it, "all the cookies in the world?"

"Yes," said Ali, in the midst of a growling chew, "You can have some if you want."

So my squirrel nibbled, as squirrels do, sitting at the base of a cookie pile. I took the liberty to recruit other puppets to the scene; we had, after all, all the cookies in the world. Every puppet was soon having a picnic at Ali's, the Lion, with the roar louder than

Ali's, included. It seemed no one felt threat of being eaten, now. I wondered about Ali's previous declaration to eat up "all the puppets in the world," and how it had become, apparently, a non-issue. I further wondered why it had not yet been addressed. I could not help but assume, as I watched the cookie picnic in collective, it was not because any of them had forgotten.

But the puppet picnic, too, had to come to an end. Eating and storing away all the cookies in the world, some with us to take home and keep, we set off to each of our homes in respective corners and sides of the big Tupperware bin. "I'm going to miss you!" said Ali impulsively, in a voice sounding relatively growl-free. He came in closer, intending to give a hug with open and outstretched jaws. It was a heartfelt and spontaneous expression, without pretence; my little squirrel trembled, appreciating being the recipient of such honest expression, and shook his bushy brown tail in both delight and acknowledgment.

### **"Results" of Therapy**

The course of therapy seems to have provided Adèle with insight into Rion's needs and vulnerabilities, and also into her own sensitivity surrounding insecurity in relationship. Discussion in the parent's group seemed to help foster a sense of awareness as to how Adèle's attitudes toward fighting and conflict, as well as her expressions and responses in them, could create confusion, insecurity, or behavioural blueprints for her child. She realised her relationships and interactions with her own parents, specifically with her father, had the potential to create confusion for Rion about the acceptance of fighting and aggressivity; she also recognised Rion's need to have her respond openly

and truthfully to his questions about conflict, and identify her feelings in conflict appropriately.

I felt that for Rion, though there were many factors contributing to his growth during the therapy sessions, the most significant changes in his behaviour occurred while playing with his mother, one-on-one. As the level of comfort grew between Rion and Adèle in physical proximity, through embodying symbolic play activities, Rion's attachment seemed to become more secure: his demonstrations of impulsive hugs and smiles increased, while impulsive kicks and yells, accompanied by scowls, decreased. His response to Adèle, upon her return from the parent's group, changed from ignoring or running past her, to smiling acknowledgment and (though inconsistent) a calling out to show her the "neat" thing with which he was involved. Further, as the sessions progressed, Adèle seemed to feel more at ease with letting Rion contribute to the form of their play, thus helping with both flow and enjoyment of their activity.

Rion also learned how to identify his feelings of frustration while in the group, and build a framework for expressing them appropriately. Though his frustration had been generally apparent without stating it, his reasons often were not. While at the end of therapy he was not always successful at controlling his outbursts, he did, nonetheless, demonstrate growth keeping them in check: identifying feelings, responding to questions, and containing his aggression to things instead of people

On a final note, Rion's awareness of belonging and inclusiveness, as was demonstrated in the very first session of Duck-Duck-Goose, helped Adèle understand Rion's vulnerabilities and sensitivities about being attached. Acknowledgment and acceptance of these sensitivities seemed to increase Rion's capacity for awareness of

those of others, specifically with regard to the inclusion and exclusion of other people in play activities. In moments where other group members were not participating or had not been included in activity, Rion made efforts to include them, both child and adult alike.

In sum, the therapy process seems to have improved the positive quality of Rion and Adèle's interactions. It appeared that Adèle, in responding more frequently and with more negotiated ideas, came to enjoy the time spent in that interaction; Rion also seemed to share a sense of looking forward to sharing that time together. At the very last session, Rion tried to hide Adèle's Duck-Duck-Goose shoes in a corner of the room, hidden away at the wall near the toy cabinet. It was like a symbolic expression of a memory that he wished to capture and retain.

### **Conclusion and recommendations**

I felt that both Adèle and Rion responded positively to the drama therapy group process, and that each of their individual journeys contributed to the development of a more attuned dyadic relationship. Adèle demonstrated a more increased ability and availability to nurture, comfort, and respond to Rion; Rion demonstrated more comfort in looking to, and approaching, Adèle for safety.

Though there was improvement in the level of attunement within the relationship, I felt that reinforcement and continuing in a group treatment would be beneficial. Further therapeutic treatment as a dyad in a group setting was therefore recommended: Rion could continue learning appropriate social cues in a structured environment, increasing his sense of self-worth, and building positive friendships with other children and adults; Adèle could be assisted in harnessing both stability and time in order to safely work through life's past events, or current transitions, that she feels are preoccupying or



overwhelming. Continuing to replenish her own emotional reserves through group support and therapy, Adèle could continue enjoying the individual Rion is, and be able to provide him with the comfort, attention, structure, and caring that he is so desperately needing; more than that, of which he is worthy.

## CHAPTER FOUR:

### General discussion and conclusions

To play things out is the most natural self-healing measure childhood affords.

*-Erikson (1950, p. 22)*

### Research study findings

Adèle and Rion's process of drama therapy described in this paper illustrates three findings: First, that the sense of attachment is indeed a bodily-felt sense of security; second, that embodied symbolic play activity can both reflect and help generate attachment quality in a parent-preschooler dyad; and third, that maternal sensitivity is indeed the crucial component in reducing the child's aggressive behaviour. I felt each activity provided points of observation pertaining to the qualities of interaction, attunement, affiliation, and attachment within the dyad—some formal, some informal, some general, some specific. Though movements, being semi-directed, may have framed negotiations in a particular way, they also promoted response and accommodation; this in turn provided the other team members and me a large base from which to observe, as each response had the potential to reflect the overall quality and pattern of relationship between the dyad. In providing a symbolic dialogue wherein each individual's self and space could be seen and rehearsed, seemingly quotidian micro-movements—eye contact, proximity, distance, and approach—had the potential to act as significant tools in both promoting and assessing a more secure interaction.

Consistent with the literature that empathy is the “counterpoint to aggression” (Weinfield, Sroufe, Egeland, & Carlson, 1999, pp. 78), group intervention was also found to be helpful for both Rion and Adèle. In the children's group, playing and sharing space

with other children in a controlled environment helped Rion to realise what cues were and were not socially appropriate; in the parent's group, Adele was able to discuss her feelings about being a parent, and residual feelings about having been a child. As each individual moved closer to accepting and understanding their own feelings, they were able to carry those behaviours through to a more sensitive and supportive interaction.

### **Summary of the drama therapy research**

The drama therapy approach, using Family Dynamic Play (Harvey, 1983, 1990, 1994a, 1994b, 1997, 2000) was an appropriate method in meeting the team's initial therapeutic objectives, as discussed on page 56, in five significant ways.

First, its fun and playful nature contributed to a positive effect in, and association with, parent-child dyad attachment. I interpreted that the interaction was positive, based on the demonstration of smiling affect and continuity in flow during play episodes. Verbal feedback we received, on a more general level from the parents at termination, was threefold: (a) that they appreciated being provided time and ideas for play and activity; (b) that the activities themselves were indeed enjoyable; and, (c) that activity provided opportunity to "act the way they would like to" (Anderson-Warren & Grainger, 2002, p.29) with their children.

Second, the *semi-directed* use of activities helped provide a structure for both Rion and Adèle to explore their attachment experiences. This structure, in Family Dynamic Play terms, provides the form for containing and balancing energy. In addition, the rules in such games are naturally understood "words" in the language of play, especially in groups of preschool-aged children (Ward, 1930). Further, task-applied

facilitation, as was the case with Rion, has been noted to effectively change or rehabilitate social behaviour (Anderson-Warren & Grainger, 2002; Jones, 1996).

Third, role enactment in the Bear Story provided opportunity for Adèle to reframe her current model of attachment and interaction with Rion. The enactment of role, using also symbolic play and embodiment as tools, assisted the reflection and generation of quality of attachment, affiliation, and attunement in the dyad. Further, re-enacting the story at different points in the therapeutic process helped reinforce roles in seeking and providing nurturance for Rion and Adèle, respectively.

Fourth, the drama therapy activities provided opportunity for Rion and Adèle to spend time together in an enjoyable way. Using games such as Duck-Duck-Goose that were both familiar and fun built a context of shared enjoyment and belonging together. In the instances where drama therapy applications and activities were not familiar, their mutually engaging and non-competitive framework seemed to help build confidence in each participant's sense of acceptability to others, and therefore an increased sense of being acceptable to themselves. Moreover, the framework seemed to foster each individual's sense of awareness of themselves, in relation to another; and the experience of having successfully behaved in that way that "way they would like" to be.

Fifth, the drama therapy activities provided opportunity for Rion and Adèle to interact with each other in ways that reflected a sense of a heightened sensitivity and attunement. Movement was used to approach encounter in session as a laboratory for experiment in interaction, rather than a classroom where it is taught (Grainger, 1996); the drama therapy approach promoted the reflection of individual behaving, and interpretation of behaviour towards other people and towards oneself.

### **Drama therapy's role in Family Dynamic Play**

Drama therapy's use of role projection, symbolic play, embodiment, and creative dramatics (improvisation) were useful and invaluable tools in working with Rion and Adèle. These further lent themselves quite naturally to behavioural regulation in child externalised disorders of conduct (Goldberg, 1997).

Drama therapy intervention, as applied within the framework of Family Dynamic Play (Harvey, 1983, 1990, 1994a, 1994b, 1997, 2000), complemented the following six objectives (previously discussed in page 34) of the general goals of treatment: (1) It offered a non-threatening platform of familiarity upon which to establish intimacy and connection; (2) It dealt directly with attachment issues; (3) It helped the parent and child engage in mutually supportive and enjoyable activity; (4) Play helped to reflect and produce a certain emotional quality of life and attachment; (5) Play helped increase motivation to engage in positive mutual emotional experience; and, (6) The interventions made use of the close physical proximity that naturally occurs with play. Overall, this study indicated that using drama therapy as a method of intervention with insecurely attached parent-preschooler dyads was effective, specifically with regards to fostering positive affiliation and attunement within the dyad.

### **Limitations of the study and future research**

While in many respects this study achieved its aims, there were some significant methodological limitations. The first has already been discussed: that my role of child group facilitator may have limited my understanding of the parents' progression and restructuring of attachment frame. However, as this was a planned limitation, measures were implemented to promote cohesion amongst the team members accordingly.

Another area of limitation was again with respect to the application of *semi-directed* embodiment of role. While not contradicting my previous discussion of this being a suitable approach in the therapy, it may be considered as providing an excess of structure. Using the Bear Story as a specific example: In that the embodiments were not the parent's or child's own sculpt or creation, but postures modeled after my own interaction, the authentic observation of maternal sensitivity may have in itself been compromised. Complete and uncompromised observations with respect to the quality of attachment, using this methodology, may have been better procured without any facilitation directions, or simple verbal indications as to how each role's showcase may have played. While the group under consideration for this study responded positively to the semi-directed model, future research might include assessment of suitability for non-directed use of the story, or applications of the story across different populations. With respect to the actual Story in itself, a significant limiting factor is that, as it is my own generated material, there is no research indicating that it is an effective, valid, or even tested observational tool.

Further limitation in this study is that systemic influence within the parent's circumstances and on an attachment relationship were not considered, and therefore unsupported, as part of the frame of the parent-preschooler program. Economic stress, lack of social support, family conflict and chaotic home events are all additional factors which often interact to increase the risk of maladaptive parent-child attachment patterns (Parker, 2002). Support such as intervention to foster the mother's relationship with a partner or significant other, links to community resources or education, and access to financial support were outside of the scope of the parent-preschooler program. Therefore,

mothers' emotional and mental states may not have been as free to focus on their children, who were reason for hospital referral and, as such, the imminent clinical focus. It may be helpful to consider these aspects more formally in future areas of attachment research.

The last area of limitation is in regards to my own personal methodological planning as a researcher. It was towards the end phase that I decided to focus on this group as the subject of my research paper; thus, I was only able to draw from the observations and notes documented in my own field notes and team meetings, and from the progress notes in the files at the hospital. I did obtain consent from Adèle to write about her reflections and experience with Rion in therapy, and further, had sufficient notes to be able to document her case. While these methods have certainly been thorough and adequate for the purposes of this paper, I feel that upon reflection, the case presentation may have been stronger had I prepared more formal documentation designed for observation and collection of data—whether as visual reference or written example—for its discussion.

### **Quality of attachment and embodied symbolic play**

Failure to achieve attunement within the parent-child attachment relationship is associated with a child's inhibition to contain and regulate his or her own affective states, and to accurately perceive, understand and respond to the states and actions of others (Caldwell, 2002; Fonagy et al, 1997). In the absence of an attuned and responsive primary attachment relationship, children may react with clinical levels of aggression, impulsivity, and defiance, due to experiencing an "ambiguous and distressing affect" (Parker, 2002, p. 141) in their primary caregiver. In other words, when the child lacks a

template from which to accurately perceive, evaluate, and reflect on the signals, cues and behaviours of self and of others, his or her responses to the world may reflect an understanding of place in it that is socially and developmentally inappropriate.

It is hoped that this study will be useful in designing future intervention with parent-child dyads, both for study and for clinical practise. Adèle and Rion's case study indicates that dyadic therapeutic intervention using bodily dramatic activity may help to promote healthy parent-child interaction, specifically with regard to affect regulation, maternal sensitivity, and appropriation of social cues. Targeting both parent and child's abilities in perceiving, interpreting, and responding to emotional states in self and other did address some of the deficits associated with child aggression and disorders of conduct; the drama therapy model helped serve for more sensitivity in responding, interacting, and relating more sensitively to the child.



**APPENDIX A:**  
**THE INTERGENERATIONAL TRANSMISSION OF ATTACHMENT**  
**AND SELF-BELIEF**

With reference to Figure 1, a more detailed description of the columns outlining the intergenerational flow of attachment is as follows.

**Column 1: Dismissive-avoidant.**

Parents most often identified as *dismissive* (Row A) remember little of the emotional quality of their childhood and their parent-child relationships. They communicate little of desires for attachment and intimacy. Task is more important than affiliation. Memories of childhood are either idealised or demeaning; such a parent asserts that present life experience has been independent of parental or early childhood influences.

A dismissive parent will generally result in an *avoidant* child (Row B). Having learned that the dismissive attachment figure is unlikely to be available in time of need, unreliable for comfort, and uninterested in being present for her exploration, the avoidant child will avoid expressing attachment needs. Instead, she will appear fiercely independent. Preoccupied and competent with exploring things on her own, she will rarely show distress at separation or being left alone. Her exploration, however, is misleadingly productive: explorative play is limited to sequential tasks and examination of neutral-association objects or toys (combing hair with a comb, putting shoes on feet, closing a car door); there are no social or emotional components to her exploration. Further, research shows that physiological arousal in avoidant infants during separation is just as heightened as other infants overtly expressing distress in separation (Spangler &

Grossman, 1993). For such a child, she creates the cognitive strategy of avoiding the expression of affect, devoid of strong displays of pleasure or distress; she has learned that feelings and needs are best heeded when unwept and unsung, if they are relevant at all.

The guiding IWM belief for the avoidant child (Row C) is that her needs are rejectable and unimportant. Future attachment (Row D) is projected to be dismissive.

### **Column 2: Autonomous-secure.**

*Autonomous* parents (Row A) are judged as valuing closeness and intimacy, and having a realistic perspective of their own childhood experiences. These characteristics in a parent are found to raise a *secure* child (Row B). Such a child will have a healthy sense of themselves and awareness of others, the ability to understand and deal appropriately with their own emotions, and the ability to negotiate, define, and contribute to healthy and balanced relationships. Attachment strategy in a secure relationship balances cognition and affect with equal weight and credibility.

IWM belief in a secure child (Row C) includes worthiness of closeness and intimacy, and that it is a safe and secure world. Future attachment (Row D) is projected to be autonomous.

### **Column 3: Preoccupied-Ambivalent / Resistant.**

Parents of resistant-ambivalent infants (Row A) are generally *preoccupied*: heavily invested in their own continuing struggles with parents or experiences of being a parent, having little perspective of themselves or their circumstances independent of these struggles. As such, they are inconsistent and extreme in ability to respond or be available to cries of distress. Their responses tend to be exaggerated, but empty or misdirected: When noticing that the child is in distress, fuss is made over attending to the distress, but

the actions taken fail to appropriately soothe or respond to the infant's needs (Peck, 2003). These behaviours are not unintentional, so much as unaware. Seeing their child in a state of distress brings up their own difficulties with the distress that they are still facing, and the result of this can be overwhelming.

The *resistant* child (Row B) has been taught that he cannot trust his caregiver's reliability (Ainsworth, 1984), having experienced high interference mixed with low availability (Cassidy & Berlin, 1994). He feels he his needs are met only through much continued effort, and after displaying high levels of distress. From past experience, his caregiver is hard to avail, and on the occasions when he does receive attention, it is overly indulgent and constraining. He displays a keen and continued awareness to his caregiver's presence and affect, displaying extreme dependence as strategy to heighten importance of the relationship. His exploration is difficult to maintain: he is preoccupied with his caregiver's neglect when she is absent, and preoccupied with her interference when she is present. So as he is uncertain how his primary caregiver will avail herself to him, the ambivalent child is continually in a state of upset: Distressed by separations, unsoothed upon reunions, unsure of the balance in the relationship. This child has created a strategy relying on affect and expression, as expression has proved most reliable; behaviour has not.

The IWM belief in an ambivalent-resistant child (Row C) is that his ability to be loved is uncertain or undeserving. Future attachment (Row D) is projected to be preoccupied.

**Column 4: Unresolved-disorganised.**

Parents of disorganised infants (Row A) have often experienced a traumatic loss or event with which they have been unable to confront and therefore are considered *unresolved*. Children of unresolved parents (Row B) lack the consistency of any given framework to meet their own needs; as such, no conclusive display of coherent attachment strategy has been noted. IWM beliefs in this category (Row C) are considered to be primarily of confusion and fear; future attachment (Row D) is projected to be similarly Unresolved.

**Columns 5 & 6: Controlling-caretaking / Controlling-punitive.**

Controlling parents (Row A) exhibit patterns of control, conscious or otherwise, so as to create dynamics of inequality and dominance / submission. They often have difficulty balancing emotions appropriately. They tend to have perfectionist or unrealistic expectations of themselves and others, and, struggling with not having these fulfilled, will project or re-enact their feelings of disempowerment onto others. A parent of a controlling-caretaking infant will often appear frantic to fix states of distress, upset, or seemingly imperfect appearance; a parent of a controlling-punitive child will often appear negative, difficult to please, and domineering. In each case, the parent acts as though his or her expectations will never be met—for such has been the dictates of experience.

Corresponding patterns of control in infants (Row B) are manifest in the child's initiating interactions that are manipulative and inappropriate. The distinguishing factor between these two subtypes is the presence of conscious hostility: *Punitive* attempts are direct, open, and intentionally hostile interactions, usually verbal; *caregiving* attempts are

physical actions towards the other that, while indulgent, excessive, or compulsive, are not marked by conscious hostility (though that is not to say that hostility is absent).

Neither of these controlling patterns suggests behaviour that is completely self-promoting and inconsiderate. On the contrary, gestures may in fact be grandiosely unselfish or perhaps even thoughtful. However, the outcome of these control patterns is to limit one individual's freedom or independence, so as to "empower" the other person's ability to feel needed and/or important. Punitive patterns are a cognitive strategy, whereas caregiving patterns are motivated by affect.

IWM belief (Row C) in controlling dynamics is that lovability is conditional, if love can be acquired at all. Future attachment (Row D) is projected to be *Controlling: anxiety-caretaking* and *Controlling: guilt-punitive*, respectively.

**APPENDIX B:**

**TEXT OUTLINE OF “THE BEAR STORY”**

This is a general outline of the story as it was told; as time and familiarity with both the group and the story progressed, play became improvised for longer periods of time and emphasised in different areas. Such areas have been duly noted. The child is intended to embody the role of the little bear throughout the entire text. Roles for the parent to play appear in **bold**, and *brief descriptions of their embodiment* appear to the right of the text outline.

This exercise is designed not only to assess the dynamics within the parent-preschooler relationship, but also provide a way to help improve upon it.

○nce upon a time there was a little bear who lived in a **cave**. *Parent sits with child in lap*

The cave was warm and protective and sheltered the little bear from dangerous animals and bad weather and the little bear had a great view from the cave: of the forest and the trees and the mountains and the sea and right on the edge of the cave there were bushes and bugs and grasses and leaves and some trees (I'm not sure which of these the little bear liked the best, he could have really liked them all)

but one day the little bear decided he was getting big enough to go explore outside of his cave he wanted to go see the forest and the trees and the sea climb the cliffs and the mountains and eat lots of [ *improvisation* ] and make some friends and see what he could see

so the little bear climbed out of his cave and looked around, left and right, up and down around, left and right, up and down. . .

he saw the **trees**  
and the hills

*Parent stands or kneels  
with arms draped over*

felt the light  
smelled the earth  
saw some bugs, and listened to the birds  
[ *Improvise exploration of environment* ]  
wow! the world was bigger than he knew

*child as canopy*

so the little bear started walking off through the **forest**  
he saw lots of trees and different sizes of leaves  
birds singing songs and flying along  
(some of the songs he knew!)  
he found lots of berries and flowers and plants and some leaves  
and lots of bugs in the grass and near trees

*Parents gather in centre of  
room as trees*

he liked to explore what he could see and could smell  
there was so much to see and to do

but the sun then started to set  
and the forest got dark  
the little bear started to get tired and sleepy  
he decided to find a place to sleep for the night  
and wondered where he should go

[ *Improvise exploration of forest* ]

so he found a **big, soft-smelling tree**  
whose leaves drooped large and whose trunk was strong  
he walked to the tree, tested its roots and its trunk:  
would the tree tickle him back?  
he could hear lots of sounds, lots of animals around  
but the tree was safe. He could snore in his sleep

*Parent stands or kneels  
with arms draped over  
child as canopy;  
Tickling roots: hands / feet*

so here the little bear cuddled up for the night  
and then the next morning, up came the sun  
the little bear woke up fresh with its light  
stretched and he scratched and he scratched and he stretched  
and decided to continue along

he waved up to the tree and the tree waved and bowed back  
and the little bear said, "Bye, I'll be back soon!"  
and he picked some berries to wrap in a leaf  
and eating, went on his way

he walked and he walked and he walked and he walked  
through the forest and around all the trees  
up the mountain, down the mountain, down the mountain, up  
lower and higher, flat rock and steep

lower, higher, down, steep, and up

he saw a **cliff** on the edge of one of the mountains  
and decided he wanted to see the sea  
so climbed the mountain, up to the cliff  
and saw the water and the waves of the sea

*Parent kneels, child  
looking over shoulder; or  
parent stands low, child  
jumps onto piggyback*

so saying goodbye to the cliff and climbing back down from its view  
he went to its shore, near the sea  
he found a nice **boat** parked and waiting for a ride  
and decided to take it across, just to see

*Parent sits on floor, legs  
out straight or knees  
bent slightly upward; child  
sits between legs. Arms  
raised around child; hands  
are steering wheel*

he put on his seatbelt, grabbed the steering wheel  
and steered the boat through the sea  
he went fast, he went slow, to this side, and that  
waters high, waters low, waters smooth, waters rough  
high waves and low waves and smooth waves and rough  
this way and that way and that way and this  
fast and to this side and to that side and slow  
that was how the bear in the boat crossed the sea

so patting the boat on her safe steering feet  
the little bear got out on the sand  
judging the island small enough and the little bear big enough,  
he decided to explore and see what he could find

[ *Improvise exploration on island* ]  
[ *Game play on island* ]

but content as he was, there was no cave in the island  
and the little bear knew he would need a place to sleep  
palm tree leaves wouldn't be big enough to cover him  
and the sand made for sinks more than snuggles  
(and besides, there were too many coconuts)

so the little bear said to his friend the island,  
"Bye, I'll be back again soon!"  
he climbed back in the **boat** to cross this side of the sea,  
put on his seatbelt and grabbed for the steering wheel  
high waves and low waves and this way and that  
high waves and low waves and this way and that  
rough waves and smooth waves and smooth waves and rough  
the little bear crossed back to the other side of the sea

*Parent sits on floor, legs  
out straight or knees  
bent slightly upward; child  
sits between legs. Arms  
raised around child; hands  
are steering wheel*

when he'd got to that side, the little bear said goodbye  
and said he had fun on the ride  
the boat waved bye back as the bear tied her safe



safe 'till the next time arrived

then he climbed up again to view from the **cliff**

his home nestled up in the cave  
seeing his home, now the journey was known  
and waving bye to the cliff, went on his way

*Parent kneels, child  
looking over shoulder; or  
Parent stands low, child  
jumps up into piggyback*

so he climbed down the mountain and up the mountain and down again and up  
flat rock and steep rock and lower and up  
through again to the forest and all around the trees  
heard the birds sing their songs and ate berries and leaves  
and journeyed all the day long

he found a **big tree**, leaned upon her for the night  
the trunk was strong and the leaves big and warm  
and the roots tucked him in nice and tight

*Parent stands or kneels  
with arms draped over  
child as canopy*

in the morning the little bear woke with the sun  
and he stretched and he scratched and he scratched and he stretched  
waved goodbye to the tree, he continued along  
eating berries and leaves on the way

running and walking and running along  
THEN the little bear saw his **cave!** . . .  
the cave was wide open, with welcoming arms  
and the little bear rushed to be home

*Parent sits as "base"  
in chair*

he climbed quickly back to his comfortable cave  
and settled in as only he knew how to do  
he told the cave of his journeys and places and friends  
(the cave oohed and aahed in all the right places.)

it was a good day for the wandering bear,  
back in his little warm cave.

## REFERENCES

- Acherman, J., Dinneen, E., & Stevenson-Hinde, J. (1991). Clearing up at 2.5 years. *British Journal of Developmental Psychology*, 9, 365-366.
- Ainsworth, M.D.S. (1973). The development of infant-mother attachment. In B.M. Caldwell & H.N. Ricciuti (Eds.), *Review of child development research* (vol. 3, pp. 1-94). Chicago: University of Chicago Press.
- Ainsworth, M.D.S. (1984). Attachment. In N.S. Endler & J. McVicker Hunt (Eds.), *Personality and the behavioral disorders* (Vol. 1, pp. 559-602). New York: Wiley.
- Ainsworth, M.D.S. (1985). Attachments across the life span. *Bulletin of the New York Academy of Medicine*, 61, 792-812.
- Ainsworth, M.D.S. (1989). Attachments beyond infancy. *American Psychologist*, 44, 709-716.
- Ainsworth, M.D.S., Bell, S.M., & Stayton, D.J. (1974). Infant-mother attachment and social development: "Socialization" as a product of reciprocal responsiveness to signals. In M.P.M. Richards (Ed.), *The integration of a child into a social world* (pp. 173-225). Cambridge, England: Cambridge University Press.
- Ainsworth, M.D.S., Blehar, M.C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the Strange Situation*. Hillsdale, NJ: Erlbaum.
- Anderson-Warren, M., & Grainger, R. (2000). *Practical approaches to dramatherapy: The shield of Perseus*. London: Kingsley.
- Atkinson, L. (1997). Attachment and psychopathology: From laboratory to clinic. In L. Atkinson & K.J. Zucker (Eds.), *Attachment and psychopathology* (pp. 3-16). New York: Guilford Press.
- Atkinson, L., & Zucker, K.J. (Eds.) (1997). *Attachment and psychopathology*. New York: Guilford Press.
- Axline, V. (1964). *Dibs: In search of self*. New York: Ballantine.
- Bartholomew, K. (1993). From childhood to adult relationships: Attachment theory and research. In S.W. Duck (Ed.), *Learning about relationships*, pp. 30-62. London: SAGE.
- Beckwith, L., Cohen, S.E., & Hamilton, C.E. (1995, March). *Mother-infant interaction and parental divorce predict attachment representation of late adolescence*. Paper presented at the biennial meeting of the Society for Research in Child Development, Indianapolis.
- Beizer, L., & Howes, C. (1992). Mothers and toddlers: Partners in early symbolic play: Illustrative study #1. In C. Howes, (Ed.), *The collaborative construction of pretend* (pp. 25-43). Albany, NY: State University of New York.
- Belsky, J., & Isabella, R. (1988). Maternal, infant, and social-contextual determinants of infant-mother attachment. In J. Belsky & T. Nezworski (Eds.), *Clinical implications of attachment* (pp. 41-94). Hillsdale, NJ: Erlbaum.

- Bettelheim, B. (1975; reprint 1989). *The uses of enchantment: The meaning and importance of fairy tales*. New York: Vintage.
- Blehar, M.C., Ainsworth, M.D.S., & Main, M. (1978). *Mother-infant interaction relevant to close bodily contact: A longitudinal study*. In M.D.S Ainsworth, M.C. Blehar, E. Waters, & S. Wall (Eds.), *Patterns of attachment: A psychological study of the Strange Situation*. Hillsdale, NJ: Erlbaum.
- Boal, A. (1995). *The rainbow of desire: The Boal method of theatre and therapy*. London: Routledge.
- Bowlby, J. (1940). The influence of early environment in the development of neurosis and neurotic character. *The International Journal of Psycho-analysis*, 21, 1-25.
- Bowlby, J. (1958). The nature of the child's tie to his mother. *The International Journal of Psycho-analysis*, 39, 1-23.
- Bowlby, J. (1969/1982). *Attachment and loss: Vol. 1: Attachment*. New York: Basic Books.
- Bowlby, J. (1973). *Attachment and Loss: Vol. 2. Separation*. New York: Basic Books.
- Bowlby, J. (1977). The making and breaking of affectional bonds. *British Journal of Psychiatry*, 130: 201-210.
- Bowlby, J. (1980). *Attachment and Loss: Vol. 3. Loss*. New York: Basic Books.
- Bowlby, J. (1988). *A Secure Base: Parent-child attachment and healthy human development*. New York: Basic Books.
- Bornstein, M.H. (Ed.). (1995). *Handbook of parenting, Vol. 1: Children and parenting*. (pp.3-39). Hillsdale, NJ, England: Erlbaum.
- Bretherton, I (1984). Representing the social world in symbolic play: Reality and fantasy. In I. Bretherton (Ed.), *Symbolic play* (pp.1-39). New York: Academic Press.
- Bretherton, I. (1985). Attachment theory: Retrospect and prospect. In I. Bretherton & E. Waters (eds.), *Growing points of attachment theory and research. Monographs of the Society for Research in Child Development*, 50 (1-2, Serial no. 209), 3-35.
- Caldwell, C. (2002, May). *Theories of somatic psychology*. Class conducted at Concordia University, Creative Arts Therapies Department, Montréal, Québec, Canada.
- Caplan, F., & Caplan, T. (1973). *The power of play*. New York: Anchor Press/Doubleday.
- Cahsdan, S. (1999). *The Witch must die: The hidden meaning of fairy tales*. New York: Basic Books.
- Cassidy, J., & Berlin, L.J. (1994). The insecure/ambivalent pattern of attachment: Theory and research. *Child Development*, 65, 975-991.

- Cattanach, A. (1994). The developmental model of dramatherapy. In S. Jennings, A. Cattanach, S. Mitchell, A. Chesner, & B. Meldrum (Eds.), *The handbook of dramatherapy* (pp. 28-41). London: Routledge,
- Cicchetti, D., Cummings, E.M., Greenberg, M.T., & Marvin, R.S. (1990). An organizational perspective on attachment beyond infancy. In M. Greenberg, D. Cicchetti, & E.M. Cummings, *Attachment in the preschool years* (pp. 3-50). Chicago: University of Chicago Press.
- Cicchetti, D., & Tucker, D. (1994). Development and self-regulatory structures of the mind. *Development and Psychopathology*, 4, 533-549.
- Connolly, J. A. & Doyle, A. (1984). Relation of social fantasy play to social competence in preschoolers. *Developmental Psychology*, 20, 797-806.
- Crittenden, P.M. (1981). Abusing, neglecting, problematic, and adequate dyads: Differentiating by patterns of interaction. *Merrill-Palmer Quarterly* 27, 201-208.
- Crowell, J.A., & Feldman, S.S. (1988). Mothers' internal working models of relationships and children's behavioral and developmental status: A study of mother-child interaction. *Child Development*, 59, 1273-1285
- Crowell, J.A., Feldman, S.S., & Ginsberg, N. (1988). Assessment of mother-child interaction in preschoolers with behavior problems. *Journal of the American Academy of Child and Adolescent Psychiatry*, 27, 303-311.
- Crowell, J.A., & Fleischmann, M.A. (1983). Use of structured research procedures in clinical assessments of infants. In C.H. Zeanah (Ed.), *Handbook of infant mental health* (pp. 210-221). New York: Guilford Press.
- de Wolff, J. & van Ijzendoorn, M.H. (1997). Sensitivity and attachment: A meta-analysis on parental antecedents of infant attachment. *Child Development*, 68: 571-591.
- Dunn, J., & Wooding, C. (1977). Play in the home and its implications for learning. In B. Tizard & D. Harvey (Eds.), *Biology of play* (pp. 45-58). Philadelphia: Lippincott.
- Easterbrooks, M.A., & Goldberg, W.A. (1990). Security of toddler-parent attachment: Relation to children's sociopersonality functioning during kindergarten. In M.T. Greenberg, D. Cicchetti, & M. Cummings (eds.), *Attachment in the preschool years: Theory, research, and intervention*. Chicago: The University of Chicago Press, 221-244.
- Elicker, J. Englund, M., & Sroufe, L.A. (1992). Predicting peer competence and peer relationships in childhood from early parent-child relationships. In R. Parke & G. Ladd (Eds.), *Family-peer relationships: Modes of linkage* (pp. 77-106). Hillsdale, NJ: Earlbaum.
- Emunah, R. (1994). *Acting for real: Drama therapy process, technique, and performance*. New York: Brunner/Mazel.
- Erickson, M.F., Sroufe, L.A., & Egeland, B. (1985). The relationship of quality of attachment and behaviour problems in preschool in a high risk sample. In I. Bretherton & E. Waters

(Eds.), Growing points in attachment theory and research. *Monographs of the Society for Research and Child Development*, 50 (1-2, Serial No. 209), 147-186.

- Erikson, E. (1950). *Childhood and Society*. New York: Norton.
- Fein, G. (1987). The affective pathology of play. In W. Gottfried & C.C. Brown (Eds.), *Play interactions: The contributions of play materials and parental involvement to children's development* (pp. 31-50). Lexington, MA: Lexington Books.
- Fein, G.G., & Fryer, M.G. (1995). Maternal contributions to early symbolic play competence. *Developmental Review*, 15, 367-381.
- Fonagy, P., Target, M., Steele, M., Steele, H., Leigh, T., Levinson, A., et al. (1997). Morality, disruptive behavior, borderline personality disorder, crime, and their relationship to security of attachment. In L. Atkinson & K.J. Zucker (Eds.), *Attachment and psychopathology* (pp. 223-276). New York: The Guilford Press.
- Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired mother-infant relationships. *Journal of the American Academy of Psychiatry*, 14, 387-421.
- Frankel, K.F., & Bates, J.E. (1990). Mother-toddler problem solving: Antecedents in attachment, home behavior, and temperament. *Child Development*, 61, 810-819.
- Freud, A. (1965). *Normality and pathology in childhood*. Hammondsworth: Penguin.
- Garvey, C. (1977; 1990). *Play*. Cambridge, MA: Harvard University Press.
- George, C., Kaplan, N., & Main, M. (1984). *The Adult Attachment Interview*. University of California, Berkeley.
- Goldberg, S. (1991). Recent developments in attachment theory and research. *Canadian Journal of Psychiatry*, 36: 393-400.
- Goldberg, S. (1997). Attachment and childhood behavior problems in normal, at-risk, and clinical samples. In L. Atkinson & K.J. Zucker (Eds.), *Attachment and psychopathology* (pp. 171-195). New York: The Guilford Press.
- Grainger, R. (1996). Artistic expression and the embodiment of social constructs. *The Arts in Psychotherapy*, 23(2), pp. 137-140
- Greenberg, M.T., Cicchetti, D., & Cummings, E.M. (1990). *Attachment in the preschool years: Theory, research, and intervention*. Chicago: University of Chicago Press.
- Greenberg, M.T., DeKlyen, M., Speltz, M.L., & Endriga, M.C. (1997). The role of attachment processes in externalizing psychopathology in young children. In L. Atkinson & K.J. Zucker, *Attachment and Psychopathology*, pp. 196-222. New York: Guilford Press.
- Greenberg, M.T., Kusche, C.A., & Speltz, M. (1991). Emotional regulation, self-control, and psychopathology: The role of relationships in early childhood. In D. Cicchetti & S.L.

- Toth (Eds.), *Rochester Symposium of Developmental Psychology: Vol. 2., Internalizing and externalizing expressions of dysfunction* (pp. 21-36). Hillsdale, NJ: Erlbaum.
- Grossmann, K.E. & Grossmann, K. (1991). Attachment quality as an organizer of emotion and behavior responses in a longitudinal perspective. In C.M. Parkes, J. Stevenson-Hinds and P. Marris (Eds.), *Attachment Across the Life Cycle* (pp. 93-114). London : Routeledge.
- Grossmann, K., Grossmann, K.E., Spangler, G., Suess, G., & Uzner, L. (1985). Maternal sensitivity and newborn orienting responses as related to quality of attachment in northern Germany. *Monographs of the Society for Research in Child Development, 50* (1-2, Serial No. 209), 233-256.
- Hamilton, C.E. (1994). Continuity and discontinuity of attachment from infancy through adolescence. Unpublished doctoral dissertation, University of California at Los Angeles. As cited in M.H. van IJzendoorn & M.J.L. Bakermans-Kraneburg, *Intergenerational transmission of attachment: A move to the contextual level*. New York: Guilford Press.
- Harvey, S. (1983). Dynamic play therapy: Expressive play intervention with families. In K.J. O'Connor & C.E. Schaefer (Eds.), *Handbook of play therapy, volume Two: Advances and innovations* (pp85-110). Toronto: Wiley.
- Harvey, S.A. (1987). *Parent-infant relationships*. UK: John Wiley and Sons.
- Harvey, S.A. (1990). Dynamic play therapy: An integrated expressive arts approach to the family therapy of young children. *The Arts in Psychotherapy, 17*(3), 239-246.
- Harvey, S.A. (1994a). Dynamic play therapy: Creating attachments. In B. James, *Handbook for treatment of attachment-trauma problems in children*. New York: Lexington.
- Harvey, S.A. (1994b). Dynamic play therapy: Expressive play intervention with families. In B. James *Handbook for treatment of attachment-trauma in children*. New York: Lexington.
- Harvey, S.A. (1997). Dynamic play therapy: A creative arts approach. In K. O'Connor & L. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation*. New York: Norton.
- Harvey, S.A. (2000). Family dynamic play. In P. Lewis & D.R. Johnson (Eds.), *Current approaches in drama therapy* (pp. 379-409). Springfield, IL: Charles C. Thomas.
- Hinde, R.A., & Stevenson-Hinde, J. (1987). Interpersonal relationships and child development. *Developmental Review, 7*, 1-21.
- Howes, C. (1987). Social competence with peers in young children: Developmental sequences. *Developmental Review, 7* (3): 252-272
- Irwin, E. (2000). Psychoanalytic approach to drama therapy: Defining and finding a therapeutic framework. In P. Lewis & D.R. Johnson, *Current approaches in drama therapy* (pp. 27-48). Springfield, IL: Charles C. Thomas.
- Isabella, R.A. (1993). Origins of attachment : Maternal interactive behavior across the first year. *Child Development, 64*: 605-621.

- Izard, C.E. (1990). Facial expressions and the regulation of emotions. *Journal of Personality and Social Psychology*, 58(3), 487-498.
- Jennings, S. (1990). *Dramatherapy with families, groups, and individuals: Waiting in the wings*. London: Kingsley.
- Jones, P. (1996). *Drama as therapy: Theatre as living*. London: Routledge.
- Jung, C.C. (1966). *Man and his symbols*. Garden City, NY: Doubleday.
- Karavasilis, L. (1999). *Associations between parenting style and quality of attachment to mother in middle childhood and adolescence*. Unpublished master's thesis, Concordia University, Montréal, Québec, Canada.
- Karen, R. (1988). *Becoming attached: First relationships*. London: Oxford University Press.
- Klein, M. (1932). *The Psychoanalysis of childhood*. London: Hogarth.
- Klein, M. (1955). The psychoanalytic play technique. *American Journal of Orthopsychiatry*, XXV, 223-237.
- Klein, T. (personal communication, March 2003). Group dynamics and formation in the psychodramatic and sociodramatic group session. Montreal, Quebec, Canada: Subject of practicum supervision, Concordia University.
- Kreye, M. (1984). Conceptual organization in the play of preschool children: Effects of meaning, context, and mother-child interaction. In I. Bretherton (Ed.), *Symbolic play: The development of social understanding* (pp. 299-335). New York: Academic Press.
- Landy, 1986. *Drama therapy*. Springfield, IL: Charles C. Thomas.
- Landy, R. (1990). Role theory and the role method of drama therapy. In P. Lewis & D.R. Johnson (Eds.), *Current approaches in drama therapy* (pp. 50-69).
- Laible, D.J., & Thompson, R.A. (1998). Attachment and emotional understanding in preschool children. *Developmental Psychology*, 34, 1038-1045.
- Lewis, M., Feiring, C., McGuffog, C., & Jaskir, J. (1984). Predicting psychopathology in six-year olds from early social relations. *Child Development* 55, 123-136.
- Lionni, L. (1975). *A color of his own*. New York: Alfred A. Knopf.
- Mahler, M.S., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant*. New York: Basic Books.
- Main, M. (1983). Exploration, play, and cognitive functioning related to infant-mother attachment. *Infant Behavior and Development*, 6, 167-174.

- Main, M., & Londerville, S.B. (1978). *Compliance and aggression in toddlerhood: Precursors and correlates*. In M.D.S Ainsworth, M.C. Blehar, E. Waters, & S. Wall (Eds.), *Patterns of attachment: A psychological study of the Strange Situation*. Hillsdale, NJ: Erlbaum.
- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood and adulthood: A move to the level of representation. In I. Bretherton & E. Waters (eds.), *Growing points of attachment theory and research. Monographs of the Society for Research in Child Development*, 50 (1-2, Serial no. 209), 66-104.
- Main, M., & Solomon, J. (1990). Procedures as identifying infants as disorganized/ disoriented during the Strange Situation. In M.T. Greenberg, D. Cicchetti, & E.M. Cummings (Eds.), *Attachment in the preschool years* (pp. 121-160). Chicago/London: University of Chicago Press.
- Marvin, R.S. (1972). Attachment and cooperative behavior in two-, three-, and four-year olds. Unpublished doctoral dissertation, University of Chicago.
- Matas, L., Arend, R.A., & Sroufe, L.A. (1978). Continuity of adaptation in the second year: The relationship between quality of attachment and later competence. *Child Development*, 49, 547-556.
- Moreno, J.L. (1985). *Psychodrama: First volume*. Ambler, PA: Random House, Inc.
- Mueller, E., & Tingley, E. (1990). The Bears' Picnic: Children's representations of themselves and their families. *New Directions for Child Development, Sum. 1990*, 48: 47-65.
- Parker, D.W. (2002). An investigation of the relationship between maternal attachment-related characteristics and the aggressive behaviour of four, five or six year-old sons. *Dissertation Abstracts International*, 63 (6-A): 2134. (UMI No. AAINQ69162)
- Parkes, C.M., Stevenson-Hinde, J., & Marris, P. (Eds.) (1993). *Attachment across the life cycle*. London: Routledge.
- Parten, M. (1932). Social participation among pre-school children. *Journal of Abnormal and Social Psychology*, 27, 3-69.
- Pastor, D. (1981). The quality of mother-infant attachment and its relationship to toddlers' initial sociability with peers. *Developmental Psychology*, 17, 326-335.
- Peck, S.D. (2003). Measuring sensitivity moment-by-moment: A microanalytic look at the transmission of attachment. *Attachment & Human Development*, 5(1), 38-63
- Piaget, J. (1962). *Play, dreams, and imitation in childhood*. New York: Norton.
- Radke-Yarrow, M., Cummings, E.M., Kuczynski, L., & Chapman, M. (1985). Patterns of attachment in two- and three- year olds in normal families and in families with parental depression. *Child Development*, 56, 884-893.
- Read Johnson, D. (1991). The theory and technique of transformations in drama therapy. *The Arts in Psychotherapy*, 18, 285-300.



- Renken, B., Egeland, B., Marvinney, D., Mangelsdorf, S., & Sroufe, L.A. (1989). Early childhood antecedents of aggression and passive withdrawal in early elementary school. *Journal of Personality, 57*, 257-281.
- Rice, K.G. (1990). Attachment in adolescence: A narrative and meta-analytic review. *Journal of Youth and Adolescence, 19*: 511-538.
- Rutter, M. (1984). Continuities and discontinuities in socio-emotional development. In R.N. Ende & R.J. Harmon (Eds.), *Continuities and discontinuities in development* (pp. 41-68). New York: Plenum.
- Rutter, M. (1997). Clinical implications of attachment concepts: Retrospect and prospect. In L. Atkinson & K.J. Zucker (Eds.), *Attachment and psychopathology* (pp. 17-46). New York: Guilford Press.
- Rutter, M., Quinton, D., & Hill, J. (1990). Adult outcome of institution-reared children: Males and females compared. In L.N. Robins & M. Rutter (Eds.), *Straight and devious pathways from childhood to adulthood* (pp. 125-157). Cambridge, England: Cambridge University Press.
- Schore, A.N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Hillsdale, NJ: Erlbaum.
- Seifer, R., & Schiller, M. (1996). The role of parenting sensitivity, infant temperament, and dyadic interaction in attachment theory and assessment. In E. Waters, B.E. Vaughn, G. Posada, & K. Kondol-Ikemura (Eds.), *Constructs, cultures, and caregiving: New growing points of attachment theory and research. Monographs of the Society for Research in Child Development, 50*, (1-2, Serial No. 209).
- Slade, A. (1987a). Quality of attachment and symbolic play. *Developmental Psychology, 23*(1): 78-85.
- Slade, A. (1987b). A longitudinal study of maternal involvement and symbolic play during the toddler period. *Child Development, 58*(2): 367-375.
- Slade, P. (1954). *Child Drama*. London: University Press.
- Spangler, G. & Grossmann, K.E. (1993). Biobehavioural organization of securely and insecurely attached infants. *Child Development, 64*, 1439-1450.
- Spolin, V. (1963). *Improvisation for the theatre*. Northwestern University Press.
- Sroufe, L.A. (1979). The coherence of individual development: Early care, attachment, and subsequent developmental issues. *American Psychologist, 34*, 834-841.
- Sroufe, L.A. (1983). Infant-caregiver attachment and patterns of adaptation in preschool: The roots of maladaptation and competence. In M. Perlmutter (Ed), *Minnesota Symposium in Child Psychology, 16*, 41-81. Hillsdale, NJ: Erlbaum.

- Sroufe, L.A. (1988). The role of infant-caregiver attachment in development. In J. Belsky & T. Nezworski (Eds.), *Clinical implications of attachment* (pp. 18-38). Hillsdale, NJ: Earlbaum.
- Sroufe, L.A., Fox, N., & Pancake, V. (1983). Attachment and dependency in developmental perspective. *Child Development*, 54, 1615-1627.
- Steele, H., & Steele, M. (1994). Intergenerational patterns of attachment. In D. Perlman & K. Bartholemew (Eds.), *Advances in personal relationships*, 5, 93-120. London: Kingsley.
- Stern, D. (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. New York: Basic Books.
- Stevenson-Hinde, J., & Shouldice, A. (1995). Maternal interactions and self-reports related to attachment classifications at 4.5 years. *Child Development*, 66, 583-596.
- Sutton-Smith, B. (1981). Sutton Smith-Lazier Scale of Dramatic Involvement. In G. Schattner & R. Courtney (Eds.), *Drama in therapy, Vol. 1*. New York: Drama Book Specialists.
- Thompson, R. (1998). Early sociopersonality development. In W. Damon (Editor-in-Chief) & N. Eisenberg (Ed.), *Handbook of Child Psychology: Vol. 3., Social, Emotional, and Personality Development*, pp. 25-86. New York: John Wiley and Sons, Inc.
- Tingley, E.C. (1994). Symbolic play in the interactions of young children and mothers with history of affective illness: A longitudinal study. In A. Slade & D.P. Wolf (Eds.), *Children at play* (pp. 286-305). New York: Oxford University Press.
- van IJzendoorn, M.H. (1995). Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological Bulletin*, 117(3), 387-403.
- van IJzendoorn, M.H., & Bakermans-Kraneburg, M.J (1994). *Intergenerational transmission of attachment: State of the art in psychometric and clinical research [Abstract]*. Paper presented at Clarke Conference on Attachment and Psychopathology, University of Toronto: Ontario Institute of Studies in Education.
- van IJzendoorn, M.H., & Bakermans-Kranenburg, M.J. (1997). Intergenerational transmission of attachment: A move to the contextual level. In L. Atkinson & K.J. Zucker (Eds.), *Attachment and psychopathology* (pp. 135-170). New York: Guilford Press.
- van IJzendoorn, M.H., Juffer, F., & Duyvesteyn, M.G.C. (1995). Breaking the intergenerational cycle of insecure attachment: A review of the effects of attachment-based interventions on maternal sensitivity and infant security. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 36, 225-248.
- Vygotsky, L.S. (1966). Play and its role in the mental development of the child. *Soviet Psychology*, 5(3), 6-18.
- Ward, W. (1930). *Creative dramatics*. New York: Appleton, 1930.
- Ward, W. (1957). *Playmaking with children*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.

- Warren, S.L., Huston, L., Egeland, B., & Sroufe, L.A. (1997). Child and adolescent anxiety disorders and early attachment. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 637-644.
- Waters, E., Merrick, S.K., Albersheim, L.J., & Treboux, D. (1995, March). *Attachment security from infancy to early adulthood: A 20-year longitudinal study*. Paper presented at the biennial meeting of the Society for Research in Child Development, Indianapolis.
- Waters, E., Whippman, J., & Sroufe, L.A. (1979). Attachment, positive affect, and competence in the peer group: Two studies in construct validation. *Child Development*, 50, 821-829.
- Way, B. (1967). *Development through drama*. London: Longman.
- Weinfeild, N.S., Sroufe, L.A., Egeland, B., & Carlson, E.A. (1999). The nature of individual differences in infant-caregiver attachment. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 68-88). New York: Guilford Press.
- Winnicott, D.W. (1953). Transitional objects and transitional phenomena, A study of the first Not-me possession. *International Journal of Psychoanalysis*, 34, part 2.
- Winnicott, D.W. (1971). *Playing and reality*. London: Pelican.