# Attachment Representations and Therapeutic Distancing as Constructs in the Development of Working Alliance in Drama Therapy

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## Abstract

Attachment Representations and Therapeutic Distancing as Constructs in the Development of Working Alliance in Drama therapy

Alisha Henson

This qualitative research project studied the importance of understanding a client's attachment style when introducing drama therapy techniques at various levels of therapeutic distance during the initial stages of therapeutic intervention while establishing a working alliance. Five single mothers of children currently involved in a behavioural intervention program were invited to participate in a drama therapy support group for 1.5 hours weekly for the duration of four sessions. A self-report attachment measure was given prior to the sessions, while distancing was assessed through responses to various drama therapy techniques by client and therapist narratives. Overall, there was a trend of insecure attachment styles among the participants, who appeared to prefer a more overdistanced approach to the therapeutic material. The implications for these findings indicate that understanding a client's attachment style during the initial stages of intervention can offer important information about client anxiety and avoidance. This information can be utilized by the therapist, who can then effectively choose interventions. Subsequently, this research also supports Glass's (2006) notion that commencing interventions, using overdistanced techniques, will help create safety and trust within the drama therapy sessions.

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## Overview

The relationship that develops between a client and her therapist during treatment is relatively important to the success of the therapeutic intervention, regardless of the reason to seek therapy (Horvath & Bedi, 2002; Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). This relationship can be categorized as a *working alliance* (therapeutic alliance, client-therapist relationship). Although numerous studies have focused on the relationship between working alliance and attachment in brief therapy or during the initial stages of intervention (Eames & Roth, 2000; Goldman & Anderson, 2007; Mallinckrodt, Porter, & Kivlighan, 2005; Parish & Eagle, 2003), I have not found any studies that reflect the importance of this relationship specifically in drama therapy.

Drama therapy is an emerging clinical approach that involves the use of dramatic techniques to help clients work with often difficult and painful issues. This new and innovative field bases much of its therapeutic approach from the psychoanalytic perspective (Jones, 1996). Freud historically first spoke of the importance of the therapeutic relationship, yet Greenson (1965, as cited in Smith, 2008) was instrumental in understanding the importance of the therapeutic relationship beyond transference. Greenson began to understand dyadic interactions between the client and therapist and the importance of an empathetic therapist. Hence, the importance of the therapeutic working alliance has been developing in psychoanalysis for generations; however, there have yet to be specific studies in the field of drama therapy that tease out nuances specific to this creative medium. Drama therapy techniques can provide various levels of

*therapeutic distance* from the material presented by the client, which will influence the client's feeling comfortable with the approach (Landy, 1983, 1993, 1994, 1997, 2008). It is, therefore, important that the drama therapist choose techniques that will balance between challenging the client and working within her comfort area. This comfort level may be influenced by the client's ability to convey personal information in addition to her ability to seek support, which is directly related to the client's attachment style.

Attachment theory (Bowlby, 1969/1997, 1988) provides an abundance of information on personal disclosure and support-seeking behaviours in various situations. Attachment theory argues that a person's approach and avoidance behaviours develop in childhood with primary caregivers and will influence behaviours throughout life. In interpersonal relationships, individuals develop tools for communication and emotional experiences thus influencing their attachment styles (Feeney, Noller, & Roberts, 1998), which then remains relatively stable across time (Scharfe & Bartholomew, 1994). Therefore, based on attachment styles, some individuals will be more comfortable disclosing and support seeking than others. In clinical settings, individuals who have experienced positive interpersonal relationships will develop their working alliance to the therapist more quickly, which will positively influence the initial stages (first three sessions) of intervention (Goldman & Anderson, 2007); however, the phenomenon decreased over time. Therefore, I am studying the importance of understanding a client's attachment style when introducing drama therapy techniques at various levels of therapeutic distance during the initial stages of therapeutic intervention while establishing a working alliance.

## Drama therapy

Developed from theatre, psychology, anthropology, sociology, and drama (Landy, 1983), drama therapy is a therapeutic tool used to help maintain personal stability or to allow participants to work through, reassess, and reformulate issues that are currently affecting their lives. In a meta-analysis of various drama therapy approaches, Lewis and Johnson (2000) determined that the most widely accepted definition of drama therapy would contain these elements:

> ...deep action method which employs engagement in improvisational play or enactment of habitual scenes or roles from the clients' lives, dreams, or fantasies in an effort to heighten awareness, connect with themselves, others and/or transpersonally in an embodied manner, gain new and more satisfying roles and stories intrapsychically and in social situations. (p. 418)

This definition is important in understanding that drama therapy is often focused upon helping individuals gain new insight into relationships with others and themselves in order to lead a more successful and balanced life. This focus has been used and found to be beneficial when working with various populations such as post-traumatic stress disorder (Mulkey, 2004), recent immigrants (Rousseau et al., 2005), adults with developmental disabilities (Snow, D'Amico, & Tanguay, 2003), and prisoners (Bergman, 2000). These and other populations use techniques such as role-play, puppets, miniatures, masks, objects, psychodrama, and narratives (Jones, 1996) to help clients explore emotional, social, and psychological concerns. Through these techniques, clients are able to externalize a particular aspect of the self and work to explore different ways of viewing the issue, working through the issue, or assessing options for a suitable outcome. Many of

the above-noted techniques are projective by nature. Jones (1996), and Landy (1983, 1993, 1994, 1997, 2008) believe that clients will project their internal conflicts onto or through these techniques/characters and subsequently, work with the material at various levels of distance. Distance is an important construct for understanding, on a continuum, how separated or overwhelmed clients are from the material they are dealing with in therapy (Scheff, 1981).

## Distancing

Distancing is a construct that was developed from the fields of drama/theatre, sociology, and psychology (Landy, 1983). It represents an individual's relationship to various aspects of the self and the ways in which one projects themselves into society through physical distance (how close or far away one chooses to stand, for example), emotional content (the choice to be emotionally involved), or intellectual analysis (how one chooses to process any given context) (Landy). This delivery of self is then represented in the way one would choose to play out certain roles in life, as well as the relationship he or she will have to various situations or to others. Although roles are often identified as theatrical constructs, they are pertinent to the study of drama therapy because they allow for individuals to experience and reflect upon roles they play in every day (e.g. mother, child, victim), as well as metaphorical or imaginative roles (e.g., Greek gods, fairy-tale characters, or wind, fire, water). While playing these roles, individuals can experience the roles they play, as well as the counter-role in understanding how their usual role is received (e.g., counter-role to daughter may be mother, or employee may be boss). Clients may also increase their role repertoire so they do not become habituated to specific responses to life, and finally they are able to play with an imaginative role to

learn about different responses, moral approaches, and perspectives (Landy, 2008). Role-playing allows clients the opportunity to learn about themselves and others, as well as begin to understand different perspectives from various levels of therapeutic distance.

*Foundations in theatre*

Initially distancing or *Verfremdungseffekt* was a theatrical construct used by Brecht in *Epic Theatre* (1964) to help the actors and the audience members alienate themselves from becoming emotionally involved. Brecht believed that by emotionally removing the actors and audience members from the drama, the audience would be able to gain perspective and that the emotional distance would allow for cognitive analysis of the events taking place on stage (Jones, 1996; Landy, 1983). At times, characters would step out of the scene and directly speak to the audience, adding commentary about the action or their internal thoughts. This type of approach breaks the flow of the scene and reminds the audience that these are actors on stage, and that the action is not happening in real time. In *Mother Courage and Her Children* (1941/1966), Brecht distanced the audience from the action in hopes to allow them the opportunity to focus on the social criticisms of war and not the atrocities of losing children and freedom.

Alternatively, another theatrical approach that is less distanced is Stanislavski's *Naturalistic Theatre.* In this technique, actors and audience members are asked to become absorbed in the action of the play. The actors used techniques designed by Stanslavski to become the characters, who then helped take the audience on the journey, where the audience became emotionally attached and felt as though they were part of the drama. Although this technique requires that the actors become very close to the characters and the drama, they were asked to remain in touch with their outside persona. This technique

allows the audience and the actors distance in order to remain cognitively aware of the action yet more emotionally attached than in epic theatre. During the 1930s and 1940s, the final step in the emersion process was completed when actors began to focus on *method acting* (Strasberg) and became completely absorbed in their characters for the duration of a project. For this process, the actors were completely absorbed in the action and the audience felt as though they were watching real-time events taking place. This technique is often used by actors in film, where the members of the audience take a journey of real-time events and become underdistanced and emotionally involved.

The importance of understanding the aesthetic distance that both the audience and the actors have to the drama is believed to influence their ability to cognitively process and emotionally digest the material unfolding on stage. It could be argued as to which type of theatre is more influential, but the important aspect is that the material is being processed by the audience as the play write, director, etc... intended it. . Using this framework of the audience in theatre, Scheff (1981) argued that at one end of the continuum are *underdistanced* (see Figure 1) dramas, which evoke deep overwhelming emotions that engulf the audience in the sensation. The audience members would react as though they were living vicariously through the action on the stage and commit emotionally to the character's experiences. This type of drama is comparable to method acting. The opposite end of the continuum is *overdistanced.* An overdistanced drama (e.g., Epic Theatre) would have the audience detached from the content on the stage. The audience would cognitively process the material, yet have no emotional reaction. The audience at this end is characterized as feeling separated from the drama. However, the

balance between these two emotions and the middle of the continuum is called *aesthetic distance.*

*Distancing and therapy*

Aesthetic distance is the point at which the audience becomes both participant and observer. The audience is able to move between being fully involved in the drama, yet is able to withdraw, gain perspective, and see the experience without becoming overwhelmed with emotion, which is similar to Natural Theatre. Scheff (1981) then used this formula to explain how this continuum (see Figure 1) relates to working with various experiences in therapy. Scheff states that, in therapy, overdistanced is remembering the past as an observer, while underdistanced is re-living the past as participant, and aesthetic distance is returning to the past as both participant and observer. This theoretical understanding is important to drama therapy because therapists ask clients to engage in activities where they become the actor of their own experiences. Thus, it is important that a client not be at either extreme of the continuum in order to gain perspective and work with personal material therapeutically.

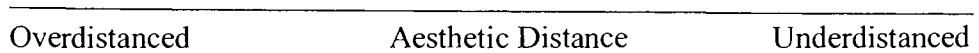


*Figure 1.* Continuum of distance.

Drama therapy pioneer Landy (1983) was inaugural in using Scheff's (1981) distancing theory in a discussion on the importance of therapists understanding their client's distance from the material examined in session in order to help clients create and work towards their therapeutic goals. Landy (1983) also suggests that it is important for drama therapists to understand and utilize distancing when choosing effective techniques

for their clients. Regarding drama therapy, clients and therapists need to have an understanding of the distance that clients have from the roles they play in life (e.g., mother, child, victim), the material dealt with in therapy, as well as the exercises used during the intervention in order to allow for a safe therapeutic approach (Landy, 2008). Landy (1997) discusses a group intervention with three clients who have various levels of distance from their material in a long-term therapy group. He notes that it is important for clients to play with various levels of distance regardless of their aesthetic infinity because, through this exploration, clients at times are challenged to face unpleasant issues, while at other times, they can gain perspective on old concerns. In addition, it is imperative that the therapist direct the exploration of distance slowly because forcing various levels of distance may be anxiety provoking and overwhelming (Scheff). Moving through various levels of distance allows clients the opportunity to work at aesthetic distance and not only learn about the difference between the extremes but find *catharsis*. Once clients are able to move through the various levels, they are able to find moments of catharsis and personal understanding. Catharsis is the ideal state for therapeutic intervention, where the client is able to gain insight (Scheff, 1979, 1984).

Scheff (1979) believed that there are four steps to attaining catharsis. Step one is the client's ability to find balance between overdistanced and underdistanced. Step two is the client's ability to understand the difference between the fears and anxieties of the past and the safety of the current situation. The third step is the emotional reaction to the material, and finally step four, insights and perspectives are gained and the client feels safe and free. In drama therapy, we are able to work through these steps using various forms of therapeutic intervention to play with various levels of distance, various

perspectives through roles (Landy, 2008), while creating a safe place for emotional reactions and new insights. The beauty of drama therapy is that clients are able to work with roles that are close to their own personal realities (Landy, 1983), or they can play with various character roles (Landy, 1993) and projective devices (Jones, 1996) such as puppets, masks, miniatures, face paints, and movement in order to move through the various levels of aesthetic distance and gain clarity to their internal conflicts.

*Techniques for distancing*

Landy (1994) and Jones (1996) propose that various techniques utilized in drama therapy inherently manifest various levels of therapeutic distance. It is in these techniques that therapists help clients work with material in an often unconscious, drama-life connection. The activities that take place within the drama therapy session are often representative of the issues and concerns the clients are dealing with. Through being witnessed by the therapist and enacting events metaphorically through characters, puppets, miniatures, or in re-enactments of real situations, clients are able to make connections to their lives (Jones), which they may not have been comfortable expressing through direct conversation. For example, although there are various client responses to these techniques, generally the use of mask and puppets, which are often categorized as projective techniques, are believed to be overdistanced activities because they allow clients to play a role that is hidden behind another face or extended away from the body. More distance can be achieved by not wearing the mask or puppet but by holding it away from the body. This may help the client view the exercise as an audience member instead of feeling fully immersed within the activity.

Techniques that distance clients (overdistancing) can be used to direct clients away from personal material in hopes of effectively dealing with the participants who, due to age and their psychological state, need to find the play and not become flooded through reliving the past. Utilizing a case study approach, Novy (2003) focused on establishing fictional characters and creating distance using fictional stories, while working with two young participants with personality disorders, rather than focusing on personal issues directly. Through the creation of fictional characters and the development of a script, the participants learned negotiation skills and teamwork regardless of the chaos that was evident in their lives outside the therapy. The participants learned to explore themselves and each other while learning valuable life skills within the drama therapy setting. The technique allowed for an overdistanced approach, where the clients were able to gain perspective on their real lives. Landy (1983) describes different techniques using puppetry (although on the continuum) as the most distanced technique, because material can be projected or fictional. The least distanced technique is when a character is projected onto the actual body/face of the client, where the client views herself on film or through the mirror working face-to-face with reality.

At the underdistanced end of the distancing continuum are techniques such as psychodrama (Blatner, 2000; Moreno, 1934) or self in a re-enactment of a situation. In situations where the client is asked to play herself, there is an opportunity for the emotional content to be experienced in real time. The clients are asked to re-enact situations that may have residual emotional content. Another reason to use this approach is to practise for an event that they fear. The client is then challenged in the enactment to face content, which may be emotionally laden and therapeutically invited to address it.

The direct nature of these therapeutic interventions must be led by a professional who can create a holding environment for the client, the material, as well as the other members in a group context (T. Klein, personal communication, November, 2008; Yalom & Leszcz, 2005). Another important issue for the therapist and clients when working in underdistanced contexts is that there should be room for debriefing in order to distance the client before the conclusion of the session (Blatner, 1996). Through sharing, the client is able to continue to feel the emotional impact of their intervention yet distance themselves enough to gain a cognitive perspective.

Leotta (2008) focused on various distancing techniques when working with a mother-daughter dyad in a case-study approach. The clients plotted various activities along the distancing continuum, and although both the mother and daughter participated in the same activities, they felt the techniques very differently. The therapist worked individually with the daughter for seven sessions before the mother committed to the therapy. The researcher explored the interventions done before the mother's involvement as a separate phenomenon. However, during the dyad interactions, the therapist focused on differences in their distancing behaviours, for example, in the use of an imaginative *Magic Box* (Emunah, 1994) for a warm activity. In this technique, clients are asked to put things in the box that they would like to let go of and take things out they need in order to get through the therapy session. The researcher reported that the mother in the dyad was overdistanced because she simply dumped work stress into the box, while the daughter was reportedly underdistanced because she did not want to reveal what she had initially put into the box and later reported that they were things she kept concealed from her mother. The daughter of the dyad had participated in more therapy sessions than the

mother, who would often cancel or ask that the daughter be seen alone. When the daughter first began working individually with the therapist, her approach and distancing behaviours were underdistanced, which had subsided over time and re-emerged when the dyadic interventions began. The mother-daughter dyad's initial approach to intervention was influenced by their own individual approach style.

Essentially the goal of underdistanced and overdistanced therapeutic interventions is to have clients work towards aesthetic distance. However, it is important not only to choose techniques that generate various levels of distance, but also to be aware of the client's initial distance when entering into therapy. Jones (1996) notes that it is important to vary exercises on individual client approach to the therapy and her goals.

*Initial stages of intervention*

Distancing is an important therapeutic tool. Although it is discussed in drama therapy literature, there has been little research to further explain or study the phenomenon. Distancing is inherently found in the role of theory literature (Landy, 1993, 1994, 2008), but specific studies investigating the importance of therapists' use of distancing throughout therapeutic intervention is sparse. Emunah (1994) has identified that clients who are overdistanced should work with underdistanced techniques, while those who are underdistanced need to find clarity and, therefore, distance themselves through overdistanced activities. During the assessment stage, exploring the client's initial distance from personal material is pertinent to knowing which techniques to implement during the initial stages of therapeutic interventions. Distancing is a key aspect in drama therapy, and by further exploring the theoretical construct in drama therapy,

clinical aspects may be enriched and further reveal important components of the client beyond the current case-study explorations.

Glass (2006) explored the effects of drama therapy and distancing with trauma survivors. Glass noted that it is effective to begin working with all clients using an overdistanced approach that builds on the alliance between the therapist and client and within the group, and move towards more underdistanced techniques over time. This technique makes logical sense in association with Emunah (1994) who notes that it is imperative that clients foresee the therapeutic environment as non-threatening, trusting and playful in order to create the therapeutic working alliance. When we begin working with clients from an overdistanced approach, we are able to begin creating an alliance without the emotional material. However, I ponder the effects of this approach on a client who enters into the therapy underdistanced and needs to alleviate some of the strain.

Pendzik (2003) presented an overview of assessment tools created for drama therapy and suggested that one of the key areas of assessment of client roles was the need to identify the client's relationship to aesthetic distance. If, in fact, a client is unable to work with the material, then drama will be stilted and therapeutic work will not ensue. The therapeutic work at various levels of distance is an essential element of therapy because when a client is able to reach aesthetic distance, they have a better chance of achieving catharsis and learning from the experience (Scheff, 1981). Therefore, it is important to understand factors that may be affecting the client's ability to approach material and to gain an understanding of a client's relationship to personal material upon initial therapeutic intake. The client's attachment style may be a viable theory to understand the client's ability to approach material for therapy.

## Attachment Theory

Bowlby (1969/1997, 1988) proposed that the relationships we have with our primary caregivers in infancy influences the way we perceive ourselves and others throughout life. Bowlby (1969/1997) argued that infants and children engage in activities to ensure that their parents will protect them from danger, which creates a template for believing how social and emotional needs will be met throughout life. Bowlby also hypothesized that the responsive behaviour of the caregiver, or lack thereof, becomes integrated into the child's belief system, which will then provide the structure for future social and personal relationships from "the cradle to the grave" (Bowlby, 1977, p. 203). Bowlby's inaugural framework was later empirically supported by Ainsworth, Blehar, Waters, and Wall (1978). In a series of lab sessions called the *Strange Situation*, Ainsworth et al. identified three distinct behaviours that children will engage in depending on their caregiver's receptiveness during separations and reunions. These distinct behaviour patterns were labelled *secure, avoidant*, and *anxious-ambivalent*. Ainsworth et al. identified secure children as those who experienced a loving, responsive environment, in which they felt they could explore from while using their caregiver as a base. Avoidant children were found to be upset during the separations, and when reunited with their caregiver, they would not approach their caregiver nor would they play with the toys in the room. Lastly, anxious-ambivalent children were visibly distraught during the separations and were unable to be comforted when reunited with their caregiver. Using the framework on child attachment proposed by Bowlby, and empirically tested by Ainsworth et al., Main, Kaplan, and Cassidy (1985), Hazan and Shaver (1987), and Bartholomew (1990) each created measures and models of adult attachment.

*Adult Attachment*

Throughout life, individuals who developed a secure relationship with their primary caregivers in childhood are believed to be able to engage in more successful relationships with others, knowing they have a base to return to if in need (Bartholomew, 1990; Bretherton & Munholland, 1999; Kobak & Sceery, 1988; Pierce, Sarason, & Sarason, 1991; Rholes, Simpson, Campbell, & Grich, 2001). This secure base may take various forms in interpersonal relationships such as peers (Main et al., 1985) and romantic partners (Hazan and Shaver, 1987; Main et al.) in adolescence and adulthood. Main et al. developed an interview measure and classification system of adult attachment that is based on Ainsworth's et al. (1978) work. Using the three-category model outlined by Ainsworth et al. in childhood, Main et al. believed that the relationships individuals have with their primary caregivers in childhood would transfer and influence our adult relationships and create three adult-attachment categories: *secure, dismissing,* and *preoccupied.* In this model, the secure individuals are recognized by their ability to value and discuss their relationships with their families, insecure dismissing individuals feel removed from their relationships with their families, while finally, the insecure preoccupied group focused on looking for external validation and proximity seeking. Main et al.'s model focuses on the parent-child relationships with primary caregivers in adulthood but does not take other adult relationships into context as does Hazan and Shaver, who focused upon adult romantic relationships.

Although also built on Ainsworth et al.'s (1978) model, slight differences were found in Hazan and Shaver's (1987) model in the attachment patterns in romantic relationships in comparison to Main et al.'s (1985) adult parent-child relational process.

In Hazan and Shaver's model, individuals who are comfortable getting close to others and depending on other people for support represent the secure style. The avoidant style depicts an individual who has comfort and trust difficulties, and the anxious-ambivalent style individual describes an individual who wants relationships to be closer but fears they want to be so close it will deter their partner. The interesting aspect separating Hazan and Shaver's model from Main et al.'s model is that although both perspectives have been developed based on Ainsworth et al.'s models, they differ on one aspect. While both models have secure and preoccupied-ambivalent groups, they differ on their third attachment style. Hazan and Shaver's avoidant type describes an individual who wants relationships but does not trust others, while Main et al.'s dismissing group involves a lack of desire for intimacy or reliance on relationships. It was in the lack of a solid definition of their third style that Bartholomew (1990; 1993; Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994a, 1994b) decided to return to Bowlby's original theory and explore the framework of an *internal working model* (IWM).

Bartholomew created a dimensional model based on internal working models in addition to a categorical model, which would decode the third aspect of Main et al. (1985) and Hazan and Shaver's (1987) models. Internal working models are schemes that act as a filter for information about others and one's self (Bretherton & Munholland, 1999). Bartholomew's model (1990; 1993; Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994a, 1994b) measures attachment throughout life and the theory is based on our primary relationships. Bartholomew's model based on Bowlby's internal working-model framework offers both a four-category attachment-style perspective, in addition to the dimensional models of oneself and others, or anxiety-avoidance, which can measure

peer, romantic and parent-child relationships. Dimensionally, Bartholomew's working models of attachment (see Figure 2) indicate that individuals with a *positive self* are confident in who they are and believe they are worthy of love, while those with a *negative self* have a low self-concept and view themselves as undeserving of love. Individuals with a *positive other* believe that individuals in the social world can be trusted and caring, while individuals with a *negative other* view people as rejecting. The models of self and other can be plotted to represent a range on the model. This is different from Hazan and Shaver and Main et al. because Bartholomew's model describes a four-category model of attachment in order to tease out the difference in insecure attachment.

Bartholomew found that *secure* (positive self/positive other) individuals believe that they are worthy of love and other people are loving and accepting. *Dismissing* (positive self/negative other) individuals have a negative view of others and value independence and self-sufficiency. *Preoccupied* (negative self/positive other) individuals work hard to have others accept them and view themselves negatively. Finally, *fearful* (negative self/negative other) individuals avoid getting close to others due to the fact they believe others will reject them. Regardless of the relationship in question, or if one decides to focus on the categorical or dimensional representations, attachment patterns will be particularly evident during times of distress and during life transitions (Bartholomew, 1990, 1993; Bartholomew & Horowitz, 1991; Bartholomew et al., 1997; Bowlby, 1969/1997; Griffin & Bartholomew, 1994a, 1994b; Kobak & Sceery, 1988; Ognibene & Collins, 1998).

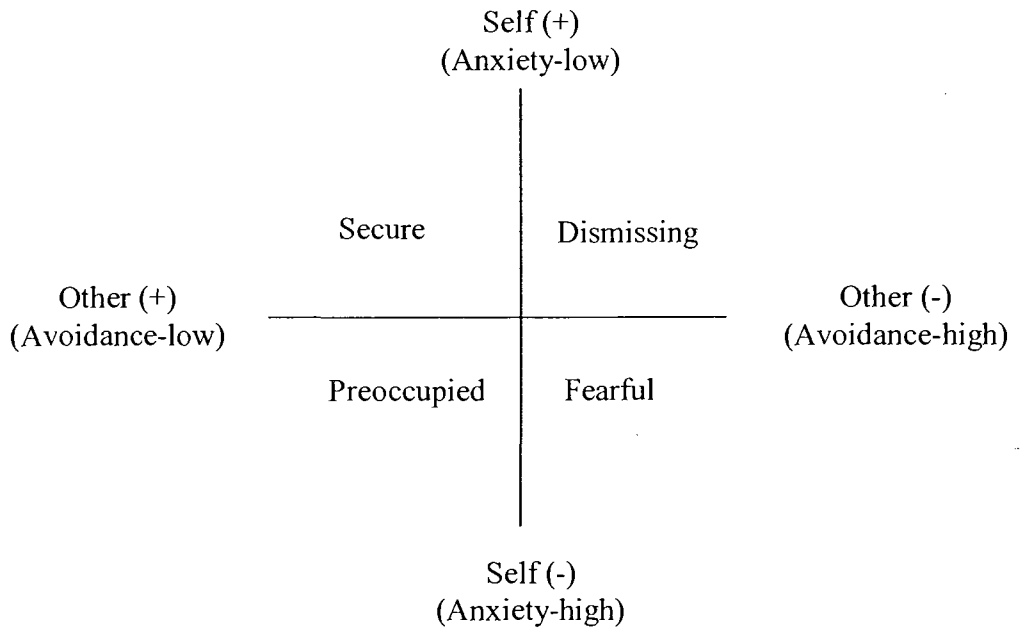


Figure 2. *Attachment categories and dimensions.*

It is during life transitions, such as the transition to university (Kobak & Sceery, 1988), parenthood (Rhole, et al., 2001), and the empty nest (Hobdy et al., 2007), when attachment patterns may be most evident and clients will be more likely to seek out therapy or have therapeutic interventions provided.

*Perceived Support*

Regardless of the presented issue, attachment plays a prominent role in the history of the client, which in turn will influence the client's perception of the therapist. In an inaugural study assessing attachment-based perceptions, Simpson, Rholes, and Nelligan (1992) investigated how various attachment styles interact in a romantic relationship when one member of the dyad is involved in an anxiety-arousing situation. Eighty-three university-aged (mean age = 19.5 years for the males, 18.9 for the females) heterosexual, romantic couples were invited to participate in a study where the female member of the

dyad would participate in an anxiety-provoking research session. The couples were unobtrusively videotaped prior to the female entering the testing session. The intention was to understand the dyad's support seeking, and the male's ability to be receptive. Attachment styles for both partners were recorded and independent raters scored the activity of the females in the video for level of anxiety (anxious, fearful), support seeking (clingy, promoting contact), and personality dimensions such as confidence, submissive, or hostile. The male participants were rated on their ability to be emotionally supportive (reassuring, sympathetic), as well as the personal dimension as noted above for the females. The results of this study indicate that individuals who were high in avoidance sought less comfort and perceived less support from their partners than secure individuals. In addition, individuals who were high in avoidance withdrew and offered less support as their partner's anxiety increased. The importance of this study is that when we enter into relationships such as the client-therapist, it is helpful to be aware of the attachment-biased perceptions that are influencing the client, as well as how the client's attachment style will interact with the therapist's attachment style and influence the client-therapist relationship. Past research indicates that although insecure attachments are highly represented in clinical settings (Eng, Heimberg, Hart, Schneier, & Liebowitz, 2001; Satterfield & Lyddon, 1995; Troisi and D'Argenio, 2004), security in attachment does not defend against interpersonal and relational distress.

Attachment styles are an important aspect of the therapeutic relationship. Not only is the client's attachment style influential to the therapeutic success, but the client will see the therapist as an attachment figure. Hazan and Shaver (1987) identified that the client is in distress when they approach a therapist and, therefore, this approach behaviour mimics

the approach needs in attachment relationships and places the therapist in an attachment role. Although this role is comparable to the parent-child dyad, Farber, Lippert, and Nevas (1995) noted that there are extraneous variables that affect this relationship. Factors include the client-therapist dyad has financial, ethical, and logistical aspects that are different from parent-child relationships and influence the emotional connection between the two parties. However, as noted by Bowlby (1977) as to the importance of the caregiver being wise and strong, the therapist is able to retain this attachment quality (Farber et al.), which is essential to the therapeutic process. Yalom and Leszcz (2005) noted that the therapist must impart information to the client, which involves offering advice, giving instructions, and making suggestions for change. In addition, Bowlby (1988) also determined that therapists are candidates for a secure base from which clients can explore their concerns and, therefore, serve as attachment figures. Although there is no clear indication of the length of therapy needed for an attachment relationship to develop, Farber et al. noted that often therapeutic interventions are only four to five sessions, and the client can still establish an attachment relationship with the therapist due to *transference.*

Transference is a therapeutic phenomenon from which the client directs unconscious, unfinished needs onto the therapist (Freud, 1895, as cited in the International dictionary of psychoanalysis, 2005). This definition has further developed into Winnicott's (B. Harnden, personal communication, Fall 2007) belief that the therapist must symbolically hold the client as though they were a child to find out how they related to their mother, and how they see themselves. Although a long-term intervention is therapeutically more appropriate for attachment development to the

therapist, it could be argued that the attachment the client has to the primary caregiver in infancy will influence the client's initial approach behaviour to the therapist based on issues on transference. Farber et al. (1995) also noted that individuals with anxious attachment styles are more likely to attach to the therapist because they are looking for a safe haven to subdue their anxiety, while securely attached individuals tend to have less anxiety in novel situations such as the initial stages of therapeutic intervention (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1994; Lopez & Brennan, 2000). When focusing on a therapeutic relationship, it is important to understand that arguably the client will perceive the therapist to play a role that is congruent with their belief of the caregiver's ability to be responsive, specifically the role of the mother (Yalom & Leszcz, 2005). In addition, Bowlby (1988) proposed that it is the role of the therapist to play the mother and that it is the therapist's responsibility to the client to be attentive and reliable and to help the client lead a successful life.

In another study focused on particular aspects of attachment relationships to the therapist, Parrish and Eagle (2003) assessed 105 adults currently seeking psychodynamic or psychoanalytic-oriented psychotherapy for at least six months (range six months – 10 years). Questionnaire packets assessing attachment characteristics (e.g., proximity seeking, separation anxiety, secure base, safe haven, stronger/wiser, availability), as well as using Bartholomew's (1991) four-category approach were distributed to the participants. Also included in the package was a working alliance inventory. The study found that when comparing the preferred adult-attachment figure to the therapist in a series of *t*-tests on the attachment characteristics, the components of availability and stronger/wiser were significantly higher in the therapist then other attachment

relationships. In addition, they found that secure attachment to a peer or romantic partner was positively correlated to overall attachment to the therapist, while dismissing attachment was negatively correlated to overall attachment to the therapist, and secure attachment was positively related to working alliance and negatively related to fearful and dismissing attachment. Overall, it appeared that in both therapist and peer/romantic partner attachment measures, the clients felt their therapists were emotionally responsive, could be used as a secure base or safe haven, and that they could proximity seek. That is to say, the clients seeking either type of therapy could use the therapist as a secure base to explore issues and concerns, while feeling supported in their journey outside the therapy session. The importance of this study to the current investigation is that secure clients have a different relationship to the therapist than clients with insecure styles. In both instances, the therapeutic relationship mimics a client's relationship to attachment figures, which in turn affects their working alliance.

In a study exploring the importance of a working alliance in relation to attachment, Mallinckrodt et al. (2005) argue that although the two constructs are different, there appears to be a strong relationship between the two. In the first study, participants were comprised of thirty-eight university students seeking help at the school counselling centre (range of duration of four to eight session). In the second study, which was archival, a sample group of forty-four female clients from the same counselling centre or counselling psychology-training program in the same city, who completed questionnaires for an earlier study, were examined. In the first study, participants were asked to complete two attachment measures: one measured close attachment relationships outside the therapy, and the other measured attachment to the therapist in addition to a

working alliance inventory and a therapy-session evaluation. Contrary to the above explored findings on transference by Farber et al. (1995), the team determined, prior to the study, that less than three sessions would not offer enough time for an attachment to develop, arguing that most clients with insecure attachments, or poor working alliance, would have left treatment. Overall, the results of the study indicate that individuals with secure attachment styles have more successful early interventions, while those who have avoidant-attachment patterns are lacking in depth and fluidity in sessions, which is believed to be related to safety in the alliance. The final important measure of this study is that in a comparison of two constructs, one measuring attachment to the therapist and the other a working alliance inventory, reveal that they have many features in common and they are directly related in the success of the therapeutic relationship. Although attachment and working alliance are different theoretical constructs, it is important to this study to understand that there is a relationship between the two.

## Attachment and the Working Alliance

Although the client-therapist relationship would not traditionally be construed as an attachment-based intimate relationship, studies examining therapy-working alliances have noted that these two constructs are very similar and are pertinent to the success of therapy (Kivligham, Patton, & Foote, 1998; Lambert & Barley, 2002; Mallinckrodt et al., 2005; Parish & Eagle, 2003; Satterfield & Lyddon, 1995). It is important to note that there are many elements affecting the success of the working alliance. The therapist's own attachment, perceptions, and experience, the client's attachment, perceptions, and experiences, as well as the dyad interaction of the these elements (Eames & Roth, 2000; Goldman & Anderson, 2007; Henry & Strupp. 1994; Horvath & Bedi, 2002; Parish &

Eagle) will influence the success of the alliance and the therapeutic outcomes. Although all of these elements are consequential to the success of the alliance, Luborsky (1994) notes that it is the client's perception of the alliance that is most important. Creating a healthy working alliance will be influenced by past relationships the client has had in life (Eames & Roth), and it is these past relationships that influence our perceptions (Collins & Feeney, 2004) throughout life. Although I was unable to find any studies that represented the association between attachment representations, working alliance, and the creative art therapies directly, there are studies that consider how attachment styles of clients (Henley, 2005; Kaiser, 1996; Moon, 1990) influence the therapeutic process, as noted above. Working alliance, however, is not simply based on the client's attachment to the therapist but includes goals, tasks, and the active involvement of the client (Lambert & Barley).

In a literature review of the therapeutic working alliance, Lambert and Barley (2002) found that the course of therapy process is derived from the client's material brought forth to the therapy. It is the target of the intervention that, in working together, the therapist and client will set goals and prepare specific activities to resolve the internal conflict of the client. Bordin (1994) also proposes that these elements are imperative to the therapy but adds that the client, her attachment, and her approach to therapy, are key elements to the therapeutic success. In Bordin's chapter reviewing the research and theory of working alliance, the most important element of this intervention is that the client takes an active role in the process. Bordin argues that it is in this process where the client begins to rely on the therapist to make appropriate choices for intervention, and that it is in these choices that the client needs to feel safe. Individuals without strong bonding

processes in their past will need to have more time to feel safe in the therapy space than those who have had success in relationships. If there is too much negative transference of other relationships, it will influence the success of the therapy (Bordin).

Lambert and Barley (2002) explored various aspects concerning psychotherapeutic relationships and found that the important components for clients when seeking therapy is that the therapist is empathetic, has non-judgemental warmth, behaves in an honest fashion, and effectively deals with ruptures in the relationship. Therapists can make mistakes and the client is willing to forgive these moments if they are dealt with directly and with honesty. It is crucial that the therapist create an environment that feels safe for the client to explore. It is in this safety that the client will learn to explore their current personal material, as well as past ruptures in their attachment relationships such as with their primary caregivers (Yalom & Leszcz, 2005).

*Research question*

When exploring attachment relationships and life transitions, attachment patterns will be activated (Bartholomew, 1990, 1993; Bartholomew & Horowitz, 1991; Bowlby, 1969/1997; Griffin & Bartholomew, 1994a, 1994b), and it is often during these times that individuals seek therapeutic interventions. While attending therapy, the therapist and client will set goals and tasks to work towards relieving any residual content associated with attachment or current life stressors (Bordin, 1994). Drama therapy works with these and other issues through a number of projective techniques, as well as dramatic enactments (Emunah, 1994; Jones, 1996; Landy, 1983, 1993, 1994, 1997, 2008; Scheff, 1979, 1981) in order to help clients live healthy lives. Through the drama-life connection (Jones), clients explore dramatically the issues in their lives, which they can then transfer

to reality. The techniques used during the process can be explored at various levels of aesthetic distance (Jones; Landy), which are determined by the goals set by the dyad or a therapy group or by the therapist through explicit discussion of tasks or unconscious reactions to the task as observed by the therapist. This is why a healthy, therapeutic working alliance is imperative to create a safe place for exploration. Attachment-based perceptions have not been used as a basis for understanding the relationship clients have to their material in drama therapy and, subsequently, the level of distance they have to the material during the initial sessions while a working alliance is developing.

I propose that drama therapists can use Bartholomew's attachment measure (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994a, 1994b) as an assessment tool during the initial stages of therapy as a way to understand how to embark on approaching material with clients at a safe and initially comfortable distance. Drama therapy offers various approaches to working with clients, and for the purpose of this study, I will focus on techniques with various levels of therapeutic distance. My overall research question asks *how does a client's attachment style influence her approach to drama therapy techniques at various levels of therapeutic distance during the initial stages of therapeutic intervention while the working alliance is developing?*

## Reflexive Analysis

In this study, I performed the duties of both the researcher and the therapist. Although this dual role is often difficult to fulfill, I used reflexive analysis (Nightingale & Cromby, 1999) throughout the process to explore for my own biases as an attachment researcher, and as new drama therapist. I have four years experience as an attachment coder learning to identify various attachment styles from Bartholomew's *Family*

*Attachment Interview* (Bartholomew & Horowitz, 1991). I trained with Dr. Elaine Scharfe (over 200 hours) who is certified as a coder with Kim Bartholomew. Although some of the information taught in coding sessions are not found in literature, I believe that it is pertinent to understanding attachment processes in a case-study sample, and will therefore be referenced as personal communications with Dr. Scharfe. This training allowed me to identify interviewee's attachment styles based on responses to a series of questions. Although I did not conduct this interview, based on discussions related to past coding experiences, I would have gained some knowledge about each client's attachment style prior to coding the attachment questionnaires. With this is mind, I attuned to my biased belief of the research supposition that differing attachment styles will influence a client's comfort level with various levels of distance in drama therapy, which in turn will affect the creation of the therapeutic working alliance. For example, I would propose that individuals with high anxiety (fearful and preoccupied) attachment styles would begin the intervention from an underdistanced approach, while those with high avoidance would be more comfortable working with overdistanced techniques. Secure clients (low avoidance and low anxiety) would be able to approach numerous activities always from an aesthetically appropriate place.

An important aspect that I considered prior the beginning of the research therapy sessions was that I must abide by the National Association of Drama Therapies code of ethical conduct while conducting research. My clients', therapeutic needs would be of the utmost importance and I would not allow my research project to drive the therapy sessions. However, in order to account for the importance of qualitative research rigor, I took into consideration, while developing the research project, the importance of

credibility, transferability, dependability, and confirmability (Guba, 1981, as cited in Shenton, 2004; Marshall & Rossman, 2006).

*Credibility*

Credibility is important because it supports the notion that the study must accurately represent multiple realities of participants. Although I worked with a sample size from a case-study analysis, I accounted for this principle through a random sample. I had no idea which attachment styles would be represented in the group. In addition, according to Shenton (2004), I also developed an understanding of the culture of the clients by working with a behavioural intervention program that all of the participants' children attended for a period of eight months, where I gained gatekeeper consent to meet with them. Finally, I triangulated the research through literature reviews, client narrative, and attachment scores, as well as my own process notes in order to combat my own biases of the results.

*Transferability*

Transferability is the extent to which a qualitative study can be transferred to other similar situations. The researcher is responsible for providing enough information about their study to allow other researchers the opportunity to compare if the results are transferable (Shenton, 2004). Transferability in this study was addressed by working with a sample that is not considered to have mental-health issues in hopes of creating a baseline for future endeavors. I am aware that various drama therapy techniques could be implemented in different settings; however, I attempted to account for transferability by choosing techniques based on their projective nature, which is often found in drama

therapy. In addition, a copy of my plans with descriptions of the activities allows for an audit trial (Shenton) of how the sessions were developed based on theoretical concepts. Descriptions of the sessions can be found in the appendix (Appendix A), which lends itself to dealing with the overlapping factor of dependability for replication.

Based on the simplistic nature of the study, I hope the results and methodology will be dependable and replicable for researchers in the future. Finally, based on my use of reflexivity and the use of theoretical triangulation, the intention is that the study is confirmable. I have attempted to remain blind to certain aspects of the research by not analyzing the results of the attachment questionnaire prior to the completion of the therapy session. I also did not read the demographics results. Although I have experience in attachment research, I tried not to allow my bias to interfere with my choices in therapeutic techniques unless it would benefit the client. In addition, I have used peer-reviewed material for the body of my theoretical research to support my endeavor.

## Method

### *Participants*

A total of six single mothers whose children have been diagnosed with various psychiatric concerns (e.g., conduct disorder, attention deficit hyperactivity disorder, selective mutism, parent-child relational disorder) and are currently participating in a behaviour modification day treatment program were recruited for this research project (For further details pertaining to the recruitment process, please see the methodology section of this paper). The mothers were between 26 to 47 years of age, had children between the ages of two to 10, and were from various ethnic backgrounds (Caucasian-Greek, Caucasian-Italian, Caucasian-French, Caucasian-Jewish, and Black). These

mothers were recruited in order to offer therapeutic support for the stress they were enduring while raising a child with a psychiatric diagnosis (Ross, Blanc, McNeil, Eyberg, & Hembree-Kigin, 1998). Based on the research suggesting single mothers are under added stress (Olson & Banyard, 1993), I delimited the sample by making the sessions available only to single mothers in hopes to offer them a community of other women who may understand their concerns. The mothers each had between one to two children all under the age of 13 years (range = 1.5 yrs to 13 yrs). All of the mothers had attended post-secondary education, and three had relatively important and responsible occupations such as accounting clerk, government employee, and bank manager, while the final two were currently unemployed (between jobs) or working for themselves (sales).

The mothers were all referred by the program's mental-health professionals. I had been working with three of the mothers' children in individual therapy in the behaviour modification program once a week for the previous five months but had no contact with the mothers prior to the therapy group. Initially, there were six mothers in the program, but one mother left after her child was discharged due to non-compliance to the program's mandate and, therefore, was not be included in the data set. Another mother was late for session two by one and half hours and missed session three due to events beyond her control (death in family). Her experience was taken into consideration however, during my analysis in order to explore if there were differences in attrition or consistency based on attachment style as found in other clinical studies (Goldman & Anderson, 2007). I therefore, focused the body of my research on the four mothers that attended all sessions but note any specific aspects of the research question that pertained to the other mothers.

Although all of the mothers were considered single mothers, two were single and not dating, three were dating casually, and one was exclusively dating a man other than her child's father, but they broke up prior to session three. All of the women were separated from their husbands for longer than one year (mode = four years). Therefore, it is important to note that none of these women had a stable romantic support system that would be able to fill the role of a romantic attachment figure.

Although the participants are a convenience sample, they were idyllic for the research project because none of the mothers had a clinical diagnosis and, therefore, were an ideal theoretical sample. However, based on attachment theory, individuals who are experiencing transitions have their primary attachment orientations activated and will use this as the lens from which to process less intimate relationships (Bartholomew 1990, 1993; Bowlby, 1969/1997). Based on the information given by the mental-health professional working with these families, I propose that these mothers were in the transition of working towards getting their children back into regular school programming, as well as working towards a more harmonious family-living situation. Thus, I propose that these women's situations fulfill the requirements of stress and/or life transition. In order to preserve confidentiality for the clients and their children, I have changed their names to pseudonyms and will not offer any identifying information. The participants will be referred to as Sally, Maria, Amber, Paula, Tonya and Heather.

*Procedure*

Mental health professionals working with children diagnosed with various psychiatric disorders in a behaviour modification program, where I worked as a drama therapy intern, were contacted about a pilot project helping parents deal with the stress of

having an identified child and meeting the rigorous parental demands of a family system's approach to therapeutic intervention required by the program. After working closely with the staff psychiatric nurse who was in charge of the on-site team we decided that the greatest need was to offer support to the single parents involved in the program. The intention was to offer mothers a therapeutic support group to identify some of their current parental concerns, as well as to identify how relationships with their primary caregivers may be influencing their parenting perspective. Based on this mandate, six mothers were approached by the researcher via a research package sent home with the children from school. The package included a letter of intent (See Appendix B), two copies of the consent form (Appendix C), and the Relationship Scales Questionnaire (RSQ; Appendix D). The packages were returned to the school in sealed envelopes, which were opened by me to secure consent. The mothers were instructed to keep one copy of the consent form for their records. The RSQ was checked for completion, but the results were kept blind until the conclusion of the four-session pilot project. The group met for 1.5 hours once a week for four consecutive weeks. A demographic questionnaire was completed during the second therapy session (Appendix E), while an evaluation questionnaire was completed during the final session (Appendix F).

During the first session, each group member was given a workbook to use for journal entries and artwork. I discussed the use of various drama therapy techniques that would be implemented throughout the four weeks. I asked participants to keep an open mind about the use of drama in therapy and that everything discussed in the room would be kept confidential. I also informed the group that I would not look at the results of the attachment questionnaire or read their journal entries until the therapy sessions had

concluded. Although this may be against therapeutic intuition, I felt it was necessary the mothers understood that this self-reflection journal was confidential and that I would not breach their trust. We would share the information in the journals within the group context, but I would not view these journals outside of the therapy context.

*Measures*

*Demographics.* The mothers completed a demographics questionnaire concerned with age, gender, ethnicity they most identify with, marital status, parent marital status, and their children. All six of the mothers completed the demographics questionnaire (see Appendix E).

*Attachment Style.* Clients completed the Relationships Scales Questionnaire (RSQ), which is a 17-item self-report measure based on Bartholomew's four-category model of attachment (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994a, 1994b). The measure contains 17 statements that participants rate on a seven-point Likert scale ranging from "not at all like me" to "very much like me" (e.g., "I find it difficult to depend on my parents" and "I worry about having my parents accept me").

The RSQ generates four subscales for each of the four attachment patterns (secure, dismissing, preoccupied, and fearful). Higher scores on all questions would indicate that the participant was high on the dimension being measured. For computing the four attachment subscales, guidelines from Griffin and Bartholomew (1994a) were used by averaging the items representing each of the four attachment prototypes. Each of the four prototypes are represented by various questions: secure (e.g., I find it easy to get emotionally close to my parents); preoccupied (e.g., I want to be completely, emotionally

intimate with my parents); fearful (e.g., I am somewhat uncomfortable being close my parents); and dismissing (e.g., I prefer not to depend on my parents). Although various relationships can be measured using the RSQ, I looked at the relationships individuals have with their primary caregivers and, therefore, they were asked to think of this relationship while completing the questionnaire.

The RSQ questionnaire can also be evaluated by using the self-other model or anxiety-avoidance, which is important to be able to assess differences in approach behaviours when a small sample is being utilized. The four attachment styles have two underlying dimensions: *model of self* and *model of other*, as suggested by Bartholomew and Horowitz (1991). The attachment style subscales each indicate high or low levels of the internal working models: self-model (anxiety) or the other-model (avoidance). The RSQ can be scored to indicate an individual's score on the self and other dimensions of Bartholomew's model (1990; Bartholomew & Horowitz). Scores for the RSQ were calculated based on Bartholomew's method. The self scale was calculated by summing the rating across the two positive self-attachment patterns and subtracting the two negative self-patterns (secure + dismissing - fearful - preoccupied). The other scale was computed by using the formula: (secure + preoccupied - dismissing - fearful).

The only mother that did not complete the questionnaire was Heather. Heather only attended session two, and then she and her child left the behaviour intervention day program. The RSQ does not determine pathological attachment issues. Five out of the six mothers completed the RSQ.

*Final Analysis Questionnaire.* This final questionnaire was given in the last 15 minutes of the final session with the group. The questions were concerned with the

opportunity to work with other single mothers, the effectiveness of the process for the child behaviour program in the future, as well as a few questions concerned with goals, distancing, and attachment/working alliance.

## Findings

This research was designed as an exploratory case study in order to tease apart the nuances of the relationship between attachment and therapeutic distancing. In order to analyze the data, I first explored each client individually and then performed a qualitative group analysis. The distancing and attachment exploration was based on Landy's case-study approach in his 1997 exploration of distancing approach behaviours. The results of the Relationship Scales Questionnaire were calculated prior to assessing the overall outcome of each client (see Table 1).

Table 1.

*Categorical attachment scores for each client*

| Client name | Secure | Fearful | Preoccupied | Dismissing |
|---|---|---|---|---|
| Sally | 5.00 | 2.75 | 1.75 | 5.20 |
| Maria | 6.80 | 1.00 | 3.25 | 1.60 |
| Amber | 5.20 | 2.50 | 3.25 | 5.60 |
| Paula | 3.80 | 2.75 | 3.00 | 5.40 |
| Tonya | 4.60 | 3.25 | 3.00 | 5.40 |

*Sally.* Sally is a 29-year-old Caucasian woman with two children under the age of eight (male age seven, male age 18 months). Sally and the father of the oldest child broke up four years ago, and she and the father of the second child had been dating for three and

half years. Her current partner is not in the country much, which leaves the majority of the child rearing to Sally. Sally has a college-level education and works full time. Sally noted during the therapy sessions that she lives in close proximity to her parents. During the third therapy session, Sally announced that she had decided to leave her boyfriend, and that she and her sons would be better without him in their lives.

According to the RSQ that Sally completed prior to the therapy sessions, she scored a mean of 5.2 on dismissing and a 5.0 on secure (see Table 1), thus indicating that Sally is represented by the dismissing attachment style mixed with a strong base in security. As noted above, the dismissing style has a positive self and a negative other, which prototypically manifests as an avoidance of approaching others for support with a strict reliance on the self as protection (Bartholomew, 1990; 1993; Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994a, 1994b). Dismissing people will often behave as though everything in their lives is running perfectly, and that they have very secure relationships with others as a way to avoid needing others or asking for support (E. Scharfe, personal communication, 2004). This behaviour was evident in the therapy sessions when Sally noted that, although she loves and is close to her parents, she hated to ask them for help, nor would she allow her partner to help raise her older son. Sally also had a difficult time accepting the help that was required by the intervention program (e.g., family therapy) because she did not feel that she had a problem, and that it required too much time. Sally's affect was often analytical and detached from the group. She would often listen to others yet not offer any personal information about her own struggles outside the confines of the demands of the behavioural intervention program

(e.g., on call during school hours, parenting skills workshops, doctor appointments), yet over time she was able to begin to attune through the projective techniques.

Sally's therapeutic distance was evident during her work with projective techniques. During session one, the projective technique of an *Encounter* (Silverman, 2004) was utilized to warm clients up to the use of projection. A black *Pashmina* (a wool shall) was placed on a table with a black and white coffee mug placed on top of it. Three creamers were surrounding the mug. The clients were asked to look at the objects, draw the image, and then write a personal story from the objects point of view (e.g., I am a creamer...). The story could have been from any one of the objects in the display or from many .The group members were also asked to name the story and the image. I felt that Sally worked very quickly and appeared not to connect to the material. Her story was called "Relaxing" and she took the perspective of the cup. The story did not appear to be overly projective but factual: "You can fill me up with anything you like. I can even warm you up with hot chocolate." Sally was overdistanced with this; however, she did begin to connect during the projective mask-making exercise utilized during session one.

The group was asked to construct a mask that represented various ideas of a parent. After a discussion of various approaches, Sally chose to follow a researcher-created, attachment-inspired mask. The approach to this mask was that the client was asked to "think back to a moment in time, it could be good/bad, happy/sad, that has been important to you or has shaped the parent you are today." Although it was an overdistanced approach, she quietly worked to create a mask that she identified as her own mother. Sally saw her mother as a strong yet simple woman, just like her. Following Silverman's (2004) process, the group was then asked to first look at their mask from

various angles and distances and then place their mask on their face or hold it in their hands. Sally placed her mask on her face and when the group was asked to move around the room and begin to physically connect to their characters, Sally chose to stand still. When asked to name her mask, she called herself "Grandma" and her physicality became very rigid. I believe that she identified her character as Grandma and not Mom in order to distance herself and not become flooded by personal connection. She diverted her emotional connection to the character by referring to the character from her son's perspective as Grandma.

The next step in the process was to identify the character's *edge* (Silverman, 2004). The edge is the character's internal conflict or struggle. Sally vigorously began to work. She knew exactly what the edge was. She created two bottles of alcohol, (see Figure 3) and when asked to write about the image and then journal about the process, Sally was still overly distanced yet moved closer to aesthetic distance. She called the drawing "What can turn a great person into something bad" and wrote brief sentences about her "character's" struggle with changing due to alcohol and how it has decreased over time. Although Sally connected to this material, she did so in an overdistanced manner through a non-emotional audience-level connection to the material. The following sessions, Sally offered brief amounts of personal material yet continued to approach material in an overdistanced fashion, even when others were emotionally connecting and becoming flooded by their own or other's material (e.g., letters to self or child as seen below).

*Figure 3. Sally's edge.*

*Maria.* Maria is in her 40s, a highly religious female who was born outside Canada and moved to Canada before her daughter was born. She has no family in Canada and a limited social network. Maria was very close to her mother and spoke to her every day until she passed away prior to session three of our group. Maria and her husband have been separated for four years, yet although he lives outside Canada, he still has a lot of influence on her choices. She has some university training; however, she is currently unemployed and was attempting to start a sales business from her home. Maria has one daughter who is seven and a half years old. Although Maria was asked to complete all of the same demographics as the other clients, she did so with reserve and often left response areas blank (e.g., age: 40s). This anxious approach to revealing personal aspects is also evident in her response to the attachment measure.

Maria scored a mean of 6.8 on secure and a 1.0 on fearful (see Table 1). Although this response indicates a very high level of security, her behaviours within the therapeutic

setting are not congruent with a secure attachment style. However, there may be two reasons for this peculiar result. Attachment research has indicated that God (although in the article a Christian God) can be used as a primary attachment figure and help in the repair of damaged attachment processes (Kirkpatrick, 1992). Nonetheless, I believe that another attachment-based process is affecting her RSQ scores.

While training to score Bartholomew's family attachment interview (Bartholomew & Horowitz, 1991), I was taught that, often, individuals with fearful attachment styles are so highly anxious and avoidant that, while completing attachment measures, they will answer in socially appropriate ways in order to avoid revealing personal information (Griffin & Bartholomew, 1994a; Bartholomew, Henderson, Marcia, 2000). When looking at Maria's RSQ scores, she scored at the extreme ends of the Likert scale (1 or 7) on 14 of the 17 questions, which I believe was due to her anxiety and avoidance in her responses. In addition, her behaviours during the three sessions she attended were non-disclosing, which not only was prototypical of a fearfully attached person who is not comfortable in the situation, but her distancing behaviours also reflected this anxious and avoidant process. Griffin and Bartholomew suggest that the attachment self-report measures are not as reliable as the interview; while Bartholomew et al. (2000) indicate that one of the concerns is that when completing a self report measure participants do not have enough distance from the questions to properly evaluate themselves. Therefore, I believe that, based on my interview-coding experience, I can make the assumption that Maria's attachment style was fearful and not secure.

During the Encounter exercise, Maria was unable to make any projections with her material. She was overly analytic, noting "I am the milk that compliments the hot

chocolate, just like the wisdom that compliments the person. To be a compliment it needs to be a container." In her reflection journal about the process, she noted that, as adults, we need to be educating the children of tomorrow. There was no evidence of her own identification with the experience. This overly distanced approach continued throughout the process and, at times, Maria's anxiety affected her ability to complete tasks during the sessions. At first, I thought that she wanted to take home her journal in order to continue writing, but when she would return the following week without having touched the journal, I realized that she was anxious and suspicious about leaving the journal with me. Maria was 30 minutes late for session two and had a very difficult time connecting to the material. She was unable to use the projective techniques and connect to the character in her mask and giggled for the majority of the character embodiment exercise (no one else was laughing). Even when other group members were naming their characters, she giggled and passed on the exercise. I believe that she was extremely overdistanced as a way to keep her emotional material from flooding her (Landy, 1997), as it would when fearful individuals open up to the therapeutic process once feeling comfortable (E. Scharfe, personal communication, 2004).

Although I would have liked to have had more of an opportunity to examine Maria's behaviours, she unfortunately had to leave due to the sudden death of her mother two days before session number three. She did however, return for the final session 30 minutes late and at her daughter's request. Maria's daughter was involved in a separate Creative Art Therapy session at the same time as our session and wanted to attend, hence, Maria decided to attend our group. This is also representative of a fearful attachment

style. She allows her seven-and-a-half-year-old daughter to make the decision because of her high anxiety and avoidance to make her own decision.

*Amber.* Amber is a 36-year-old divorced mother of a seven-year-old boy. Amber and her husband share custody. Amber has a university education and is currently working at an influential and important job in the business world. Amber's attachment scores indicated that she had a mean of 5.6 on dismissing and a 5.2 on secure (see Table 1). As with Sally, she had a predominantly dismissing style with a healthy amount of security. Although these two women had a number of approach behaviours in common, there were slight differences in their approach.

Amber was often confident in her decisions and vocal about her choices. She was proud to be dating again, and when Tonya questioned her choices to date because of her son, she noted, as many dismissing people would, that she still has a life, and it is not her son's business what she does when he is at his dad's. This explanation is a prototypically self-oriented approach, which is indicative of dismissing individuals. Amber's response to personal material also was representative of her dismissing style. Her dismissing style (high avoidance, low anxiety) was evident in her not wanting to deal with the emotional content that surfaced, and she felt angry because her emotional material was counterintuitive to this process (Griffin & Bartholomew, 1994a). Amber was dealing with a lot of emotional and stressful material outside the therapy sessions, and she did not want to attune to these issues in the sessions.

During session one, she was able to connect to material yet did so from an analytic audience approach (Jones 1996; Landy, 1983). She focused upon the positive aspects of her current struggle, noting the ideas of freedom from the current weights of

life or strength as a way to carry on. Amber appeared to be working at a comfortable level of aesthetic distance yet a little more towards overdistanced analytic audience approach. However, during session two, we completed a *sensory journey* (therapist-directed exploration of events that were good during the week and those that were bad) that became a little underdistanced for Amber. The group was asked to connect to a moment that they were unhappy, and she felt angry with me in having to relive that moment. In addition, this behaviour continued during session three when asked to write a letter to her son or herself about a secret that was left by her masked character. Amber's character was a split-faced mask that represented *The Comedian* she learned to be (see Figure 4), the face covering the struggle within. She noted that the gift was "self-confidence, self-control, courage, imagination, faith and will. This will give you the tools to become who you are meant to be..." Amber cried while she read the letter to her son, and when she finished, she tried to make a joke in order to distance herself. Although the group was very supportive of her process and others were tearful, she felt angry with me for having her connect to the material and expose personal aspects of herself. Amber was open about her anger and shared it within the group during debriefing. Although Amber wanted to work with an overdistanced approach, she was able to connect to the material but with resentment. She would at times become flooded by the material and become underdistanced yet would resist the process. At the end of the four sessions, she noted that the group was very helpful and that the sessions should be extended longer than the four weeks.

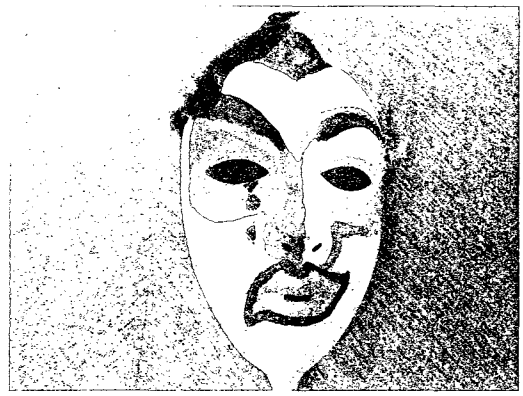

*Figure 4. The comedian.*

*Paula.* Paula is a 26-year-old mother of a seven-year-old boy. She is university educated and was working professionally until she left her job two months ago. Paula and her sister recently moved very far from their Canadian family to start a new life with their sons. Paula's parents are divorced, which she notes has influenced her life choices and the fact that she had her son at 19 years of age and out of wedlock. This insecurity in her primary family is evident in her attachment scores. Paula scored a 5.4 on the dismissing scale (see Table 1). Again, as with Amber and Sally, she was predominately dismissing, yet Paula's scores on the other dimensions were closer together. Paula presented herself on the first session as a confident and outspoken leader. She and Amber were quick to establish that they were dating casually and that it was important to let the others know they were moving on with their lives. Her dismissing approach was evident in her self-focus throughout the process.

During the letter-writing activity, she chose to have the character write a letter to her that focused on never giving up and the journey to where she is today. All of the other mothers chose to write letters to their children from their characters. Paula's letter to herself signified her self-reliance in her own words: "I know you are hoping for answers

and guidance, but the truth of the matter is you already have all of the answers... I have equipped you with all the necessary tools you need to make it through...."

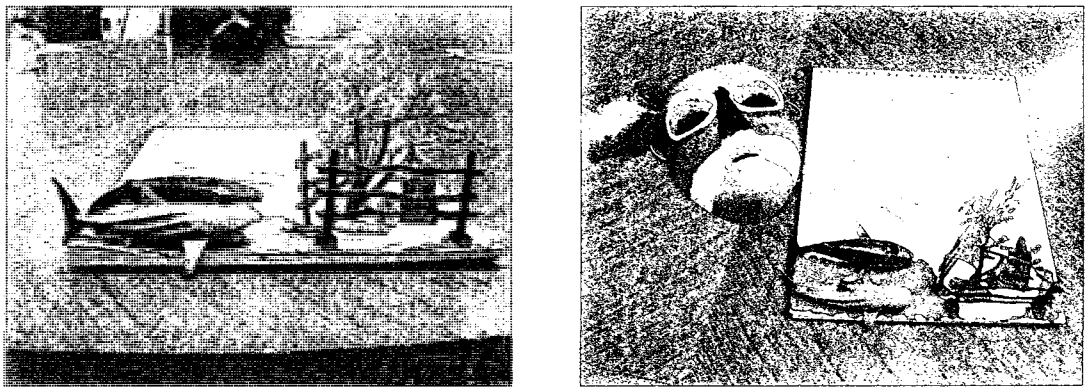

*Figure 5. Paula's mask and edge.*

I would argue that Paula's character of the *Island Princess Olivia* was also very typical of a dismissing approach to idealism, yet the mixes of other attachment orientations were slightly evident. The Island Princess wanted to beat all the obstacles in her life to find happiness. I believe that by identifying that there are issues and concerns, she is opening herself up for exploration of the self, but she did not note the importance of help from others. She is admitting that, in trusting herself, everything will be okay. She was able to acknowledge that there were issues and concerns when asked to create the image of her edge (see Figure 5), but with self-focus and determination she can succeed. This fierce need to succeed is evident in many of Paula's choices, which I believe infiltrated her projective experiences and distance from the material presented in session.

Paula's approach behaviour was overdistanced, but she was able to make projective connections. She noted that in the creation of the mask she was free-flowing and that "different colours represent different parts of myself. Myself as a mother, daughter, friend, and just as a woman. I think the fact that the mask took its own path

really represents my life. It goes its own path regardless of my plans." The internal connection made through the projective technique of the mask allows for safety in an overdistanced client process. Over the course of the four-week therapeutic intervention, Paula began to understand the importance of the help of others. In her family journal entry, she noted that "yesterday I felt so alone and I'm trying to fill the void with all the wrong things. What I need to do is to remember that I have good people around me who care and who understand what I am going through." This entry was written after the group experience of letter writing, followed by saying good-bye to the ideal of parenting and the future and embracing life for what it is today. I think that over time, Paula began to attune more to her personal material and began to approach the dramatic material in a less distanced fashion, even approaching aesthetically distanced as suggested by Landy (1997). Her movement towards a more participant-observer experience was evident in her response to hearing Amber's letter to her son. Paula was able to feel empathy for her group-mate, and her eyes began to tear, yet she was able to respond with clarity and perspective of how her experience was similar.

*Tonya.* Tonya is a 47-year-old divorced mother of two (female age 13 and male age seven). She is university educated and has a relatively high paying job in the financial sector. Tonya and her husband have been divorced for five years, and she has since had no romantic connections. She is unsure if her children would accept her dating and, therefore, chooses to stay away from meeting anyone. This behaviour is indicative of her attachment style. Tonya is predominately preoccupied (m = 5.5, see Table 1). There is definitely a preference for the preoccupied approach. This style is represented by an approach to ask others for support yet an inability to apply their advice based on a

negative sense of self (Bartholomew, 1990; 1993; Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994a, 1994b; E. Scharfe, personal communication, 2004).

Tonya's preoccupied behaviours were evident from the first session. She made a point of being the first participant to arrive and tried to do her best to impress me through her zealous approach to the activities. This desire to be liked by authority figures (e.g., interviewer) is typical of preoccupied individuals (E. Scharfe, personal communication, 2004). During the physical exploration of the characters, Tonya was the only client to move vigorously around the room. Although this behaviour is completely acceptable, she quickly suppressed it once her group-mates did not follow. Tonya's preoccupied approach was also evident in her disclosing that she had many responsibilities as a child that no one seemed to notice. She also felt that, currently, she only had her brother to rely on because others do not understand. Tonya would also make visual checks with me and the other clients when completing an activity to ensure she was satisfying the requirements of the activity. In addition, although Tonya displayed leadership during the first session, over time she faded into a follower position within the group dynamic. Tonya appeared to be following the stronger members, which were Amber, Paula, and Sally, who subsequently were the three group members with predominantly dismissing attachment styles. This behaviour is interesting because, based on Griffin and Bartholomew (1994a), the dismissing and the preoccupied attachment styles are opposite each other in their approach-avoidance behaviours (dismissing high avoidance-low anxiety, preoccupied low avoidance-high anxiety). This indicates that dismissing a client's high sense of self will draw a preoccupied client in because of their low sense of self and high degree of importance on others (Bartholomew, 1990).

Tonya's ambiguity for making decisions was evident in her projection of the Encounter. Tonya became the pashmina. Projectively Tonya noted that "she flowed to the shape of the box downwards to cover the entire space. I am fringed to show different parts of my character...." Although this was not an exact identification of her changing self as a result of the current situation, I believe it is a projection of this experience. Tonya seemed to have been through a lot as a young person and does not appear to feel as though she could rely on her parents in the past or currently. Written in her reflection journal is a comparison between the mask-creation exercise and her past in art class. Tonya noted that she used to enjoy art class because it de-stressed her and gave her an outlet to let her guard down and be free. She then projected this unsafe feeling into her mask and began her waver between overdistanced and underdistanced approaches. Often Tonya feigned connection with the projective and dramatic material, yet there was no evidence of her deeper experiences. However, she did become underdistanced vicariously through others. When Amber cried while reading the letter to her son, Tonya was emotional. It appeared as though she vicariously connected through the safety of another's experience but did not trust her own.

*Group Themes.* Each group member participated in all the same activities and was given the same instructions throughout the entire four sessions, with the exception of Maria (late session two, absent session three, late session four). The exercises can be found in Appendix A, with brief descriptions of my process and the way in which the various exercise instructions were worded. The themes that arose from the group process, as identified by my notes, were coded based on the process suggested by a *Grounded Theory* approach (Strauss & Corbin, 1990). Although a number of themes were identified

in the initial *Open Coding* process (e.g., anger, hope, coping resources, stress, chaos, trapped, loss of dream, etc.), I attempted to focus on the categories based on the research question in the *Axial Coding* step. For example, I grouped together the categories of anger, hope, and stress as the phenomenon of emotional reactions, while coping, resources, and support became integrated as various levels of the theme-coping resources. In addition, I grouped trapped, isolation, and chaos together under the already existing category of loss of dream. In the final categorization process, I chose to create a large category called coping resources with the subcategories of emotional reactions and support. Overall, there appeared to be three main themes that represented the majority of the material: *loss of dreams, coping resources,* and *accountability.*

*Theme One: Coping.* Open codes that fell under this theme included emotional reactions, support seeking, family dynamics, attachment, and lack of support. Coping was identified in each of the client's reactions to various drama therapy techniques, as well as during debriefing. These emotions appeared to be directly related to the conditions associated with the child behavioural program that all of their children attended, their parental roles, or their attachment-based approach behaviours. Although there is contradiction in having hope and anger in the same subcategory of emotional reactions, I believe, in this case, the two are directly related. The women held onto the ideal of hope in order to get through the events of today, but there was an underlying current of anger in their day-to-day lives. This underlying anger is evident in all the women, with the exception of Maria who shows little emotion.

The women were angry at the school systems for not being able to help their children, angry at the program for demanding so much energy and making them feel as

though they are inadequate parents, angry at their ex-husbands/boyfriends, angry at their children for not being contained, and finally angry at themselves for being angry with their children and their role as a parent. Anger appeared to be a way for these women to cope with the onslaught of emotions and physical acts that the program and their living situations demanded of them. One way to effectively deal with this anger was evident in their dramatic projections. In addition, the coping theme was evident during the Encounter exercise. Each woman named her artistic creation a title relating to a coping approach. The names were '*Relaxing*', '*I am Free*', '*Strength*', '*Wisdom*', and '*I go with the flow*'. These are all projected representations of inner desires to cope with their current situations. The coping theme is also evident in their approach behaviours to the therapist and others during the sessions. Attending the sessions was a way to cope with some of these concerns, and a way to express their emotional reactions in a safe environment. The therapy allowed the participants to support seek which is not always congruent with their attachment styles, but based on the similarity in their experiences they were able to come together and share stories and emotions. Through the therapy material they were able to repair some of the negative feelings of lack of support, and begin understanding how common their extreme emotional reactions were in parents of children in the behavioural program.

*Theme Two: Loss of Dreams*. Open codes that fell under this theme were isolation from the social and romantic world, burden and not blossom, lack of understanding, chaos and not clarity, loss of future (own and the child's), trapped, and reliance. The theme of loss of dream also appeared to be related to anger, yet it was different from a coping resource. The loss of dream category had the subcategories of isolation, trapped,

and good-bye to ideal, which all have evidence of defeat. This category became more easily identifiable throughout the process. During the third session, I added an exercise that had each woman identify and say good-bye to her ideal that she had for herself in life, in order to address this theme. I asked each client to speak to an empty chair that symbolically represented one of her children. Each picked her child involved in the behaviour modification program (with the exception of Paula who chose to speak to herself). Each woman would then step over a scarf that represented the leaving of the ideal, and then spoke to another chair that again represented her child. The women (Maria was not in attendance) all spoke of wanting to be the best mother, confessed to wanting the ideal child, and of her idea of the nuclear family. Sally, Amber, and Paula (dismissing styles) all spoke of saying good-bye to the remarks or thoughts of others and looking forward to lives with their children. Tonya spoke of saying good-bye to the idea of her past family, and hello to her future with a new husband (preoccupied style). This projection exercise was an ideal representation of the theme loss of a dream, but it also represents the important aspect of attachment. Each woman focused on saying good-bye to the ideal family in this exercise. The theme of loss of a dream was evident throughout the process in various discussions and activities.

The loss of dream category applies to the research question because these women have learned to keep distance from their own feelings, friends, and family in order to protect themselves and their child. This distance is evident in the way that they approach the material in the therapy. In the beginning stages of the process, they were more comfortable using verbal communication as a way to keep distance and protect themselves. They have been responding and using defense mechanisms to protect

themselves, and through the dramatic material, over time they were able to begin exploring their own feelings and emotions more deeply. The dismissing women became less distanced through the projective material because it allowed them the opportunity to express their emotions safely, which were then discussed during the debriefing. This exploration then lead to more open discussions and confessions of the deeper more isolating aspects of feeling, like a burden to others, not wanting to ask for help, and feeling as though life has changed and the future is unclear. These confessions were then shared by the group and helped create a stronger group cohesion and safety within the working alliance.

*Theme Three: Conflicts.* Open codes that fell under this category included stress, social conflicts, and responsibility. This theme was represented in the group process through their identification of constant stress, feeling in constant conflict between the past and present, and finally the feeling of responsibility for their current situations, as well as to issues in their past. There was a constant subtheme of blame and feeling as though the program reflected that they were terrible mothers. This was often discussed during debriefing. The aspect of this theme, which was represented in the dramatic material, was often the theme of responsibility. Responsibility for siblings and family, when they were children was generated from a warm-up exercise. Clients were asked to represent how they were feeling on that day through a scarf and a word. Amber noted that she felt like the guru, the person who was supposed to have all of the answers. Paula was tired because of all the activities she has to accomplish in a day. Sally wanted to feel safe and cozy because she was not feeling that way on a day-to-day basis. Tonya felt like an old schoolmarm, a nun without a life (Maria was absent). However, when asked to

remember how they felt when they were seven years old, and represent it through the scarf and words, similar subthemes of stress and responsibility were found. Sally went back to a time where she played with dolls. Amber felt weighted down with responsibilities. Tonya made a tight noose around her neck and said she was always responsible for her little brother. Paula chose to distance herself and noted that she loved to dance and made a skirt; even though in past sessions she noted her responsibility within her family unit as a child. This conflict theme continued throughout the sessions, and was discussed during the closer regarding whom to blame, the stress, and the struggles that arises from these issues.

The theme of conflicts is important to the research question because it reflects the level of stress that the client has felt in the past, as well as what the client is currently experiencing. This is important to attachment because an individual's attachment style is directly related to their feelings, responsibility in their own lives and to others. I would argue that the responsibility felt by Amber is very different than Tonya's because of their attachment style. Amber would most likely take on the responsibility because she felt her parents were incapable, whereas Tonya would be more likely to take on responsibility for praise. Although I am not exactly sure of their reasons, based on their approaches to responsibility of tasks during session, I witnessed these behaviours. Tonya would want to help clean-up in order to have the therapist accept her, while Maria and the other dismissing parents were only responsible for themselves and their process. It was important to the working alliance that I understand that the dismissing mothers were there for themselves and their child, while Tonya attended sessions because she wanted the

program and me to see her hard work. Finally, Maria appeared to be unsure as to what her motivation to attend sessions was. and therefore was late and confused throughout.

*Client Evaluation.* On the final day of intervention, and upon leaving the session, the clients were asked to complete a questionnaire. The intention of the questionnaire was to assess if the clients understood the goals of the therapy, which were to create social support networks, discuss issues of being a single parent in the program, and identify issues affecting them as a parent. All the mothers agreed that social support and issues affecting the parents were identified within the process. This is important because of the isolation and distance they have felt from others may have been changed through this process. The second aspect of the questionnaire was to assess components of the working alliance as suggested by Lambert and Barley (2002). The results of this indicated that the women felt I met the goals as a therapist set forth in the group, as well created an environment of support, trust, empathy, and understanding, which are important elements in the creation of a therapeutic working alliance. By creating a space to explore these goals through tasks and active involvement of the mothers, I hope to have instilled ideas of change, ways to support seek, and new perspectives on the future.

## Discussion

The findings of this study indicate that there is a relationship between therapeutic distancing and attachment during the initial stages of therapy. In summary, through quantitative analysis of the attachment styles, three of these women represented a dismissing style of attachment. One had a preoccupied attachment style, while the final member had a fearful style. All these attachment styles are insecure, however the secure attachment style scored closely on the Relationship Scales Questionnaire (Bartholomew

& Horowitz, 1991; Griffin & Bartholomew, 1994a, 1994b) for Tonya, Amber, Sally, and Paula. Therefore, as indicated by attachment research, these client have a secure enough sense of self to process and integrate the material presented in the therapy sessions (Fonagy, 2001).

The qualitative analyses of the individual women, and the group themes demonstrated that there appeared to be a pattern of approach behaviours to drama therapeutic material, and the therapist based on attachment styles. The dismissing group members were more distant to the therapist at the beginning of the sessions, but they were able to project themselves through the material. The debriefing that subsequently happened after the projective tasks were more exploratory and personal than the chatter that they were accustomed to providing. The dismissing women were able to open up about themselves increasingly more throughout the process as well as set goals with the therapist. I would argue that as the therapist, I felt that the working alliance was strengthened through the projective exercises and the dismissing women became more comfortable and less distanced over time which helped support our working alliance.

The preoccupied member of the group was able to create a working alliance very quickly because of her need to please, which I believe affected the work that she provided in the therapy. The working alliance with the therapist was strong and she would check-in to make sure she was pleasing me yet she wanted to work hard to please the other members as well. Over the three sessions Tonya tried to become more like the other group members and her projective material became more distanced, however she was able to empathize with the pain of others. This distance may have been important so that she did not become overwhelmed with her own struggles during the initial stages of

therapy. I would suggest that in the future, preoccupied individuals who are struggling with a sense of self within the therapy context be seen in individual therapy to start and then work towards integration into a group context. Finally, the fearful attachment style of Maria was difficult to work with in the group context and her anxiety and avoidance made it difficult to help her. Maria's therapeutic alliance was stunted by the fact that she did not trust the group or the therapist. She was unable to explore the personal aspects of her projected material, and her anxiety/avoidance stopped her from completing the projective exercises. Maria was very distant from the process; however I believe that if she was seen in individual therapy, where the therapist could set a slow pace for building the alliance (safety and security) and begin working within Maria's comfort zone, I believe she would eventually open up. Maria appeared overwhelmed by the experience and therefore was unable to connect.

A large portion of literature exploring therapeutic distancing in drama therapy has taken a theoretical approach but has not teased apart the nuances of various approach behaviours through systematic analysis. Scheff (1981), Landy (1983, 1993, 1994, 2008), Jones (1996), and Emunah (1994) all focused on understanding distancing in therapeutic techniques; however, Glass (2006) and Landy (1997) were inaugural in exploring the importance of understanding the inherent safety and ease that overdistanced techniques can offer various clients. Overall, it appears as though all of the clients in this study preferred an overdistanced approach during the initial stages of intervention as a way to generate the important working alliance factors of safety (Bordin, 1994) and goal choices (Lambert & Barley, 2002). This is congruent with Glass's approach that when working with trauma survivors, to help create an atmosphere of safety, the therapist should

introduce overdistanced activities and work towards underdistanced over time. Overdistanced activities can then be revisited throughout the process in order to create distance when clients become flooded. I suggest, based on the findings of this study, that regardless of attachment style, the therapist should begin the therapy process from an overdistanced approach in order to create a positive working alliance. Attachment styles will then influence how quickly clients will feel comfortable working with underdistanced techniques, and finally moving towards the goal of learning to balance between the two and find aesthetic distance and catharsis (Scheff).

I believe there are similarities in the way that Amber, Paula, and Sally approached the material based on their predominantly dismissing attachment styles. Although there were slight differences, there was a pattern of avoiding emotionally connecting to material for an extended period of time. Amber was often flooded by her material but would use humour or anger in order to distance herself, protect her positive sense of self, and confirm her non-reliance on others as support, which is indicative of dismissing attachment styles (Bartholomew, 1990, 1993; Bartholomew & Horowitz, 1991). All the women with dismissing styles were able to connect to issues from the past and present through the projective techniques. I believe with more time, and while moving deeper into the therapeutic process beyond the initial stages of intervention, each dismissing woman would have begun to deal with these issues if a container of safety in the working alliance was created to resist the need to protect herself and combat her negative sense of others.

The other two women, Maria and Tonya, had different approaches to the process. Tonya's preoccupied attachment style did not manifest as I would have thought.

According to Bartholomew's attachment literature (Bartholomew, 1990, 1993; Bartholomew & Horowitz, 1991), preoccupied individuals are approach oriented, which I thought would manifest as underdistanced at the beginning of the process. These individuals are often emotionally connected to upsetting material and want to share their experiences; however, I had not accounted for their negative sense of self and their high reliance on others. In order to be accepted by the group as a result of her positive sense of other in a need to seek approval as well and her lack of a self to be an individual, it appeared as though Tonya changed her approach behaviour to a more distanced perspective which was congruent with the dismissing group members . Therefore, I would argue that therapists need to look for preoccupied behaviours in the initial stages of intervention to be aware that clients may attempt to morph into others as a way to protect themselves and be accepted.

Finally, Maria chose a very different approach to the therapy, which I believe was a result of her attachment style. Maria's fearful attachment style, which was developed from a negative sense of self and other (high avoidance and high anxiety), stunted her ability to participate in the group. I believe that even if her mother had not passed away during the process, Maria would have missed sessions and not completed the activities in the therapy. Her high anxiety was evident in her inability to be spontaneous and creative, and her avoidance was seen through her inability to complete the journal entries. Maria did not want the group to learn about her inner turmoil, which I believe is a result of the mass amounts of emotional material she carries, as is often found in fearful individuals (E. Scharfe, personal communication, 2004). I would suggest that, in the future, therapists work with fearful clients initially in individual therapy, in order to create a strong

therapeutic alliance built on safety and security. The therapist should focus on the factor of recapitulation of the primary family (Yalom, 1995) as a way to changing the schematic thoughts of fearfully attached individuals, therefore, creating a framework of safety and honesty while moving into group psychotherapy.

The themes of loss of dreams, coping, and conflicts seemed to generate from the commonalities of the current situations with their children, as well as the transition of changing one's perception of the future. Although these themes were evident in all the women, based on their attachment styles, they dealt with them in various ways. During group debriefing sessions around these topics, Amber and Paula seemed to dominate. Tonya often tried to join the conversation but would change her opinions if challenged by the other group members. These themes relate to the research question because they offer information about the distance clients have to personal material. It appeared that all of the clients preferred an overdistanced approach but based on their attachment style they would open up more through projective materials and explore these themes in greater depth. However, Tonya would often change her perspective based on others while Maria would not disclose anything more then facts. The theme of loss of dream is interesting for clients with a positive sense of self to admit. The dismissing clients would prefer to act as though their lives were ideal, and for them to admit feeling that their goals are currently unattainable is important for the therapy. I would argue that this is a huge turning point in a dismissing client's process; being able to admit that they need help is often difficult and to open up to accepting help would be evidence of change. This in turn relates to the theme of coping. If the clients are not aware of the negative coping (e.g., anger, regret), it may be necessary for the therapist to acknowledge these issues and help the client see

these negative patterns through drama therapy techniques. Finally, conflict is very hard for individuals with insecure attachment styles to digest. Individuals with a positive sense of self like to blame others, while those with negative sense of self will blame themselves, as indicated in their discussion of primary families (E. Scharfe, personal communication, 2004). It is, therefore, important for the therapist to be aware of the perception of the client versus factual events. For example, Sally preferred to blame the behavioural intervention program for asking too much of the parent and trying to make mothers feel like they are the problem for their children versus Tonya's approach that she did not know what she is doing wrong. Building a therapeutic approach from an attachment framework helps therapists begin to see how a client's perception of events may be affected by their attachment style (Simpson et al., 1992). This can then help in knowing which drama therapy techniques to implement to learn more about the truth, as well as the counter-role to the truth (Landy, 2008) in creating a sense of safety while moving throughout the spectrum of distance.

*Limitations and Recommendations*

The limitations of this research are numerous (e.g., RSQ versus attachment interviews, small sample, convenience sample). As this is an exploratory analysis, I believe it sets the framework for future endeavours. This research would have benefited from analyzing the working alliance factors pre- and post- therapeutic intervention to assess for differences in the creation of safety and security. The small sample size limits the research to exploration because not all attachment styles were represented, and there was a cluster of the dismissing style. However, the dominance of a dismissing style within the framework of a child behavioural intervention program lends itself to a new

line of research exploring the relationship between child behaviour and dismissing parents. In addition, research that stems from the current questions are numerous in relation to the creation of therapeutic groups and attachment, as well as the importance of analyzing the initial interventions working from an overdistanced approach, and which techniques are best applied.

I believe this research sets the background for future therapeutic interventions, as well as research endeavours. This research lends itself to the current body of literature in drama therapy and distancing as well as creates a link between drama therapy interventions and the systematic study of attachment in research environments. It is important to look at attachment outside the confines of a large research sample with statistical significance in order to assess the nuances of attachment in real life settings.

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Appendix A

**Session 1:**
Introduction
Intentions of group: discussion

*Warm Ups*

1. Everyone get an object from their purse of from around the room that you feel connected to in some way→ say your name and use the object as an action: group reflects it back.
2. The Interview: Break the group into two-person teams (have them pick a partner that they know the least about). Have them interview each other for about twenty minutes.
   Likes/dislikes Job/past jobs Family life
   Hobbies/favorite sport
   After the interviews, reassemble the group and have each team introduce its team members to the group.

*Activity 1:*

1. The *Encounter* (Silverman, 2004):
   In the centre of the room is a goblet (cloth, tea set, etc.).
   Look at it like you have never seen it before.
   Look at different angles.
   Encounter it and let it speak to you:
   1) Draw it
   2) Write a personal story about it from the cup's point of view (I am a cup, I live in a small tower, I am empty etc.)
   3) Do a movement that evokes the feeling of the cup
   4) Share this with the group

*Activity 2:*
I would like you to look at the mask and think about what speaks to you about it, the texture, and the shape.

Question: Representation of a parent

I will ask you to being to construct the mask in various ways:

1. Emunah (1994), it could be a representation of yourself: a self-portrait of abstract image of who you are.
2. The mask can be created to represent a mythical/fairy-tale figure you can relate to: the figure can be good or bad, it can be a monster, animal, human; something about the character should speak to you (Silverman, 2004).
3. OR: I will ask you to look at the mask and think back to a moment in time that has been important to you or has shaped the parent you are today.
   Good/bad moment, happy/sad moment

A moment that shaped you and who you are today

*In journals:*
Debriefing about the experience of the mask-making
Poems, stories, images, journaling about the process

*Closure*:
Discussion and debriefing about the session and current concerns
Hand squeeze

**Session 2**

*Opening*:

1. Use of scarf to transform to indicate how they are feeling today→
   Non-verbal (overdistanced)
2. Use scarf and say a word that goes with it to express the feeling→
Verbal (less distanced)

*Activity 1*:

Sensory journey → embodiment → word/line

-Would like you to close your eyes and relax and think abut your breathing. I want you to sink into your chair and let all of the day's stresses fade away.

-Now I want you to think about one great moment from today, yesterday, or from the past week. One moment where life felt easy and nice. It may be hard because sometimes we harp on the negative, but settle in and find that moment.

-Who was there, who was it directed at?

-Do you see it? Can you feel it in the body?

-Now I am going to ask you to find the opposite, a moment from today, yesterday, the past week that was negative.

-Now think back to where you were, the smells, the sounds, what you could hear, taste, and see.

-I want you to feel it in your body. I want you to remember if your heart was racing. Were you short of breath, shouting, was your temperature rising?

-I want you to hold that feeling in your body, and without speaking, open your eyes, find a partner and find a place in the room.

*Activity 2*:

One partner will be A and the other B.

-I will ask partner A to sculpt partner B into a physical representation of that feeling/ moment.

- I would like you to pretend you are an artist and really look: are the hands right, the face. You can communicate some verbal if you need to tweak them a bit.

-Once you have found it, I would like you to step back and see it fully.

-Digest the look and then give the sculpt a line that goes with it. It could be from the negative moment. Make sure they are saying it perfectly.

- Now step back and see it. Now see it from the eyes of the person who witnessed it.

Switch

Journal about the experience

*Activity 3*:(Silverman, 2004)

-Ask clients to look at the masks: remember why you chose that moment or who the character is. Was it a fairytale character, a moment from your life, or was it a representation of a perfect parent character?

-Pick it up. Look at it from different angles.

- Now place the mask on your face and begin to move around the room. I know it may seem intimidating but remember this is a safe space that is confidential and has no judgment.
-How does the character walk: light, heavy, big, small?
-Name the character.
-Once you have found this, pick up a scarf and find out how it would be warn or used:
    -which colour, is it draped or wrapped
    -is it covering some aspect of you or used to make you more grandiose?

Now I want you to keep moving until the character has set into your body. I want you to think about introducing yourself to others.
    Voice
    Mannerism

Bring group together and introduce oneself:
Name and an aspect about yourself that is positive/negative or that you love/hate.

*Activity 4:*Silverman (2004)
Find the character's edge:
Create something the character fears, makes her uncomfortable, or is facing as a challenge.
It is a physical representation:
Clay, drawing, art materials, scarves.
Look at it close, far away, touch it, reaction to it.

Journal:
Story from the "I" perspective of the character.

Followed by a journal of your reaction to this process and debriefing.
*Closure*

**Session 3**

*Warm Up*:

Pass out the scarves and have everyone choose one that represents them and how they are feeling today.

Go around the circle and have each person introduce herself and an aspect of herself that represents her as an adult.

Have everyone put back the scarves and ask them to pick the same or a different scarf that represents them as a child. Have each person play with the scarf for a minute and then introduce herself again with the scarf and some aspect of herself as a child.

*Activity 1*:

Have each person lay down on a mat and relax. Take them through the sensory journey.

-Relaxing.

-Laying in the woods, you are safe: morning dew on your back and the soft breeze of the morning tickles across your face.

-Although you feel warm and safe, you feel this inner desire to get up because you know something is waiting for you.

-You stand up and begin to walk. It is now mid-morning and the heat of the sun is dancing across your face through the trees. Branches are softly striking you as you go.

-Suddenly you come to a body of water. It can be as big as you want it to be. The only problem is that you cannot simply step across it and there is no bridge. Can you see the water: is it rushing or calm, is it deep or shallow? How will you cross the water? You know deep in side that you must, but you need to figure it out.

-You have now crossed the water and continue on your journey. It is know mid-day and it is warm. The heat is dry and you feel safe. Almost ready for an afternoon nap, but you must go forward.

-Suddenly you almost fall into a deep hole. You realize that at the bottom of that hole is what you have been looking for. How do you get down? No matter what, you must get there.

-Once at the bottom, it is up to you decide if the box is hidden or if it is simply waiting there for you. It is a gift from your character to you and your child. You pick up the box and hold it in your hands. Inside is something that you know you need. Something for a child. Something that only your character knows you want. It may be something you have learned about yourself through this experience or something you would like to pass down to your child.

Open it. Can you see it or feel it? Is it something concrete or something metaphorical? Hold the image and the feeling in your mind and body, and I will ask you to slowly wake up and come to the table, where I will ask you to write a letter that was in the box and draw the gift.

*Activity 2*:

I would like you to write a letter to give to a child about the gift. The letter can be for you or for your child. The letter explains what is in the box and why you or your child needs it.

NOW: I would like you to put the letter recipient in the empty chair and read the letter to them. Following the reading of the letter, I would like you to sit in the chair as recipient and respond as though you had just heard the letter. Have someone from the group step up and be you, and read the last two or three lines of the letter again.

I would like you to react to the letter. How does that person sit? How would they react? Allow the person to say two or three lines in response to the letter.

I asked them to think about the ideal and think about the truth, physically say good-bye to something specific to their sons and then cross the line and say hello to the future.

*Closure*: debriefing:

**Session 4**

*Warm up:*

Embodiment:

You are all in a similar situation, which is why this group was created, yet each situation has its own individual challenges. I would like you to think about the challenges you face, and think of one issue from that challenge that has yet to be addressed in the group.

Once you have that challenge and question in mind, I want you to think about a sound, word, or a line that goes with that question and challenge. Once you have that in mind I would like to ask the group to create a machine. We will start with one of you stepping up and saying that line, word, or sound, and moving your body to that emotion. Once that person has begun, I would invite each of you to stand up one at a time and add to the original person.

Once everyone is together in a choir of voices and movements, I will direct you by making it loader, softer. I may quiet most of you and ask one person to keep their voice loud. I will also ask you to step out one at a time and witness the group. I will take your place and mirror what you had been doing. This way you can see the complexity of the issues and the connections.

*Activity 1*:

Discussion and treatments:

-Issues with the program

-Issues this group has that two-parent families do not

-Things not yet discussed in-group

# Appendix B

Dear Madam,

I am contacting you today to invite you to participate in a drama therapy support group commencing on [redacted]. After extensive discussion with the [redacted], you have been chosen to participate in this group in place of playful parenting for a period of four weeks. On completion of the four weeks, many of you will join the playful parenting sessions.

The group will be mainly for single mothers who currently have children involved in the [redacted]. I hope to identify some of the stressors that are affecting this group, as well as offer peer-based and therapeutic support. The group members will be asked to focus on their own personal concerns in relation to how having a child with a disorder has affected their lives, and the stressors they are currently experiencing on a day-to-day basis. They will also be asked to reflect upon influences that have shaped their approaches to parenting such as their relationships with their primary caregivers in childhood. Through the exploration of these issues, I hope to identify and work in a way that can propose alternate strategies and understandings. I will not be working in the capacity of a parenting instructor, rather the individuals will be asked to focus on their own perception of issues or concerns that arise. I am not focused on the child's behaviour but parental perceptions of the past, present, and future. Therefore, the overall intention for the group will be to work with the mothers' from an attachment perspective, and help them understand their perceptions and relationships with themselves and others.

In addition, based on the hope that I will be using this group as part of my Master's research paper, I will ask the participant's to complete an attachment measure before the first session. The basis of my research is not on parenting children with psychiatric disorders, but on exploring an attachment assessment technique in drama therapy. However, I will not allow my research to influence my therapeutic interventions. Each mother will be asked to consent to having the artwork they have created in sessions photographed for the research paper (please see the attached consent form). You may still attend the support group without consenting to participation in the study.

Please return the package to school with your child by [redacted]
If you have any questions or concerns about this process please feel free to contact me.

Alisha Henson
[redacted] dtrelationshipstudy@yahoo.ca (email)

Appendix C

**Consent Form to Participate in Research**

Understanding the Relationship between Attachment Representations and Therapeutic Distancing in Drama Therapy

This is to state that I agree to participate in a program of research being conducted by:

**Drama Therapy Student Investigator:**
Alisha Henson
Creative Art Therapies Department
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**Faculty Advisor:**
Dr. Suzanne Lister
Assoc Prof/AT Academic Advisor
Telephone (1) 514-848-2424 ext

**Background Information:**

One of the ways Drama Therapy students learn how to be Drama Therapists is to write a research paper that includes case material by clients they have worked with during their practicum. The purpose of doing this is to help them, as well as other students, and Drama Therapists who read the research paper, to increase their knowledge and skill in giving Drama Therapy services to a variety of persons with different kinds of problems. The long-term goal is to better able to help individuals who engage in Drama Therapy in the future.

**The Purpose of this Research:**

I have been informed that the purpose of the research is to explore the association between experiences in relationships and Drama Therapy. Our relationships are believed to influence the way individuals view new and ambiguous events and how we participate in therapeutic interventions.

**Procedures:**

If I choose to participate in this project, I will be asked to sign this consent form and complete a questionnaire about my relationships with my primary caregivers. I understand that I may review these questionnaires before I decide to participate. I understand that it will take me approximately 10 minutes to complete the questionnaire.

In addition, I will be allow Alisha to take pictures of me during the Drama Therapy sessions, as well as keep my processing journal. The session will last approximately 1.5 hours once a week for four weeks. My journals, events that happen during the session, and any artwork that develops through the sessions, as well as the questionnaires will be kept completely confidential. The only individuals who may view this information will be Alisha and her supervisor Dr. Suzanne Lister.

I understand that there is no expected harm from completing these questionnaires or participating in the Drama Therapy sessions. I understand, however, that some of the questions or content may be viewed as personal. I can refuse to answer any questions, I

may leave the therapy group, and I may ask to have my data removed from the research at any time. I also understand that some people report that the questionnaire and therapy group gets them to think about their relationships more deeply than they might do otherwise and that this may be a benefit or a risk depending on the nature of my relationships. For example, I may learn different ways of dealing with people who are close to me. If I feel any discomfort, I can discuss my concerns with Alisha or contact the resources provided at the bottom of the consent.

I do realize, however, that Alisha has four supervisors: Dr. Lister (Concordia) and Dr. Elaine Scharfe (Trent University) for the research portion of this project, and Tobi Klien, Drama Therapy, and Dr. Solomon from the Jewish General Hospital Child Psychiatry team. I understand that a copy of the research paper will be bound and kept in the Concordia University library, and another department's Resource room. This paper may be presented in educational settings or published for educational purposes in the future.

**Conditions of Participation:**

I understand that I am free to withdraw my consent and discontinue my participation at any time without negative consequences. I also understand that I may choose to participate in the Drama Therapy sessions without consenting to participation in the research study. I understand that my participation in this study is confidential (the researcher will know, but not disclose my identity). The researcher will never offer any identifying information such as my name nor the name of the therapy setting where the Drama Therapy was given in the research paper or future presentations. I understand that the data from this study may be published for this or other papers and presentations. If I would like a summary of the results, I know that I must email Alisha Henson.

I have carefully studied the above and understand this agreement.
I freely consent and voluntarily agree to participate in this study.

NAME (please print) _____

SIGNATURE _____

Please circle:
I CONSENT TO PARTICIPATE IN THE RESEARCH STUDY

YES NO

I CONSENT TO PARTICIPATE IN THE DRAMA THERAPY SESSIONS

YES NO

I CONSENT TO THE USE OF NON-DISTINGUISHING IMAGES IN THE PAPER OF MYSELF AND MY ART WORK

YES NO

WITNESS SIGNATURE_____

DATE_____

If at any time you have questions about your rights as a research participant, please contact Adela Reid, Research Ethics and Compliance Officer, Concordia University, at 514.848.2424, x.7481 or by email at Adela.Reid@Concordia.ca.

# Appendix D
## Family RSQ

Using the scale below, please read each of the following statements and rate the extent to which it describes your feelings about the relationship you have with your primary caregivers on the 7-point scale. Think about your relationship with your parents, past and present, and respond in terms of how you feel generally in this relationship.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at all like me | | | Somewhat like me | | | Very much like me |

_____ 1. I find it difficult to depend on my parents.

_____ 2. It is very important to me to feel independent from my parents.

_____ 3. I find it easy to get emotionally close to my parents.

_____ 4. I worry that I will be hurt if I allow myself to become too close to my parents.

_____ 5. I am comfortable without close emotional relationships with my parents.

_____ 6. I want to be completely emotionally intimate with my parents.

_____ 7. I worry about being alone.

_____ 8. I am comfortable depending on my parents.

_____ 9. I find it difficult to trust my parents completely.

_____ 10. I am comfortable having my parents depend on me.

_____ 11. I worry that my parents do not value me as much as I value them.

_____ 12. It is very important to me to feel self-sufficient from my parents.

_____ 13. I prefer not to have my parents depend on me.

_____ 14. I am somewhat uncomfortable being close to my parents.

_____ 15. I find that my parents are reluctant to get as close as I would like.

_____ 16. I prefer not to depend on my parents.

_____ 17. I worry about having my parents not accept me.

# Appendix E

Participant Information

Your initials: _____

1. Age: _____
2. Sex: Male, female, transsexual, intersexed (circle one)
3. Ethnicity: _____
4. Your current relationship status:

☐ Single or dating casually ☐ Dating one person exclusively ☐ Engaged

☐ Married or common-law ☐ Separated or divorced ☐ Widowed

If you currently have a partner, how long have you been together? (Please identify if weeks, months, years.) _____

5. Your biological/adopted parent's relationship status (please circle):

Never married Married Common-law Separated Divorced Widowed Other_____

6. How many children do you have? _____

   Please specify their sex and their age: _____ _____

   _____ _____ _____

7. Current occupation: _____
8. Level of education: _____

Appendix F

Final analysis: Initials: _____

1. Did you enjoy this opportunity to share your experience with other single parents? Yes/No: Why?

_____
_____
_____
_____

2. What activities from the past four weeks did you enjoy the most? Why?

_____
_____
_____
_____

3. What activities from the past four weeks did you enjoy the least? Why?

_____
_____
_____
_____

4. Over the last four weeks, how close to the material and content did you feel? (Please plot on the chart.)

_____

Emotional | Emotional and able to process issues/concerns | Distanced from issue

5. Over the last four weeks, how close to the therapist did you feel?

| | |
|---|---|
| Supported | YES/NO |
| Empathy and understanding | YES/NO |
| Trust in her | YES/NO |

6. Do you feel this group would benefit other single parents involved in the ECD program?

_____
_____
_____
_____

7. What were the goals of this group?

| | |
|---|---|
| Meet other single parents? | YES/NO |
| Discuss issues surrounding being a single parent? | YES/NO |
| Identify issues that may be effecting you as a parent . | YES/NO |

Others: (please note):

_____

_____

_____

_____

8. Were these issues addressed? YES/NO

_____

_____

_____

_____

_____