A SECURE BASE: THE CHALLENGES OF TRUST

by

KARIN FRANZISKA HUDSON

A clinical case study
submitted in partial fulfillment
of the requirements for the degree of

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To my beautiful daughters Alexandra Lee and Sarah Lynn
ABSTRACT

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Attachment theory was first developed by John Bowlby in 1958. He believed in the importance of our primary relationships during the first three years of life, and discussed the necessity for the establishment of a “secure base” for healthy development. Mary Ainsworth then differentiated attachment further into secure or insecure attachment.

This Clinical Case Study follows the therapeutic process of a seven-year old boy, who endured severe physical and emotional abuse by his biological father. It illuminates the difficulties a therapist may encounter in the face of insecure attachment patterns in a traumatized child.

Attachment process is now linked to neuropsychological processes, and the importance of limbic attunement between mother and child. The effect of trauma on attachment should inform choice of treatment. A variety of directive and non-directive therapeutic approaches are discussed, which include art, sand tray, and play therapy.

The client was a young child of few words whose reluctance to speak was filled with meaning and who taught the therapist the power of silence. In this study, he was drawn to the sand tray where he mostly engaged in covering and uncovering objects as
well as creating elaborate battle scenes. He also engaged in art projects and responded to puppet play.

A major learning in this study was the fact that the client’s imaginal structure of withdrawing from the real world into his own internal reality was the obstacle that kept him from forming deep and intimate relationships critical to his healing. The exploration of the fairy tale, Rapunzel, serves as a mythic backdrop for this study.

Possibilities for treatment utilizing Imaginal Psychology are explored and include encouraging the symbolic expression of painful experience through play. The therapist’s establishment of a secure base is shown to be instrumental in the transformation process.
ACKNOWLEDGEMENTS

This case study marks the ending of a long journey towards a new calling in life – addressing emotional needs in therapy in the hope of being able to provide a secure base for people. In my profession as a teacher, I witnessed a variety of emotional suffering which ultimately led me towards a change of career.

This path has not been easy and I want to foremost thank my husband, Marty Hudson, who supported me throughout this process. I am grateful for the many hours he spent babysitting our children while I was working on completing this study. I could not have done it without him.

I also want to thank my colleagues, Dr. Jessica Berry and Barbara Warner, who took the time to proofread and edit my study. Thanks to Kevin Thompson and Annie Tyrrell for assisting with my entire computer and formatting needs. My gratitude extends to all my co-workers, who cheered me on and acknowledged my difficult attempts of juggling profession, family and case study.

I want to thank my parents who have raised me to become a successful human being in today’s demanding world. They did the best they could and were there for me whenever I needed them.

Lastly, I would like to thank the Institute of Imaginal Studies, now known as Meridian University, for allowing me to bring my reactions forward in ritual space. I felt truly seen and witnessed by a loving and supporting other. I want to thank all staff members for their efforts to provide a learning environment in which the soul was able to express itself with passion.
I would like to express my gratitude and thanks to Karen Jaenke, who has
modeled the loving mother archetype for me. She did not let me continue my imaginal
structures of ‘being tough’ and ‘not having needs’ which often separated me from the rest
of the cohort. In her endless patience, she has recognized my feelings of despair and
isolation, thus guiding me towards feelings of trust and acceptance.
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CHAPTER 1

INTRODUCTION

A Secure Base: The Challenges of Trust

The concept of attachment was developed in the 1950s in British psychoanalysis. John Bowlby, a psychoanalyst and research scientist, is considered to have originated the early tenants of attachment theory. Bowlby’s view was that much of our well-being is determined in our first relationship, usually with the mother. ¹ Bowlby stressed the importance of mother-child relationship in his statement:

A young child’s experience of an encouraging, supportive, and co-operative Mother, and a little later father, gives him a sense of worth, a belief in the helpfulness of others, and a favourable model on which to build future relationships. ²

The research of Mary Ainsworth, a Canadian psychologist who worked with Bowlby, provided empirical data for Bowlby’s theories, by differentiating the broad concept of attachment even further into secure or insecure attachment. ³ Ainsworth’s studies demonstrated the importance of responsive and dependable mothering in the development of secure attachment. Ainsworth identified secure attachment as a requirement for emotional well-being and gratifying relationships. Insecure attachment was defined as an inability to form satisfying relationships with others, resulting in low self-esteem and distorted character development. ⁴

The Literature Review presents attachment theory from five different perspectives and approaches. The first section provides a view of attachment theory from a biological
perspective. The second, third, and fourth sections present cognitive-behavioral, psychodynamic, and sociocultural perspective, respectively. The fifth section discusses attachment from an imaginal approach.

Bowlby saw the first three years of life as crucial for character development, and theorized that the notion of a secure base can also be applied to therapeutic intervention. In this respect, the therapist would provide the secure base from which the client explores personal and painful aspects of his life. Donald W. Winnicott offered a parallel concept to the secure base in his description of the holding environment. In his therapeutic work with children, he proposes that a holding environment is a base from which the child’s true self can emerge.

From a biological perspective, there have been recent studies in neuroscience attempt to establish a biological basis for the importance of the secure base, and claims have been made that long term therapy actually changes the brain structure. Some of the studies demonstrate how some brain structures can be affected by changes in the environment, and some researchers are convicted that early interactions between infants and caregivers have serious structural consequences.

Insecure attachment patterns are often due to the experience of significant trauma. Traumatized children can benefit from the use of symbolic communication in therapy. Guided by a Jungian perspective of establishing a therapeutic alliance, the use of myths and their powerful imagery can contribute to the healing potential of the human psyche. John Allan discovered that for children, this experience can be brought about through the use of play and sand tray therapy.
Also interested in myth and powerful imagery, the imaginal approach to establishing a secure base suggests a “turning towards the passionate nature of the soul.” Imaginal Psychology is concerned with the expression of a client’s experience. This orientation to psychology offers ways of deepening relationships by turning towards the use of ritual, stories of indigenous cultures, and the nature of the soul.

Attachment theory was helpful in providing significant understanding of my seven-year-old client, Jordan May (pseudonym), as one of my main goals for Jordan was the establishment of a secure base. I was hopeful I would do this by providing him a safe container from which we could form a therapeutic alliance. By the term container, I mean the safe space for personal exploration of painful material that is created in a successful therapeutic relationship. In therapy, Jordan responded to puppets and was drawn to the sand tray. He later engaged in art projects and play therapy. Through these modalities, Jordan was able to express his internal experiences. As his therapist, I tried to provide a secure base by being an intuitive witness and reassuring presence.

I chose the topic of attachment theory because it resonates with my personal experience. I recognize my own insecure attachment patterns from childhood, and I have known other people who had similar experiences. My continued work as a therapist has strengthened my personal belief that a majority of psychological issues stem from the lack of secure attachment patterns. When I work with people in therapy, I spend a lot of time exploring a person’s psychosocial history. While I listen to people’s life experiences, I often recognize that the lack of secure attachment patterns are linked to traumatic or negative experiences with primary relationships.
Prior to the transition into the field of psychotherapy, I was an elementary teacher for almost 20 years. One of my main concerns in this work was the emotional well-being of my students as I saw that emotionally stable students were better able to attend to their academic studies. I have carried this observation into the realm of psychotherapy where it assists me in my work with clients.

I felt that the topic of attachment addressed Jordan’s issues in a unique manner. Attachment theory pays great attention to a child’s early life experiences in relationship to the primary caregiver and embraces many areas, such as trauma, trust, and belonging. I felt that the choice of attachment as the topic of this study could be inclusive of all these important topical areas.

**Exploration of A Secure Base: The Challenges of Trust**

I was staring at the flat, black remains of what was supposed to be a kitty. I could still recognize a white patch on what had been the kitty’s neck. This horrendous image has stayed with me for years. I was filled with anguish and guilt as I kept staring at the road in front of my grandmother’s house. The kitten’s death was my fault, because I let it escape while I played with her. She ran out and was flattened by a car. I could not forgive myself and felt a sense of sadness mixed with terror of what I knew was to come.

I had a sinking feeling when I opened the door to my grandmother’s house to tell her what had happened. She glared at me and not a sound came out of her mouth. I found myself wishing she would beat me so that I could have the punishment over with. My grandmother did not beat me. She rarely did. The silence was unbearable, and I knew it would not last. “You are really the most god-awful, worthless kid I ever saw. You killed
this kitty because you did not pay attention. When are you going to start paying
attention?” My grandmother called me worse things that are not meant to be written
down; the ultimate cussing.

My grandmother started to escalate, ended up screaming, and continued with this
form of verbal abuse. It was all I could do to try and hold it together. I would not give her
the satisfaction of seeing me cry. That would mean she was able to break me, and she
would win. There is no way I was going to let her know how worthless and small I felt –
over my dead body! So there I stood and I did not move an inch. I knew what was going
to come next and was relieved. My grandmother punished me by locking me into the
closet underneath the stairs. I actually liked it there, but would never let her know. The
closet was big enough to hold household items, snacks and lemonades. It also had a little
light in there and really, it was not too bad of a punishment for me.

My grandmother’s closet became a safe den for me. I spent enough time in there
to organize it into my own little world. I hid some of my favorite books there. I found a
way to open the lemonade bottles, drank them, and carefully hid them among the empty
bottles. My grandmother never found out that I ate her snacks and drank her lemonades.
She had to feed too many of my grandfather’s workers for lunch, or customers at business
dinners. This was my way of getting even.

Nowadays I wonder, why I did not just run away, or tell my parents how awful
my grandmother treated me? I knew she did not care for me that much. What I did not
know then is the fact that I reminded her too much of my grandfather’s son, who was my
age and was conceived in an extramarital affair. I also was my grandfather’s favorite
grandchild, and therefore endured more abuse from her. Even a few weeks before her
death (she suffered from breast cancer), she spread her venom by saying, “You will never get that horse Grandpa promised you, as long as I have a breath left in me.” I was 15 years old then, and I wished to God she died. I felt very guilty and ashamed when she actually did die a few weeks later.

I have forgiven my grandmother, because I know her story. She started out as an unwed mother and did not have the life she wanted. She married a man who was sent to war and, who, also did not have a compatible temperament with her. My grandmother, herself, endured ample abuse by her father-in-law, who treated her less than human, and whom she took care of until he died. Life was rough in World War II, and sometimes, everyone just struggled to survive.

I had many experiences in childhood where it was not safe to cry and show vulnerability. I feel that I have experienced many aspects of an avoidant attachment to some of my primary caregivers. Children with avoidant attachment styles tend to be distant from their parents or caregivers. This avoidance often becomes especially pronounced after a period of absence. These children might appear indifferent to their caregivers, and neither reject attention nor seek out comfort. Children with avoidant attachment styles also often show no preference between parents or strangers. As adults, they tend to have difficulty with intimacy and close relationships. As for myself, it still takes me a long time to develop and trust in a secure base. To this day, I only trust myself to “get things done” or have a “plan B” for emergency events.

Throughout my life, I have felt the need to support the emotional development of children. My own children’s emotional development is very important to me because I don’t want them to experience what I did. Even after a long day of work I made sure to
end the day on a good note in an attempt to be a good parent. Sometimes, we just cuddle without words and enjoy each other’s presence. That is the closest I have ever come to true intimacy.

My client, Jordan, and I had a way of connecting intuitively. The image of the tower in the fairy tale, Rapunzel, comes to mind. This image of the tower is a symbol for a world of its own which is removed from reality. My therapeutic relationship with Jordan can be compared with this image of an isolated tower. We met in Rapunzel’s tower and created our own world of images, animals, and friends. In this “make believe” world, words from the outside world could not reach and hurt us. It was a world that allowed us to be free from feelings of shame, guilt, and inferiority. It also was a world of illusion that separated us from the world of real connections and intimacy. Our therapeutic journey was an attempt to bring those two worlds together into one healthy way of relating to the world. We partially succeeded.

Framework of the Treatment

I worked with Jordan at the Ananda Institute in Santa Rosa during my pre-doctoral internship. The Ananda Institute serves about 300 people annually and has a staff of 20 therapists and interns. This agency is known for its domestic violence perpetrator program, but also offers individual therapy as well as psychological testing.

I worked in the family program sponsored by the Victim Witness program. Jordan’s entire family, his mother Elisabeth May (pseudonym), his older brother Jason May (pseudonym), and his younger sister June May (pseudonym), were treated at the Ananda Institute. I was part of a team of four therapists who met on a regular basis to
discuss treatment plans or receive case consultation. Michael Fraga, the Director of the Ananda Institute, usually was present for supervision. Jordan’s therapy process was co-occurring with his mother’s custody battle and the father’s sentencing phase. Jordan was assigned to me in July 2004 and our first session was August 10, 2004. I saw Jordan on a weekly basis for almost a year.

Jordan’s mother, Elizabeth, contacted the Ananda Institute in an attempt to receive counseling for herself and her three children. The family had to flee their home in June 2004 due to domestic violence from Elizabeth’s husband. According to Elizabeth, her husband had been abusing her and the children on a regular basis. Elizabeth conceived her daughter June after being raped by her husband. The family was subjected to beatings with a leather belt and other abusive behaviors such as emotional abuse and manipulations. Elizabeth was granted a restraining order, and Child Protective Services (CPS) as well as Victim Witness was involved in this case.

The majority of my work with Jordan was focused on the symbolic expression of his pain. I used hand puppets and sand tray as well as art materials to encourage Jordan’s expression of his experience.

Confidentiality and Ethical Issues

I have given my client and his family a pseudonym to protect the family’s privacy. Since Jordan’s mother Elizabeth is a fairly high profile professional in the local community, I have also protected her true identity by altering her workplace, which otherwise could possibly identify her. When I was trying to get consent for this study from Jordan’s mother, I went to her workplace after having scheduled an appointment.
Elizabeth remembered me, and was eager to meet. She readily gave me consent. Elizabeth is a very bright and intellectual woman who could easily be my friend. She understood having to maintain professional boundaries and that this study did not require her direct involvement. However, she was very interested in obtaining some of the articles and books that I used in my research. I have agreed to send her copies of articles as well as book titles once my study is completed.

Elizabeth does not know much about my personal life but I am becoming very aware of the fact that we do have a lot in common. Both of us are from Europe. We are the same age. Both of us worked in the field of education for a long time, and both of us have personally experienced abuse. These commonalities might have contributed to my interest in this case and child. It might have also contributed to the fact that I never asked Jordan’s father’s name.

The team of therapists for this family received group supervision on a weekly basis. We were able to bring our concerns and suggestions to a supervised group discussion. The group supervision was scheduled on a regular basis, usually Thursday’s after the didactic training. The team met with the mother twice to discuss family dynamics and treatment options. This was my opportunity to gather the psychosocial history about my client, Jordan.

Individual supervision was more difficult to obtain. Although I was scheduled for individual supervision with Michael Fraga, I did not always receive it. Dr. Fraga was often pulled into meetings and unexpected events due to his other responsibilities at the Ananda Institute. However, he was available via phone and able to provide phone consultation. Fraga’s theoretical orientation was psychodynamic and it was also
important to him that his trainees provided client-centered therapy. He was always open to alternative approaches to therapy as long as it had the best interest of the client in mind. Fraga allowed me to apply Imaginal Psychology in my treatment planning for Jordan.

I have experienced one incident that could be considered an ethical dilemma and it involved the client’s biological father. At one point, he kept calling all the therapists and left lengthy messages requesting them to return his calls. I felt at times that it would have been good for me to meet the father in order to gain more insight into Jordan’s struggles. However, our supervisor gave the team the directive not to return the father’s calls, because the mother had full legal custody over the children and did not want the father involved in treatment. Since she had never signed any release form to talk with Jordan’s father, returning the father’s calls would have been a violation of confidentiality in this case.

**Client History and Life Circumstances**

Jordan May, a seven-year-old boy, was a victim of physical and emotional abuse. His mother Elizabeth reported that Jordan was subjected to beatings with a belt and emotional abuse by his father. Jordan’s older brother, Jason, has started to become physically and verbally abusive to his younger siblings as well. I do not know when the abuse started or what kind of abuse happened. It was an oversight on my part not to inquire about the beginning and the detail of the brother’s abuse towards the children in more detail. I have mainly worked with Jordan and only spoken to the mother Elizabeth on two occasions. In hindsight, I could have obtained more information from Elizabeth
and her therapist, who worked at the Ananda Institute as well, to gather more information regarding Jason and the nature of his abusive behavior.

Elizabeth and her children fled the home in June 2004 due to multiple domestic violence incidents. CPS and Victim Witness were involved at that time and the mother was able to obtain a restraining order against her husband. When Jordan started therapy, the family was involved in multiple mediation and re-unification meetings. According to Elizabeth, the father had limited, supervised visitation rights in which he allegedly tried to manipulate the children. The family had moved into a new suburban home in an attempt to create some normalcy in their lives.

Elizabeth revealed that domestic violence began shortly after her marriage 18 years earlier. Jordan did not present with any current health issues. His mother reported that Jordan met all developmental milestones on target. Jordan had been through two heart surgeries in infancy and early childhood. From these experiences he seemed to have developed a phobia of doctors. In Elizabeth’s opinion, Jordan displayed many characteristics of children exposed to domestic violence such as violent outbursts of anger, general aggressiveness, withdrawal, nightmares, and difficulty sleeping. She was particularly concerned about the fact that Jordan was becoming increasingly withdrawn and passive-aggressive. She thought this behavior was not only related to the physical and emotional abuse by his father, but also directly related to the outwardly aggressive behavior of her 12-year-old son, Jason, towards Jordan. His mother described Jordan as an introverted youngster whose feelings were difficult to read. Elizabeth did not report the nature of Jason’s aggressive behavior.
In hindsight, I recognize that Elizabeth provided only vague information about her oldest son. I have mainly focused my attention on Jordan, and did not make any further inquiries regarding the details of Jason’s abusive behavior. Elizabeth did not report any particular difficulties in Jordan’s daily academic school life. Jordan attended regular public school and did not seem to display any major symptoms towards his teachers. However, Elizabeth was concerned about the fact that Jordan increasingly isolated himself from his peers.

**Progression of the Treatment**

I worked with Jordan for almost one year in therapy. In my first meeting, which was held outside next to the car, Jordan assumed the fetal position and barely looked at me. I brought hand puppets with me in an attempt to establish a connection with him. Jordan was not willing to leave the car. The first three sessions were geared towards moving Jordan out of the car into the child therapy room. I succeeded by using hand puppets and imaginative play.

Jordan entered the child therapy room in his third session and he immediately was drawn to the sand tray, which he continued to use in every subsequent session. He began with themes of covering and uncovering objects and moved into the creation of battle scenes. The sand tray became the arena of symbolic play, and ultimately a tool for expressing his emotional pain. Jordan was a child of few words and I mainly witnessed his experiences in a holding environment. My attempts to verbally interact with Jordan failed. He responded with flat affect and minimal, vague answers. This continued for about six weeks after which Jordan was able to relax into the therapeutic process. His
behavior changed slightly and he was able to engage in board games with me. I let him win, which he enjoyed immensely.

After about three months of therapy, Jordan’s behavior shifted to increased agitation and restlessness. This was the time in which his battlefield scenes started to include people. Jordan opened up about his life and was more talkative than usual. This phase was followed by starting to engage in art projects and the ritualistic cleaning of paint brushes. He worked on his art projects in the child therapy room and walked the brushes to the clinic’s bathroom for cleaning. Jordan developed a pattern of spending more and more time in the bathroom, where he engaged in meticulous cleaning of the paint brushes under my supervision. It seemed as if he was attempting to gain more control over his life.

Throughout therapy, I noticed a pattern of regressive behavior in Jordan every time he had a supervised visit with his father. These behaviors included assuming a fetal position and baby talk. Jordan did not want to talk about the visits. He just mentioned to me that he had seen his father.

As Jordan was mostly non-verbal, I can only state that the major theme in his therapeutic process was the symbolic expression of emotional experience, followed by attempts of gaining control in his life. I hope that our therapeutic bond was strong enough to survive the somewhat abrupt ending of therapy.

I was very concerned about the way therapy ended and I made several attempts to allow for Jordan to continue therapy. My attempts to convince both my supervisor and Elizabeth of the importance to have a closing session were to no avail. It is my hope that
Jordan’s experience of a secure base in our therapeutic relationship will assist him in forming deeper and intimate relationships in the future.

**Learnings**

My major learnings address the inability of insecurely attached people to form meaningful relationships in life. The experience of intimacy leads to feelings of vulnerability and danger. Other learnings talk about the fact that non-directive therapy can be one way to address issues of insecure attachment patterns, and could contribute to the establishment of a secure base.

Trauma can be the cause of serious attachment disturbances when a child’s holding environment is cut off too early, and their positive experience is then limited. Thus, traumatized children often engage in vigilant self-care and ritualistic practices, rather than true play. The fairy tale of Rapunzel can be interpreted as a symbolic description of the therapeutic process of children who have experienced trauma. Turning towards an internal world is often used as a defense from experiencing the pain of reality, yet this world is keeping these children away from reality and the experience of a meaningful relationship.

Imaginal Psychology, with its use of rituals, myths and symbolism, can provide the context for the unfolding of experience. I mainly used sand tray and art in my therapy sessions with Jordan as a means to invite experience. I personally believe that these modalities provide a meaningful and special space for the unfolding of the experience. The imaginal approach to psychotherapy invites people to discover the passionate nature of the soul.
The practice of rituals allows for the flow of experience. Rituals can be defined as “ways in which people choose to order and honor their experiences.” Rituals are a means to organize experiences in anxiety-reducing ways. They re-enact symbolic experience and constitute a bridge between conscious experience and unconscious knowing. Rituals ultimately assist in transforming maladaptive imaginal structures into capacities for self-respect, dignity and trust. Aftab Omer defines imaginal structures as follows:

Imaginal structures are assemblies of sensory, affective, and cognitive aspects of experience constellated into images; they both mediate and constitute experience. The specifics of an imaginal structure are determined by an interaction of personal, cultural, and archetypal influences.

Thus, the goal for Imaginal Psychology is to transform maladaptive imaginal structures into positive capacities which can lead to a fuller and richer experience in life.

**Personal and Professional Challenges**

I chose this case because Jordan and I approached the world so differently and yet experienced some common themes. I was the extroverted therapist who was introduced to the world of an introverted little boy. I was allowed to guide and witness the healing process of a boy of few words but with powerful gestures.

One of the reasons why Jordan’s story was so compelling to me was the power of silence. I did not get anywhere with conventional forms of therapy, but was able to establish a connection via symbolic expressions of play. Jordan’s story touched me on a very deep level because it made me well aware of my own insecure attachment patterns. It is safe to say that both Jordan and I belong to the avoidant attachment category and, in
Kalsched’s terms, could be called *Rapunzel children*. We approached the world differently but we each had knowledge of how to live in Rapunzel’s tower.

It was challenging for me to watch Jordan’s struggle and symbolic expression of pain because it was also part of my pain. I was aware of my collusion with the client at certain moments. There was a different kind of silence, a silence of knowing and understanding. In these moments, our eyes met and it seemed to me as if we experienced “a knowing” of each other’s pain.

Watching Jordan disappear into his own internal world caused me to revisit some of my own childhood stories of despair. It made me aware that the very world Jordan created to keep him from truly experiencing pain, also keeps him from experiencing deep and intimate relationships. This could be a struggle of a lifetime. It will be up to Jordan to decide how many people he will learn to trust and open up to.
CHAPTER 2

LITERATURE REVIEW

Introduction and Overview

The following five sections of this literature review elucidate attachment theory from five different perspectives and present the most relevant research regarding this case study.

The first section explores attachment from a biological perspective. It lists key research, such as Bowlby’s published trilogy on attachment, in which he introduces the formal term attachment to describe the bond between mother and infant. Ainsworth’s longitudinal studies on mother-infant attachment differentiate between secure and insecure attachment. The biological perspective also includes animal research such as Harry F. Harlow’s infant monkey research and Konrad Lorenz’s outlook on evolution and modification of behavior which seem to validate the importance of attachment theory.

Another important segment of the biological perspective is represented by Bessel van der Kolk’s approach to the psychobiology of Post-Traumatic Stress Disorder (PTSD). Van der Kolk’s findings suggest that people who have suffered from severe trauma have trouble putting feelings into words. Additional research from Sue Gerhard links neuropsychology to attachment theory in an attempt to prove the importance of primary relationships. The cognitive-behavioral perspective on attachment refers to literature about the clinical applications of attachment through the lens of behavioral modification.
and Social Learning Theory. Alfred Bandura was one of the leading theorists regarding social learning and introduced the term *modeling*, which is defined as behavior that is learned by watching others.\(^5\) The cognitive-behavioral perspective also introduces attachment therapy as well as key theorists that have contributed to the development of cognitive behavioral therapy. In this section, Daniel Hughes’ story of the severely emotionally disturbed child, Katie, provides a clinical example of attachment therapy, and demonstrates the difficulties foster parents face in their encounter with attachment disordered children.\(^6\)

The psychodynamic perspective on attachment begins with Sigmund Freud and the origin of psychoanalysis and continues with an introduction to attachment theory and its founder, Bowlby. This perspective discusses Ainsworth’s empirical studies on the social behavior of infants and children and introduces the importance of the secure attachment base.\(^7\) This perspective also includes Peter Fonagy’s attempts to present the complex relationship between attachment theory and psychoanalysis, in which he presents points of contact and points of divergence between the two.\(^8\) Recent studies on attachment in psychodynamic therapy conclude this section of the literature review.

The sociocultural perspective on attachment begins with Uri Bronfenbrenner’s *Ecological Theory of Development* and Glen Elder’s *Life Course Theory*.\(^9\) It continues with today’s childcare debate by looking at the differences in quality of childcare. A comparison of childrearing practices demonstrates the differences between Europe and the United States.\(^10\) This perspective also offers a variety of longitudinal studies, such as the Grossmann Study, which ultimately seems to agree with the childrearing views of attachment theory.\(^11\)
Finally, the imaginal approach to attachment begins with defining the orientation of Imaginal Psychology followed by an introduction to Carl Gustav Jung’s contribution to psychology. This section introduces alternative forms of therapy including play therapy, art therapy, and sand play therapy. The literature in this section stresses the importance of myth, ritual, and spirituality. It includes Robert Bly’s social critique on current American culture, introduces the concept of initiation by presenting Malidoma Somé’s story of initiation, and calls for a return to meaningful relationships by paying attention to the symptoms of the soul.\(^\text{12}\)

**Biological Perspective on Attachment**

The first section of this literature review deals in part with observations and learnings from the animal world. This biological perspective on attachment includes research from the fields of ethology and animal behavior as well as the studies of Bowlby and Ainsworth.

A substantial body of literature illuminates recent neuroscientific advances regarding the biological roots of early attachment. Multiple studies in this area demonstrate the relationship between human attachment and change of brain structure. Some of the major contributions to attachment studies from a biological perspective stem from the work of the ethologist, Lorenz. Ethology looks at the important roles of evolution and biological foundation regarding development.\(^\text{13}\) It stresses the fact that behavior is influenced by biology, has sensitive periods, and is connected to evolution.\(^\text{14}\) Lorenz’s gosling experiment proved that familiarity leads to attachment. Lorenz studied the behavioral patterns of geese that instinctively followed their mother as soon as they
hatched. In a set of experiments, Lorenz was able to prove that the goslings attach to the first moving object they see. He called this phenomenon *imprinting*, which is described as a rapid and innate learning within a sensitive period of time that involves attaching to the first moving object.\(^{15}\)

Another biological perspective on attachment is represented by the classic *Contact Comfort Study* by Harlow and Robert Zimmerman. It demonstrates that infant monkeys prefer the cloth mother to a wire feeder, suggesting that contact with the mother is more important than food. For six months, infant monkeys were removed from their mother and separated into two groups to be raised by a surrogate mother; one group’s surrogate mother was made of wire, the other group’s surrogate mother was made of cloth. The study showed that the infant monkeys spent more time with the cloth mother, proving the fact that feelings of comfort are more important than the actual feeding.\(^{16}\)

Bowlby’s biological view on attachment talks about the fact that infants instinctively form an attachment with their mothers. According to Bowlby, infants use sucking, crying, smiling, following, and clinging as a means to form an attachment to the mother, and to elicit the mother’s attachment behavior.\(^{17}\) Bowlby believes that these actions by infants are part of their instinctual repertoire with the goal to keep the primary caregiver close. He introduced the formal term *attachment* to describe this bond between mother and infant.\(^{18}\)

Ainsworth separates attachment into the three categories of secure attachment, *anxious-avoidant attachment*, and *anxious-resistant attachment*. She states that securely attached infants use the mother as a safe base from which to explore the world. Ainsworth thinks secure attachment to the mother during the first year is crucial to a
person’s psychological development later in life. Anxious-avoidant infants show their insecurity by avoiding the mother’s gaze or failing to seek closeness to her. Anxious-resistant infants will engage in both clinging to the mother while fighting the closeness.19

John Santrock elaborates on Ainsworth’s observation by defining secure attachment as a positive attachment experience to the mother. He then agrees with Ainsworth’s notion of attachment security depending on sensitive and affectionate care giving. Santrock describes mothers of anxious-avoidant infants as mothers who tend to interact with the infant in an irritable manner with rare close body contact. Mothers of anxious-resistant infants are also insensitive, but less rejecting than mothers of anxious-avoidant infants.20

The importance of early attachment is also illuminated in Eric Ostroja et al.’s longitudinal study of adolescents who had fewer problems and were more self reliant if they had a secure attachment to their mother. This longitudinal research involved following 180 children from before birth until age 19. The study showed that even if the children had unstable lives, the ones who had a secure attachment basis were able to engage in fulfilling relationships. The study also concluded that anxiously attached children were able to become more secure once their mothers entered stable relationships themselves.21

In a recent animal study of relationship quality based on attachment theory, Ann Weaver and Frans B. M de Waal conducted a comparative study using brown capuchin monkeys to demonstrate secure attachment patterns between mother and offspring. The
researchers used the secure, resistant, and avoidant model which revealed significant differences between secure and insecure mother-offspring relationships.\textsuperscript{22}

Jerome Kagan takes a critical look at attachment theory and focuses his biological studies on the importance of \textit{genetic temperament}. He feels that too much emphasis is placed on the infant’s attachment style. A child’s inability to get along with others could simply be the result of an inherited low tolerance for stress.\textsuperscript{23}

James Kalat presents the importance of stress and health, and explores the reality of \textit{psychosomatic illnesses}. According to Kalat, stress causes a rapid activation of the \textit{autonomic nervous system}. He states that stress also activates the hypothalamus, pituitary gland, and adrenal gland (HPA axis) which in essence causes the brain to produce elevated levels of \textit{cortisol}. Kalat labels cortisol the “stress hormone” and states that too much secretion of cortisol is harmful to the immune system.\textsuperscript{24}

In their book \textit{Traumatic Stress}, van der Kolk, McFarlane, and Weisaeth elaborate on the consequences of overproduction of hormones. Their research states that in a well functioning stress response, the stress hormones help the body to access the energy it takes to fight stress. In chronic stress the rapid hormonal responses led to desensitization.\textsuperscript{25} Van der Kolk, McFarlane, and Weisaeth argue that people suffering from PTSD have difficulties in neutralizing stimuli in their environments. They tend to shut down and present with a decreased involvement in everyday life as well as having memory problems.\textsuperscript{26} In addition, van der Kolk, McFarlane, and Weisaeth elaborate on studies that indicate that people with PTSD show shrinkage of the hippocampus and explains this phenomenon as a reaction due to the effects of the heightened levels of
cortisol. Their findings suggest that PTSD patients have difficulties with putting feelings into words, which is mirrored in actual changes in brain activity.  

Recent psychobiological studies attempt to link neuroscience to attachment theory. Sue Gerhardt attempts to link recent attachment research and neuroscience. She argues that early affective experiences have an effect and sculpt the newborn brain. Gerhardt is convinced that early interactions between infants and their parents have serious consequences.  

One study of kindergarten aged children by Andrea Dettling, Megan Gunnar, and Bonny Donzella, demonstrated that it was not the absence of the mother that increased cortisol levels, but the absence of an adult who assumed the role of caring and responding to their needs in a sensitive manner. If a staff member assumed this role, the children’s cortisol levels did not rise. Without such an attachment figure, the children’s stress level increased.  

In their study of infant rats, Stephanie Moriceau and Regina M. Sullivan attempt to demonstrate that strong attachment patterns to the caregiver are critical for survival. They use the imprinting model to assess the neural circuitry, which enables infant rats to attach quickly to their caregivers in order to survive in their nests. Moriceau and Sullivan’s research suggest that the neonatal brain is not as immature as previous research suggested. This research lays a foundation for exploring human attachments within a new conceptual framework.  

Thomas Lewis, Fari Amini, and Richard Lannon elaborate on the limbic brain and its relationship to attachment. They argue that a child is born with “the hardware for limbic sensing,” but needs guidance “from an attuned adult.”  

Limbic attunement is a
term that refers to the part of the brain that is responsible for emotions. Lewis, Amini and Lannon argue that long-term therapy actually changes the brain structure, thus supporting biological proof for attachment theories.  

A recently published article by Bernadette Grosjean agrees with Lewis, Amini, and Lannon’s assertion that therapy causes biological changes in the brain. She reviews the biological constructs of therapy and concludes that mechanisms involved in the treatment, learning process or environment affect brain structure. Grosjean considers attachment as one of these mechanisms, and concludes that both verbal and non-verbal aspects of psychotherapy have an effect on primitive emotional reflexes, thus stimulating mentalization processes.  

In summary, the biological perspective on attachment emphasizes the significance of animal studies in relationship to human attachment and recent discoveries in the field of neuroscience. These discoveries link attachment theory to changes in the brain structure. Researchers have taken important steps to explore the relationship of human attachment, therapy, and changes in the brain. However, additional longitudinal studies are needed to add to existing data on this subject.

**Cognitive-Behavioral Perspective on Attachment**

The second section of this chapter is concerned with cognitive-behavioral aspects of attachment and attachment therapy. It examines current approaches and behavior modification treatments with insecurely attached children, including the controversial methods of applied Attachment Therapy.
Most of the cognitive-behavioral theories emerged parallel to attachment theories in the 1950s. *Cognitive developmental theory, Learning Theory, and Behaviorism* are cognitive-behavioral theories that view the attachment process through the lens of an infant’s developing mental ability. *Social Learning Theory* focuses on behavior that is obtained by observing and copying others.  

Jean Piaget, one of the leading authorities in cognitive developmental theory, introduced *schema theory*. He explained how cognitive structures help children develop their understandings about life. He considers humans as active learners. Piaget believed that cognition had a central role in development. His cognitive theory has stimulated a vast amount of contrary research, partially from critics who wanted to argue the importance of moral and social development.

Learning theorists felt uncomfortable with abstract theories like that of cognition. They believed that measurable data was the only important area of scientific research. Burrhus F. Skinner was a leading behavioral theorist. He promoted behaviorism, which states that environmental interactions are responsible for certain behaviors in humans.

Skinner’s principles of *operant conditioning* state that behavior can be changed by controlling the consequences. He calls the conditioned responses *operants*, because they act in the environment. Skinner used the concept of positive and negative reinforcement to explain how a desirable behavior was achieved. To prove his point, he designed elaborate problem boxes for his experiment with animals. These boxes are known today as *Skinner boxes*. Skinner’s theory differs from attachment theory in that he believed behavior must be measurable, or learning did not take place.
Albert Bandura is considered one of the leading proponents of Social Learning Theory. One of his key contributions is that of observational learning, also called modeling. It means that behavior can be learned by watching others. Social learning theorists emphasize the fact that humans can control and regulate their own behavior. Bandura’s later research on social learning explored behavior, the person, and the environment. He talked about self-efficacy, which is defined as an expectation that a person can master a situation and achieve positive results.43

Over time, the importance of social learning and the development of a secure attachment base have been recognized and many models of behavior modification have been developed to facilitate attachment in insecurely attached children. Hughes presents the story of Katie who, due to abuse and neglect, became the responsibility of the State.44 Hughes believes that unattached children face a variety of pervasive problems that can only be helped with comprehensive interventions by dedicated professionals.45 He feels that there is not enough understanding about the treatment of unattached children in the professional world. In Hughes’ opinion, people who work with the unattached child need to be humble, creative and dedicated in order to make a difference.46

Hughes takes a critical look at this country’s current foster home system. The story of Katie demonstrates that insecurely attached children often experience multiple foster home placements due to their challenging behavior, and do not respond to mainstream reinforcers that are aimed to motivate them towards socially acceptable behaviors.47 According to Hughes, relationships have little reinforcing value to the insecurely attached child. Insecurely attached children are typically reinforced by staying
in control of their feelings, of other people’s behavior, and by winning every power struggle.\textsuperscript{48}

Hughes continues to say that therapy needs to be designed to include a variety of complex integrative affective and cognitive experiences. In Katie’s story, Hughes illustrates the importance of dealing with the experience of pervasive shame. Hughes believes that affective attunement and a gentle exploration of the shame experience are necessary for shame reduction. Hughes states that simply being attuned to the child is not enough to integrate the child’s internalized feeling of being bad. Therefore, Hughes feels it is necessary to explore experiences that are associated with shame in order to reduce shame, in the hope of integrating the need for appropriate socialization into the child’s life.\textsuperscript{49}

Shannon Bridget Maloney explores the approach of attachment therapy for insecurely attached children in her article. She lists the major characteristics of attachment therapy, which include the expression of rage, holding, and telling children what they feel based on the therapist’s belief.\textsuperscript{50} She also points out that certain methods are abusive and cites problems with Rage Reduction Therapy. Maloney refers to the deaths of at least four children who were subjected to therapies supposedly based on attachment theory. She states that there are many effective treatments of Reactive Attachment Disorder (RAD), but cautions to be wary of promises of quick cures. Maloney also points out that unlicensed practitioners and questionable methods can be very harmful to the child.\textsuperscript{51}

The Family Attachment Counseling Center was founded in 1995 based on the belief that parent and therapist need to work closely together. Its premise lists the parent
as the ultimate healing force. Joanne May, one of the founders, introduces this organization and their mission to focus on parent partnership. Influenced by Bowlby’s attachment studies, the founders of the above organization proposed an approach that includes parent narratives in combination with *Eye Movement Desensitization and Reprocessing* (EMDR). EMDR uses rapid movements, or alternative stimuli such as tapping, to activate the information processing system. The combined method of nurturing parent narrative and EMDR is used to assist the child to work through memories of abandonment, fears, anxiety, and anger. This approach considers the child’s preverbal trauma history and treatment is measured over a five year period. Parents eventually assume a leading role. The narratives are never geared towards changing the child’s actual history but to encourage a new positive self-other concept. May includes an elaborate reference list in an attempt to support the organization’s beliefs.

A variety of empirical studies that use measurable data support the importance of a secure attachment base. Juliet Hopkins’ review of empirical data regarding infant and child developmental research concludes that the type of mothering received within the first year of life determine the attachment pattern. The data supports the claim that internalized working models of the self and the other guide later behavior. Hopkins stresses the importance that an early intervention with parent-infant therapy can assist in resolving unhealthy behavior patterns before they become internalized.

Mikulincer et al. examines the effects of chronic attachment insecurity schemas in relationship to the reaction to other people’s needs. The researchers conducted five studies in which the relevance of attachment theory became apparent. Participants were
asked to recall personal memories, read a story, or imagine a picture of supportive people. This condition was then compared to neutral themes and then followed by an assessment of personal distress memories. The results showed that secure attachment memories strengthened empathic responses and diminished personal distress. On the other hand, personal distress was positively linked to attachment anxiety.  

The vast variety of behavioral approaches to treating insecurely attached infants, children and adolescents suggest a strong divide within the professional community. One side argues the need for strict rules and unconventional methods to re-attach the young person, while others favor a more gentle approach. Longitudinal studies are necessary to shed light on the controversial topic of attachment therapy and its success rate. The increased incidences of acting-out behaviors and violence among our youth call for a better understanding of attachment theory and child-rearing practices.

**Psychodynamic Perspective on Attachment**

This third section explores sources from psychoanalysis, which is the antecedent to psychodynamic theory. Jeffrey Turner and Donald Helms introduce a variety of psychoanalytic theories in an overview, and include a discussion of the founder of psychoanalytic theory, Freud. Freud’s psychosexual stages of development offer an explanation of behavior that focuses on maturation of body parts and early life experiences.  

In addition to referencing original sources such as Bowlby, Ainsworth, Erikson, Mahler, and Winnicott, this section of the literature review includes Fonagy’s attempt to demonstrate the complex relationship between attachment theory and psychoanalysis. He
creates points of contact between popular theorists of the time and Bowlby’s attachment theory.  A number of theorists link clinical applications of psychodynamic therapy and attachment theory. They suggest multiple approaches on how to work with the traumatized child.

Freud’s formulation of the psychosexual stages of development is based on the notion of instinctual drives. He placed great importance on the maturation and development of body parts as well as early life experiences. He felt that past experiences determine present behavior. Freud believed that children are born with basic animal instincts that require immediate gratification and that these operate at the unconscious level of thought. Thus, development is dependent on the transformation of desires into socially acceptable behaviors. Freud’s discussion of the unconscious sparked a revolutionary turn towards developmental ego psychology. Freud’s structural model of the unconscious includes the ego, which represses forbidden, pleasure seeking drives of the id. The superego is classified as an internalized parental presence which aids the ego to stay safe in a world of other people.

Rene Spitz contributed to the developmental ego psychology movement. His observations of children left in a foundling home played a significant role in deepening the interest in environmental influence. Spitz discovered that children whose physical needs were met but who were deprived of continuous nurturing maternal care giving developed a failure to thrive. He believed that a positive environment is necessary for the development of ego capacities. Spitz is regarded as one of the first empirical researchers on object relations between infants and their mothers. He devoted much of his professional life to documenting the mother infant tie by means of filming, interview, or
His views are similar to those of modern attachment theorists who focus on emotion regulation as a key developmental function of the attachment process. However, Spitz disagreed with Bowlby’s paper on “Grief, Mourning in Infancy and Early Childhood.” He thought Bowlby’s theory was oversimplified and offered “no real contribution to the better understanding of observational phenomena.”

Ainsworth was one of the first psychologists to conduct empirical research on the social behavior of infants and children. She focused her attention on how children progress cognitively and emotionally. Her research in Uganda provided empirical data for Bowlby’s attachment theory. Ainsworth argued that, “The mother seems to provide a secure base from which these excursions can be made without anxiety.” She continued to search for a reliable measurement of attachment behavior in infants and developed what is now known as The Strange Situation. This measure requires the infant to move through a series of separations and reunions with the mother and an adult stranger in a prescribed order. Ainsworth categorized children as being securely or insecurely attached to the mother, depending on how the infants reacted. The Strange Situation experiment supported Ainsworth’s prior claim of the secure base. She provided an assessment tool to determine whether infants are securely or insecurely attached to their mothers.

Melanie Klein, an influential is considered the founder of psychoanalytic play therapy. She recognized the fact that children communicate about their inner lives by means of play. Klein, like Bowlby, recognized the importance of the first year of life. However, unlike Bowlby, the mother’s behavior towards the infant was of little interest to her.
Klein looked at infant development in terms of relationships. She believes that the infant’s first relationship is with the mother’s breast and all the infant’s innate capacities for anger and love are projected on to it. Fonagy points out that the overlap with attachment theory can be seen in Klein’s description of the paranoid-schizoid position and the depressive position. Klein uses the term “position” to describe a child’s various ways of experiencing internalized and external objects. She classified the first position as paranoid-schizoid, where the very young infant’s tolerance for frustration is very low and emotional reactions are extremes of good and bad. Thus the infant is using the mechanism of splitting to keep apart feelings and aspects of the self. Klein’s second position is called the depressive position. This position describes the infant’s increased capacity to relate to whole objects. During this time the infant becomes aware of his own capacity to love and hate the primary caregiver. Security in attachment seems to manifest as a balancing act between hate and love.

As opposed to Klein, Bowlby believed that the environment (e.g., parents) had a great influence on children’s development. He attempted to create a science for this belief, which drove him to the study of the 44 juvenile thieves. Bowlby collected historical data on 44 young thieves. He found out that the environmental influence of early separation between mother and child was not open to misinterpretation.

Bowlby’s paper on the 44 young thieves demonstrated the damaging effects of early separation. He argued that children who are separated from their mother crave not only her love, but also the symbols of her love. Thus, the thieves often stole food, milk, or money to buy food which symbolized maternal nurturance. Bowlby stated that these separated children hated their mothers and hence, hated themselves as well. Bowlby
observed that these 44 thieves became affectionless and had become locked into painful isolation.81

Researchers in later years would agree with Bowlby that early separations from the mother can be detrimental to a child’s development, but does not necessarily create psychopathy. Repeated losses can cause bitterness in children leading to mistrust and shutting down the natural tendency to reach out for love. Later research would also find that a distorted relationship between parents and children is often the cause of delinquency.82

Erik Erikson was a contemporary of Bowlby. Erikson, like Bowlby, believed in development as a continuous process.83 He developed the theory that a person passes through eight psychosocial stages while being socialized into a given culture. According to Erikson, the ego has to deal with a series of crisis as it develops. As the years pass, ego strength accrues one quality at a time.84 Erikson’s theory is congruent with contemporary research on infant-parent attachment. For Erikson, basic trust was the parallel concept of secure attachment. The secure infant trusts the mother to return and receives comfort from her. The insecurely attached infant develops mistrust and develops resistant or avoidant attachment patterns.85

There is substantial overlap between Erikson and attachment theory. Erikson, like Ainsworth, believed in maternal sensitivity towards the infant. He also explored the long-term effects of trust and mistrust. Finally, Erikson, like Bowlby, was criticized for being overly simplistic, and his vision was often considered superficial by other psychoanalysts.86
Margaret Mahler’s point of contact with attachment theory begins with her idea of *mutual cueing*. In mutual cueing, the infant changes his behavior in response to the mother’s selective response. She believes that a child’s personality emerges from the interactions with the mother. The mother presents with behaviors to which the child adjusts. If this behavior is hostile or unpredictable, then the mother, who is the frame of reference to check back to, becomes unreliable and disturbs the child’s self esteem.

Mahler’s description of the behavior of two year olds offers an interesting perspective on ambivalent attachment. She describes their behavior as conflictual clinging to mother, while struggling to get away. Mahler calls this behavior the rapprochement crisis. Mahler’s view of the available mother who balances her interactions with the child by her willingness to let the child go can be seen as a parallel concept to the secure base. “Like the mother bird, she needs to give her toddler a gentle push, encouragement toward independence.”

According to Fonagy, attachment theory has its roots in psychoanalysis as represented by the work of British analysts from the Independent School. Fonagy states that Winnicott seems to have the most relevance to attachment theory. He uses the word ego-relatedness for attachment.

Robert Karen reports that Winnicott came to psychoanalysis from pediatrics and had an intuitive gift in working with children. According to Karen, he recognized the impact of sensitive care-giving on the infant and, like Bowlby, believed that the infant has an instinctual need for an emotional relationship with the mother. Winnicott introduced the term of *good enough* mothering and saw a mother’s failure as expectable and a major motivator for growth. He also stressed the fact that the infant cannot be
challenged too soon. Winnicott also introduced the concept of the *true self* and the *false self*. Both develop from the infant’s interaction with the environment. The false self develops when the mothering is not good enough and the infant’s gesture is repeatedly ignored. The false sense reacts compliantly to maternal demands and results in a person feeling unreal, thus unable to form genuine relationships.

Winnicott proposed a holding environment in which the infant is gradually exposed to external events. In his therapeutic approach, he proposes that in order for the true self to emerge, a child must be allowed to play alone in the presence of the mother. The mother must be unobtrusive so the child can focus on self-exploration.

Attachment theorists agree with the concept of a harmonious mother-child relationship. Bowlby found early human relationships to be crucial. He based his conclusions on the available empirical data of the time, and stated that in order to grow up mentally healthy, “the infant and young child should experience a warm, intimate, and continuous relationship with his mother . . . in which both find satisfaction and enjoyment.”

Bowlby believed that therapy should provide a secure base for the client. This secure base could be used to explore the extensive family history and relationship pattern. In Bowlby’s later years he consolidated the concept of providing a secure base into five therapeutic tasks. The first task is that of providing a secure base from which the client can explore painful aspects of his life. The second task involves assisting the client to explore current relationship patterns and personal biases. In the third task, the therapist encourages the client to explore the relationship pattern between therapist and client. The fourth task involves an exploration of current feelings and expectations that may give rise
to strong emotions related to the past. The therapist’s ultimate task is to enable the client to recognize that the model of himself or others stems from the past. In doing so, the process of letting go of old stereotypes can begin, thus giving way to a new way of thinking and relating.\textsuperscript{102}

Recent therapeutic approaches also focus on providing a secure base for the client. Karl Heinz Brisch elaborates on a variety of guidelines for the therapist to provide a secure base for the client. He differentiates between therapy with children and therapy with adults.\textsuperscript{103} Brisch focuses on \textit{counter-transference} and sees it as the therapist’s reaction to the client, rather than as an unconscious drive or defense.\textsuperscript{104} Brisch observes that there is no clear category for attachment disorder in the DSM IV, despite the fact that childhood phobia or conduct disorders have origins in insecure attachment. Brisch subsequently presents his own classifications and divides them into the following categories: undifferentiated attachment behavior, no signs of attachment behavior, exaggerated attachment behavior, aggressive attachment behavior, inhibiting attachment behavior, and attachment behavior with role reversal and psychosomatic symptoms.\textsuperscript{105}

Stephen Washburn reviews Brisch’s findings from a medical-biological viewpoint and critiques the lack of connection between drug interactions and psychotherapy. Washburn claims that Brisch fails to recognize the connection between positive attachment experiences and changes in brain structure and brain function as modern neuroimaging techniques reveal.\textsuperscript{106}

However, Washburn concedes that there may be lessons to be learned from attachment theory regarding the medical treatment of patients who suffer from
attachment disorders. Washburn claims that the patient’s reluctance to accept medication might be linked to attachment disturbances.  

According to Beverly James, attachment disturbances and trauma coexist in the lives of many families and one problem can give rise to the other. The loss of a primary caregiver can be traumatizing to a child of any age, and traumatic events within a family can cause severe attachment disturbances between parents and children. James gives a variety of clinical examples to demonstrate the difficult task of reconstructing a loving relationship between parents and child. Her case examples include children in hospital settings, foster children, and children who experienced major trauma due to serious abuse or loss of a significant person in their lives. James gives a variety of clinical examples to demonstrate the difficult task of reconstructing a loving relationship between parents and child. Her case examples include children in hospital settings, foster children, and children who experienced major trauma due to serious abuse or loss of a significant person in their lives.

Researchers Lawrence Aber and Joseph Allen studied the effects of maltreatment on young children’s socio-emotional development. They found that the child’s socio-emotional development indicates that maltreatment during early childhood disrupts the dynamic between the motivation to explore the world and the motivation to establish a secure relationship with adults. Virginia Ryan suggests using non-directive play therapy for children with attachment disturbances. She describes this therapy as brief, intensive, and nondirective and cites a vast amount of literature on play therapy. Ryan presents a clinical case example of a nine-year-old child who had experienced trauma. In her article, she describes the process of brief, non-directive play therapy and relates it to attachment theory.
Recent research agrees with the concept of providing a secure base in therapy, but also stresses the necessity for emotional disclosure by clinicians after a client’s angry episode. Constance Dalenberg interviewed 132 participants who had completed long-term trauma therapy. The clients reported more satisfaction with clinicians who were able to respond to anger outbursts rather than being “blank screens” in the face of anger.113

The concept of a secure base or therapeutic alliance has been well established in modern therapy. Bowlby believed in order for therapy to be effective, clients have to talk about their emotions. He encouraged therapists to be attentive and responsive to emotional expression.114

To summarize, this section of the literature review follows the development of therapeutic thinking, from a model of drives to the importance of environment and interpersonal relationships.

In conclusion, this literature review illuminates the increasing focus on the environment and the psycho-social history of the client, the importance of the idea of the secure base and its parallel concepts. The relevance for therapy is that a major factor in bringing about change for the client is the emotional communication between a client and the therapist.115
Socio-Cultural Perspective on Attachment

This section examines how attachment theory is embedded into our western culture. It introduces socio-cultural theories such as Bronfenbrenner’s *Ecological Theory of Development* and Elder’s *Life Course Theory*.116 This section also takes a close look at the impact of child care centers on attachment, single parent childcare, father as primary caregiver, adopted children and children in foster placement, and provides insights from Bowlby’s talk at the Winnicott Memorial Lecture.117 It furthermore debates the issues of avoidant and insecure attachments as a phenomenon of surrounding culture.118

Bronfenbrenner’s ecological theory introduces a socio-cultural view of development. It consists of five systems, namely, the *microsystem*, the *mesosystem*, the *exosystem*, the *macrosystem*, and the *chronosystem*.119 The microsystem describes the setting in which a person lives, such as family school, neighborhood. According to Bronfenbrenner, most research on socio-cultural influences has focused on the microsystem.120 Bronfenbrenner describes the mesosystem as the relation between Microsystems. Examples include the relationship of family experiences to school experiences. A child that has been rejected by his parents might have difficulties establishing a positive relationship with his teacher.121

Bronfenbrenner’s exosystem refers to the larger context of society in which the person does not have an active role. Bronfenbrenner includes government, mass media, and social welfare system in this category.122 The macrosystem involves the culture in which a person lives and the chronosystem deals with the patterns of environmental events over the life course.123
Glen Elder, Jr. developed the life-course theory, which stresses that development is best understood by evaluating a life in terms of historical time and place. Elder recognizes the interdependency of lives as a central concept in his theory. He argues that generations are connected by decisions and events within each other’s life course. As an example, he points out that divorce or financial setbacks of parents may impede their children’s transition to adulthood by postponing their entrance into college or employment.

Ryan’s personal experience with an adopted and severely attachment disordered child encouraged her to write a book. In *Broken Spirits—Lost Souls*, she demonstrates the challenges that severely abused children face in our society. Ryan feels that any child born into a crisis situation is at risk to develop insecure attachment patterns. Ryan relates many stories of children diagnosed with *Reactive Attachment Disorder* (RAD) within their adopted or foster homes. RAD is a mental disorder described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Revision (DSM IV). The main feature of this diagnosis is “markedly disturbed and developmentally inappropriate social relatedness . . . that begins before age five years.”

Ryan intends to draw attention to the increasing problem in today’s society in which young people with attachment disturbances become destructive and violent. She discusses the lives of children who were neglected or traumatized in their early lives in the hope to continue to look for adequate forms of therapies for these children. Ryan refers to Foster Cline as an expert in the field of attachment disorders. He worked with children at the Youth Behavior Program Evergreen in Colorado. Cline also was a founding member of Association for Treatment and Training in the Attachment of
Children (ATTACh), the professional organization of choice for many attachment therapists.\(^\text{130}\)

ATTACh offers membership and resources to both parents and therapists alike. Kathleen Moss introduces the concept of attachment on their website, and offers a checklist for common behavior disturbances that suggest problematic attachment behavior.\(^\text{131}\) The resource section of the ATTACh website includes an extensive booklist on topics related to attachment and attachment disturbances.\(^\text{132}\)

In the foreword to Ryan’s book, Cline is very outspoken about the increasing numbers of neglected and abused children and sees the fault within our society. He suggests that the government should not “bail out” teenage mothers by giving them money and special classes. Rather, he suggests that at risk teenagers need to be identified and counseled about the responsibilities and costs involved in child rearing.\(^\text{133}\)

Cline questions why social programs pay all birth costs for young unmarried couples and suggests that young adults should be paid not to have children. Further, he proposes temporary chemical sterilization of parents who have more than two children and live on the state’s expense. Cline sees this as an alternative to the attempt to place the many attachment disordered children into adoptive families that might be torn apart by their behavior.\(^\text{134}\)

The concept of an infant’s need for a committed caregiver relationship as central to healthy development has allowed ample discussion among followers as well as critics of attachment theory, especially when it comes to the day care issue.\(^\text{135}\) Jay Belsky believes that the poor quality of day care translates into negative experiences for children.
He concludes that extensive day care during the first 12 months of life is associated with insecure attachment and increased aggression.\textsuperscript{136} Derek Allhusen and Andrew Clarke-Steward disagree in their study and have arrived at a different conclusion. They suggest that daycare experience has no negative effects on children.\textsuperscript{137}

The study of day care by the National Institute of Child Health and Development (NICHD) followed a large cohort of children from birth to age seven. These 1,300 children were observed at home and in their day care settings at ten different sites across the United States to find a possible linkage to weak mother-child ties.\textsuperscript{138} Findings in 1996 revealed that infant day care only lead to weak ties with the mother if the mother was not able to respond to the infant’s cues, and simultaneously the infant experienced poor quality day care for more than 10 hours a week. Multiple caregivers within the first fifteen months of life seem to have a negative impact on the infant’s attachment style as well.\textsuperscript{139}

The latest results from the NICHD study were released in 2001 when the cohort of children reached the age of four-and-a-half years. Findings suggest that increased day care results in more behavior problems. The results seem to be the same regardless of the economic status of the family or quality of day care. These latest findings suggest that the more hours children spent away from their parents, the more behavior issues they will have.\textsuperscript{140}

Richard Bowlby states that many parents who do not have the option to stay at home with their children may find the results above painful to hear. He compares the current reaction to Belsky, who pointed out the less than comfortable aspects of the NICHD study, to the struggles his father, John Bowlby, had in his time.\textsuperscript{141}
R. Bowlby believes that staying home with the children is currently less popular due to today’s tendency to glorify independence. He finds that mothers often succumb to peer pressure to return to work, and that an attractive employment offer might not be available after a maternity leave of several years. He also addresses current difficulties young couples or single parents face when raising children. Increase in wealth and rise in living standards have made it hard for people to be able to stay home with the child. He sees some positive aspects in modern childcare arrangements, such as the larger vocabulary of young children as well as a readiness for pre-school facilities. Another advantage is the fact that infants of two-income families have a better standard of living and working parents are less likely to be depressed than stay-at-home parents. He reports that playing with other infants in day care helps social development, and quality daycare employing quality childcare professionals can compensate for a poor family environment.

However, R. Bowlby also points out the problematic aspects associated with modern daycare centers: decreased parental sensitivity towards the baby after being apart all day, increased aggressive behavior of the child, negative impact on emotional development if multiple caregivers look after the child, and lasting emotional scars if a small child is separated from a primary caregiver.

Nancy Chodorow, a feminist theorist, has claimed that attachment theory supports the traditional role of the woman as primary caregiver. This continued sex-gender differentiation of parenting has called for an examination of issues relating to dual-worker families and fathers have become the focus of attention regarding care giving issues.
Eric Duckett and Maryse Richards conducted observations of fathers and their infants, and they suggested that fathers indeed have the ability for sensitive and responsible care giving.\textsuperscript{148} A study of Swedish families, in which the father was the primary caregiver of the firstborn infant, demonstrated that the mothers were more likely to assume the role of discipline. However, the role reversal did not result in a major change of the way mothers or fathers interacted with the infant.\textsuperscript{149}

Child care policies differ around the world. In Sweden and other European countries, childcare for infants under the age of one is not a major concern because one parent is on paid leave for childcare.\textsuperscript{150} Almost all the industrialized countries other than the United States have major maternity policies in place. They have recognized the importance of developing such policies to allow the mother to physically recover after childbirth. The parents are given a chance to adapt to parenting and spend quality time with their babies. These policies are designed to allow mothers or fathers to take a leave of absence without losing their job or income.\textsuperscript{151}

Bowlby supported the view that mothers should receive adequate financial support from the government for the first three years of the child’s life. For Bowlby, the optimal condition for children under the age of three is, “a resourceful parent . . . who was happy to stay home, with adequate emotional, practical and financial support, where both the parent and child found satisfaction and enjoyment.”\textsuperscript{152}

However, attachment styles are not only shaped by child care policies. Critics of attachment theory have debated Ainsworth’s claim that the avoidant child shows some form of insecurity. Jerome Kagan argues that children who have little trouble with separating and reunifying have been trained by their parents to control their fear and be
more independent. Kagan adds that a child labeled insecurely attached might actually have superior training for the challenges of the modern world, and a supposedly securely attached child might not be ready for the challenges of real life.

Klaus Grossman and Karin Grossman offered an explanation to the debate over the avoidant child issue. They reproduced Ainsworth’s longitudinal studies of the Strange Situation in two different areas in Germany. The first sample of children was studied in Bielefeld in northern Germany. This study seemed to confirm Kagan’s view and reservations about the avoidant classification of a child. Kagan discovered that half these children were classified avoidant, and attributed it to the fact that in Bielefeld early independence and self-control was highly desirable.

Grossmann and Grossmann conducted a second study in Regensburg, which is in southern Germany. This second sample showed more secure attachment patterns and suggests that avoidant attachment has much to do with German child rearing practice in northern Germany and seems to be an appropriate adaptation to this particular culture. Grossmann and Grossmann agreed that the Bielefeld mothers were sensitive to their children most of the time. However, these mothers did not appreciate a crying and clinging child and thus encouraged self-control and hiding of emotions.

In their study, Grossman and Grossmann came to the conclusion that avoidant attachment cannot be simply dismissed as culturally normative. They feel that the infant adjusts to the avoidant culture at a cost. As they followed their Bielefeld sample, they discovered that the avoidant children had trouble forming friendships at age ten. They also lacked self-esteem and were more likely to be ridiculed or excluded. Due to these findings, Grossmann and Grossmann have come to agree with Bowlby’s notion that
avoidant attachment, regardless if it is part of a cultural norm, does not spare children from harm. They strongly disagree with common German child rearing practices, such as letting the baby cry because it strengthens the lungs.\textsuperscript{160} Grossmann and Grossmann disagree that, “independence has to be trained, or that you must punish a child by withdrawal of availability or love”.\textsuperscript{161} They find that the child who receives the most sensitive parenting is going to be the one who is the least clingy.\textsuperscript{162}

In summary, this section of the literature review illuminates the ongoing debates about current child care practices and their consequences for today’s children. Bronfenbrenner’s ecological theory of development as well as Elder’s life course theory point out the importance of cultural influences of society.\textsuperscript{163} J. Bowlby suggests that society has overlooked the importance of emotionally enriching parenting, and by not doing so, our children are short-changed.\textsuperscript{164}

In conclusion, the importance of quality child rearing in the first three years calls for a continued effort to support struggling parents in today’s increasing economic challenges.

\textbf{Imaginal Approaches to Attachment}

The fifth section of this literature review addresses the orientation of Imaginal Psychology and its approach to attachment theory. While there is no formal, parallel concept of “attachment” in Imaginal Psychology, the concept of attachment informs \textit{Imaginal Transformation Theory}.\textsuperscript{165}
Imaginal Psychology is an orientation in psychology that “reclaims the soul as its primary concern.” Omer developed the concept of Imaginal Transformation Theory which uses Imaginal Process as a means for transformative learning.

Omer introduced the term *imaginal structures* and considers them to be “assemblies of sensory, affective, and cognitive aspects of experience constellated into images; they both mediate and constitute experience.” Parallel concepts to imaginal structures include the concept of scripts and schemata introduced previously in the cognitive-behavioral section.

An imaginally-oriented therapist uses *Imaginal Process* to aid the client in transmuting these imaginal structures. Imaginal Process is defined as “an approach to transformative learning, understood as the emergence and cultivation of capacities by individuals, organizations, communities, and societies.” Imaginal Process asks participants to engage in reflexive participation, which is defined as “the practice of surrendering through creative action to the necessities, meanings and possibilities inherent in the present moment.

Therapists, who engage in Imaginal Psychology will also be inclined to implement *forms* throughout therapy. Forms are a part of Omer’s *Imaginal Transformation Praxis* (ITP), which “consists of concepts, principles, and practices that constitute an integrative approach to personal and cultural transformation.”

Forms are triads used for Imaginal Process, which assist in moving a client to a deeper level of experience. Two of the positions of these forms are termed *Gatekeeper* and *Friend*. Omer defines these terms as follows:
Gatekeeping refers to the individual and collective dynamics that resist and restrict experience. The term Gatekeeper refers to the personification of these dynamics. Cultural gatekeepers restrict experience; cultural leaders catalyze the deepening and diversification of experience. The Friend refers to those deep potentials of the soul which let us proceed with passionate objectivity and encourage us to align with the creative will of the cosmos. 174

While the Gatekeeper is experienced as a restrictive force, the Friend can be cultivated as a nurturing voice, allowing for a deepening of experience to happen. This body of literature begins with a synopsis of Carl Jung and Jungian based therapy, paying specific attention to his concept of archetypes and the collective unconscious. It then proceeds to the exploration of trauma and related Jungian approaches in therapy. The compiled literature of this fifth section also introduces the reader to myths, stories and the importance of ritual and community. In the imaginal approach, a therapist pays great attention to the expression of the client’s experience. Expression of the experience needs a meaningful context. The use of ritual can be a means to allow the flow of experience in order to reclaim one’s passionate nature of the soul. Thomas Moore believes that people need to give the soul attention and care. The passionate nature of the soul reveals itself when life is lived with a degree of artfulness. Moore states that living artfully can be as simple as pausing a few minutes to reflect on the day. He suggests that attending to the soul in ordinary things will usually lead to a richer and more passionate life. 175

Jung believed in the importance of the inner life and paid specific attention to dreams. He stated that images and symbols of the unconscious are valid and important. Paying attention and relating to fantasy or dream images and symbols ultimately aid in the unfolding and developing of the inner life. 176

Jung held that myths have a vital meaning and defined them as “original revelations of the preconscious psyche.” 177 He stated that myths constitute the psychic
life of indigenous cultures. It is their living religion. Jung compared the loss of mythology in indigenous cultures with the loss of soul, which to him is a moral catastrophe.\textsuperscript{178}

According to Jung, dreams or fantasies represent statements of the unconscious. He argues that dreams or fantasies, which cannot be reduced to past personal experiences, have their origin in mythological types. Jung assumed that they are inherited and correspond to collective elements of the human psyche, the \textit{collective unconscious}.\textsuperscript{179} Jung termed the main organizing principle of the collective unconscious the archetype of the \textit{Self}. The \textit{Self} is geared towards helping people fulfill their human potential, and towards unity of the whole personality.\textsuperscript{180} Jung coined the term \textit{Individuation Process} to describe the process of becoming aware of one’s self and who we are.\textsuperscript{181}

Jung has also emphasized the importance of the \textit{interpersonal field}, which he defines as a space for symbolic life to emerge.\textsuperscript{182} Transformative processes that happen in this field during therapy are marked by positive or negative transference. Positive transference is characterized by “predominantly friendly, respectful, and positive feelings on the part of the patient towards the analyst.”\textsuperscript{183}

Followers of Jungian psychology find meaning in exploring images, dreams, and fantasies and recognize them as, “a living intelligence that plays a governing role in our soul life.”\textsuperscript{184} Jungian therapists pay attention to the expression of symbolic material and have found this work particularly helpful with children who had experienced trauma of any form.\textsuperscript{185}

Donald Kalsched explores the inner world of fantasy and dream images that emerge in therapy with people who have suffered significant trauma. To do that, he uses
archaic dream-images that occur during critical moments in therapy. He demonstrates that the very images that are supposed to defend the Self can turn into destructive forces that traumatize the person even more.

Kalsched sees trauma as both a spiritual and psychological problem and states that, “trauma is about the rupture of those developmental transitions that make life worth living.” He uses the backdrop of mythology to provide insight into how the inner self-care system attempts to save the personal spirit.

According to Larsen, myths are relevant in everyday life. They are interwoven with our feelings, dreams and behaviors. Myths can be highly instructive in meaning making and be of great assistance in moving us to a universal human community.

Myths are used in Jungian therapy to illuminate a client’s psychic story. According to Clarissa Estes, a person’s guiding myth often contains all the instruction needed to live a soulful life. She addresses the importance of art and symbolism and sees them as “a marker of one’s own understanding.”

In his therapeutic work with children, Allan pays great attention to symbolic communication included in the stories children tell, dream work, painting, clay projects, and fantasy games. He feels that children express emotions through symbols. The language of their Self is that of images, pictures, feelings and metaphors.

Allan’s work is guided by Jungian perspective of establishing a therapeutic rapport which subsequently activates the healing potential embedded in the human psyche. This healing potential is part of the archetypal Self and leads a person toward individuation. The therapeutic alliance activates the archetype and takes the person where he needs to go. For children, this often is true in play therapy where they
spontaneously work on fantasy themes or drawings that relate directly to their psychological struggles.196

Allan uses serial drawing, which is a therapeutic approach in which the therapist meets with the child on a regular basis, asking the child to draw a picture. Once a therapeutic alliance is formed, the child opens up and expresses his problems symbolically through drawing, thus healing and allowing inner conflict resolution to occur.197

A recent study by Kasia Koszloowska on using art therapy for a group of traumatized children revealed that the use of art facilitated exposure to traumatic cues in a less directive manner. Art therapy facilitated their experience of body sensations and ultimately resulted in positive family changes and coping skills. These children showed more self-esteem and demonstrated an increase of positive expectations for the future.198

Eliana Gil stresses a non-directive approach in working with abused children. She uses art and play as a means to create a positive relationship between therapist and child. Since abused children are curious but often afraid, Gil encourages the therapist to allow ample emotional and physical space for self-expression.199 She believes that therapy with abused children needs to be geared towards reparative experiences in which the therapy play room is “a safe sanctuary, where secrecy can be shared with a trusted other.” 200

Steve Harvey, like Gil, stresses the relationship component when working with children who are experiencing emotional difficulties. He developed Dynamic Play Therapy to encourage healthy attachment patterns among family members. This form of therapy encourages mutual expressive activities between family members to foster trust.201 According to Harvey, Dynamic Play Therapy highlights the natural qualities of
play while engaging parents and their children in playful and expressive activities.

Change happens when parent and child experience the quality of mutual play together. Dynamic Play Therapy uses art, drama, music, and movement expression as a means to allow spontaneous and expressive play. This form of therapy assumes that “all physical interaction has a potential attachment story in it.”

Harvey cites the example of children who used stuffed animals for play, then became anxious and distanced themselves by stopping the play. Harvey suggests that the therapist then could use pillows to create walls, or ‘lands’, and to encourage the children to move away from their parents. The children are later encouraged to ‘invade Mom-land’ or to ask to be rescued by the parents. These therapeutic activities assist parents and children to generate play images related to emotion in a free and spontaneous manner.

A different therapeutic approach to children with emotional disturbances is the use of sand play therapy. Dora Kalff defines sand play therapy as a form of psychotherapy that uses the deep psyche as a tool for healing.” The process is intended to facilitate emotional healing as well as full personal development. The child uses a sand tray and a variety of tiny objects and figures to create a picture of his inner world. The child then loses the inhibitions of conscious awareness while the therapist witnesses this event without direction or interpretation. Thus, a sacred space is created in which the child is able to explore deep psychic experiences in his own time.

Kalff had a great impact on developing this approach; she believes that the development of a healthy ego is key for children since the ego balances and mediates between inner drives and the outer world. According to Kalff, sand play allows the child to work through trauma by externalizing the fantasies and by developing a sense of
control and connection to the inner impulses. Kalff believes that sand play therapy unleashes repressed energy which is transformed into productive energy for future learning and personality development. She cautions therapists regarding the use of interpretation and invites them to be a respectful witness and to engage in being with the clients rather than to direct and guide them.

The positive effects of sand play therapy are clearly demonstrated in Kalff’s work with a nine-year-old boy who suffered from enuresis, encopresis, and pica. The process of sand play moved him from a chaotic beginning to a deeper level of emotion. He illustrated his low self-esteem and talked about his grief and guilt over his father’s death. After six months of sand play therapy, the young boy was less depressed and better adapted to his environment.

Another way of bridging the concrete and the symbolic is the use of rituals during therapy. Lois Carey presents the case of a nine-year-old boy in foster care and introduces ritual into the therapeutic process. This case presents ways on how ritual space is used to create order in the life of this boy, where structure was absent. One of these rituals was the use of meaningful night time which also demonstrated the relevance of rituals regarding anxiety-reducing effects.

John Gottman uses rituals in his therapeutic practice because he feels that sharing rituals with each other assists in building stronger bonds. In his opinion, rituals are important in all kinds of relationships whether it is practicing a feeding and bedtime ritual with infants or celebrating a birthday, wedding or funeral. Gottman also sees ritual as a symbol of cultural identity and values we share with our community. Rituals help with
processing one’s feeling during major or minor life transitions and assist people in maintaining relationships regardless of conflict.\textsuperscript{215}

Indigenous cultures have long discovered the value of rituals as the story of Malidoma Somé’s rite of passage into adulthood demonstrates. As a member of the African Dagara tribe, this rite of passage was a key component for his transformation into a spiritually responsible human being that pays attention to the ancestral world. Somé sees modern individuals trapped in restlessness because they fail to create a relationship with the ancestral world.\textsuperscript{216} Somé states that in many cultures, including Japanese, the ancestors are intimately connected to the living world. He sees the ancestors as guides who teach and nurture and he believes that “they represent one of the pathways between the knowledge of this world and the next.” \textsuperscript{217}

Somé talks about the importance of initiation and ritual, and narrates his personal initiation story in his book *Of Water and the Spirit* to provide an example to the Western world. According to Somé, alienation is one of the faces of modern life. Somé sees community and communication as a cure for alienation. He tells his initiation story with the hope that people will start opening up to each other, thus diminishing the pressure of being alone.\textsuperscript{218} Somé suggests a return to ancestry, and to respect and seek guidance from elders. Somé’s answer to today’s imbalance includes “the duty of the living to heal their ancestors,” if the relationship to ancestry is out of balance.\textsuperscript{219}

Bly’s social critique on modern American society strikes a similar tone when he refers to today’s American culture as “a culture run by half-adults.” \textsuperscript{220} He points out that people in their 50s look like 30 and have lost their ability to mature. Bly attributes this phenomenon not only to plastic surgery but to the genuine refusal to grow up.\textsuperscript{221}
Bly notes that children lack dignity and respect for others. He refers to today’s society as “sibling society,” using the word sibling as a metaphor to describe the regression of adults towards adolescence, and the refusal of adolescents to become adults.  Bly is concerned that a prolonged stage of adolescence results in hostility towards the larger group. He encourages society to recreate adulthood by looking towards both the children and the elder. He invites us to look towards Native American culture for guidance on myth, ritual, and the initiatory process for adolescents to become adults as well as what it takes for an adult to become an elder.

Moore addresses the need for ritual, myth, and a spiritual life by addressing the lack of spiritual awareness. He states that the soul is the seat of the deepest emotions, which benefits from a spiritual life. To Moore, myths are non-historical, sacred stories that describe the fundamental truths of human life and nature in a fictional manner. Therefore, Moore feels that our culture should turn to myths and the spiritual guidance of the soul to improve personal behavior and relationships. He states that modern culture suffers from a “loss of soul” which results in symptoms such as neurosis, addictions, and obsessions. Moore feels that soul reveals itself through attachments and stresses the importance to take care of the soul. His idea of therapy consists of “bringing imagination to areas that are devoid of it, which then must express themselves by becoming symptomatic.”

In concluding this section on imaginal approaches to attachment, it can be noted that the general focus is that of a return to spirituality, myths and ritual. Including these elements into psychotherapy will lead to the strengthening of bonds with both the
therapist and other important people in our lives and lead to a deepening of personal relationships.229

**Conclusion**

All five therapeutic approaches on attachment theory have commonalities relevant to the importance of the ‘secure base.’ The biological perspective focuses on the concept of imprinting as well as the newest discoveries in neuron psychology, which stress the importance of limbic attunement between mother and child.230 In the cognitive behavioral theory, attachment security is reached by providing a sound and predictable environment in which unhealthy behavior patterns can be changed into patterns of secure attachment.231 There seems to be a strong divide among professionals on how to achieve secure attachment. Cline’s Evergreen Attachment Center in Colorado has been strongly criticized by professionals like James, who prefer a much gentler approach towards attachment security.232

The psychodynamic perspective illuminates the difficulties Bowlby and Ainsworth faced at the beginning of attachment theory. A debate around innate drives versus relationship based attachment created a deep divide within the early psychodynamic approaches to attachment.233 However, recent psychodynamic research and therapeutic approaches seem to agree on the importance of establishing a secure base or therapeutic alliance.

The sociocultural perspective offers insights regarding today’s childcare debate. The discussion of the pros and cons of early childcare find a common denominator in finding quality childcare. Researchers seem to agree that secure attachment patterns
depend on quality of care. Bowlby’s argument that childcare under the age of three needs to be implemented by the primary caregiver to establish secure attachment is still debated and questioned today.\textsuperscript{234}

The imaginal approach introduces myth, ritual, and spirituality as a means of establishing meaningful relationships. It does not provide answers to the childcare debate and is in strong contrast to some of the cognitive behavioral approaches that are based on punitive measures.\textsuperscript{235} Imaginal Psychology offers ways of deepening relationships by turning towards the needs of the soul, the value of myths, and the stories of indigenous cultures.\textsuperscript{236} Imaginal Psychology is an orientation to psychology that incorporates all other approaches to psychology. In the imaginal approach, secure attachment can be reached by transforming one’s imaginal structures.

All five sections address the issue of trauma in relation to attachment. This forms a backdrop to the following case study in which a young boy struggles with insecure attachment issues due to ongoing emotional and physical abuse. My case study sheds light on the difficulties a therapist encounters in the face of insecure attachment patterns of a traumatized young child.

In conclusion, this literature review illuminates the increasing focus on the environment and the psychosocial history of the client, the importance of the idea of the secure base and its parallel concepts. The relevance for therapy is that a major factor in bringing about change for the client is the emotional communication between a client and the therapist.\textsuperscript{237}
CHAPTER 3

PROGRESSION OF THE TREATMENT

The Beginning

I remember the first mention of the May family very clearly. It was a humid Thursday in July 2004, and many interns of the Ananda Institute had already left for their summer vacation. Only a few therapists who were full time staff at the Ananda Institute, and some of the second year interns like me, had remained for didactics and group consultation that day when Fraga walked in and introduced this complex case to us.

Fraga briefly spoke about Elizabeth May and her decision to flee with her three children, Jason, Jordan, and June, from her home in June 2004 due to domestic violence issues involving her husband of 18 years. Fraga decided that each family member would be assigned to an individual therapist. He also thought it would be a good idea to come together as a team from time to time to discuss this case. I reconstructed this case by requesting access to my case notes in 2007, when I was no longer working at the Ananda Institute. I was allowed to copy them and take them with me, after removing any identifying information via white-out eraser.

I was assigned to see seven-year-old Jordan and I remember that I was disappointed at first. I would have rather worked with the little girl. Little did I know that Jordan was going to be one of my greatest teachers. Jordan had been physically and emotionally abused by his father. Elizabeth told me later that his father had beaten him with a leather belt.
I called Elizabeth the same day I was assigned to Jordan and scheduled Jordan’s first session. It had to be cancelled due to Jordan being ill. I saw Jordan for the first time a week later on August 10, 2004. The actual therapy session took place outside, in front of Elizabeth’s car, since Jordan refused to come out of the car. Elizabeth came into the office looking rather distraught and told me that her son refused to come in and that she had tried for over 15 minutes to convince him. I told her not to worry, grabbed some hand puppets, and walked outside towards the car.

Elizabeth was standing with me at the side of the car. I remember the faces of puzzled pedestrians when they saw me pull out the lion puppet and a little princess. Since talking directly to Jordan was of no avail, I started a dialog between the puppets. This dialog lasted for the entire 50 minutes. I do not recall much of the content of my dialog with the puppets but I recall the theme of safety and the fact that Jordan did not have to come out of the car if he did not feel safe.

During our first session at the car, I only saw a glimpse of this young boy with bright blond hair. He was hiding on the back seat, in a fetal position, refusing to look up for most of the time. Every once and a while, Jordan looked at the lion and then glanced at me. He waved to me at the end of the session while I was in the process of walking away. I saw this as a huge success and hoped for more during my next session with this youngster.

After this initial session, Elizabeth told me that Jordan was attending regular public school, was well liked by his teachers, and although shy, was a fairly normal functional child in school otherwise. Elizabeth voiced concern about the fact that her son was withdrawn and only had a few friends. Neither Elizabeth nor Jordan elaborated on
the nature of his friendships and I do not know if Jordan had close friends with whom he played regularly. In hindsight, it would have been helpful to inquire more about Jordan’s relationship to his friends. I failed to ask about the nature of his friendships and how often he plays with his friends. Elizabeth tended to be vague in her answers and Jordan did not speak much, and so it was difficult for me to collect pertinent data regarding Jordan’s psychosocial history.

Elizabeth did state that she was worried about Jordan’s introverted demeanor and stated that he kept his true feelings to himself. Elizabeth wanted me to work on trust building to find ways for Jordan to express his repressed emotions in a healthy manner.

Elizabeth also told me about Jordan’s older brother Jason. She stated that Jason acted like a bully and was physically and verbally abusive to all members of the family. She did not elaborate on the nature of Jason’s abuse but she hoped that Jason would benefit from therapy at the Ananda Institute and learn to treat family members with respect. Elizabeth also felt that Jordan was affected the most by Jason’s behavior since Jordan looked up to his brother and wanted his acceptance.

Elizabeth never spoke to me about the nature of Jason’s physical abuse towards his other siblings and I failed to make further inquiries. I vaguely remember Elizabeth telling me that Jason hit all family members, including Elizabeth, but I do not recall any further details. Jordan never spoke about being hit by his brother. I now realize my lack of inquiry as an oversight and see the reason for this in my collusion with Elisabeth and my lack of training as a therapist at that point. Knowing what I do now, I would have investigated further and, if necessary, filed a CPS report on Jason, or at least contacted CPS and discussed the matter to see, if indeed this was a reportable case.
In our second session (still at the car), Jordan responded well to the puppets. I let my intuition be my guide in creating a conversation between the puppets. Jordan did not start out in the fetal position this time and looked at the puppets for most of the time. He even opened the car door. Jordan looked at me while he set his foot down. The puppets clapped and praised Jordan for being brave. I remember the joy I felt in Jordan’s accomplishment. I was proud for him taking that risk and I was proud of myself for being able to break the ice.

I continued the conversation between the puppets and then had them refer to me. They were telling Jordan that it was safe to be around me and that there was a “cool” children’s play room waiting for all of us whenever he was ready. Jordan did not leave the car during the second session but started to pay close attention to the puppets.

Jordan left the car in our third session and showed no reluctance to go into the child therapy room. He formed a relationship with the room by playing a variety of games. Jordan did not focus on any particular item but rather roamed around the room until he ended up at the sand tray. He slowly and meticulously blew away the sand to make room for an airplane. Jordan gently set the airplane down and covered it with sand. He ended up creating a big mound. Jordan ended this session by playing checkers with me. I noticed that Jordan was a child of few words. He seemed to enjoy playing quietly and did not want to be interrupted.
Treatment Planning

My initial treatment plan included the goal to create a secure base for Jordan so he would be functional enough to eventually come out of the car and walk into the child therapy room. Establishing a therapeutic alliance was a key goal for me. 

As the therapy progressed, my treatment plan included the goal of trust and encouraging him to open up about his personal life. When Jordan presented with regressive behavior after a supervised visit with his father, I returned to the goal of simply having Jordan be functional enough to be in the child therapy room. His regressed behavior would include assuming the fetal position in the therapy room or losing focus in his play after having previously progressed beyond this stage. In these moments, my goal for Jordan was to be able to express painful material via art projects and sand tray in a safe environment.

Towards the final stages of therapy, I included expression of anger and frustration in a safe space in the treatment plan. I was hoping that Jordan would begin to vent about his home situation, talk in more detail about his personal experience in the home, and thus initiate the healing process and personal transformation.

Jordan’s initial diagnosis is presented below:

| Axis I: | 309.81 | Posttraumatic Stress Syndrome |
| R/O 309.9 | | Adjustment Disorder - Unspecified |
| Axis II: | R/O 301.82 | Avoidant Personality Disorder |
| Axis III: | | Heart surgery in infancy and early childhood |
| Axis IV: | | Victim of child abuse by biological father, abuse by older brother, lack of friends, emotional constriction |
The Therapy Journey

It seems as if the puppets had been a key ingredient in breaking the ice between Jordan and me. By the third session, Jordan was willing to enter the child therapy room. However, he avoided most eye contact and was withdrawn whenever I attempted to connect to him on a personal level.

I remember that I felt somewhat lost for words at the beginning until I discovered that no words were needed. I began to notice that the more I was willing to follow and be non-directive, the more Jordan and I settled into a therapy rhythm. Once I realized this, I started our therapy sessions by paying attention to the energy in the room. Jordan knew what he needed.

I was very touched by Jordan’s first sand tray experience of hiding the airplane. I remember sitting in front of the sand tray, pondering the visual of this huge mound of sand after Jordan left. I interpreted this creation as a key step and a symbol of what was hiding, emotionally, underneath the surface of this calm and quiet little boy. At this point, I was aware that we had a lot of work ahead of us.

During the fourth session, Jordan started to settle into the routine of therapy. When he came into the therapy room, he started out by playing with Lego’s and then moved on to covering and uncovering objects in the sand tray.

I tried to interact with Jordan from time to time and asked him about his week. Any attempts to connect with him in this way failed. Jordan responded with flat affect and minimal, vague answers. Some of the answers sounded like the following, “My week
was fine.” Or, “I played with a friend.” Initially, I felt like a failure since I was not able to elicit any information about his life. All my efforts to obtain some kind of story or details of events were to no avail. Now, I know that this was the wrong intervention. I should have chosen to be a quiet witness and just followed Jordan’s process.

I discussed my discouragement with my supervisor and he encouraged me to pay attention to the way Jordan played and to follow his lead. This was helpful and I learned to be more nondirective. The long periods of silence were a comfortable silence for Jordan. He was very absorbed with covering and uncovering objects and animals in the sand tray.

For about six weeks, Jordan continued to structure his sessions in a similar manner. He came in, quietly played with Lego’s, then moved on to covering and uncovering objects and animals, and ended by playing a board game with me. At the beginning, Jordan was hesitant to win, but by the end of the six weeks he was able to be more relaxed and enjoyed winning the game. He also offered bits and pieces of information about his life, such as telling me about his brother Jason, and how Jason never let him win.

During one of the sessions, Jordan regressed by lying down on the floor in a fetal position after playing Lego’s. I asked him if there was anything he needed, but Jordan just shook his head and got up. He then started somewhat frantically covering and uncovering objects and animals in the sand tray. I observed in silence so that I would not disturb his process. Jordan spoke one sentence that day. “I saw my father.” I nodded in silence, which seemed to have been the appropriate response.
After about two months of therapy, all therapists involved with the case met with Elizabeth to gather more psychosocial history. I felt the need to know more about Jordan’s life circumstances so I could be more sensitive to his needs. Elizabeth spoke about her recent action of leaving the household with her children after enduring the abuse for 18 years. She stated that she was finding it difficult to create a normal life for her children since custody and settlement issues had remained unresolved. She also spoke about the increasingly abusive behavior of Jason towards all family members, but did not report any details of the nature of Jason’s abuse towards the family.

I asked Elizabeth about Jordan’s history and Elizabeth told me about Jordan’s heart problems. She reported that Jordan was born with two holes in his heart that became one. He had surgery at less than a year old and is since frightened about doctor visits. Elizabeth continued to tell me about the fact that Jordan had become increasingly withdrawn, and she felt that the violent behavior of his older brother was a contributing factor to this behavior.

Elizabeth added that she would like to see Jordan open up more so he could deal with his emotional pain. She added that Jordan had increased concentration problems at school, which was reflected in his grades.

Elizabeth also reported deterioration in Jordan’s social life due to his introverted demeanor. In her opinion, Jordan displayed many characteristics of children exposed to domestic violence such as withdrawal, violent outbursts of anger, general aggressiveness, nightmares, and difficulty sleeping. Elizabeth felt that Jordan was turning most of his aggression inward, which was of great concern to her. This meeting was of great assistance to me since I gained a sense of how Jordan dealt with life in general.
As I continued seeing Jordan in therapy, I noticed a shift of affect after about three months of seeing him weekly. Jordan appeared more agitated and restless. He started playing physical games such as shooting baskets, running around in the child therapy room and creating elaborate sand tray displays that showed a variety of battlefields.

At this point, I want to note that Jordan began each session by creating a sand tray display. Jordan created battlefields that involved the covering and uncovering of people. Sometimes he only spent a few minutes at the tray only to move onto another activity.

Jordan’s increase in physical activity was concurrent with an increase in opening up about his personal life. He told me that his brother was mean to him at home and that his brother never wanted to come to therapy. He also let me know that he was looking forward to Halloween and to moving into a new house. Jordan’s eye contact still remained minimal but he seemed to be more talkative in general.

After about five months of therapy, I noticed that Jordan began to exhibit outwardly anxious behavior as well as increased repetitive play. I first noticed this when Jordan started to engage in art projects. After a month of increased physical play, Jordan moved to art after creating a sand tray. However, his focus was not so much on the actual picture but the activity of cleaning up the brushes and washing the paint dishes. Jordan meticulously moved from one paintbrush to another and made sure to remove every speck of paint. He seemed to enjoy this activity and it seemed to assist him in releasing some of his excess anxiety. Jordan appeared to be calmer and less anxious after having cleaned the painting utensils.
I initially saw these behaviors as obsessive compulsive and did consider a diagnosis of *Obsessive Compulsive Disorder* (OCD). In retrospect, now that I have more experience as a therapist, I see more of a quality of anxiety rather than OCD.

I noticed that Jordan displayed regressive behavior every time he had a supervised visit with his father. Jordan never spoke much about the interactions with his father. His regressive behavior included assuming the fetal position, an increased need for order in the playroom, and unfocused play. I could tell when Jordan saw his father because he was more withdrawn and made no eye contact.

Throughout the therapy process, Jordan and I engaged in a gentle “interplay” of connecting with each other. When Jordan engaged in art projects and sand tray, I felt very close to him. This quality of connection is hard to explain for me but can be best described as the experience of a comfortable silence that connected us. At other times, I felt his avoidance. I interpreted this behavior as a fear of trusting deeper connections.

I always wished that Jordan would be able to bring his anger into the room so that we could work on it. My interventions to encourage Jordan to “get mad” during therapy sessions were to no avail. I assured Jordan that it was okay to get angry, shout or cry in this room, and that nothing negative would happen to him. My invitation was met with avoidance and uncomfortable silence. In retrospect, these interventions seem to not have been helpful and did not appear to move the treatment forward.

About nine months into the therapy (roughly halfway through it), Jordan’s father left several messages on my answering machine. I brought this to the attention of my supervisor and he advised me not to respond to his calls since there was a restraining order in place and no release had been signed by Elizabeth, allowing us to talk to the
father. I felt comfortable doing so at that point. In hindsight, I think that I should have gathered more psychosocial history about the father. The whole team did not really know much about him. Elizabeth was not very forthcoming about her ex-husband and I must admit that I completely failed to collect more data on the father’s history. I do not even know his first name.

Towards the end of therapy, Jordan was more relaxed during his sessions and his sand tray battlefields had a theme of survival. One day, Jordan came to session and stated that this would be his last session. “My mother thinks I can handle it now.” I felt uncomfortable with this news because I was not prepared for it and wished Elizabeth had given me advance warning. When I asked Jordan how he felt about this, he did not answer me. Instead, he went to the sand tray and created a battlefield. When I asked him if he was in the battle too, he answered that he was the gorilla that survived.

Jordan’s answer put me at ease and I knew this was the time to let go. I don’t know who had a harder time with this closure; probably me. This was indeed his last session. I discussed this sudden ending with my supervisor and also contacted Elizabeth to invite her to a closing session. It never happened. Elizabeth told me that a lack of funds prohibited the entire family from further therapy but that Jordan was doing much better overall.

In hindsight, I think that in some respects it was me that needed a closing session, not the client. I also felt that Elizabeth might have interpreted my urging for more therapy as “too pushy.” I discussed this case with my supervisor and the other therapists involved. It was decided that this case would be closed despite my plea to offer pro bono sessions to my client. My supervisor stated that it would not be fair to offer pro bono sessions to
just one child and that the Ananda Institute is not in the position to provide pro bono sessions for all members of the family.

This case was a victim’s assistance case and no more sessions were approved for Elizabeth and her family. It is very concerning that I never spoke to a social worker or CPS worker. I was never called and did not think about contacting them. This is clearly an oversight on my part due to a lack of experience at that time. In retrospect, I believe that some of the responsibility was my supervisor’s. He should have given his interns additional guidance by encouraging us to obtain a Release of Information (ROI) to talk to the assigned social worker or contact CPS.

**Legal and Ethical Issues**

The major legal issue involved Jordan’s father who was leaving multiple messages on Ananda Institute’s answering machine. I was told by my supervisor not to return these calls and so I never did. Not only did I not want to talk to Jordan’s father, but because he did not have custodial rights to his children, it would have been a HIPPA (privacy) violation to even let the father know his son was in therapy at the Ananda Institute.

I was apprehensive though that the father might show up unexpectedly and I discussed my concerns with my supervisor. We created a backup plan. I am very grateful that this scenario never happened. The backup plan would have included immediately contacting to my supervisor or the delegated supervisor, Joaquin Sanchez. I also wondered about the acting-out behaviors of Jordan’s older brother Jason. Jordan never told me anything negative about his brother’s behavior other than “being mean,” so I
never really knew how Jason interacted with the rest of the family. As mentioned before, I should have collected more information regarding the nature of Jason’s abuse. If this information had revealed details of severe physical abuse, I would have had to file a CPS report.

The most difficult part of my therapeutic work with Jordan was closure and letting go. I had a hard time accepting the fact that Elizabeth needed to terminate Jordan’s therapy due to lack of funds. Victim’s assistance did not authorize more sessions for the family and Elizabeth did not have the money to pay out of pocket.

I struggled with this because I thought that the loss of an important attachment figure might reinforce his avoidant attachment style. Although Jordan had progressed in therapy and demonstrated much improved behavior in his immediate environment, I wish treatment had ended differently to include Jordan’s sense of readiness to terminate. I felt very helpless and wanted to do something about that.

I was hoping to be able to see Jordan pro bono and mentioned this during a meeting with the therapists and the supervisor. However, my supervisor pointed out to me that there were three children in this family and that it would not be fair to see one child pro bono and not the others. I did not feel good about how therapy ended and felt guilty about not being able to provide closure for this family.

Outcomes

In general, I think Jordan benefited from therapy and was able to gain more confidence in dealing with his living situation. I think that his being avoidantly attached
to the world will remain a major theme and an imaginal structure for Jordan, but I hope that our work together gave him a snapshot of what secure attachment could feel like.

When I received consent for this study from Elizabeth in 2007, one year after the therapy with Jordan ended, I learned that she called the police on Jordan’s older brother, Jason, as a way of setting boundaries. Apparently, Jason was throwing furniture at his mother and received a warning by the police. According to Elizabeth, Jason’s behavior improved for a short while until it deteriorated again. Elizabeth stated that Jason’s behavior worsened to a point where he had to be hospitalized on an involuntary hold (5150 hold). According to Elizabeth, he was a danger to himself and others. Even in 2007, Elizabeth remained vague in regards to Jason’s actions in the home. She described Jason as a bully who was verbally abusive and “holding the household hostage.” She stated that Jason’s behavior improved upon his return from the hospital.

Elizabeth also told me that dealing with Jordan’s father was still a significant problem. Jordan, now 10 years old, apparently is still holding his feelings in and is guarded during visitations with his father. At present, Jordan’s father has been granted supervised visitations with all his children. Elizabeth feels that Jordan’s father continues to manipulate the children during these visits and she is grappling with the fact that the father was not accepting the divorce.

Elizabeth continues to be stressed about the fact that she was barely making it financially and a third of her income went towards court costs. Her ex-husband continued to fight for custody and she was trying to keep these tensions from the children. Elizabeth stated that every day continued to be a struggle to create some sense of normalcy in their daily family life.
When I went to the Ananda Institute to copy my notes, my former supervisor, Michael Fraga, informed me that the family did return to the Ananda Institute in 2006 for family therapy. I was not privileged to read their file for obvious reasons but I was relieved to hear that the family continued their therapy.
CHAPTER 4

LEARNINGS

Key Concepts and Major Principles

Attachment is the key concept in giving meaning to Jordan’s therapy. According to Beverly James, an attachment relationship is “a reciprocal, enduring, emotional, and physical affiliation between a child and a caregiver.”¹ It provides the building blocks of an infant’s development and is a secure base from which he explores his physical and social environment.²

A secure attachment base develops when the relationship between mother and child is emotionally gratifying. The mother responds to the distressed infant, and thus provides a sense of well-being for the child. This can be seen when children are frightened or injured and the mother becomes an instant source of comfort. It is best exemplified by the mother who provides a “healing kiss” to a minor injury, which makes the pain disappear and allows the child to continue to play.³

Jordan presented as avoidantly attached, which is a form of insecure attachment. John Bowly states that avoidantly attached children lack the assumption that securely attached children naturally hold, which is that when they seek care from others, they receive a helpful response. On the contrary, they expect to be rebuffed, and so they attempt to live life without love and support from others.⁴ James feels that forming intimate relationships with people is difficult for insecurely attached people because the experience of intimacy leads to feelings of vulnerability and danger.⁵
Experiences of danger and trauma can be the cause of serious attachment disturbances. Trauma and attachment disturbances often co-exist in children’s lives and can be perceived as threats to survival. Rene Spitz’s graphic description of hospitalism and the candid portrayals of these children’s suffering demonstrate that children experience their primary attachment figure as necessary for survival.6

According to James, a child who is abused by a primary attachment figure suffers in multiple ways and includes confusion, physical pain, emotional pain, and fear. The child experiences the source of danger and the source of protection in one person. Despite the ongoing abuse, children are terrified to lose the attachment relationship with the abusive parent. They blame themselves for the abuse and engage in protective practices such as dissociation and numbing of sensory awareness.7

The above scenario of loving one’s parent despite ongoing abuse can be seen as one example of a maladaptive imaginal structure. Children still want their parents but they adapt to endured abuse by adopting dissociative behaviors and numbing of emotion. As mentioned in Chapter 2, parallel concepts to imaginal structures include the concepts of schemata and scripts. According to Aftab Omer, the goal of an imaginally oriented therapist is to transmute these imaginal structures into capacities that provide a healthier and more authentic way of being in the world.8

James feels that the treatment process for attachment and trauma-related problems is lengthy and calls for patience. It also requires a robust and playful way of being in the world. Various forms of play therapy, art, and sand tray are directed towards promoting a healthy attachment relationship between the therapist and the child.9
According to Eliana Gil, nondirective play is a preferred approach by relationship therapists because it is non-intrusive and promotes personal growth. The nondirective approach allows the child to take matters into his own hands by giving him the freedom to develop or terminate any given theme. The nondirective therapist observes the child and often affirms verbally what is observed during the child’s play. Nondirective therapy is child-centered and focuses on attunement to even the most subtle communication cues provided by the child. In this form of therapy, the child is provided with ample opportunity for play, art work, sand tray, or story telling with puppets.

Gil explains that unlike nondirective therapy, directive therapy is more structured. In directive therapy the play situation is created by the therapist in an attempt to lead the child in directions that are seen as beneficial. The child is asked to draw a specific thing or tell a specific story. This form of therapy is by nature more short term, symptom oriented and less dependent on therapeutic transference.

What Happened

During the first session, I saw it as a challenge to lure Jordan out of the car. However, I got nowhere with that kind of approach. I was using the lion puppet to talk to Jordan. Some of the first part of conversation sounded like, “I wonder why Jordan does not want to come out of the car?” Other conversations included praises like, “Oh, look at the lovely boy. It would be so nice to see him come out of the car.” These efforts were to no avail and Jordan did not react. He continued to assume the fetal position and remained facing away from me. Only when the lion started to talk to the princess did Jordan briefly look up to glance at the lion.
At one point, the princess started speaking and I was creating a conversation about safety. The princess was saying things such as, “Quit bothering the boy, don’t you see he doesn’t want to come out?” Other statements included the topic of safety. The princess assumed the defender role of safety stating, “It’s okay to stay in the car if Jordan does not feel safe . . . he will come out when he is ready.” I followed my intuition as I was speaking about safety and trust. I noticed a shift in Jordan, when the princess puppet appeared. The voice of the princess seemed to be the therapeutic hook for Jordan, and he briefly looked up and waved at the end of the session.

The key moment during the second session is the moment where Jordan opened the car door and set his foot down. I remember the way he looked at me during that moment, as if he were checking for safety. I was filled with joy and expressed this by having the puppets clap in praise for Jordan’s bravery.

Upon reflection, the third session seemed to have been one of our better sessions because I was able to follow the needs of Jordan in a non-directive manner. He came out of the car immediately and went into the children’s therapy room. I remember that I did not interfere at all during this session. I observed Jordan’s rather unfocused play and watched him hide an airplane in the sand tray after he meticulously blew the sand away from the center to make space for it.

I remember that during this third session we barely exchanged words. Jordan seemed to enjoy the silence, which was rather awkward for me initially. I was used to extroverted children, who openly express their anger and discontent. It took me a while to adapt to this boy of few words. The third session ended successfully because Jordan
chose to play checkers with me. I saw this direct invitation to play a game with him as a sign of trust and an attempt to build a secure attachment base.

As the therapy progressed, I noticed that Jordan resisted whenever I tried to organize the therapy sessions in a more directive manner. For example, one time I used the House-Tree-Person Test to start the process of self-disclosure. I felt that Jordan might need a little help and direction in beginning therapy. Jordan, however, did not respond well to my directive manner. He did not refuse to draw what I asked but he finished quickly without any sign of enthusiasm about the task.

When I discovered that Jordan’s long periods of silence were a source of comfort to him, I started to follow his therapy process in a nondirective manner. By following Jordan’s lead, I was able to witness his experience and let him have his needed space. Giving Jordan silence and space was sometimes difficult for me, especially during the times he presented with regressed behavior after a supervised visit with his father. I remember the day when Jordan was laying down in a fetal position and I could barely handle the tension. When I finally asked him if he needed anything, he just shook his head and continued by creating a sand tray battlefield. I was not sure if that was the right intervention at that time. Maybe it just relieved the tension for me and not for Jordan. However, my words did move the session towards working with the sand tray and the battlefield theme.

When Jordan shifted to an increased activity level as well as an increased level of self disclosure, I tried to model a secure base by following his lead, actively listening and genuinely responding to his questions. Some of his questions were, “What do you like to
do when you are off?” “Do you like horses?” I remember that our longest conversation revolved around his interest in horses and the fact that I had horses at home.

When Jordan moved towards ritualistic and obsessive-compulsive behavior, I followed his process again by witnessing and observing. Jordan chose a variety of colors of paints and different sizes of paint brushes. He seemed to enjoy the meticulous process of cleaning each paintbrush and I interpreted these actions as an attempt to have control over his life.

Jordan developed a rhythm of closeness versus resistance during his time in therapy. I used reflexivity as much as I could to just be there with him and support his therapeutic process. I do believe that Jordan was able to transform some of his insecurities into increased self-esteem during our work.

**Imaginal Structures**

**How I Was Affected**

My therapeutic relationship with Jordan was a very meaningful experience for me. I have reflected on my original disappointment about having to work with Jordan rather than his sister June. My daughter, Alexandra, was the same age as June and so I thought I could be a better therapist for the girl. I now know that this was one of my imaginal structures. At that time, I thought I could be a better therapist to girls because I knew more about girls and their interests and behaviors. I also remember feeling guilty because I thought he somehow knew that I initially preferred to work with his little sister. I also knew this was an absurd thought because I never mentioned this brief initial thought to anyone.
This young boy affected me deeply since his introverted way of being in the world is so much different from how I approach the world. Jordan taught me the true power of silence, which allowed me to follow his process in an intuitive and respectful manner. I was able to be a witness to his process and allowed myself to just trust the nonverbal experience.

However, I also believe that the abrupt ending was not helpful and interfered with his progress. I also think it is likely it re-injured him. It is my belief that Jordan should have been able to control the ending. It is unfortunate that money issues had to terminate treatment, thus robbing Jordan from a true closure experience. I felt helpless and guilty at the same time. I also felt like a failure, because I was not able to change the fact that Jordan was not coming back.

My Imaginal Structures

My initial imaginal structure reflected the fact that I thought I could not be a good enough therapist to Jordan because I preferred little girls to little boys. I expected to encounter an aggressive little boy that was more interested in destroying things than being in a therapeutic relationship with me. I thought that Jordan’s little sister would be a better match for me since my own daughter was the same age.

While working with Jordan, I discovered that I was heavily focused on finding solutions for this young boy. I wanted to “fix” him by having Jordan talk about his life. I initially saw my therapeutic interventions through the lens of having to provide a safe structure for Jordan. This structure followed a more developmental pattern such as Erikson’s trust versus mistrust stage.
Another imaginal structure is my belief of “talking everything over.” I am an extroverted and social person who believes in quality relationships. To me, these relationships deepen by engaging in meaningful conversations about each other’s life experiences or world views. Jordan did not fit that mold, and I did not get very far by trying to engage in conversation with him.

At the beginning of therapy with Jordan, my therapeutic interventions were heavily guided by my experience as a teacher. I was accustomed working with children on an individual basis and was more directive in my treatment plan. I followed a cognitive-behavioral model of goals and outcomes, and expected Jordan to perform that way. For instance, I thought that Jordan would eventually open up and talk about his life and get over his abuse experience if he engaged in an art project. Thus, my imaginal structure included the preconceived perception that Jordan would react like the students I had taught. Jordan taught me otherwise.

An important imaginal structure of mine is the fact that I thought Jordan eventually would become more talkative once he trusted me more. I believed that his reluctance to speak was directly linked to mistrust rather than to his introverted way of being in the world. I also believed that he would eventually act out his anger. However, Jordan really never became angry, but was using hyperactivity and increased anxiety as a way of coping with his life stressors.

I was not aware of my biggest imaginal structure until I received the comments to my first draft of this manuscript. I was asked to make the abrupt ending of Jordan’s therapy more of a central theme and I reacted with confusion and blunted affect. I did not understand why this would be necessary, since I told the reader about the lack of funds
and my attempts of being able to see the client pro bono. Now I realize that these comments activated one of my major imaginal structures, namely numbing of emotions when faced with potential traumatic experiences. The abrupt ending was traumatizing for me as well. I was reminded of my own childhood experiences of feeling helpless and unable to be in control.

The only way for me to stay in control is to “shut myself out” and retreat from the world. I am reminded of my grandmother’s closet and the Rapunzel tower. I realize now that I defended against the emotional pain by shutting down emotionally. My motto was: If I don’t feel the pain, it’s not there. This was a big discovery on my part after I received the comments to my revisions.

The Client’s Imaginal Structures

Jordan’s imaginal structures were heavily based on emotional deprivation and lack of a secure base. He experienced the world as not trustworthy and adopted a wary and watchful attitude with people. He used withdrawal as a way of coping with his world. Jordan had adopted a stance of retreating into his internal world. By withdrawing and detaching, he did not have to feel sadness and pain. He was also in control of his experiences in that way. He had learned that the only way to stay safe is through dissociation and withdrawal since his mother could not keep him safe from the abuse by his father.

Jordan also adopted the imaginal structure of loving his parents despite ongoing abuse. The thought of losing his attachment figure, especially his mother, was too terrifying for Jordan. He adapted by choosing to speak very little and being agreeable
with his mother. Jordan might not have been ready to end therapy, but he would not want to disagree with his mother in the fear of losing her as well. At this point, I feel that this was a natural response of a child who loves his parents regardless of the emotional injuries he has received.

Jordan’s ritualistic behavior during the clean up of his art projects suggests the imaginal structure of wanting to remain in control at all cost. Jordan’s perfectionist control of the art tools helped him stay in control of his emotions and stay safe. The repetitive motion of wiping the paint brushes can be interpreted as an attempt to overcome his anxieties and fears of abandonment.

Jordan has been forced to grow up too fast within a chaotic world of domestic violence. This fact also had an effect on Jordan’s play. He had difficulty settling into a true play routine and moved rather quickly from one activity to another. This might be attributed to the fact that Jordan cannot allow himself to truly experience joy and happiness. This imaginal structure prohibited Jordan from being truly connected with his feelings.

The image of Jordan assuming a fetal position suggests Jordan’s attempt to cope with his feelings of terror. Since he had not learned other ways of coping with these feelings, he regressed into an earlier state of being in the world. I interpret this imaginal structure as his attempt to survive trauma.

Dissociation was one of the major imaginal structures of Jordan. Since the real world he lived in was not safe, he retreated into a world of illusion where pain, frustration, but also joy, could not reach him. He created his own reality and was able to
express some of his experiences by creating the numerous battlefield scenes in the sand tray.

**New Learnings About My Imaginal Structures**

In my therapy with Jordan, I learned that therapy is not always a solution oriented process. It became clear to me that a cognitive-behavioral approach would only scratch the surface of Jordan’s issues. Rather than trying to “fix” Jordan, I allowed myself to follow his lead in the therapeutic process. By being intuitive to his needs, I was able to get to know Jordan on a deeper level without much verbal communication.

Jordan taught me that therapy is about different ways of connecting with people. Jordan was a boy of few words and talk therapy did not get me very far. I started to become a silent witness to Jordan’s process and he slowly let me into his world. A key component to this was the fact that I let him stay in charge with minimal interventions that might disturb his process.

When Jordan felt in control, he was able to move the initial “stuck” energy from hyperactivity to obsessive compulsive movements to finally letting it go by means of a sand tray scene. It was powerful for me to see these events unfold. By providing a safe container for Jordan, he was able to feel safe enough to move from regressed states into more secure states and back.

Jordan received the message that it was okay to be however, he needed to be in any given moment. I believe that the fact that he was allowed to process in his own time at his own speed is what created the secure base for Jordan. He was the captain of the ship, thus showing the emotional readiness to form tender bonds of attachment. This
would not have happened if I had continued to force conversation rather than being a silent witness to his process. I have learned that being a non-verbal witness is a powerful means of connection.

In hindsight, I have also learned that I colluded with Jordan during the abrupt ending of therapy. I responded by feeling numb and dissociated to avoid painful experiences. This is a blind spot I will have to watch in my future work with clients.

**Primary Myth**

The primary myth for this case is best described in Kalsched’s exploration of the fairy tale, Rapunzel. He believes that Rapunzel’s story is a symbolic description of the therapeutic process of children who have experienced trauma or been forced to grow up too fast.\(^\text{13}\)

To Kalsched, having a childhood means having a holding environment that consists of reliable parenting. He refers to Winnicott’s *good enough* mothering, which provides ample opportunity for the development of a self care system and personality growth. According to Kalsched, this occurs in a “transitional relationship to imaginally elaborate others in play and creative expression.”\(^\text{14}\)

Traumatized children do not experience this “imaginal elaboration of external reality,” because it has been cut off too early.\(^\text{15}\) These children engage in vigilant self care rather than true play. In fact, in these cases play only shows itself in defensive fantasy.\(^\text{16}\) In Jordan’s case, I saw his vigilant self care when he cleaned his paint brushes in an almost ritualistic behavior. The defensive fantasy play was also apparent in Jordan’s elaborate battlefield scenes in the sand tray.
I agree with Kalsched’s observation that Rapunzel patients may look good on the outside but have difficulties rooting themselves in reality. Jordan fell into the category of a Rapunzel patient whose main difficulty lays in the protection of a core self. Jordan’s inner world was not just composed of repressed material but rather “a treasure trove of fragile contents which have about them a numinosity which endows them with supreme value.” Thus, Jordan’s inner self was rarely revealed because the risk to be hurt outweighed all other rationale.

Kalsched divides the story of Rapunzel into four parts. The first part describes Rapunzel’s mother’s longing for the rampion that was growing in the garden of the witch. This garden was surrounded by a huge wall and the woman could only look at it from a window. The woman’s desire increased every day and she thought she would die if she could not have this specialty. In his desperation to please his wife, the husband descended into the garden and brought his wife a handful of rampion to eat. It tasted so good to her that she was longing for it three times as much the next day, so the husband descended into the garden again.

Kalsched compares this first part of the tale to two worlds that are separated by a wall. The world of the garden is a magical world that he compares to Jung’s concept of the collective unconscious. In this world, the archetypal imagery reaches consciousness in the form of a multitude of images. The other world constitutes the world of reality; the world of the time and space bound ego. This is the real world that is bound by the ordinary, routine, and death. This is also the world that is deprived of meaning. In the story, these two worlds are separated by a wall, and “this is what happens when trauma strikes the fluid transitional world of childhood.”
In Jordan’s case, his world of reality constituted a violent father and brother, and a mother who was not able to protect him. Jordan then retreated to his internal world, which he showed to me in his numerous battlefield scenes in the sand tray. He created meaning in these fights by making sure that he came out on top as the winner. However, at the beginning of the therapeutic process, Jordan kept these worlds apart. He did not come out of the car and he did not interact with me or let me into his fascinating world of imagery.

The therapeutic process then becomes a transitional process and a magical link is formed between the two worlds. Jung calls this the interpersonal field, which he describes as a space where symbolic life emerges. Therapy then is geared towards paying attention to the transformative process that happens in this field.\(^{21}\) In Jordan’s therapy, the puppets were the link between the two worlds. At first, he was responding only to the puppets rather than connecting to me. I was still a part of the real world, which Jordan had left behind.

The second part of the Rapunzel tale begins with the scene in which the witch discovers the wife’s husband. She encourages him to take as much rampion as he needs in exchange for the baby his wife is expecting. In his terror, the man consents. The witch takes the baby girl and calls her Rapunzel; she grows up to be a beautiful girl with magnificent long hair. At age 12, she was locked in a tower within a forest. The top of the tower had one window from which Rapunzel let down her hair whenever the witch felt the need to visit Rapunzel.\(^{22}\)

According to Kalsched, the child Rapunzel represents the innocent part of the psyche “that carries the memory of the trauma and has gotten split off in order to preserve
the whole personality from fragmentation.” Kalsched further elaborates that Rapunzel is the carrier of this personal split and plays an essential role in restoring creative living.

This second part of the Rapunzel story marks the limbo state in which Rapunzel finds herself. Kalsched explains that the persecutor, represented by the witch, keeps Rapunzel in a suspended state in which she is unable to fully live or die. Rapunzel represents that part of the personality that is held captive. The witch is that part of the self-care system that comforts Rapunzel in a deceptive manner by keeping her from the real world. The witch represents the negative voice that keeps reminding a person of things that could go wrong in life, and that it is essentially not worth trying.

In my work with Jordan, his turning towards the internal world and mainly working in silence could be related to this second part of the story. His negative outlook on life presented itself during board games where he expected to lose. Jordan said things like, “I’m never going to win anyway!” Or, “What’s the use trying?” After he won a few board games, he still could not accept that he honestly won the game and minimized this by saying, “you probably let me win . . . my brother never lets me win.”

According to Kalsched, witches are also associated with ‘psychic numbness’, which can be defined as an inability to feel pain. Hence Rapunzel clients have a tendency to use dissociation as a defense.

The third part of the story introduces the appearance of the prince and his first encounter with Rapunzel. He was charmed by her voice and observed how the witch climbed into the tower. Rapunzel, despite her fear, decides to leave with the prince when the right times comes.
In this part of the story, the prince is the carrier of hope. He offers the resolution between the two worlds that are separated by the original traumatic dissociation. The prince is touched by Rapunzel’s voice and is drawn to the enchanted tower. He is the representative of the world of reality, which is longing for the archetypal energies “needing the nourishment that can only come from the inner world.” 27 The story of Rapunzel seems to offer a resolution between those two worlds.

Kalsched believes that in psychotherapy, the arrival of the prince marks the onset of positive transference. It is the beginning of trust and the hope that a connection between the tormented inner world of the client and reality can be established. This is also referred to as the honeymoon period of the therapeutic relationship where the harshness of the traumatic reality is kept out. 28

In my work with Jordan, the puppets seemed to represent the link between the inner and the outer world. However, Jordan’s covering and uncovering of objects could also be seen as an attempt to move from his inner world towards a connection to the outer world. Jordan first worked in silence using repetitive actions of covering and uncovering. Later in the therapy, he moved to the battle scenes. He was relaxed enough to be able to talk about them. Jordan also started working on art, playing board games with me, and engaging in short dialogs. This could be construed as the honeymoon period for our therapeutic relationship.

Kalsched calls the fourth part of the Rapunzel story “rupture in the symbiotic membrane” and refers to Klein’s depressive position. The two worlds that were kept apart come together with force and end up in disappointment. According to Kalsched, the psyche always needs more than just an illusion. It needs otherness and longs for an
enchanted life in the real world. He claims that aggression is always a part of this process. When Rapunzel betrays the witch by turning towards the real world, the witch is enraged.\textsuperscript{29}

In the therapeutic relationship, this is the time where the client is disillusioned by the therapist’s limitations. The client starts to be insatiable and never satisfied and the therapist becomes increasingly irritated. At one point, an event occurs that breaks things open and the therapist usually acts out. Kalsched shared a personal example of his acting out by raising his fees significantly. Kalsched invites therapists to work on a combination of firmness and reassurance during this stormy phase of therapy.\textsuperscript{30}

In the Rapunzel story, this is the time where Rapunzel slips and gives away her secret, the prince. Rapunzel is banished to the desert and the prince wanders blindly in the forest. Rapunzel’s voice brings them together, once again. This time, they find each other and are able to “live happily ever after.”\textsuperscript{31}

I don’t believe that in my work with Jordan I truly encountered this stormy period. It was more a back and forth between regression and positive transference. The rupture of the symbiotic membrane occurred when therapy had to end sooner than expected. Jordan appeared with blunted affect, telling me that, “My mother thinks I can handle it now.” The acting out on my part might have been the attempts to convince Jordan’s mother to bring him in for a few more sessions. However, my efforts were to no avail and I was left with the fear that Jordan might have been re-traumatized.

Kalsched explains that when Rapunzel patients improve, they engage in a mournful period where they dread the loss of their inner world. However, the outer world becomes more authentic and real. He points out that the “happily ever after” in our fairy
tales refers to “living in a world where the wall between imagination and reality comes
down and becomes a flexible boundary.” To Kalsched, it means that people can have a
dream in life, struggle to realize this dream, and share that dream with others who are
doing the same thing.

I felt drawn to Kalsched’s interpretation of Rapunzel’s fairy tale, because I saw
many of my own personality traits in this myth. When faced with overwhelming
emotional experiences, I often chose to withdraw emotionally and isolate myself. I am
very familiar with the notion of creating a world of illusion in order to cope with
traumatic experiences, and I also recognize the danger this holds for becoming
emotionally numb and cut off from reality.

My ongoing personal work includes addressing this wall of imagination and
reality that has to come down and become a flexible boundary. I am fascinated by
Kalsched’s interpretation of the “happily ever after moment” as the ongoing attempt to
permeate this wall. I am also well aware of the fact that I am one of these Rapunzel
Children that have to follow their dream of truly connecting to others, struggle to realize
this dream, and then tell others about my journey.

I experienced a split moment of this “happily ever after” when I met Jordan’s
mother to sign the consent for this study. Elizabeth asked me if I wanted to meet Jordan
and told me that his school was close to her workplace. I was curious, so I agreed. Two
years have passed and I wondered what had happened to this shy, blond little boy.

It was lunch time and Elizabeth and I moved out into the courtyard of the school.
I observed a few children playing basket ball and there I discovered a familiar face. There
he was, Jordan – about a foot taller than I remembered, but still bright blond! Elizabeth
called his name and he moved closer. He looked at me with a curious look. “Do you remember Karin?” Elizabeth asked. Jordan nodded his head and uttered a shy, “Hi.” Then he ran off and continued to play basketball with his friends.

I observed him for a while in a pensive mood. I had a sense that Jordan would be fine. He seemed well adapted to the school environment and also was surrounded by friends. Elizabeth interrupted my thoughts by saying, “He is doing really well now . . . we still struggle with the reality of my ex-husband . . . but we are doing okay.” This brought it home for me; it was my happily ever after.

**Personal and Professional Development**

My experience with Jordan has helped define my personal and professional development as a therapist. I believe that the capacities of empathy, collaboration with my colleagues, and personal responsibility were all present in the therapy experience.

I mentioned earlier that I was disappointed in being assigned a boy versus a little girl. This disappointment immediately vanished when I caught sight of this shy child. I also believe that I was engaged in a collaborative manner with my colleagues from the beginning since we had frequent case conferences regarding the whole family. Personal responsibility is engrained in me as part of my Austrian heritage. It is my way of life.

The biggest learning took place regarding *reflexive participation*. Omer defines reflexive participation as a practice of “surrendering through creative action to the necessities, meanings, and possibilities inherent in the present moment.” 34 When looking at this topic, I feel that I have acquired more professional skills within this realm of reflexive participation. My zest for life and compassion for people often gets the best
of me and I forget to follow the process. I have the tendency to want to “fix” things.

Jordan taught me to witness his process in silence and to observe the unfolding of his individuation process. The fine tuning of this capacity while working with him is still guiding me in my current function as a Transitional Youth clinician.

I also feel that, due to the orientation of Imaginal Psychology, I developed into a more sensitive and attuned person in both my personal and professional life as a clinician. This orientation of psychology encourages a person to live the individuating life and catalyzes the individuation process. During this process, the emergence of unique human capacities takes place. Imagination plays a key role in this individuation process because it targets the three levels of thinking, feeling, and responding in a sensory way.\(^{35}\)

Another personal learning allows for making imagination a priority in both my personal and my professional life. Thus, I have experienced a deepening in human connections. I feel that I am a better mother and wife because of this experience of depth.

When I focus on the emergence of my own, unique capacities I feel more alive, authentic and present. I have experienced that this approach to life has a snowball effect and people feel drawn to connect to each other in this way. I feel called to personal, cultural leadership to allow a deepening of people-to-people connections, so they can experience their own uniqueness and live richer and fulfilled lives.

**Applying Imaginal Approaches to Psychotherapy**

When I apply Imaginal Psychology to psychotherapy, I experience a deepening of the therapeutic alliance. The therapist and the client become united by their joint experiences during the session. In my opinion, turning towards the passionate nature of
the soul is a key ingredient for a successful therapeutic relationship.\textsuperscript{36} When I remind clients to examine their passions in life, I have experienced that they are more engaged and present.

I have also learned that if I assume the role of the witness in therapy, I can reach the client on a deeper level and create a container in which the unfolding of experience can take place. Many times, clients have not been witnessed objectively in their lives, because of biases their family members hold against them. My clients have often reported a form of catharsis after being witnessed in their experience. They then reported to feeling “more alive,” and my experience of them is an increased presence of their passionate nature.

An imaginal approach to psychotherapy does not come without the use of ritual. Imaginal Psychology looks to rituals as a context for unfolding experience. The use of ritual allows the flow of experience. It approaches the loss of soul in a healing manner.\textsuperscript{37} Gottman feels that sharing rituals can assist people in developing closer emotional bonds. The rituals can be as simple as kissing a child everyday before she leaves for school, or as elaborate as a planned wedding. Gottman states that rituals are of symbolic value and are repeated over and over. He sees rituals as an opportunity to express our feelings as we move through life’s transitions. They give people a way to acknowledge that things are changing and make it possible to express our feelings about it.\textsuperscript{38}

The imaginal approach to psychotherapy also illuminated the importance of play for me. Playing is the first mode of experiencing. As adults we learn that the world is dead and things don’t talk and imagination becomes a thing of the past. Children are able to step out of this rigid persona and engage in pretend play. Imaginal Psychology invites
all of us to dis-identify with this rigid persona we might have developed, since Imaginal Psychology is truly concerned about a person’s identity.  

In my work with Jordan but also in my current work as a therapist with adolescents, the imaginal approach assists me in keeping the human factor in psychotherapy. Paying attention to the client’s experience creates a sense of realness in both client and therapist. I see many people with insecure attachment patterns and using an imaginal approach allows me to work with their imaginal structures.

I often ask clients about their passions and sometimes I am met with a puzzled look. A few times, however, I am allowed to witness the unfolding of the experience of a client who suddenly is able to get in touch with her feelings by exploring her own passionate nature. This is proof enough for me to know that the use of an imaginal approach to psychotherapy will be a key ingredient in my future work with client.
CHAPTER 5

REFLECTIONS

Personal Development and Transformation

This clinical case study process reinforces that I have chosen the right profession, and the right topic. First of all, I am still interested in the topic of attachment. I have had many conversations with people who have completed their dissertation and case study, and many of them stated that they were tired of their topic by the time they finished. I am glad that I am reaching the point of completion but I am still motivated to educate myself on new learnings about attachment theory.

During my case study, I have been immensely affected by the importance of the secure base. I often had to set down a book because I was so saddened by the story of a person whose history was traumatic and inhumane. When I imagined the life of a neglected baby or a physically and sexually abused child, I had difficulty in letting go of the images. It was disturbing to me, and I had to turn to nature and the use of ritual to let them go. I often engaged in lighting a candle and saying a prayer for those abused souls.

However, stories of abuse and trauma and my case study as a whole confirm for me why I chose to be a therapist. I am determined to make a difference and I have found my niche in working with children and youth. If I can contribute to changing the cycle of abuse, my life has a purpose.

This experience also made me more aware of how I relate with my own family. I feel very responsible in providing a secure base for my own children and must admit that
I sometimes fail. It saddens me when I repeat old and ingrained patterns of child rearing with my own children. My patience often runs thin with my little girls after a long day at work and I often wonder how my mood affects my children.

I am grateful for my husband who, as a stay at home dad, takes charge during those times. I always hated the fact that my mother yelled at me so much and promised myself that I would never do that to my children. However, when stressed, one re-enacts old patterns and I must admit that I have yelled at my older daughter from time to time. This experience helps me in being patient not only with my clients but also with my family. I am focusing on increasing quality time, since this case study has taken so much time away from the family.

As I look back on my case study, I am amazed and mortified how much I did not know about the therapeutic process. It is embarrassing to look at this case study and recognize the lack of detail in some areas. It was a big oversight not to ask for Jordan’s father’s name. I also should have inquired more about the nature of abuse that Jason was subjecting the family to. This case study is teaching me the importance of taking a thorough psychosocial history and asking many questions.

I have worked with people of many walks of life since working with Jordan. In my personal development, I have discovered that I am able to connect to people through their story when they tell me about their life experiences. It is important to have compassion for the people I work with because it is that very compassion that assists in the healing process.
Impact of the Learnings on My Understanding of the Topic

I was initially very moved by attachment theory and the importance of the secure base and I could not read enough about this approach to psychotherapy. My biggest learning has come from the field of neuroscience. It is gratifying to hear about scientific data proving the validity of attachment theory. I was specifically touched by the book, *A General Theory of Love*, where the world of mythology meets the world of science. I would like to see more research done in that area.

I have also learned that the use of Imaginal Psychology in psychotherapy can be a catalyst for establishing a secure base. In my work with Jordan, I realized that the main meaningful moments during our time in therapy occurred when applying an imaginal approach such as my work with puppets and assuming the witness role.

Finally, as is the case with so many other practices, it was the experience with Jordan that really gave me a true sense of what attachment theory is all about. The story of Jordan and the many stories of people who came after him bring attachment theory into the present moment for me and assist me in my personal quest of living a passionate and soulful life.

Mythic Implications of the Learnings

Cultural myths are important and have served a variety of purposes in the past. One of their purposes is to assist people in transitional stages and enable them to participate in the mysteries of the world we live in. There is a deep need for symbolism and metaphors and personal existence often appears unsatisfying and sterile.
I have used the Rapunzel story as a primary myth for my case study because Jordan had the tendency to turn towards his inner world and shut out the outer world of reality. He was imprisoned in his own tower and created a world of illusion. Jordan has learned to speak little to stay out of trouble and avoid drawing attention. Jordan found his voice through the use of the sand tray. He was able to transform his feelings by creating endless battlefield scenes, where he came out as the winner in the end. ("I am the gorilla that survived.")

The primary myth of Rapunzel was a very suitable myth for both Jordan, as the client, and me, as the therapist. I personally relate to the tower of imprisonment and am reminded of my childhood experiences of being locked into the closet. I remember creating a world of illusions in which there are no hurtful and traumatic events. Jordan’s play in the sand tray was an attempt to work through his trauma and gain some control in his life.

I also feel that Hans Christian Anderson’s story of The Ugly Duckling is relevant. Anderson was an advocate of lost and neglected children, and strongly supported the search for one’s own kind. 3 The story of the ugly duckling addresses the theme of not belonging. It is the story of a duckling that leaves his home due to being maltreated by his family. During his journey, he is ultimately transformed into a swan and finds his place. This myth illuminates the importance of acceptance and belonging. When people’s soulfulness and spiritual identity is surrounded by psychic acknowledgement and acceptance, they feel alive and appreciated as never before. 4

The ugly duckling story also addresses the theme of exile. In Jordan’s case, he was abused by his father and bullied by his older brother. Jordan’s own mother initially
failed to protect him from the abuse. This theme of exile happened by no fault of his own and his basic self was wounded early in life. Jordan ultimately internalized these negative images and believed he was weak, ugly and unacceptable. He was exiled and turned towards the internal world.⁵

When issues of exile are addressed in therapy, there is an opportunity to develop internal strength and find out one’s true place. The therapist can aid by being a compassionate witness that assists in the process of transformation. In a sense, the therapist becomes the primary caregiver and thus models secure attachment patterns. This process contributes to a more meaningful life, the development of a secure base, and a sense of belonging.

Significance of the Learnings

I believe that a main significance of my new learning is the fact that attachment theory needs to be applied to clinical experience. Scientists have started to take notice of the importance of primary relationships and their effects on the development of babies and children. My new learnings give me a more active voice to assist others and help people recognize their true worth. My learnings support the belief in a holistic approach of psychotherapy assisted by stories and myths from the past. Being truly seen for who we are contributes to the establishment of a secure base and is instrumental in the transformation process and development of healthy capacities such as compassion and dignity.
The Application of Imaginal Psychology to Psychotherapy

This study has reinforced my belief in developing alternative approaches to psychotherapy. The use of straight talk therapy has its place but often is not enough to address the deeper wounds that people experience. Play therapy is recognized as the treatment of choice when working with children. The imaginal approach allows me to connect to my clients on a deeper level by paying attention to their experience, witnessing their pain, and by assisting the transformation process of the client through means of mindfulness and intuitive, reflexive listening.

My clinical topic addresses a variety of therapeutic approaches to insecure attachment issues. The learnings from the study demonstrate the importance of turning towards the passionate soul and witnessing the unfolding of experience. Both are important ingredients of Imaginal Psychology.

As mentioned in the Learnings Chapter, the use of ritual offers a context to the unfolding of experience. In Jordan’s case, it was the sand tray that ended up being his ritual space with me as the witness.

The application of Imaginal Psychology to psychotherapy ultimately offers the chance of rediscovering one’s passionate soul and a sense of purpose. Imaginal Psychology offers a means for one’s story to be heard. This can be a catalyst for the development of healthy capacities such as dignity and a sense of self-worth.
Bridging Imaginal Psychology

I have thought of implementing the use of forms with my current clients. Forms are a part of Omer’s Imaginal Transformation Praxis (ITP) which I have discussed and defined in Chapter 2.

When using these forms, it will be important to bring attention to how the client is affected. The triad in which the subject is listening to the voices of both Gatekeeper and Friend is an essential tool for the Imaginal Psychologist. It is an aid in the attempt to foster a client’s individuation process. Initially, the therapist models the friend position, but ultimately wants the client to develop the friend position within himself. The ultimate goal for Imaginal Psychologists is to assist clients in reclaiming their passionate soul as well as the transmutation of affects into capacities.6

Additional Reflections

In looking back at my therapeutic work with Jordan, I realize that I have often colluded with Jordan. I became part of his pain and reacted with numbness. This collusion is very evident in my initial response to how Jordan’s therapy ended and my lack of reaction to this ending.

When I was asked to make the abrupt ending more of a central theme of this manuscript I was at a loss. I did not know what to think of these comments and how to address them. After I processed these comments, I realized that I have come across a very active imaginal structure. I don’t even recall how I reacted when Jordan told me about the ending of therapy. I can only assume that both Jordan and I colluded by dissociating from the actual felt experience of closure.
I also reflected on the comments about Jordan’s mother and initially felt that I had to defend her actions. As mentioned in the Introduction Chapter, I felt very close to her and in a different setting, we could have turned out to be friends. I do agree that terminating all therapy so abruptly was quite damaging for everyone involved and showed poor judgment on her part. However, I also know how much this woman had to deal with. Elizabeth struggled financially, she had constant court battles, and she tried to create some normalcy for her children – all on one income. Victim Witness was no longer paying for her services and my supervisor did not allow pro bono services at that time, so Elizabeth could not afford to continue therapy.

I believe that she also responded with numbness of responses when she was faced with all these events and financial difficulty. Elizabeth wanted to believe that Jordan could handle his life now. In a perfect world Elizabeth should have known better that therapy needed to be continued. I believe that Elizabeth was a victim and client herself at that point, and she was caught in her own imaginal structure of numbing her emotions and minimizing the necessity of ongoing therapy.

In hindsight, I do think it would have been the responsibility of our supervisor to intervene in this matter and maybe he did ask the family back later on. After having received my revisions to this manuscript, I returned to the Ananda Institute to find out more about what happened to the May family. I was hoping that the abrupt ending of therapy was not the end of this story. In my search for answers, I found a current family therapy file for the May’s. Since I was not privileged to the current information, I just asked my supervisor about the May case. He was very busy that day and briefly responded, “They returned for family therapy.” The clinician who had seen Jordan’s
sister June in individual therapy apparently had taken over the whole family for family therapy.

Initially, I also felt deep shame that I was not able to provide a better ending for this client and that I was not present for his pain during this last session. I have noticed that I dissociate when faced with shame. It did not matter that I was ultimately not responsible for the outcome of therapy; I still felt the shame of not being able to prevent this outcome. I have processed this particular experience of shame by walking in nature and letting the experience of shame happen.

I was encouraged to connect my experience of shame and helplessness regarding Jordan’s withdrawal from therapy to the failure of institutions in the “parental role” (Ananda Institute, CPS, and Victim Witness). I do agree that our actions at the Ananda Institute correspond with Elizabeth’s experience of helplessness as a parent. In my opinion, this collective experience of helplessness caused a state of paralysis, which cost Elizabeth and her children the opportunity to continue therapy.

As I reflect on these learnings, I recognize the importance of being able to express my own personal experiences on a regular basis. My busy schedule often does not allow me sufficient time for self-care and yet this is the very key for a successful career and personal life. In reviewing this case study and my learnings, I am reminded to attend to self-care as a means to overcome my imaginal structure of numbing of responses when faced with traumatic experiences.

Finally, the journey of writing this case study was lengthy and arduous. It is hard to believe that I actually was capable of writing this study. I am filled with a sense of pride since English is not my native language and I never saw myself as a skilled writer. I
feel a sense of completion, and I realize at this moment that I have just overcome one of my maladaptive imaginal structures.

Areas for Future Research

An interesting area of research is the attempt to look at attachment theory in relationship to shame. I had looked into this topic prior to this case study and was surprised that I only found few sources that link attachment theory with shame.

Another interesting topic involves the role of the witness. It would be compelling to conduct a study on how this role of witnessing in a compassionate manner could impact the therapeutic relationship. How are insecurely attached people affected by being witnessed without judgment, and seen for whom they are?

One of my interests for future research involves Equine Facilitated Mental Health (EFMH). I would like to develop a study that looks at attachment improvement between mothers and insecurely attached children by using EFMH. I am interested in obtaining a large draft horse that can hold two people and develop exercises on the moving horse that assist the bonding process. I would follow a group of participants for a period of time and see if a secure attachment base can be obtained. I would also include an imaginal approach since I am interested in my participant’s experience. How are mother and child affected by this interaction? How can mother and child apply these hopefully positive experiences to their daily lives at home?

Future research should be conducted regarding our current foster home system. Insecurely attached children are re-injured over and over again when moved from one foster home to another. The chances of finding a permanent foster home with qualified
parents are very slim. I believe that it would be better for children to grow up in an orphanage/home if it is kept small and run by professionals who stay there for a long time.

The SOS Kinderdorf system in Europe is a system where well trained professionals assume the role of the mother and the father in an orphanage-type setting. A comparison study between the European model and the model of the United States foster home system would be useful. It is my hypothesis that children who grow up in an SOS Kinderdorf have a better experience and more stable relationships than children who partake in the current foster care system in the United States.
APPENDIX 1

CONSENT FORM

To __________:_

Your child _______ is invited to be the subject of, or referred to in, a Clinical Case Study on Attachment. The study’s purpose is to better understand the bonding process between parents and children, especially when trauma has occurred.

For the protection of your privacy, all of my notes will be kept confidential and your identity will be protected. In the reporting of information in published material, any and all information that could serve to identify you will be altered to ensure your anonymity.

This study is of a research nature and may offer no direct benefit to you. The published findings, however, may be useful to physically and emotionally abused children, and may benefit the understanding of attachment.

The Clinical Case Study does not directly require your involvement. However, it is possible that simply knowing you are the subject of the study could affect you in ways which could potentially distract you from your primary focus in the therapy. If at any time you develop concerns or questions, I will make every effort to discuss these with you.

If you decide to let your child participate in this Clinical Case Study, you may withdraw your consent and discontinue your participation at any time and for any reason. Please note as well that I may need to terminate your child being the subject of the study at any point and for any reason; I will inform you of this change, should I need to make it.

If you have any questions or concerns, you may discuss these with me, or you may contact the Clinical Case Study Coordinator at the Institute of Imaginal Studies, 47 Sixth Street, Petaluma, CA, 94952, telephone (707) 765-1836.

I, _____________________, understand and consent to let my child be the subject of, or to be referred to in, the Clinical Case Study written by Karin Hudson, on the topic of Attachment. I understand private and confidential information may be discussed or disclosed in this Clinical Case Study. I have had this study explained to me by Karin Hudson. Any questions of mine about this Clinical Case Study have been answered, and I
have received a copy of this consent form. The participation of my son is entirely voluntary.

I knowingly and voluntarily give my unconditional consent for use of both my child’s clinical case history, as well as for disclosure of all other information about him including, but not limited to, information which may be considered private or confidential. I understand that Karin Hudson will not disclose my son’s or my name or the names of any persons involved with me, in this Clinical Case Study.

I hereby unconditionally forever release Karin Hudson and the Institute of Imaginal Studies (and all of its trustees, officers, employees, agents, faculty, successors, and assigns) from any and all claims, demands, and legal causes of action whether known or unknown, arising out of the mention, use and disclosure of my clinical case history and all information concerning me including, but not limited to, information which may be considered private and confidential. The Institute of Imaginal Studies assumes no responsibility for any psychological injury that may result from this study.

The terms and provisions of this consent shall be binding upon my heirs, representatives, successors, and assigns. The terms and provisions of this consent shall be construed and interpreted pursuant to the laws of the State of California.

Signed this _______ day of __________, 2007, at Santa Rosa, California.

By: _______________________________________________
APPENDIX 2

SAND TRAY 1

Illustration 1. Jordan’s Battlefield
APPENDIX 3

SAND TRAY 2

Illustration 2. Battlefield – Right View
APPENDIX 4

SAND TRAY 3

Illustration 3. Battlefield – Left View
APPENDIX 5

SAND TRAY 4

Illustration 4. People Versus Wild Animals
APPENDIX 6

SAND TRAY 5

Illustration 5. Last Battle: Separation of Soldiers and Animals
NOTES

Chapter 1


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4. Ibid., 932-937.


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10. Ibid.


16. Ibid., 221-228.

17. Omer, Psychotherapy Craft I
18. Ibid


**Chapter 2**


15. Ibid., 83-111.


18. Ibid., 265-268.


26. Ibid., 214-238.

27. Ibid., 214-238.


32. Ibid., 139-166.


34. Ibid., 181-197.


42. Ibid., 40-81.


45. Ibid., vii-9.

46. Ibid., vii-9.

47. Ibid., 27-68.

48. Ibid.

49. Ibid., 283-296.


53. Ibid., 1-4.

54. Ibid.


59. Here, I refer to sources like Beverly James, *Handbook for Treatment of Attachment-Trauma Problems in Children* (New York: Lexington Books, 1994), as well as to the article of Virginia Ryan,

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69. Ibid.
70. Ibid.
71. Ibid.
76. Ibid., 84-92.
78. Ibid.
80. Ibid., 107-127.
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82. Ibid., 19-52.


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93. Ibid.


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122. Ibid.

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130. Ibid., ix-xiv.


132. Ibid., 1-10.


134. Ibid.


139. Ibid.


141. Ibid.

142. Ibid.

143. Ibid.

144. Ibid.

145. Ibid.


151. Ibid.

152. Here I refer to Richard Bowlby’s citation of his father, John Bowlby, in Richard Bowlby, *Fifty Years of Attachment Theory*, 20.


154. Ibid.


158. Ibid.

159. Ibid.

160. Ibid.

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162. Ibid.


164. Here, I refer to Richard Bowlby’s interpretation about his father’s views on parenting, in Richard Bowlby, *Fifty Years of Attachment Theory*, 24.

165. Melissa Schwartz, written communication to author, December 5, 2007.

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167. Aftab Omer, *Integrative Seminar*, course at Institute of Imaginal Studies (now known as Meridian University), author’s notes, Fall 2001.

168. Omer, *Psychotherapy Craft I*


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175. Moore, Care of the Soul, 203-229.


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178. Ibid., 1-53.

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