

A Qualitative Study of the House-Tree-Person Drawings and their Relationship
to the Experience of Attachment in School-Age Children

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A Thesis Submitted in Partial
Fulfillment of the Requirement
for the Master of Arts Degree in Art Therapy Degree

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September, 2014

ABSTRACT

Attachment theories and research have brought new understanding regarding the bond between parents and their children for professional therapists and psychologists. Art-based assessments that elicit visual representations instead of words to symbolize emotional expression used in tandem with confidential interviews can be highly effective ways to communicate with children and evaluate and address their unique relationship concerns. One such assessment is the House-Tree-Person that was developed to look at an individual's reaction to interpersonal relationships, their environment, and their inner psychological issues. This qualitative study documented and distilled themes that arose between nine child participants' self-reported attachment styles, open-ended attachment interviews, and symbolic drawing elements in their individual House-Tree-Person drawings. Through phenomenological analysis, themes that correlated between the three assessment methods were identified. Though drawing elements were not found to indicate a specific attachment style, symbols did arise that seemed connected to the participant's developmental age and attachment style. Three significant themes arose from the interviews: desires to be valued and protected by guardian, to be heard and validated, and to be like guardian or their special person. Through triangulation of the three data collection methods, verbal themes and drawing elements reflected secure and avoidant attachment styles self-identified by each child participant. A need for security is a theme that ran throughout all of the participants' drawings and discussed experiences. This research underlined the importance of ongoing, fine-tuned therapeutic assessment approaches to children. Information regarding what children desire from their caregivers can provide guardians with answers and therapists with of the knowledge necessary to enhance parent-child bonding.

Acknowledgements

Without certain people in my life, this thesis would never have been possible. I want to take this time to thank my family for being so supportive of my dreams and my passions. You make me a better therapist every day.

Thank you to my Saint-Mary-of-the-Woods cohort for pushing and being with me in the most difficult times in our lives. We supported each other and without your love, knowledge, and mirroring passions, I would not have been able to make it through this thesis or the program at all. You are all my angels.

Amy Gilbert for inspiring me with your ridiculous knowledge of everything. You are my heart and my passion. You have calmed my fears when I thought it was too much. You saved me with anecdotes that made me realize I am not alone. You are the powerful, intelligent, persistent woman that I cannot wait to become.

Ron Gilbert for being my rock. Every text that you sent saying you are proud of me enlightened my day and made it that much easier to push through. I am so appreciative of the support you have given me throughout the years. You have made it easy to become the woman you are proud of today. Your everyday strength, kindness, and humble nature give me something to reach for. If I have only an ounce of the strength and humbleness you show every person you come into contact with, I will accomplish a selfless existence.

Andrew Gilbert for being so supportive of me and my dreams. I am so lucky to have a brother that matches my love for the extreme. You consistently help me believe that I can do anything I put my mind to because you have done it before me. I felt for a long time that I walked in your shadow, but I never fully appreciated that shadow. You demonstrate so much to me about how to succeed in life in what I want to do. Thank you for motivating me to never give up or stop fighting for my passions.

Colin Guntle for loving me and supporting me through the long, stressful nights of writing my thesis. You are my rock and my world. You have supported me and loved me through these experiences. You are my light at the end of the tunnel. No one else could have loved me the way I needed through this most challenging time in my life. I love you the most. I swear I promise.

Natalie Carlton for using your incredible knowledge to help me write this. You have been such a blessing. You have pushed me farther than I ever thought I would go. This thesis would be insufficient to my own expectations without your help.

Kathy Gotshall for putting your time and effort into helping me throughout this program. Without your tenacity, I would know what I know or be able to express my heartfelt passions appropriately without you and this program.

Jill McNutt for being there to answer my crazy, chaotic emails and providing me with the knowledge I needed to succeed in this program and as an Art Therapist. You help me understand what kind of therapist and teacher I desire to grow into.

Roberta Williams for all you have done for over the course of this year. You have helped me become a better therapist and see myself in a different light. You warned me about not taking too much on in my thesis, but you supported me when I chose to anyway. Your wisdom has changed my way of understanding individuals and provided me with an appreciation of the client's own words.

Finally, I want to thank God Almighty for instilling in me the strength, passion, endurance, hope, and humility that was so significant in helping me conduct and complete this research.

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CHAPTER I

Introduction

Attachment has been defined as an enduring bond between an infant and his/her caregiver that is established and nurtured by specific caretaking behaviors such as holding, feeding, carrying, and soothing the infant. Early caregiver behaviors toward infants and toddlers in their formative years may affect their abilities to trust the environment and relate well to others. Such immediate and lifelong effects underlie the importance of secure attachment that is theorized as fully developed in an individual by early-childhood. This research inquiry investigated nine children's understanding of their environments to further discern what might be needed or enhanced in their primary relationships to strengthen interactive behaviors with caregivers and peers. Because attachment is individualized to circumstance and formed at such an early age, it is extremely important to understand attachment from a child's perspective. The thematic results of these interviews may assist researchers, educators, and therapists in developing enhanced interventions to build healthy relationships and repair broken bonds before the affects impact the child's future. Because a child's actions do not necessarily represent beliefs about their relationships or reflect their emotional struggles, therapists should not rely on observational assessments or parent/guardian interpretations of their child's behavior alone. This is why it is imperative to develop new attachment assessments that involve the child's direct viewpoint of his or her relational experiences.

There has been little research investigating a child's experience of early parent-child bonds. Mooney (2010) described bonding as referencing the instinctive emotional connection from parent or caregiver to infant. Uncovering the experience of parental relationships from the child's perspective could bring a better understanding of what is important to a child, how

negative attachment is affecting children in the short-term, and how they might express those beliefs in drawings. It is a therapist's ethical responsibility to listen to his/her clients in order to acquire the most accurate information and lived perspectives of that client (Knapp & VandeCreek, 2012). Active listening to an individual's experiences and beliefs can demonstrate and model how they are valued and important in the world. Through early awareness of attachment issues, the therapist can educate guardians, clients, and families about mental health problems and relational issues associated with insecure attachment. Educating these individuals will help improve immediate and/or prevent future interpersonal relationship difficulties. Therapists can provide guardians and children with strategic information on how to strengthen familial connections, which may empower them to build healthier parent-child relationships (Zilberstein, 2014).

Statement of the Problem

Many children experience divorce, death or separation, abuse, and/or neglect by a parent that can interrupt the relationship with their primary caregivers and eventually cause insecure attachment. Insecure attachment is an impaired bond between an individual and the caregiver that may cause mental health and behavioral issues that continue into future relationships (Bowlby, 1988). Insecure attachment has been connected with aggression, avoidance, and clingy behaviors (Kaiser & Deaver, 2009).

Reactive Attachment Disorder (RAD) was a diagnosis introduced to practitioners in the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition* (American Psychiatric Association [APA], 1980). Though some researchers find the disorder to be complex and difficult to fully understand, the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (APA, 2000) described two relational categories that may help experts

better comprehend the symptoms of RAD: inhibited type and disinhibited type (Zeanah & Gleason, 2010). The *Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition* (APA, 2013) listed the most current causes of this disorder as the child encountering:

1. Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by caregiving adults.
2. Repeated changes of primary caregivers that limit opportunities to form stable attachments (e.g., frequent changes in foster care).
3. Rearing in unusual settings that severely limit opportunities to form selective attachments (e.g., institutions with high child-to-caregiver ratios). (p. 141)

Individuals struggling with inhibited type attachment tend to withdrawal and repeatedly act using socially inappropriate behaviors. They may respond inconsistently to caregivers by alternating between clingy and avoidant behaviors. Disinhibited individuals attach to others without using appropriate discernment and may be clingy and indiscriminately sociable. Attachment disorders typically present in an individual's behavior and emotions before the age of five and can affect an individual's ability to socialize with others, regulate their emotions, and control behaviors.

Poor attachment patterns can be seen in generational cycles of families. Caregivers who have experienced neglect or aggression from family members in childhood may suffer from negative bonding effects and treat their children the same way when they become parents (Bell & Jenkins, 1993). Insecure attachment has been shown to create problems with physical regulation such as eating, sleeping, and toileting. Poor attachment patterns have been deficits in or difficulties with cognitive processing, emotional development, and socio-emotional behaviors (Zeanah & Smyke, 2005). In future relationships, these clients may have difficulty expressing

affection to others, trusting, forming quality relationships, and allowing others to take control (Arrington & Cherry, 2007; Francis, Kaiser, & Deaver, 2003). Ainsworth (1969) labeled ambivalent and avoidant attachment as two types of insecure attachment. She noted that avoidant attachment was classified when a child does not trust his or her caregivers to provide for them and will ignore the caregiver's attempts to provide for their needs. She also defined ambivalent attachment as when a child reacts inconsistently with his or her caregivers, behaving independently to achieve their needs or clinging to strangers in hopes their needs will become met (Zilberstein, 2014).

Arrington and Cherry (2007) explained that "memory, fact, and feeling can create childhood fantasies that can persist into adulthood and beyond," (p. 39). The authors also discussed how a young woman struggled with a false memory that was formed when her implicit and explicit memories combined. Implicit memories are memories formed unintentionally and subconsciously stored. Explicit memories are memories purposely formed through experience that one can recall instantly when needed. When formed during infancy types of the primary relationship create internal working models that go on to affect an individual's ability to trust and form healthy attachments to others. Arrington and Cherry (2007) described a client named Ann, who was fostered by a guardian when her mother was ill; Ann believed for years that she deserved to be sent away. Ann was born in a home that she viewed as unclean and assumed that this unhygienic environment caused her mother to become ill. She felt guilty and felt she deserved to be sent away from her mother when, in reality, the doctor ordered her mother to give birth in the home thinking the environment would be most sanitary. These false memories and feelings of guilt ultimately contributed to Ann's feelings of low self-esteem and attachment difficulties.

Secure attachment is demonstrated when a child trusts his or her caregivers to provide for their emotional and physical needs in stressful situations (Bowlby, 1988). It builds feelings of self-worth and security that promote emotional stability, strong interpersonal relationships, and healthy mental and physical development (Arrington & Cherry, 2007). Secure attachment is viewed as the healthiest form of attachment, allowing individuals to appropriately relate to others and the self. Security is integral in helping individuals feel safe in relationships, understand their identity, and appropriately express their emotions. Arrington and Cherry (2007) concluded that therapists can work with caregivers to enhance their bonding with their child and increase his or her abilities to control emotion and self-soothe.

Research Questions

This researcher wanted to correlate a child's self-reported attachment questionnaire, an attachment interview, and House-Tree-Person drawings to investigate how themes arose among these three assessments to indicate attachment type. The researcher wanted to assess if such child centered assessment tools could draw out information or enhanced understanding for therapists in providing direction and attachment treatment for young clients and their parents or caregivers.

Basic Assumptions

There seems to be difficulties with how to assess for attachment issues in children. Many care providers seem to feel the need to reconnect 'broken' bonds that have occurred due to harmful circumstances. However, these bonds may or may not be broken and the impacts may be difficult to discuss, work on directly, or see immediate 'repair.' I assumed that families and caregivers need more information about how the quality of attachment in their relationship affects their communication with their children. They should also understand how they play a

vital role in establishing and/or repairing and maintaining the relationship. Art therapists have demonstrated success in using art therapy with families and foster care providers to help clients improve their relationships (Brooke, 2004; Choi & Goo, 2012; Franklin, 2010; Hinz, 2009b). Many basic assumptions within our helping fields explicitly imply that more informed assessment and treatment approaches in art therapy can address generational cycles of insecure attachment and a family's history does not have to repeat itself in the client's future (Arrington & Cherry, 2007).

When early childhood parental bonding is severed and discussed in therapy, this researcher assumed that art would help reveal narratives that could in turn, help develop skills around caregiver behaviors that may have damaged their attunement to their child and their child's trust in getting their needs met. Children may not be able to verbally express their feelings about family dynamics in the household. By communicating through drawings, it is assumed children will be able to provide the therapist with more detailed and clarified information than communicating verbally (Kaiser & Deaver, 2009). It is this researcher's hope that symbols and/or nonverbal communications can better discerned and concretized to help therapists develop more effective treatments for clients and provide better knowledge for families to strengthen relational bonds.

The House-Tree-Person drawings, the Self-reported Attachment Style Interview, and a relationship interview might be simple measures to provide therapists with a variety of information regarding a client's personality and relationships. This researcher assumed that children's experiences related to their different types of attachment would be expressed in their House-Tree-Person drawings and through the child's unique words. Themes and elemental drawing patterns might present and lead to more information into the individualized experiences

of attachment. Finally, symbol formation and themes correlated from a child's drawing to their perception of attachment may assist further in addressing relationship issues children may or may not be able to address verbally. If correlations can be found between drawing symbols and attachment feelings, this relationship could help therapists, parents and educators identify relationship issues that children may not be able to express verbally. This may also help therapists in identifying attachment issues early on in therapy in order to appropriately direct treatment.

Purpose of the Study

This researcher desired to observe any similarities to differences noted between a child's verbal descriptions, individualized understandings of attachment, and the expression of their circumstances and experiences through the House-Tree-Person (HTP) drawings. This study presumed that understanding a child's experience of attachment was significant in understanding how to treat or strengthen it. For example, families need more information on which behaviors build healthy bonds with their children versus which impair the level of trust in the relationship.

Looking into the authentic experience of a client clarifies the attachment experience for his/her support system and the therapist while making the child expert informant for their treatment. Through the use of the HTP, the therapist can evaluate cognitive development, personality characteristics, and mental health issues of the client that may be correlated with the client's bond with his/her caregivers. Typically, the most desired support system for clients is immediate family members. With the family and therapist moving in the same direction, the client can begin to develop healthy relationships and possibly change his/her social and environmental beliefs and related circumstances. In essence, the more knowledge the therapist can obtain the more control the client will eventually have over his/her therapeutic growth. By

finding connections between these assessments, therapists can begin to investigate how a child's experience is depicted in their drawings and if certain drawing elements connect with certain attachment types and relational experiences (Hays & Singh, 2012; Miles & Huberman, 1994).

Definition of Terms

Attachment. An enduring bond between an individual and a caregiver created by the caregiver's behaviors that may affect one's ability to relate to others in the future (Ainsworth, 1969; Bowlby, 1988; Kaiser & Deaver, 2009)

Secure attachment. Children who trust their caregivers to provide for their emotional and physical needs in stressful situations (Bowlby, 1988).

Insecure attachment. An unhealthy bond between an individual and the caregiver that may cause mental health and behavioral issues and that continues into and effects future relationships (Bowlby, 1988).

Avoidant attachment. Children who do not trust their caregivers will provide for them and will ignore their caregiver's attempts to provide for their needs (Ainsworth, 1969).

Ambivalent attachment. Children who react inconsistently with their caregivers behaving independently to achieve their needs or clinging to their strangers in hopes their needs will become met (Ainsworth, 1969).

Limitations

Though many precautions will be taken to ensure accurate and trustworthy data, some limitations still exist in this research. The duration of time to collect the information was short, which may have limited the number of volunteers wishing to participate in or complete the study. Though the information gathered from a small sample size will provide an abundance of dense information, the limited sample and lack of variety in economic and cultural status will not allow

the findings to generalize to all children. The participants also may have answered in a positivistic manner when answering questions regarding their behaviors in relationships for the Self-reported Attachment Interview (Muris, Mayer, and Meesters, 2000). Because voice recording was not allowed for this study, field notes were taken to record interview answers. Important statements and information may have gone undetected by this researcher. Also, the relationship interview was not studied extensively to measure reliability or validity which may limit the informational outcomes in this study (Kapitan, 2010). Finally, triangulation of data has been found to create positive conclusions in studies. Hays and Singh (2012) explained that though including methods to support results enhances the value of the study, these methods do not guarantee trustworthy outcomes.

Ethical Implications

All ethical standards were upheld by the researcher and reviewed and approved by Saint Mary-of-the-Woods College, their Institutional Review Board, and the elementary school where the study took place. All participants' involvement in the research study, drawings, and assessments were kept confidential through structured protocol described briefly below and elaborated on in the methods chapter. Informed consent, assent forms, and media consent forms were reviewed with participants verbally and were indicated as understood by each participant and their caregiver before proceeding with the research. Consent forms were explained and participant/guardian roles were well defined. Risks and benefits of the study were clarified along with mandatory reporting regulations. Epoche and persistent observation were used to try and rid this researcher of bias towards desired outcomes. Any unnecessary risks of harm to participants were eliminated to promote a safe outlet for partakers, and all benefits and risks were revealed to subjects and guardians (Knapp & VandeCreek, 2012).

All interviews, questionnaires, and artwork were assigned identifying codes to protect participant identities, and only the researcher and her supervisor had access to the participant's information. The researcher made every effort to protect the participant's privacy and keep participant records confidential. It was important that the participant understood that there are some exceptions to confidentiality. The researcher and her supervisor explained to the participant and his/her guardians that we were required by law to report child abuse and neglect, intention to harm oneself or another person, abuse of a vulnerable individual such as the elderly or disabled, and criminal activity. If the participant provided information that the researcher had to report, the investigator involved her supervisor and the counseling program manager in order to protect all individuals involved.

If a participant felt uncomfortable or overwhelmed at any time during the study, he/she informed the researcher immediately and the researcher stopped the activity that was causing discomfort. If uncomfortable emotions persisted or other problems arose, the researcher contacted her supervisor and the counseling program manager to assist in getting immediate help for the participant. If during or after the study the participant wished to work with a therapist outside of the school, the participant was referred to a therapist within the health network who could best attend to his/her problem. At the completion of the study, each participant and parent/guardian received information regarding therapeutic options to strengthen the parent-child relationship.

Justification of the Study

John Buck (1987) developed the House-Tree-Person (HTP) assessment to identify a client's personality characteristics and to examine how he/she related to their environments and others. The HTP assessment has been used by art therapists for years to assess personality

characteristics found within a client's drawing of a house, tree, and person. According to Brooke (2004), it has been successfully administered to assess depression, physical abuse, trauma, vulnerability, and intelligence levels in individuals. Art therapists have used the HTP to assess a client's progress throughout treatment. A lesser-known fact about the House-Tree-Person assessment is that its creator, John Buck, also intended it to provide information about an individual's interpersonal relationships. Its ability to interpret relational information, however, has never been officially researched.

The symbols that are correlated with a child's description of their attachment experience and the self-reported attachment style are most important to a child's unique experience. Information gathered from the drawings may be applied to the House-Tree-Person assessment in future research. In this case, future researchers may investigate connections that arise between attachment, cognitive functioning, personality characteristics, and graphic development that show up in a child's drawing (Brooke, 2004).

The Self-reported Attachment Style Interview is a questionnaire created by Hazen and Shaver (1987). The questionnaire's phrasing is simple for children to understand and based on concrete behavior patterns so a child can easily identify which role he/she falls into. The attachment questionnaire identifies three of the most common types of attachment: secure, avoidant, and ambivalent. Hazen and Shaver (1987) intended for the power to be placed in the child's hands to select their relational behaviors with others, which makes the questionnaire important to attachment research and adds value to a child's unique relational experience. Many questionnaires depend on the researcher's description of the child's relational manners and others rely on the parent's opinion of the child's behavior. Listening to a parent or observer's comments on what the child needs is not enough and could lead to a misinterpretation of the

child's feelings and true desires. Children's behaviors do not necessarily represent their inner beliefs. They may appear and even self-report they are attached to caregivers but not actually feel it.

Muris et al. (2000) used the Self-reported Attachment Style Interview with twelve year-olds to discover symptoms of anxiety and depression. The authors found that, though the participants were able to understand the statements and choose an attachment type, children at this age may feel a need to choose the more positive style. This researcher's sample is slightly younger than that chosen by Muris et al. (2000), which might have led children to similarly identify more positive styles with concrete thinking answers.

This researcher developed a specific relationship interview for this study formed by synthesizing The Disturbances of Attachment Interview and the Adult Attachment Interview (Smyke & Zeanah, 1999). This relationship interview is an open-ended phenomenological interview created specifically for this study to elicit more detailed information about the child's experiences of attachment. The primary purpose of the interview is to discover the whole of the child's experience in order to obtain more information regarding his/her unique relational experiences.

O'Connor and Zeanah (2003) studied different methods for measuring attachment in adults and children. The authors found that interviews provide the most detailed and accurate information about an individual's attachment. Interview questions have been developed to use probing and qualifying questions to draw out more information about a specific area of attachment experience. The more therapists can understand about a client's past and current behaviors in relationships, the higher quality of treatment the client will receive (Creswell, Hanson, Clark Plano, & Morales, 2007).

CHAPTER II

Review of the Literature

Attachment and the parent-child bond have been studied since the beginning of World War I when John Bowlby (1988) observed that babies in orphanages were not receiving adequate care for healthy development. Researchers have worked to discover and articulate specific issues correlated with the different attachment styles and how to treat them. For the purpose of this literature review, past theories and current beliefs about attachment and parental bonding was compared with discussions about the connection between child neurology, personality characteristics, and attachment. Next, attachment in children and psychological developments that correlated with negative attachment was discussed along with how a child's environment may affect his/her development. Family attachment was reviewed as well including what is needed from adults in the child's life to build a secure attachment. Lastly, how art therapy has been shown to work with children, adults, and families was discussed to enhance identity and increase familial bonding. It is imperative for attachment research to continue to develop more effective and valid measurements that involve the child's experience of his/her familial bonds.

Early Attachment Research

Spanning over decades, researchers have shown interest in the effects of parenting behaviors on children (Bowlby, 1988; Ainsworth, 1969; Harlow, 1958; Kagan, 1998). John Bowlby (1988) is a well-known theorist who wrote about his ideas on the effects of mother-child bonding. He believed the separation between a mother and child or the emotional attitude of the caregiver to the child, even worldviews of optimism to pessimism, could affect the child's thoughts, beliefs, and behaviors about relationships and their environments forever. Bowlby (1988) found that the type of attachment or bond was profoundly significant to children because

their beliefs about life and trust or mistrust in others develop experientially in the first few years and through their quality of relationships with caregivers. He theorized and proved that disruptions in these early relationships could hinder future relational and emotional development and opened many theorists' eyes to the importance of secure attachment for children (Bretherton, 1992).

Mary Ainsworth (1969), Harry Harlow (1958), and Jerome Kagan (1998) are three researchers whose findings and theories have influenced the direction of attachment research. Through her observations of children's behaviors with parents and strangers, Ainsworth (1969) developed the Strange Situation study to find an answer to individual differences in attachment behaviors. She articulated and noted three types of attachment temperaments or, 1) secure attachment, 2) anxious-avoidant attachment, and 3) anxious-ambivalent attachment. Harlow (1958) and Bowlby (1988) similarly held the same belief that mothers played a more important role in their child's relational development than only feeding them (Mooney, 2010). Harlow (1958) presented rhesus monkeys with wire versus cloth "mothers" and alternated which mother held the bottle for feeding. He found the monkeys spent more time with the cloth mother even when only the wire mother could provide nourishment. The author later discovered that it is irrelevant whether a mother or father caregiver was providing physical contact, but that consistent and predictable bodily contact led to healthy mental development in children (Harlow, 1958). Finally, Kagan (1998) did not believe that a child's attachment to the mother is as important to development as his/her social class and peer relationships at school. The author spent much of his life researching and referencing various cross-cultural studies on child development. He refused to believe that early childhood experiences shaped one's future

relationships and proposed children can thrive in later adulthood even if there was neglect early in life (Kagan, 1998; Mooney, 2010).

Neurological and Personality Changes

Art therapy researchers Dunn (2001) and Shore (2014) discovered connections between neurological formation and various attachment styles. Judy Dunn explored how the “social background of the family is important in relation both to the cognitive abilities of the children and to the quality of their social relations and the links between these” (p. 140). Shore similarly discussed how both hemispheres of the brain ideally work together for optimal cognitive functioning and how this processing can be impacted by poor attachment. She believed it was imperative for both hemispheres to work equally together for optimum growth and health. When the left hemisphere was more heavily relied on, the empathic and creative right hemisphere replaced detail-oriented, tactical behaviors. The author described how the right hemisphere is built and strengthened by relational experiences. Shore theorized that disturbances in early childhood and formative experiences led to reduced right-brain operation. Shore also indicated that individuals with broken attachment seemed to struggle with identity issues and behavior problems such as stealing, lying, and devaluing others later in their lives.

Shore (2014) believed that clients’ utilizing art therapy to work on interpersonal goals, create imagery and artworks, and relate to others could assist both hemispheres of their brains to work together. Shore described a case vignette of her client Eva who came to her as a clingy and behaviorally disobedient child. Eva’s performance refused to change after working on specific techniques intended to manage her behavior. Eva was very organized and detail-oriented but lacked the ability to connect with Shore or work creatively in therapy sessions. She used Eva’s abilities to work structurally by involving clay in their sessions to form objects. Eva used the

clay to create a “tiny kitten” that she returned to in later sessions and access a vulnerable feeling she was unable to identify with prior to the clay experience. Shore described how Eva’s adopted mother was involved in later art therapy sessions. Eva and her adopted mother created a mother cat, and both began to communicate about the “tiny kitten” and Eva’s needs through their creations. The author discussed that art therapy helped this child to develop affect, interpersonal skills, and creativity that are associated with the right hemisphere. She explained that through visually expressive communication, narrative story-telling, and logical interpretation associated with the left hemisphere, art could enhance interconnection between left and right hemispheric activity (Gantt & Tinnin, 2007; Klorer, 2008; Shore, 2014).

Personality traits have also been correlated with various attachment styles (Backstrom & Holmes, 2001; Carver, 1997; Deklyen & Greenberg, 2008; Roismann, Shaver, & Brennan, 1992; Sroufe, 1983; Winjngaards-de Meij et al., 2007). Goldner and Scharf (2011) studied the family drawings from 222 Israeli children. The authors discovered that secure, avoidant, and ambivalent attachment types could be discerned in with particular personality and behavior characteristics. For example, neuroticism, aggression, anxiety, and depressive symptoms have been positively correlated to ambivalence in attachment (Backstrom & Holmes, 2001; Roismann et al., 2007; Winjngaards-de Meij et al., 2007; Sroufe, 1983). Neuroticism, aggression, hostility, impulsivity, and attention deficit behaviors have been found to being positively correlated to avoidant attachment (Backstrom & Holmes, 2001; Carver, 1997; Deklyen & Greenberg, 2008; Shaver & Brennan, 1992; Sroufe, 1983; Winjngaards-de Meij et al., 2007). It has been discovered that children with secure attachment demonstrate a better understanding of social and emotional cues, develop healthy coping skills to regulate emotion, and have strong social support

(Granot & Maysel, 2001; Ranson & Urichuk, 2008; Kerns, Abraham, Schlegelmilch, & Morgan, 2007).

Attachment in Children

Brooke (2004) described how insecure attachment correlated to mental health disorders and disruptive behaviors. Related symptoms include insecurity, low self-esteem, clinginess, aggression, anxiety, and cognitive impairment in individuals (Brooke, 2004). For example, if a child's needs are not provided for, he or she will adapt their behaviors to get what is needed. Marganska, Gallagher, and Miranda (2013) found insecure attachment in adults is related to emotional dysregulation and an increase in depressive and anxiety symptoms. Fearful-avoidant and preoccupied attachments were found to have the highest association with these symptoms. Marganska, et al. (2013) suggested future research be conducted to discover links between Attention Deficit and Hyperactivity Disorder (ADHD) and different forms of attachment. Jerome Kagan (1998) suggested children could recover from negative attachment behaviors in early childhood. His studies in genetics, environment, and temperament over the years demonstrated a child's resilience and ability to grow from their situations. This research gave theorists a new hope and direction to work with (Mooney, 2010; Zeanah, Smyke, & Koga, 2005). A child's experience has been consistently reported as important to attachment work. How else can therapists discover the real problems without considering the realities of the primary source, or the child?

Child developmental stages and attachment. Jean Piaget was a major influence in the world of child cognitive development and to this study because he studied the how mind develops based on life experience and influences (Papalia, Olds, & Feldman, 2009). He identified steps in the quality of cognition and looked into how the mind processes activities and acclimates to an

individual's experiences and environment (Piaget & Inhelder, 1969). Piaget (1962) formulated four stages based off of his observations of child development: sensorimotor stage, preoperational stage, concrete operational stage, and formal operational stage. The sensorimotor stage is when a newborn learns about his/her environment through the development of motor activity and senses. During the preoperational stage, children build on prior knowledge of symbols and develop symbolic thought by working with numbers and categories, an understanding of others, and cause-effect relationships. The concrete operational stage is when the child develops logical thought processes, spatial concepts, and reasoning skills. During the formal operational stage, adolescents strengthen their ability to think critically and abstractly. Their thoughts become more flexible, they have the ability to manipulate information, and they develop a better understanding of time and space (Piaget & Inhelder, 1969).

A child's early life experiences influence the child's cognitive development and environmental understanding. Though, the connection between a child's relationship with his or her caregiver and the child's development has been debated, the common perspective among researchers is that the child's beliefs about relationships and the environment are affected by his/her unique representation of to the caregiver (Dunn, 2001). All of Piaget's stages depend on the reaction from the environment and normal brain development in order for the processing and interpreting of events to occur. As discussed previously, poor left brain development and functioning are linked to insecure attachment. Armstrong (2013) explains that if the development of the prefrontal lobe is disrupted due to poor bonding experiences in early childhood, regulatory functions can be affected. He also found that it might be difficult for one to fluidly function within and react to various environments. Purvis, McKenzie, Cross, and Razuri (2013) confirmed the theory that picking up a child and holding him/her affectionately are

significant to a child's development of the vestibular sensory and tactile system which regulate balance and provide a sense of spatial associations. Without these experiences, child participants demonstrated delays in sensory processing. The connection of a strong parent-child bond provides the child safety to become more independent and move through each stage at ease (Armstrong, 2013).

Attachment in Families

Children learn many of their beliefs about the environment and others from primary caregivers. If a parent grows up struggling with low self-esteem and aggression brought on by insecure attachment, he/she may pass it on to their children through their behaviors and not knowing how to model trust and security in self. Caregivers need to have access to information and support to enhance parent-child bonding and build confidence in their abilities as a guardian. If a parent can receive knowledge and support about their child's attachment style, they can begin to obtain assistance in developing a stronger, more secure bond with their child or children.

Dozier, Stovall, and Albus (1999) expressed that early discovery and help with insecure attachment may prevent psychological issues and insecure attachment behaviors from passing on to future generations. Mooney (2010) explained how parent and teacher collaboration is also crucial to child development. Trust and confidence is built when all caregivers are consistent with affection and discipline, but parents cannot begin to learn without having a way to detect this information. This researcher believes more research needs to be done on the affects attachment has on family (O'Gorman, 2012).

Art Therapy and Attachment

Art therapy has been shown to help clients work through mental disorders and destructive behaviors (Ball, 2002; Gersh & Sao Joao Goncalves, 2006; Hinz, 2009b; Pifalo, 2002; Saunders & Saunders, 2000). Art therapists have tailored art interventions and materials to their client's specific challenges (Hinz, 2009b). Art therapists have developed ways in which a child and parent can address their immediate quality of relationship or dynamics that may have occurred in the past.

Clients have worked through the symptoms and disorders connected to insecure attachment such as emotional dysregulation, low self-esteem, and anxiety through different art interventions (Brooke, 2004). Franklin (2010) used a case vignette to describe how art built empathic understanding in clients. The researcher reflected active listening and empathy after clients expressed their feelings in art and then created an image that reflected back all of the complex information the client provided. Group art therapy for mothers has proven effective in changing undesirable parenting behavior (Choi & Goo, 2012). This study documented how the women group members were able to create artwork about their feelings of their children and struggles with parenthood. By looking at their images and discussing their work with others, the women were able to understand their children better and provided support and advice for one another (Lai, 2011; Prioux, 2002).

Developmental schemas applied in art therapy. Art therapy has been shown to strengthen cognitive development in children, adolescents, adults, and geriatric communities because drawings have been theorized to demonstrate an individual's graphic and cognitive development by reviewing line, form, symbols, and sequencing of objects (Hinz, 2009a; Hinz, 2009b; Malchiodi, 2012). The ETC was developed by Kagin & Lusebrink (1978) and elaborated

by Hinz (2009b). It is a theoretical structure that aids art therapists in understanding how clients process information to form images through their use of art media. By recognizing where an individual begins, the art therapist can use interventions to strengthen brain areas that may need to be developed and explored (Hinz, 2009b). Malchiodi (2012) explained that art therapy can assist in the development of sensory components and symbolic communication and clarified how art may be useful to individuals who have experienced emotional or relational distress.

Attachment Assessments

O'Connor and Zeanah (2003) noted that before a direction for treatment can be established, the therapist needs to identify the attachment issues of the client, however many of the current attachment assessments were found to have complications. O'Connor and Zeanah (2003) described how in the areas of attachment assessment and intervention, there was much confusion and controversy over which tools are the most effective. Terminology related to attachment has not yet been regulated; therefore, there was much confusion about what researchers have assessed and what they have treated. The authors proposed more research be done in order to find a general terminology that can be used by all. Another problem that existed with current assessments was the intense training requirements requested of the investigator. Many therapists do not desire to go through such training and do not know how to assess for certain phenomena adequately.

Finally, without working with the child directly, the assessment is missing the most important information. Therapists are unable to learn about a child's inner feelings and beliefs or how to appropriately treat attachment issues without, first, looking into the child's own description of familial relationships. Kerns, Schlegelmilch, Morgan, & Abraham (2004) believed that researchers are beginning to understand the significance of attachment measures

but need to look further into the actual experience of attachment through individuals (Zeanah, Smyke, & Koga, 2005).

Observation, interviews, and questionnaires have all been used to assess an individual's attachment style (O'Connor & Zeanah, 2003). According to the authors, each had strengths and limitations in the designs. Observational methods worked well for children in early childhood, but would not necessarily work well with those in mid to late childhood. This type of procedure also took time to conduct and required a setting for observation. Questionnaires have been used as well, but terminology and language have been seen as subjective. They may lead caregivers to respond differently to a question regarding their child's relationships than an observer who is not familiar with the child would answer. Also, the subtleties within different attachment styles may be too indirect to be picked up by a questionnaire.

Art Assessments for Children

Therapists, to look into the subconscious experience of clients, have long used projective assessments. Gantt and Tabone (1998) explained how throughout the years, researchers have come up with mixed results regarding projective assessments and determining their reliability and usefulness. The authors expressed that some psychologists continue to believe that through drawings children can begin to authentically and thoroughly describe their experience about a certain phenomenon (Buck, Dent-Brown, & Parry, 2013). Some projective art therapy assessments currently being administered are the Bird's Nest Drawing, Draw-A-Person, Kinetic Family Drawing, the House-Tree-Person, and the Tree Test assessment.

Betts (2006) explained that though there are issues with current art assessments, with the help of standardized rating procedures and a client's interpretation of the artwork, art assessments can still be useful to therapists and clients. Some therapists find these assessments

helpful in bringing to light possible issues that a child has not brought up verbally in therapy. Others admit to using art assessments only to detect progression, examine cognitive processes, investigate intellectual functioning, and measure client therapy progress rather than at the start of therapy to observe a client's struggles (personal communication, B. Williams, April 10, 2014). Children's family drawings and the Bird's Nest Drawing assessment are two drawing methods used to identify attachment patterns in individuals. The Bird's Nest Drawing was the first assessment to look into the specific experience of attachment through a child's eyes (Sheller, 2007).

There are many different types of art assessments that claim to provide attachment information, but it seems many of these do not actively include the child client in the evaluation of the drawing or the subsequent treatment planning. Kerns et al. (2004) expressed that it was necessary to look into a better understanding of the experience of insecure attachment in children. Currently, many of the projective art assessments such as the Kinetic Family Drawing, Person-Picking-An-Apple-From-A-Tree, and the Human Figure Drawing Test detect and score drawing elements to identify behavioral and mental health issues without acknowledging the creator's interpretation of the drawing. It is important to understand that drawings mean nothing without the person who created the symbols. The creator's experiences and interpretations of the artwork are what provide therapists with pertinent information. More art assessments connecting the lived experience of the phenomenon to the artwork is needed to provide clarity to a client's images (Sheller, 2007).

Though the Kinetic Family Drawing (KFD) is a useful tool in assessing family dynamics, the House-Tree-Person (HTP) assessment was used in this study to observe the individual's relationships with others, connections within the home, and interactions with his/her outside

environments. The Kinetic Family Drawing uses one drawing to look into how the individual views their family interactions. Drawing styles such as encapsulation, compartmentalization, and underlining certain members of the family are used to identify the individual's feelings of conflict or support for specific family members (Burns & Kaufman, 1972). This drawing assessment directly looks into the family environment, however, it does not look into how the individual may view the environment outside of the home or his/her views of the self as does the House-Tree-Person drawing assessment. The HTP assessment provides three separate drawings for the investigator to measure in order to observe how the child views three different areas of his/her life (Buck, 1992). Finally, because the KFD is directly connected to the familial environment, some researchers believe the assessment may be too threatening to some individuals who inhabit problematic home environments (Kaiser, 1996). The HTP deals with three non-threatening symbols separately while still exploring the child's environmental experiences as a whole.

Development through Drawings

According to Boriss-Krimsky (1999) and Hinz (2009a), seven to nine year olds are most likely to fall into the Schematic Stage of artistic or graphic development. The child typically develops from Pre-schematic representations to Schematic representations in their drawings. At this developmental stage, the child is becoming more independent from caregivers and seeing himself/herself as part of the environment. The child's drawing represents their schema (visual of the world) using geometric shapes and symbols to depict objects. The more knowledge or interest a client has in the schema he/she is drawing, the more detail will be added to the object. Figures are commonly facing forward in a bold and flat manner. As the child grows older and the schema develops, the more details will be involved. The child may use clothing to show

male versus female figures. Individuals are typically drawn geometric and appear stiff. The child may establish a baseline (bottom of paper or underlines object) and sometimes a skyline at the top of the page (Boriss-Krimsky, 1999). At the beginning of the Schematic stage figures move away from stick figures to geometrically shaped bodies. Perspective is not incorporated yet, and there are no overlapping forms. Towards the end of this stage, objects start to appear fuller, more detailed, and overlap various objects in the drawing. The child begins to attempt to show distance and perspective. By now, individuals tend to be turned to the side and objects overlap to show perspective. The child is preparing for the Realistic Stage in which figures demonstrate action and movement, geometric shapes are replaced by more realistic body parts, and details included in the drawings are more important to the overall message of the image (Hinz, 2009a).

Boriss-Krimsky's (1999) and Hinz's (2009a) assessment manuals were used as sources to identify the graphic development stage of each individual. Stages of cognitive development and emotional development were based off of early researcher's observations of and studies involving children's drawings (Burt, 1921; DiLeo, 1973; Koppitz, 1984). Each stage was created in accordance with where the child should be graphically based off of Piaget's concrete stage. For the purpose of this study, graphic developmental delay is identified when the majority of an image does not meet expected age requirements. Any delay could be an indication of organic, cognitive, environmental issues that are delaying the child's cognitive development.

Bird's Nest Drawing. Kaiser (1996) created the Bird's Nest Drawing (BND) to assess different relational patterns in adults. She developed it to be able to detect patterns of family dynamics in a projective form similar to the Kinetic Family Drawing developed by Burns and Kaufman (1972). Her goal was for the topic of a bird's nest to seem less threatening to clients

than a family drawing and for the drawing to still produce results about the client's views on relationships.

Sheller (2007) was the first to use the BND to enhance communication with children. Through the children's drawings and sculptures of a bird's nest and post-creation interviews, the author found themes among the children's drawings that relate to various issues of insecure attachment. Kaiser (1996) conducted a study that correlated scores from the Bird's Nest Drawing, which were based on the presence and absence of characteristics with additional points tallied from a relationship questionnaire. Though the scores did not correlate with significance, themes from the drawings were found in connection to scores on the relationship questionnaire. The BND is the only art therapy assessment to research themes in connection with insecure relationships and requires further research as an assessment tool. One limitation of the assessment has been the lack of a scoring system. This has hindered the assessment from correlating with other assessment methods or being able to concretely document the psychological behaviors it professed to study. A second limitation is that this assessment has never been researched to predict a child's type of attachment.

House-Tree-Person Assessment. Like the Bird's Nest Drawing, the House-Tree-Person (HTP) elicits projective information from the client. Many art therapists use the HTP assessment to look at the client's graphic capabilities in association with his/her cognitive development. It has been used to identify abuse, level of intelligence, overcoming group resistance, and to measure anxiety, depression, and aggression. The House-Tree-Person has been used with children, adolescents, and adults (Brooke, 2004). Kline and Svaste-Xuto (1981) showed that the HTP could be reliably scored which ultimately enhances the validity in the study. The authors

were not able to find cultural differences and determined that the scoring system allowed the results to be discovered objectively.

The House-Tree-Person (HTP) assessment may be able to connect elements like cognitive development, personality characteristics, intellectual functioning, and attachment that other verbal and art assessments have not been developed to measure. The House-Tree-Person assessment was not directly created to measure attachment in individuals. Buck (1992) felt that details represented personality characteristics and that the symbols of the HTP were integral in an individual's life. The house image represents how the individual observes home life and family relationships. The tree reflects the relationship he/she has with the surrounding environment. The person mirrors the subject's interpersonal relationships. Though Buck (1987) did not intentionally create the HTP to investigate attachment issues in clients, the HTP can detect many of the same principles. He intended for the drawings to reflect family life. Secure and insecure attachment will be revealed along with the client's feelings of environment and interpersonal relationships in the drawings. Lastly, themes may arise between attachment experiences and graphic elements. This may provide the administrator with more information about the client and treatment recommendations for the child's particular attachment style (Kline & Svaste-Xuto, 1981).

According to Buck, certain elements are expected in the drawings of a house, a tree, and a person of those of average development. Within the tree drawing, the trunk and at least one branch are drawn. Within the house drawing, one wall, one roof, a door, a window, and a chimney are common. Some younger children forget the chimney. Within the person drawing, some essential components are a head, trunk, arms, legs, and facial features. Some missing elements could indicate impulsiveness or may be a symbol for another meaning. Throughout the

study, Buck's (1987) and Hinz's (2009a) assessment manuals were utilized to discover possible meanings for drawing elements included in and omitted from participant drawings.

Summary

The previous research has shown that it is imperative to teach parents positive ways to care for their children and convince them of the affects undesirable care can have on them. Children tend to be raised similarly to how their parents were raised, and their parents before that. Abuse and neglect tend to be passed down from one generation to next unless clients make a stand against it (Arrington & Cherry, 2007; Mooney, 2010). By supporting parents to show more secure attachment toward and with their children, parents can model trust, love, understanding, consistency, and optimism and positive life beliefs and behaviors for their children. By determining a fitting art assessment for children that detects disturbances in relationships, therapists and parents can work together to form a solution for treatment.

CHAPTER III

Methods/Procedures

Research Design

Qualitative research design was used in this study to investigate, explain, and interpret themes from child interviews and drawings in order to develop theories about attachment styles (Kapitan, 2010). Phenomenological research methods were used to observe the experiences of research participants in relation to the phenomenon of their individualized attachment (Hays & Singh, 2012; Kapitan, 2010). A phenomenological study documents and interprets the unique experiences of an individual in relation to a researched event, circumstance, or occurrence (Hays & Singh, 2012; Kapitan, 2010). Because self-described experiences of children with various types of attachment have rarely been researched, reviewing the interview narratives with the House-Tree-Person drawings side by side allowed this researcher to collate verbal and non-verbal information from each participant. The researcher looked for indicators for how attachment types might correlate to cognitive functioning, personality traits, neurological growth, or mental health. This assessment process and its results were shared with caregivers and provided more information regarding what impacted attachment for their child, how interruptions, stress, or damage in relationships may have affected the child, and what the child might need in the short and long term to heal those bonds. If an individual's parents were uninvolved, this child-centered information was shared with the therapist working with the individual and focused on intervention strategies such as how to build self-esteem, support emotional expression, and strengthen cognitive processing skills through artistic interventions. By exploring the children's experience in relationships, this researcher discovered and noted

themes that depicted the possible different attachment styles within their drawings (Morse, 1994).

Participant Selection

Nine children, ages 8 to 12, were purposively selected from the group of research volunteers and this researcher documented participant experiences of relationships, their Self-reported Attachment Interview, and their House-Tree-Person drawings. Five of the participants characterized themselves as Caucasian and four of the participants considered themselves African-American. This researcher used professional contacts at the elementary school to purposively identify potential participants.

Parents of potential participants were contacted by phone or letter and given information about the study. Those guardians who wished to allow their child to be involved in the research were sent a consent form, assent form, and media consent form that went home with the child. Guardians that signed and returned the consent forms were contacted to meet with their participating child and the investigator. At the meeting, the study was reviewed, the participant's role was clarified, all data and procedure methods were explained, and all final questions were answered. All guardians were provided a copy of the forms and contact information of the investigator and this investigator's supervisor. All parents and participants were reminded that they could decide to not participate in the study at any time without any repercussions. Results were kept from the participant during the study to eliminate participant and researcher bias, but individual results and research finding were provided to the client at the end of therapy along with resources on how to improve family relationships (Hays & Singh, 2012; Moustakas, 1994). This researcher pulled out significant statements and themes that arose from each participant's description of their attachment experience and drawing expressions.

Data Collection

The researcher's on-site supervisor was present throughout the process to review collected data and ensure that confidentiality and ethical standards were maintained. Participants completed each aspect of the study at the same elementary school. A secure room was assigned to limit interruptions and maintain participant confidentiality. Each week this researcher met with one or two participant(s) and completed the House-Tree-Person drawings, the Self-reported Attachment Style Interview, and an attachment interview. Each session took approximately an hour and a half to complete.

Each participant completed a drawing of a tree, a house, and a person with graphite pencil and three 8.5 x 11" sheets of white paper. Achromatic drawings were utilized in this research to assess only drawing elements related to attachment. Limited drawing materials were also used to limit participant fatigue and maximize graphic abilities (Hinz, 2009b; Kapitan, 2010; Miles & Huberman, 1994). Next, this researcher and individual participant looked over each statement in the Self-reported Attachment Questionnaire, which indicated and described a specific attachment type. The participant was then asked to choose the statement that best fit their interactions with others. Finally, the relationship interview questions were asked to the participant and the researcher took written notes. This researcher found that an informal presentation of these questions helped the participant understand better what was being asked of them. This researcher asked the original questions included in the relationship interview, but then added specific sub-questions and probes to further understand each individual's bonding experiences (Turner, 2010). All of the participants completed the House-Tree-Person Drawings and the Self-reported Attachment Questionnaire. All but one participant completed the

relationship interviews. The participant whom did not finish the interview desired to stop halfway through the questions because she felt ill. Her answers were still recorded.

The statements from this study were originally taken from the Muris et al. (2000) study that simplified Hazen and Shaver's (1987) Self-reported Attachment Style Interview questions. The verbiage of the questionnaire was still slightly difficult for all of the participants to understand. In order for the child to be able to choose which statement best fit their beliefs and lived experiences, the researcher rephrased each attachment statement. For example, one of the assessment statements used by Muris et al. (2000) is, "I find it easy to become close friends with other children. I trust them and I am comfortable depending on them. I do not worry about being abandoned or about another child getting too close friends with me," (p. 159). A child agreeing with this statement is predicted to show secure attachment. This researcher changed the original verbiage to 1) "I find it easy to be close to other kids. I trust them and can depend on them completely. I do not worry about being abandoned by a friend or that others will get too close to me," (secure attachment). 2) "I am uncomfortable being close to other kids. I find it difficult to trust them completely or depend on them. I get nervous when another child wants to be close to me, and sometimes friends are closer to me than I want them to be," (avoidant attachment). 3) "I often find that other kids do not want to be as close to me as I want them to be. I worry that my best friend doesn't really like me and wants to stop being friends. I want to do everything with my best friend, but sometimes this scares them away," (ambivalent attachment).

Data Storage

Drawings, Self-Reported Attachment Style Interviews, and attachment interview documentation were coded, held in an envelope per participant, and stored in a locked cabinet.

All consent forms, assent forms, and field notes were kept in a separate locked cabinet to enhance confidentiality. This researcher and the on-site supervisor were the only individual's with access to this information. It was this researcher's ethical responsibility to keep participant information and drawings safely stored for maximum security (Knapp & VandeCreek, 2012). All documentation and research findings were kept for 3 years after research was complete in a binder for an audit trail stored in a locked cabinet (Creswell, 2007; Hays & Singh, 2012). An audit trail requires documents related to the research topic and participants to be kept in an organized fashion using binders or folders for auditors to easily review in order to authenticate study findings (Hays & Singh, 2012). According to Hays and Singh (2012), researchers have an ethical obligation to keep research records and found data. Each participant was contacted and requested to pick up their work or chose to have it destroyed at the end of the research process (Knapp & VandeCreek, 2012).

Research Analysis

This researcher discovered and noted recurring themes relating to images, symbols, and statements found throughout the data methods. Horizontalization (Creswell, 2007; Hays & Singh, 2012) and analytic induction (Hays & Singh, 2012) were used throughout the study to gather significant information related to the phenomenon that assisted in the development of the study. Statements from documentation and field notes were highlighted and coded. Significant phrases were entered into a codebook to organize and describe important findings. Themes were produced from comparisons and contrasts in how participants described relationships and the symbols assembled from their artwork. Themes in individual and group data were compared, contrasted, and described using artwork as examples. Finally, an auditor assisted in reviewing codes and themes that were found in the study (Hays & Singh, 2012).

A few elements were implemented to enhance data trustworthiness. According to Hays and Singh (2012), criteria may be implemented into a study to enhance the data's "trustworthiness" or quality, reliability, and validity. The criteria include: credibility or internal validity, transferability, dependability, "confirmability", authenticity, coherence, sampling adequacy, ethical validation, substantive validation, and creativity. Epoche (Creswell, 2007; Hays & Singh, 2012) and persistent observation (Hays & Singh, 2012) were utilized throughout the study in order to continually rid this researcher of bias towards a desired outcome. Prolonged engagement (Hays & Singh, 2012) with participants helped build relationships and bring out more detailed experiences. Triangulation (Creswell, 2007; Hays & Singh, 2012; Moustakas, 1994) is a method of trustworthiness of data that provides a more complete version of the individual's experience of attachment while building support for significant findings. Triangulation was continually utilized to form data and assist in developing attachment interview questions for each participant. An auditor was assigned to assist with coding procedures and theme identification (Hays & Singh, 2012).

CHAPTER IV

Results

Self-reported Attachment Style Interview

Five out of nine participants chose the statement that correlated with the avoidant attachment style that read, “I am uncomfortable being close to other kids. I find it difficult to trust them completely or depend on them. I get nervous when another child wants to be close to me and sometimes friends are closer to me than I want them to be.” Two participants of the nine participants chose the statement that best describes the secure attachment style, which was “I find it easy to be close to other kids. I trust them and can depend on them completely. I do not worry about being abandoned by a friend or that others will get too close to me.” One participant out of the nine chose the statement that best fits the ambivalent attachment style that was “I often find that other kids do not want to be as close to me as I want them to be. I worry that my best friend doesn’t really like me and wants to stop being friends. I want to do everything with my best friend, but sometimes this scares them away.” One subject identified with both secure and avoidant attachment style statements. Because his response was mixed, his information will be reviewed in both the secure and avoidant categories.

House-Tree-Person Drawings

Table 1 below summarizes the data analysis findings from House-Tree-Person drawings completed by the nine child participants. Data synthesis determined that 29 major drawing symbols correlated to the three major attachment styles and included an ‘All’ attachment category found symbolized in all the drawings. Following this table, there are multiple photographic examples of participant artwork, an exploration of meanings behind significant drawing symbols, and an illustration of the thematic connection to various attachment types.

Table 1

Themes and Meanings of Drawing Symbols in H-T-P Drawings

Attachment Style	Drawing Symbol	Interpretation
Secure	Large head	Intellectual aspirations, introspection
	Overly detailed facial features	Anxiety, obsessive, perfectionist
	Broad tree base	Dependent on others
	Attempted perspective	Flexible, Sensitive
	Expansive house, tree, or person	Overcompensating, expansive tendencies, action-oriented
	Large/Many windows	Direct in communication, willingness to interact
	Images drawn on right side of paper	Stability, control, ability to delay gratification
	Excessive detail in drawings	Anxiety, obsessive, perfectionist
Avoidant	Excessive symmetry in drawings	Rigidity, brittleness
	Small house, tree, or person	Inferiority, insecurity, withdrawal,
	Expansive house, tree, person	Overcompensating, expansive tendencies, action-oriented
	Distant house, tree, or person	Withdrawal
	Lack of detail in drawings	Inferior, withdrawal
	Heavy line pressure in drawings	Aggression, anxiety, forcefulness
	Light line pressure in drawings	Uncertainty, inferiority, insecurity
	Small windows	Withdrawal from environment
	Stick figure	Evasion
	Shading in drawings	Anxiety involving shaded feature Ex. Roof shaded may indicate intellectual concerns
Ambivalent	Excessive detail in drawings	Anxiety, obsessive, perfectionist
	Overly detailed facial	Anxiety, obsessive, perfectionist

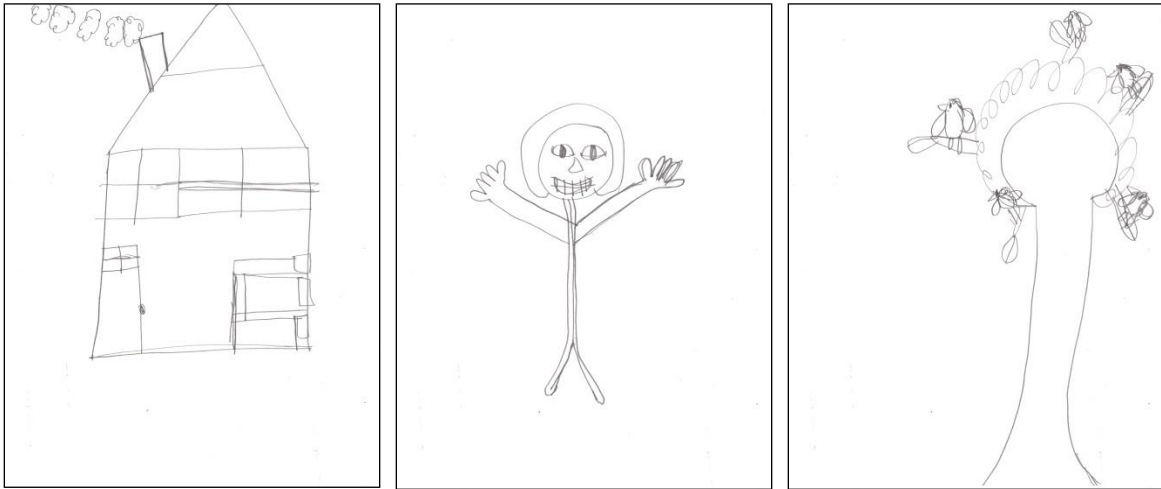
	features	
	Excessive Symmetry in drawings	Rigidity, brittleness
	Stick figure self	Evasion
	Heavy line pressure in drawings	Aggression, anxiety, forcefulness
	Long neck on person	Need for control
	Tree drawn with fruit	Dependent on others
	Broad tree base	Dependent on others
All	Grounding of house	Need for family support/security
	Grounding of tree	Need for environmental support/security
	Grounding of person	Need for support/security within the self-identity

Secure Attachment. Three participants characterized themselves as securely attached and all of their three drawing sets varied in size, graphic development, and amount of detail. Two of Jenny's drawings reflected an appropriate developmental stage while one of her drawings was lacking detail, perspective, and incorporated overlapping shapes. Rachel's drawings seemed developmentally delayed because they showed indications of organic issues such as arm and leg distortions on the figure and transparencies in the house and tree drawings. All three of her drawings additionally lacked drawn details, perspective, and appeared flat overall. Her drawings are illustrated below in Figure 1. Finally, Kevin, who identified with both avoidant and secure attachment styles, demonstrated delay in his expected level of graphic development. His drawings also lacked details typically assessed in children's drawings in the late Schematic Stage/early Realism Stage. For this drawing assessment, there was missing important details for Kevin's house and tree structures. The inclusion of the x-ray element (seeing inside and outside of the house simultaneously) may indicate this participant is showing

developmental difficulty advancing from the mid-Schematic stage to the desired late-Schematic Stage he is expected to be in (Boriss-Krimsky, 1999; Hinz, 2009a).

Themes of meticulousness, intellectual aspirations, social difficulties, and positive social characteristics seemed present in the assessment of their drawing features. Jenny's and Rachel's drawings were moderate in size and appropriate for their developmental stage. Kevin's drawings were smaller than average possibly indicating inferiority, insecurity, or withdrawal. All images contained a moderate amount of detail, which may symbolize obsession and anxiety or developing secondary elaboration. All drawings included a focus on symmetry, which may mean these individuals struggle with rigidity and brittleness. Jenny and Rachel drew a large head for their figure possibly indicating intellectual aspirations, grandiosity, or introspection. Line pressure, overall, was moderate which showed these participants could control their pressure and emotional expression. Their marks did not appear too light or too dark. All three participants emphasized facial features, which may symbolize a need for compensatory social dominance. Large windows on two of the participants' houses may indicate a willingness to interact with others or that the individual is direct in the way he/she communicates with others (Buck, 1987; Hinz, 2009a).

Figure 1. Rachel's H-T-P drawings



Avoidant attachment. Six individuals characterized themselves as avoidant attachment type and five out of six of these participants showed developmental delays in their drawings. Four participants appeared delayed in graphic development on all drawings. The drawings were missing object detail and important elements, perspective, and a ground line. Overall, the images appeared flat. Many of these drawings include chaotic, overlapping lines. All of these clients were working at a stage behind that which is typical for their ages. Bobby seemed to be working at a late Pre-schematic Stage where his figure had developed out of the encephalopod figure, but his drawing of the self still included many of the same elements such as stick figure arms and legs. Caroline was developmentally on target on all three drawings and met most graphic expectations. As noted in the secure category, Kevin demonstrated delay in graphic development. His house and tree drawings lacked significant details commonly included by children at a later developmental stage. The inclusion of elements inside and outside of the house indicated that this participant's graphic development is not at the projected development for his chronological age or the Realism Stage (Boriss-Krimsky, 1999; Hinz, 2009a).

The themes that arose within these participant drawings were social ambivalence or withdrawal, low self-esteem, and aggression/anxiety. All of the participants in this group drew the image of “self” as smaller than average. Three participants drew a tree that was smaller than average (Figure 2) and ‘under sizing’ may indicate an inadequate self-concept, feelings of inferiority, or desires to withdraw. The other three participants drew trees that were more expansive than average (Figure 3) and ‘over sizing’ may symbolize aggression, expansive tendencies, tension, or a need to overcompensate. Aggression and anxiety can appear very similar in drawings. Aggression is usually depicted with a fluid line created with heavy pressure. The majority of the drawings in this group contained sparse detail that may represent feelings of withdrawal. Two participants used a mix of heavy and light marks depicting ambivalence, aggression, anxiety, and/or inferiority. The other four participants maintained a heavy mark throughout all three drawings and could indicate aggression or anxiety. Anxiety is commonly shown using heavier scribbles or sketch marks. The majority of the participants’ drawings included both types of lines making it unclear as to which feeling they holding onto. Finally, three out of six of the participants drew a stick figure for the ”self” drawing that could indicate evasion (Buck, 1987; Hinz, 2009a).

Figure 2. Bobby’s drawing of a small tree

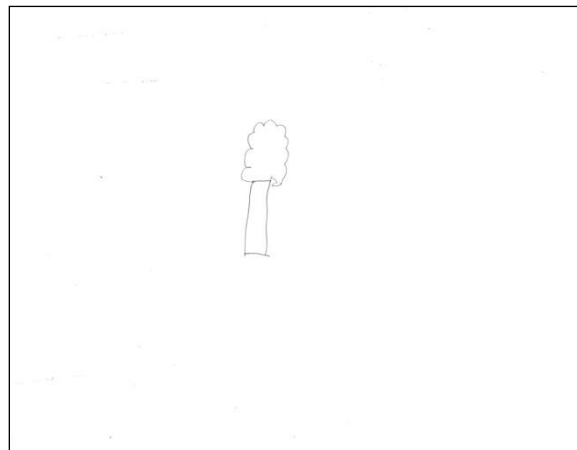
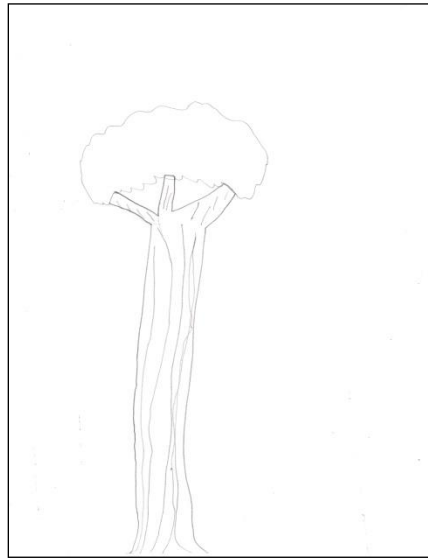


Figure 3. Jill's drawing of an expansive tree



Ambivalent attachment. Alyssa identified with an ambivalent attachment type and appeared on target with her graphic development age expectation. She included lots of detail within all three drawings. Her tree included apples, and the roof on her house included tiles. She drew objects representing the environment around the house. Alyssa's image of the self was detailed and included all essential elements (Boriss-Krimsky, 1999; Hinz, 2009a).

Some themes throughout Alyssa's drawing were obsession, anxiety/aggression, social difficulties, and evasion. All of her drawings were moderate in size, taking up the amount of space common for her age. Her drawings contained heavy detail (Figure 4), which may indicate anxiety and a need to overcompensate. Ambivalent attachment types may struggle with fearfulness and anxiety that those close to them will leave them and try to overcompensate in their behaviors in order to keep them. Her images contained heavy detail especially within the facial area that may symbolize compensatory social domination. Her tree and house images contained great detail that could represent feelings of obsession, meticulousness, or anxiety. Her focus on symmetry may indicate rigidity and brittleness. Some marks appeared contained and

others were more disordered scribbles. This may she has control over some emotions but not all, or that she does not have control over her feeling expression at all times. The majority of marks within her images were made with heavy pressure possibly indicating aggression or anxiety. She also drew a stick figure for the self and could symbolize evasion (Buck, 1987; Hinz, 2009a).

Figure 4. Alyssa's drawing including heavy detail



All attachments. A theme that arose throughout all the attachment styles was a need for security. Seven out of nine participants had one or more of their drawings grounded to the bottom of the page or drew a line underlining the object. Both of these symbols could indicate a need for support or more security in their environments. Seven out of nine participants chose to either use the bottom of the page to ground their tree or drew a line representing the ground under their tree. Six out of nine participants chose to use the bottom of the page to ground their house image or drew a ground line under their house. One participant used the bottom of the page to ground her image of the person. Grounding the tree may symbolize a need for environmental security. Grounding the house image could indicate a need for higher security within the home environment or with relationships within the home. Grounding figures and objects is representational of the Schematic stage of graphic development (Boriss-Krimsky, 1999; Hinz, 2009a). An example of grounding is displayed in Figure 5 on the following page.

Finally, grounding the image of the self may represent a need for security and stability with the identity (Buck, 1987; Hinz, 2009a).

Figure 5. Jan's (1) and Jill's (2) drawings displaying grounding of images



Relationship Interviews

By answering questions about their relationships, child participants were able to explain their wants and needs from their guardians and respond to what is important to them in their relationships with their caregivers. After transcribing and coding participant answers, this researcher found three common themes that arose across participants. The first theme was the desire to be valued and protected by their guardian. The second commonality distilled from responses was the desire to be heard. The third similarity among participants was the desire to be like their guardian or one whom they had a special bond with. Within these thematic categories, each attachment style approached the subject differently. Themes and subthemes are delineated below in Table 2 below.

Table 2

Themes and Subthemes Found in the Relationship Interviews

Theme	Subthemes with codes?
Desire to be valued and protected	Family connects through activities Actions /performances linked to parental approval Protection Participant response to caregiver Participant response to others
Desire to be heard	Physical and Verbal Responses Participant response to caregiver Participant response to others
Desire to be like parent or special person	Description of parent/favorite person Participant response to caregiver Participant response to others How participant views new experiences How participant views caregiver How participant views future/current self

Desire to be valued and protected. The first thing all of the participants would discuss about their family is what the family would do together. It soon became obvious that spending time with family was a very important way these children felt valued. Each participant had a different description of how his or her family would spend time together. One participant enjoyed spending time with her grandmother because she took her anywhere she wanted. Another participant explained, “we do a lot together! We play video games, go for bike rides, and go to church of course. We go fishing, go for walks, and watch movies.” Doing fun

activities together was a way the participant felt valued by the favorite person in their life. These positive experiences correlated to positive descriptions of the caregiver or favorite person. Many of these favorite individuals provided the participant with something they needed that their caregiver did not provide for them. When asked what made her great grandma her favorite person instead of his guardians, the participant responded, "She let me eat a lot of junk food. She was nice. She'd spend the night and buy me stuff."

Actions and performance was also linked to participant's feelings of importance by their caregivers. For individuals who identified with the secure attachment type, their actions were linked to showing others love, making their guardian happy, and achieving good health. One participant noted, "When I get mad at brother I go to a different room and then apologize to him and he says he's sorry to me. We do it for mom." For individuals who classified themselves as avoidant attachment styles, wants and needs were the motivation for good behavior. One participant explained, "When I passed IREAD mom had money at the time so she got me a phone for passing." The caregivers' actions for showing care through behaviors and actions were also important to those with avoidant attachment styles. One participant noted, "I know they love me, but they don't show it. That's why I don't believe it."

The caregiver's ability to protect was commonly found to be important to these participants. Those with the secure attachment style described situations in which they had felt protected from their caregiver. These participants reported that they felt their guardian's provided for their wants and needs. This may be the reason why they did not report having to get their needs met by others or themselves. Those with avoidant attachment styles did not feel their caregiver provided for their wants or needs. They reported having to fulfill their own wants and needs or seek out others to provide for them. One participant exclaimed, "I'd knock on different

doors and ask people if I could stay with them,” when he was asked who he would go when he stated he desired to run away. However, even if the individual did not feel close to the guardian, the child would still depend on him/her for protection. All participants disagreed with ever being separated from their parents, but those with avoidant attachment explained they would feel worried if they were separated from their caregiver, would seek them out for safety, and finally would feel relieved when reunited with the caregiver.

Desire to be heard. The desire to really be listened to was a second important commonality to these participants. All participants viewed physical or verbal responses as a must for feeling heard. When asked if the individual felt listened to by his/her caregiver, most participants acknowledged that if their caregiver was busy, he/she would not listen to the child. One participant said, “Grandma won’t really look at her when she is talking. She does dishes and says it’s not really important, but Papa listens to me. He watches TV, but he’ll answer back.” In two cases, participants felt like at least one of their caregivers “always” listened to them. One participant explained, “Every day they listen. I tell them I love them” and if she has something important to say, “I just talk about it with them. They just sit and listen to me.”

Both groups of secure and avoidant attachment styles had individuals who did not feel heard by their caregivers. Differences arose in each group about how individuals dealt with not feeling listened to. Secure attachment styles demonstrate their feelings in various ways. They internalized their feelings, withdrew, or yelled. This group of participants felt they could control their emotional expressions and even noted coping strategies to help calm down. One participant said she writes her angry feelings down and puts them in her angry box to feel better. All of the participants in the secure group felt listened to by someone they deemed important and do not become too upset about not being listened to by others.

In this study, participants who characterized themselves as avoidant attachments tended to externalize their feelings and willed themselves to be heard with caregivers. These individuals reported having a hard time controlling their outbursts. These outbursts led to disobedience, retaliation of bad behavior, and yelling or screaming fits. One participant reported, “Sometimes if something really bothers or annoys me I get really mad. You know, people don’t want to see me get me mad.” Finally, when an individual from this group does not feel heard by parents, they will oftentimes find another individual who will listen. One boy with Selective Mutism, tells his 3-year-old brother important things because “mom is always on the computer” and dad is “not at home much.”

Desire to be like parent or special person. The third similar value found across participants was the desire to be like their caregiver or a favorite person in their lives. For all participants, if the caregiver did not meet their needs and wants, they attached to a favorite person who provided for them what their caregivers could not. Each favorite person was also older than the participant. Avoidant and secure attachment groups described situations in valuing the caregiver/favorite person by how the caregiver/favorite person demonstrated value to them. Also, both groups reported situations in which they enjoyed helping other in need. Most of these participants reported feeling like someone in their lives (even if it was not a guardian) helped them in a time of need.

On the opposite side of the spectrum, the avoidant group reported negative situations in which they desired to perform negative behaviors back to a parent or caregiver. One client explained, “Dad doesn’t listen, he acts like he don’t hear me, I get angry, it makes me not want to listen to him, he acts like that a lot.” Retaliation also comes in the form of learning negative values from a parent. One client explained, “One time I asked if [Dad] could get me something

to eat and he said he would, but then he got my aunt something to eat and didn't get me anything." Later she reported, "Mom told me to clean the kitchen after Sunday dinner and I didn't. I told her I would and then went in my room." Positive and negative behaviors modeled by parents can be picked up by their children and seem to impact aspects of their attachment experience.

Parents and guardians also influence a child's interactions with others. One client explained how his current guardians yell at him all the time. First, he yells in front of friends if he gets annoyed or bored. Second, he talked about wanting to run away. He explained when his real mother was his age, she ran away. This participant is learning how to react to others by how his guardians react to him. He is also running away and avoiding conflict like his mother did when she was younger. Another client felt like he could not trust his friend because his parents believed his friend destroyed their property. This participant overheard his mom and another friend's mom talking about how the participant's friend could have done it. Finally, the lack of communication at home in one participant's household may be a primary cause of the individual's struggles with Selective Mutism. Without anyone to talk to, the participant may feel unimportant and feel the need to withdrawal to protect himself from rejection by others. For participants in all attachment styles, new environments were met with a mix of excitement, anxiety, or an opportunity for independence.

A child's description of their parents is linked to their attachment style. Those with secure attachment described their parents in positive terms rather than using negative or even mixed characteristics. Even when a guardian had wronged the participant, a positive character description was still given. For instance, one participant described her biological father as, "Funny, nice to me, sometimes nice to mom" and then reported, "He did lie to me about

something. He told me my rat ate its cage and ran away.” Those with avoidant attachment tended to use more negative descriptions or describe their guardians using a mix of positive and negative characteristics. As noted above, one participant reported that he knew his guardians loved him, but they never showed him love. Even knowing they loved him, he described one of his guardians by saying, “Everything has to be his way. He wants everything to be perfect. He doesn’t ever do anything with me.”

Lastly, a child’s self-concept is influenced by their interactions with their parents. Those in the avoidant attachment group reported negative attributes about themselves. Themes across participants in this group were feelings of inability, uncertainty with identity, low self-esteem, feelings of social undesirability, and viewing the self as a victim. Some of these group members also viewed others negatively. One individual reported, “I’ve been friends with K since kindergarten. He’s annoying sometimes. He talks dumb and acts dumb.” The secure attachment group on average viewed themselves in a positive light. They saw themselves as capable, independent, socially desirable, and accepting of their and another’s faults. The individuals in this group reported situations in which family members have taught them to care for themselves and others. One individual said, “I’d say I’m okay to feel better. One time I fell off my bike but I said I’m okay.” Another participant explained, “She [Mom] said to go get a band-aid. I got a band-aid and then went back outside to ride my bike.” Table 1 organizes relational themes and subthemes found throughout participant interviews.

Results Summary

It was this researcher’s intention to investigate themes that arose from a child’s personally identified attachment style, HTP drawings, and verbalized relationship beliefs and behaviors to then direct and enhance treatment goals for therapy. For the purposes of this

particular research study, the subsequent treatment goals and outcomes were not observed but this critical phase of therapy in correlation to assessment measures is of high interest to the researcher and fall outside the research results.

The child participants seemed both self-aware and willing to share details to their self-concepts and experiences related to attachment concerns and strengths in relationship to their caregivers. Six out of the nine participants identified closest with the statement for avoidant attachment. Two participants characterized themselves as secure attachment, one selected ambivalent attachment, and one chose both secure and ambivalent attachment for the sentence that matched up with his/her relational behaviors. Stage of graphic development varied with each participant but consistent developmental delays were found within the avoidant attachment style. Also, elements from the House-Tree-Person drawings were not found to be a predictor of attachment style, yet some of the symbols found explain characteristics of the attachment style demonstrated by the individual. The most common drawing elements discovered in secure attachment indicated perfectionist tendencies, social anxieties, intellectual ambitions, and positive view of the self. Symbols representing anxiety, aggression, social insecurities, low self-esteem, and withdrawal were present in drawings of those who identified with avoidant attachment. Common characteristics in the ambivalently attached individual were meticulousness, anxiety, aggression, avoidance, and social insecurities.

Through the identification, reduction, and integration of significant statements within the relationship interview, themes were discovered. Participants expressed the need to feel valued, articulated the significance of feeling heard, and described their acquired reactions to parents and others which had been represented to them by their caregivers. Though little information was gathered from the ambivalently attached individual, there were some differences in wants, needs,

and reactions found between securely attached and avoidant individuals. Some of the major differences included whether the participant felt that their wants and needs were being met by their caregiver, their reactions to not getting their wants and needs met, and whether they viewed themselves and their caregivers in a more positive or negative light.

Each of these assessment elements correlated with descriptions of the secure and avoidant attachment styles. The securely attached individuals' drawings indicated more positive characteristic of the self and this correlated as well to positive descriptions of their caregivers. Their drawings and interviews seemed to evidence feelings of independence, self-assurance, and control over emotional expression. The avoidant individuals' drawings imitated their negative self-descriptions and views of their caregivers found in their relationship interview. Their drawings and interviews revealed difficulties controlling their emotions, interacting socially, and feelings of incapability. As mentioned earlier, these results provide therapists with a rich understanding of what children need and want from their caregivers. The results demonstrate what a child feels when their wishes go unfulfilled and what they do in order to get their needs/wants met. The fact that these themes come directly from children, make these results even more significant to attachment research and therapists alike. It is and will always be imperative to investigate a child or a family's direct experience with attachment.

Discussion

The participants' visual symbols from the House-Tree-Person drawings, verbal descriptions of their relational experiences, and the Self-reported Attachment Type Interview results were all triangulated for the overall results summary. Drawn themes that matched verbal and self-identified attachment styles were indicated in Table 1. Interestingly, securely attached participants' drawings were found to have some of the same elements as avoidant and

ambivalent participants' drawings. The primary difference was that the securely attached demonstrated control throughout their drawings through organization and integration and verbalized willingness to interact with others. Avoidant individuals' drawings tended to show overcompensation in their drawings or a lack of detail. The participant with ambivalent attachment involved overcompensation and control issues similar to those found in secure and avoidant attachment. Drawings from all attachment styles displayed a need for security and support in their family setting, environment, or self-identity. This could be due to the fact that the participants are children and feel a greater need for support in their lives. For the most part, individuals within each attachment style described their experiences and beliefs about relationships similarly to the others in the same category. However, how each individual described their own experiences and needs from his/her caregivers was an equally important finding. No matter how alike the individuals in these attachment groups are they have different wants and needs for healthy relationship development. This is important for parents and therapists to keep in mind because treatment will need to be individualized for each client, not according to each attachment style.

The House-Tree-Person drawings included assessment elements that did not necessarily indicate a specific attachment style and could not stand alone to direct client treatment. Graphic development varied in the secure attachment group. These variations could be due to a client's lack of experience with drawing or cognitive deficiencies and/or learning disorders affecting the participant's drawing capabilities. However, drawing elements in the secure group symbolized more positive qualities (intellectual aspirations, positive social abilities) than appeared in the avoidant group. This finding draws attention to the fact that a secure base of attachment is a necessary foundation for good mental health.

Drawings from the avoidant group showed more graphic development delay than the secure and ambivalent groups. The delays that showed up could have been from organic issues, past trauma, developmental delay, or early relational experiences but no answer was discovered by this study. Because trauma experience had been found to affect brain and cognitive development, the question arises whether or not attachment may also affect neurology (Anda et al., 2006; Bremner, 2006; Heim & Nemeroff, 2009; Majer, Nater, Jin-Mann, Capuron, & Reeves, 2010). The symbols found in the avoidant group reflected negative behaviors associated with social interaction and related emotional expression. Finally, the participant's drawings that characterized the self with ambivalent attachment showed symbols that could indicate difficulty controlling emotional expression and social difficulties.

Children are very astute about their needs, wants, and behaviors. While answering questions regarding their relationships, children were able to describe what they desired from their caregivers. There was no theme found linking absent biological parents with any attachment style. All of the individuals in the secure category had an absent biological parent. This may mean that it does not matter if the child has one or two biological parents. Children can feel valued and characterize themselves as having healthy relationships with caregivers outside of biological parents that show them through words and behaviors that they are cared for. The majority of participants who said their guardians were not their favorite person explained how this person met their needs/wants and their guardians did not. The need for an older favorite person could symbolize an inner desire to connect with someone who is older, more experienced, and may protect the participant.

The participants' desire to be listened to if they had something important to say was a significant theme as well. All participants explained how their guardian chose to listen to them

based off of what the caregiver deemed important. If the caregiver had something more important to do, the participant had to wait or seek out another person to talk to. Those with secure attachment, overall, felt like their caregivers listened to them, and if they did not, they sought out ways to get their needs met. If those with avoidant attachment did not feel heard, they would either withdrawal (internalize emotions) or become verbally/physically aggressive (externalize emotions). All participants felt listened to by either verbal or physical responses that included eye contact, sitting down, or active listening behaviors demonstrated.

Caregivers' seem to influence and model coping to their children based on their own behaviors. If the parent yells to relieve stress, the participant is more likely to yell to relieve stress. If the parent does not follow through with duties, the participant will most likely not complete important tasks. These reactions teach the participant how to react to the caregiver, others, and themselves. The secure group participants viewed themselves in a more positive light than the avoidant group participants. This may be because the parents show the participant that he/she is valued and important in this world and possibly modeled their own sense of value in the world as well.

While trying to choose a statement that best met their beliefs about interactions with others, the children were honest. The participants did not appear to lean toward and choose the positive secure statement, but each chose the statement they felt truly reflected their attitude towards relationships. The majority of participants in this study classified themselves as avoidant attachment. This may be due to the fact that the researcher has a rapport with the participants. It is possible that children are more truthful about their relationships with those they are familiar with rather than individuals they may have recently met. The statements the participants chose reflected the statements the researcher would have chosen for the individuals

based off of previous knowledge found in therapy sessions with the family and individual. This may be due to the fact that the participants worked with this researcher previously. It is possible a child may not be able to explain this to a complete stranger. Therapists may receive pertinent information regarding what the client needs from a caregiver.

Each attachment style as a whole was reflected in that participant's verbal description of his/her experience synthesized with their drawings. For example, securely attached participants in this study showed more independence, higher self-esteems, and felt capable of taking care of themselves and others. They controlled emotional expressions and valued others in similar ways to how they were shown by their caregivers to have value. They seemed accepting of their own faults and another's imperfections. Specific and consistent drawing elements may have not directly indicated secure attachment experiences, but, drawn elements such as moderate size in objects, moderate to high amounts of detail, moderate line pressure, a large head for the self-image, and facial detail reflect positive characteristics seemed to correlate with secure attachment for these particular research participants.

Similarly, participants who reported and evidenced drawn elements of avoidant attachment seemed more critical of themselves than secure attachment in this research study. They described themselves as socially undesirable, emotional, low self-esteem, and incapable. They reported having difficulty controlling their emotions and a desire to retaliate when others wronged them. These individuals did not feel heard or valued by their caregivers and either, sought out someone to fill that need for them or fulfilled their needs on their own. When conflict arose, these participants described how they fight or withdraw from the situations. The researcher noted symbolic representations of these dynamics in their drawings. Their drawings were filled with small objects, inferior in size. Most drawings were created with heavy pressure

and other marks were a mix between anxious sketches and aggressive, dark characters. Some research participants created few windows in their drawings to possibly avoid interacting with others or to shield the world out. These drawing elements correlate with the participants' views of themselves, caregivers, and their environments.

Recommendations

For future studies, this researcher suggests the use of a large, random sampling of children of various ages from different school districts. More time and children of various ages, cultures, and social standing may increase findings about a child's experience of attachment. Research involving children of different cultural backgrounds can be included in order to look for attachment style differences or relativisms, diverse family perspectives and experiences, and drawing variations that occur in those from various cultures (Gantt, 2004). It was observed that integrating all of this study's methods was helpful in understanding the complicated nature of attachment in children. It was suggested by this researcher's supervisor that this study's methods be used as an opening assessment of future clients to determine attachment themes to aid in family therapy.

Many improvements need to be considered for child interviewing. For this study, adjustments needed to be made within the language of Self-reported Attachment Style Interview and the relationship interview. Verbal questions may need to be asked in various ways for a child to truly understand its meaning or simplified using the 'language' a child might use. How children are approached and how interviews are given to children also need to be explored. The child needs to be able to fully understand a question in order to answer it, and the way a child "answers" a question is different for all. The child may be able to express themselves clearer through a different method of communication rather than speech. They may use play, art, or

storytelling to communicate their experiences, beliefs, and behaviors revolving around their relationships with caregivers or others. Future research in these areas will make accumulated data stronger in reliability and validity. It is crucial researchers examine what is being asked, how it's being asked, and how the answer is to be received for future studies involving children's experiences to discover the most accurate meanings.

Graphic development should be investigated further and may have a connection to attachment that is not known. Graphic development is currently assessed through an age-appropriate "norm" based off of cognitive development and emotional functioning (Oster & Crone, 2004). Because there are a variety of reasons why a child may not meet the same requirement criteria as a "normal" child, graphic development should only be used in tandem with other drawing/verbal assessments. New research should be conducted that observes each child participant's individual growth in graphic development and look for correlations to trauma, childhood experiences, and a child's relationships to parents and others.

Information on attachment, the House-Tree-Person art assessment, and attachment styles should be given to each participant. An explanation of which attachment style the child falls into along with possible issues related to that attachment style should be given to each child and parent who volunteers for the study. Referrals to family therapists, individual therapists, attachment seminars, and attachment programs should be given to each participant as a way to further their knowledge of their unique type of attachment and to provide help for attachment issues. Attachment is not a clear-cut statement. Different experiences cause different outcomes. Different children have different needs from their caregivers. More complex questions are needed to really understand the experience of attachment through a child's eyes.

Conclusion

Qualitative data has been shown to provide myriad information on the why and the how of a researched phenomenon. The qualitative data gained from studies on attachment has been used to further develop assessments that can help identify issues in parent and child bonding (Kaiser & Deaver, 2009; Kapitan, 2010). In relation to the House-Tree-Person (HTP) drawings in this study, qualitative data provided themes of unique attachment experience within the drawings that correlated with different types of attachment. To search further into causes and effects of attachment, researchers could use results such as these to possibly develop a scoring system for the House-Tree-Person assessment to identify different types of attachment through different graphic indicators.

Art therapy has helped children and adults with broken familial bonds by helping develop feelings of accomplishment, increase independent learning, and strengthen the client's ability to identify positive assets within himself/herself (Arrington & Cherry, 2007; Hinz, 2009b; Kaiser & Deaver, 2009). It has also been used to decrease impulsive behaviors and inappropriate emotional expression (Arrington & Cherry, 2007). Art therapy has elicited positive outcomes for strengthening bonds between children and their caregivers and addressed concerns and behaviors created through separation, abuse, and death (Arrington & Cherry, 2007; Pallini, Baiocco, Schneider, Madigan, & Atkinson, 2014).

Art and verbal assessments should be utilized with a detailed interpretation of the child's experience with the investigated phenomenon. At this time a scoring system is not recommended for the House-Tree-Person assessment. In the case of attachment, too many variables play into a child's experience, needs and drawing style. Art assessments may be useful being integrated with other methodologies, but it is this researcher's opinion that without a

client's interpretation of the artwork, the assessment is obsolete. Each drawing in this study was considered based on drawing elements and without participant feedback. Without other methods to link the drawing to, the drawing provided little information about the actual attachment style. Drawings may have reflected each participant's unique struggles, but for the purpose of this study, each drawing was useless if reviewed without other methodologies.

Verbal attachment and art therapy assessments should be continually studied to discover the most recent information regarding attachment and assessment in individuals. The open-ended attachment interview was helpful in acquiring detailed information from the child participant. Open-ended questions are helpful for kids, but if those questions are too broad, the child may withdrawal from answering. By keeping questions simple, open-ended, and asking counter-questions to produce more detailed information about the topic, the researcher can acquire a well-rounded, detailed description of the child's experience. More research is needed on therapeutic elements, including art and play therapy, which enhance the bond between parent and child (Choi & Goo, 2012; Gantt, 2004; Sheller, 2007). Finally, programs involving psychoeducational groups should be developed with the goal of building a better bond between family members.

The purpose of gaining more information for art therapists working with children and their caregivers is to build strategies and knowledge base to assist families and individuals work with attachment issues. The more information the therapist has, the better information he/she can provide the client and caregivers. By looking into the challenges a family faces, therapists can better help caregivers overcome these obstacles and work towards successful bonding with their children. Programs and treatment for attachment issues can be developed using research findings and add significantly to the literature with their own outcome studies. Art and play

therapy have been shown to help clients and families overcome attachment issues (Choi & Goo, 2012). Attachment assessments should be used to benefit the client and the client's family. This research has discovered new themes in correlation with various attachment styles that may help provide these families with a better understanding of their familial relationship issues. It is imperative that future research continues to investigate a child's attachment experience through his/her own words in order to discover what children need and how to inspire parents to build healthy relationships within the home environment.

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Appendix A

Saint Mary-of-the-Woods College

Informed Consent (Parent Agreement Form)

The purpose of the research study is to identify themes that emerge from assessing between a child's attachment type, description of their relationships, and drawings of a house, a tree, and a person. No more than nine participants will be purposefully selected to create a drawing of a house, a tree, and a person and answer questions regarding the relationships in their lives. This research is significant because it may help therapists direct their client's treatment while providing parents valuable information about how to enhance the relationship with their child. The completion of the study fulfills a requirement of the class, AR591 – Research, for Ashley Gilbert, a graduate student in Art Therapy at Saint Mary-of-the-Woods College.

This researcher and her supervisor will conduct drawing assessments, interviews, and questionnaires in a private room. All interviews, questionnaires, and artwork will be assigned identifying codes to protect participant identities, and only the researcher and her supervisor will have access to the participant's information. The researcher will make every effort to protect the participant's privacy and keep participant records confidential. It is important that the participant understands that there are some exceptions to confidentiality. The researcher and her supervisor are required by law to report child abuse and neglect, intention to harm oneself or another person, abuse of a vulnerable individual such as the elderly or disabled, and criminal activity. If the participant provides information that the researcher must report, the researcher will contact her supervisor, Bobbie Williams and the counseling program manager, Jennie Voelker, and provide the reportable information in order to protect all individuals involved.

Most people enjoy creating artwork and it has been shown to enhance a person's mood and increase ability to express emotions. However, for some people, drawing assessments and talking about their artwork can create uncomfortable or overwhelming emotions. If a participant feels uncomfortable or overwhelmed at any time during this study, he/she should inform the researcher immediately and the researcher will stop the activity that is causing discomfort. If uncomfortable emotions persist or other problems arise, the researcher will contact Jenny Voelker, counseling program manager, to assist in getting immediate help for the participant. If during or after the study the participant wishes to work with a therapist outside of (name of school or organization) the participant will be referred to a therapist within the Community Health Network who can best attend to his/her problem. At the completion of the study, each participant and parent/guardian will be given information regarding therapeutic options to strengthen the parent-child relationship.

Participants and parents of participants can withdrawal at any time from the study without any repercussions by declining to sign the informed consent/assent form or notifying the researcher. Before the participant's parent or guardian agrees to allow their child to join the study, all questions will be answered.

This study was approved by the Saint Mary-of-the-Woods College Human Subjects Institutional Review Board on August 13th, 2014.

Any remaining questions or to withdraw participation from the study, the subject may contact the researcher or the researcher's supervisor.

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My signature below indicates that I am the parent or guardian of a child wishing to be involved in this study, I have been appropriately informed of the study requirements, I give permission for my child to participate, and I have received a copy of this agreement.

Parent/ Guardian Signature

Date

Witness Signature

Date

Appendix B

Saint Mary-of-the-Woods College

Assent Form (Child Agreement Form)

My name is Ashley Gilbert. I am a student like you taking a class about research. Research is something that lets me learn about people. I want to see how you show your relationships through your drawings. If you agree to be in this study, I will meet with you one day for an hour and a half. You will draw pictures of a house, a tree, and a person and answer a few questions about your relationships with others (your friends and your family).

My supervisor and I will be in a private room with you while you draw and answer questions for the study. We will be the only individuals who know you are involved in the study and can get to your personal information. I will change your name for any interviews, questionnaires, and artwork you create for the study to keep others from knowing your information and that you are in the study. I will do everything within my power to keep your information private, but there are some times when I might have to tell another person what you tell me. If you tell me a time when you have been hurt or bruised by someone older or not given proper care (food, water, medical attention, left alone for long periods of time) by a guardian or babysitter, I will have to tell my supervisor and Jennie Voelker, Community Health Network program manager, so we can keep you safe. If you tell me that you want to hurt yourself or another person, or that you or someone else hurt a child, elderly person, or handicapped individual, I will need to tell Bobbie and Jennie to keep everyone involved safe.

Finally, many children enjoy drawing and feel positive feelings from expressing themselves through art. Some children also like to talk about the relationships in their life and feel lighthearted after talking about their friends and families. Some children have uncomfortable feelings when they answer questions or draw pictures about the important relationships in their lives. If any feelings come up that are too much to handle, please let me know right away. If there are any problems or feelings that come up that Bobbie Williams and I cannot help with, we will talk to Jenny about finding a person who will be able to help you. If you want to work with a therapist besides Bobbie Williams, Jennie Voelker, or I during or after the study is over, I can give you and your guardian information for a few therapists that will work best for you. You may or may not get help from the study. Your drawings and answers in the study will help me understand children and their relationships better so teachers and therapists can help children build stronger relationships. You will be given information at the end of the study that can help build your relationship with your guardian.

Your parents will also have to say you can be in the study. If they say it is ok, you can choose to join or not. If you choose to join, you can decide to stop at any time. You will not let anyone down or make anyone upset. This is completely your choice.

My email is AGilbert3@smwc.edu if you would like to email me to ask questions or to stop the study. I also have a mailbox in the school if you wish to drop me a note. You will be given a copy of this form in case you have any questions. I can answer any questions you have now before you agree to be a part of the study.

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I want to be a part of this study, and all of my questions have been answered. I know I can decide not to be a part of the study at any time. I know I can ask questions later if I need to.

Child's Signature

Today's Date

Appendix C
Saint Mary-of-the-Woods College
Media Consent Form

Thank you for your willingness to participate in this research study entitled “A Qualitative Study of the House-Tree-Person Assessment and Its Relationship to the Experience of Attachment in School-Age Children.” The purpose of this research is to discover commonalities between a child’s attachment style, a description of his/her relationships, and House, Tree, and Person Drawings. One aspect of this study involves photographing the child’s artwork to illustrate elements found within the drawing which pertain to attachment. These photographs may be used to demonstrate key concepts if the study is published. To protect the confidentiality and privacy of the subjects, a pseudonym will be assigned to all subjects.

Please initial

- I give permission for my child’s artwork to be photographed and used in research documents and published materials Yes: _____ or No_____

I understand that my child’s artwork will not be used for any other purpose other than for this research study. It has been explained to me that I can decline at any time without repercussions or prejudice to have a photograph of my child’s artwork. If I have any questions about the specifics of these activities such as when, where, or why they take place, I will contact the researcher or the researcher’s supervisor immediately.

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I confirm that I am the child’s parent or guardian and my signature below authorizes the permissions given above. In addition, I confirm that I have been given a copy of this media consent form.

Parent or Guardian Signature

Date

Appendix D

Relationship Interview for Children

The questions in this interview were created specifically for this study based on the Adult Attachment Interview and the Disturbances of Attachment Interview to explore the relationships in the participant's life with more detail. The lower case letters (a, b, c, etc.) are prompts to elicit further information about the topic.

1. Start by telling me a little about your family. What do you do together? Who's in your family? What do your parents do?
2. Can you think of a few words to describe your mother? Father?
3. Do you have a favorite person in your life? Describe them.
 - a. If not a parent, what is the difference between this person and parent?
 - b. What do they do that parent does not?
 - c. How do you show him/her that they are special?
 - d. Are there any other adults as special as this?
4. If you were hurt, describe what you would do to feel better?
 - a. Who would you go to for help?
 - b. Are your parents able to help you?
5. Tell me about a time when you told your parents something important?
 - a. Do you feel that they listened?
6. What do you usually do if you get mad at your parents? Give example.
7. Have you ever been lost or been separated from your parents? Explain.
 - a. Describe what happened when you saw your parents again?
 - b. What did they do when they saw you?
8. If your parents were able to change one thing about themselves, what would you want them to change? Why?
9. Give me an example of when you didn't listen to your parents and why.
10. Do you ever worry that you won't get something you need from your parents? Explain a time you felt like this.
 - a. What did you do? Or what would you do to get it?

11. How do you react when you don't get what you want?
12. Describe your relationships with your friends.
13. How would you describe yourself?
14. Describe how you feel most of the time: happy, sad, worried, angry?
15. Describe a time when you went somewhere new and describe what you did.
16. How do you react around people you don't know (kids, parent's friends, strangers)?
 - a. Do you go up to them and talk? Are you quiet around them?
 - b. Is it the same all the time or do you sometimes talk and sometimes quiet?
 - c. Describe a situation in which it was one or both
17. Have you ever gotten yourself into a dangerous situation? Tell me about one.
 - a. Does this happen a lot or a little?

Appendix E**Self-Reported Attachment Style Interview** (Hazan and Shaver, 1987)

Domain	Scale	Sample Items
Attachment	Secure Attachment	I find it easy to become close friends with other children. I trust them and I am comfortable depending on them. I do not worry about being abandoned or about another child getting too close friends with me.
	Avoidant Attachment	I am uncomfortable to be close friends with other children. I find it difficult to trust them completely, difficult to depend on them. I get nervous when another child wants to become close friends with me. Friends often come more close to me than I want them to.
	Ambivalent Attachment	I often find that other children do not want to get as close as I would like them to be. I am often worried that my best friend doesn't really like me and wants to end our friendship. I prefer to do everything together with my best friend. However, this desire sometimes scares other children away.