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Visual Art Therapy, Attachment, and the Adoption Constellation: A Literature Review

Caitlin Woodstock

Lesley University, cpwoodstock@gmail.com

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Visual Art Therapy, Attachment and the Adoption Constellation:

A Literature Review

Caitlin Woodstock

Lesley University

Abstract

The following literary review is intended to synthesize existing data pertaining to art therapy and its application within adoption informed therapy. The adoption experience will be explored, and the basic tenants of trauma and attachment will be outlined. Current modes of trauma-informed therapy will be introduced and their compatibility with art therapy will be explored. The author will introduce a variety of art therapy interventions as presented through an assortment of theoretical lenses. These applications will be subdivided into their application with individual constellation members, families, groups, and will extend to immigrants and displaced individuals likely to enter into the foster and/or adoption system(s). This writer will conclude with a visual exploration of her own experience as an adoptee on the journey toward wholeness through implementation of the mandala.

Introduction

The application of visual arts in psychotherapy has the capacity to address and heal malformed attachment and trauma as they manifest within members of the adoption constellation. The adoptee, birth parent(s), adoptive parent(s), extended family of origin, extended family of adoption, and the adoptee's community may all exist within the "adoption constellation." The emotional and psychological needs of immediate members (the adoptee, birth parent(s) and adoptive parent(s)- also referred to as the "adoption triad,") are complex. When in the throws of an adoption-related crisis, a member is often unable to verbalize the emotional, psychological and spiritual sensations arising within. Understanding the trauma of primary separation, the neurological implications of preverbal trauma, and the adoption experience as a whole, is paramount when attempting to apply art-therapy to adoption-competent

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treatment. Comprehension of these underpinnings lays the foundation upon which creative interventions are erected. Creative modalities may be utilized in both individual and family therapy as a means of addressing malformed attachment as manifested in triad members.

The reach of such interventions is wide, literature is scarce, yet need is abundant. This review of the literature will demonstrate art therapy's applications in adoption-related therapy and will touch upon expansion beyond the adoption constellation, exploring its application among foster youth, children traumatized by forced separation, and individuals affected by displacement and/or immigration (all of whom are at risk for attachment related trauma and disruption). The literature examines content through a sundry of theoretical lenses including neurobiology, Engel's biopsychosocial model, attachment theory, evolutionary perspective, family systems theory, cybernetics, feminist theory, hermeneutic processing and transpersonal psychology. These perspectives will be interwoven with current accepted art-therapy theory to demonstrate the efficacy of art therapy in adoption-related treatment. This review serves as a comprehensive discourse of literature addressing the adoption experience (with a special focus on the adoptee), neurology of attachment and trauma (with a special focus on prenatal/perinatal trauma), current treatment modalities, implications of the adoption experience on psychic/spiritual development, application of visual art therapy within the adoptive community and beyond, as well as suggestions for further research.

This author will conclude with a visual exploration of her personal experience with adoption through engagement with the mandala. She will artistically present her own experience as a white-passing, cisgender, Colombian international adoptee and clinician working both within and outside of the confines of the Western medical model. The art will explore the spiritual and psychological impact of her adoption as well as her growth toward wholeness. She

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will demonstrate that the adoption competent therapist has a firm grasp of the recurrent themes manifested in individuals touched by adoption. The art in conjunction with the literature review is designed to support clinical work with members of the adoption constellation and beyond with a focus on nurturing healthy attachments through creative arts interventions over the course of a lifetime.

The Adoption Experience

Adoption is not episodic; it is in fact, a life-long journey (Boston Post Adoption Resources, 2018). According to adoptionnetwork.com, a site dedicated to providing up-to-date information on adoption, 428,000 children presently reside in foster care and of these, an estimated 135,000 will be adopted. Six in ten Americans have had an experience with adoption while seven million Americans are adopted themselves (Adoption Statistics, 2019). The field of mental health has an obligation to address this large portion of our population yet directed study has been woefully neglected and narrow in scope.

Be it infant, child, teen or adult, many adoptees and their families struggle with healthy attachment. Labeling parental abandonment as “traumatic,” is a gross understatement and hardly does justice to the visceral pain the adoptee is prone to experience throughout all phases of human development. “If the primal experience for the adopted child is abandonment, then the core issues are loss and the fear of further abandonment,” (Verrier, 1990, p.69). This "primal wound" and its associated pain often manifests as emotional dysregulation and disruptive behaviors in children. Adult adoptees often struggle with intimate and/or interpersonal relationships and are statically more prone to substance abuse (Yoon, G., Westermeyer, J., Warwick, M., and Kuskowski, M., 2012). Adoptive parents may have trouble bonding with their adopted child. After having undertaken the arduous process of adoption, these parents may have

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neglected their own grief as it pertains to infertility, loss of a pregnancy, or other circumstances which led to adoption as a means of parenting. Birth parents encounter grief as they process the loss of their child. The reality that it was a succession of loss which acted as catalyst for the formation of the family of adoption is almost never discussed, honored, examined or acknowledged. Rarely are constellation members, particularly adoptees, invited to explore these distressing feelings and are thereby limited in their capacity to heal.

In her work entitled, *Adoption Therapy; Perspectives from Clients and Clinicians on Processing and Healing Post-Adoption Issues*, Laura Dennis posits, “An adoptee’s first losses- including mother loss, heritage loss, ethnicity loss, language loss, and more- absolutely must not be discounted,” (Dennis, 2014, p.4). For the adoptee, grief over this myriad of loss has the capacity to linger for a lifetime, if left unresolved. “Except in the case of some truly enlightened adoptive mothers, there is no acknowledgement of the child’s loss of the original mother. Therefore, there is no permission either implicit or explicit to mourn,” (Verrier, 1990, p.70). This denial of the discomfiting elements of the adoption experience may exacerbate trauma symptoms and hinder capacity to process and heal.

Prenatal and Perinatal Trauma

Often, trauma endured by the adoptee begins at conception. “To be conceived without being intended, to be carried in the womb of a stressed mother facing a crisis pregnancy, leaves lifelong traces that persist without an understanding of their origins,” (Axness, M. & Selvam, R., 2014 as cited in Dennis, p.74). Evidence shows that the body/mind houses every experience we have ever had, even those that are preverbal; traumatic memories of a chaotic pregnancy and/or separation from the primary caregiver resides in the body/mind of adopted people (Holden 2014; as cited in Dennis, p.8). Pre-natal trauma, (“global-shock trauma,”) may manifests

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symptomatically later in life. Raja Selvam, a senior trainer in Peter Levine's Somatic Experiencing (SE) professional trauma training programs and the developer of the Integral Somatic Psychotherapy (ISP) approach states:

On the physical level, people who have this kind of trauma will have symptoms like a lot of problems around the stomach. They often will have curvature of the spine; they may have eye problems. These... physical symptoms... [are the result of] the body's early attempt to deal with high levels of excitation that [it] cannot discharge, which is the trauma... In the womb, the child is very visceral. It has more of the sympathetic (excitation), branch of the autonomic nervous system and less of the parasympathetic (calming) branch in place... when it senses it is not wanted, it's distressed... the level of physical excitation is so much that they can't handle it, that it's almost like they're going to fragment into a thousand pieces (Axness, M., et al., as cited in Dennis, 2014, p.75-76).

Raja states that it is at this point that the reptilian brain, with thousands of years of evolutionary wisdom, attempts to intervene by disorganizing itself. It will command the body to twist away from the uterine wall, perceiving the uterus as a hostile environment. The fetus will tighten the umbilical cord, attempting to cut off from the mother's rejecting energy as well as an influx of the stress hormone, cortisol.

This attempt to "cut off" is futile, as the fetus is entirely dependent upon this very mother for survival. At this early stage, communication is entirely a sensory experience and stress becomes imbedded, tissue deep. A mother carrying an unwanted child, or a child conceived under duress may attempt to emotionally disconnect from that child. The fetus senses this and attempts to get away, but as mother and baby are one at this stage, the infant is ultimately trying to get away from itself, causing an extreme existential dilemma. The only way to survive is to

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go deeper into its core,” (Axness, M., et al., as cited in Dennis, 2014, p.77). Children with these beginnings are likely to grow into extremely intellectual adults in that it will be very hard for them to be in their feelings as they mature into adulthood. Conversely, children who may have been wanted by the mother but whose mother suddenly experiences difficulty or extreme stress will operate on survival mode which becomes emotional in nature and will result in individuals who display a disproportionate amount of energy (Axness, M., & Raja, S.; In Dennis, 2014, p.77). Further research is needed to examine this early developmental trauma and its connection to the prevalence of ADHD diagnosis among adoptees.

The adoption competent therapist will take care to engage in both emotional and physiological work, making art therapy an organic choice for treatment; art making engages the physical body with emotional states. Addressing physiological responses to stress, (which may have developed in-utero), will create a consistent and reliable container for the wellspring of challenging emotions that relate to pre-verbal trauma, including parental separation.

Attachment: A Theoretical Framework

“Attachment theory is a paradigm for understanding interpersonal psychosocial interactions,” (Wallin, 2007; as cited in Hass-Cohen, N., et al., 2014, p.128). According to Cassidy and Shaver (2010), attachment styles are blueprints for relating to others. Parents’ attachment styles are the strongest predictors of their children’s attachment classification (Hesse, 1999; vanIJzendoon, 1995). For the child with multiple sets of parents, the genetic blueprint for their attachment style may conflict with that of their adoptive parent(s). When working with adoptees who have experienced pre-verbal trauma, special attention must be paid “attachment style” formation. As noted by Elliot (1999), while genetics accounts for the basic layout of the brain, experience sculpts our neurons into orderly processing networks (Elliot, 1999; as cited in

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Hass-Cohen, N., et al., 2014, p.86). “The amount of attachment related stress experienced by a child determines attachment styles, which describe states of mind when under stress or duress,” (Siegel, 1999; as cited in Hass-Cohen, N., et al., p.85). The adoptee’s experiences during this tender, rapid, and critical period of brain maturation undoubtedly shape his or her attachment style.

During early phases of development, “The caregiver’s warm support and capacity for attunement are key to development of the nervous system and the construction of psychic resiliency (Hass-Cohen, et al., 2014, p.86). Attachment strategies and styles form a system of proximity-seeking behaviors generated by parent-child interactions. These interactional patterns develop an internal working model (IWM) which is maintained across the lifespan, (Bowlby, 1998; Main, 2000; Siegel, 2012; Sroufe, 2000, as cited in Hass-Cohen, N., et al., 2014, p.92). Perry (1997) states, “Early experiences form foundations for lifelong interpersonal affect regulation skills. Severe persistent maltreatment compromises attachment.” For adoptees coming from circumstances of abuse or neglect, or for those whom have passed through institutionalized housing: trust, social integration, problems regulating affect, and attuning to others may prove challenging in adulthood.

The main adult attachment styles are secure and insecure. Insecure attachment is subdivided into: preoccupied, dismissive, and disorganized styles (Hesse & Maine, 2000, as cited in Hass-Cohen, N., et al., p.93). Adults with an insecure-preoccupied attachment style are prone to feeling under-appreciated, seek to gain proximity by pleasing others, and become anxious about close relationships. Adult preoccupied attachment styles are concordant with resistant, ambivalent and anxious attachment styles in children. The child adoptee may seek out an

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unusual or inappropriate amount of attention, especially from strangers who illicit somatic body responses triggered by their resemblance (in appearance, smell, etc.) to their biological mother.

Like children, adults with dismissive IWM are also anxious about relationships.

Dismissive IWMs in adults trigger a lack of trust. The individual is likely to see others as a threat to stability and control. These adults may consistently refrain from seeking comfort in times of stress, paralleling children with avoidant attachment styles. The lesson that “reassurance is unavailable and thus sustained control impossible,” has been learned early in life and, if left unaddressed, have the capacity to linger throughout all phases of development (Henry & Wang, 1999; In Hass-Cohen, N., & Findlay, J.C., p.71). In some cases, this inconsistent caregiving style may be intergenerational, thus harboring deep genetic roots within the adoptee’s biological makeup. Adults and children with disorganized interactive style may exhibit confused fight or flight/ proximity seeking responses. The individual may not know to run away, fight, or come closer to the threatening stimuli (be it actual or perceived). Such individuals are prone to engage in survival mode and rely on instinct as opposed to seeking social solutions to interpersonal problems, (Wallin, 2007; In Hass-Cohen, N., & Findlay, J.C., p.72).

Formulation of adoption-competent psychotherapy must acknowledge the process of mentalization, an integrative framework for psychotherapy. The capacity for reflective mentalization is connected to an individual’s IWM. Whether attachment needs are met versus unmet is directly correlated to successful mentalization. Early childhood developmental trauma may negatively impact the maturation of critical linkages in the brain related to the development of secure IWMs of attachment over the course of a lifetime (Perry, 2000; as cited in Hass-Cohen, N., et al., 2014, p.68).

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However, healing is possible. Positive attachment-based experiences allow for the possibility of changes in attachment classification from insecure to earned secure (Schore, A.N., 2003; as cited in Hass-Cohen, N., et al., 2014, p.71). Interpersonal neurobiology (IPNB) suggests that individual's attachment styles are experience dependent and can change throughout one's lifespan (Siegel, 2012; In Hass-Cohen, N., & Findlay J.C. p.69). It is important to note that, "while it holds true that attachment styles are malleable, the quality of the relationship with the primary attachment figure is heavily influential and remains dominant and long lasting within one's IWM, social skills, and ability to cope with stress (Hass-Cohen, N., & Findlay, J.C., p, 96).

Sample of Current Treatment

The field of art-therapy elegantly lends itself to cooperative work with current trauma treatment modalities. MacLean's work with Eye Movement Desensitization and Reprocessing (EMDR) and prenatal trauma is an example of an existing intervention which may couple nicely with art-therapy (MacLean, 2003, p.40). MacLean's study, "Transpersonal Dimensions in Healing Pre/Perinatal Trauma with EMDR" presents three separate cases which implement Parnell's (1996) eight phase EMDR treatment model. MacLean recommends coupling this treatment with other left-right brain stimulation for maximum success. Art making and creative process is a natural choice for supplemental treatment as it achieves this end. Similar to brain activity present while engaged in art-making, within the EMDR protocol, clients can experience a "...multi-dimensional free association of thoughts, feelings and body sensations... [at] times, memories and descriptions suggesting prenatal and infancy experiences [as well as] rich dream like symbolism arise," (MacLean, 2003, p.40). Depicting these images with art media may provide adoptees with an opportunity to solidify that which has been ambiguous and hidden.

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This assists in creating a coherent narrative for preverbal trauma. Somatic memories are given voice, form, and context. Further research is needed regarding the full potential of EMDR in conjunction with art-therapy to address adoption related attachment trauma, but preliminary research is promising.

Art-Therapy and the Individual Triad Member

The application of visual art therapy directly responds to the “relational” piece of adoption related trauma. According to Sean McNiff (1993), relation begins with the first encounter with art, thus providing the client with an opportunity to demonstrate and practice relationship competency. Direct engagement with creative arts processes and materials can be a regulatory experience from the first art therapy encounter (Malchiodi & Crenshaw, 2013, as cited in Hass-Cohen, et al., 2014, p.69). Through the artistic process, art therapy embraces a relational context (Moon, 2008; as cited in Hass-Cohen, N., et al., 2014, p.70).

Neil Springham and Val Huet (2018) examine the application of art therapy in attachment treatment through the lens of biopsychosocial theory which explores the importance of human attachment as a common mechanism of change (Fonagy, Luyten, & Allison, 2015, as cited in Springham, et al., 2018, p.4). This model describes processes of mutual interaction between the limbic regions of the brain and the body. “Art as Relational Encounter: An Ostensive Communication Theory of Art Therapy,” describes attachment as the primary mechanism by which we use social relations to process experience (Springham, et al., 2018, p.4). The question, “What value can ‘relating with art objects’ add to the engagement of the attachment system in art psychotherapy?” is relevant for the adoptee seeking attachment support.

Within the attachment theory framework (Bowlby, 1988) ostensive communication refers to the interaction of gestures, tone of voice and gaze direction between caregivers and

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infants (Springham, et al., 2018, p.5). The experience of the personal within the self begins as an interpersonal process between individuals. This complicates attachment formation in adoptees who have lived in isolation, institutionalized housing, or whom did not receive the affect practice necessary for attachment systems to develop along a healthy trajectory.

Springham and Huet propose that locating art as an encounter within the ostensive communication system in art therapy can enhance the mentalistic representation available for the client because it involves the attachment system, (Springham, et al., 2018, p.7). Their study concluded that art therapy theory has the potential to align coherently with current attachment theory, provided it addresses the value of art in engaging with the attachment system (Springham, et al., 2018, p.7). It is acknowledged that the construction of art therapy theory has yet to be empirically tested but that the outcome studies should monitor the effectiveness of ostensive communication by recording or filming sessions because this relational process might prove to be a greater determinant of effectiveness than other clinical procedures (Springham, et al., 2018, p.9).

Corem, Snir, and Regev open their 2015 study, “Patients’ Attachment to Therapists in Art Therapy Simulation and their Reactions to the Experience of Using Art Materials,” stating, “Art therapy theories based on dynamic approaches consider the therapist-patient relationship as the central component in the patient-therapist-creative relationship and sees it as a process that helps patients explore themselves, develop and achieve change through creative activity,” (Case, 2000; Robbins, 2001, as cited in Corem, et al., p.11). Art therapy provides the unique opportunity for the patient to self-explore creatively in the presence of the art therapist; this process raises unconscious content and emotions while simultaneously providing opportunities to discover competencies (Corem, et al., p.12). “The study focuses on the associations between

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patient's attachment style to the therapist and aspects of the experience of the creative activity in sessions that simulated art therapy," (Corem, et al., p.12). The Art Based Intervention Questionnaire (ABI) (a measurement tool examining the creator's attitude toward creating using art materials), and the Session Evaluation Questionnaire (SEQ), a validated tool used widely to study therapy sessions in psychotherapy research, were employed (Snir, et al, 2013; Stiles, et al., 1994, as cited in Corem, et al., 2015, p.13). The study hypothesized that a correlation between the patient's style of attachment to the therapist and his or her attitude toward working with the art materials would emerge (Corem, et al., 2015, p.13).

Results of the study revealed relatively high averages obtained for the positive sub scale of the ABI questionnaire and for the sub scales of the SEQ questionnaire (Corem, 2015, et al., p.14). Significant positive correlations between the secure attachment scale and feelings of excitement, pleasantness and therapeutic value, playfulness, competence and attitude toward the artistic product and toward the material presented (Corem, 2015, et al., p.14). "There was a positive correlation between the scale of secure attachment to the observer/therapist and the positive experience and pleasure derived from the use of art materials," (Corem, 2015, et al., p.14). This indicates that the client's relationship to the art materials may be reflective of their feelings toward the therapist and visa-versa (Corem, 2015, et al., p. 15). Limitations of the study include a small and gender uniform sample size. Corem, Snir, and Regev state that. "Future research that investigates the therapeutic relationship at several points in time thorough the relationship is necessary to shed light on the significance of building trust and the willingness of patients with insecure attachment styles to engage in self-exploration on the basis of a trustworthy intimate experience within the relationship," (Corem, et al., 2015).

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Working with an individual member of the adoption triad provides the therapist with unique opportunity to foster mindfulness and self-compassion. It has been demonstrated that guilt and shame have traditionally walked hand-in-hand with the adoption experience for decades. Patricia Rose Williams discusses an integrative therapeutic model that combines mindfulness, compassion, and creative expression in an educational experiential and therapeutic process. "ONEBird: Integrating Mindfulness, Self-Compassion and Art Therapy," cites empirical evidence speaking to the positive role of self-compassion plays in therapeutic work. William's model provides a framework for discussing the proposed mutual benefit of Mindful Self-Compassion and compassion focused therapy to field of art therapy and suitability of art therapy for fostering the cultivation of non-judgmental awareness and a desire to alleviate personal suffering (Williams, 2018). She explores the unique contribution of creative expression to attachment work and discusses her rationale for adopting an integrative art-therapy model.

Pulling from Buddhist tradition, Williams likens mindfulness and compassion as equally important, like two wings on one metaphorical bird with creativity resting at its heart (Morgan & Morgan, 2005, p.81 as cited in Williams, et al.). ONEBird explores the capacity for the creative process to support emotional regulation and challenge core beliefs. The creative process is inherently suitable for deepening the acquisition of skills and resources associated with self-compassion, though more research is needed in this area (Williams, et al.).

The therapist must examine its parts to fully comprehend the summation of the ONEBird method as a whole. Mindfulness is described as moment-to-moment non-judgmental awareness, cultivated by paying attention in a specific way that is present in the moment and is as non-reactive, non-judgmental, and as open hearted as possible (Kabat-Zinn, 2005; as cited in Williams, et al.). Compassion is in its essence, kindness with deep awareness of suffering in the

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self and all life coupled with a desire to exert effort to relieve it (Williams, et al.). A person's ability to recognize the human condition of suffering combined with offering kindness to one's own pain is Self-Compassion, which has been empirically correlated with reduced anxiety and depression in addition to increased life satisfaction, psychological well-being, and social connection. Mindful self-compassion, as developed by Gemer and Neff, is an eight week empirically supported program supporting an individual's potential to transform the core sense of self and one's relationship to the world. It addresses shame and self-judgment as related to self-worth (Gemer and Neff, 2013, as cited in Williams, et al.). Compassion Focused Therapy emerged with the third wave of cognitive therapy. Mindfulness, kindness and the importance of developing a compassionate or nonjudgmental attitude toward self as means of reducing stress are highlighted themes. This multimodal therapy is rooted in neuroscience, evolution, social psychology, and Buddhism (Gilbert, 2010, p.5, as cited in Williams, et al.). Compassion Oriented Art therapy (Beaumont, 2012) is designed to reduce shame and build self-soothing skills using mindful breathing, guided imagery, and art (Williams, et al.). The benefits of the application of this method among the adoptive community becomes obvious.

William's ONEBird combines mindfulness, compassion and creative expression in an experiential/therapeutic process that's synergistically greater than the sum of its parts (Williams, et al.). The creative process is an inherently suitable means of acquiescing the skills and resources of self-compassion. The image remains within the confines of the imagination in mindful self-compassion therapy; art therapy gives these images and sensations form, thus deepening clients' integration of an inner commiserative self (McNiff, 2004, as cited in Williams, et al.). Such a method may prove exponentially helpful in addressing and healing the

emotional and transpersonal wounds associated with adoption related trauma, though more research is required.

Art-Therapy and the Family of Adoption

In her review of Proulx's *Attachment Informed Art Therapy: Strengthening Emotional Ties Throughout a Lifetime*, Robertson-Davis calls attention to Proulx's innovations within the field of childhood attachment. Proulx discusses "Dyad Art-Therapy," and its ability to make sense of explicit (verbal recall) memory and implicit (somatic/sensory) memory (Robertson-Davis, 2017). This organized adaptive strategy produces an attentional/representational state that minimizes proximity seeking, reduces expectations and shapes other attachment related behaviors and mental processes accordingly," (Proulx, 2017; as cited in Robertson-Davis, et al.).

Jessica Kingsley's review of Proulx work, *Strengthening Emotional Ties Through Parent-Dyad Art Therapy: Interventions with Infants and Preschoolers*, reveals useful contributions to work with the adoption constellation. Parent-child-Dyad Therapy is a new model of intervention in art therapy where parents and children work together to create art work (Proulx,2017; as cited in Kingsley, 2003). The work is conducted in groups but can be used with dyads. Parents and children are encouraged to engage in creative process while the therapist supports exploration and helps to establish new patterns of interaction between parent(s) and children (Proulx, 2017; as cited in Kingsley, et al.). Children who benefit most are those with relationship problems, developmental delays, aggressive behavior, attention disorders, and sensory motor probes, all of which are common among the community of adoptees (Proulx, 2017; as cited in Kingsley et al.).

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Art-therapy's ability to engage the transpersonal renders it exceptionally appropriate for work with adoptive families navigating the murky waters of attachment trauma. "Parenting as Creative Collaboration: A Transpersonal Approach" by Netzer and Brady discuss the metaphorical meaning of parenting as a creative process of conception, gestation, birth and nurturance which can be extended beyond parent-child dynamics (Netzer & Brady, 2009, p.140). Their approach facilitates growth and healing for parent and child through collaborative relationship that emphasizes transpersonal values such as creativity and interconnectedness (Netzer, et al., 2009, p.141). Creativity is essential to being human and a vital force for our personal, relational, and transpersonal development; it acts as the antithesis to learning by rote desensitization to the mysteries and wonders of life which, for the adoptee, can happen early in their development (Netzer, et al. p.141).

Collaborative parenting can be a transpersonal process that emphasizes creativity and connection between one another. This meta process keeps focus on the relationship between collaborators versus on conflicting issues (Netzer, et al., p.142). "Establishing open, age appropriate dialog with children is important as it facilitates later disclosure," such as the feelings of loss or inadequacy common among adoptees. Art has the power to make content developmentally appropriate (Netzer, et al., p.142). Art offers an alternative way to respond to life experiences not as outcomes of external events but as a reflection of one's inner state and relationship with others (Epstein, 2004, as cited in Netzer, et al., 146). Herein lies art's power to build relationship, make meaning, and effectively communicate the complex emotions associated with adoption between parents and children.

Faddis and Cobb's piece entitled "Family Therapy Techniques in Residential Settings: Family Sculptures and Reflecting Teams" discusses another appropriate application of art

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therapy among families touched by adoption. This four phase intervention is rooted in systems theory which states that when phenomena are observed together, not separately, one can see how they interact and affect each other (Bateson, 1972; Jackson, 1965; Keeney, 1983; vonBertalanffy, 1968, as cited in Faddis, et al., p.44). The intervention also calls upon cybernetics which is concerned with how observer and the observed system connect. They discuss the importance of Narrative Therapy within this technique which hearkens to the human inclination to story experience and thus ascribe significance and meaning (White & Eptson, 1990, as cited in Faddis, et al., p.45). From this perspective, the adoptee is not pathologized or seen as defective; she can view herself as separate from her experiences. Experiential Family Therapy is another incorporated perspective which teaches families to develop effective means of communication with each other while each individual within the family strives to increase their own sense of self-esteem and authenticity (Gehart, 2013, as cited in Faddis, et al. p. 45). This is achieved through expressive techniques, opening the door for art-therapy overlap.

This author presents an adaptation of the four-phase exercise for use in group work with adoptive families. The adoptee shares a story about a significant life happening, sculpts their family, and describes the sculpture while their family and other families in the group act as observers. Next, witnesses (reflecting team) are asked to respond to what they heard through discussion and art making while the adoptee's own parent(s) stay silent. The adoptee and their parent(s) are excused while the reflecting team discusses aspects of the story that were validating, hard to hear, or which need clarification. The therapist asks guiding questions geared toward expression, images, and transport (Faddis et al., 2016, p.47). The sculpted family and therapist sit in the circle and the reflecting team/audience is quiet. The family is invited back. They talk with the group and the therapist about comments heard and the family may refer to

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notes and art created earlier in the process while in the role of “observer.” The therapist asks future oriented questions, highlighting missed comments that may be important. After the family shares, the team reflects on comments made by the family. All debrief at the end of the exercise and the reflecting team is invited to ask new questions that may have arisen. They may make strengthening comments that reinforce a newly developed story. The application of art is organic for art, in and of its nature, must be observed to have meaning. If possible, the therapist will have the family draw the sculpture to help create cognitive meaning and integration of the work.

Beyond the Constellation

“A Group Art Therapy Experience for Immigrant Adolescents,” by Bale ter Masst and Mercedes discusses the application of art therapy among another population prone to attachment disruption and adoption placement: immigrants. The Trump Administration’s “Zero-Tolerance” policy of 2018 was designed to strip children from parents seeking legal asylum in the United States. The administration theorized that this would act as a deterrent for families seeking refuge from the poverty and violence plaguing their countries of origin. The Trump administration has succeeded in creating one of the most devastating humanitarian crises in recent U.S. history, yet immigration rates have reportedly risen since the policy’s enactment (Nixon, 2018). Though the administration fervently lies to an outraged public, reporting that “Zero-Tolerance” is no longer enforced, child separation persists to this day. A brief summation of “A Group Art therapy Experience for Immigrant Adolescents,” deserves mention, as presently, these kidnapped children are covertly being funneled into U.S. foster and adoption systems daily.

Maat and Mercedes describe a ten-week art therapy group experience for sixteen immigrant adolescent students. “Most students had feelings that inhibited their ability to increase self-awareness and social assimilation, such as abandonment and loss, isolation from

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non-immigrant adolescents, lack of control over their lives, and anger with family members who forced them to move to the United States (Maat & Mercedes, 1997, p.11). All participant emigrated from Central America. Collage was employed to avoid language barriers. Through art, students expressed common themes of grief and loss and through sharing work, were able to build community among each other (Maat, et al., p.14). It was determined that, by expressing experiences and feelings verbally and through art, these sixteen adolescents progressed toward greater self-awareness and reconciliation (Maat, et al., p.19). Clinicians working with adoption would do well to compile such studies to prepare for the inevitable influx of Central American children into the foster and adoption systems of the United States.

Jennifer Malloy explores clinical and ethical considerations for art therapists working with adoption candidates engaged in permanency planning, or the process of determining permanent living arrangements for children in foster care (Malloy, 2017, p.135). In her piece, “Post-ASFA Permanency Planning for Children in Foster Care: Clinical and Ethical Considerations for Art Therapists,” she introduces the Adoption and Safe Families Act (ASFA) of 1997 and its impact on decisions made about adoptions in the United States. “This legislation is arguably the most profound piece of U.S. child welfare legislation to date,” (Malloy, 2017, p.135). Enacted by President Bill Clinton with the aim of decreasing the time children spend in foster care, this well-intentioned legislation possesses problems for foster/adopted youth and their families (C.M. Phillips & Mann, 2013, as cited in Malloy, 2017, p.135).

Malloy asks, “What are the factors that determine such life-altering decisions like adoption, and who is responsible for making them?” (Malloy, 2017, p.135). She states that the creation of transitional objects in art therapy can hold a unique power for children transitioning from foster care to adoption. “Winnicott (1971) introduced the concept of transitional

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phenomena as objects and experiences that provide a sense of safety amidst transition,” (Malloy, 2017, p.135). Malloy states that transitional objects are a major asset for the art therapist working with children in permanency planning (Malloy, 2017, p.138).

Art directives designed to develop coherent narrative for the child in permanency planning are introduced. She cites Stepakoff (2003), who states that creation and review of a life book might allow children to retell and make sense of their story. The creation of such narratives must be aided by therapist guided attention to all caregivers as essential pillars of the child’s life. This will support a sense of unity and attachment across all caregivers (Stepakoff, 2003, as cited in Malloy, p.138). Art provides opportunities for children to fantasize and depict preferences for future family dynamics (Harvey, 1991, as cited in Malloy, p.138).

Malloy encourages clinicians, service providers and legal personal to be aware of biases; providers may unconsciously impress biases based on race, history, or socio-economic status upon parents without critically considering lack of support, poverty, chronic mental illness, lack of healthcare and other obstacles that could account for parental shortcomings (Ben-David, 2015; Humphrey et al., 2006; Shea, 2012, as cited in Malloy, 2017, p.138). “To be effective, art therapists must possess a keen awareness of how the system has failed, demonstrate a willingness to genuinely understand the experiences of clients, and provide opportunities to bridge the gaps,” (Malloy, 2017, p.138).

Malloy concludes her study stating that art therapists should support children navigating permanency planning while helping them identify strengths, create transitional objects and provide opportunities for narrative reflection of their lived experience (Malloy, et al., p.140). The focus of future research should be geared toward the development of arts-based assessments to evaluate the dynamics between children and care-givers, thus providing art therapists with a

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more thorough understanding of the capacity of trauma-informed art therapy while learning about its efficacy (Malloy, et al., p.140).

Donna H. Kaiser and Sarah Deaver's 2009 study "Assessing Attachment with the Bird's Nest Drawing: a Review of the Research," addresses Malloy's request for research and development in arts-based assessment for attachment work. Kaiser and Deaver introduce the concept of the Bird's Nest Drawing (BND) as an art-based assessment that provides information about an individual's attachment security as depicted in drawing (Kaiser, 1996, as cited in Kaiser, et al., p.26). "The BND is grounded in attachment theory and seeks to access a person's internal representation of self and other," (Kaiser, et al., p.26).

Inspired by research on Kaplan and Main's (1986) "Family Drawing," the BND is a projective drawing task developed to assess a person's attachment security (Kaiser, 1996, as cited in Kaiser, et al., p.27). The BND was designed to be a task less threatening than the family drawing. Few measures designed to determine attachment security existed at the time of Kaiser's initial 1996 BND research (Kaiser, et al., p.27). Kaiser observed that the BND's of securely attached individuals had a whimsical, happy quality and that participants composed titles for their drawings that could be described as engaging or gently humorous and frequently depicted parent and/or baby birds. (Kaiser, et al., p.28). The used of green and the inclusion of birds consistently appeared in the work of the more securely attached (Kaiser, et al., p.28). Insecurely attached individuals drew tilted or bottomless nests, utilized minimal color, and images were devoid of birds or eggs.

Kaiser references Overbeck's (2002) BND research with a high-risk sample of pregnant women. There were no statistically significant relationships between BND indicators and attachment style. Many women who self-identified as secure on the Relationship Questionnaire

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drew BNDs that implied insecure attachment (Kaiser, et al., p.29). Themes of home, family, food, hunger and abandonment emerged. Participants frequently commented on perceived poor drawing ability and demonstrated a tendency to give brief drawing descriptions instead of a story (Kaiser, et al., p.29).

Hylar's (2002) study on elementary school children's BNDs used chi-square analysis which indicated children with secure attachment used green as the dominant color, consistent with prior findings. Children classified as ambivalent drew a tree with few features supporting the nest and brown was the dominant color (Kaiser, et al., p.30). Trewartha (2004) applied the BND to foster youth and asked that a title and story be provided in conjunction with completion of the Adolescent Relationship Questionnaire (Scharfe, 1999; as cited in Kaiser, et al., p.30). This study also indicated a defensive process that may have affected answers on the self-report used to classify attachment, suggesting that self-report may not always provide a valid measure of attachment security (Kaiser, et al., p. 30).

Kaiser and Deaver conclude their work stating that their review of group studies provides preliminary evidence in support of the use of the BND to assess attachment security, recognizing that using general impressions along with groups of indicators is a more valid approach than looking at any single indicator as signifying attachment (Kaiser, et al., p.31). "Future study should be grounded in attachment theory, should include BND manuals and scoring system currently in development, and should use methods that build on what we have learned heretofore," (Kaiser, et al., p.32).

Holistic/Transpersonal Art-Therapy, Adoption, and Birth Mothers

Historically, counseling has followed the medical model of specialization however, recently, more clinicians have returned to being generalists to provide "holistic treatment,"

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(Hastings, Faidiman & Gordon, 1980, as cited in Stenstrud & Strensud, 1984, p.422). Stenstrud and Stenstrud's "Holistic Health Through Holistic Counseling: Toward a Unified Theory," describes holistic theory as phenomenological; it assumes nothing on its own but draws assumptions from the immediate ever-changing situation (Stenstrud, et al., p.423). The goal is to enhance the client's self-efficacy expectations (Bandura, 1977) or internal locus of control (Rotter, 1966) so they assume more responsibility for their choices. It perceives human nature as an open process that changes with experiential/environmental interaction which can manifest in either an assumed attitude which accentuates distance from one's environment or an assumed attitude that accentuates their intimacy with the environment as part of a single ongoing process, ideas which coincide nicely with attachment theory (Stenstrud, et al., p.424).

Holistic counseling assumes the existence of a transpersonal self, a self that encompasses one's entire ecological environment. The approach posits that the further removed one is from this "encompassing experience," the more dysfunctional their lived environment becomes (Stenstrud, et al., p.425). The process of art-therapy, an innately holistic modality capable of accessing the transpersonal, and the healing presence of the counselor are central to creating positive change (Stenstrud, et al., p.426). Members of the constellations struggling with attachment may benefit from this all-encompassing approach as it speaks directly to the unique needs of adoption related trauma.

Holistic and transpersonal therapeutic approaches used in conjunction with art-therapy are aptly suited for an often-neglected member of the adoption triad: the birth mother. Lahood (2007) explores a holistic approach in his study, "From 'Bad' Ritual to 'Good' Ritual: Transmutations of Childbearing Trauma in Holotropic Ritual." Lahood cites anthropologist Daris-Floyd who argues that Western medicalized birthing can be constructed as a 'modern rite

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of passage' which can negatively imprint disempowering images into women's minds, reinforcing messages of inferiority and traumatizing birth giving mothers (Lahood, et al., p.81). "By conceiving, carrying, and delivering a child, women directly participate in the process of cosmic creation. Under favorable conditions, the sacred nature of these situations becomes apparent and is consciously experienced (Grof, 1998; as cited in Lahood, et al., p.82). Kizinger states that modern birthing rights do not function to provide emotional support to the mother, [especially the often-stigmatized birth mother], but rather reinforce the established patriarchal system (Lahood, et al., p.83). Birth mothers suffering from birth-giving trauma, including grief, loss, miscarriage, and relinquishment or those who have been emotionally and spiritually impinged upon by the medical system may benefit from engagement with our species oldest healing modality: ritual (Lahood, et al., p.82).

Holotropic therapeutic ritual aims to help the transformative process of birth, as the perinatal birth process structures psycho/spiritual experience (Lahood, et al., p.82). Holotropic breath work is a powerful approach to self-exploration and personal empowerment that relies on our innate inner wisdom and its capacity to move us toward positive transformation and wholeness (Grof, 2019).

The process itself uses very simple means: it combines accelerated breathing with evocative music in a special... setting. With the eyes closed and lying on a mat, each person uses their own breath and the music in the room to enter a non-ordinary state of consciousness. This state activates the natural inner healing process of the individual's psyche, bringing the seeker a particular set of internal experiences. With the inner healing intelligence guiding the process, the quality and content brought forth is unique to each person for that particular time and place (Grof, 2019).

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Davis-Floyd (1992) describes the birthing process as one which transports women into similar states found among participants engaged in holographic breath rituals (Lahood, et al., p.90). In this state, birth mothers may be open to the impression of symbols in their environment. The process moves to a unique climatic experience wherein symbolic images are stored in long-term memory (Floyd, 1992, as cited in Lahood, et al., p.92). Birth mothers with prior knowledge of their relinquishment might benefit from pre-birth art creation depicting symbols of self-compassion, forgiveness, and strength. These images may provide support for the mother while in the throes of an emotionally complicated birth.

April Topfer's 2010 article entitled, "Psychospiritual Development of Female Adoptees Raised within a Closed Adoption System," discusses the importance of a transpersonal approach in adoption work (Topfer, 2010, p.87). She acknowledges the high psychic, psychological and spiritual price paid when adoptees, "...grow up feeling like anonymous people cut off from the genetic and social heritage that gives everyone else roots," (Lifton, 1994, p.8 as cited in Topfer, et al., p.88). Topfer posits that the psychospiritual developmental model will help clinicians gain better understanding of an adoptee's quest for authenticity (Topfer, et al. p.89). Her study examines female adoptees from closed adoptions within an independent or private agency through Jungian, Transpersonal and Feminist perspectives. Closed adoptions are structured so that the child's biological identity remains unknown; original documents are sealed and the adoptee's right to access is contingent upon state statutory regulation (Topfer, et al., p.89).

Topfer references feminist adoption writers Axness (1998), Fessler (2006), Juaggard (2001), Lifton (1994), Solinger (2001), and Verrier (1993, 2003) all of whom acknowledge and value the importance of deep feminine embodied wisdom, truth, and voice regarding issues and ramifications of being adopted (Topfer, et al., p.90). This writer resonates with Topfer's

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disclosure that, "...being in closed adoption severely impacted my ability to find and cultivate my authentic embodied feminine voice," (Topfer, et al., p.91). She describes her hermeneutical journey and identifies mindfulness as the catalysts for developing a stronger embodied voice.

Secrecy and shame pinned to the birth mother become the legacy passed on to the daughter. When united with the new family, often the adoption identity becomes invisible. Cornell (2005) describes the struggle of every woman to become who she is as demanding confrontation with connection between femininity and motherhood (Topfer, et al., p.89). The adoptee must unweave the fantasy that she and her birth mother were ever a dyad and awaken to the limiting confines of double identity (Topfer, et al., p.89). The application of art process (for this writer, working with the mandala) has the potential to access the mindful awareness process necessary to balance powers of the hidden self (also referred to as "forbidden self") and the artificial self, constructed upon fantasy and other's interpretation of the adoptee's lived experience.

The practice of housing unwed mothers in "unwed-mother institutions" before having their child taken away is rooted in a patriarchy which has long determined what it means to be a mother. Western society has long deemed unwed mothers as "unfit." These mothers are stigmatized and are cast as poor decision makers and ergo, are poor prospects for raising good citizens (Solinger, 2001, as cited in Topfer, et al., p.92). Motherhood is not determined by birth, but by marriage and the commodification of their babies. Often, placement for adoption is determined not by the mother's choice, but by her lack of choice and access to resources in relation to the economic resources of other women (Solinger, 2001, as cited in Topfer, et al., p.92). The birth mother is often sold the myth that she is 'better off' and will 'get a second chance to marry and that *those* children will be ok." Many birthmothers report relinquishment as

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identity defining, traumatic, and affecting their whole life (Fessler, 2006, as cited in Topfer, et al., p.93). They bear the brunt of a society that denies and shames teenage sexuality and fails to hold men equally accountable (Topfer, et al., p.93). Adoptive mothers may feel pressured to avoid exposure of their perceived failure to meet what many cultures consider to be the symbolic meaning of womanhood; to maintain this secrecy, the birth mother must be effectively erased (Cornell, 2005 as cited in Topfer, et al., p.93).

The power of art-therapy to access the psycho-spiritual crisis of all women in the adoption triad is compelling. Through art making, the participant may develop a new narrative, deviant from the common story of inadequacy pedaled by patriarchy and the medical model. Through creative expression, women of the triad can retrieve the forbidden self and resist succumbing to the societally imposed artificial self.

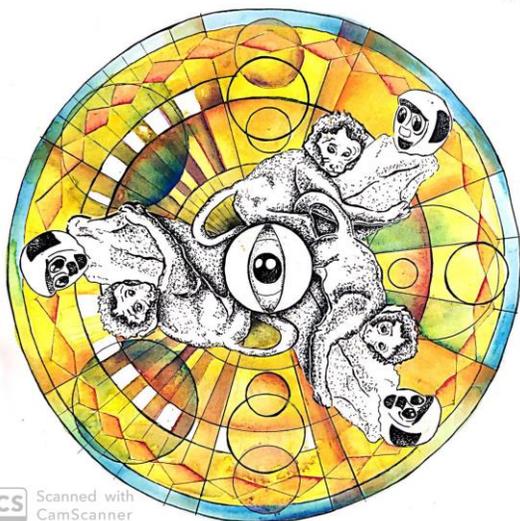
Discussion:

The works compiled in this literary review speak to the value of applied art therapy when working with attachment in members of the adoption constellation. Each study stands strong in its contribution to the development of a creative, adoption-competent therapeutic model. Together, the literature weaves a rich tapestry of intervention possibilities for application in attachment and adoption related work. This introduction to the adoption experience, the neurobiological implications of preverbal trauma, attachment theory, and application of art therapy with individual triad members, groups and families, serves as a foundation for further research into multifaceted approaches to adoption work. While this review speaks to the efficacy of an eclectic theoretical approach in adoption-competent therapy, this author encourages art therapists, mental health clinicians and constellation members to push for further research and

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development with the goal of generating a comprehensive, creative method for the promotion of healthy attachment within members of the adoption constellation and beyond.

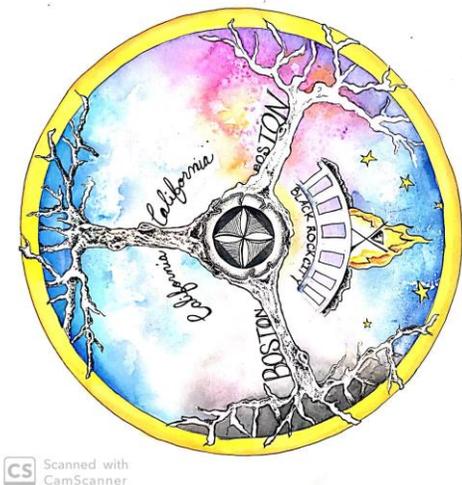
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