The Use of Art Therapy to Address Attachment in Autism Spectrum Disorder

Hilary Holmes
hholmes2@lesley.edu

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The Use of Art Therapy to Address Attachment in Autism Spectrum Disorder

Capstone Thesis

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Hilary Holmes

Art Therapy

Theresa Benson
Abstract

The rate of diagnosis for Autism Spectrum Disorder has grown exponentially within the last few years. With that has come a need for more comprehensive understanding of the disorder and appropriate tools and methods for treatment. This paper aims to review critical research focused on the relationship between Autism Spectrum Disorder, the development of attachment styles in children and how Expressive Arts Therapy can be used in therapeutic treatment to support the development of secure attachment and healthy and appropriate social skills within the Autism population. The literature reviewed within this paper synthesizes a body of information including topics such as affect regulation, maternal insightfulness, family systems theory, attachment theory and related attachment disorders, as well as responsive and empathic arts based interventions that can be used to support and rebuild relational capacity.
Introduction

Individuals with Autism Spectrum Disorder (ASD) struggle within three main realms of functioning, which include difficulty in social interaction, communication and a tendency to engage in repetitive and self-stimulatory behavior. Individuals with ASD, particularly children, often struggle with sensory experiences; experiencing a severe sensitivity or de-sensitivity to particular auditory, visual and tactile sensations, which can further impede on their ability to engage and interact with their surroundings (American Psychiatric Association, 2013). Excess sensory input often leads to the exhibition of negative behavior or possible emotional meltdowns for those with autism or sensory processing issues. Due to the nature of Autism Spectrum Disorder, it is a challenge to decipher how and if the deficits of the disorder interact with the development of attachment during infancy and early childhood. Expressive Arts Therapy, specifically arts based therapeutic interventions can offer a unique and comprehensive approach to address a variety of the defining symptoms of autism and in doing so, may have the potential to improve relational capacity for those with the disorder. Art therapy can be used to address tactile and sensory integration, communication, emotion and affect regulation, as well as a way to practice social skills and increase the likelihood of bonding.

As previously stated, Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that is characterized by deficits that occur within the domains of social interaction and communication, as well as obsessive interests and repetitive behaviors (American Psychiatric Association, 2013). According to the Center for Disease Control and Prevention (CDC), nearly one in 54 children are diagnosed with Autism Spectrum
Disorder each year (CDC, 2020). The number of children with autism has markedly increased world-wide over the last decade among all racial, ethnic and socioeconomic backgrounds. Though research has been done and correlations can be made, there is no defined cause of Autism Spectrum Disorder. Initial speculation suggested that autism may have been caused by weak parenting or lack of affection from caregivers, though that has since been disputed. Recently, there has been strong evidence supporting a genetic component to ASD in addition to environmental factors. Research explored within this literature review will combine these theories to look more closely at the biological and social family system and how early social interaction, care taker attentiveness and sensitivity, among other contributing factors, lead to the development of attachment styles in individuals with autism and from there, how therapeutic expressive arts interventions can support and rebuild relational capacity.

**Historical Perspective of Attachment**

Due to the way in which Autism Spectrum Disorder can limit or an inhibit an individual’s ability to relate to others and interact socially, one might question the relationship between ASD and the development of attachment styles in children with autism. Understanding attachment theory and comparing and contrasting the occurrence of secure attachment, anxious-ambivalent attachment, anxious-avoidant attachment and disorganized attachment in children can provide a better understanding of a child’s overall social and behavioral functioning and provide insight into their continued development. Along with this, many children who exhibit severe symptoms related to their autism diagnosis reside in residential treatment from an early age. Early residential
treatment adds another lens through which to examine the development of attachment for children with ASD.

**Literature Review**

Keenan (2017) describes the need for understanding of how “attachment processes might interact with, or be shaped by, early-emerging and biologically based social and emotional impairments seen in ASD,” stating that “understanding the degree to which children with ASD can flexibly and resourcefully relate to their attachment figure beyond early childhood, and the factors associated with this, may have important implications in contributing to a more holistic conceptualization of the complex clinical picture of ASD” (Keenan et al., p.2). In this qualitative study, care giver attachment is studied and compared between children with autism between the ages of seven and twelve and typically developing peers. Attachment was assessed using the Disturbances of Attachment Interview which discerns between Inhibited, Disinhibited, Indiscriminant and Secure Base distortions of attachment. The facilitators of the study used qualitative information derived from interviews, questionnaires, observation and cognitive assessment which were then thematically analyzed. Findings from this study concluded that children with autism often engage in unique patterns of attachment behaviors when compared to typically developing children and are most often unable to use and identify their relationship with their caregiver as a secure base of attachment. A high prevalence of anxiety was noted in the children with ASD. The case studies demonstrated ASD parent-child relationships as having “inconsistent safe haven behaviors” (Keenan et al., 2017, p.9) which manifested in either wandering/bolting behavior or excessive closeness in proximity with the caregiver. Particular attention was paid to the accounts of the
caregiver, as well as the child. Since attachment is directly and inextricably linked between child and caregiver, it is imperative to look more closely at this facet of the relational dynamic.

**Theoretical Orientations that Address Attachment**

Identifying the relationship and possible correlations between attachment and ASD could give greater insight into how attachment style can influence and/or hinder social skill development and provide clarity for future diagnostic evaluation, more effective treatment and the development of appropriate and individualized therapeutic goals and objectives. Keenan describes the need for understanding of how “attachment processes might interact with, or be shaped by, early-emerging and biologically based social and emotional impairments seen in ASD,” stating that “understanding the degree to which children with ASD can flexibly and resourcefully relate to their attachment figure beyond early childhood, and the factors associated with this, may have important implications in contributing to a more holistic conceptualization of the complex clinical picture of ASD” (Keenan et al., 2017, p.2). Examining criteria such as parental gender, age and the level of involvement in the caretaking relationship are important to consider when exploring attachment styles and behaviors. Consideration is paid to how factors and facets of the family structure such as divorce, step-parents and siblings might also impact attachment in children with autism, as well as the occurrence of residential treatment and the influence of the caretaker. Assessments such as Autism Diagnostic Observation Schedule (ADOS), the Mullen Scales of Early Learning, the Early Social Communication Scale and the Maternal Perception of Child Attachment (MPCA) questionnaire, as described in Siller’s (2014) research, can be used to analyze the behaviors and
interactions between parent and child to give quantitative evidence to support the
correlation between relational ability, attachment styles and autism.

In their article, Claire Fardoulys and Joe Coyne (2016) discuss the use of the
Circle of Intervention to assess attachment relationships between children with Autism
Spectrum Disorder and their caregivers. Before describing the intervention, Fardoulys
and Coyne describe the nature of autism in relationship to attachment theory, stressing
the importance of considering parental sensitivity as a major contributing factor to the
development of attachment styles in children and infants with ASD. Parental Sensitivity
can be described as the ability to which a caregiver can intuitively understand and attend
to a child’s needs by observing their behavior. The key to parental sensitivity supporting
secure attachment comes from having the ability to decipher the intention behind the
child’s behavior and respond promptly and appropriately. Caregiver’s of children with
autism “may find it more difficult to interpret attachment needs of a child with ASD if the
communicative and affective skills typically used to demonstrate these needs are
impaired or not expressed in a socially predictable way (Howe, 2006), thus impacting
attachment formation” (Fardoulys & Coyne, 2016, p.574).

The Circle of Security intervention uses the Circle of Security Interview (COSI)
to “understand each caregiver internal working models, including representations of the
child and their own attachment history, which helps inform the practitioner about
caregiver state of mind and individualize the therapeutic process to the parent’s particular
sensitivity to the relationship.” (Fardoulys & Coyne, 2016, p. 575). COS was comprised
of ten weekly 90 minute sessions, which include interview, dyad and individual
assessment with mothers and their children. Within the first few sessions, parents were
interviewed using the COSI method. Following that, participants were observed within the dyads of parent and child in the context of play and finally using the Strange Situation Procedure to assess child responsiveness. Sessions in phases one through three were videotaped and later reviewed between the therapist and parent in order to reflect on change that occurred within the child-caregiver interactions between phases one and three. The authors of the article describe the role of the therapist as “positioned as ‘the hands’ that support the caregivers throughout the process while they make meaning of emerging emotions and new ways of relating to their child.” (Fardoulys & Coyne, 2016, p.576).

The Circle of Security Intervention was developed in an attempt to improve attachment security between the child with ASD and the caregiver through the development of a more reflective skillset on behalf of the caretaker. This skillset encourages the growth of observational skills both in observing the child in the relationship and the ability of the caregiver to recognize their own state of mind and preconceived mental representations and their subsequent effects on the attachment relationship. COS uses the term “shark music” to describe times within the intervention when the caregiver’s vulnerabilities and unregulated affect influences the quality of care given (Fardoulys & Coyne, 2016). Through qualitative narratives, the article illuminates how COS can be used to scaffold caregiver success in attaining secure levels of attachment through increased stability, relational security and trust building behaviors and activities between caregiver and child. Parents of children with autism report having increased levels of stress due to the nature of the disorder and the increase in demands and responsibility in comparison to parents of typically developing children (Fardoulys
Running head: ART THERAPY, AUTISM AND ATTACHMENT

& Coyne, 2016), with that being said, the study finds that despite these challenges, children with ASD are capable of developing secure attachments relationships with their attachment figures and in turn strengthens the likelihood of their ability to form and support healthy and secure relationships with others throughout their lifetime.

Though the authors of this article offer some valuable insight and contributions explored through their research, they make note of several limitations that exist within the case. For instance, the study here follows the case of two caregivers, who are described as well-educated, middle class mothers, both of whom sought out support. Having such a small sample size, severely limits the validity of the findings in terms of being able to generalize the results to a larger population. Validity of the COS intervention could be supported by future research that uses a larger and more diverse sample size. Complications in the reliability of the research also exist. The COS intervention was designed to be carried out over a longer period of time but due to a lower level of participation, the intervention was run over a course of fewer weeks.

By thinking critically about the relationship of attachment styles and individuals with autism, Grzadinski explores the importance and effectiveness of Expressive Arts Therapy, more specifically art therapy in addressing relational deficits and strengthening attachment styles to support relational capacity in individuals with autism. Grzadinski and colleagues (2014) approach the topic of attachment styles in individuals with ASD with a unique perspective by looking more closely at the nuanced behavior that occurs during separation and reunification with a caregiver. Evidence was described through a combination of qualitative observational assessment and quantitative data derived from diagnostic assessment and evaluation. Assessment measures include The Mullen’s Scale
of Early Learning, The Bayley’s Scale of Infant Development and the Strange Situation Paradigm. Children ages two to three years old with and without autism along with their caretakers were used in the study. The study found that children with ASD reacted similarly to children without ASD when separated from a parent or caregiver. Difference in behavior was found in the reunification context. Children with ASD were more likely to not approach their caregiver after their reentry. The study was unique in that it highlights and examines the possible impacts of parental gender on caregiver-child attachment behaviors. Research within the study found that “fewer children both with ASD and those without, showed pro-social responses to reunion with their fathers than with their mothers” (Grzadinski et. al, 2014, p. 92). More research is needed in order to better understand whether or not gender influences or impacts attachment behavior.

In another study, Dolev and colleagues (2014) illuminate the importance of understanding attachment in children with Autism Spectrum Disorder as a means to provide better support and the opportunity for more purposeful planning for their future educational and developmental needs. Research thus far, has focused more on IQ tests as an assessment for educational placement, with little research being done on the possible influence of attachment and early childhood relationships (Dolev, Oppenheim, Koren-Karie & Yirmiya, 2014). The study aimed to “elucidate the role and contribution of secure attachment to their mothers and of the mothers’ insightfulness with regard to their children assessed when the children were preschoolers, to their later educational placement” (Dolev, Oppenheim, Koren-Karie & Yirmiya, 2014, p. 958).

The study was conducted in an area in Northern Israel and followed the development of 25 boys diagnosed with Autism Spectrum Disorder or Pervasive
Developmental Disorder- Not Otherwise Specified. Mothers and their children were first assessed when the children were between the ages of two and six and then again during middle childhood and early adolescence after which, information was gathered related to their educational placement and status. A series of assessments were conducted, including an insightfulness assessment which included qualitative observational data taken from free play between mother and child, symbolic play and social play. (Dolev, Oppenheim, Koren-Karie & Yirmiya, 2014). A battery of assessments was conducted to assess the child’s diagnosis and functioning, IQ, interactive competence, insightfulness and attachment and level of inclusion.

The study considered the likelihood of children with autism being placed in a variety of educational settings, including both inclusion style settings, as well as segregated classrooms and how these outcomes were or were not directly related to their early relationships with their parents, more specifically with their mothers. The attachment styles identified in the children and parents were compared to the early relationships exhibited by the children in school based settings. Comparisons such as “the interactive challenges that include impairments in forming and responding to joint attention bids, seeking help from others and initiating play with others” at school can be easily translated to the difficulties that children with ASD may demonstrated in “responding to parent’s bids, involving parents in play, forming eye contact with parents and using social referencing” (Dolev, Oppenheim, Koren-Karie & Yirmiya, 2014, p.959). Research in the study cites Rutgers and colleagues (Rutgers et al., 2007) in saying that children with ASD have been found to develop securely attached relationships with their mothers approximately 50 percent of the time and although they may present with
significant and pervasive social challenges, despite this, they are able to develop relationships with their parental figures in a way that seeks support, comfort and safety in times of discomfort and distress. The secure attachment evidenced by this behavior is thought by the authors to be directly correlated to the sensitively and insightfulness of the mother during infancy and early childhood.

Overall, the findings of the study concluded that there is a significant correlation between the development of secure attachment between child and parent and the success of a child’s future placement in an inclusive educational setting. The research presented echoes the sentiment of supporting parents of children with Autism Spectrum Disorder and providing them with early resources and interventions to encourage healthy and strong parenting practices by encouraging parents to develop in skills and account for and remediate deficits in a way that will support secure attachment.

Attachment does not occur in isolation. When considering the development of attachment style in a child, it is crucial to consider the family structure as a whole. Bowen’s Family Systems Theory, theorizes that the family works as a system, with each family member acting their own unique role, interacting with each other to form rules and expectations for the system as a whole. Another lens through which to study family relationships impacted by autism is through The Circumplex Model of Marital and Family Systems, which suggest that “balanced levels of cohesion and flexibility are most conducive to healthy family functioning. Conversely, unbalanced levels of cohesion and flexibility (very low or very high levels) are associated with problematic family functioning” (Olson, 2011, p.65). The diagnosis of Autism Spectrum Disorder, with its tendency to involve rigidity in thinking and often high inflexibility and intolerance for
disrupted patterns and routines could further frame or inform the role for an individual with ASD within the family system and influence the types of interactions had between family members, therefore contributing to the attachment styles formed between the child with autism and the caregivers, the ASD child and his or her siblings and/or the neurotypical sibling and caregiver.

In one study researchers investigated “how family functioning (defined as the ability that family members hold to manage stressful events, and intimate social relationships), the degree to which family members feel happy and fulfilled with each other (called family satisfaction), and the demographical characteristics of siblings (age and gender) impact sibling relationships” (Laghi et al., 2017, p. 793). The study followed 86, neurotypical adolescents, who have siblings diagnosed with Autism Spectrum Disorder, studying the interactions, behaviors and overall quality of the sibling relationship spanning from early adolescence through young adulthood. As stressed by the writers, these relationships are highly important to consider, as sibling relationships often serve as the longest standing bond for individuals with autism, serving as a pillar of support through kindship throughout the lifetime.

Findings from the study yielded interesting results. The study found that there was a higher level of negative behavior and interactions between younger siblings, such as those in early adolescents than compared to older adolescents and early adulthood (Laghi et al., 2017). This makes sense given the developmental stages of both the child with ASD and the sibling. As development continues into adolescence and adulthood, appropriate social and cognitive development aids the sibling in a better understanding of the challenging and/or aggressive behaviors of their sibling with ASD. As stated within
the discussion of the study, “the extent to which family members feel satisfied and fulfilled with each other appeared to be a crucial variable in the adoption of functional sibling behaviors” (Laghi et al., 2017, p. 789). It was also noted that parents of children with ASD and other disabilities were found to have lower levels of marital satisfaction than parents of children who neuro-typical children, with family satisfaction serving as a decisive factor of family functioning as a whole (Laghi et al, 2017). With this information, one could consider the likelihood of the impact that marital and family satisfaction can have on the development and maintenance of secure attachment throughout the lifespan.

**Similarities and Differences Between ASD and RAD**

Individuals with Reactive Attachment Disorder (RAD) may often exhibit similar social difficulties as those with Autism Spectrum Disorder but the quality of social interaction is different from that of individuals with ASD (Laghi, 2017). Children with ASD most often have difficulty in engaging in reciprocal conversation, often have limited understanding of the concept of perspective taking and often are unaware of social norms, societal rules and social boundaries (Laghi, 2007). The most definitive difference between the diagnostic criteria for Autism Spectrum Disorder and for Reactive Attachment Disorder is the occurrence of childhood trauma, abuse or neglect. In RAD social and communicative deficits stem from a reaction to experienced trauma in these individuals. Reactive Attachment Disorder is divided up into two subtypes, which include inhibited RAD, characterized by “hyper vigilance and emotional withdrawn” or disinhibited RAD which is characterized by “indiscriminate friendliness, lack of social boundaries and difficulties negotiating social relationships” (DSM-V). Both disorders can
commonly hold a comorbid diagnosis such as Attention Deficit Disorder, Anxiety, as well as behavioral difficulties such as an increased level of aggression. It is important to distinguish between these diagnoses because declaring a diagnosis of RAD is insinuating an occurrence of abuse or neglect perpetrated by the family system.

Autism Spectrum Disorder and Reactive Attachment Disorder have very similar presenting issues. It is important to further investigate the similarities and difference within the presentation of these diagnoses in order to gain a clearer understanding of how the diagnostic criteria differs, how the presentation can be observed within each case, and finally the investigation of comparably effective treatment for each. Though individuals with these disorders may present with similar issues, if the root of the behavior is different, the same treatment may not be effective.

Davidson and colleagues (2015) present a study done that closely monitored a group of 11 five to eleven-year-old children diagnosed with Autism Spectrum Disorder or Reactive Attachment Disorder. The aim of the study is to address the issues related to differential diagnosis of these disorders by identify the overlapping symptoms, as well as the differences in cause and presentation and see how accurately existing standardized measures have differentiated the two. Participants with a diagnosis of RAD were chosen with an even distribution of those who exhibited the three main categories, including inhibited, disinhibited and mixed. All RAD participants in the study had a history of maltreatment and had been assessed using DSM-IV criteria in order to be diagnosed. Children in the ASD group have been assessed using the Autism Diagnostic Observation Schedule and diagnosed following the criteria of the DSM-IV. It is also noted that the
children with ASD have had no known history of trauma, which is essential information when considering the comparison of ASD to RAD.

During the assessment period of the study, researchers focused on the exhibition of psychiatric and behavioral symptoms, cognitive functioning and comorbid diagnoses. These elements were assessed using a variety of diagnostic and assessment measures including the Child and Adolescent Psychiatric Assessment (CAPA-RAD), The Teacher Relationship Problems Questionnaire (RPQ), The Observations Schedule for RAD (OSR), the Waiting Room Observation (WRO), Wechsler Abbreviated Scale of Intelligence (WASI) and Development and Wellbeing Assessment (DAWBA). Findings from the assessments show that there were significant differences in cognitive functioning between those diagnosed with Autism Spectrum Disorder and those with Reactive Attachment Disorder. Data found that “44% of children in the ASD group had a low verbal IQ and significantly higher performance IQ while three children in the ASD group had a significantly higher verbal IQ than performance IQ. No child in the RAD group demonstrated any significant VIQ-PIQ deficit, demonstrating a key difference in the cognitive profile of the two groups” (Davidson et al, 2015, p. 68). Looking at the behavioral data found that children with ASD and RAD often share symptoms that align with anxiety disorder and ADHD, though the children with RAD had a greater likelihood of having additional conduct and behavioral issues (Davidson et al, 2015).

As engaging in social relationships is a challenge for both groups, looking closely at how each group interacts with peers, caregivers, strangers and figures of authority is an important aspect of the research. The study found that though both groups struggle with social interaction, the quality of the interactions vary widely, as well as the purpose or
intent behind the interactions. For instance, data collected within the study showed that children with RAD were more likely to engage in social interactions with a sense of “indiscriminate friendliness,” while individuals diagnosed with ASD were less likely to engage in conversations that required reciprocal interaction and more likely to dominate conversations pertaining to obsessive or repetitive interests. Furthermore, it was found that “children with attachment disorders seemed to have some skill in building relationships; yet were, on occasions inappropriate and challenged boundaries. These observations are consistent with literature on indiscriminate friendliness in RAD and suggest a different social quality in the interactions of these two groups” (Davidson et al, 2015, p. 65). Researching these key differences between the social qualities of the relationships for people with ASD and RAD can offer a more comprehensive understanding of how to approach therapeutic treatment in a way that can support and address their unique needs for social skill development. For example, when working on social skill development with an individual with autism, the therapist might consider utilizing the individuals interests or obsessions as a starting point for engaging in conversation and building a bond with the individual. With the therapist’s awareness of the obsessive interest serving as scaffolding or a crutch for the conversation in early treatment, they can then progressively work with the client to expand the level of interaction and increase the social/reciprocal quality of the experience by broadening the topic or context of the conversation. For an individual with RAD, the therapist might find that trust could be an underlying issue affecting the client’s ability to engage in satisfying and appropriate social interactions. Similar to the individual with autism, developing the
therapeutic bond will serve as an important aspect of treatment, but with each diagnosis is a differing underlying issue and ultimately a different therapeutic approach.

**Current Treatment Options for ASD**

There are a variety of different therapeutic treatment options that are frequently used with people with Autism Spectrum Disorder. Some common approaches include, Applied behavior Analysis (ABA), Verbal Behavioral Therapy (VBT), Cognitive behavioral therapy (CBT), Developmental and Individual Differences Relationship Theory (DIR) and Daily Life Therapy (DLT). These therapeutic models are often used in conjunction with other services such as speech therapy, occupational therapy, physical therapy, sensory integration and expressive arts based therapies.

ABA has become a widely used intervention for autism within the United States, especially within school-based settings. ABA is an approach that encourages positive behavior and discourages negative behavior through the use of incentive. ABA’s primary focus is typically on behavior modification and increased communication skills. ABA requires extensive data collection and monitoring. Applied behavioral Analysis often encourages the employment of Early Intervention (EI) services for individuals with autism. Early intervention is a model that is used with young children who are identified as having or at risk for having developmental delays. The developmental delays are often linked with developmental or cognitive disabilities or can be trauma related due to abuse or neglect. Early Intervention services are aimed to remediate deficits and support the development of areas such as cognitive, social-emotional, communication and physical skills. The services are often provided by the state at no to low cost to the family. The effectiveness of Early Intervention is thought to be related to the age of the child, with
high success stemming from cases where children and families were provided with access to services earlier (CDC, 2020).

Verbal Behavioral Therapy is also linked to Applied Behavioral Analysis. Verbal Behavioral Therapy focuses on skill development in the areas of language and social communication. The main use of VBT is to teach individuals with autism how to communicate more effectively to attend to their basic needs socially, emotionally and physically. Much like ABA, VBT also employs an incentive based technique, encouraging individuals with autism to communicate verbally be reinforcing the work through repetition and rewarding the individual with the requested object or activity.

ABA, VBT and EI therapies are all to be administered individuals who have been formally trained in the discipline and received appropriate certification. Requiring certification to administer these forms of treatment increase their reliability and assure that they are offered in ways that are most appropriate and effective for the clientele. That being said, requiring certification can also serve as a limitation, as it limits the reach of access for the treatment. In mental health facilities utilizing these approaches, not all therapists may be certified in each approach, which may limit the scope of treatment that each clinician can provide to the clients on site.

Developmental and Individual Differences Relationship Theory (DIR) is a framework that focuses on social engagement, interaction, attachment and relationships as key components to healthy development. DIR is most widely known for its use in the treatment of Autism Spectrum Disorder, it was developed to be used successfully with a broader defined population of children with “educational, social-emotional, mental health and/or developmental challenges.” (ICDL). “Floortime” is the method used to implement
DIR, which encourages the parent or caregiver to literally and figuratively meet the child on their developmental level through the use of floor-based play. Through the use of play DIR and floortime encourage the development of regulation skills, bonding, simple to more complex communication and the identification and transmission of affective states from child to caregiver.

Daily Life therapy is a holistic approach that was developed in Japan at the Musachino Higashi School by Dr. Kiyo Kitahara and then was brought to the United States through the development of a sister School. Students at the school range from age 3-22. The school functions under the pedagogy of Daily Life therapy. Daily Life therapy is a highly structured educational and therapeutic framework that focuses on the development of character through “heart-to-heart” education. This is a strength based approach the encourages the use of physical stamina building and the encouragement of emotional stability and intellectual stimulation to facilitate holistic growth rather than focusing on the rumination of deficits.

**History of Art Therapy Interacting with ASD population**

As described by Dr. Kiyo Kitahara in her writings on Daily Life Therapy, creativity in music, visual arts and kinesthetic movement is often how individuals with autism best succeed in communicating their feelings, stimulating intellect and as a means of diffusing energy- making Expressive Arts Therapy an ideal approach to modifying and regulating their behaviors in a positive/strengths based way. Criteria for the diagnosis of Autism Spectrum Disorder includes the impairment of sensory functioning and self-regulation. Seeing as though individuals with ASD can react differently to auditory, visual, vestibular and proprioceptive stimuli, both the input and output of sensory stimuli
can greatly affect their ability to self-regulate, acclimate and adjust to their environment, overall affecting their level of functioning in various domains, including social interactions and attachment style.

Successful art inventions used in treatment for ASD are focused around sensory integration, the development of emotional literacy and the introduction to appropriate social skills and interaction. Through the use of carefully designed, multi-sensory arts based directives influenced by the Expressive Therapies Continuum (Hinz, 2009), individuals with ASD can be encouraged to fully engage in art activities in a way that promotes affect regulation, as well as bodily and relational awareness. Since social interaction is particularly challenging for individuals with ASD individual, dyad and group formatted treatment can be scaffolded in a way that supports the individualized treatment of each individual. For instance, an art directive can be formatted in a way that begins with individualized creative expression with art materials, where the art product is then used collaboratively within a larger group context. Allowing for the individual with autism to feel comfortable in the therapeutic practice with an individualized and self-engaged activity before challenging them to broaden their social skill set through group work.

Huma Durani presents arts based research through a case-study which aims to illustrate the facilitation of attachment in children with autism through art therapy. The article provides a brief overview of the challenges associated with ASD, the usefulness of art therapy, attachment theory and finally the year-long case study of Tom, a 12-year-old non-verbal boy with a diagnosis of autism. Durani chose to use art therapy interventions as a means to support and further facilitate attachment due to the opportunity for multi-
sensory engagement with art materials and techniques. He argues that through the attunement between therapist and client during the art making activities, the client was able to lower his anxiety and increase his ability to self-regulate. Durani states that “the intentional goal of the sessions was not to develop his image-making or symbolic thought, but primarily for him to enjoy the session, engage presently and sensorily with the art materials, and to begin to let down his defenses and communicate with the therapist (Durani, 2014, p. 106)” with that being said, reported outcomes were noted in Tom’s ability to communicate and express himself through his art, increased attention, willingness to interact with the therapist and desensitization toward aversive sensory experiences. Though this case study supports the idea of art therapy as an effective therapeutic tool for aiding individuals with Autism Spectrum Disorder in a variety of ways, the lack of evidenced based empirical research done in the field weakens the overall validity of the data. It also should be noted, that though this case study represents positive results in research, as a single case study, the data cannot be used to accurately represent the autism population as a whole. Further research is needed to expand these findings and determine whether they are generalizable to a wider population.

Miranda D’Amico and Corrinne Lalonde (2017) conducted an arts-based research study to examine the usefulness of art therapy to teach social skills to children with Autism Spectrum Disorder. In their study, arts based interventions were used to “develop self-expression, creativity, and the consolidation of social skills through art making, discussion, play, and collaborative projects” (Damicco et. al, 2017, p.179). The article combines quantitative data derived from the Social Skills Improvement Rating Scale (SSIS-RS) with arts-based evidence compiled from the artistic interventions employed,
which include drawings, masks, mind maps and process based art activities which included verbal processing intended “to explore feelings, manage behaviors, and foster and develop social skills” (Damico et al., 2017, p.179). The study was limited by its small size and its lack of diversity within the sample. The article did, however, provide insight into the potential for positive behavior changes that can occur through the use of arts based interventions including increased communication skills, the strengthening of social interactions, decrease in hyperactivity and ample opportunity for peer relationship building.

Franklin (2010) provided an interesting perspective on the concept by linking the neurobiological perspective of empathy to art therapy. The article articulates how art therapy, and the attunement that occurs between artist and therapist is similar to the experience felt between infant and caregiver. Franklin speaks as a proponent for the possibility of mindful art interventions being used to support affect regulation by igniting mirror neurons in the brain (Franklin, 2010). Franklin references the work of Edith Kramer, pioneer in the field of art therapy, by naming the art therapists role as the “Third Hand” (Kramer, 2001). In therapy to facilitate attunement between client and therapist, further helping the client to regulate their emotions and increase their ability to experience and understand reciprocal and satisfying interpersonal relationships. Franklin describes that in attachment theory, “intersubjective is defined as the sharing of subjective states with another person through emotional attunement. Similarly, an artist attunes to his or her subject by empathetically feeling into the phenomenological object” (Franklin, 2010, p. 160). In short, this reiterates the understanding that the art-making process, though often times very personal, can create the opportunity for an acutely felt
and emotionally shared experience—not only between artist and maker, but in the therapeutic realm, between practitioner and client. Franklin compares the role of the therapist in art therapy to that of the parent, stating that “analogous to a good parent, the therapist adjusts to shifting, intersubjective exchanges of attunement, missattunement and re-attunement that form the basis of the therapeutic alliance. The result is a relationship that aims to regulate arousal states through empathetic tracking” (Franklin, 2010, p. 162).

Though Franklin (2010) does not directly state its relationship to the diagnosis of Autism Spectrum Disorder, much of the information provided within the text can be extrapolated and applied aptly to the population during art therapy practice. As stated in the text, “art therapists are in a unique position to build on intersubjective understanding by mindfully utilizing empathetic art to receive, consolidate and offer back expressions of deflected affect to their clients… With careful attunement, art therapists can develop unique aesthetic forms of empathetic resonance” (Franklin, 2010, p. 166). Mirror neurons are sensory motor-cells found within the brain that fire both while an individual completes a task, as well as when watching another individual complete the same task. As routine and imitation are generally found to be skills for individuals with autism, the idea of harnessing the power or mirror neurons to encourage positive attachment relationships is of interest and relevance.

Since communication is often limited or at the very least impacted for those on the autism spectrum, using the sensorial and kinesthetic senses to facilitate communication and overall connectedness is particularly useful. In the methodology described, communication is built through the art created in session by the client, careful observation employed by the clinician, followed by an empathetic art response witnessed
by the client. Franklin references Gallese in stating that the “mirror neurons system; that is, carefully observed actions—such as those seen in another person creating art, will instinctually fuse with the observer at a subtle level” (Franklin, 2010, p.161). To do this, the therapist focuses on the art created in front of them, paying attention to the visual elements, composition, verbal exchanges in the art making process, as well as body language, behavior and somatic function throughout the session. From there, the therapist must be able to engage in their own reflective process, being able to both align and differentiate similarities and differences in the content with their own personal history and identity. Finally, Franklin refers to Kramer (2010) by explaining that the therapist must then learn to attune to the client in visual response in a way that matches the clients “handwriting,” and completes the empathetic art process, in other words, creates art that echoes their understanding of the client in the least intrusive way (Franklin, 2010).

Art therapy is unique in the realm of therapeutic modalities because through its subtlety it offers so many unique ways of building connection, be it through the process of making art together, the act of observing, the conversation built through art and response or the actual art materials themselves, it seems as though there are infinite ways to build and encourage connection and attachment through art making. One of the most profound concepts that exemplifies this is the idea of attunement between the therapist and client. Kossak (2008) describes attunement as involving “a certain level of spontaneity and improvisational play, including experimentation and risk taking. In expressive arts therapy, when I am creating a visual image or movement, or poetic language, or dramatic enactment, or musical form, I am trying to sympathetically
resonate with a rhythmic flow of energies between myself, and material, self and sound, and space or self and other” (Kossak, p. 15. 2008).

Those with autism often have difficulty relating to the world around them. Epp (2008) provides a solid overview of what mild to moderate symptoms of autism look like, as well offers a comprehensive look at how group art therapy can address the unique need for social skill development and language/speech acquisition in the autism population. In her study, she examines the use of art therapy based interventions with primary and secondary aged students who were involved in an afterschool program called SuperKids. The program “incorporates group therapy and art therapy to translate abstract social—emotional concepts into a curriculum that reaches children who function more easily in a visual/kinesthetic orientation than in the social/intuitive environment” (Epp, 2008, p.11). Data and statistical evidenced was derived from the study by means of questionnaire and clinical observation support the use of arts based interventions as a means of addressing social skill development, the reduction of emotional stress, issues related to hyperactivity and mitigating the effects of the internalization of negative behaviors. The study does have some limitations, in that the population served was predominantly middle class. Serving a wider demographic, including socioeconomic diversity, could help to verify the generalizability of the results. The study would also benefit from the use of a control group to confirm the reliability of the results presented.

Emery (2004) provides a clear description of how the art making process can help an individual to better understand the world around him by strengthening or developing object constancy. “Considering all the components of autism, there apparently exists an inability to achieve object constancy in early development. Behaviors that seem
obsessive-compulsive, repetitive, and generally abnormal in relating to people, objects, and events may be the method by which children with autistic symptoms attempt to satisfy their need for object constancy… All children’s behavior has a purpose (Bowlby, 1988). The world of children with autism is not one of confusion and baffling behaviors, but involves a different way of ordering their world” (Emery, 2004, p. 144). The power of developing these social skills can have a profound impact on one’s ability to develop and maintain relationships and experience social interconnectedness on a new level.

**Discussion**

By engaging in this research and synthesizing the information gathered, this paper aimed to bring further awareness, acceptance and understanding of the autism population by providing a body of knowledge that identifies the development of attachment styles for those with ASD. Having a keener understanding of attachment styles through the lens of Autism Spectrum Disorder allows for more appropriate therapeutic interventions and relational support for those on the spectrum and their families. With understanding the way in which those with ASD form attachment and experience relationships, comes a more comprehensive understanding of the diagnosis as a whole and the various ways in which treatment can be approached. Family systems, maternal and paternal insightfulness, as well as sibling relationships serve as the foundation for attachment and can provide acuity in the understanding of social development for those on the spectrum. Discernment between the subtleties within diagnoses such as ASD and RAD or other attachment disorders assures that treatment planning is addressing the issues of the diagnosis rather than just remediating the symptoms.
Though there are a host of standard therapeutic approaches used in treatment for ASD, including Applied Behavior Analysis (ABA), Early Intervention (EI), Verbal Behavioral Therapy (VBT) and Developmental and Individual Differences Relationship Theory (DIR), little research has been done on the integration of art based interventions to support these approaches. The diagnosis of ASD includes the impairment of sensory functioning and self-regulation, meaning individuals with autism may react to auditory, visual, vestibular and proprioceptive stimuli differently. Since the ways in which individuals react to both the input and output of sensory stimuli can greatly affect their ability to self-regulate, acclimate, adjust to their environment and affect their level of functioning in domains such as social interactions and attachment style, it is imperative to find a way to address these needs within therapeutic treatment. Art therapy and expressive arts based intervention address these sensory needs and incorporate opportunities for social and familial bonding by utilizing strategies that increase sensory integration, processing and regulation and in turn, can support one’s ability to relate to others, form relationships and develop appropriate social skills. Using this information can help researchers, clinicians, social workers and caregivers find ways to use the Expressive Arts to strengthen familial and social bonds for those with ASD and in turn, better the opportunity for more meaningful interactions and relationships, thus increasing the overall quality of life for individuals with autism.
References


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