Creating Attachment: The Expressive Therapies as a Multisensory-Relational Modality to Foster Secure Attachment

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Abstract: This article explores the use of expressive therapies as a multisensory-relational treatment approach that furthers the therapeutic process in reworking insecure attachment. We aim to shed light on how expressive therapies can rework insecure attachment schemas into secure attachment schemas. A theoretical review of the expressive therapies and their impact on fostering secure attachment is presented. Two case studies illustrating the use of expressive therapies in practice are discussed in the context of attachment. We highlight how the expressive artistic realm not only allows for the expression of unmet needs, often too difficult to verbalize, but also operates as a nourishing medium that may amalgamate the lesions of the past into a secure attachment blueprint.

***Keywords*:** expressive therapies, art therapy, dance/movement therapy, music therapy, drama therapy, attachment

Overview of Attachment

"The propensity to make strong emotional bonds to a particular individual is a basic component of human nature" (Bowlby, 1988, p. 3). The core of attachment is connection; it is a biological imperative (Porges, 2015) and impacts one's ability to feel alive, safe, and regulated. Therefore, to truly attach is a connecting of rhythms; it is a co-regulation that occurs between individuals (Schore & Schore, 2008).

Attachment theory speaks to the relationship between a child and their primary caregiver and how the caregiver can connect with the child to form a secure base (Bowlby, 1988). When a secure attachment is formed, the child is free to leave and explore the environment and then return to the caregiver. The self develops in connection to others and shifts as connections are re-enacted, validated, or tested over time (Bowlby, 1982). The first individual that a child connects with is significant and lays the groundwork for how the child will connect with others, impacting their ability to love and feel loved (Ainsworth et al., 1978; Ainsworth & Wittig, 1969). Ainsworth reiterated the importance of timing and appropriateness of response from caregiver to child (Ainsworth, 1967). The response from caregiver to child creates a holding environment (Winnicott, 1960) for the child to explore and engage within, feeling safe and secure.

A child who has a caregiver who is attentive and responsive to their needs will typically develop a secure connection to the caregiver and will return to them when in distress or feeling unsafe (Main & Wetson, 1982; Whipple et al., 2009). Caregivers can also create *affect attunement* in connection to their child which fosters increased eye contact, smiling, and closeness (Markova & Legerstree, 2006; Stern, 2010). The bond between a caregiver and a child is crucial to that child's development—psychologically, neurobiologically, and physiologically. Furthermore, attunement to the child's rhythms, behaviors, and body creates a deep connection between

caregiver and child. Thus, having a level of attunement between caregiver and child is essential (Klorer, 2000). Schore and Schore (2008) noted how a healthy attachment is a product of nature and nurture, temperament, and an early relationship with the child's primary caregiver.

Regarding attachment styles, Ainsworth (1985) found that there are three styles of attachment: *secure*, *ambivalent*, and *avoidant*. Secure attachment involves having confidence and trust in the caregiver and self. Conversely, ambivalent and avoidant attachment are two modes of insecure attachment rooted in unmet attachment needs. Ambivalent attachment will be displayed at first as clingy and overly dependent, but when needs are met by the caregiver, the child will reject the caregiver. Those with an avoidant attachment style can have low confidence, withdraw or shut down emotions, and reject the caregiver (Mikulincer & Shaver, 2015). Main and Solomon (1990) went on to add a fourth style of attachment, *disorganized*, which can manifest in hyperarousal, exaggerated startle response, agitated behavior, and withdrawal (Malchiodi & Crenshaw, 2014). Anxiety may also impact the attachment style as the child develops into an adult (Mikulincer & Shaver, 2015). Those who are prone to an anxious attachment style are more likely to exhibit manifestations of anger or despair when their attempts to connect are not met or received (Mikulincer et al., 2013).

In addition to impacting relationships, insecure attachment styles have been connected to psychological distress, mental illness, and an increased likelihood of illness as an adult (Mikulincer & Shaver, 2015; Puig et al., 2013). Disrupted attachments can lead to devaluing or dehumanizing others, creating a fragmented self (Shore, 2014). Subsequently, children who have not been able to develop a healthy attachment to another due to abuse or neglect may exhibit the following behavioral concerns: lack of happiness or joy, lack of eye contact, lack of empathy or guilt, and inappropriate communication and/or physical boundaries (Hughes, 1998). A powerful method of relational and sensory stimulating therapy to re-work these disrupted and insecure attachments is the expressive therapies.

Expressive Therapies and Attachment

The expressive therapies allow the individual to see and be seen; they engage the senses; they promote clarity, self-coherence, resilience, and safety. Klorer (2005) stated that "nonverbal, expressive therapies can be more effective than verbal therapies in work with severely maltreated children exhibiting attachment difficulties" (p. 213). Furthermore, the therapeutic connection between expressive therapist and individual is grounded in a creative exploration of self by the individual through the use of various modalities, such as art, dance/movement, drama, music, and play. These art modalities infuse the expressive therapies, all of which are explored below in relation to creating secure attachment.

Art Therapy and Attachment

Art therapy uses the creative process of visual artmaking to rework disrupted attachments through the senses (Schore, 2013). The art may be used for meaning making, connection, and/or assessment purposes. Corem et al. (2015) shed light on aspects of the therapeutic relationship in

art therapy and found a relationship between feeling securely attached to the art therapist and a positive experience with the art practice.

As an example, the bird's nest drawing (Harmon-Walker & Kaiser, 1992) assesses one's attachment story through the placement and contents of the nest. Additionally, Hass-Cohen and Carr (2008) found that "relational art activities can increase mother-child attachment patterns" (p. 29). Furthermore, it is through creating with one another, socially engaged and attuned, that secure attachment can emerge (Porges, 2015).

Dance Movement Therapy and Attachment

Dance movement therapy engages with our earliest modes of communication and connection to explore attachment to self and other through movement. Based on the notion that views our bodies as vehicles imprinted with accumulated memories and experiences (Shahar-Levy, 2004), dance movement therapy becomes an embodied exploration (Tortora, 2013). The individual experiences of the child and caregiver and the relationship between the two can be understood by both the mind and body in dance movement therapy (Coulter & Loughlin, 1999). Our earliest experiences in life are told through the body which conveys nonverbal messages. Children need to explore, to be permitted to speak with their bodies, and for their bodies to be heard and received (Tortora, 2011, 2013), thus fostering spontaneity and moments for bonding and joy (Coulter & Loughlin, 1999; Doonan & Bräuninger, 2015; Tortora, 2010). In addition, shared movement can also enhance relational aspects such as attunement, reciprocity, cooperation, and communication (Eckhaus, 2019). Furthermore, through the use of mirror neurons, dance/movement therapy employs a mirroring of movements, emotions, or thoughts that can lead to increased empathy for one another and the reworking of insecure attachment (Berrol, 2006; Jeong et al., 2005; McGarry & Russo, 2011). In this sense, a child's ability to develop empathy is connected to a mirroring of behaviors at a young age, hence the child feeling seen and understood; being able to see and understand another is a cornerstone of secure attachment. "When I look, I am seen, so I exist" (Winnicott, 1971, p. 114).

Drama Therapy and Attachment

Drama therapy is a form of expressive therapy that uses drama and/or theater elements, including play, role-play, objects, psychodrama, and performance (Jennings, 1992; Jones, 1996, 2007; Malchiodi & Crenshaw, 2014) and can explore attachment patterns and impasses that are hindering one's growth. Additionally, drama therapists can assist individuals in exploring roles that are related to their attachment style, to increase connection to self (Haen & Lee, 2017). Drama therapy employs various techniques to address insecure attachment from a safe distance, such as creating stories, the empty chair technique, and dialoguing with inner parts (Versaci, 2016). It has also been used to explore different narratives of a child's reality to enhance the *attachment bond*, closeness and mutuality, between children and parents (Moore, 2006) and rework the attachment trauma of children (Malchiodi & Crenshaw, 2014). In young adults, psychodrama has helped those with anxious-avoidant attachment understand their attachment schemas, promoting confidence and self-awareness (Dogan, 2010).

Music Therapy and Attachment

In the context of attachment, music therapy uses music as a form of healing and as a connecting point between child and caregiver. Edwards (2011) demonstrated that music therapy interventions can increase and encourage healthy attachment between caregivers and infants, especially when the secure bond has been compromised. Working on various elements, including improvisation, humming, chants, synchronicity, or timing, helps to recreate the environment for a safe and secure connection/attachment between the child and caregiver. Additionally, Clements-Cortés (2020) highlighted how music therapy can enhance child and parent relationships, foster mutual rhythm, eye contact, cooperation, and communication. These can enhance engagement and influence the formation of secure attachment. Additionally, music therapy fosters sensitivity and responsiveness from the caregiver and opportunities for co-regulation, contributing to the foundation of secure attachment (Edwards, 2011; Pasiali, 2014).

Play Therapy and Attachment

Play therapy engages individuals in expressing and reworking their attachment story. Riedel Bowers (2009) studied non-directive play therapy in early relationship developmental processes (ERDP). The data provided insight into play therapy's ability to establish a space of safety and creativity, allowing the child to develop a sense of self in connection to the therapist. The child's experience during the play therapy session was able to be applied outside of the play therapy session. Additionally, Green et al. (2013) found that play therapy assists in the healing process of adolescents with insecure attachment styles. It allowed for the development of a close relationship with the play therapist, the expression of challenging feelings, and provided a corrective, healing experience.

Expressive therapies are powerful sensory-relational therapeutic approaches that help to foster secure attachment. A closer exploration of the role of the expressive therapist in developing secure attachment schemas follows.

The Expressive Therapist and Attachment

The expressive therapist can act as a surrogate caregiver who is consistent and safe, providing means for an individual to develop a healthy attachment with a healthy adult and rework maladaptive attachments (Klorer, 2005; Mikulincer et al., 2013). Furthermore, the therapist can create a safe haven, alleviate distress, be a safe figure to attach to, be empathic, mimic the rhythms of the child, and provide a secure base for the child to freely explore their surroundings and develop a sense of resilience (Bowlby, 1982, 1988; Mercer, 2006; Mikulincer et al., 2013; O'Brien, 2004). Expressive therapy can provide a means for insecure attachments to be replaced by secure attachments, facilitating a change in one's ability to explore and experience closeness and intimacy (Bowlby, 1988). Moreover, being attuned to the individuals you are working with can foster an embodied awareness between therapist and individual that generates a strong therapeutic alliance and connection (Kossak, 2009, 2015).

Being attuned to one's needs while they are engaged in a creative process replicates a neurobiological connection between caregiver and child. It can foster one's sense of security and safety within the therapeutic relationship and over time have a positive effect on attachment (Malchiodi & Crenshaw, 2014). The therapist must be aware of their facial expressions, body language or posture, eye contact, and tone of voice, as all can impact the therapeutic relationship (Schore & Schore, 2008). In addition, it is important for the therapist to have clinical sensitivity to all present in the therapeutic space and to connect with countertransference and somatic countertransference. It is not as important what the therapist does or says in session compared to the therapist's ability to be present with the individual, especially during moments of distress, and connect with one's rhythm to help restore disrupted or maladaptive attachment and connect to healing (Schore & Schore, 2008).

The literature describes how expressive therapies are a powerful sensory-relational approach to restore disrupted or insecure attachment styles through dynamic, sensory-stimulating, relational, creative, and oftentimes nonverbal modes of therapy. Additional research is warranted about the expressive therapies serving as a means to foster secure attachment.

The following case studies further explore ways in which the expressive therapies' multi-layered use operates in facilitating change and enhancing relational bonds. In the first case study the therapist employed an intermodal approach and in the second case study the therapist used art therapy and somatic processes to further treatment. Names and other identifying information have been altered to maintain confidentiality.

Case Study: Dan

"Dan" was in first grade when we met. He was vibrant, imaginative, and full of life, and yet he carried a lot of pain. Dan's parents were not on speaking terms as they divorced in difficult and bitter circumstances that involved abuse towards his mother. Contrary to his older brother, who suffered from his father's temper and verbal outbursts, Dan was considered his father's favorite. Dan's father was unresponsive and unstable, which manifested in his sporadic meetings with his children wherein he often promised them he would come to see them but did not show up or only visited with one of them. Dan's mother was struggling to make ends meet and exhibited symptoms of depression.

Dan was characterized by his mother as having temper tantrums, feelings of inadequacy, and displaying juvenile "baby-like" behavior. During our first sessions, Dan verbalized his enthusiasm and excitement toward the meeting. He drew paintings of smiling families and colorful rainbows which he would tightly secure in his box of creations. He spoke of his father with admiration, emphasizing how much his father loved him and omitting his parents' divorce. The circumstances of Dan's life were left verbally untold; his wish for a secure base unfolded as he played with a doll house and its contents. He was compelled to arrange and put in order the furniture and little dolls every time we met. He was concerned and upset with its broken doors that could "never be mended."

The ritual of arranging the doll house and painting rainbows was followed by Dan's wish to play hide and seek. Dan repeatedly hid in the same spot until I would find him. As our alliance became more secure, the dynamics started to shift in the room. In conjunction with the reality he was struggling with—an absent father, a brother who lashed out at him, and a mother who was physically present but often emotionally unpredictable—Dan's rage and anger surfaced and became tangible in the room. Dan wanted to compete. We played ball games and used ropes, balls of various sizes, and hoops in our invented competitions. Only Dan was allowed to set the rules which would be changed or dismissed as soon as there was a slight chance of his defeat. The unbearable outcome of defeat escalated into painful breakdowns: screaming, hitting the door, and crying. Nothing could console or assuage his evident pain. The same happened when he could not reach the desired outcome in his art creations—he would tear them apart and throw them away with rage. At this time, I learned that Dan's father was involved in a new relationship. His new girlfriend had a son the same age as Dan. His father's display of affection towards his girlfriend's son was visible to him. Additionally, his father's habit of not showing up to their scheduled meetings continued. I began to see more clearly that Dan's outbursts of rage were related to the threat of losing connection with his father.

During this stage, Dan required ultimate attunement within our sessions. Any word, suggestion, or action (including reaching towards the end of session and parting) was experienced as misattunement and resulted in anxiety and temper tantrums. As we delved into his pain that reemerged every session, his tantrums subsided, and Dan became more regulated.

Once again, I sensed a change in our dynamics. In our games, Dan regressed to mumbling like a baby. Aiming to attune to Dan in these regressed states, I responded by mirroring his sounds, rhythms, and slight movements. Dan would smile and seem calmer, then he would enter into a plastic tunnel in which he lay while continuing to mumble baby sounds. He would turn his back to me and refuse to meet my gaze, but as the sessions progressed, Dan would look at me and tap the floor with his hand, signaling me to talk. I gently spoke to him like a baby until he was ready to come out the other side of the tunnel as a superhero (as he stated). With time, Dan was becoming more responsive, actively looking for my gaze until he did not need his tunnel anymore.

During treatment, Dan's mother rarely came to meetings, and his father did not exhibit any interest in participating in treatment. After a certain time, Dan's walk seemed different, his body was grounded, and the baby talk disappeared. At this point, Dan's school teacher revealed that Dan's initial tantrums dissipated, and that he engaged in the lessons. Still, the challenges were great, as Dan was coming late to class, often disorganized and missing school materials. He wanted to make friends but lacked the skills to do so and was often isolated or bickering.

As he lacked a safe and solid ground in his life, Dan and I started to build a house out of a shoe box. Dan designed it and filled it with furniture that we created together. Dan was reluctant to leave the house uninhabited, and we created hand puppets of two friends who lived inside. The hand puppets talked to each other, played, and hugged. The sessions ended by laying them to sleep in their cozy home until the next session when they could wake up and come to life once again. As the sessions progressed, the house grew bigger. Floors were added with additional

rooms and furniture made out of cardboard. Dan brought mini stuffed animals for the two friends. Dan was now smiling and laughing during our sessions. He was telling me about his week and his social interactions as he was taking care of the two precious hand puppets.

As the treatment process evolved, Dan started to teach me how to make crafts and creations. One day he taught me how to draw and cut stars. As I followed his lead, I "accidentally" ruined my star. "I cannot believe it's ruined and there is nothing that can be done to fix this. After all this work," I said. Dan was examining my face and reaction as he never saw me upset in this way. He silenced and after a quiet pause said, "Don't worry, we can fix it."

"I am not sure we can. Look, it's broken! I don't know what to do, it's ruined…" I persisted.

"Sure we can," he said.

"Really? Do you think we can fix things?" I replied.

"Of course. There is always a way, you taught me that. Here, let me, I can help you."
Dan took my star, and as he tried to arrange its edges he mumbled to himself, "Thank god I am here. What would he have done otherwise," and I tried my best to hide a smile.

Due to Dan's challenges at school and wanting to pursue a behavioral treatment plan, Dan's mother abruptly terminated the sessions shortly after without any notice, leaving Dan one session to part. Dan did not understand the rationale for the termination of the treatment. He gathered all his creations, and we separated as the two puppets hugged and sadly said goodbye.

Case Study: Nick

"Nick" was 11 years old when referred to art therapy by his school. He had been viewing inappropriate videos during class, was presenting as sad, engaging in fights, and failing several classes. He lived at home with his parents and siblings. The first time that I met Nick, he was quiet, looked down, and nervously shook his feet. He instantly thought he was in trouble. I assured Nick that he was not and that I was there to try to help him work through his struggles.

From the very first moments together, I could feel Nick's anxiety. The nervous shaking of his legs and feet, his hesitancy in using art materials, his avoidance of eye contact, and looking down at the ground were external cues to the anxious energy that lay within his body. He was very guarded and quiet at first. There were many sessions where he only spoke a few words until he could trust that I was a safe adult. His eyes would look around the tiny office that we met in regularly, assessing the space, and although not making eye contact often, his eyes would watch my body movements very closely. Nick associated spending time with an adult as a time to be scolded or punished. He shared that he was tired, having "family problems," and dealing with nightmares. He did not create art often and did not think that it would help him but was open to the process.

As our connection grew stronger while engaging with artmaking, Nick's attachment story began to unfold. Nick reported that he wanted to be close with his Dad who was frequently drinking or gone. When they did interact, the interactions were odd. Nick shared that he played a "scratching game" with Dad that consisted of seeing who could scratch the other first. He shared that his Mom was strict, worked two jobs, and was not home often. Much of the attention that Nick received from his parents was when he was being punished or scolded. He was frequently left home alone and responsible for taking care of his younger sister. He desired to spend time with his older brother, but this did not happen often as his brother was preoccupied with illegal activities. Nick shared that several gang members were trying to groom him to join a gang but that his brother was his protector and would not let that happen. Nick needed a nurturing and consistent adult who would be there for him and not leave or punish him.

Over time Nick opened up and was talkative. Creating safety in the room was paramount for Nick to engage with vulnerability and be present in the moment with his artwork and with me. Before sessions I set up art materials neatly on the table and positioned the furniture in a way where I was not facing him directly. These therapeutic interventions aimed to maintain predictability in service of lessening anxiety. When I did face him directly, he would shut down. It was too much to have the intensity of a person sitting in front of him at the table. While maintaining connection, I would sit next to Nick on the side of the table. It was a new experience for him to be in a room with a caring adult who was also a stranger to him. He would move around restlessly in sessions, but as he created and funneled his energy into creating, his movements lessened.

A turning point in treatment was when Nick drew a fight. He had been in a couple of serious fights with his peers. Nick was focused while creating, gripping the pencils tightly and firmly pressing them onto the paper. He shared that he drew a fight that he had witnessed when he was five years old. Nick did not make eye contact while describing the fight and looked intensely at the image he had created. I sat next to him while he spoke and quietly held the space. He shared that he hid in the car and watched while his brother was being beaten: "I wanted to run out and protect him, but I froze. I wanted to be brave but did not do anything." Nick was sad remembering this fight and disappointed that he did not protect his brother.

Nick was able to feel his sadness and anger. He was also able to acknowledge that he was a child, would not have been able to stop the fight if he had intervened, and was not responsible for the actions of adults. Expressing these complex feelings through artwork, with an adult who validated his emotions and loss of control, brought Nick a sense of control and relief. This was evidenced by his breath being more rhythmic and calm, his legs no longer shaking, and making eye contact with the author.

Following the processing of the fight, we had a break in treatment during the summer. When Nick returned to art therapy, he shared that his Dad and brother got into a violent fight. Witnessing this fight, Nick was paralyzed with fear. He was tearful and quick to share about this fight during our first session after the summer break, speaking to the safety, trust, and connection we had developed. His brother was kicked out of the home, which was a great loss for Nick. Shortly after this fight, Nick's parents divorced, and Dad moved out. Additionally,

Nick's Mom had a heart attack. Nick shared he was not scared of her dying since they never had a close relationship. He added that he missed his Dad and there were several times that Dad promised to visit but never did.

Nick began to decompensate over the summer and experimented with drugs. His anxiety increased, and he was having panic attacks. He did not have an adult to connect or spend time with, especially while navigating great feelings of loss, fear, anger, and sadness. He was alone with his feelings and was trying his best to disconnect from them because they were too overwhelming. Returning to the art therapy studio was essential to help Nick connect with his emotions and process everything that had happened.

Following all of his familial shifts, I missed one session due to illness. Nick went into a panic—he waited for me outside my office door despite being told by the school that I was absent on that day. When I saw him the following week, he was disengaged, was upset with me, and had thought I was never coming back. I stayed present with Nick, reassuring him that I was not leaving him. He had tears in his eyes despite not verbally communicating. I sensed this spoke to the abandonment he had experienced with his family. While it was heart-wrenching to see Nick disappointed, I knew we were working on the attachment rupture. After a couple of sessions, Nick re-opened, and we returned to the flow of creating, processing, and connecting.

Despite setbacks, Nick progressed in treatment to engage with many different types of art media. He began with controlled art materials that created finite lines and shifted to use fluid materials that he had little control over. He became comfortable with the fluidity and letting go of a need for control. Nick also enjoyed mandala making. The process of creating drawings of mandalas and then filling them in with colors was predictable, calming, and containing for him.

At the beginning of our work together, Nick would press hard with the art materials on the drawing surface and hold his breath while creating. As he progressed in treatment, his grip softened, his drawings had a soothing rhythm and repetition that fostered embodiment, and his breath slowed.

After making art, Nick looked up at me, almost seeking reassurance and permission to speak about his art. I would gently nod towards the image and then he would begin speaking about his piece. There were many pauses during our sessions. I remained calm and present during the pauses despite the many questions that were circulating in my mind. This helped Nick to stay grounded and share at his own pace. There were times that I created an image alongside Nick; this reduced the anxiety in the room, helped to hold Nick's emotions, and allowed us to connect on a deeper level. He was quiet and focused while creating and typically did not speak until after he was finished creating.

As we neared completing two years of therapy together, Nick was able to stay away from gang activity, had aspirations to join the army, had not engaged in a fight for over six months, and was happier. He continued to have challenging relationships at home, but he was finding respite in artmaking. Nick also joined the wrestling team and had a male youth mentor. When we terminated treatment, we exchanged artwork with one another per Nick's request. Nick gifted

me a flag that represented a portion of himself. The images acted as transitional objects that honored the work that had been completed and the sacredness of our connection and therapeutic bond.

Conclusion

According to attachment theory (Ainsworth, 1985; Ainsworth et al., 1978; Bowlby, 1982, 1988), the initial connection formed with a primary caregiver in our early lives shapes our attachment style. When secure attachment has been formed, the child, and the adult they become, feel safe to interact with the external environment, create positive interactions, and establish meaningful and close relationships. Conversely, insecure attachment occurs when the early bonding that has been formed was not secure but weak, uncertain, or unsteady. In these circumstances, close relationships do not come with an internal sense of peace or safety. Having an insecure attachment is linked to a greater sense of mistrust and difficulties in forming relationships, struggles with interpersonal skills and social interactions, feeling uncertain or unworthy of love, and experiencing high levels of stress (Ainsworth, 1985; Bowlby, 1982; Hughes, 1998; Johnson, 2019; Mikulincer & Shaver, 2015; Puig et al., 2013; Shore, 2014).

In the case studies our treatment focused on reworking insecure attachment through the use of multisensory-relational expressive therapies. Nick and Dan were in a state of hyper-arousal and exhibited behaviors imbued with stress and angst, lacking the capacity to trust or regulate emotions. Nick came from a family with dysfunction and had experienced immediate danger within his life. He exhibited an innate sense of anxiety and was physically agitated and restless. A connecting thread can be delineated where the foundations of trust and physical and emotional safety were lacking and violated in his early life. In this regard, Nick's early life blueprint was imprinted with the notion that care and proximity are connected with pain. He had no one to rely on but himself; relationships were unstable and threatening. Dan's narrative also portrayed a story where caregivers were emotionally absent or demonstrated unpredictable behaviors, leaving him to regulate himself emotionally. Dan had no solid base for a secure connection. His needs were unmet, and his emotional situation worsened due to competing attachment figures while the main caregiver was inconsistent and not attentive to him in moments of distress.

According to Bowlby (1980), the therapeutic goal is to assist individuals in reconnecting with unknown layers of their inner world that were excluded from the self due to the primary caregiver's misattunement in early childhood. When attachment has been severely disrupted and impaired, expressive therapies allow the re-accessing of early life events and an in-the-moment reenactment of the attachment state. The arts become an experiential gateway that supports the unfolding memories and longings that are too difficult to verbalize in the process of healing. Through the therapeutic work, Dan was able to rework a rupture in early attachment. Stepping into a metaphoric (plastic) birth canal allowed him to come out of the canal as confident and emotionally regulated while accompanied by the presence of the therapist as a substitute caregiver. As a result, co-regulation that fostered a sense of safety and relief was registered in the nervous system. In this sense, artistic modalities act as a vehicle that allows the reproduction of a neurobiological connection between the child and the therapist, or a substitute attachment

figure that favorably impacts the attachment bond (Malchiodi & Crenshaw, 2014; Shore, 2014).

While the therapeutic alliance becomes more secure, the experiential process that involves artistic expression allows for a solidification of the connection. Dan's safe haven was created in vivo through the creation of a doll house. Its inhabitants (the dolls) were securely attached, and new possibilities for exploration arose. Similarly, Nick was able to experience a corrective connection, be held and witnessed in his pain, and construct a relationship where trust and safety seemed like uncharted territories.

According to Perry (2009), attunement is established based on the ability to resonate and respond to nonverbal cues, which facilitates a therapeutic alliance and connection. Thus, the therapist provides a new relational schema where vulnerability and the expression of emotions are cherished and protected. As exhibited, the therapists' embodied attunement, mirroring, and responsiveness to both Nick and Dan's apparent distress lessened their discomfort. Through the artistic expression they were able to share troublesome life situations. As a result, Nick was able to experience a profound relationship in which vulnerability, and closeness did not come with the price of pain, but with solace and compassion. Both experienced safety in a holding environment (Winnicott, 1960) with the use of the arts, a ripple effect extended from the self to the interpersonal (Gombert et al., 2018). The patterns of Dan's interpersonal dynamics were modified; he could now express compassion and developed a sense of mutuality and resilience.

Bowlby (1982) noted that as relational creatures, we are defined within the constructs of relational and social dynamics. Contrary to their emotional template of relational mistrust, both Nick and Dan learned to soften their armors and register a sense of safety within the boundaries of the therapeutic encounter. In this sense, the arts provided an in vivo sensorial-visceral experience in the presence of a surrogate caregiver that nurtured the potential for co-regulation and building of trust. The expressive therapies imprinted a shift in attachment through connecting with the sensory. Furthermore, art, as a third entity in the therapeutic encounter, became an extension of the self that inhibited unknown parts of the individual (Kramer, 1986). In parallel, the art was also witnessed by the therapist, or sometimes created as a joined process. The therapeutic experience became embodied and all-encompassing as it stimulated a felt sense of what it means to be securely attached (Gendlin, 1981a, 1981b).

In conclusion, expressive therapies are a multisensory-relational approach to treatment that facilitates change in insecure attachment structures, imprints new possibilities for connection, and reworks disrupted attachment structures in the brain (Munns, 2000). The expressive therapies are a supportive anchor that actively engage with creativity and the interactions of a substitute benevolent attachment figure (Bowlby, 1982; Klorer, 2000, 2005; Mikulincer et al., 2013).

Summary and Implications

As relational creatures we seek connection. Our attachment schema, which defines how we form connections, is shaped within the boundaries of relationship with another. Throughout our lives

we create relationships in which we often replay earlier attachment patterns. Some of these patterns may include situations where the primary caregiver, who acted as the attachment figure, may not have been attuned or available resulting in lacerations in the formation of secure attachment.

The expression of raw feelings and emotions, such as fear, angst, loneliness, shame, or rejection, through artistic modalities, with the attuned presence of the therapist, creates a sense of safety and security that can lead the way for a corrective relational experience. Thus, the therapeutic use of the arts can release the psyche that is fossilized in a scripted attachment model, providing the opportunity to experience and rewrite a new attachment narrative.

By harnessing the power of the arts, expressive therapists provide a framework and a foundation that cultivate secure and close connections. The therapeutic witnessing and validation of primary feelings which are expressed in artistic engagement allow the burgeoning of new relational connections that create healing by laying the groundwork for a compassionate secure attachment. The expressive artistic realm not only allows the expression of unmet needs, often too difficult to verbalize but also operates as a nourishing substance that may amalgamate the lesions of the past into secure attachment.

Additional research is needed to further the understanding of how the expressive therapies create secure attachment and closeness through a multi-sensory relational model. This knowing could inform the work of mental health professionals from related fields, thus furthering the healing process across modalities.

References

Ainsworth, M. D. S. (1967). *Infancy in Uganda: Infant care and the growth of love.* Johns Hopkins University Press.

Ainsworth, M. D. S. (1985). Attachments across the life-span. *Bulletin of New York Academy of Medicine*, *61*(9), 792–812.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: Assessed in the strange situation and at home.* Lawrence Erlbaum.

Ainsworth, M. D. S., & Wittig, B. A. (1969). Attachment and exploratory behavior of one-year-olds in a strange situation. In B. M. Foss (Ed.), *Determinants of infant behavior* (Vol. 4, pp. 113–136). Methuen.

Berrol, C. F. (2006). Neuroscience meets dance/movement therapy: Mirror neurons, the therapeutic process and empathy. *The Arts in Psychotherapy, 33*(4), 302–315. https://doi.org/10.1016/j.aip.2006.04.001

Bowlby, J. (1980). *Attachment and loss* (Vol. 3) Basic Books.

Bowlby, J. (1982). *Attachment and loss* (2nd ed., Vol. 1). Basic Books.

Bowlby, J. (1988). *Secure base: Parent-child attachment and healthy human development.* Routledge.

Clements-Cortés, A. (2020). Music and parent-child attachment and bonding. *The Canadian Music Educator, 61*(3), 48–50.

Corem, S., Snir, S., & Regev, D. (2015). Patients' attachment to therapists in art therapy simulation and their reactions to the experience of using art materials. *The Arts in Psychotherapy*, *45*, 11–17. http://dx.doi.org/10.1016/j.aip.2015.04.006

Coulter, H., & Loughlin, E. (1999). Synergy of verbal and non-verbal therapies in the treatment of mother-infant relationships. *British Journal of Psychotherapy*, *16*(1), 58–73. https://doi.org/10.1111/j.1752-0118.1999.tb00492.x

Dogan, T. (2010). The effects of psychodrama on young adults' attachment styles. *The Arts in Psychotherapy*, *37*(2), 112–119. https://doi.org/10.1016/j.aip.2010.02.001

Doonan, F., & Bräuninger, I. (2015). Making space for the both of us: How dance movement therapy enhances mother–infant attachment and experience. *Body, Movement and Dance in Psychotherapy*, *10*(4), 227–242. https://doi.org/10.1080/17432979.2015.1063547

Eckhaus, R. (2019). *Meeting point: Partner dancing as couple's therapy*. [Doctoral dissertation, Lesley University]. Digital Commons. https://digitalcommons.lesley.edu/cgi/viewcontent.cgi?article=1085&context=expressive_dissertations

Edwards, J. (2011). The use of music therapy to promote attachment between parents and infants. *The Arts in Psychotherapy*, *38*(3), 190–195. https://doi.org/10.1016/j.aip.2011.05.002

Gendlin, E. T. (1981a). *Focusing* (2nd ed.). Bantam.

Gendlin, E. T. (1981b). Focusing and the development of creativity. *The Focusing Folio*, *1*(1), 13–16. https://www.focusing.org/gendlin/docs/gol_2062.html

Gombert, D., Eckhaus, R., Kuehn, D., Hedlund Nelson, M., & Lee, C. (2018). The ripple effect in the expressive therapies: A theory of change explored through case studies. *Reflections: Narratives of Professional Helping*, *23*(4), 20–40.

Green, E. J., Myrick, A. C., & Crenshaw, D. A. (2013). Toward secure attachment in adolescent relational development: Advancements from sandplay and expressive play-based interventions. *International Journal of Play Therapy*, *22*(2), 90–102. https://doi.org/10.1037/a0032323

Haen, C., & Lee, K. (2017). Placing Landy and Bowlby in dialogue: Role and distancing theories through the lens of attachment. *Drama Therapy Review*, *3*(1), 45–62. https://doi.org/10.1386/dtr.3.1.45_1

Harmon-Walker, G., & Kaiser, D. H. (1992). The bird's nest drawing: A study of construct validity and interrater reliability. *The Arts in Psychotherapy, 42*, 1–9. https://doi.org/10.1016/j.aip.2014.12.008

Hass-Cohen, N., & Carr, R. (Eds.). (2008). *Art therapy and clinical neuroscience*. Jessica Kingsley.

Hughes, D. (1998). *Building the bonds of attachment: Awakening love in deeply troubled children*. Jason Aronson.

Jennings, S. (1992). *Dramatherapy with families, groups and individuals: Waiting in the wings*. Jessica Kingsley.

Jeong, Y., Hong, S., Lee, M. S., Park, M., Kim, Y., & Suh, C. (2005). Dance movement therapy improves emotional responses and modulates neurohormones in adolescents with mild depression. *International Journal of Neuroscience*, *115*(12), 1711–1720. https://doi.org/10.1080/00207450590958574

Johnson, S. (2019). *Attachment theory in practice*. The Guilford Press.

Jones, P. (1996). *Drama as therapy: Theatre as living*. Routledge.

Jones, P. (2007). *Drama as therapy: Theory, practice and research*. Routledge.

Klorer, P. G. (2000). *Expressive therapy with traumatized children.* Rowman & Littlefield.

Klorer, P. G. (2005). Expressive therapy with severely maltreated children: Neuroscience contributions. *Art Therapy: Journal of the American Art Therapy Association*, *22*(4), 213–220. https://doi.org/10.1080/07421656.2005.10129523

Kossak, M. (2009). Therapeutic attunement: A transpersonal view of expressive arts therapy. *The Arts in Psychotherapy*, *36*(1), 13–18. https://doi.org/10.1016/j.aip.2008.09.003

Kossak, M. (2015). *Attunement in expressive arts therapy: Toward an understanding of embodied empathy.* Charles C Thomas.

Kramer, E. (1986). The art therapist's third hand: Reflections on art, art therapy, and society at large. *American Journal of Art Therapy, 24*(3), 71–86.

Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth strange situation. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the Preschool Years* (pp. 121–160). University of Chicago.

Main, M., & Wetson, D. R. (1982). Avoidance of the attachment figure in infancy: Descriptions and interperceptions. In C. M. Parks & J. Stevenson-Hinde (Eds.), *The place of attachment in human behavior* (pp. 31–59). Basic Books.

Malchiodi, C., & Crenshaw, D. (2014). *Creative arts and play therapy for attachment problems.* The Guilford Press.

Markova, G., & Legerstee, M. (2006). Contingency, imitation, and affect sharing: Foundations of infants' social awareness. *Developmental Psychology*, *42*(1), 132–141. https://doi.org/10.1037/0012-1649.42.1.132

McGarry, L. M., & Russo, F. A. (2011). Mirroring in dance/movement therapy: Potential mechanisms behind empathy enhancement. *The Arts in Psychotherapy*, *38*(3), 178–184. https://doi.org/10.1016/j.aip.2011.04.005

Mercer, J. (2006). *Understanding attachment.* Praeger Publishers.

Mikulincer, M., & Shaver, P. R. (2015). Boosting attachment security in adulthood: The "broaden-and-build" effects of security-enhancing mental representations and interpersonal contexts. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and research: New directions and emerging themes* (pp. 124–144). Guilford.

Mikulincer, M., Shaver, P. R., & Berant, E. (2013). An attachment perspective on therapeutic processes and outcomes. *Journal of Personality*, *81*(6), 606–616. https://doi.org/10.1111/j.1467-6494.2012.00806.x

Moore, J. (2006). 'Theatre of attachment': Using drama to facilitate attachment in adoption. *Adoption & Fostering*, *30*(2), 64–73. https://doi.org/10.1177/030857590603000208

Munns, E. (2000). *Theraplay: Innovations in attachment-enhancing play therapy.* Jason Aronson.

O'Brien, F. (2004). The making of mess in art therapy: Attachment, trauma and the brain. *Inscape, 9*(1), 2–13. https://doi.org/10.1080/02647140408405670

Pasiali, V. (2014). Music therapy and attachment relationships across the life span. *Nordic Journal of Music Therapy, 23*(3), 202–223. https://doi.org/10.1080/08098131.2013.829863

Perry, B. D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma*, *14*(4), 240–255. https://doi.org/10.1080/15325020903004350

Porges, S. W. (2015). Making the world safe for our children: Down-regulating defense and up-regulating social engagement to optimize the human experience. *Children Australia*, *40*(2), 114–123. https://doi.org/10.1017/cha.2015.12

Puig, J., Englund, M. M., Simpson, J. A., & Collins, W. A. (2013). Predicting adult physical illness from infant attachment: A prospective longitudinal study. *Health Psychology*, *32*(4), 409–417. https://doi.org/10.1037/a0028889

Riedel Bowers, N. (2009). A naturalistic study of the early relationship development process of nondirective play therapy. *International Journal of Play Therapy*, *18*(3), 176–189. https://doi.org/10.1037/a0015330

Schore, A. (2013, April 28). *Affect regulation 2013: Clinical applications*. [Allan Schore seminar]. PsyBC Continuing Professional Development for Mental Health Clinicians, National Institute for the Psychotherapies, New York, NY.

Schore, J. R., & Schore, A. N. (2008). Modern attachment theory: The central role of affect regulation in development and treatment. *Clinical Social Work Journal*, *36*, 9–20. https://doi.org/10.1007/s10615-007-0111-7

Shahar-Levy, Y. (2004). *A body-movement-mind paradigm for psychophysical analysis of emotive movement and movement therapy*. Printiv.

Shore, A. (2014). Art therapy, attachment, and the divided brain. *Art Therapy*, *31*(2), 91–94. https://doi.org/10.1080/07421656.2014.903827

Stern, D. (2010). *Forms of vitality: Exploring dynamic experience in psychology, the arts, psychotherapy and development*. Oxford University Press.

Tortora, S. (2010). Ways of seeing: An early childhood integrated therapeutic approach for parents and babies. *Clinical Social Work Journal*, *38*(1), 37–50. https://doi.org/10.1007/s10615-009-0254-9

Tortora, S. (2011). The creative embodied experience: The role of the body and the arts in infant mental health. *The Signal: Newsletter of the World Association for Infant Mental Health*, *19*, 1–9.

Tortora, S. (2013). The essential role of the body in the parent-infant relationship: Nonverbal analysis of attachment. In J. E. Bettmann & D. Demetri Friedman (Eds.), *Attachment-based clinical work with children & adolescents* (pp. 141–164). Springer-Verlag.

Versaci, R. (2016). Attachment performs: Framing attachment theory within the dramatic worldview. *Drama Therapy Review*, *2*(2), 223–237. https://doi.org/10.1386/dtr.2.2.223_1

Whipple, N., Bernier, A., & Mageau, G. A. (2009). Attending to the exploration side of infant attachment: Contributions from self-determination theory. *Canadian Psychology*, *50*(4), 219–229. https://doi.org/10.1037/a0016322

Winnicott, D. W. (1960). The theory of the parent-infant relationship. *The International Journal of Psychoanalysis*, *41*, 585–595. https://tcf-website-media-library.s3.eu-west-2.amazonaws.com/wp-content/uploads/2021/09/21095241/Winnicott-D.-1960.-The-Theory-of-the-Parent-Infant-Relationship.-International-Journal-of-Psycho-Analysis.-411.-pp.585-595-1.pdf

Winnicott, D. W. (1971). *Playing and reality*. Tavistock.

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