THE CRISIS OF CONNECTION:

Addressing Attachment Problems in Play Therapy

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COMMENTS BY CLINICAL EDITOR:
Overview of attachment and examples of fluctuations in the therapy room and with caregivers.

The healthy attachment dance involves an ebb and flow; a smooth transition back and forth between the child and the play therapist. For children who have experienced an attachment disruption in the home, the dance may not be free flowing, but rather bumpy and filled with miscues, fueled by unconscious feelings that protect the vulnerable core self and recreate the problematic primary attachment style (Schore, 2012; Siegel, 2012). A play therapist must attune to the child and learn to recognize subtle or overt shifts in the level of connection with the therapist, to understand and interpret their meaning. The play therapist who recognizes variations in attachment will be able to handle the threat of disruption to therapy. In this article, we will provide a background on attachment research, a way of understanding attachment fluctuations in therapy, and examples of attachment seen in the therapy room and with caregivers.

A play therapist tracks and monitors a wide range of behaviors, activities, and themes in a session. In addition, the attuned play therapist pays close attention to the attachment behaviors of the child and the implied level of attachment security (Crenshaw, 2014). In summarizing attachment research with babies, Van der Kolk (2015) explained that in a study involving thousands of infants, 61% were securely attached to their caregivers, 39% were insecurely attached with 15% manifesting avoidant attachment, 9% displayed anxious/ambivalent attachment, and 15% displayed disorganized attachment. Additionally, Lyons-Ruth and Jacobvitz (2016) found that disorganized attachment correlated with more serious forms of insecure attachment and relational disturbances. Thus, play therapists in schools, clinics, and private practice settings may see insecurely attached children manifesting avoidant and anxious/ambivalent patterns, while inpatient, day treatment, and residential treatment clinicians are more likely to treat children with disorganized attachment, poor emotional regulation, and aggression (Main & Solomon, 1990).

Attunement to Attachment Patterns

The quality of the attachment made by the child to the therapist is one of the key factors contributing to therapy outcomes (Kazdin, 2005; Norcross & Lambert, 2011). Kazdin has summarized outcome studies that reveal the closer the therapeutic alliance, the better the outcome of therapy. That said, it is crucial for play therapists to closely monitor fluctuations in the degree of the attachment in the child-therapist relationship. For example, a therapist may note and be curious about the changes in a child who was once an enthusiastic consumer of play therapy, yet distances and detaches from the therapist. When these fluctuations are recognized and explored, they are not problematic, rather, they are an opportunity for therapeutic insight and subsequent therapeutic response. One child disclosed intimate details of his abuse in a session, and consequently withdrew and detached from the therapist, feeling too vulnerable and exposed. At times when the child is unable to explain the variations in attachment behaviors with the therapist, exploring the issue will convey the play therapist's attunement with the child.

The play therapist should be sensitive to ruptures in the therapeutic relationship. Edward Tronick (2007), based on over three decades of study of the mother-infant relationship, highlights the importance of repairing ruptures in the attachment bond. Tronick reveals that repairs of the inevitable ruptures strengthen the attachment bond. Since ruptures in the relationship are inevitable, the play therapist has a potent tool to work with the attachment problems that children bring to the playroom. Unexpected absences, such as therapist illness or schedule changes, can be fertile ground for repair of a rupture in the alliance.

Sudden attachment disruptions, as well as repetitive patterns of connection in the therapeutic relationship, reveal information about a child's attachment style and are grounds for exploration (Gaskill & Perry, 2014; Patton & Benedict, 2014). For example, one latency-aged child consistently chose to end sessions at the therapist's two-minute warning, a possible indication of an attachment driven defense in response to the intimacy of feeling heard and understood in the therapy room. An

alternative hypothesis is that the child's insecure attachment made it imperative that the timing of ending was the child's decision, not the therapist's. Regardless of the root of the attachment defense, it is useful for the therapist to attune to this, with the goal of moving the child towards awareness of an unconscious pattern.

The Crisis of Connection

Children who suffer from more severe forms of attachment problems, such as the disorganized type, may exhibit a reaction known as the "crisis of connection" (Crenshaw, 1995). Children who have experienced neglect, abuse, and/or repeated rejection may vigorously defend themselves from further hurtful relationship experiences by keeping others at a distance. Distancing by aggression was the basis of the metaphor, "Fawns in Gorilla Suits" (Crenshaw & Mordock, 2005). The fawn symbolizes the vulnerable "core self" that needs to be protected due to repeated rejection, disappointment, and in some cases, abuse and neglect. The fawn dons the gorilla suit to keep others at a distance using primitive aggression, threats and intimidation. What happens, however, when a therapist slowly gains the trust of the child? What happens when such children allow the warmth and empathy of the therapist to touch their hearts? What happens when consequently, the child starts to feel warmth toward the therapist? The short answer is the triggering of a crisis. The undermining of the defensive structure of the child by the mutual warmth and closeness that develops in the therapeutic relationship precipitates the crisis of connection.

In residential treatment settings during the crisis of connection, the youth may run away, act-out aggressively, engage in self-harming behaviors or refuse to continue therapy (Drewes, 2014). In outpatient therapy, the child may miss appointments in an attempt to regulate distance, detach in the therapy sessions, they may request to leave early, or refuse to come altogether. In these instances, the determined effort of the therapist to understand the defensive actions of the child and to follow-up with the child in a warm, accepting, and empathic way can make or break the therapy. Often, if children are running away or avoiding the warmth of the attachment offered by therapists, the children will pay close attention to how much effort the therapist makes to repair the rupture and resume therapy (Schore, 2009; Tronick, 2007). Follow-ups to missed appointments are crucial to the relationship.

In one example, a pre-teen child disclosed a deeply meaningful personal story different from the more superficial conversations of the past sessions. When the child did not attend the following session, the therapist followed up with the parents and learned the child had made a suicide attempt a few hours before the missed appointment. The therapist, knowing the content of the previous session, considered whether the child acted-out the crisis of connection in an extreme sense. The therapist's awareness of the potential for the crisis of connection can be comforting for a child, whose own behavior is bewildering, and is the first step towards the child's ability to understand and move towards repair. In the above example, a conversation between the therapist and the child around the attachment dynamics and the crisis of connection ensued once the child stabilized, and it became the turning point for engagement and trust in the relationship moving forward.

Some children may also create distance in the therapy room using pretend play to illustrate a more nuanced version of the crisis of connection. For example, a preschool aged child directed the therapist to sit near her while she played in the dollhouse, but requested the therapist look down at her pretend phone, rather than looking at the child while she played. This illustrated the child's defensive attempt to diffuse the therapist's connection to the child to a more comfortable level consistent with the ambivalent attachment style to her caregiver. Knowing the attachment mechanisms behind these play themes amplified the need for trust and safety in the relationship and shifted the direction of therapy to focus on relationship repair with the child's parent.

Parent Involvement

Once the therapist has identified the tendency for the crisis of connection to show up in therapy, it can be useful to educate the parents about the crisis of connection (Stewart, Whelan, & Pendleton, 2014). Indeed, the family should be a true partner in the play therapy process. Bratton, Ray, Rhine, and Jones (2005) found the efficacy of play therapy improves with parent participation. When parents learn and understand the dynamics of the crisis of connection, they are less likely to subsidize the acting-out of their child. If this pattern appears in play therapy, it is likely the child has enacted this pattern previously within the family.

When parents adopt children from foster care or international orphanages, the crisis of connection is a particularly common theme in therapy and in the adoptive home (Kronengold, 2014). In one example, a child adopted at age five from an Eastern European orphanage would unwittingly sabotage every family gathering that created feelings of warmth and affection. Since the underlying emotions behind this pattern of behavior was out of the awareness of the child and family, it led to misunderstandings and painful ruptures in the relationships with family members.

In situations in which the child and the caregiver are together in the therapy room, a knowledge of the attachment patterns and the crisis of connection can help parents understand the meaning behind the child's unconscious play representations. For one parent-child dyad that engaged in filial therapy, the insecurely attached child reacted to the sudden attunement and attention from the parent in the play session as a crisis and defended against this by putting her adoptive mother in time out on a chair facing the wall in the corner of the playroom. In subsequent sessions, the child put the mother in time out, but this time facing the room, creating a safe distance to allow the caregiver to be an observer of the child's play. As the filial sessions progressed, in addition to individual meetings with the parent discussing the meaning behind the play, the child invited the mother to come out of time out and sit with the child, however, the child directed the parent not to participate in the play. By the end of the filial series, the mother and child played together, each acting out a character in the play scene. In this example, the crisis of connection morphed, lessening in intensity as the child became more comfortable and both child and parent became more aware of their attachment interactions.

Conclusion

Knowledge of the concept of the crisis of connection can help therapists and parents understand the attachment defenses the child enlists to preserve a familiar insecure attachment style. In recognizing and becoming aware of these unconscious patterns, therapists and parents have an opportunity to shift the attachment dance and relearn the steps towards healthy attachment and relational repair. Attachment problems are best addressed in the relational bond formed in the play therapist's relationship with the child. In inpatient and residential treatment settings where disorganized patterns of attachment predominate, Ludy-Dodson and Perry (2010) suggest the best therapy is to create the richest possible relational environment offering healthy and positive interactions to buffer the impact of childhood trauma.

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