

ATTACHMENT STYLES OF CHILDREN IN AN
INPATIENT WARD OF A PSYCHIATRIC
HOSPITAL

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CHAPTER ONE

INTRODUCTION

1.1 INTRODUCTION

Psychiatric institutionalisation, whether of adults or children, implies psychological dysfunction in one or more areas of daily living and a lack of optimal functioning treatable to a greater or lesser degree through medical, psychological and social interventions (the biopsychosocial model employed by many psychiatric institutions). Psychiatric hospitalisation of a child thus implies the assumption of psychopathology and through institutionalisation ¹he is inevitably placed in unfamiliar surroundings with strangers. Institutionalisation thus creates a forced period of very real separation from significant others, making it an ideal environment to research aspects relating to attachment, security and separation.

John Bowlby's attachment theory (Bowlby, 1997, 1998), along with the studies done on attachment by Ainsworth, Blehar, Waters and Wall (1978) will form the basis of this study. According to attachment theory, children develop certain attachment styles towards their primary caregivers from birth through to three years of age, after which the style remains relatively constant as can be seen through attachment behaviours later on in life. These attachment styles can be secure, insecure-ambivalent or insecure-avoidant, and would impact on the child's development and ability towards relatedness throughout his life. Bowlby (1997) thus does not specifically cover the ages intended for this study (children between six and twelve years of age), but the implication is that children at these ages will reflect the attachment style that developed during earlier years. Thus psychological dysfunction would reflect earlier problems relating to the attachment process; problems that in certain contexts might become acutely activated

¹ For the purposes of simplicity and ease of reading, the researcher refers to children or infants as male, although the material should be understood as being relevant to children from both genders, except when the researcher is referring to the specific children who were evaluated.

or exaggerated. One must acknowledge that psychiatric hospitalisation may occur for various reasons, e.g. severe trauma of some nature, but focusing only on Bowlby's theory, one can then presume that secure attachment would lead to optimal development and functional behavioural adaptation in a child, engendered by a secure attachment history. It is unlikely that psychiatric admission would feature as an aspect in such a child's world, except maybe as a result of severe trauma. Should a child's attachment be ambivalent or avoidant, it would imply difficulties in relating and problems regarding effectively dealing with separation from attachment figures. Such attachment styles would indicate an underlying lack of trust in mother's sensitivity to his needs, but more importantly mother's availability or accessibility. Warren, Huston, Egeland and Sroufe (1997, p. 645) take care to indicate the following, "In this perspective, articulated by Bowlby and elaborated by others, pathology is a developmental construction, created over time through successive adaptations of persons in the environment. Initial conditions, such as anxious/resistant attachment in infancy, are not thought of as early manifestations of pathology or as inevitably causing pathology in a linear way. Rather, they are seen as initiating a developmental pathway, which is only probabilistically related to later disorder and dependent on subsequent experiences that support maintenance of the pathway." Nonetheless, research done by Muris and Maas (2004) found that institutionalised children more frequently show insecure attachment patterns than do non-institutionalised children. It must be mentioned that their study focused on children with below-average intellectual abilities. In their longitudinal study, Warren et al. (1997) also found a distinct correlation between insecure-avoidant attachment in infancy and the presence of anxiety disorders in these same children at age sixteen.

Institutionalisation forcibly makes a mother's inaccessibility starkly obvious, and thus creates an ideal environment to study attachment features. As Schuengel and Van Ijzendoorn state, "Separation from attachment figures may be traumatic, and institutionalization is a case in point" (2001, p. 311).

1.2 PURPOSE OF THE STUDY

The purpose of this study is to investigate the attachment styles present in children, specifically those admitted into the children's ward of a psychiatric hospital as a consequence of psychological dysfunction. The investigation will focus on examining indicators of security experiences (in relationship to the parents), descriptions of these relationships, and separation anxiety (which is closely bound to attachment style). The final aim will be to give a descriptive account of the findings, and then to relate these findings to intervention strategies if possible.

1.3 MOTIVATION FOR RESEARCH

In studying literature available, the researcher has found very little information that focuses on the *child's* experience of inpatient psychiatric treatment, the consequent separation from the parents, and especially relating these to the child's attachment style. Literature on the topic of psychiatric institutionalisation mostly revolves around programmes and treatment approaches for admitted children, and thus gives perspectives from the treatment team's point of view, be it psychiatrists, psychologists, social workers or nursing staff.

The researcher presupposes that the child's attachment style has a significant impact on his experience of the inpatient environment, and that the separation from his familiar environment and significant others must play an integral part in his attitude towards treatment. It thus has implications for treatment. This study may assist and sensitise members of the treatment team regarding their approach to dealing with the child in the immediacy of inpatient treatment, and may also assist in treatment planning that involves the family.

From the researcher's study of relevant literature, it also seems that the particular combination of projective measuring instruments to be used in this study has not previously been used to assess these constructs. These instruments may have been

used separately in other research projects regarding these constructs, but no evidence could be found of studies where these were combined as is intended for this study. The instruments selected allow for a non-intrusive evaluation of attachment features as the researcher does not want to create more anxiety for children who already may be experiencing a variety of anxieties due to the mere fact of hospitalisation. Using the instruments selected also allows for a fast process of investigation into attachment features without necessitating the traditional mode of investigation, namely structured observation of the mother and child in interaction. The process cannot always be readily executed for practical reasons such as unavailability of the mother for the procedure during working hours. The ages of the children intended for evaluation also makes this process inappropriate, since the "strange situation" type of evaluation (see paragraph 2.3.1) is intended for evaluating mothers and children of up to more or less age three.

Taking all of the above into account, the researcher argues that there is scope for a study of this nature in that it could add to a greater psychological understanding of the attachment styles of children in inpatient psychiatric care, as well as create an opportunity to evaluate and expand the levels of sensitivity amongst staff members towards these attachment styles.

1.4 CONTEXT OF THE RESEARCH

This study involves a variety of very specific circumstances and contexts. Firstly, one would have to take cognisance of the role of psychiatric institutions, as well as the specific implications of inpatient treatment. Psychiatric institutionalisation of the mentally ill has been a method of intervention for many centuries and has gone through various changes due to ideological, medical and cultural forces impacting on perceptions about psychological dysfunction and its treatment. Talbott (1983) gives a comprehensive overview of these developments in mental care service provision especially as reflected in the USA. Robinson is quoted in Irwin (1982a, p. 7) as defining inpatient units as follows, "It is located in a medical facility, directed by a psychiatrist and psychiatric staff who are responsible legally and medically for all its activities and therefore ultimately

make all decisions about admissions, treatment plans, and discharges. Its focus is diagnosis and treatment.” This definition has a strong medical focus, and seems not to fully reflect the current trend in psychiatric institutions to work from the biopsychosocial model of psychiatric treatment, first proposed by George Engel in 1977 (Saddock & Saddock, 2003). This model supports a triadic approach to patient care: the biological side focusing on anatomical, molecular and structural aspects of disease and its effect on the patient, the psychological focusing on psychodynamic factors, motivation and personality features that play a part in the illness, and the social focusing on cultural, social and familial aspects.

Children with psychiatric or psychological dysfunction may be institutionalised as a means of case management, although Irwin (1982b) indicates that institutionalisation of children nowadays tends to be more focused on crisis-intervention. Numerous models exist in psychiatric hospitals regarding the placement of admitted children: in adult wards, in adolescent wards, in children only wards, whole families admitted, etcetera (Irwin, 1982b). The hospital intended for this study places children in a unit that admits only children, thus keeping them separate from adolescent and adult patients; an approach that seems to be positively regarded in literature (also see Van Hasselt & Kolko, 1992). Admission then implies severe levels of current dysfunction or mental illness, a possible parental inability to relate or deal effectively with the child and a forced separation between the child and his attachment figures (setting the stage for the activation of separation anxiety). The child now needs to adapt and accept this new and unfamiliar environment and the other people that form part of it.

Another factor that relates to context is the fact that the institution that will be used for this study is a state academic hospital. Peele and Lipkin (1983) indicate numerous governance and structural consequences of state hospital operations, but for the purposes of this study, one might rather focus on a specific aspect, namely that of financial means (or social class) of the patients that make use of the services. State hospital services are usually provided to those individuals without medical insurance, leaving them unable to make use of private psychiatric facilities. Within social

structures, it is often families from lower level income groups that cannot afford medical insurance, and thus it is often found that many patients in a state hospital come from lower socio-economic backgrounds. Bowlby (1998, p. 388) refers to a study done by Bronfenbrenner in 1961 regarding correlations between mental health and social class. He argues, "Thus it is found that less-educated and working class parents are more likely to use severe and arbitrary punishment, and to ignore or reject a child, than are better-educated and middle-class parents ...". These relational factors in themselves are viewed by Ainsworth et al. (1978) to play very significant roles in terms of development of secure versus insecure attachment styles and thus directly impact this study. Petrillo and Sanger (1980) also reflect on the matter of socio-economic class and indicate that from research findings there does seem to be a causal relationship between socio-economic class and child maltreatment. From the writer's point of view, this would inevitably also speak directly to, and impact the quality of security the child would experience within his relationship with the mothering-figure. The study done by Finzi, Cohen, Sapir and Weizman (2000) on the attachment styles of maltreated children also sheds light on the effects of different kinds of maltreatment on the attachment classifications of these children. The researcher expands somewhat on this particular study in section 2.4.4 in chapter two.

One also needs to bear in mind that institutionalisation often puts the primary focus of intervention on the individual (in this case the child) that is admitted. The investigation undertaken by this study is directed towards the child, but also directly relates to processes within his family, more specifically then relational processes between especially mother (or mothering figure as it might be another relative that performs the mothering role) and child. Thus, although the focus is primarily on the child's projections, the broader context of his family system is also brought into consideration since it is within this system (especially the mother-child relationship) that his attachment style and consequent re-activations of specific attachment behaviours are developed and maintained.

1.5 OVERVIEW OF THE STUDY

This study consists of six chapters. Chapter Two covers the specific theoretical approach used in the study, as well as other relevant literature that relates to childhood institutionalisation and developmental theory. Chapter Three gives an overview of the research process and Chapter Four is a systematic reporting of the results of the first order analysis of the data. Chapter Five focuses on the interpretation of the results through second order thematic analysis and Chapter Six concludes the study.

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SUMMARY

ATTACHMENT STYLES OF CHILDREN IN AN INPATIENT WARD OF A PSYCHIATRIC HOSPITAL

The aim of this study was to investigate the attachment styles of children between the ages of six and twelve years of age who were admitted as inpatients in a children's ward of a psychiatric hospital. Attachment theory (Bowlby, 1997, 1998) proposes that children develop certain attachment styles towards their primary caregivers from birth through to three years of age, after which the styles remain relatively constant as can be seen through attachment behaviours later on in life. These attachment styles can be secure, insecure-ambivalent / anxious or insecure-avoidant (Ainsworth, Blehar, Waters & Wall, 1978). Green and Goldwyn (2002) also refer to a fourth category that was established through later research on attachment, named disorganised attachment. Psychiatric hospitalisation of a child implies the assumption of psychopathology and through institutionalisation, he or she is literally separated from the primary caregivers and inevitably placed in unfamiliar surroundings with strangers, making it an ideal setting to investigate attachment features. The researcher worked from the supposition that the mere fact of hospitalisation and implied pathology would thus point to insecure attachment styles in these children.

A qualitative research design was implemented to gather information regarding the children's attachment styles. Two projective techniques were used, namely the Children's Apperception Test and the Picture Test of Separation and Individuation. Analysis of the information consisted of a first- and second-order process of thematic content analysis. The results yielded thirteen categories of experience. An extensive description of each category was provided, and the categories were then related to theory.

The results obtained support previous research findings that found that institutionalised children tend to show more insecure attachment styles. The

results from this study also indicated that these insecure attachment styles tend to be predominantly insecure-avoidant or insecure-disorganised.

Keywords: Security, separation anxiety, internal working models, attachment styles, insecure-anxious / ambivalent, insecure-avoidant, insecure-disorganised, separation-individuation, symbiosis, autistic, alienated.

OPSOMMING

DIE GEHEGTHEIDSTYLE VAN KINDERS IN 'N BINNE-PASIËNTE SAAL VAN 'N PSIGIATRIESE HOSPITAAL

Die doel van die studie was om die gehegtheidstyle van kinders tussen die ouderdomme van ses en twaalf jaar te ondersoek wat opgeneem is as binne-pasiënte in 'n psigiatriese hospitaal. Gehegtheidsteorie (Bowby, 1997, 1998) stel dit dat kinders sekere gehegtheidstyle ontwikkel in verhouding met die primêre versorger(s), vanaf geboorte tot en met ongeveer driejarige ouderdom, waarna die style dan relatief stabiel bly soos gesien kan word deur gehegheidsgedrag later in die kind se lewe. Hierdie gehegtheidstyle kan veilig, onveilig-angstig / ambivalent of onveilig-vermydend wees (Ainsworth, Blehar, Waters & Wall, 1978). Green en Goldwyn (2002) wys daarop dat latere navorsing rondom gehegtheid ook 'n vierde kategorie geïdentifiseer het, naamlik onveilig-gedisorganiseerd. Psigiatriese hospitalisering van 'n kind impliseer die aanname van psigopatologie, en deur die opname word die kind letterlik geskei van sy of haar primêre versorgers en noodwendig in 'n onbekende omgewing saam met vreemdelinge geplaas. Hierdie faktore maak dit 'n ideale omgewing om ondersoek te doen na aspekte wat met gehegtheid verband hou. Die navorser het van die voorveronderstelling uitgegaan dat die psigiatriese hospitalisering en die geïmpliseerde patologie reeds dui op onveilige gehegtheidstyle by die kinders.

'n Kwalitatiewe navorsingsontwerp is gebruik om inligting in te samel met betrekking tot die kinders se gehegtheidstyle. Twee projektiewe tegnieke is gebruik, naamlik die Kinderappersepsietoets (Children's Apperception Test) en die Prentetoets van Skeiding en Individualisering (Picture Test of Separation and Individuation). Analise van die informasie het uit 'n eerste- en tweede-orde proses van tematiese inhoudsanalise bestaan. Die resultate wat verkry is het dertien kategorieë van ervaring as betekenisvol uitgelig. 'n

Uitgebreide beskrywing van elke kategorie is verskaf en die kategorieë is dan met teorie in verband gebring.

Die resultate ondersteun vorige navorsing wat gevind het dat kinders wat ge-institusionaliseer word, geneig is om meer onveilige gehegtheidstyle te vertoon. Die resultate van die studie het ook aangedui dat dié onveilige gehegtheidstyle hoofsaaklik neig om onveilig-ontwykend of onveilig-gedisorganiseerd te wees.

Sleutelwoorde: Sekuriteit, skeidings-angs, interne werkende model, gehegtheid-styl, onveilig-angstig / ambivalent, onveilig-vermydend, onveilig-gedisorganiseerd, skeiding en individuasie, simbiose, outisties, vervreemd.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter will outline the key theoretical concepts that form the basis of the study. Most emphasis is placed on the work of John Bowlby, especially the anthropological and ethological influences on his theory, the role of control systems and environmental feedback, the concepts of security, attachment and attachment behaviour, as well as the position he takes on the concept of security and separation anxiety. In discussion of Bowlby's theory, the researcher makes use of the terms "mother", "mother-figure" and "caretaker" interchangeably. This is done because Bowlby (1997) indicates that the primary caretaker might not be the biological mother, although in most cases probably would be. Included in the discussion on Bowlby's theory is a brief comparative overview of the differences and similarities between his ideas and that of Freud. The work of Mary Ainsworth and colleagues (1978) is also discussed, especially that relating to the "strange situation" experiments and the consequent attachment categorisations that flowed from that research. Since the evaluations include the Picture Test of Separation and Individuation, the chapter also gives a brief overview of Margaret Mahler's work regarding separation and individuation, which links with attachment theory. Since the age group of the participants is limited to children between the ages of six to twelve years, an overview is also given of Erik Erikson's ideas regarding this and two earlier developmental stages of life and its possible compatibility with attachment theory and separation-individuation theory. The chapter also contains information regarding literature on child hospitalisation or child institutionalisation.

2.2 ATTACHMENT THEORY ACCORDING TO JOHN BOWLBY

2.2.1 Anthropological and ethological influences in theory development

John Bowlby's interests in work with children started with initial volunteer work at a residential school for maladjusted children (Ainsworth & Bowlby, 1991). This prompted him to further his studies, specialising in child psychiatry and psychotherapy. In the development of his theory of attachment he was eventually influenced by a variety of different fields separate from psychology or psychiatry. The most noticeable of these is his interest in anthropological studies, findings in ethological research, as introduced to him by Robert Hinde whom he met through the Tavistock Institute (Ainsworth & Bowlby, 1991), and interest in evolutionary adaptation (Bowlby, 1979). Colman (2003, p. 253) defines ethology as "The study of behaviour in natural habitats, especially but not exclusively animal behaviour." Anthropology can be described as a study of humankind, especially within societies and regarding customs (Branford, 1989).

Bowlby's interest in ethology started with the work of Darwin (Bowlby, 1979). Much of his thinking was therefore influenced by an evolutionary perspective, focused on adaptation of organism to environment. He was particularly impressed by the concepts of specie-specific patterns of instinctual behaviour and evolutionary adaptation, with the ultimate goal being survival of the species through the process of natural selection. The reader should bear in mind that survival would also imply being protected or defended against danger or threat, an aspect that relates quite explicitly to Bowlby's ideas on security within his theory. This aspect will be discussed in more detail later in this chapter.

The inter-connectedness of organism with environment also carries significance in that Bowlby focused not only on instinctual behaviour patterns, but also on the influence of what he terms "the environment of adaptedness" (1997, p. 47) on the activation and termination of these behavioural patterns. As he states, "This reminds us that in living organisms neither structure nor function can develop except in an environment and that,

powerful though heredity is, the precise form each takes will depend on the nature of that environment” (Bowlby, 1979, p. 28). Environment would imply physical surroundings and circumstances, but also social relatedness and social processes. Social behavioural systems that attracted much of his attention included ethological studies on specie-specific patterns of courtship, mating, feeding, locomotion and care of the young. His interest in anthropology, along with the knowledge he gained from these behavioural patterns in animal behaviour, aided him in identifying that especially the tie between mothers and children is present in similar forms across human cultures (Watkins, 1987).

In his writings he refers to numerous ethological and anthropological studies in particular that influenced his thinking and theorising. It does not fall within the scope of this dissertation to give a detailed account of these, but studies done on non-human primates warrant mention, since it is especially from these that much of his theorising regarding human mother-infant interaction took shape. Bowlby (1997) refers to studies done by Hinde and associates on mother-infant interaction of Rhesus monkeys, the work of Hall and de Vore on baboons, Goodall’s work on chimpanzees and Schaller’s work on gorillas. He also refers to the well-known work of Harry Harlow where Rhesus monkeys were brought up with a choice between a wire-mesh dummy mother-figure with a feeding bottle and another wire-mesh dummy mother-figure covered in terry cloth but without the feeding bottle. The monkeys preferred proximity to the terry cloth dummy. When hungry, they would go to the other and take nourishment from the bottle, but quickly return to the terry cloth dummy. At times of alarm or fear the monkeys would cling to the terry cloth dummy and seemingly find some comfort. Monkeys with only the wire mesh dummy found no comfort in times of distress and their behaviour became disorganised (Bowlby, 1997). As Saddock and Saddock (2003, p. 28) indicate, “The results of Harlow’s experiments were widely interpreted as indicating that infant attachment is not simply the result of feeding.” This study is particularly relevant to Bowlby’s thinking; although he acknowledges and uses the original concept of instincts or instinctual behaviour posited by Freud, he also differs from Freud in his ideas

regarding its primary function or purpose. The function is not essentially the satisfaction of biological needs, but rather the satisfaction of an interpersonal need for security.

His interest also extended to aspects of *social signalling* as behavioural systems that have functions. This aspect he later incorporated into his theory as it relates to signalling between mother-figure and child in order to create or maintain proximity, foster nurturing behaviour in the mother-figure and thus increasing the infant's sense of security in the sensitive availability of the mother-figure. This process always happens within the context of the caretaker-child relationship, implying that the reaction received upon signalling is also important.

2.2.2 Control systems and environmental feedback

Advances in the study of control systems as applied to engineering and physiology also made an impression on Bowlby and it became an integral part of his eventual theory. Two very relevant concepts that are fundamental to control systems are those of purpose or goal, and feedback through continuous evaluation of progress towards the goal. In terms of human infant instinctual behavioural systems, this means that behaviour in the infant becomes increasingly more "goal-corrected" (Bowlby, 1997, p. 69) as development continues, through the infant's growing ability to receive and interpret feedback from his environment.

According to Bowlby's theory, the human infant starts out with five initial instinctual attachment behaviours that include sucking, crying, smiling, clinging and following (Watkins, 1987). Since these behavioural systems are reflex-like and stereotyped, they are initially not influenced by environmental feedback and are not initially related to a learning process. Massie (1977) expanded on these five modalities and gave it a more interactional character when he refers to eye contact and smiling occurring between mother and child, infant's sucking and mother's feeding, infant's clinging and mother's holding, mutual touching of mother and child and vocalisations of mother and child to each other. This interactional reformulation is meaningful since it also incorporates the

maternal responses as part of the process of attachment. It is only at a later stage that the instinctual responses become goal-directed and part of an actual behavioural pattern. As Watkins (1987, p. 4) states regarding Bowlby's ideas, "Instinctual responses, Bowlby said, are later integrated into a pattern of behaviour. This pattern is not inherited; only the potential to develop it is innate."

In order for the infant's behavioural systems to become more sophisticated and thus open to environmental feedback, the infant needs some internal representation or working model of his world. This happens along with the process of maturation. As Bowlby (1997, p. 49) states, "Man's capacity to build up a detailed representation of the world in which he lives ... is obviously far greater than that of other species... The achievement of any set goal, then, requires that an animal is equipped so that it is able to perceive certain special parts of the environment and to use that knowledge to build up a map of the environment that, whether primitive or sophisticated, can predict events relevant to any of its set goals with a reasonable degree of reliability." As the infant grows, he starts to develop the capacity to establish internal working models of his world, aided by the process of learning. Learning in itself happens as a consequence of the child's ability to start utilising information gathered through environmental feedback. This process of integrating and utilising information brings about the ability of goal-corrected behaviour. "It is between the ages of nine and eighteen months, said Bowlby, that the five instinctual responses become part of a goal corrected system" (Watkins, 1987, p. 4).

The above again brings into focus the idea of interactivity between organism and environment. In his 1979 publication "The Making and Breaking of Affectional Bonds" Bowlby (pp. 30–32) refers to the external as well as internal conditions relevant in governing behavioural patterns or systems. The external conditions (which also relate to the process of environmental feedback) quite often relate to visual and/or auditory "sign stimuli". In the human infant, these stimuli become more complex with maturation, especially when language and symbolic thinking become part of the child's repertoire of abilities. Internal conditions would relate to physiology and processes of biological

maturation of the organism. Both the external and internal conditions are necessary for activation and termination of a behavioural system, as well as the growth in complexity of the behavioural systems.

2.2.3 Attachment, security and attachment behaviour: definitions and phases of development

A clear understanding is necessary as to what the term 'attachment' means, what the difference is between attachment and attachment behaviour, and where the concept of separation anxiety fits in. Bowlby (1997, p. 371) defines attachment as follows, "To say that of a child that he is attached to, or has an attachment to someone, means that he is strongly disposed to seek proximity to and contact with a specific figure and to do so in certain situations, notably when he is frightened, tired or ill." He also refers to infants as being "monotrophic" (1997, p. 309), thus implying that they tend to form especially strong attachments to one figure, usually the mother or whomever may be the primary caregiver. The attachments become more elaborate as they grow older, but up to at least age four they tend to remain closely attached to one figure.

According to Bretherton (1997) one of Bowlby's greatest contributions was his movement away from the idea of dependency towards the concept of attachment. Whereas dependency traditionally has pathological connotations, attachment is viewed as a non-pathological, and indeed a healthy part of the entire lifespan. This is supported by the fact that Bowlby considered it to be quite advantageous and at times essential to have somebody available for easy supportive or protective access in all phases of life. Attachment in various forms (parental, peer, life partner, friends) is thus a healthy aspect throughout the life of any individual, and as a concept does not carry the negative connotations associated with dependency, especially in later years of life. Attachments indeed do change along a continuum of development, with certain separations being essential as part of the healthy process of individuation, but new, age-appropriate attachments are formed and are considered a healthy feature of human interrelatedness.

Attachment behaviour can be defined as, “ ... any of the various forms of behaviour that a child commonly engages in to attain and/or maintain a desired proximity. At any one time some form of such behaviour may be either present or absent and which it is is, to a high degree, dependent on the conditions obtaining at the time” (Bowlby, 1997, p. 372). Thus a clear distinction is made between attachment and attachment behaviour. Even though attachment behaviour might not always be evident, it does not necessarily indicate a lack of attachment (Ainsworth et al., 1978).

Drawing on his knowledge from ethological studies, in a 1957 paper he presented, Bowlby indicated his view that in all developmental processes there seems to be sensitive phases for certain behavioural patterns to develop. These phases determine “a) whether or not the response develops at all, b) the intensity with which it is later exhibited, c) the precise motor form it takes, d) the particular stimuli that activate or terminate it” (1979, pp. 35-36).

In his later theory, this idea of sensitive phases in infant behavioural systems development led to Bowlby formulating the attachment development process as divided into four stages. It starts in the earliest months and continues up to about three years of age; a process that is guided by the infant’s growing abilities toward signalling to obtain its mother’s attention through showing acknowledgement (such as smiling) or distress (such as crying), and eventually to actively (through locomotion) seek out its mother’s proximity. Bowlby (1997) gives a concise description of these four phases and indicates that it consists of:

1) *Orientation and signals with limited discrimination of figure*

The first phase starts at birth and usually lasts up to about twelve weeks. During this phase the infant can only discriminate through olfactory and auditory stimuli. Visual information tends to be received more as a gestalt and does not help with discrimination. The infant has the capacity to orientate himself towards others in close vicinity through tracking movements with his eyes, grasping or reaching, or responsiveness (smiling, babbling) to voice signals from others.

2) *Orientation and signals directed towards one (or more) discriminated figures*

From more or less twelve weeks to six months, the infant starts to show more particular attachment to the mother or primary caregiver. He still reacts in friendly ways towards others, but tends to do so more markedly towards the primary caregiver.

3) *Maintenance of proximity to a discriminated figure by signalling as well as locomotion*

From about six months to twenty-four months and into the third year the child's attachment to the mother-figure becomes increasingly particular and he now has added means at his disposal to attempt to increase the likelihood of proximity. These include following the figure upon departure, greeting responses upon return and using the mother-figure as a secure base from which to explore his environment. Some other figures may be selected as subsidiary attachment figures, but friendly responses to others not so selected become less frequent. Responses to non-attachment figures are increasingly characterised by caution and will eventually show signs of distress or alarm. The attachment has become so significant that the child will cry and show distress when separated from the primary attachment figure. The child will usually seek her out should she return, may stop crying and will cling to her for some time as to be further ensured of her availability. The child also starts to develop some working model or map regarding his mother-figure, a process that slowly initiates the onset of goal-corrected behaviour.

4) *Formation of a goal-corrected partnership*

During the fourth phase, from twenty-five months onward, the child begins to perceive his attachment figure as a separate entity with her own agenda and set-goals, which at times may be in accordance with his own and at times in conflict. Nonetheless she is eventually perceived as a persistent object in time and space, even when not physically present. A more complex relationship develops, a relationship more resembling a partnership. As the child develops, he can start to understand (through the growing sophistication of the internal working models of his world) some of the circumstances impacting her movements to or from

him, and behaviour becomes more flexible through learning to understand his mother-figure's feelings and motives. At this stage the child starts to learn to tolerate his mother's absence if he feels secure that she will return.

The above is a reflection of the attachment development process should it occur without any disturbance or under optimal circumstances. Bowlby (1997) indicates that these phases and the duration and intensity of the phases may persist well beyond the time frames given should circumstances not be favourable. It is also clear from these phases that attachment is not seen as present from birth, but that the infant has simplistic innate behavioural systems operating in order to maintain and foster proximity to others. Discriminated attachment only starts to be visible from the second phase of development.

A core feature of this framework is the child's sense of security versus anxiety, and the relationship between this and his early developmental process of attachment. As Dunn states, "Within the framework of attachment theory, our attention is on a typology of differences in a dimension of security in children's relationships with their parents" (1993, p. 17). It is only through the experience of having the mother sensitively available to the child during his attachment development that he can eventually feel secure enough to tolerate her absence without excessive anxiety. When circumstances are not ideal (e.g. severely interrupted availability of mother) or mother does not respond sensitively to the child's attachment needs (e.g. through rebuff), the attachment process becomes complicated and the child's sense of security becomes negatively affected, increasing anxiety at the expense of security. This severely impacts the child's attachment style as shown by Ainsworth et al. (1978). Attachment styles and their persistence over time are discussed in section 2.3.

2.2.4 Separation anxiety

Separation anxiety is defined by Colman (2003) as a normal fear or apprehension that infants experience when separated from their mothers or other primary attachment

figures. “Young children are upset by even brief separations. Older children are upset by longer ones. Adults are upset whenever a separation is prolonged or permanent, as in bereavement” (Bowlby, 1998, p. 50). This statement by Bowlby shows clearly the significant position the concept of separation from attachment figures throughout the life cycle came to hold in his thinking.

Bowlby (1998) refers to the associations that have often in Psychology been made between fear and anxiety. Drawing again on his interest and knowledge of evolutionary studies, he finds no difficulty in associating the two concepts, but takes pains in indicating that that which creates fear or anxiety often has a more indirect relation to that which will in actual fact harm the individual, implying an evolutionary innate awareness that some circumstances have the potential of threat to survival. As Bowlby states, “... in a wide array of animal species, including man, a principle condition that elicits alarm and retreat is mere strangeness. Others are noise, and objects that rapidly expand or approach; and also, for animals of some species though not for others, darkness. Yet another is isolation. Now it is obvious that none of these stimulus situations is in itself dangerous. Yet, when looked at through evolutionary spectacles, their role in promoting survival is not difficult to see” (1998, p. 109). These types of situations give natural clues to possible impending danger or disaster, and the reactions they elicit compare directly with those that could be expected if the threat were real. Taking this perspective into account, involuntary or forced separation from an attachment figure implies isolation and possibly strangeness of environment or circumstances, and brings with it the innate awareness of security being threatened. Fear responses (shown in the human infant through separation anxiety indicators such as alarm, crying, searching for the attachment figure to re-establish proximity) are thus natural reactions to primitive fear inducing situations. Should more than one such fear-arousing situation be present, what Bowlby (1998, p. 146) refers to as “compound situations” (e.g. mother leaving child with strangers who are making excessive noise), the intensity of the fear or anxiety reaction would be amplified.

The developmental process presented by Bowlby implies that separation anxiety is a normal part of the attachment cycle, from an evolutionary perspective and as indicated by the third phase. As Sable puts it, "Bowlby believed that humans, like animals of many other species, are biologically designed to make and maintain attachments, and to protest and take action to protect them if their continuity is threatened or disrupted" (2004, p. 14). It is also indicated that the child who is securely attached would eventually develop the ability to tolerate separation. The child will possibly exhibit some separation anxiety, but not excessive anxiety, because of the knowledge that although not physically present, the mother-figure is still conceptually available and has not abandoned the child. The human child eventually (under normal circumstances) develops this capacity through the establishment of internal working models of his world, and through the feedback process he learns that physical absence does not mean abandonment, thus the threat inherent in the separation becomes less anxiety provoking. As Crowell and Feldman state, "Theoretically a child's working model of attachment develops out of the relationship between parent and child and the nature of the child's adaptation over time to the caregiving environment" (1991, p. 597). Green and Goldwyn also reflect on the establishment of these internal working models of the world and relationships when they state, "While attachment research in this pre-school period focused on attachment constructs as descriptions of relationships, attachment theory contains a model of how these are incorporated into children's own internal cognitive representation of relationships as they grow older. The attachment construct thus increasingly becomes a within-child phenomenon" (2002, p. 836).

Secure attachment would mean that the child has developed a sense of trust in his mother's sensitivity to his needs and in her availability, even though she may not immediately be present. One could reasonably assume that problems exist in the mother-child relationship as it developed in terms of the attachment process if either of the following scenarios is present:

- a) separation anxiety persists or behaviourally manifests in some way with extreme intensity after age four in extreme separation circumstances, or

- b) the child reflects little or no separation anxiety at all after more or less the age of four in extreme separation circumstances.

Mother-figure and child (and by implication the social interaction between them) both play an integral part in the attachment process, and therefore the nature of the problematic aspects can be varied. Crowell and Feldman (1991) found that mothers rated as insecurely attached themselves, were more likely to bring their children to clinics due to behavioural problems. Bowlby refers to numerous aspects, which he terms “biases” (1997, p. 340), that relate to either infant or caretaker, which can have an adverse effect on attachment. On the side of the infant these include time spent sleeping, excessive crying or neurophysiological damage due to prenatal or perinatal hazards putting different demands on the mother-figure than what would usually be the case.

From the mother-figure’s side, Bowlby (1997) mentions a complex variety of factors that essentially reflects her own history of interpersonal relationships. These include pre-conceived ideas about the mothering experience, the mother-figure’s own experiences within her family of origin and how these are confirmed, modified or amplified in her experiences with the child, as well as emotional (psychopathological) disturbances in the mother-figure. Feldman, Weller, Leckman and Kuint (1999) also found support for the concept that maternal psychopathology has a negative impact on the attachment process. In their study concerning maternal bonding behaviour and feelings after the birth of the child in three different situations (full-term babies, premature healthy babies and premature babies with low birth weight), they also found that, “present results add to the literature on maternal depression by pointing to the depressed mothers’ limited capacity to engage in the pleasurable, relationship-building aspects of bonding” (1999, p. 937). Bowlby (1997) refers to a similar type of relatedness when he refers to the quantity and quality of time spent in interaction (which relates to responsiveness to the child), as well as the mother’s sense of enjoyment in the infant’s company.

A study on contributors to attachment in normal and physically handicapped infants also indicated that maternal factors play a significant role in the process of forming more secure attachments. These factors include maternal sensitivity, maternal availability and maternal positive affect, and relates well to Bowlby's original ideas regarding the maternal role in the formation of a secure attachment bond (Wasserman, Lennon, Allen & Shilansky, 1987).

The research done by Crowell and Feldman in 1991 also found that there seems to be a relationship (although at times indirect) between mothers' own working models of attachment (whether rated as secure, dismissing or pre-occupied) and their children's reactions to separation and reunion (thus their children's developing attachment styles), underscoring the dynamic interplay between caregiver and child.

Highlighting the potentially lasting effects of parental treatment on the child's internal representations of self and others, Finzi et al. (2000) conducted a study that compared the attachment styles of maltreated children between the ages of six to twelve years. The maltreatment included parental drug use, physical abuse and neglect. They found that physically abused children were mostly characterised by the avoidant attachment style, while neglected children mostly portrayed the anxious/ambivalent attachment style. The results for those children with drug-user parents were mixed.

2.2.5 Freud and Bowlby: similarities and differences

Sigmund Freud and John Bowlby were both influenced by work on evolution, yet their theories on development took them on different paths. Freud's ideas were also influenced by advances made in knowledge about physics and chemistry that was relevant to the late nineteenth century, and he provided the field of psychology and psychoanalysis with psychological conceptualisations developed along the lines of mechanics and energy release systems, most notably the concept of "psychical energy" (Bowlby, 1997, p. 14). From his writings it is apparent that Bowlby was quite thorough in recognising the contributions made by Freud, but also quite systematic in indicating how

his theory came to be in some ways similar and in others quite different from Freud's. Bowlby (1997) highlights four main points of departure that his work is based on, and then compares these points with Freud's earlier formulations. These four points can be briefly summarised as 1) a prospective approach, 2) a focus on a pathogen and its sequelae, 3) direct observation of children, and 4) the use of animal data.

Whereas Freud primarily used the traditional method of historical inquiry (thus a retrospective method) to formulate hypotheses about pathological development, Bowlby advocates a prospective approach. He also indicates (with reference to Freud's own writings from 1920) that Freud was well aware of the limitations of the retrospective approach (Bowlby, 1997). Bowlby goes on to acknowledge that the retrospective method remains meaningful in the process of clinical practice, but calls for a more prospective style of investigation when it comes to research in order to bring psychological studies more in line with natural sciences on matters such as hypothesis creation, prediction and testability. Essentially he acknowledges a place for both, but takes pains to indicate that his own approach is more focused on the prospective method.

Freud associated pathology with childhood experiences of trauma. His formulations implied events that tax the personality or ego of an individual. Should the ego be strong enough to contain the event, it would not be experienced as traumatic. Should such an event tax an ego not strong or mature enough, it would cause a pathological reaction, or as Bowlby (1997, p. 10) states it, "exposing the personality to quantities of excitation greater than it can deal with." Freud focused on the whole of childhood development, including the earliest years of life, but regarded the child as most vulnerable between the ages of two and four. Bowlby aligns his theory's focus on mother-child separation with Freud's ideas on trauma, and although the focus is on earlier years of life as well, he differs from Freud in this regard as he goes on to say, "Thus the aetiological agent selected for study is simply a particular example of the kind of event that Freud conceived as traumatic" (1997, p. 11).

Bowlby also finds some agreement with Freud on the idea of employing direct observation of children as a means to gather information that can be meaningfully interpreted. Although Freud rarely made use of this approach, Bowlby again refers to some of his writings from 1905, as well as the direct observations undertaken in investigating how children react when alone, with strangers or in the dark, in revising his theory on anxiety. Both the references indicate Freud's acknowledgment and own use of the method in order to aid him in his formulations at those times (Bowlby, 1997).

With regard to the use of animal studies Bowlby also finds harmony with Freud in that Freud himself was known to have been interested and influenced by evolutionary concepts, and formulated many of his ideas regarding instinct, needs and behaviour from this area of research.

One area of distinct difference between Freud and Bowlby is their ideas on motivation for behaviour. As mentioned before, both hold the idea of instinctive behaviour as essential to their theories, but Freud saw behaviour as a release of "psychical energy" in order to gratify basic instinctual needs of nurturance and sex. Bowlby differs in this regard as he views behaviour not so much as a release of built up energy that needs to be discharged, but as a continuously more sophisticated process of finding ways to secure proximity and attachment to meaningful others. Whereas Freud's conceptualisation is based on intra-personal need satisfaction through the use of an outside source, Bowlby's conceptualisation is more focused on interpersonal processes that create a sense of security (Bowlby, 1997). In this sense Bowlby's work has a stronger association with the Object Relations theories developed by authors such as Klein, Balint, Winnicott and Fairbairn (Watkins, 1987).

Watkins (1987) also indicates that in his 1926 paper "Inhibitions, Symptoms and Anxiety" Freud indicated the observation of anxiety experienced by children when separated from their mothers, but, in line with his views, he saw this as a reaction stemming from fear that their needs for food and sexual gratification would not be met. In this sense his view on the behaviour differs from that of Bowlby. The latter views this

anxiety as a fearful reaction related to insecurity that the child feels in that essentially his survival is threatened in the absence of protection from the mother.

2.3 THE WORK OF MARY AINSWORTH AND COLLEAGUES

2.3.1 “Strange situation” experiment and attachment style classifications

“Whatever the causes of a mother’s behaving in one way or another towards her infant, there is much evidence suggesting that whatever that way is plays a leading part in determining the pattern of attachment he ultimately develops” (Bowlby, 1997, p. 345).

The formation of specific attachment styles and activation of attachment behaviour was extensively researched and documented by Ainsworth and colleagues. Ainsworth met and became a colleague of Bowlby’s when she started working at the Tavistock Clinic in the early nineteen fifties (Ainsworth & Bowlby, 1991). Her marriage to Leonard Ainsworth played an integral role in eventually taking her to Uganda, where she did much research work regarding the relational patterns of Ganda babies and their mothers, but it was her appointment at John Hopkins that eventually allowed her the opportunity to do more longitudinal research on mother-infant separation and reunion. It is from this research work that the “strange situation” experiment was developed (Ainsworth & Bowlby, 1991). Through the use of the “strange situation” experiment (Ainsworth et al., 1978), Ainsworth and her team tested the quality and security of infants’ attachment and measured the range and intensity of attachment behaviours upon departure and return of the mother-figure. The investigation (which is described in the next paragraph) essentially entailed involuntary separations between mother and child. The authors took care to distinguish early on between brief separations within a familiar environment and involuntary separations within an unfamiliar environment. In the familiar environment the child has an already established working model of expectations regarding mother’s availability in her absence. In the second, the child is in unfamiliar circumstances and with unfamiliar people for extended periods, in other words days, weeks or even months, and for which he has not built up any set of

expectations. In the latter situation one would presumably expect attachment behaviour and separation anxiety to be more intensely activated, since the child has no working models or expectations of what to expect.

The “strange situation” experiments consisted of eight episodes and were done in two adjacent rooms, connected with one-way mirrors for observation purposes. All children observed were approximately one year old. Numerous other specific arrangements were made regarding furniture placement, toys etcetera. For a detailed description of these arrangements, as well as the evaluation and scoring processes the reader is referred to the original 1978 work of Ainsworth et al. The eight episodes were so designed as to create a progressively more stressful situation for the infant, and behaviour was then observed and recorded. The eight episodes can be described as follows:

1) *Mother, Baby and Experimenter (30 seconds)*

The mother and child are introduced to the experimental room. Mother is told to carry the child into the room, where to place the child and where to sit after putting the child down.

2) *Mother and Baby (3 minutes)*

In this episode the mother puts the baby down by some toys, leaves to sit on a chair a bit away from the baby and pretends to read a magazine. The expectation here was that the child would explore the environment and manipulate the toys. Mother was instructed not to initiate contact, but to respond at will should the baby seek contact in some way. If the child shows no interest in the toys, the experimenter indicates to mother (knock on the window) to intervene and try to interest the baby in the toys. After 3 minutes, a stranger enters the experimental room.

3) *Stranger, Mother and Baby (3 minutes)*

A stranger enters the room, greets mother and then sits silently on a chair for one minute, careful not to stare at the child if the child shows some apprehension. After that she initiates a conversation with the mother and at the third minute she initiates contact with the child. At the end of the episode the mother leaves unobtrusively (as child is busy with the toys or the stranger) and leaves her handbag in the room by her chair.

4) *Stranger and Baby (3 minutes or less)*

In this episode the baby's reaction to mother's absence is observed, as well as reactions towards the toys and the stranger. Should the baby continue with exploring, the stranger does not intervene, but may do so should the child show distress. She may at first attempt to interest the baby in the toys, and eventually pick the baby up and talk to him or her in order to try to console the child. Upon consolation, the stranger will attempt to interest the baby in the toys again. This episode was shortened at times if distress was severe and the stranger could offer no comfort to the child.

5) *Mother and Baby (3 minutes or more)*

Mother speaks loudly outside the door, then opens it and pauses for a few seconds to allow for baby to mobilise towards her if this is to happen at all. Mother then makes baby comfortable, eventually placing the child back on the floor and resuming interest in the toys. During this process, the stranger unobtrusively leaves the room, and at the end of the three minutes mother again leaves the room, saying "bye-bye" to the baby.

6) *Baby alone (3 minutes or less)*

Baby is left alone for three minutes and reactions regarding exploratory play are observed as well as reactions to mother's departure. Should he show extreme distress that does not subside, the episode is shortened.

7) *Stranger and Baby (3 minutes or less)*

Stranger speaks loudly outside the door, then enters and pauses to allow for any mobilisation towards her. If the child is distressed the stranger will attempt to console him or her if allowed, and then attempt to re-activate interest in the toys. Should this happen, the stranger retreats to the chair. If the baby is not distressed upon entry into the room, the stranger invites the baby to come to her. If the child does not, the stranger goes to him and attempts to initiate play. If the child regains interest in playing, the stranger again retreats to the chair, but responds at will to indications from the baby that interaction is sought.

8) *Mother and Baby (3 minutes)*

Mother enters the room again, pauses a moment before greeting baby, and then continues to pick up the child and talk to him. In the meantime the stranger leaves the room.

The data from the experiments were also compared with observations of mother and child in the home situation. In the interpretation of the results, the researchers finally came up with three very different categories or styles of attachment that they grouped A, B and C.

Group B children can be considered securely attached. They show more positive, cooperative behaviour towards the mother, or as Ainsworth et al. state, "From this we may infer that his affect towards his mother is more positive and less ambivalent and conflicted" (1978, p. 311). They are less anxious and more open and non-conflicted about bodily contact with mother at home and in the "strange situation". They use the mother as "secure base" from which to explore the environment, become somewhat anxious when she is not around, seek her proximity and physical contact when she returns and are usually quickly consoled (especially by physical contact with mother) and assured about her availability. The reasoning behind this style of attachment is that the child has come to establish, through repeated experiences with mother, a working model of her as being sensitively responsive and available to his needs through his signalling and communications.

Group C children are considered anxiously attached and show ambivalence towards mother (especially regarding physical contact) when she is available after separation. They may simultaneously seek out and get angry at mother's attempts to make physical contact with them, and are more difficult to console. They may often show an oscillation between angry resistance and clinging behaviour when reunited with the mother. They show more separation anxiety or distress upon separation and some lack of confidence in mother's sensitivity and availability. Mother is not viewed as a secure base from which to explore. Mothers of these babies were found to be less responsive to crying or other signals of distress, but showed no aversion to physical contact with the child. They were also not rejecting of the child and did not show limitations in emotional expression as found with the mothers of Group A babies. Essentially the child's experiences with mother has not been as consistently positive in terms of sensitive availability as that of

Group B babies, but not altogether negative or non-soothing, leaving them in the ambivalent position.

Group A children are regarded as anxious-avoidant. They certainly experience separation distress, but it is rarely shown and rarely resolved. They tend to be avoidant of mother after periods of separation, the avoidance being evident through non-acknowledgement of mother upon her return, no indications of seeking physical contact with mother, or through subtle avoidant behaviour such as gaze aversion. Mothers of these children were found to be rejecting, especially regarding physical contact with the babies as well as through rebuff or non-sensitive responses to the child's needs. They showed elements of aversion to physical contact, frequent anger and irritation with their babies, rigidity and compulsiveness. The baby experiences unpleasantness in physical contact with mother (often through rough handling due to mother's physical aversion, irritation, anger or frustration), and consequently has come to have a lacking sense of trust in mother's sensitive availability and responsiveness to his needs. Thus, although he may feel much separation distress and may need proximity, he will not seek solace from mother directly since he has long learned there is none to be found in interaction with her. These children were found on average to show more anger than the other two groups in home environments. Main, as referenced by Ainsworth et al. (1978), postulates that this is due to their attachment behaviour being continually frustrated in the mother-child relationship. The function of this type of avoidance is explained as a defensive coping mechanism by Ainsworth and colleagues when they say, "Avoidance short circuits direct expression of anger to the attachment figure, which might be dangerous, and it also protects the baby from re-experiencing the rebuff he has come to expect when he seeks contact with his mother. It thus somewhat lowers his level of anxiety" (1978, p. 320).

According to Green and Goldwyn (2002), later research on attachment as initiated by the work of Main and colleagues in the 1980's, also established that a fourth category of attachment classification (attachment behaviour previously considered to be atypical and unclassifiable) exists, can be behaviourally observed and does in fact show some

specific characteristics. This category, termed “disorganised / disorientated attachment” (Green et al., 2002, p. 835), can include any of the following behavioural attachment reactions, “a) a complete absence of an apparent attachment strategy; b) contradictory behaviours or affects occurring virtually simultaneously; c) freezing, stilling, apparent dissociation; d) abnormal movements; or e) direct indices of apprehension of the parent” (Green et al., 2002, p. 836). These authors also indicate that children classified as disorganised later tend to exhibit interpersonal relationships characterised by “control and lack of social reciprocity” (2002, p. 836). Shaw, Keenan, Vondra, Delliquadri and Giovanelli (1997) also found disorganised attachment (amongst other factors) to be an identifiable antecedent of preschool-age internalising problems such as depression and anxiety.

2.4 STABILITY OF ATTACHMENT STYLES

In reference to a study done by Moore in 1971, Bowlby indicates the persistence of these early attachment styles throughout life. As he states, “Follow-up inquiries when the children were eleven and fifteen years old showed that whatever patterns of attachment behaviour had become established during the first five years tended to persist, whether it was secure attachment, anxious attachment, or some degree of detachment” (1998, p. 261). Bowlby is nonetheless aware of the possibility that some events throughout development might alter the attachment pattern. Here he refers to chronic illness, a new child being born, maternal depression or distraction, etcetera. He is cautious enough to state, “All that it means is that for most couples a pattern that is likely to persist is by that time (*the first birthday*) present” (Bowlby, 1997, p. 249, italics added by researcher).

Watkins (1987) also gives an outline of the impact or significance of attachment processes throughout childhood and adolescence and the impact of the parent-child interactions through these various stages. Other researchers and writers also oppose the notion of persistent patterns. So for instance Brown (1979) argues that the idea of early experiences setting the blueprint for later relational patterns is questionable. He

argues that, although Bowlby's theory provides valuable information, the whole of childhood development should be taken into account in more detail, and not merely early experiences.

Bar-Haim, Sutton and Fox (2000) outline the results of numerous studies done regarding the stability or persistence of attachment patterns. Results vary and are mixed. At most it can be said that some studies indicate high levels of stability, while others indicate more moderate rates of stability. Least stability seems to be reflected in families that have experienced life-changing circumstances, for example the birth of a sibling. Most of the research that yielded these results was only focused on evaluations within the first twenty months of life. Research by Main and Cassidy (1988) that also focuses on assessment during later years (from twelve months to age six) reflected quite significant stability rates at age six years. The results of the research by Bar-Haim and colleagues themselves (attachment style assessments at fourteen, twenty-four and fifty-eight months) also indicated some stability in patterns, but as they state, "The result fails to support a "strong stability" attachment position" (2000, p. 386).

Although some uncertainty thus seems to exist regarding the matter of stability of attachment patterns in literature, indicated through the debates and differences in research results, for the purpose of this study we take the position that the attachment features that will be found with a sample of children aged between six and twelve years of age will reflect the attachment style earlier developed (the early established internal representations of interpersonal relationships) and most likely will show some correlation with regards to the child's experience of separation anxiety. Bowlby (1997) also remarks on attachment behaviour beyond the third birthday in the sense that, although the behaviours become activated less urgently and less frequently, it remains active, especially when a situation is frightening, goes wrong or when the child feels distressed for some reason. About attachment behaviour in latency Bowlby states, "Thus, throughout the latency of an ordinary child, attachment behaviour continues as a dominant strand in his life" (1997, p. 207).

2.5 MAGARET MAHLER'S THEORY ON SEPARATION AND INDIVIDUATION

Attachment theory and separation-individuation theory are combined in this research project for the reason that both theories work with processes of pre-oedipal development as it relates to the caregiver-infant relationship in terms of attachment and separation processes. Both theories focus on initial unity and the development of the infant or toddler's abilities towards understanding and tolerating (and later at times actively seeking) greater amounts of separation without excessive anxiety. In both theories, early experiences of security or the lack thereof play a significant role in the healthy process of separation and individuation. Blum (2004) also views separateness as a necessary complement to attachment.

Mahler's (1965) theory rests on a number of identified developmental sub-phases. She views the infant as initially being in a normal state of autism, an almost vegetative internally focused phase which he eventually moves out of through the process of mothering. Mothering makes the infant more aware of his external world and other objects, and thus a symbiotic phase follows with the primary caregiver. Libidinal energy cathexis shifts from being focused inside the body towards his external objects (Mahler, 1974). This happens at approximately three to four weeks, and according to Mahler ushers in the true establishment of the bond between mother and infant. This corresponds well with Bowlby's (1997) idea that discriminate attachment only truly starts from the second phase somewhere between twelve weeks and six months (see section 2.2.3).

The symbiotic period lasts up to about five or six months, after which the first true sub-phase of separation and individuation takes place, called "differentiation" (Mahler, 1965, p. 52). This phase lasts for about another four to five months, and is supported by the maturation of the infant's abilities towards locomotion (e.g. crawling, standing up), as well as greater abilities in terms of hand and eye coordination. He begins to show interest in his own growing bodily experiences as it relates to his environment, but still remains closely focused on the mother-figure (Mahler, 1965).

The following sub-phase called “practicing” (Mahler, 1965, p. 53) is evident from about ten to fifteen months, and may overlap somewhat with the previous phase. During this sub-phase the child becomes more focused on exploring his own motor skills and the environment. He tends to become narcissistically invested with his own activities and experiences, has a sense of omnipotence and seems quite impervious to frustrations. He ventures further from the mother-figure for longer periods, but will still intermittently seek out her proximity for “emotional refuelling”, especially when tired (Mahler, 1965, p. 53).

The third sub-phase which follows is called “rapprochement” (Mahler, 1965, p. 54), and is characterised by mastering of upright locomotion. This sub-phase thus starts from about fourteen months, and lasts to about twenty-two months of age. During this time, the toddler becomes more aware of his separateness, but simultaneously also loses his previous imperviousness to frustration. He begins to understand that numerous obstacles exist that stand in the way of his omnipotent wishes and fantasies, and that mother is not always magically available for him. He begins to understand that he can in fact not do everything on his own, being a small and often helpless individual (Mahler, 1966). The child now actively seeks out and approaches mother. As Mahler (1965, p. 54) states, “As he realizes his power and ability physically to move away from his mother, the toddler now seems to have an increased need and wish for his mother to share with him every new acquisition of skill and experience.” The toddler thus increasingly individuates, but often actively resists separation. Marked anxiety at being away from mother is seen in this sub-phase, and substitutes are not easily accepted. In this sense this phase correlates with Bowlby’s (1997) third phase in the attachment process, also indicating that separation anxiety is a normal process, whether viewed from the perspective of attachment theory or separation-individuation theory.

The fourth sub-phase refers to “object constancy” (Mahler, 1965, p. 56), and is seen from about twenty-five to thirty-six months. During this phase the child again progressively learns to tolerate, accept and understand separations from the mother.

For this process to take place, the child must have learned (through previous encounters with mother) that she can understand and sensitively respond to his needs through the various sub-phases. As Mahler (1965, p. 57) states, "Our study has clearly established that because of the emotional dependence of the child, the libidinal availability of the mother is necessary for the optimal unfolding of the child's innate potentialities." In this sense the theory can also be aligned with Bowlby's (1997) idea that the child who is securely attached can eventually accept mother's absence through the internalised knowledge that her absence does not imply abandonment or permanent loss of this love object, thus facilitating healthy further individuation.

As already mentioned, within the framework of Bowlby's (1997) theory, the concept of security plays a very significant role, and relates to the mother's sensitivity and availability with regards to her child's needs during especially the first three years of life. Mahler (1994) refers to the role of the mother in terms of security in various ways. She refers to the mother as providing a "home base" (Mahler, 1972a, p. 124) for the child, especially during the practicing phase. This corresponds with Ainsworth and colleagues' (1978) idea of the mother as a secure base from which to continuously re-establish trust in mother's availability. Mahler (1972b) also describes a case study in which she highlights the necessity that mother's sensitive availability must be predictable in order for the separation-individuation process to unfold in a healthy way.

Mahler (1966, p. 60) also refers to the fact that the infant, starting in symbiosis, not only uses the mother as an "auxiliary ego", but also as a "protective living shield" that rescues him "with care from potentially overwhelming inundating inner tensions and outer excitations." This also brings into focus the role of the mother as a protector, creating security against inner and outer complications, or what in Bowlby's (1998) terms might be called threats.

In section 2.6 of this chapter the researcher also argues that there is a correspondence between the idea of security and that of basic trust. Mahler (1974, p. 156) also refers to the role of basic trust (or then security) as a significant prerequisite for optimal

separation and individuation (in Bowlby's terms – developing secure attachment) by stating, "By contrast, among children whose basic trust has been less than optimal, an abrupt change to acute stranger anxiety may make its appearance; or there may be a prolonged period of mild stranger reaction, which transiently interferes with pleasurable inspective behaviour." This observation relates especially to the sub-phase of differentiation, but would inevitably interfere with the full process of separation and individuation. Mahler believes that basic trust starts developing within the symbiotic phase and refers to this as the infant developing "confident expectation" in his relationship with the mother (1974, p. 156).

Mahler also argues that if the infant does not experience his symbiosis with the mother as needs satisfying, but in some ways frustrating and painful, he may eventually, at the age where normal separation and individuation should feature, present with features such as "separation panic, dread of dissolution of the self, and dread of loss of identity" (1965, p. 50). This may present through aspects such as "fusion, melting, and lack of differentiation between the self and the nonself" (Mahler, 1963, p. 4). One may correlate this with severely insecure attachment that in later development might reflect disorganisation (thus disorganised attachment style), since the child lacks a clear and secure sense of self with which to tolerate and handle normal expectations brought on by maturation. A retreat into what she calls "secondary autism" (1965, p. 50) may also appear, and one might possibly relate this to some aspects of the avoidance found in children classified as being part of Group A (insecure-avoidant) by Ainsworth et al. (1978), whose mothers also were found to be least sensitive and responsive to their infants' needs.

To further correspond attachment styles with separation and individuation, one might propose that children who were less successful in working through the crises of the practicing and rapprochement sub-phases are reflecting insecure-anxious (ambivalent) attachment styles, and those who successfully obtained object constancy and can ultimately tolerate and accept separation and their individuality are securely attached.

2.6 ERIK ERIKSON'S THEORY AND ITS RELATION TO THE RELEVANT AGE GROUP

Erik Erikson (1980) views development from the “epigenetic principle” (p. 53). He therefore views the human individual personality as having (as an organism) a ground plan from which various parts develop at specific times to eventually create the functioning whole. Thus every human infant, from birth, has a series of potentialities that, especially through growing complexity of interaction with others, activates and establishes various developmental crises that are either worked through or in which the personality becomes arrested, finally through time creating the features of the total personality.

An essential aspect of this view is that it does not merely consider the individual's inner experiences and conflicts, but also strongly acknowledges the role of social interaction. In this sense it corresponds to Bowlby's (1997) ideas on the importance of those in interaction with the growing individual. A significant difference between the two theorists in this regard is that Erikson focuses on different significant social role players throughout various stages of development, from infancy to adulthood, as they impact on the developing personality. Bowlby on the other hand focuses on the first three years of the child's life as laying down patterns that are likely to repeat in significant later social interaction relationships.

Erikson (1980, p. 87) views the period between six and twelve years of age (the age group of the research participants) as the psychosocial developmental stage of “Industry versus Inferiority”, but in order to understand Erikson's theory as it relates to this study, one also needs to consider his earliest two phases of development. These two phases are specifically discussed as they compare to the ages that Bowlby (1997) focuses on for his theory, namely birth through to about three years of age.

The first phase is “Basic Trust versus Basic Mistrust” (Erikson, 1980, p. 57), which essentially implies the developmental crisis of the first year of life. Erikson defines trust

by stating, "I mean what is commonly implied in reasonable trustfulness as far as others are concerned and a simple sense of trustworthiness as far as oneself is concerned" (1980, p. 57). He continues on trust, "The general state of trust, furthermore, implies not only that one has learned to rely on the sameness and continuity of the outer providers, but also that one may trust oneself" (1980, p. 63). During this stage of development the infant essentially becomes part of a mutual process of giving and receiving (between infant and caregiver), and Erikson also refers to the child's growing abilities to orientate towards the caregiver through focused viewing, listening or hearing, arm stretching and grasping, aspects which he refers to as "social modalities" (1980, p. 61), again drawing attention to its interpersonal significance. Most significantly for this study, Erikson also states the following, "...the *firm establishment of enduring patterns for the balance of basic trust over basic mistrust* is the first task of the budding personality and therefore first of all a task for maternal care. But it must be said that the *amount of trust* derived from earliest infantile experience does not seem to depend on absolute *quantities of food or demonstrations of love* but rather on the *quality* of the maternal relationship. Mothers create a sense of trust in their children by that kind of administration which in its quality combines sensitive care of the baby's individual need and a firm sense of personal trustworthiness" (1980, pp. 64-65). One thus finds a parallel between Bowlby and Erikson in the view that the quality of the maternal relationship to the child is of extreme significance, especially with regards to sensitivity of mother towards meeting the infant's needs (in Bowlby's terms this may be called the mother's sensitive availability). Thus one might say that what Bowlby viewed as the beginnings of establishing secure attachment, Erikson viewed as the necessary components of establishing basic trust.

The second stage, from about one year to three years of age, is called "Autonomy versus Shame and Doubt" (Erikson, 1980, p. 67). During this phase the child begins to be more focused on separateness and own will. It is the stage of simultaneously holding on and letting go. In this sense the phase also corresponds with Mahler's phases of "practicing" and "rapprochement" (1965, pp. 53-54), wherein the child starts to separate from his mother more readily and explore his environment, but also eventually has to

acknowledge a need to still at times return to her for emotional and physical nurturance, protection and confirmation of availability. The child is in the process of trying to gain a sense of self-control without losing self-esteem, and through his growing social and personal capacities, a sense of autonomy and pride is established. Yet Erikson (1980, p. 71) takes pains to indicate that, "To develop autonomy, a firmly developed and convincingly continued stage of early trust is necessary." From the perspective of attachment theory, this might indicate the beginnings of the process of the child slowly separating and exploring the environment from a secure base, having gained enough security from his earlier experiences with the caregiver to trust in her continued sensitive availability.

The fourth stage, earlier mentioned as reflecting "Industry versus Inferiority" (Erikson, 1980, p. 87), is of special significance to this study, since it covers the age group relevant to this study, namely children between the ages of six and twelve years. During this stage the child becomes more focused on gaining recognition through industry and production. In modern society this process is much stimulated through schooling. Should the child be unable to some degree to develop the skills required during this period, the danger of developing feelings of inferiority becomes more prominent.

One might also relate this conceptualisation to aspects of attachment and security in the sense that a child might only have the courage or orientation towards industrious activity if he had earlier experiences of mother as a secure base from which to go forth in investigating the world. He thus feels safe and secure enough in his movements away from mother and that which is familiar, having an internalised sense of security, or in Eriksonian terms, having established a sense of basic trust and autonomy. Blum shares this perspective as he states, "Erikson's concept of basic trust is also related to Mahlerian theory, as it is to attachment theory. Basic trust developed from the primary object relationship as a result of the experience of the caretaker person as a coherent being who recognizes and reciprocates the infant's physical and emotional needs, and whose face is recognized. Basic trust requires maternal sensitivity and is clearly related to both secure attachment and the later achievement of self- and object constancy"

(2004, p. 538). From the above one can see how Blum also associates Eriksonian theory with Mahler's ideas on development towards object constancy.

2.7 CHILDHOOD INSTITUTIONALISATION OR HOSPITALISATION

Psychiatric hospitalisation of a child implies the assumption of psychopathology. Institutionalisation inevitably places the child in unfamiliar surroundings, with strangers, and creates a forced period of very real separation, thus making it an ideal environment to research aspects relating to attachment and separation. Taking into account the theoretical framework here suggested, one would thus also make the assumption that the child's behaviour leading to hospitalisation would already be indicative of problems in terms of the early attachment processes, and would most likely reflect some form of insecure attachment. In fact, Green and Goldwyn (2002) give a concise overview of research findings that show links between especially insecure attachment styles and later psychopathology.

In reviewing literature on childhood institutionalisation, it seems as if matters relating to the child's experience of inpatient *psychiatric* care are usually discussed from the point of view of the treatment team, and little seems to be available that actually reflects some aspect of the child's own subjective experience. It was found that most writers (Clough, 1979; Irwin, 1982; Johnsen, 1982; Petrillo & Sanger, 1980) who do address the child's potential experiences and emotions, almost always refer to the process of separation from the family and familiar surroundings as a meaningful component of the child's experience during admission. Petrillo and Sanger (1980) indicate some of the concerns that hospitalised children may experience, but this work relates more to general hospitalisation and not specifically to psychiatric care. Nonetheless it may be argued that many of these concerns will also be present at psychiatric hospitalisation. These concerns cover a variety of areas, and include a worried sense about being considered ill, understanding that parents are concerned or worried to the extent of consulting professionals (implying a level of seriousness surrounding the situation that might be frightening in itself) and the separation from family and home, often for the first time. It

also includes dealing with and being at the mercy of completely unfamiliar people, dealing with unfamiliar surroundings and routines, possible disappointment and anger at the family, possibly viewing the parents as helpless, and dealing with medical staff whom the child may have a stereotypical (fearful) idea of. Clough (1979), in referring to general hospitalisation, also argues in favour of the need to provide preparatory talks with the child, both before and during admission, in order to address the child's concerns and anxieties.

Bowlby (1997) dedicates a whole chapter to research findings by authors such as Spitz and Wolf (1946), Robertson (1962), Heinicke (1956) and Heinicke and Westheimer (1966), which relate to observations of children that are placed in institutional care. The ages, types of institutions and reasons for residential care vary greatly, but what Bowlby focuses on are three distinct phases of reaction shown by almost all of these children as part of the process of dealing with being separated from caregivers – most often the child's mother. He refers to these phases as “Protest, Despair and Detachment” (Bowlby, 1997, p. 27). During the phase of Protest the child will make desperate attempts (the nature of which will depend on age) at retaining or re-establishing contact with the mother, and show severe distress. During the Despair phase the child seems to be in deep mourning. His active attempts to find the mother diminishes, he appears hopeless and is unlikely to make demands on others. Distress is still present, but not shown as actively. During the Detachment phase the child will become more open to care from other adult figures such as nurses, and possibly be more sociable in general. He now becomes more interested in his surroundings, and might seem unaffected when his mother visits, a situation that might be more distressing for the parents than for the child, since he seems uninterested in them.

Bowlby (1997) also reflects on the fact that it is not to be assumed that it will only be children with a history of an unsatisfactory caregiver relationship that will be distressed by separation. It was found that children with quite favourable family relationships also responded with distress. The findings of the research he refers to actually indicate quite the opposite. He refers to findings by Heinicke and Westheimer in 1966 that support

findings of studies done by himself and Robertson in 1952. In reference to this he states, "... an absence of fretting during separation is seen mainly in children who have had previously a very unsatisfactory relationship with mother; or, in other words, the more affectionate the relationship has been the greater a child's manifest upset during separations" (Bowlby, 1997, p. 33).

Irwin also refers to the phenomenon of children wanting to go home soon after admission, which he terms "the homesickness crisis" (Irwin, 1982a, p. 35), that needs to be managed. In this regard preparing the parents for this eventuality is essential, as is firm treatment of the child along with praise for real achievements in the ward. This crisis might also relate directly to levels of separation anxiety experienced, and in terms of this study it is also argued that sensitivity to this aspect of the child's relational experiences must be part of the process of dealing with the child in this crisis.

Johnsen (1982) also addresses the child's feelings, but more specifically in the immediacy of psychiatric admission. She indicates that feelings of fear, anger, sadness and confusion about being taken away from the family and home might all be present, as well as the possibility of the child feeling abandoned. She also indicates that the first point of separation (when the family leaves) should be treated sensitively, and emotional display should be allowed. She regards this as a valuable diagnostic moment, and taking into account the theoretical frame of this study, the researcher is in agreement about this. Johnsen also mentions that it usually takes time for children to adjust to the new milieu, and that staff should at all times be sensitive to this process in order to help the child as far as possible. It can be argued that forming new meaningful attachments would aid in this process of adaptation; a process that will likely also be influenced by the child's history of attachment within his family and his consequent attachment expectations.

Children's reactions to the process of separation from family and friends and being placed in unfamiliar surroundings will differ according to developmental level, the quality and extent of interpersonal interactions outside the hospital and previous experiences

regarding separation, which naturally relate directly to the quality of his earlier attachment processes (Petrillo & Sanger, 1980). Under optimal conditions, older children (which would include those age groups intended for this study) would be more able to tolerate parental absence. The mere fact of psychiatric hospitalisation already indicates that optimal conditions do not prevail, and Petrillo and Sanger (1980, p. 94) indicate that, “separation anxiety is usually shown by regressive tendencies, such as baby talk, petulance, irritability, bragging or bed-wetting.”

Rivlin and Wolfe (1985) take a more critical, and at times political, look at childhood institutionalisation and specifically mention the impact of the physical isolation and stigmatisation through being labelled as different, merely because of the nature of the institution where the child is admitted. This sense of difference would then relate to the label of being mentally ill if a child is admitted to a psychiatric hospital. They also question the idea that hospitalisation acts as a means towards re-socialising the child, since they view the processes involved as being drawn from primarily white, middle-class ideas on what normality means (these ideas include stereotypical ideas on emotional control, gender role requirements etcetera). Thus the child’s own ideas, personality and needs are essentially ignored and he is socialised into a pre-set idea of normality that is decided for him by others.

Irwin (1982a) provides a lengthy discussion on the value of psychiatric inpatient children’s units, and views the constancy of caretakers and environment as an essential therapeutic component. He also includes satisfying activities and the presence of similarly aged children with whom to socialise as therapeutic components. Relationship building (the ability to form meaningful relationships – from the point of view of this study, the ability to form new, meaningful attachments) with adults and peers is seen as a core feature of the child’s process of recovery. He also argues that it is important to have at least weekly visitation times for parents and family in order to retain a sense of connectedness between the child and family. Weekend leave to go home also pertains here. This is especially important since part of the process implies eventual reintegration into the family and home.

Of special importance to this study is Irwin's idea on the hospital as an environment that can create security. As mentioned, when approaching the child from an attachment perspective, the idea of the child's sense of security is central. "A therapeutic milieu can create an environment where children can develop a sense of security, with experiences and relationships that are meaningful and pleasurable and a sense of mastery, competence, and self-esteem..." (Irwin, 1982a, p. 26).

Kennedy (1982), as well as Johnsen (1982), reflect on intake and admission procedures, but are more focused on the parents in the process than on the child. Nonetheless, with child psychiatric hospitalisation, one must consider the potential impact of the process on the parents, as well as the feelings that parents might engender in the child patient as a consequence of this impact. The mere fact of psychiatric hospitalisation affects not only the child, but the parents too. As Clough (1979) indicates, the continuity of the child-parent system (amongst other systems) is disrupted, and one can safely assume that this automatically implies changes in the child-parent relationship that needs to be considered and managed. The process in itself thus brings a new set of anxieties into operation. As Johnsen (1982, p. 222) states, "Hospitalisation of a child to the unit often comes at the end of a string of disturbing and disquieting events. These events have increased the family's anxiety and stress level."

Brown (1979) refers to research results that indicate that parents (in this case specifically mothers were evaluated) who are highly accepting of hospital authority have highly distressed children, mothers who have high levels of general anxiety about their children tend to have immobile children in hospital and those who express much anxiety about the hospitalisation have children who tend to be withdrawn. Brown also refers to the 1967 work of Robinson who found that highly anxious mothers tend to transfer their own anxiety to their children through non-verbal cues and tend to prepare their children less adequately for hospitalisation. Most literature resources indicate that preparing parents, as well as guiding them in preparing the child for hospitalisation, are essential parts of the process.

Johnsen (1982) also indicates that parents may feel guilty for failing the child, or embarrassed about the hospitalisation (which would relate to socialised stigma), as well as possibly feeling that the staff will be taking over their roles as parents. These are all aspects to be dealt with directly with the parents, as it could negatively affect the child's experience of an already difficult process. In a very real sense the containment of parental anxieties serves also to contain the child's to some extent.

Irwin (1982a, p. 27) states the following, "The child behaves towards the staff with the longstanding, maladaptive patterns that he has used in relating to most adults in his past." Irwin then continues to indicate that the child might expect anger, punishment, rejection or abandonment, but when confronted with warmth and acceptance, he may begin to experience adults in a new way and start to modify his views on reality, and feel secure enough to start employing more effective or adaptive means of relating. One would assume that the child's longstanding patterns of relating to adults has its foundation in his relationship with his parents, which directly speaks to, and from the framework of attachment theory reflects, aspects of security, attachment quality, separation and individuation. In this sense the mere sensitivity to and observation of the hospitalised child's interactions with adult staff members may give indications of problematic features regarding attachment.

2.8 CONCLUSION

In the development of attachment theory John Bowlby was influenced by a variety of fields that contributed to the final product. He makes clear distinctions between attachment, attachment behaviour, the role of security and the role and relevance of separation anxiety. The theory shows some similarities with Freud's ideas, but also some key differences. Mary Ainsworth and her colleagues also expanded on his theory, and through the "strange situation" experiment contributed greatly in identifying very specific attachment styles. The stability of these styles has received much attention in literature, and remains an area of debate. Margaret Mahler's separation-individuation

theory also focuses on aspects similar to those covered by Bowlby. Although dissimilar in certain aspects, these theories show a degree of correspondence on key issues as it applies to this study.

Erik Erikson's developmental theory can be linked with attachment theory and separation-individuation theory. One may draw a comparison between a sense of basic trust and a sense of security in mother's sensitive availability (leading to secure attachment), as well as between the search for autonomy, the child's process of exploring from a secure base and separating more readily from the mother-figure to function as an individuated, autonomous person. From the three theories, these reflect parallel processes of firstly developing a sense of trust or security and secondly a gradual movement away from mother, a process hugely influenced by the quality of the interaction between mother and child.

It is also important to have a broad understanding of psychiatric hospitalisation of children. It has various consequences and can be considered from a number of perspectives. Children who are admitted may experience any number of fears and anxieties, those that relate to being separated from familiar people and surroundings often being paramount. Parents may also experience various conflicts about their roles and the processes that the child will be exposed to in the hospital environment. Matters of admission and programme administration also impact on the child's hospital experience and need to be understood and handled sensitively.

CHAPTER THREE

RESEARCH METHOD

3.1 INTRODUCTION

In this chapter the research method and process will be described. The research design is indicated and the principles of qualitative research are discussed. The selection of participants is discussed. An overview will be given of the specific tests used for this study, as well as the process of data collection and data recording. Finally the chapter will indicate the step-by-step process of data interpretation and analysis, as well as how trustworthiness and credibility were sustained throughout the study.

3.2 RESEARCH DESIGN

The research design is exploratory, and is case based. The data that is used includes some basic biographical details for each child, (including information regarding each child's primary care-giving context – thus his primary family system), and the data gathered from the two test protocols obtained for each child.

3.2.1 Qualitative research – basic principles and guidelines

Qualitative research or analysis refers to the process of examination and interpretation of research material in order to establish its underlying meanings and patterns of relationships (Babbie, 1992). It aims to study human experience. Qualitative research can be done through a variety of approaches. The current study was executed by administering the two projective techniques on the children, and analysis was done through thematic content analysis. This is expanded on later in this chapter.

In examining human experience, the qualitative research process rests on certain principles, or what Kelly (1999, p. 429) refers to as “standards of good practice”. From the perspective of this author these include:

- a) that the researcher should keep as close as possible to the data within the interpreting process as well as the labelling of phenomena;
- b) consistently examining the data for disconfirmations or alternative explanations, thus ensuring openness to several possibilities;
- c) personal awareness from the researcher as to his or her own impact on the context of the study as well as the interpretative process; and
- d) triangulation (the use of multiple perspectives) of data, investigators, theory and methodology.

Terre Blance and Kelly (1999) also indicate that qualitative research assumes people’s individual subjective experiences to be real and to be taken seriously, and that these experiences can be understood through interaction and listening, thus interpreting language and expression as a means to come to an understanding of others’ experiences. The researcher uses him- or herself as an integral part (instrument) in the process, and also attempts to understand the phenomena within a certain context, which would have implications regarding the meaning of the material studied. The research also tends to be more naturalistic, meaning that the researcher becomes fully involved in the setting being studied. In the current study the context or setting was a psychiatric children’s ward, where the researcher was working during the time of the study being executed.

Much of the above also echoes what Reason and Rowan (1981, p. 133) set out as guidelines or “canons” for this type of research. They state these as, “The first canon is that of the *autonomy of the object*. The meaning of that which we study must not be projected into it; it must be derived from the phenomenon itself... The second canon is that the interpretation should make the *phenomenon maximally reasonable* in human terms. This means that the complexity and historical roots of the phenomenon must be explored and articulated... The third canon is that the interpreter must achieve the

greatest possible familiarity with the phenomenon in all its complexity and historical connectedness... a valid interpretation involves knowing *with* as well as knowing *about*... The interpreter must also show *the meaning of the phenomenon for his own situation*... The most important canon is the *hermeneutic circle*. Understanding thus consists of circular and spiral relationships between whole and parts, between what is known and what is unknown, between the phenomenon and its wider context, between the knower and that which is known. This is a dialectical process which is in theory infinite, although we may rest, for a time, at some acceptable point of intersubjective validity.”

3.2.2 Advantages and disadvantages of using qualitative research

Babbie (1992) indicates that an inherent advantage of this approach is that it allows the researcher greater flexibility. The process allows the researcher to continually re-evaluate the interpretations, perspectives, findings and conclusions as the study continues. Babbie (1992) also indicates that this might become a disadvantage since it might bias the interpreter and lead to selective perception.

The researcher acted as participant observer to some degree, and therefore the advantages and disadvantages can also be related to this position. Strydom (2002, p. 280) defines participant observation as follows, “Participant observation can be described as a qualitative research procedure that studies the natural and everyday set-up in a particular community or situation... The researcher should decide beforehand on the role he intends to take in the situation of a participant observer, since the roles to be taken can be placed on a continuum from complete observer to complete participant, with a variety of degrees of involvement in-between.” In this study, the researcher became a participant and observer to some degree through the process of involvement with the children in building rapport, as well as in the process of administering and interpretation of the material the children presented and explained during testing.

Strydom (2002) also indicates some of the advantages and disadvantages of participant observation, and these include aspects that relate to qualitative research in general.

The relevant advantages include the following:

- a) It gives a more comprehensive perspective on the aspects being studied.
- b) Qualitative research aims to achieve in-depth understanding of the phenomenon as it presents itself.
- c) It is especially well suited for use in exploratory studies.
- d) Data is usually collected directly and not retrospectively.
- e) It allows flexibility in the research process.
- f) It is considered an effective approach on gathering information regarding verbal as well as non-verbal material.

He states the disadvantages as including:

- a) Data is usually not quantifiable (and cannot be generalised) due to small numbers of participants.
- b) Changes during the study might make it difficult for the researcher to stay within the boundaries of the aim of the study.
- c) Validity might be problematic since the researcher's perceptions play a role in the process and make him susceptible to subjectivity, biases and selective perception.
- d) Generalisability might be lacking, although to generalise is usually not the aim of this type of research.

3.3 SAMPLING AND RESEARCH PARTICIPANTS

A purposive process of sampling was employed as will be indicated in this section. As Strydom and Delport (2002, p. 334) indicate, "In purposive sampling the researcher must first think critically about the parameters of the population and then choose the sample case accordingly. Clear identification and formulation of criteria for the selection of respondents are, therefore, of cardinal importance."

The research participants consisted of newly admitted children in the inpatient ward of a large state academic psychiatric hospital's child and family unit in the Gauteng region. The age group originally intended for the study was children between the ages of six and twelve years, but the participants' ages eventually ranged between seven and twelve years. All attempts were made to include boys and girls from various races in the study. The researcher obtained written permission from the relevant ethics committees, hospital administration, as well as the parents of the children chosen for participation (as legal custodians of the children). The children were also asked whether it would be acceptable to them to do the tests (introduced as games) with the researcher, and so verbal consent was also obtained directly from the children. The final number of participants came to four. The protocols eventually yielded very rich data, and a satisfactory point of saturation was reached in the data. Confidentiality within the study was ensured and pseudonyms were used in all cases for this document.

The researcher and her supervisor considered and agreed on the following *exclusion* criteria at the beginning of the study to guide participant selection:

- a) Children that were diagnosed as psychotic – this would impede the research process since the study depended on the children's capacity to give experiential accounts through the tests, for which reality testing needed to be optimal.
- b) Children showing mental retardation. It was considered that such children might have difficulty in verbalising their experiences, and pre-test evaluations regarding especially the Picture Test of Separation and Individuation proved this to be a valid concern.
- c) Children who suffered direct trauma e.g. rape. It was decided to exclude such cases since the trauma may override other meaningful information, and to not place any further demands on the child that might possibly create anxiety.
- d) Autistic children were excluded merely because the process required verbal capacity and appropriate interpersonal interaction.
- e) Children with visual disabilities were excluded because of the pictorial nature of the measuring instruments.

- f) Since the focus of the study was on attachment features, children from children's homes or in foster care were also excluded. Theory supports this decision. Scott (2003) indicates that these children necessarily suffer damage in terms of attachment through the process of living in a children's home with many other children, or through often having several sets of foster parents, therefore the data obtained from them would already be biased through their histories.

The following was also decided upon as a specific *inclusion* criterion: the child must be fluent in either English or Afrikaans in order for the researcher to be able to establish a working alliance with the child.

3.4 METHODS OF DATA COLLECTION

The focus of this research project was on investigating specific attachment styles, evaluated through examining indicators of security experiences (in relationship to the parents), descriptions of these relationships, and separation anxiety (which is closely bound to attachment style) within a given context (psychiatric hospitalisation). The researcher argued that the most non-intrusive and non-threatening means towards doing the study would be to use projective methods in order to measure these constructs. Three reasons informed this decision. Firstly, the researcher was not constantly and systematically available to evaluate *behaviour* that might reflect aspects of attachment, security and anxiety. Secondly, these are also concepts a child might not have the capacity or vocabulary to express, and the child might very well be psychologically defended about these matters upon direct conversation. Thirdly, the researcher also argued that the use of projective techniques would be the least emotionally disrupting (for the child and family system) form of evaluating attachment constructs. Bar-Haim, Sutton and Fox (2000, p. 328) also indicate that what they call "representational tests" can be effectively used in examining attachment relationships. They state, "The underlying supposition is that the existence of an internal working model of attachment is reflected in both behaviour and representational material" (p.

328). In the same article these authors also refer to numerous other attachment researchers who share this perspective.

3.4.1 The Children's Apperception Test

The Children's Apperception Test was developed by Bellak and is described as "a projective method or, as we prefer to call it, an apperceptive method of investigating personality by studying the dynamic meaningfulness of individual differences in the perception of standard stimuli" (Bellak, 1975, p. 173). Bellak indicates that the method is also ideally suited to investigate a child's relationship to important figures, attitudes to parental figures, his fears and then by implication his anxieties.

Two versions of the test are available, one depicting humans, the other animals. For the purpose of this study, and specifically with the aim of minimising emotional distress, the animal version was used, since the researcher felt that the human version might confront the child too directly with his relationships, and this might increase anxiety. The test consists of ten cards depicting animals of various kinds (for example chickens, kangaroos, bears, monkeys, to name but a few) in different (familial) behaviours and situations. These situations consistently depict relational settings and situations, and thus do not only elicit projections of the self-experience, but also of the self in relation to others, especially family members.

Each card has specific themes that may be elicited. The child is asked to tell a story as to what is happening on the card, and these responses are taken down verbatim. Responses are then thematically analysed and interpreted, keeping in mind the original indicated possible themes of each card. As Bellak (1975, p. 200) states about the stories told by a child and their interpretation, "He does so, by necessity, in his own way, which must be a function of continually present psychological forces which at that moment manifest themselves in relation to the given stimulus material."

Siegel (1987) specifically indicates the use of cards five and six for eliciting (amongst others) themes of separation anxiety (which as mentioned relates to security and thus attachment) and abandonment. She states about card five, "Common themes are the siblings' mutual sexual exploration, loneliness, separation anxiety and fear of abandonment" (p. 115). Regarding card six she says, "The fearful child who is uneasy about the durability of his home may express worry about the imminent collapse of the cave just as in his previous story he feared lightning storms, fires, and similar scenes of devastation." She also continues (p. 116) to say about this card, "For some children the dark, ill-defined plants and rocks in the picture assume supernatural shapes. If they do not feel adequately protected by adults, they must maintain constant guard against external threats." This last statement seems also to reflect a state of anxiety related to insecure or anxious attachment in the relationship with the parental dyad since the child does not project a sense of protection or security in relation to the parental figure.

Bellak (1975, p. 188) also indicates card nine as useful in eliciting these themes. She states about this card, "Themes of fear of darkness, of being left alone, desertion by parents (*separation anxiety, lack of security and protection*), significant curiosity as to what goes on in the next room, are all common responses to this picture" (italics added). For the purpose of this study all ten cards were administered, but primary focus was on responses to cards five, six and nine. The full protocol was nonetheless examined for any further indications that might relate to security features or repeating evidence of the themes from cards five, six and nine.

Despite the fact that the CAT is a well-known and much used projective test in South Africa, the researcher could not find any information in literature that focuses specifically on the use of the CAT within the South African context. A study that looked at the cross-cultural use of the instrument was found where the responses of British and Thai children between the ages of four and six to the animal version of the test were compared. The study by Kline and Svaste-Xuto (1981), yielded results which indicate that the test can be effectively used cross-culturally with children of this age. So despite

the age-group of this study being slightly older, there does seem to be support for the cross-cultural effectiveness of the test.

3.4.2 The Picture Test of Separation and Individuation

The Picture Test of Separation and Individuation is a test developed in 2000 by Zvelc and Zvelc, and is based on the theory of separation-individuation and attachment. It was originally designed for use with adults and adolescents, but the nature of the material (it consists of pictures and questions following these pictorial representations), led the researcher to argue that it should likely be equally effective for use with children. Zvelc (www.gregorzvelc.tripod.com/adult-relatedness/id1.html) describes the test as follows, “The test consists of three subtests: Relationship with Mother, Relationship with Father and Attachment. Each subtest shows graphic drawings which represent the person and his \ her significant other. The pictures describe different forms of relatedness. The respondent chooses the picture which best describes his relationship with that person.” The pictures essentially reflect the stages of separation and individuation as conceptualised by Mahler (1994) as discussed in section 2.5 of chapter two, and includes autism, symbiosis, differentiation: practicing and rapprochement (implying ambivalence – see section 2.5), and healthy separation and individuation (or object constancy). The test developers also added a picture that represents an alienated relationship. This is not found in Mahler’s (1994) original conceptualisation, and can be described as a relationship that implies emotional estrangement, extreme separation, isolation or emotional distance.

The questions following the choice of a picture as described above represent a chance for the testee to verbally express his experience of the relationships indicated in the first part of the test. These questions essentially ask the testee to describe what he thinks each of the pictures means, this then also implying a process of projecting a personal meaning in relation to the pictures. The researcher believes that data gained from this test will be valuable for this study since it relates so well to the theoretical frame she used.

The test developers require all researchers to obtain permission from them to use the test. This research was executed under supervision of the Department of Psychology of the University of Pretoria, and this department has received written permission from the test developers to use the instrument in research projects.

No information is currently available on the validity and reliability of the PTSI in use with children, an aspect that will also be addressed by this study. The test developers have done a study on the validity and reliability of the test with regards to use with adults and adolescents, but the full article is seemingly only available in Slovene. After numerous attempts at trying to obtain an English translation from the developers, the researcher could not acquire the document as the developers did not respond to the request. It thus seems that only the abstract is available in English. The abstract (www.gregorzvelc.tripod.com/adult-relatedness/id1.html) indicates that the results of the preliminary research on the test are positive. It shows positive consistency with theoretical background, positive sensitivity for the areas it measures and is economical in use.

The researcher also did pre-test evaluations by administering the test on a variety of inpatients (not taking into account exclusion criteria), and found that the test was easily understandable and effective, except for children with lowered levels of cognitive functioning. The latter struggled to truly understand the questions and had great difficulty in meaningfully describing what the pictures meant.

3.5 DATA RECORDING

The data used for this study was captured in written form, always verbatim, directly as verbalised by the participants. As far as possible (within the constraints of normal admission and treatment structure and multi-disciplinary functioning), the children were tested within the first week of admission. In one case the evaluation carried over into the second week after admission due to admission taking place on a Friday. The researcher

was doing her internship in clinical psychology at the children's ward of the relevant hospital and thus had convenient access to potential participants.

The researcher took into account the specified exclusion and inclusion criteria and when suitable, arranged to have at least two sessions with the child to conduct the projective tests. These sessions included some initial talk- and playtime to create a sense of mutuality and build rapport. The administration of the projective tests thus flowed from this initial interaction as different games, and only after the children gave verbal consent that it was acceptable to them to do the tests.

It is standard practice in the administration of the Children's Apperception Test to write down the child's response to each card verbatim. For each participant, the researcher recorded the responses by hand, and then typed the protocols for the purposes of neatness and to make it available to a second interpreter for easy reading and interpretation.

The Picture Test of Separation and Individuation consists of a standard test booklet that was used for each participant. On the second page of the booklet the relevant pictures are indicated and the participants' responses were marked on this sheet. The third page consists of spaces to fill in the participants' own verbal descriptions of the pictures shown on page two, and the researcher took down each participant's descriptions verbatim.

3.6 METHOD OF DATA ANALYSIS – THEMATIC CONTENT ANALYSIS

3.6.1 Orientation towards the protocols, first-order thematic content analysis, and establishing themes through interpretation of the data

The researcher reviewed the guidelines for interpreting the protocols to familiarise herself with the process again before starting interpretations. She then interpreted the

material within a day after evaluation for each participant, placed the protocols aside for a week and then re-interpreted them again.

Each of the test protocols was thus initially interpreted according to the established procedures specific to the test materials used. Sections 3.4.1 and 3.4.2 of this chapter give the relevant information regarding the tests used and the process of investigating the relevant constructs.

This process of interpretation entailed the first order of the qualitative process of thematic content analysis, and as with most projective techniques, the focus in interpretation was to find the latent content implied by the manifest content (Babbie, 1992). On the CAT, this meant ascribing interpretations to the stories told for each card according to the indicated themes for the cards as specified by the developers. With the PTSI, the direct pictorial indications were noted and coded according to the meaning already attached to the pictures through theory. No content analysis was necessary and this also allowed for these meanings to be used for later categorisation. The verbal descriptions were also used to expand on the meanings of these categories, and again implied some interpretation and content analysis.

During this phase of analysis a second interpreter was also consulted. The protocols and interpretations were provided to this co-interpreter, who actively reviewed and criticised the initial interpretations. Repeated meetings were held with the co-interpreter where each protocol and interpretation was discussed, revised and redone as deemed necessary after consent was reached between the interpreters. The study supervisor also fulfilled this role in a further process of co-interpreting, and the same procedure was followed.

3.6.2 Second-order content analysis – meaning units and experiential categories

Beyond this initial process of protocol interpretation, a supplementary process (thus a second order) of thematic content analysis was done which implied a process that was executed in the following way:

The agreed-upon interpretations were read and reread over a period of time, and the researcher identified meaning units by looking at the content of these interpretations. These were highlighted in the text and became the areas of focus. This essentially then implied a process of coding the interpretations.

These meaning units were then grouped together into experiential categories by looking at the similarities and differences between these meaning units and how they presented across the different protocols. Muir (2000) also refers to this process of comparing meaning units to establish categories of experience. Establishing the categories of experience was a circular process that entailed visiting and revisiting the data, as well as discovering which categories would be most relevant to the study and which would not. As mentioned before, the protocols yielded very rich data. The researcher initially used the full CAT, as well as PTSI protocol results to establish meaning units, which provided fifty-one categories, some relevant and others not so. This was done to get a comprehensive picture of the information contained in the data, and it was discussed with the study supervisor. After a week the process was redone, this time more specifically focusing on cards five, six and nine of the CAT, and also using the information from the PTSI. This second round provided twenty-seven categories, and also included information from the CAT that was not found on cards five, six and nine, but were still considered relevant as found in the first process when the full protocols were examined. These were again discussed with the study supervisor. A third process of categorisation then followed as it was found that one category could be discarded (in the process of discussion with the supervisor this category was found to be invalid and more a reflection of the researcher's own attachment history), and numerous of the categories could be combined or subsumed by others already specified. This eventually

left the researcher with thirteen final categories of experience, as found in chapter five of the dissertation. In the presentation of these categories, the researcher also included illustrations from the interpretations of different protocols to substantiate the categories.

3.6.3 Associating categories of experience with theory

After having established the categories of experience, the researcher needed to link the categories with the aim of the study, and thus with theory on attachment. In order to achieve this, labels were assigned to these groupings, which represented the psychological meaning given to the categories through theoretical interpretation (Rolfe, 1999). The researcher thus literally drew links between the categories and their possible associations with specific attachment styles. The researcher assessed to what extent these groupings fitted with the constructs under investigation, as well as which of these grouped themes were present across which protocols. This method allowed the researcher the opportunity to gain an idea about, and to consequently indicate whether the relevant constructs could be discerned from the data, thus enabling the researcher to reach conclusions about the relevance of the data to attachment constructs.

3.6.4 Stability or trustworthiness of the data

The researcher argues that the use of known tests rather than interviews in data collection aided in providing stability and trustworthiness to the data. The test interpretations nonetheless still largely depended on a measure of subjective involvement with the material on the side of the researcher, and the use of co-interpreters also then further aided in providing stability in the sense that the researcher's biases were constantly checked and criticised by others.

Durrheim and Wassenaar (1999) indicate that rich and detailed descriptions, that also relate the information to contextual development, improve stability as they help the reader to more clearly understand and trust the findings. As already mentioned before, the data obtained in the study was quite rich and allowed for in-depth discussions and

illustrations on the findings. It was related to a very specific context, and relevant linkages to theory could be made.

3.6.5 Credibility or soundness

Credibility of the data was enhanced in a number of ways. Triangulation is considered by De Vos (2002) as a meaningful way to enhance credibility. Triangulation can be described as, “the researcher seeks out several different types of sources that can provide insights about the same events or relationships” (De Vos, 2002, p. 341). Kelly (1999) also refers to triangulation and indicates that data, theory, investigators and methodology can be triangulated. In this study triangulation was used in different areas.

Firstly the researcher made use of co-interpreters (a colleague and the study supervisor). Three interpreters therefore helped to provide credibility to the data. Reason and Rowan (1981) refer to this as a process through which a co-researcher actively and consciously attempts to deny, contradict or disprove the data and the propositions about the data. This also links with what Reason and Rowan (1981, p. 250) call “convergent and contextual validity”, which implies that a number of different perspectives are compared.

Secondly the researcher made use of two different measuring instruments, which implies triangulation in the data collection process. These instruments could compliment or contradict each other and so added to the credibility of the research. This again links with what Reason and Rowan (1981, p. 250) refer to as “convergent and contextual validity”.

Thirdly the researcher also made use of more than one theoretical perspective, although these were integrated, also implying triangulation of theory. Essentially this means that the researcher made use of triangulation on three different levels in the study in order to enhance credibility.

Durrheim and Wassenaar (1999) indicate that the researcher should also consider rival hypotheses with regards to the data to enhance its credibility. The researcher employed this technique in the final discussion of the results as she also took into consideration that the data was obtained within a specific socio-economic group. This consideration might have influenced the data, meaning that the results might also be a reflection of attachment relationships within this socio-economic group, rather than necessarily that of psychiatric inpatients.

De Vos (2002) indicates that credibility is also enhanced through the accurate identification and description of the subject, thus setting clear parameters and in-depth evaluation of the complexity of the phenomenon. The researcher argues that this was done by clearly delineating the context, as well as the relevant theory to which the data would be related.

In order to further enhance credibility the interpretations and categories found needed to make logical sense to the researcher from her own inner sense of knowledge regarding the constructs through experience, as well as through theoretical understanding. Reason and Rowan (1981, p. 244) indicate, "Rather, validity in new paradigm research lies in the skills and sensitivities of the researcher, in how he or she uses herself as a knower, as an inquirer. Validity is more personal and interpersonal, rather than methodological." Thus the researcher was also constantly involved in a process of self-reflection and reflection with co-interpreters to enhance what Reason and Rowan call "high-quality awareness" (p. 245) in order to remain a sensitive inquirer, to struggle against personal bias and to allow open-mindedness in terms of interpretations. This process of self-reflexivity, based on the researcher's own attachment history and theoretical knowledge, thus also enhanced credibility.

Another factor that enhanced credibility was that the results obtained from the data showed internal coherence (Reason & Rowan, 1981). This was reflected in the fact that the analysis and the links that could subsequently be made to theory presented repeating and similar information.

As indicated in the section on data analysis, the researcher also made use of systematic feedback loops as suggested by Reason and Rowan (1981). This implied revisiting the data numerous times at different stages of the analysis, individually and in cooperation with the co-interpreters.

3.7 CONCLUSION

This chapter outlined the research method in detail. It gave a short description of the research design, which essentially was qualitative. An overview was given of the guidelines or principles that underscore qualitative research, as well as the possible advantages and disadvantages of using a qualitative approach. The chapter then provided information regarding the sampling process as well as the instruments and procedures used for data collection and recording. A detailed description of the data analysis process, which consisted of first- and second-order thematic content analysis, was given. It also indicates how relating the results from the thematic content analysis to relevant theory was part of the process. Finally the chapter contains information on how trustworthiness and credibility were achieved in the data through the research process.

CHAPTER FOUR

RESULTS

4.1 INTRODUCTION

This chapter will give a case-by-case description of the individual children tested, as well as detailed accounts of the data obtained from the Children's Apperception Test and the Picture Test of Separation and Individuation for each child (see Appendix A for full test protocols). The data consists of interpretations that reflect the first order of the thematic analysis. The second order of thematic analysis is discussed in chapter five. All names used are pseudonyms to protect the identity of the children.

4.2 RESULTS

4.2.1 Billy

Billy is a ten-year-old Afrikaans speaking Caucasian boy who lives with his biological mother and stepfather. His parents brought him to the hospital after complaints from his school. He is very impulse, shows disregard for authority (including his parents and teachers), is physically aggressive towards other children at school, and shows what they view as 'attention seeking behaviour', described as walking out of class, peeping through the windows at other classes and pulling faces, and telling elaborate lies of parental abuse to gain attention and sympathy.

4.2.1.1 CAT interpretations: Billy

Card 1

The patient can acknowledge a sense of nurturance needs being satisfied, but there is a stark lack of true relatedness, emotional warmth and sense of mutuality. The focus on

the bigger bowl and smaller bowls portrayed on the card may indicate his sense that children are not as valued as adults. The response creates an image of primitive needs being met without the emotional care or involvement that renders it a potentially meaningful interpersonal experience. The response is devoid of any emotion and creates a sense of isolation. Neither maternal nor paternal nurturance and involvement is indicated.

Card 2

The potential conflict on this card creates uncertainty and anxiety, indicating that power-struggles leave him somewhat unsure. He turns the story into a game, making it less anxiety provoking and indicating how he cannot deal with conflict as a reality, but merely as a game. He can only find meaning in the ultimate competition and victory. This possibly indicates his own approach to conflict; winning is essential, and help is needed, although he gives no indications as to whom the helpers are. The response indicates a need and understanding that help from others can be beneficial, but a lacking sense of who will give this help in his own world.

Card 3

He acknowledges authority, but his views reflect ambivalence. He views it as benign and confusing, but simultaneously describes authority in a way that projects an almost grandiose character. It would seem that the patient to some extent also identifies with the authority, which may indicate some narcissistic tendencies – he being a child but identifying with such grandiose authority and power. He possibly has a very confused idea about the social meaning of authority and what it implies in terms of adult-child interaction. He seems to actually take on an identity that reflects adult power instead of aligning himself with the mouse as the less powerful character as children often do. He is in fact emotionally distant and passive in his acknowledgement of the mouse, which may indicate an avoidance of acknowledging himself as small and vulnerable.

Card 4

The patient again does not acknowledge any family relationships, again creating the feeling of isolation and non-connectedness despite togetherness. The story may represent a need for this type of involvement, but he is unsure of who it is that can give him this experience. The response is again quite devoid of emotional content, and the maternal figure is barely acknowledged. There does not seem to be any clear indications of identities and roles, and any kind of differentiation (especially regarding adults and children) seems to be lacking.

Card 5

This card again elicits more naming than real emotional involvement, thus an emotional withdrawal. The house being of wood may indicate a lacking sense of true emotional security and containment in his family environment. The mother is brought into the card, but there is no process of involvement. They all sleep, which implies passivity in relationships and possibly escapism from dealing with each other. The maternal figure does not actively contain. In fact, she has no real role at all.

Card 6

This card creates such anxiety that the patient becomes quite confused. He firstly identifies the picture as rocks, which shows a clear picture of his isolation and experiencing his primary caretakers as basically non-human, non-emotional entities, implying a lacking sense of care and nurturance and extreme emotional abandonment. They are hard and unresponsive. He eventually acknowledges the figures as bears, bringing the possibility of relatedness into the response, but they are all sleeping (thus actually not relating to each other). He seems able to deal with others from a sleeping position (which implies avoidance of meaningful interaction), but is unable to place any meaning to relatedness in a woken (actively involved) state. The theme of sleeping repeats as in the previous card, again indicating passivity in relationships. He also introduces a figure that is not on the card to keep himself company, again underlying his lacking sense of trust in the grown-ups. The child figure is possibly an extension of the self, which might point to security needs being met by the child himself.

Card 7

Aggression and power is a theme that the patient seems to easily identify with and which seems to be a prominent feature in his unconscious mind. Aggression is to be acted out and someone will end up being hurt – the theme of competition and victory repeats. It seems this is the only means by which he experiences any sense of power or autonomy. He shows no emotional concern about the pain that may follow as a result of aggression, in fact he views it as funny which, too a large extent, indicates the patient's lack of empathy and concern for others.

Card 8

The patient can identify relatedness, but is again at a loss as to clearly defined roles. There seems to be no clear identifications in terms of understanding adult's versus children's roles. Boundaries are diffuse and the relatedness is superficial and without purpose. He cannot acknowledge parental figures (adult authority) at all, and also fails to identify himself within the family constellation, also indicating his own sense of role-uncertainty. Essentially there are no clear boundaries or identities for any figure, including himself.

Card 9

This response indicates isolation again, isolation allowing withdrawal. The patient does not seem to show any signs of anxiety regarding this isolation, but actually seems to project the idea that he controls this process. There is no indicated need for company, which may be a defensive process (reaction formation) in order not to acknowledge his own needs for care and support. There are also no indications of parental involvement, and one gets a sense of security needs needing to be fulfilled by himself.

Card 10

The patient shows no conception of moral awareness. No punishment or wrongdoing is acknowledged. Development of conscience seems almost non-existent. There are again no clear boundaries differentiating adult from child, again indicating the possibility of unclear identity awareness.

4.2.1.2 PTSD interpretations: Billy

Maternal attachment relationship

Billy's mother is his primary caregiver. He indicated that he views his relationship with his mother as a symbiotic one. He is satisfied with this relationship and also indicated that this is the relationship he mostly wants with his mother. He also believes this is what his mother prefers. The relationship he least wants is an alienated one. He described the symbiotic picture as indicating that he is "always with her", and the alienated one as indicating that "the whole relationship is broken".

Paternal attachment relationship

Billy also indicated that he has a symbiotic relationship with his stepfather. He prefers this and indicated an ambivalent (practicing separation-individuation) relationship as the one he wants least. In describing these he indicated that the symbiotic relationship again means "always being with him", and the ambivalent relationship implying that they are "moving away from each other a little bit".

Significant other

Billy chose a maternal aunt in this category. He indicated that he has a well-individuated relationship with her, which he described as that the two of them "are still friends".

4.2.2 Mary

Mary is a seven-year-old English speaking Caucasian girl who lives with her biological mother and stepfather. Her mother brought her to the hospital for evaluation and Mary was subsequently admitted. The presenting problem included blatant disobedience at school and home, including verbal 'back-chatting', sexually inappropriate play and harming of other children and her younger sister at times.

4.2.2.1 CAT interpretations: Mary

Card 1

The patient indicates a sense of non-belonging and confusion in terms of roles and positions (role-differentiations) in this family (she views the figures as ducks and a chick being portrayed on the card). Parental involvement is unspecified, passive and shows a lacking ability to create structure. There also seems to be no clear role identification of the self, which at her age should be more pronounced. The idea is created that she is merely one of many characters in this scene, with no real understanding or appreciation for own uniqueness or separateness. She does however align herself with the ducks (the children), possibly reflecting a need to be recognised as a child. The possibility of being nurtured does exist, but it seems to result from own responsibility to some extent, indicating a lacking sense of being cared for and possibly some sense of emotional self-sufficiency.

Card 2

The patient shows no particularly pronounced identification with or attachment to either of the two adult figures, including no clear understanding of adult and child roles. The adult figures do not provide structure (there are no rules), possibly indicating her perceptions that her parents avoid some of their caretaker responsibilities. In this response there are again no clearly defined or differentiated roles. Conflict is experienced as destructive and overwhelming. She is powerless, has no clear sense of being helped in any way, and thus shows a lacking sense of security and support within her relationships with both parents.

Card 3

The patient does not really involve herself in this card. She distances herself from this picture by not really commenting on the mouse in the picture. She may feel invisible or insignificant (or may need to make herself invisible as a protective means) in situations where confronted with authority. She can acknowledge authority but finds it quite startling, restraining and overpowering (as she says, "something under the stick"). The

card seems to create some anxiety, which she tries to contain by turning the authority into a figure that holds no danger. One is left with the sense that, although she can acknowledge authority, she has no clear sense of what it is and how it should impact her or how she should understand it.

Card 4

The patient acknowledges the family relationships in a positive frame. She does show some regressive tendencies in that the bigger child is also a baby, which may indicate a need to defensively regress to a baby-like state at times in order to feel an appropriate part of the scene, to fit in or to obtain some nurturance. It represents a need for acknowledgement and attention; aspects she may feel is only available to her if she takes on an infantile role. Her descriptions with regards to the mother-figure are also detailed and concrete, possibly indicating some emotional distance.

Card 5

This picture actually depicts two bears, but the patient sees them as cats. This might be significant as yet another indication of confusion with regards to identity. One gets the same sense of confusion as in card one. The response indicates negative associations with being alone (it's dark and raining), and might reflect feelings of neglect and fearfulness. She seems to find solace in sibling togetherness though. Her sense of security regarding parental involvement seems ambivalent. They are available (they will come), but not really involved (they will sleep). Security is possible, but not immediately available.

Card 6

This response indicates a sense of mutuality and togetherness of adult and child that has positive outcomes. Protection and nurturance can be sought together and attained. There are no clear identifications of adults and children though, which may again indicate some parentification of the child and positions of responsibility that are excessive. Blurred or fused role definitions seem to exist, and no clear individuation seems to be present.

Card 7

Aggression is associated with severe regression to an infantile, powerless state. The result is total annihilation. She seems to have no positive internalised coping mechanisms to deal with such matters and it creates severe anxiety. It creates a sense of inability to cope and inadequacy in such situations. It seems to correspond to findings on cards two and three.

Card 8

This response indicates a lacking sense of family role identifications. Some gender-identification is attempted, but this creates a very vague sense of identity. It is a rather passive scene with true separate identifications almost non-existent, again possibly indicating a very unclear sense of herself and her role within the family constellation; thus lacking individuation. She does not attempt to identify parents in the response, possibly also indicating confusion and uncertainty regarding the roles and positions of adults in the family.

Card 9

This response indicates a sense of loneliness, lack of support and possibly anxiety at being alone. The child's mentioning of the floor may indicate some vague sense of stability despite her anxiety. There is inadequate protection and security. The darkness might indicate uncertainty and fearfulness. She inappropriately introduces a male husband figure into the scene, which might symbolise inappropriate sexual experiences, although she sketches him as passive and benign. It might represent role-confusion in terms of her self-experience, seeing herself more in the adult maternal role than that of the child, as well as lacking clarity with regards to age-appropriate boundaries in her relationships. It is noteworthy that the mother-figure is starkly absent in this scene, which may again reflect mother's inability to protect, or her sense of mother being inadequate.

Card 10

A regressive uncertainty and anxiety regarding toilet-use is projected. There is a lacking sense of clear comprehension as to what exactly is happening and why, thus possibly some general uncertainty as to what appropriate behaviour is in different contexts. There also seems to be an underdeveloped conscience, and again no clear indications of differentiated identities, especially with regards to adults and children; the boundaries are confused and unclear.

4.2.2.2 PTSD interpretations: Mary

Maternal attachment relationship

Mary's mother is her primary caregiver. She indicated that she sees her relationship with her mother as a symbiotic one, which she described as "mother carrying me". She is satisfied with this relationship, but also indicated that she would prefer a well-individuated relationship, which she described as "walking alone in the street", possibly implying a sense of independence and autonomy. She believes her mother prefers an alienated relationship, which she described as "mother waiting for me while I am at school". She least wants an ambivalent (practicing separation-individuation) relationship, and she described this as "mother putting me down" (as in physically putting her down after being held or carried).

Paternal attachment relationship

She indicated that she views her relationship with her stepfather as autistic, meaning an internalised focus with little energy invested in the actual relationship. She described it as "walking home alone". She indicated that she is satisfied with this, but nonetheless indicated that she would prefer a symbiotic relationship with him, which she also described as "he is carrying me". She least wants an ambivalent relationship (practicing separation-individuation), which she described as "he is putting me down" (as with mother). She indicated that she thinks he wants an alienated relationship with her, which she described as herself "being at school and going into class".

Significant other

Mary chose her maternal grandfather for this category. She indicated that she has a well-individuated relationship with him, which she described as “being together”. She is satisfied with this and prefers this relationship. She least wants an ambivalent (practicing separation-individuation) relationship with him, which she described as “he is busy”. She believes he wants an alienated relationship, which she described as herself “being at school”.

4.2.3 Pieter

Pieter is an eleven-year-old Afrikaans speaking Caucasian boy. His parents are divorced and at times he resides with his biological father and stepmother, and at times with his biological mother and stepfather. Pieter has also spent some periods in residential care when neither of the parents was able to take care of him. This process of interrupted and changing residence is still ongoing. His mother and a social worker that is involved with the family brought Pieter to the hospital. Pieter’s presenting problem included physical aggression towards other children at his school, truancy, suicidal ideation and threatening to strangle his eight-month-old baby stepbrother (his father’s baby boy).

4.2.3.1 CAT interpretations: Pieter

Card 1

The patient can acknowledge the idea of nurturance and care, but gives no indications as to the provider towards this emotional need. In this sense both parents are starkly absent. He also does not indicate any familial roles in the response, which may indicate some underlying confusion as to family roles, identities and functions. He shows an immediate need for oral gratification, thus a very dominant need for true emotional nurturance. An important aspect of this card is that the care and nurturance seems momentary and not lasting; a sense that it is not a continuous process of receiving something that is sustained.

Card 2

At first the patient creates a sense of aloneness through acknowledging only one of the characters. The response eventually projects a sense of tension that has some interpersonal destructive potential, and might indicate his process of needing to hold on or persevere in a battle against emotional disintegration and pain. The patient again does not differentiate clearly between adults and child, and no supportive or protective aspects are introduced with regards to the adult figures. Instead it reflects harsh, critical or punitive interpersonal processes focused on failure.

Card 3

The patient acknowledges the authority aspect of this card, but his ultimate response shows his perception that the actions of authority figures are ultimately self-destructive. He does not project himself into the scene (does not acknowledge the small figure), which may further show his defensiveness (through avoidance); not consciously allowing the knowledge that authority might also imply a level of destruction to him. It might also indicate a lacking understanding of the interpersonal meaning of authority and its place in his life.

Card 4

Although the response creates a pleasant image at first glance, the patient cannot acknowledge the maternal or sibling roles. The card seems to bring a level of anxiety as he essentially emotionally withdraws from the interpersonal meaning and implications. This defensive process might indicate these relationships to be confusing and painful to the patient. The fact that he foresees a picnic might also indicate that, within this anxiety-filled context, he reverts back to a position where oral gratification is prominent, thus regressing to an infantile state where primary need-satisfaction becomes dominant.

Card 5

This card creates anxiety at first and sets in motion a process of emotional withdrawal, reflected by the safety of mere object naming. When he does immerse himself into the card emotionally, the result is one of fearfulness, absence of security and impending

danger. The anxiety might be related to a sense of being alone and having nobody to act as protectors; the anxiety in itself being very intrusive. This may reflect the patient's sense of anxiety with regards to lacking security from adults, more noticeably the parents (within the frame of the home and them being the primary adult figures one would expect as security providers). The parents are literally (and thus emotionally) unavailable. Although likely a defensive tactic (through avoidance), the fact that he does not mention *any* animal characters may indicate his own feelings of being invisible or not being worthy of protection or comfort.

Card 6

In this card his lacking sense of warmth and security in relation to the parental figures are obvious. One also gets the sense that, although they are available, there is no interpersonal process of creating security or a sense of being loved or cared for going on. There is relational passivity. Each seems to "keep warm" through non-personal means and providing for the self, and the warmth/security found is not very substantial, lacking a true sense of togetherness and protection. So although togetherness is acknowledged, it is rather useless and literally leaves everyone cold. The patient projects a feeling of emotional isolation and no particular attachment to either of the two bigger (adult) figures.

Card 7

In the face of interpersonal danger the patient seems to experience the fear of destruction, although it would seem that the impact of interpersonal danger is more hurtful than totally destructive. He does seem to show some ego-capacity to deal with such experiences, but it still reflects emotional pain that he cannot escape from.

Card 8

The patient again cannot clearly indicate familial roles and again totally avoids the authoritarian stimulus in the card. What he does project is an almost paranoid sense of uncertainty and possibly confusion when it comes to understanding interpersonal

relationships. He literally does not know what is being said and therefore does not know what is going on. He regards interpersonal relationships with suspicion.

Card 9

This response essentially reflects the same features as in card five: aloneness, lack of security, and nobody (read parents) introduced as protectors. He nonetheless deals with his anxiety (due to vulnerability implied by being alone) in the same way as before, by withdrawing his emotions from it. He eventually allows himself to show his emotional vulnerability and lacking sense of emotional security, but then emotionally withdraws again by not expanding on the response. Non-acknowledgement of vulnerability seems to be his defense of choice, and is probably what keeps his ego integrated to some degree.

Card 10

The patient does not show any regressive tendencies in response to this card, but again cannot acknowledge the authoritarian aspect, as also reflected and commented on in previous cards. Conscience development seems to be lacking.

4.2.3.2 PTSD interpretations: Pieter

Maternal attachment relationship

Pieter's mother is the primary caregiver at times. He indicated that he sees his relationship with his mother as ambivalent with some attempts at separation and individuation (practicing). He claims to be satisfied with this relationship, which he described as meaning "everyone", which the researcher interprets as meaning a sense of unity or togetherness without true individuality. He indicated that he wants the alienated relationship most, but described his understanding of this picture as "giving love to mother". He believes that she also wants this type of relationship. He least wants a symbiotic relationship, which he could not explain in his own words.

Paternal attachment relationship

Pieter's father is the primary caregiver at times. Pieter indicated that he views his relationship with his father as alienated according to the pictures, but he described it as "being together". He feels satisfied with this and indicated that this is the relationship he wants most. He least wants the relationship that indicates ambivalence and limited separation and individuation. He could not give a description of what the picture really means and indicated that he finds it difficult to explain. He believes that his father wants a relationship that is still ambivalent, but allows for more separation and individuation. He also could not describe the meaning of this picture in his own words.

Significant other

Pieter chose his paternal grandfather for this relationship. He indicated that this relationship is characterised by an autistic self-focus with little sense of relationship. He is satisfied with this and he prefers it this way. Importantly and ironically he described this picture as meaning "togetherness". He would least like to have a relationship that implies healthy separation and individuation. He described this as "attention". He believes his grandfather also prefers the relationship to be as distant as he indicated, although as mentioned before he described it as meaning "togetherness", which might reflect that at times he can only feel safe or comfortable in relationships if it is in actual fact distant, empty and uninvolved, thus not allowing the possibility of pain or disappointment.

4.2.4 Michelle

Michelle is a twelve-year-old Caucasian girl who lives with her mother and maternal grandparents. Her parents are divorced and she has not had any contact with her father in the last four years. Michelle has been admitted to the ward several times before, and is always brought in by her mother. Her mother became concerned about her after Michelle's mood started showing signs of rapid shifting, at times being very depressed and then shifting to mania. Michelle also exhibited suicidal ideation and had tried to

strangle her pets. She also claimed to be seeing men who want to kill her. At the time of evaluation she was a-psychotic.

4.2.4.1 CAT Interpretations: Michelle

Card 1

The patient is aware and can acknowledge nurturance in her primary interpersonal relationships. There seems to be some element of self-sufficiency in the response, with the maternal involvement being very abstract and moralistic, implying that mother's help is essentially indirect without much value in day-to-day living. The maternal figure is seen as quite passive in terms of really meeting her emotional needs, and she functions more as an authority figure.

Card 2

The patient acknowledges the idea that help from others are beneficial in her world. She does not clearly distinguish between adult and child roles and no parental involvement is indicated, leaving one with the idea that help does not essentially come from parental figures, but rather from other sources. This places a question mark as to her level of feeling aided and understood in the home environment.

Card 3

The patient seems to primarily identify with the authority figure, which may be indicative of her herself being the one who determines structure and rules in her world. This obviously leaves her in a very lonely and isolated position, and the fact that she sees this figure as eventually dying indicates a sense of being overwhelmed by this role, as well as possibly some depressive feelings in association with it. She needs to thus take on an adult role of regulation and possibly (internalised) self-punishment, which she is not equipped for.

Card 4

The patient again struggles to acknowledge family relationships, even though a slight attempt is made with the woman and child images. The response creates the idea that children actually place a burden on adults, keeping them from reaching their goals so to speak. Nonetheless there is again no clarity in terms of adult-child differentiation. There may also be indications of negative self-regard if she primarily identifies with the figure on the bicycle.

Card 5

The response to this card indicates isolation and loneliness in times of fear. Security in terms of parental help is non-existent and she has to turn to inanimate objects for a false sense of safety. Her sense of safety shows a regressive tendency that mirrors the age where children become attached to inanimate objects for a sense of security.

Card 6

The patient seems to distance herself emotionally from this card by telling a nature story, thus she steps away from the possible anxiety inherent in the picture through defensive intellectualisation. No interpersonal involvement is indicated, but also no sense of fear or trepidation. It seems intellectualisation helps her to withdraw emotionally at times when possible fearfulness or anxiety becomes too overwhelming to deal with.

Card 7

This card creates severe expressed anxiety and an attempt to avoid the content. She seems to have severe fear of aggression that has been internalised. She nonetheless continues and indicates clearly how she experiences conflict as overwhelming and destructive. She shows insufficient ego capacity to contain the emotions that this picture releases, and also does not have adequate ego capacity to emotionally keep herself safe in times of severe onslaught. She is literally powerless.

Card 8

This is the first response where the patient actually acknowledges family roles and relationships. It would seem that she associates her mother with positive interaction, but she has an almost paranoid perspective on aspects that relate to her father, which is simultaneously juxtaposed by a verbalisation that resembles some form of idealisation about the father. It would seem that she is, in fact, quite ambivalent with regard to her relationship with him. She also seems to associate her parents with authority.

Card 9

This response again repeats the isolation and lack of security seen in card five. She associates being alone with fear, as well as the possibility of being lost. Again no parental involvement is indicated as protectors or security providers.

Card 10

The patient seems to have age-appropriate insight into behaviour and consequences and does not show any regressive tendencies in this response. Development of conscience seems optimal.

4.2.4.2 PTSD interpretations: Michelle

Maternal attachment relationship

Michelle's mother is her primary caretaker. Michelle indicated that she views her relationship with her mother to be symbiotic. She likes this relationship and prefers it like that. She also thinks it is what her mother prefers. She described it as "mom is spoiling me, she kisses me and holds me". She least wants an alienated relationship, which she describes as "I don't want to be separated from her. Totally separated".

Paternal attachment relationship

Michelle indicated that she views this relationship as alienated. She prefers this relationship with him and described it as "being away from each other". She least wants

a symbiotic relationship, which she described as “you are near”. She thinks that he would prefer an alienated relationship as well, which she describes as indicated above.

Significant other

Michelle chose her maternal grandfather for this category. She indicated her relationship with him as symbiotic. She likes it like that and prefers it like that. She described it as “very close”. She least wants an autistic relationship, which she described as “separated from grandfather”. She thinks he also wants a symbiotic relationship, which she described as indicated above.

4.3 CONCLUSION

This chapter gave basic details regarding each child tested, including race, age, presenting problems and care-taking circumstances. It also gave an overview of the first order interpretations of the children’s responses to both the Children’s Apperception Test as well as the Picture Test of Separation and Individuation according to standard interpretation practices. The following chapter will highlight the second order process of thematic analysis, specifically focusing on the identified categories of experience. The interpretations of the children’s CAT responses (especially, but not exclusively those on cards five, six and nine), as well as their responses to the PTSI pictures will play the biggest part in what will be presented.

CHAPTER FIVE

INTERPRETATION OF RESULTS

5.1 INTRODUCTION

This chapter contains the results of the second order process of thematic analysis of the original interpreted data. In this chapter the thirteen categories that the researcher and co-interpreters finally found to be indicative of attachment constructs will be discussed individually. Each category will be defined according to the researcher's understanding of these categories as they were presented in the data. Examples from the researcher's interpretations from different protocols will be given as illustrations of these categories. The researcher decided not to use the testees' verbatim responses for illustration purposes since some of it is in Afrikaans (see appendix A). With regards to the PTSl, the focus will be on the interpretations that relate to the maternal and paternal relationships only, since none of the children's significant others are the primary caretakers. Links will also be made to the relevant theory. Since the primary theoretical frameworks used are that of Bowlby (1997, 1998) and Mahler (1994), as integrated in chapter two, as well as the attachment style research by Ainsworth et al. (1978), theoretical links will focus on the conceptualisations of these authors.

5.2 CATEGORIES OF EXPERIENCE

5.2.1 Identity confusion: unclear individuation

The data repeatedly presented a picture where the child was unable to indicate clear separate identities. The child consequently shows confusion regarding role distinctions for him- or herself, especially with regards to family roles. Roles or positions tend to be undefined and unclear, creating a sense of confusion with regards to individuals' separateness and unique identities.

Examples from the protocols are numerous. Mary's CAT protocol yielded interpretations such as: "There also seems to be no clear role identification of the self, which at her age should be more pronounced" (card one), as well as "It is a rather passive scene with true separate identifications almost non-existent, again possibly indicating a very unclear sense of herself and her role within the family constellation; thus lacking individuation" (card eight). Mary's PTSI also indicated a symbiotic relationship with her mother.

Billy's CAT interpretations contain the following: "There does not seem to be any clear indications of identities and roles, and any kind of differentiation (especially regarding adults and children) seems to be lacking" (card four). His PTSI data also shows symbiotic maternal and paternal relationships.

When considering separation-individuation theory one would expect children between the ages of six and twelve years to exhibit some clarity on and the ability to tolerate the idea of separateness and unique identity. Separate identity should be established to some extent, but is dependent on the child having successfully mastered all the crises of the different phases to come to a secure position of individuation. As argued in chapter two, for this to happen the child needs (in relationship with the primary caretaker) to start from a position of security and having basic trust, which correlates with Bowlby's (1997) conceptualisations regarding the primary role of security in the attachment process. To thus find such indications of unclear role- and identity definitions in this age group most likely reflects quite substantial levels of insecurity and distrust in others, thus indicating insecure attachment styles, most likely disorganised type, since no true identity exists with which to approach life's demands autonomously. The researcher reflects on this again in section 5.2.10.

5.2.2 Fear or anxiety associated with being alone: possible separation anxiety indicators

A sense of being fearful or anxious in times of possible danger was a repeating theme. The fear or anxiety was most noticeable when the children were exposed to stimuli where they were confronted with a sense of being alone and possibly in danger. Thus the fear or anxiety implies a sense of discomfort created by being threatened while in the position of being alone.

Mary's CAT interpretation on card five contains the following: "The response indicates negative associations with being alone (it's dark and raining), and might reflect feelings of neglect and fearfulness". On card nine we find the following: "lack of support and possibly anxiety at being alone", as well as: "The darkness might indicate uncertainty and fearfulness."

Pieter's CAT protocol also gives us the following on card five: "When he does immerse himself into the card emotionally, the result is one of fearfulness, absence of security and impending danger. The anxiety might be related to a sense of being alone and having nobody to act as protectors; the anxiety in itself being very intrusive."

Michelle's response to card nine yielded this interpretation: "She associates being alone with fear."

The CAT cards used actually presents what Bowlby (1998, p.146) might call "compound situations". It often entails being alone to some degree, often in darkness and with the possibility of strangers or other dangers intruding into the area depicted. In card six adult figures are actually available on the card. How the children reacted to these situations (with alarm, fear, or some anxiety – however dealt with) was significant, especially with regards to how security is obtained, if at all. In such situations one might expect some fear or anxiety (as one relates it to Bowlby's theory) because security is threatened. If attachment is secure one could reasonably expect this age group to find

security through introducing the parents (or a parent) into the scene, having established positive internal working models of the caretaker's sensitive availability and constancy, even despite physical absence. Yet none of the children (except Mary on card six, but not card five and card nine) could find security in either parent being introduced. This reflects a lacking sense of trust that the caretakers can protect, provide emotional security or give emotional containment, again pointing to insecure attachment.

5.2.3 Attempts to meet security needs (not provided by parents)

This category relates to different internal or external resources (thus conscious means) that the children utilise as attempts to try and establish some sense of emotional security that is not associated with the parents. These attempts are also made in situations where a sense of parental security is lacking or absent. It thus illustrates the ways the children try to provide themselves with a sense of being safe from possible danger, whether adequate or not, and to so minimise anxiety. It also reflects parental inadequacy in providing emotional security and containment. From the data three different approaches were indicated, namely being with a sibling to feel safe, trying to keep the self safe through own attempts, and using an inanimate object for a sense of safety or security.

In card nine from Billy's CAT interpretations this statement is found: "There are also no indications of parental involvement, and one gets a sense of security needs needing to be fulfilled by himself." In the original response Billy indicated that he closes an open door himself before going to sleep.

Mary's CAT interpretations show the use of a sibling for security needs. On card five this interpretation is given: "She seems to find solace in sibling togetherness though." Parents are brought into the card but they do not actively provide security. She does have the capacity to relax and feel somewhat secure (sleep) though in the company of a sibling.

Michelle gives a very direct indication of using a teddy bear as a security provider. "Security in terms of parental help is non-existent and she has to turn to inanimate objects for a false sense of safety. Her sense of safety shows a regressive tendency that mirrors the age where children become attached to inanimate objects for a sense of security" (CAT interpretation of card five).

Taking into account the theoretical frame of this dissertation, one knows that security is regarded as a relational concept. Whether looking at it from attachment theory or separation-individuation theory, it is a process that begins in the earliest months of life through a relational process between mother (or primary caregiver) and infant. All further psychosocial development rests on the sense of security and basic trust as established in this relationship. Should the process of attachment develop optimally, one would expect a child to have the sense that his caretaker will be available to provide security in times of distress. There would be no need to provide security to the self through various means. This tendency found in the data that reflects self-protection, seem to be related to the insecure-avoidant style of attachment (Ainsworth et al., 1978) where children will feel distress, but will not seek solace from the caregivers, having established internal working models that these people will not be able to provide what is necessary.

5.2.4 Lack of experiencing that parents meet security needs

The test material used provided numerous opportunities for the children to be faced with a position of possible security threat, allowing them to indicate how the need for security can be provided. The material is specifically related to the home environment and to family relationships, and within this context the expectation that security will be provided by the parents (or one parent) is considered reasonable by the researcher. The data nonetheless repeatedly indicated a severe lack with regards to the children experiencing their parents (or a parent) as the providers of safety or security in times of loneliness, fear or possible danger. Since providing a child with a sense of security (physically and emotionally) is seen as one of the earliest necessities for adequate

attachment formation, the lack thereof also points to inadequate emotional nurturance, and by implication emotional neglect (Bowlby, 1997). To illustrate the researcher gives examples from all four CAT protocol interpretations.

Billy's protocol yields the following on CAT card five: "The house being of wood may indicate a lacking sense of true emotional security and containment in his family environment. The mother is brought into the card, but there is no process of involvement." Card six gives the following: "He also introduces a figure that is not on the card that to keep himself company, again underlying his lacking sense of trust in the grown-ups. The child figure is possibly an extension of the self, which might point to security needs being met by the child himself."

Mary's protocol gives us: "There is inadequate protection or security" on card nine.

Pieter's protocol shows the following on card five: "This may reflect the patient's sense of anxiety with regards to lacking security from adults, more noticeably the parents (within the frame of the home and them being the primary adult figures one would expect as security providers). The parents are literally (and thus emotionally) unavailable." Card six is also meaningful as from this one we get the following: "One also gets the sense that, although they are available, there is no interpersonal process of creating security or a sense of being loved or cared for going on. There is relational passivity. Each seems to "keep warm" through non-personal means and providing for the self, and the warmth/security found is not very substantial, lacking a true sense of togetherness and protection." Card nine again repeats these themes as in the interpretation we find: "This response essentially reflects the same features as in card five: aloneness, lack of security, and nobody (read parents) introduced as protectors."

Michelle's protocol gives us the following on card five: "Security in terms of parental help is non-existent and she has to turn to inanimate objects for a false sense of safety." We also find a repeat of this theme in card nine's interpretation that states: "Again no parental involvement is indicated as protectors or security providers."

This category corresponds well with the previous two sections where fear and anxiety is exhibited, but not met with parental intervention for security. As seen in the previous two categories, there is a tendency towards distrust and self-generated protection. This again underlines the children's inability to internally access the caregivers as possible providers of security. In section 2.2.3 of chapter two the researcher has indicated how caregivers' insensitivity to the child's attachment needs complicate the attachment process and how anxiety increases at the expense of relational security. Extreme caregiver insensitivity and unavailability has been associated with insecure attachment, more specifically the avoidant style (Ainsworth et al., 1978). In the researcher's conceptualisation this type of insensitivity and unavailability can be associated with emotional neglect and inadequate emotional nurturing. The research by Green and Goldwyn (2002) also indicates that children with disorganised attachment styles also sometimes reflect lacking social reciprocity. Only one of the children in the present study (Mary) finds some security with an actual other person (a sibling). The others attempt to find security through themselves or inanimate objects, or when adults are introduced they are passive and uninvolved, possibly signalling what Green and Goldwyn (2002) refer to as this lack of social reciprocity. The stark lack of reciprocity between children and caregivers is most significant.

5.2.5 Ambivalence regarding security needs being met by parents

The experience of ambivalence associated with parents meeting security needs can be explained as a dominating sense of uncertainty and confusion with regards to whether the parents (or a parent) will be consistently and actively available to provide for security needs. Thus, although the child has possibly internalised (created working models) some sense of security through life-experiences with the parents or a parent, he may also have experienced significant situations of not receiving what was necessary in order to have a sense of emotional safety, thus leaving the child with a dominant internalised sense of uncertainty and lacking trust in their sensitive availability.

An example of this can be found in Mary's CAT interpretation of card five which includes: "Her sense of security regarding parental involvement seems ambivalent. They are available (they will come), but not really involved (they will sleep). Security is possible, but not immediately available."

Mary's response to this card possibly indicates what Ainsworth et al. (1978) refer to as insecure-anxious attachment. It reflects a position of ambivalence born out of inconsistent experiences of caregiver sensitive availability. The child has not been able to establish a clear and consistent internal working model of her caregivers being consistently sensitively available, although they probably were at times in her history, leaving her in a position of uncertainty. Thus, although she is aware that they may have the capacity to nurture and protect, there is no trust in the idea that they will consistently be able to provide her with this. As have been mentioned before, Mary's responses actually vary on cards five, six and nine of the CAT. The researcher also reflects on this in the next category and will thus inevitably come back to specifically Mary's attachment style again.

5.2.6 Positive adult-child security relationship

Positive adult-child security relationship implies that the child does experience the parents as providers of emotional nurturance and security in times of possible threat. They can contain the child's anxieties and fears and make him or her feel secure.

The following comes from Mary's CAT interpretation of card six: "This response indicates a sense of mutuality and togetherness of adult and child that have positive outcomes. Protection and nurturance can be sought together and attained."

This type of response would reflect what Bowlby (1997) would view as secure attachment. The attachment process has developed optimally and the child has, through experiences with the primary caretaker, established an internal working model of this person or persons as being consistently and sensitively available to provide

emotional care and security. In Mahler's (1965) conceptualisation she has reached object constancy.

It must be mentioned that this theme presented only with Mary, and her full protocol indicated some confusion: at times she views her relationship with the parents as secure, and at other times as insecure (ambivalent, even possibly avoidant, as mentioned in previous categories). In the research of Green and Goldwyn (2002), they state that children with disorganised attachment styles can show contradictory behaviours or affects virtually simultaneously, which seems to some extent to compare with the data from Mary's protocols. They also indicate that direct indications of apprehension (fearfulness, unease) regarding a parent can also be found with this type of attachment style. When one considers Mary's reaction to parental authority in her response to card three of the CAT, this might also be indicated.

5.2.7 Loneliness in relation to lacking security

This category entails indicators of loneliness as well as isolation during situations where security needs are threatened. Loneliness refers to a sense of feeling alone and unaided, and isolation can be viewed similarly. It implies a sense of seclusion and separation from others who may be possible helpers in times of need, and an inaccessibility of meaningful interpersonal contact that might provide security.

Billy's CAT interpretations on card six give us the following: "This card creates such anxiety that the patient becomes quite confused. He firstly identifies the picture as rocks, which shows a clear picture of his isolation and experiencing his primary caretakers as basically non-human, non-emotional entities."

On card nine of Mary's CAT interpretations we find: "This response indicates a sense of loneliness, lack of support and possibly anxiety at being alone."

Pieter's CAT protocol gives us the following from card six: "The patient projects a feeling of emotional isolation and no particular attachment to either of the two bigger (adult) figures."

Michelle's card five and nine interpretations of the CAT repeat this theme as it gives us: "The response to this card indicates isolation and loneliness in times of fear" and "This response again repeats the isolation and lack of security seen in card five."

The data presented on isolation and loneliness is strongly associated with that which the researcher found in category 5.2.2 and 5.2.3. Bowlby's (1997) theory proposes that attachment is a relational process. This is clearly indicated by the different stages of attachment development, the physical and emotional exchanges between caregiver and child creating either security or a lack thereof. This lies at the core of the process. Within an optimal attachment process that creates a secure attachment style for the child, there is reciprocity and a sense of mutual emotional investment and involvement that is sustained and creates security for the child (Bowlby, 1997). At the age group relevant to this study, one would thus expect indications of this reciprocity and emotional involvement that creates a sense of security, especially as Bowlby (1998) indicates, in circumstances that might more strongly activate attachment features. Yet from the data one finds very little indication of these relational processes, but is rather met with projections of loneliness and a sense of isolation. The relational reciprocity that sustains a sense of security is absent. There are very few indications of a turn towards or a potential seeking out of the relationship with a caregiver to feel secure, which in the researcher's argument again reflects the avoidance found by Ainsworth et al. (1978) in Group A infants. It may also point to a form of lacking social reciprocity that Green and Goldwyn (2002) refer to, which is associated with disorganised attachment.

5.2.8 Defenses against anxiety created due to lacking parental security

The children used various defensive strategies (thus unconscious means) when confronted with stimuli that possibly implied lacking parental support and inability to

meet the child's security needs. The defensive strategies are means by which the children try to minimise possible intrusive anxiety; thus a way of emotional self-protection against acknowledgement of parental inadequacy. This category can be further refined by the different defensive strategies used, namely emotional withdrawal from the stimuli (which presented most), regression and intellectualisation. Some of the children's responses also indicated an uncertainty as to whether they are worthy of nurturance or protection, implying an internal sense of inadequacy, possibly indicating that this is another defensive means against acknowledging parental inadequacy. The self is turned into the inadequate partner, rather than the parent. This category also includes indications of autistic relationships. This implies that although there might be a relationship, a nurturing emotional bond may not exist. The relationship is emotionally empty and unsatisfying, and the emotional focus is turned inward. Emotional needs are not met through external resources, but satisfaction is sought internally through the self-relationship. In Mahler's (1974) conceptualisation an infant is in a normal autistic phase at the beginning of life, but through the mothering process becomes more externally focused and aware. An autistic relationship indicated at the age-group of the children tested then seems to reflect a situation where there is possibly a history of inadequate emotional containment and nurturance, thus leaving a sense of distrust in others and a regressive turn to emotional self-sufficiency within an inner world.

In both Billy and Pieter's CAT protocols we repeatedly find indications of emotional withdrawal through interpretations such as: "This card again elicits more naming than real emotional involvement, thus an emotional withdrawal" (Billy, card five); "This card also creates anxiety at first and sets in motion a process of emotional withdrawal, reflected by the safety of mere object naming" (Pieter, card five); and "He nonetheless deals with his anxiety (due to vulnerability implied by being alone) in the same way as before, by withdrawing his emotions from it" (Pieter, card nine).

On the PTSI Mary indicated that her current relationship with her father is an autistic one, which she describes as walking home alone, thus she feels no real emotional connectedness with him; a sense of isolation. She likely finds no emotional nurturance

from him. Interestingly she would prefer symbiosis, possibly a reactive need for extreme closeness to counteract her current feeling of non-involvement with him.

Michelle's CAT protocol yields an example of both intellectualisation and regression. On card five we find the following: "She has to turn to inanimate objects for a false sense of safety. Her sense of safety shows a regressive tendency that mirrors the age where children become attached to inanimate objects for a sense of security." On card six we find: "It seems intellectualisation helps her to withdraw emotionally at times when possible fearfulness or anxiety becomes too overwhelming to deal with."

Pieter's CAT protocol (card five) indicates the following: "Although likely a defensive tactic (through avoidance), the fact that he does not mention *any* animal characters may indicate his own feelings of being invisible or not being worthy of protection or comfort."

According to Bowlby's (1998) formulations, a securely attached child who feels his emotional security is threatened may become anxious and show distress in some way, but will seek out emotional security from his caregiver(s) since he has established an internal working model of trust in their capacity to protect and thus relationally minimise anxiety. In the development of secure attachment this initially happens through proximity seeking (Bowlby, 1997). When children then has to make use of emotional defensive strategies (as these tested) to try and minimise their own sense of anxiety in potentially fear-invoking situations, one is again left with the impression of self-protection as also found in category 5.2.3. So, for example, the emotional withdrawal seems to compare most directly with insecurely attached avoidance, which, as indicated in chapter two, Ainsworth et al. (1978) also view as a defensive coping mechanism. When the early nurturance reflects extreme emotional distance, neglect or inadequacy, one finds reactions that Ainsworth et al. (1978) classified as insecure-avoidant. It is nonetheless the researcher's argument that all the strategies used by these children reflect an element of avoidance (not so much of the attachment figures but of the acknowledgement of their inadequacy) in order to minimise anxiety, and to also safeguard themselves against continuously re-experiencing this parental inability.

The autistic relationship indicators seem to reflect this attachment style yet again, where there is avoidance through a withdrawal into the self and away from the caregiver. Security is sought internally within the self rather than from outside, since internal working models have been established that reflect lacking trust in external sensitivity, anxiety containment and security. But as said, autism in itself means an inward focus despite a relationship, and this may also be linked to disorganised attachment when again taking into consideration the findings of Green and Goldwyn (2002) with regards to social reciprocity. Autism (thus an inward turning for security) implies that a relationship exists that is empty and unsatisfying. Lacking social reciprocity is thus starkly evident and actually a key feature of the autistic position.

5.2.9 Passive parent-child relationships

This category entails indicators that the relationship between parents and child is a passive one in the sense that parents fail to provide structure, active guidance or nurturance. The data abounds with examples of this:

“The mother is brought into the card, but there is no process of involvement. They all sleep, which implies passivity in relationships and possibly escapism from dealing with each other. The maternal figure does not actively contain. In fact, she has no real role at all” (Billy, CAT card five).

“He eventually acknowledges them as bears, bringing the possibility of relatedness into the response, but they are all sleeping (thus actually not relating to each other)” (Billy, CAT card six).

“Parental involvement is unspecified, passive and shows a lacking ability to create structure” (Mary, CAT card one).

“One also gets the sense that, although they are available, there is no interpersonal process of creating security or a sense of being loved or cared for going on. There is relational passivity” (Pieter, CAT card six).

“The maternal figure is seen as quite passive in terms of really meeting her emotional needs, and she functions more as an authority figure” (Michelle, CAT card one).

As already mentioned, Bowlby (1997) views the attachment process as a relational concept, where both caregiver and child play a part with regards to the type of attachment bond that develops. It implies an active process of mutuality, but since the infant is initially merely able to orientate (in Mahler’s 1965 sense – autistic) it is in the earliest month of life primarily the caregiver’s role to be most actively involved in minimising anxiety. As the infant matures his role becomes more active and it is this active process of reciprocity that helps the child establish internal working models of trust in the caregiver’s sensitive availability and capacity to provide security. The passivity indicated in the protocols might reflect parental emotional disinterest or inability to create structure and so provide emotional security. This points to insecure attachment and most likely again the avoidant type, since Ainsworth et al. (1978) found this group’s parents (mothers) to be least emotionally available and containing.

5.2.10 Symbiotic relationships

Symbiosis can be viewed as indicating a relationship characterised by complete enmeshment and indicates that the emotional security of both parties in the relationship depends on absolute fusion. There is an awareness of separateness to some extent, but separateness is the antithesis of symbiosis and where symbiosis is sought, this implies a loss rather than a positive progression. Since it was only the children who were evaluated and not the parents, this definition relates more to the children’s needs to be regressively enmeshed with others to find some sense of security and emotional belonging.

Mary, Michelle and Billy indicated that they have symbiotic maternal relationships on the PTSD and their descriptions of these relationships reflect conditions of being held, carried, physically cuddled (thus emotionally over-protected, cocooned and indulged), and constant togetherness (proximity needed for security). Only Billy indicated a symbiotic paternal relationship, which also reflects constant togetherness. Mary wants symbiosis with her father, but does not have it. Instead she believes it to be an autistic relationship devoid of real emotional contact. Pieter indicated that symbiosis with his mother is his least wanted relationship. Interestingly Pieter could not put words to this picture. He could not describe it, but merely knew he does not want it. It corresponds well with the fact that he actually would prefer an alienated relationship with her. Please refer to the next section for more on this.

Mahler (1974) views symbiosis as the phase in which basic trust or “confident expectation” (p. 156) develops in relation to the caregiver, what Bowlby (1997) would refer to as a beginning sense of security in maternal sensitive availability. This is an essential building block for the further processes of separation and individuation to take place or for healthy, secure attachment to develop. From both theoretical frames, under optimal circumstances, one would expect children within the age group of six to twelve years of age to show some level of separateness and confident (secure) individuated functioning. The data suggests that the children who were tested regressively remain in the symbiotic phase of relatedness and are unable to work through this developmental crisis. One must bear in mind that, as stated, what is necessary for progression is that the child must find trust and security in the relationship. Thus the researcher argues that these children lack the very basic and first-level necessity for secure attachment to develop. They are unable to tolerate a sense of separateness and do not have the capacity for autonomous functioning separate from the caregiver, based on lacking trust in the caregiver’s ability to protect and be sensitively available when needed. Their security is tied to fusion, which actually implies severe levels of personal insecurity, to the extent that separation possibly implies a lacking sense of self. As argued in section 2.5 of chapter two, this can most likely be associated with disorganised attachment, since the child will have no clear and secure sense of self with which to approach,

organise, orientate or understand life and interpersonal relationships, and the demands of these as he grows up.

5.2.11 Alienation

Alienation refers to a relationship where the child might feel there is emotional estrangement, extreme separation, isolation or emotional distance.

Billy indicated that he does not want to be alienated from his mother since he believes separation of this nature implies a total break of the relationship.

Mary ironically indicated that she believes both her parents want an alienated relationship with her, which implies her being away at school and having to act independently and from her own autonomy. Since she indicated her maternal relationship as being symbiotic, it might be that she is not secure enough in her separateness to be able to deal with the parental expectations of autonomy, thus fleeing back and holding on to a symbiotic one to retain some sense of security.

Michelle also indicated an alienated relationship with her mother as what she least wants and she also views this as extreme separation and possibly emotional estrangement. As with Mary, it correlates well with the fact that it is the antithesis of her emotional needs being fulfilled, and she probably has the same levels of lacking autonomy and security in separate functioning. She nonetheless prefers this relationship with her father and prefers not to be close to him, in this sense regarding alienation as positive.

Pieter actually would prefer what was pictorially presented as an alienated relationship with his mother and believes she wants the same, but he refers to this position of alienation as giving love to her. It might be indicative of his extreme confusion as to what real care and healthy mutuality in terms of affectional exchanges look like. One could postulate that he might only feel secure or safe in sharing his love for her from a

position where there is actually a very great distance, keeping him safe against hurt or pain to some extent. It implies giving from a distance without expectations or acknowledgement of receiving anything back (which would imply not having to acknowledge too directly her emotional inadequacy). He indicated the same thing in relation to his father. From this sense he seems to view alienation as positive – he can give love, but the distance is so great that he does not have to directly concern himself with or be confronted with their lack of involvement and the emotional pain this holds for him.

As stated at the beginning of this category, alienation implies emotional distance, separation and isolation. Most of the data indicates that this is undesirable for the children, and it can be reactively associated with their needs for security through symbiosis as discussed in the previous category. Alienation confronts them with the opposite of what they need to retain some sense of security and identity. Two children indicated a need for this type of relationship, but they both framed it positively, which might indicate how a sense of security might also be derived through a process of avoiding (being distant from) the other partner in the relationship, thus minimising the opportunity for experiencing disappointment in the relationship. For this reason this category was not combined with the category on loneliness, since the data that relates to that category was never portrayed positively. Alienation framed positively implies a way of keeping the self emotionally safe. This could again possibly link with the findings of Ainsworth et al. (1978) that relate to the avoidance of group A children (insecure-avoidant).

5.2.12 Separation-Individuation practicing and rapprochement – inadequate levels of separation and individuation

This category refers to indications that the children are still in the process of trying to separate and individuate from the parents, but have not yet successfully attained a sense of confidence (security) in being separate, autonomous and individuated. They attempt separation, but also seem to be fearful of this separateness, possibly implying a

fear-induced reactive process of rapprochement, keeping them in a practicing process – in limbo so to speak. It's a state of ambivalence.

Only Pieter indicated this as his relationship with his mother. He indicated that he prefers this, but also that he mostly wants an alienated relationship as mentioned in the previous section, which seems to again highlight his confusion and uncertainty in this relationship. His perceptions create an image of extreme ambivalence and uncertainty to the extent that he is himself no longer clear and consistent as to his own needs and wants in this relationship. He also indicated that he does not want this with his father (he wants alienation), but believes his father prefers him to be in this ambivalent state, which he could not describe. This again brings into focus his confusion and the stark differences in terms of his needs and those he believes his parents have about him.

Mary also indicated that she least wants a relationship of practicing separation and individuation with both her parents. Since she wants symbiosis with both, this would make sense, since practicing separation and individuation would imply impending separateness from them, which she seemingly feels insecure about and unable to handle.

Billy also indicated that he least wants this type of relationship with his father which, as with Mary, would make sense if one considers that his preference is for a symbiotic relationship.

As indicated in chapter two, through the normal process of separation-individuation (Mahler, 1965) children practice separating and individuating at a certain point, and if that and following processes are navigated successfully, will eventually attain healthy separation and individuation and object constancy. Bowlby (1997) views this as that the child has established an internal working model based on security in that the caregiver is emotionally constant and available despite physical absence. This particular category again indicates a relational position that the children view negatively, except for one child, who generally seems to be very ambivalent and confused in terms of his relational

processes and needs. In terms of attachment styles this can mostly be associated with what Ainsworth et al. (1978) termed insecure-anxious attachment (or then ambivalent attachment). Taking into account that the testees mostly indicated their relationships as symbiotic, one can understand to some degree the undesirability of this position, since it implies an active moving away or separation from the caregiver – a step few of them seem able to tolerate due to extreme levels of insecurity and lacking individuated identity. The levels of anxiety this would imply is most likely overwhelming and they do not have the internalised trust to feel that there will be security and minimisation of anxiety forthcoming from the caregivers.

5.2.13 Age-appropriate or adequate separation and individuation

Adequate separation and individuation implies that the child can view himself as a separate individual who can securely function as an individual alongside his parents, without excessive anxiety or fear that his separateness implies a loss of their nurturance or protection. Thus the child can be secure in the separateness because he knows and trusts that they are still available when needed.

Only Mary indicated that this would actually be what she wants in her relationship with her mother, although she currently has and prefers a symbiotic relationship with her. This also highlights some ambivalence and confusion for Mary. What is important is that, although she can foresee this type of relationship, which she seems to view as having a level of separateness and autonomy, it is not what she currently has, which in her opinion is symbiotic, as mentioned.

When taking into account Bowlby's (1997) and Mahler's (1965) theories as they are discussed in chapter two, children in the age-group used for this study have already passed through all the basic attachment phases (Bowlby) or then the separation-individuation phases (Mahler). Under optimal circumstances one would expect them to have come to a point of healthy individuation, having attained object constancy. In Bowlby's view they have come to establish internal working models from which they feel

secure in the availability of the caregiver despite physical absence, thus having secure attachment styles. Interestingly none of the children indicated that they are in this position currently, which again underlines the basic idea that these children all have insecure attachment styles (of various kinds). Although one child (Mary) can foresee this position as possibly desirable (which with her might reflect a psychological process of moving from avoidant to more anxious attachment), none of them reflect age-appropriate levels of separation and individuation, which would then by implication point to insecurity in attachment.

5.3 CONCLUSION

This chapter outlined the thirteen categories of experience that the study has yielded as meaningful with regards to associating the data with the focus of this study. Every category was defined and illustrated through examples from the researcher's first-order thematic analysis of the original data. Examples were given to clearly illustrate the categories of experience. The researcher then discussed the categories as they relate to the relevant theory and made the possible links to attachment style. A final summary of these findings will be given in the next chapter. Reference is also made to chapter two, where the relevant theoretical concepts were discussed and integrated.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter provides a summary of the results presented in chapter five with regards to the attachment styles of children in inpatient psychiatric care. The chapter further highlights the contributions made by the study, as well as those features that were found to limit the study's impact. Recommendations are made with regards to possible future studies as well as aspects relating to childhood inpatient psychiatric treatment.

6.2 SUMMARY OF RESULTS

The information obtained in the study indicated that all the children who were tested have insecure attachment styles. The data thus supports previous studies (Muris & Maas, 2004; Warren et al., 1997) that indicated that institutionalised children tend to rather have insecure attachment styles rather than secure attachment styles. These children thus have a basic lack of trust in the sensitive availability of caregivers to provide emotional security, to minimise anxiety and to give emotionally containment.

The data also enabled the researcher to further define these insecure attachment styles. It would seem from the results that children in inpatient psychiatric care mostly reflect the insecure-avoidant attachment style. This result was linked to a variety of experiential categories. The children indicated the use of various means to attempt self-protection and reduction of anxiety, without being able to mentally or emotionally access caregivers to fulfil this role. Distress was felt, but solace was not sought from caregivers. The children rarely gave any indications of acknowledging the caregivers as security providers, implying severe caregiver insensitivity and unavailability, which could be

linked to the avoidant attachment style. In a very real sense the children often projected a turning away (avoidance – as also found in the data on autistic relationships) from the caregivers and a turn towards the self for security, or an excessive need for fusion. The researcher will reflect more on symbiosis or fusion in the next paragraph. The avoidant style was further supported by numerous indications of feeling lonely and isolated, without a process of relational involvement to contain anxiety. It was also indicated through the children's use of defensive strategies (especially emotional withdrawal), which reflected a position of self-protection or attempts at self-generated anxiety reduction. The experience of relational passivity also supported this position, as caregivers were not viewed as possible active participants in the process of security provision and anxiety reduction. Some of the children also preferred alienated relationships with caregivers, but framed it positively, also ironically pointing to avoidance of actual involvement as a means of trying to feel some sense of security.

Some of the categories also supported the possibility of disorganised attachment styles. This was mostly indicated through repeated indicators that these children lack the capacity for emotional reciprocity, and through excessive needs (or experiences) of symbiotic mother-child relationships, which imply a lack in personal identity and no sense of basic trust or security – which, as mentioned before, is at the core of developing secure attachment (Bowlby, 1997). There were also numerous indicators that these children are confused and unclear in terms of roles or personal identity. In their experience security can be obtained only through extreme enmeshment, which actually implies severe interpersonal insecurity, especially at the age of the participants. Despite the symbiosis, the capacity for effective and meaningful interpersonal involvement is quite absent. This may be associated with disorganised attachment, since the child will have no clear and secure sense of self (identity) with which to approach life and its demands as he grows and needs to function as a separate, individuated person (Mahler, 1963). This capacity (clear, autonomous, separate identity) is necessary for the child to understand and organise or orientate himself in his world and relationships. The lack thereof points to a sense of existential and interpersonal

disorganisation. This capacity should be confidently established at least to some extent at the age group of the children tested.

Although there were some indications of insecure-ambivalent attachment processes as well as positive security interaction (thus secure attachment), these were not found to be of extreme significance, and were surpassed by indications of either avoidant or disorganised attachment.

6.3 EVALUATION OF THE STUDY

6.3.1 Contributions of the study

- a) The study has succeeded in achieving the aim of the research as set out in chapter one. Specific attachment styles were identified and the results enabled the researcher to make specific recommendations in relation to further research as well as inpatient psychiatric care of children (see section 6.4).
- b) The results indicated that children in psychiatric inpatient care tend to have insecure attachment styles, pointing more specifically to insecure-avoidant and insecure-disorganised attachment. This has implications for the psychological understanding of children admitted as inpatients, as well as their treatment. The researcher reflects on this again in section 6.4.
- c) The results correspond with previous studies that have also found that institutionalised children in psychiatric settings tend to show insecure attachment styles.
- d) The results also supported the researcher's initial assumption that institutionalised children will show insecure attachment styles. The assumption was that psychological dysfunction would reflect earlier problems relating to the attachment process. Secure attachment would lead to optimal development and functional behavioural adaptation in a child, and psychiatric admission would be an unlikely feature in such a child's world. Taking into account the theoretical framework applied, the researcher thus proposed that the child's behaviour or

symptoms leading to hospitalisation would already be indicative of problems in terms of the early attachment processes, and would most likely reflect some form of insecure attachment.

- e) The results provided an indication as to how South African children relate to the particular measuring instruments. Using the CAT and the PTSI as an alternative means to investigate attachment features proved to be a viable and valid option, showing that attachment need not only be behaviourally evaluated, but can also be investigated through projective techniques.
- f) With specific reference to the use of the PTSI, the study also provided information as to the relevance of the test for younger people; information that up to now has not been available from the test-developers. The children (with the exception of one who found it difficult to articulate the meanings of the pictures despite being able to pictorially indicate his relationships) were easily able to associate the pictures with their own relationships and could give relevant descriptions as to the meaning these pictures hold for them. The PTSI was also conducted with other children in the ward to evaluate its usefulness, and especially children with lowered levels of cognitive functioning struggled to understand the instructions, thus making the test less suitable for use with such children. This also supported the exclusion criteria of not using children with lowered levels of cognitive functioning as participants in the study.

6.3.2 Limitations of the study

- a) The specific exclusion criteria set out at the beginning of the study limited the researcher in terms of the number of children that were considered suitable for testing within the three-month period she had available for evaluation. Many children were admitted to the inpatient ward, but most were either from children's homes, or showed mild to moderate levels of mental retardation, making them unsuitable for testing. These two exclusion criteria proved the greatest obstacles in finding suitable candidates for evaluation.

- b) The results are related to a state hospital environment that tends to accommodate patients coming primarily from lower socio-economic backgrounds. Thus the results cannot be considered to only reflect the attachment styles of children with serious psychological dysfunction, but might also reflect some aspects of attachment as it relates to parent-child interactions within these social circumstances. Nonetheless, other literature (Bowlby, 1998; Petrillo & Sanger, 1980) does link socio-economic status with emotional well-being (including secure attachment) to some extent. Thus these two aspects are also linked in terms of attachment.
- c) The process of using co-interpreters served as a valuable and essential personal monitoring mechanism for the researcher, who found that working in the children's unit biased her in terms of the protocol interpretations at times. This bias could be a limitation, and underlined the importance of using co-interpreters in qualitative research, since it aids in the process of keeping the data trustworthy.
- d) The researcher also found her own attachment history to, at times, influence and bias her interpretations, especially when it related to possible indications of parentified functioning in the children, or aspects that related to emotional isolation. The researcher was consistently involved in a process of self-reflexivity, and made use of co-interpreters. This process again played a valuable role in counteracting this personal bias and keeping the data trustworthy.
- e) Despite conducting the study within the multicultural South African context, the researcher was unable to include children from different race groups. All the children were Caucasian, unfortunately making it impossible to compare test efficacy and inpatient attachment cross-culturally.

6.4 RECOMMENDATIONS

6.4.1 Recommendations regarding psychiatric inpatient care

- a) Understanding children being treated in psychiatric inpatient care in terms of their

attachment styles can aid the full therapeutic process. In inpatient care the child is expected to enter into relationships with a multitude of strangers and other patients. Understanding their attachment styles can give valuable clues as to the reasons for their specific modes of relating (which often reflect inappropriate social functioning), and how these modes can be handled more therapeutically. This could thus sensitise and aid all staff members in their own relationships with the children and place the children's behaviour in perspective, limiting hasty misinterpretations and possible erroneous assumptions about behaviour and symptomology.

- b) Therapists can be particularly aided by the understanding of these children's attachment styles, since it will certainly impact on the transference features of the therapeutic relationship and the methods of providing therapy. Within the context of therapy the relationship between therapist and patient is of absolute importance, and understanding the children's attachment histories and styles can aid in having a clearer understanding of the child's relationship with the therapist as a possible attachment figure. This would also aid in having reasonable expectations of the therapeutic process, especially if the child will not be seen in outpatient follow-up.
- c) The children's ward of the hospital where the research was conducted currently functions on the crises intervention principle. Children are admitted, stabilised and discharged, which implies that inpatient care lasts, on average, about three weeks. From a therapeutic position and taking into account the attachment styles most prevalent amongst these patients, this is not even remotely enough time to establish a truly trusting relationship with the child. At most the therapist might attempt to establish him- or herself as some sort of sensitive constant in the child-patient's world. This makes long-term, outpatient therapeutic follow-up essential, where this process can then be systematically built upon, in a sense starting to create a secure base for the patients. Schuengel and Van Ijzendoorn also indicate that the quality of the patient's attachment relationship with members of staff can already act as a "corrective experience" (2001, p. 314).
- d) Having the patient choose an adult staff member who will act as a specific "go-to-

figure” (thus a supplementary attachment figure) in times of sadness, anxiety or fear while hospitalised, can also be recommended. This will already aid the child through providing a different attachment experience where an adult is trustworthy and available. This of course would imply that the particular staff member must be available as such. The researcher is aware that there may be practical limitations regarding this recommendation. Lacking human resources and shift work in hospital environments might not always make this a possibility.

- e) The researcher also believes that Theraplay activities with the child, that would eventually involve the parents (or at least the primary caregiver), are indicated. These types of activities can aid the caregiver-child relationship in terms of creating more positive and sensitive interactions that might promote a shift in attachment experiences, and possibly help the child to establish healthier internal working models with regards to interpersonal relationships. This is, of course, in addition to the maintenance of a constant, sensitive and secure therapeutic relationship that would have this as at least one of its goals.

6.4.2 Recommendations regarding further research

- a) Future research regarding children’s attachment styles, that compares state inpatient psychiatric patients with non-state or private inpatient psychiatric patients could add valuable information in clarifying whether the results reflect attachment that is associated with serious psychological dysfunction or whether it merely reflects attachment features that are associated with a specific socio-economic group.
- b) Similar research with a greater number of participants would be valuable in order to further support or dispute the findings of this study.
- c) Similar research that includes children from different races is indicated. The current results are only applicable to Caucasian children in inpatient psychiatric care, and a comparison of results for different race groups might yield interesting information.

6.5 CONCLUSION

This chapter firstly gave a summary of the findings on the attachment styles of children in inpatient psychiatric care, which tested as insecure, specifically insecure-avoidant or insecure-disorganised. The chapter then presented a critical evaluation of the study, which was presented as the contributions and limitations of the study. Recommendations were then given, specifically with regards to inpatient psychiatric care of children as it relates to attachment, as well as with regards to possible future research.

References

Ainsworth, M.D., Blehar, M.C., Waters, E. & Wall, S. (1978). **Patterns of Attachment**. New Jersey: Lawrence Erlbaum Associates.

Ainsworth, M.D. & Bowlby, J. (1991). An Ethological Approach to Personality Development. **American Psychologist**, **46** (4), 333–341.

Babbie, E. (1992). **Practicing Social Research**. Belmont: Wadsworth Publishing Company.

Bar-Haim, Y., Sutton, B.D. & Fox, N.A. (2000). Stability and Change of Attachment at 14, 24 and 58 Months of Age: Behavior, Representation, and Life Events. **Journal of Child Psychology and Psychiatry**, **41** (3), 381–388.

Bellak, L. (1975). **The TAT, CAT and SAT in Clinical use**. New York: C.P.S. Inc.

Blum, H.P. (2004). Separation-Individuation Theory And Attachment Theory. **Journal of the American Psychoanalytic Association**, **52** (2), 535–555.

Bowlby, J. (1979). **The Making and Breaking of Affectional Bonds**. London: Tavistock Publications Ltd.

Bowlby, J. (1997). **Attachment and Loss: Vol. 1. Attachment**. London: Pimlico.

Bowlby, J. (1998). **Attachment and Loss: Vol. 2. Separation: Anger and Anxiety**. London: Pimlico.

Branford, W. (Ed). (1989). **The South African Pocket Oxford Dictionary**. Cape Town: Oxford University Press.

Bretherton, I. (1997). Bowlby's Legacy to Developmental Psychology. **Child Psychiatry and Human Development**, 28 (1), 33–43.

Brown, B. (1979). Beyond Separation: some new evidence on the impact of brief hospitalisation on young children. In D. Hall & M. Stacey (Eds.), **Beyond Separation: Further Studies of Children in Hospital** (pp. 18–53). London: Routledge & Kegan Paul Ltd.

Clough, F. (1979). The Validation of Meaning in Illness-Treatment Situations. In D. Hall & M. Stacey. (Eds.), **Beyond Separation: Further Studies of Children in Hospital** (pp. 54–81). London: Routledge & Kegan Paul Ltd.

Colman, A.M. (2003). **Oxford Dictionary of Psychology**. Oxford: Oxford University Press.

Crowell, J.A. & Feldman, S.S. (1991). Mother's Working Models of Attachment Relationships and Mother and Child Behavior During Separation and Reunion. **Developmental Psychology**, 27 (4), 597–605.

De Vos, A.S. (2002). Qualitative data analysis and interpretation. In A.S. de Vos (Ed.). **Research at Grass Roots** (pp. 339–355). Pretoria: Van Schaik Publishers.

Dunn, J. (1993). **Young Children's Close Relationships: Beyond Attachment**. California: Sage Publications Inc.

Durrheim, K. & Wassenaar, D. (1999). Putting design into practice: writing and evaluating research proposals. In M. Terre Blanche & K. Durrheim (Eds.), **Research in Practice: Applied Methods for the Social Sciences** (pp. 54–71). Cape Town: University of Cape Town Press.

Erikson, E.H. (1980). **Identity and the Life Cycle**. New York: W.W. Norton & Company.

Erikson, E.H. **Glossary of Terms**. Retrieved 13 February 2005 from the World Wide Web: <http://www.coe.uga.edu/~cmims/Erikson/pages/glossary.html>.

Feldman, R., Weller, A., Leckman, J.F. & Kuint, J. (1999). The Nature of the Mother's Tie to Her Infant: Maternal Bonding under Conditions of Proximity, Separation, and Potential Loss. **Journal of Child Psychology and Psychiatry**, **40** (6), 929–939.

Finzi, R., Cohen, O., Sapir, Y. & Weizman, A. (2000). Attachment Styles in Maltreated Children: A Comparative Study. **Child Psychiatry and Human Development**, **31** (2), 113–128.

Green, J. & Goldwyn, R. (2002). Annotation: Attachment disorganisation and psychopathology: new findings in attachment research and their potential implications for developmental psychopathology in childhood. **Journal of Child Psychology and Psychiatry**, **43** (7), 835–846.

Irwin, M. (1982a). Literature Review. In J.L. Schulman & M. Irwin (Eds.), **Psychiatric Hospitalization of Children** (pp. 5–42). Springfield: Charles C. Thomas.

Irwin, M. (1982b). Philosophy of Treatment. In J.L. Schulman & M. Irwin (Eds.), **Psychiatric Hospitalization of Children** (pp. 63–68). Springfield: Charles C. Thomas.

Johnsen, B.C. (1982). Admission. In J.L. Schulman & M. Irwin (Eds.), **Psychiatric Hospitalization of Children** (pp. 222–241). Springfield: Charles C. Thomas.

Kelly, K. (1999). Calling it a day: reaching conclusions in qualitative research. In M. Terre Blanche & K. Durrheim (Eds.), **Research in Practice: Applied Methods for the Social Sciences** (pp. 421–437). Cape Town: University of Cape Town Press.

Kennedy, S. (1982). Intake. In J.L. Schulman & M. Irwin (Eds.), **Psychiatric Hospitalization of Children** (pp. 219–221). Springfield: Charles C. Thomas.

Kline, P. & Svaste-Xuto, B. (1981). The Responses of Thai and British Children to the Children's Apperception Test. **The Journal of Social Psychology**, **113**, 137–138.

Mahler, M.S. (1963). Thoughts about Development and Individuation. In M.S. Mahler, (1994). **Separation-Individuation: The Selected Papers of Margaret S. Mahler, Volume 2** (pp. 3–19). Jason Aronson Inc: New Jersey.

Mahler, M.S. (1965). On the Significance of the Normal Separation-Individuation Phase with Reference to Research in Symbiotic Child Psychosis. In M.S. Mahler, (1994). **Separation-Individuation: The Selected Papers of Margaret S. Mahler, Volume 2** (pp. 49–57). Jason Aronson Inc: New Jersey.

Mahler, M.S. (1966). Notes on the Development of Basic Moods: The Depressive Affect. In M.S. Mahler, (1994). **Separation-Individuation: The Selected Papers of Margaret S. Mahler, Volume 2** (pp. 59–75). Jason Aronson Inc: New Jersey.

Mahler, M.S. (1972a). On the First Three Subphases of the Separation-Individuation Process. In M.S. Mahler, (1994). **Separation-Individuation: The Selected Papers of Margaret S. Mahler, Volume 2** (pp. 119–130). Jason Aronson Inc: New Jersey.

Mahler, M.S. (1972b). Rapprochement Subphase of the Separation-Individuation Process. In M.S. Mahler, (1994). **Separation-Individuation: The Selected Papers of Margaret S. Mahler, Volume 2** (pp. 131–148). Jason Aronson Inc: New Jersey.

Mahler, M.S. (1974). Symbiosis and Individuation: the Psychological Birth of the Human Infant. In M.S. Mahler, (1994). **Separation-Individuation: The Selected Papers of Margaret S. Mahler, Volume 2** (pp. 150–165). Jason Aronson Inc: New Jersey.

Mahler, M.S. (1994). **Separation-Individuation: The Selected Papers of Margaret S. Mahler, Volume 2**. Jason Aronson Inc: New Jersey.

Main, M. & Cassidy, J. (1988). Categories of response to reunion with parent at age six: Predictable from infant attachment classifications and stable over a one month period. **Developmental Psychology**, **24**, 415–426.

Massie, H.N. (1977). Patterns of Mother-Infant Behavior and Subsequent Childhood Psychosis: A Research and Case Report. **Child Psychiatry and Human Development**, **7** (4), 211–230.

Muir, K.B. (2000). **Mothers of Cerebral Palsied Children: The Role and Value of Friendship**. MA Dissertation. University of Pretoria.

Muris, P. & Maas, A. (2004). Strengths and Difficulties as Correlates of Attachment Style in Institutionalized and Non-Institutionalized Children with Below-Average Intellectual Abilities. **Child Psychiatry and Human Development**, **34** (4), 317–328.

Peele, R. & Lipkin, J.O. (1983). Public Mental Hospitals. In J.A. Talbott & S.R. Kaplan (Eds.), **Psychiatric Administration: A Comprehensive Text for the Clinician-Executive** (pp. 59–72). New York: Grune & Stratton Inc.

Petrillo, M. & Sanger, S. (1980). **Emotional Care of Hospitalized Children**. Philadelphia: J.B. Lippincott Company.

Reason, P. & Rowan, J. (1981). Issues of validity in new paradigm research. In P. Reason & J. Rowan (Eds.). **Human Inquiry: a Sourcebook of New Paradigm Research**, (pp. 239–250). Chichester: John Wiley & Sons

Rivlin, L.G. & Wolfe, M. (1985). **Institutional Settings in Children's Lives**. New York: John Wiley and Sons.

Rolfe, F.C. (1999). **Maternal Breast Cancer: meaning and coping in the family context**. MA Dissertation. University of Pretoria.

Sable, P. (2004). Attachment, ethology and adult psychotherapy. **Attachment & Human Development**, 6 (1), 3–19.

Saddock, B.J. & Saddock, V.A. (2003). **Synopsis of Psychiatry** (9th ed.). Philadelphia: Lipponcott, Williams & Wilkins.

Schuengel, C. & van Ijzendoorn, M.H. (2001). Attachment in mental health institutions: A critical review of assumptions, clinical implications, and research strategies. **Attachment & Human Development**, 3 (3), 304–323.

Scott, S. (2003). Integrating attachment theory with other approaches to developmental psychopathology. **Attachment & Human Development**, 5 (3), 307–312.

Shaw, S.S., Keenan, K., Vondra, J.I., Delliquadri, E. & Giovanelli, J. (1997). Antecedents of preschool children's internalizing problems : a longitudinal study of low-income families. **Journal of the American Academy of Child and Adolescent Psychiatry**, 36 (12), 1760–1768.

Siegel, M.G. (1987). **Psychological Testing from Early Childhood through Adolescence**. Madison: International University Press, Inc.

Strydom, H. (2002). Information collection: participant observation. In A.S. de Vos (Ed.). **Research at Grass Roots** (pp. 278–289). Pretoria: Van Schaik Publishers.

Strydom, H. & Delpont, C.S.L. (2002). Sampling and pilot study in qualitative research. In A.S. de Vos (Ed.). **Research at Grass Roots** (pp. 333–338). Pretoria: Van Schaik Publishers.

Talbott, J.A. (1983). Trends in the Delivery of Psychiatric Services. In J.A. Talbott & S.R. Kaplan (Eds.), **Psychiatric Administration: A Comprehensive Text for the Clinician-Executive** (pp. 3–19). New York: Grune & Stratton Inc.

Terre Blanche, M. & Kelly, K. (1999). Interpretive methods. In M. Terre Blanche & K. Durrheim (Eds.), **Research in Practice: Applied Methods for the Social Sciences** (pp. 123–146). Cape Town: University of Cape Town Press.

Van Hasselt, V.B. & Kolko, D.J. (Ed). (1992). **Inpatient Behaviour Therapy for Children and Adolescents**. New York: Plenum Press.

Warren, S.L., Huston, L., Egeland, B. & Sroufe, L.A. (1997). Child and Adolescent Anxiety Disorders and Early Attachment. **Journal of the American Academy of Child and Adolescent Psychiatry**, **36** (5), 637–648.

Wasserman, G.A., Lennon, M.C., Allen, R. & Shilansky, M. (1987). Contributors to Attachment in Normal and Physically Handicapped Infants. **American Academy of Child and Adolescent Psychiatry**, **26** (1), 9–15.

Watkins, P.K. (1987). **Parent-Child Attachment**. New York: Garland Publishing Inc.

Zvelc, G. & Zvelc, M. (2000). Picture Test of Separation and Individuation. Retrieved April 1, 2005 from the World Wide Web: <http://www.gregorzvelc.tripod.com/adult-relatedness/id1.html>.

QUESTIONNAIRE:

PTSI

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INSTRUCTIONS

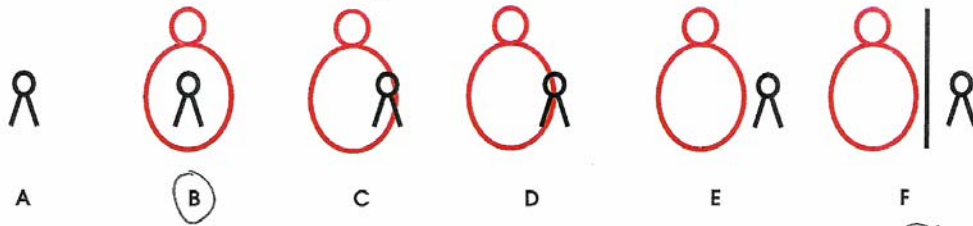
There are 3 items on the next page. Each item features pictures presenting different relationships between two persons. The pictures are marked with letters. There are instructions for each item; read them carefully and follow them.

There are no right or wrong answers to this questionnaire! Answer according to how you understand the relationships shown in the pictures.

Please answer all questions!

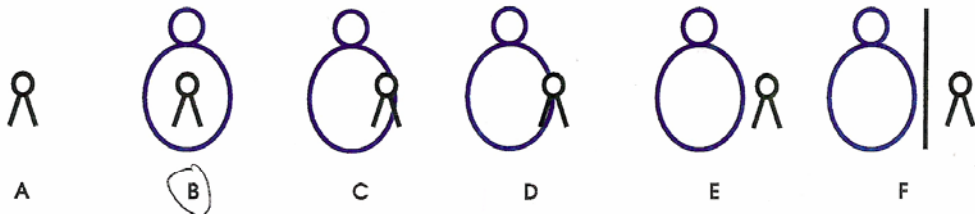
Billy

1.) Imagine you are the black person, and the red person is your mother. Circle the letter under the picture that best describes your current relationship!



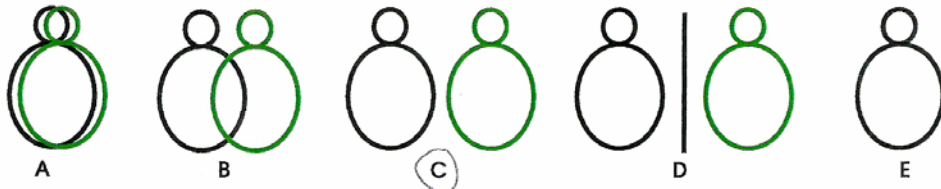
Are you satisfied with the relationship with your mother as shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with your mother: B
 Enter the letter for the relationship, which you would least like to have with your mother: F
 Enter the letter for the relationship, which you think your mother would most like to have with you: B

2.) Imagine you are a black person, and the blue person is your father. Circle the letter under the picture that best describes your current relationship!



Are you satisfied with the relationship with your father shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with your father: B
 Enter the letter for the relationship, which you would least like to have with your father: C
 Enter the letter for the relationship, which you think your father would most like to have with you: B

3.) Imagine you are the black person, and the green person is a person you are attached to (partner, friend..). Circle the letter under the picture that best describes your current relationship.



Which person have you chosen? 1-Partner 2-Male Friend 3-Female Friend 4-Other MAGE SISTER

Are you satisfied with the relationship with this person shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with this person: C
 Enter the letter for the relationship, which you would least like to have with this person: D
 Enter the letter for the relationship, which you think this person would most like to have with you: C

1.) Briefly describe what you image under each of the pictures showing your relationship with your mother.

- PICTURE A: DIS EK.
- PICTURE B: ALTYD BY MAM, MA.
- PICTURE C: EK BEGIN STOUT RAAL.
- PICTURE D: EK IS NOU BESIG OM DIE VERHOUDING TE BREEK.
- PICTURE E: KLAAR MET DIE VERHOUDING, MAAR MA GEE MY NOG 'N KANS
- PICTURE F: HELE VERHOUDING IS KLAAR GEBREEK.

2.) Briefly describe what you image under each of the pictures showing your relationship with your father.

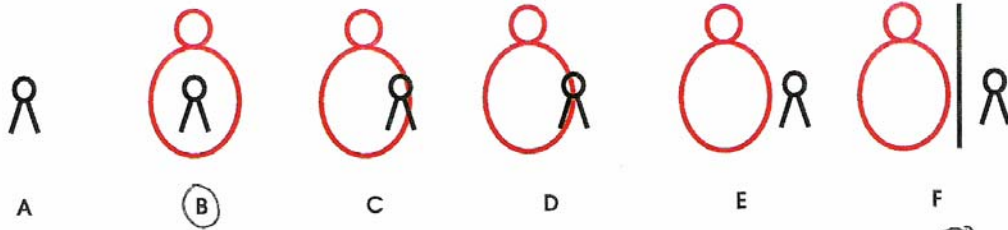
- PICTURE A: WEEER EK.
- PICTURE B: ALTYD BY HOM
- PICTURE C: ONS GAAN BIEET DIE UIT MEKAR UIT.
- PICTURE D: SOOS DIE EERSTE BY.
- PICTURE E: SOOS DIE EERSTE BY.
- PICTURE F: SOOS EERSTE - HELE VERHOUDING KLAAR GEBREEK.

3.) Briefly describe what you image under each of the pictures showing your relationship with the person you are attached to.

- PICTURE A: EK WEEET NIE.
- PICTURE B: ONS IS BESIG OM UIT MEKAR TE GAAN.
- PICTURE C: ONS IS NOG MAATDIERS.
- PICTURE D: VERHOUDING KLAAR FINAAL GEBREEK.
- PICTURE E: DIS EK - WANT EK IS SWART.

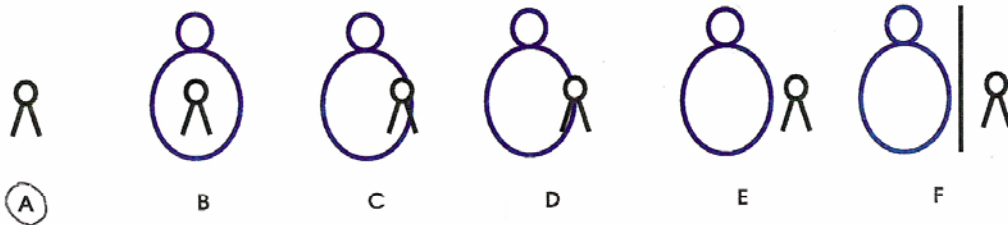
MARY

1.) Imagine you are the black person, and the red person is your mother. Circle the letter under the picture that best describes your current relationship!



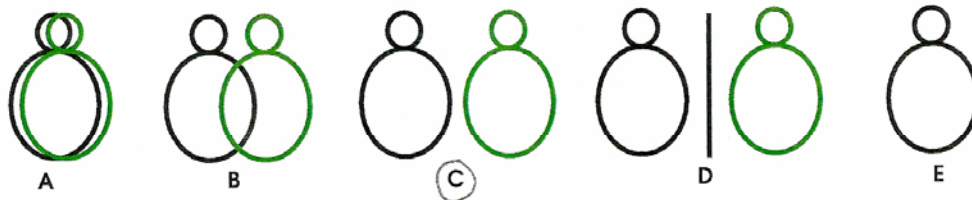
Are you satisfied with the relationship with your mother as shown in the picture you have chosen? (YES) / NO
 Enter the letter for the relationship, which you would most like to have with your mother: F
 Enter the letter for the relationship, which you would least like to have with your mother: C
 Enter the letter for the relationship, which you think your mother would most like to have with you: F

2.) Imagine you are a black person, and the blue person is your father. Circle the letter under the picture that best describes your current relationship!



Are you satisfied with the relationship with your father shown in the picture you have chosen? (YES) / NO
 Enter the letter for the relationship, which you would most like to have with your father: B
 Enter the letter for the relationship, which you would least like to have with your father: D
 Enter the letter for the relationship, which you think your father would most like to have with you: F

3.) Imagine you are the black person, and the green person is a person you are attached to (partner, friend..). Circle the letter under the picture that best describes your current relationship.



Which person have you chosen? 1-Partner 2-Male Friend 3-Female Friend 4-Other GRANDFATHER

Are you satisfied with the relationship with this person shown in the picture you have chosen? (YES) / NO
 Enter the letter for the relationship, which you would most like to have with this person: C
 Enter the letter for the relationship, which you would least like to have with this person: B
 Enter the letter for the relationship, which you think this person would most like to have with you: D

1.) Briefly describe what you image under each of the pictures showing your relationship with your mother.

- PICTURE A: MEANS I'M HAPPY.
- PICTURE B: MY MOTHER'S CARRYING ME.
- PICTURE C: MY MOTHER PUT ME DOWN.
- PICTURE D: I'M WALKING.
- PICTURE E: I'M WALKING THERE BY THE STREET.
- PICTURE F: MY MOTHER'S WAITING AND I'M AT SCHOOL AND I'M IN THE TOILET.

2.) Briefly describe what you image under each of the pictures showing your relationship with your father.

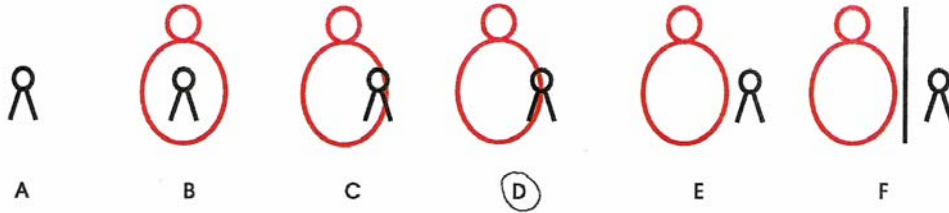
- PICTURE A: THAT I'M WALKING HOME ALONE.
- PICTURE B: MY FATHER'S CARRYING ME.
- PICTURE C: HE PUT ME DOWN.
- PICTURE D: HE IS STILL PUTTING ME DOWN.
- PICTURE E: I'M WALKING
- PICTURE F: I AM AT SCHOOL AND I'M GOING THE CLASS.

3.) Briefly describe what you image under each of the pictures showing your relationship with the person you are attached to.

- PICTURE A: HE'S PLAYING WITH ME.
- PICTURE B: HE IS BUSY.
- PICTURE C: THEY ARE TOGETHER
- PICTURE D: WE BOTH GOING TO SCHOOL - HELPING ME OFF.
- PICTURE E: I AM AT SCHOOL.

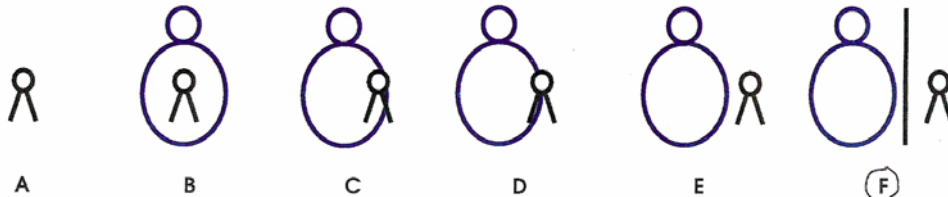
PIETER

1.) Imagine you are the black person, and the red person is your mother. Circle the letter under the picture that best describes your current relationship!



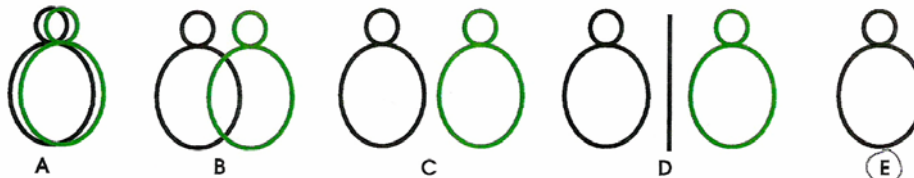
Are you satisfied with the relationship with your mother as shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with your mother: F
 Enter the letter for the relationship, which you would least like to have with your mother: B
 Enter the letter for the relationship, which you think your mother would most like to have with you: F

2.) Imagine you are a black person, and the blue person is your father. Circle the letter under the picture that best describes your current relationship!



Are you satisfied with the relationship with your father shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with your father: F
 Enter the letter for the relationship, which you would least like to have with your father: C
 Enter the letter for the relationship, which you think your father would most like to have with you: D

3.) Imagine you are the black person, and the green person is a person you are attached to (partner, friend..). Circle the letter under the picture that best describes your current relationship.



Which person have you chosen? 1-Partner 2-Male Friend 3-Female Friend 4-Other DADA (PATERNALE)

Are you satisfied with the relationship with this person shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with this person: F
 Enter the letter for the relationship, which you would least like to have with this person: C
 Enter the letter for the relationship, which you think this person would most like to have with you: F

1.) Briefly describe what you image under each of the pictures showing your relationship with your mother.

- PICTURE A: ALLEEN
- PICTURE B: EK WET NIE EINTLIK NIE.
- PICTURE C: SAAM
- PICTURE D: ALMAW
- PICTURE E: ALLEEN
- PICTURE F: EK WIL LIEFDE VAN MY MA GEE.

2.) Briefly describe what you image under each of the pictures showing your relationship with your father.

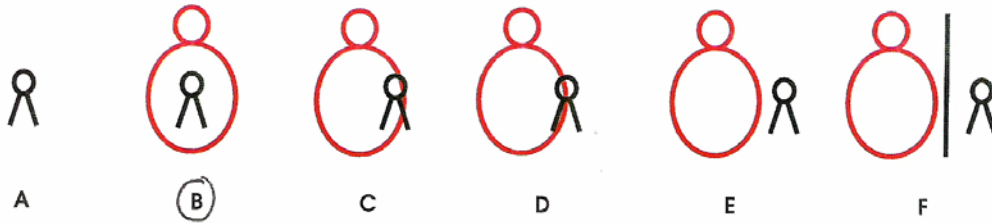
- PICTURE A: WET NIE.
- PICTURE B: WET NIE.
- PICTURE C: WET NIE EINTLIK NIE.
- PICTURE D: WET NIE. DIS MOEDER.
- PICTURE E: ALMAW
- PICTURE F: SAAM

3.) Briefly describe what you image under each of the pictures showing your relationship with the person you are attached to.

- PICTURE A: GEMAKKIG
- PICTURE B: LIEFDE
- PICTURE C: AANBAG
- PICTURE D: RESPEK
- PICTURE E: SAAM

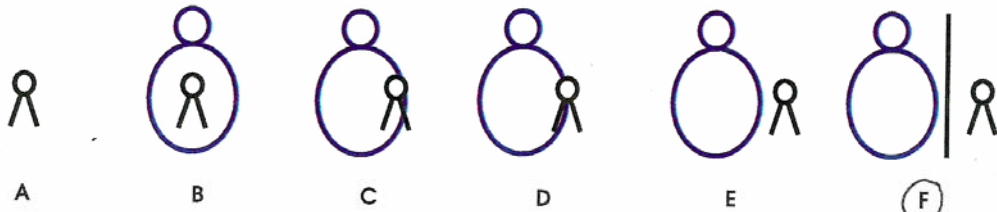
MICHELLE

1.) Imagine you are the black person, and the red person is your mother. Circle the letter under the picture that best describes your current relationship!



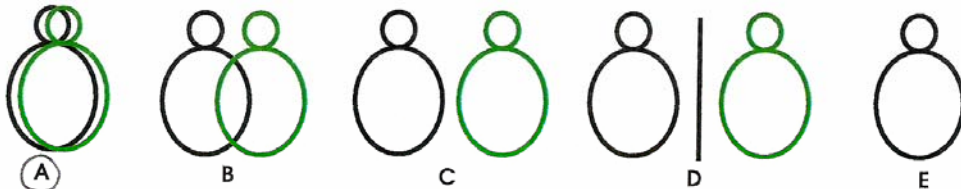
Are you satisfied with the relationship with your mother as shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with your mother: B
 Enter the letter for the relationship, which you would least like to have with your mother: F
 Enter the letter for the relationship, which you think your mother would most like to have with you: B

2.) Imagine you are a black person, and the blue person is your father. Circle the letter under the picture that best describes your current relationship!



Are you satisfied with the relationship with your father shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with your father: F
 Enter the letter for the relationship, which you would least like to have with your father: B
 Enter the letter for the relationship, which you think your father would most like to have with you: F

3.) Imagine you are the black person, and the green person is a person you are attached to (partner, friend..). Circle the letter under the picture that best describes your current relationship.



Which person have you chosen? 1-Partner 2-Male Friend 3-Female Friend 4-Other DINDA (MATELIAN)

Are you satisfied with the relationship with this person shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with this person: A
 Enter the letter for the relationship, which you would least like to have with this person: F
 Enter the letter for the relationship, which you think this person would most like to have with you: A

1.) Briefly describe what you image under each of the pictures showing your relationship with your mother.

- PICTURE A: TY'S ALLEEN.
- PICTURE B: MY MA BEDEEF MY, SOEN MY EN DEUK MY VAS.
- PICTURE C: TY SKUIF WEG VAN JOU MA
- PICTURE D: SKUIF VERDER WEG
- PICTURE E: SKUIF NOG VERDER WEG.
- PICTURE F: EK WIL NIE SEPARATED VAN HAAR WES NIE; TOTALLY SEPARATED.

2.) Briefly describe what you image under each of the pictures showing your relationship with your father.

- PICTURE A: EK IS BLY EK IS ALLEEN; WEG VAN HOY AF.
- PICTURE B: TY'S NABY.
- PICTURE C: SKUIF VERDER.
- PICTURE D: SKUIF VERDER
- PICTURE E: SKUIF NOG VERDER
- PICTURE F: WEG VAN MEKAAR AF.

3.) Briefly describe what you image under each of the pictures showing your relationship with the person you are attached to.

- PICTURE A: DATIE NABY.
- PICTURE B: SKUIF VERDER
- PICTURE C: " "
- PICTURE D: WEG MEKAAR WEG.
- PICTURE E: GESKEI VAN OUPA.

QUESTIONNAIRE:

PTSI

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INSTRUCTIONS

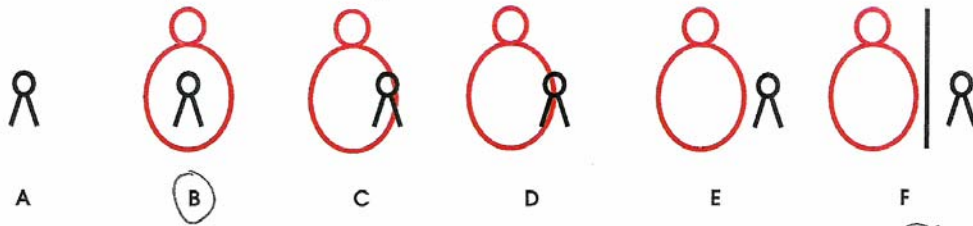
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Please answer all questions!

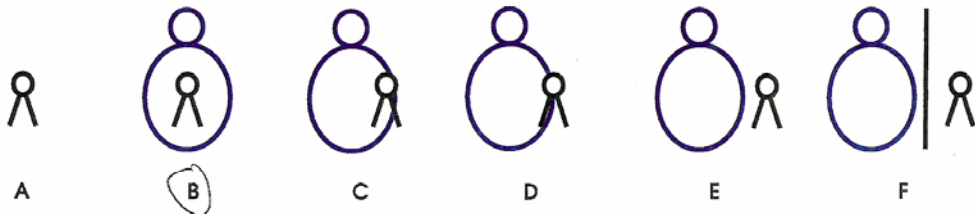
Billy

1.) Imagine you are the black person, and the red person is your mother. Circle the letter under the picture that best describes your current relationship!



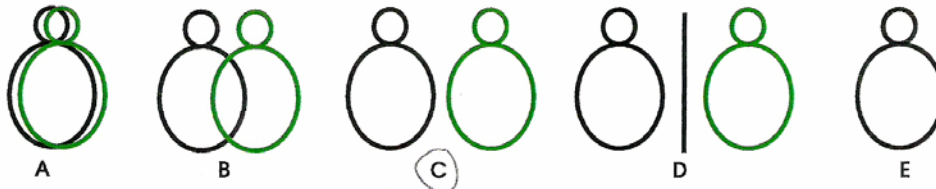
Are you satisfied with the relationship with your mother as shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with your mother: B
 Enter the letter for the relationship, which you would least like to have with your mother: F
 Enter the letter for the relationship, which you think your mother would most like to have with you: B

2.) Imagine you are a black person, and the blue person is your father. Circle the letter under the picture that best describes your current relationship!



Are you satisfied with the relationship with your father shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with your father: B
 Enter the letter for the relationship, which you would least like to have with your father: C
 Enter the letter for the relationship, which you think your father would most like to have with you: B

3.) Imagine you are the black person, and the green person is a person you are attached to (partner, friend..). Circle the letter under the picture that best describes your current relationship.



Which person have you chosen? 1-Partner 2-Male Friend 3-Female Friend 4-Other MAGE SISTER

Are you satisfied with the relationship with this person shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with this person: C
 Enter the letter for the relationship, which you would least like to have with this person: D
 Enter the letter for the relationship, which you think this person would most like to have with you: C

1.) Briefly describe what you image under each of the pictures showing your relationship with your mother.

- PICTURE A: DIS EK.
- PICTURE B: ALTYD BY MAM, MA.
- PICTURE C: EK BEGIN STOUT RAAL.
- PICTURE D: EK IS NOU BESIG OM DIE VERHOUDING TE BREEK.
- PICTURE E: KLAAR MET DIE VERHOUDING, MAAR MA GEE MY NOG 'N KANIS
- PICTURE F: HELE VERHOUDING IS KLAAR GEBREEK.

2.) Briefly describe what you image under each of the pictures showing your relationship with your father.

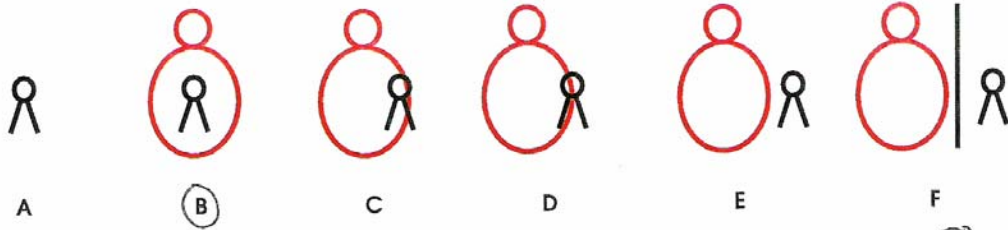
- PICTURE A: WEEER EK.
- PICTURE B: ALTYD BY HOM
- PICTURE C: ONS GAAN BIEET DIE UIT MEKAR UIT.
- PICTURE D: SOOS DIE EERSTE BY.
- PICTURE E: SOOS DIE EERSTE BY.
- PICTURE F: SOOS EERSTE - HELE VERHOUDING KLAAR GEBREEK.

3.) Briefly describe what you image under each of the pictures showing your relationship with the person you are attached to.

- PICTURE A: EK WEEET NIE.
- PICTURE B: ONS IS BESIG OM UIT MEKAR TE GAAN.
- PICTURE C: ONS IS NOG MAATDIERS.
- PICTURE D: VERHOUDING KLAAR FINAAL GEBREEK.
- PICTURE E: DIS EK - WANT EK IS SWART.

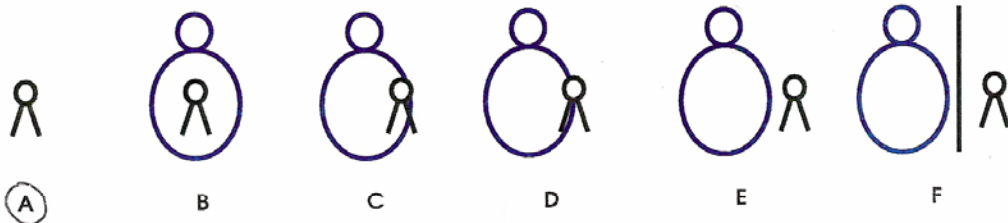
MARY

1.) Imagine you are the black person, and the red person is your mother. Circle the letter under the picture that best describes your current relationship!



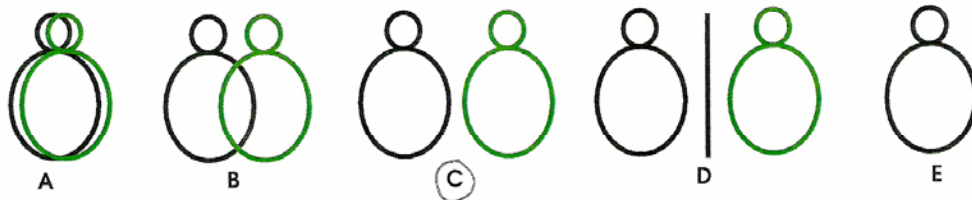
Are you satisfied with the relationship with your mother as shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with your mother: E
 Enter the letter for the relationship, which you would least like to have with your mother: C
 Enter the letter for the relationship, which you think your mother would most like to have with you: F

2.) Imagine you are a black person, and the blue person is your father. Circle the letter under the picture that best describes your current relationship!



Are you satisfied with the relationship with your father shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with your father: B
 Enter the letter for the relationship, which you would least like to have with your father: D
 Enter the letter for the relationship, which you think your father would most like to have with you: F

3.) Imagine you are the black person, and the green person is a person you are attached to (partner, friend..). Circle the letter under the picture that best describes your current relationship.



Which person have you chosen? 1-Partner 2-Male Friend 3-Female Friend 4-Other FRIEND/FATHER

Are you satisfied with the relationship with this person shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with this person: C
 Enter the letter for the relationship, which you would least like to have with this person: B
 Enter the letter for the relationship, which you think this person would most like to have with you: D

1.) Briefly describe what you image under each of the pictures showing your relationship with your mother.

- PICTURE A: MEANS I'M HAPPY.
- PICTURE B: MY MOTHER'S CARRYING ME.
- PICTURE C: MY MOTHER PUT ME DOWN.
- PICTURE D: I'M WALKING.
- PICTURE E: I'M WALKING THERE BY THE STREET.
- PICTURE F: MY MOTHER'S WAITING AND I'M AT SCHOOL AND I'M IN THE TOILET.

2.) Briefly describe what you image under each of the pictures showing your relationship with your father.

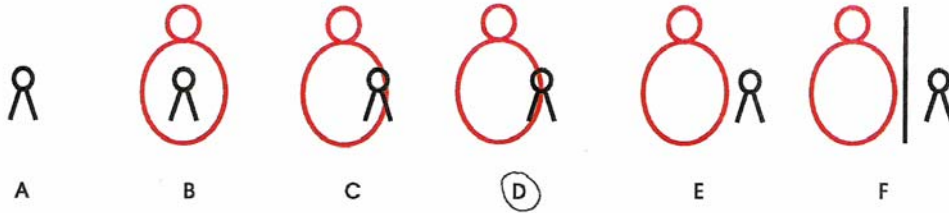
- PICTURE A: THAT I'M WALKING HOME ALONE.
- PICTURE B: MY FATHER'S CARRYING ME.
- PICTURE C: HE PUT ME DOWN.
- PICTURE D: HE IS STILL PUTTING ME DOWN.
- PICTURE E: I'M WALKING
- PICTURE F: I AM AT SCHOOL AND I'M GOING THE CLASS.

3.) Briefly describe what you image under each of the pictures showing your relationship with the person you are attached to.

- PICTURE A: HE'S PLAYING WITH ME.
- PICTURE B: HE IS BUSY.
- PICTURE C: THEY ARE TOGETHER
- PICTURE D: WE BOTH GOING TO SCHOOL - HELPING ME OFF.
- PICTURE E: I AM AT SCHOOL.

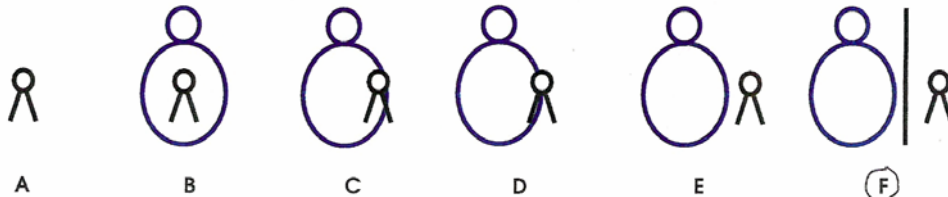
PIETER

1.) Imagine you are the black person, and the red person is your mother. Circle the letter under the picture that best describes your current relationship!



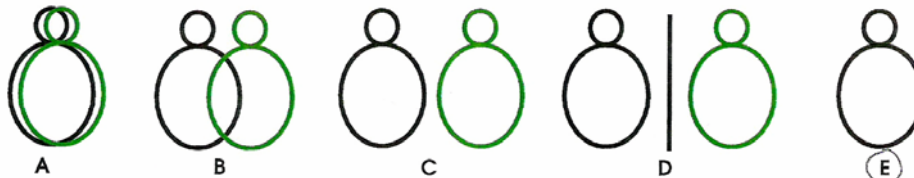
Are you satisfied with the relationship with your mother as shown in the picture you have chosen? YES/ NO
 Enter the letter for the relationship, which you would most like to have with your mother: F
 Enter the letter for the relationship, which you would least like to have with your mother: B
 Enter the letter for the relationship, which you think your mother would most like to have with you: F

2.) Imagine you are a black person, and the blue person is your father. Circle the letter under the picture that best describes your current relationship!



Are you satisfied with the relationship with your father shown in the picture you have chosen? YES/ NO
 Enter the letter for the relationship, which you would most like to have with your father: F
 Enter the letter for the relationship, which you would least like to have with your father: C
 Enter the letter for the relationship, which you think your father would most like to have with you: D

3.) Imagine you are the black person, and the green person is a person you are attached to (partner, friend..). Circle the letter under the picture that best describes your current relationship.



Which person have you chosen? 1-Partner 2-Male Friend 3-Female Friend 4-Other DADA (PATERNALE)

Are you satisfied with the relationship with this person shown in the picture you have chosen? YES/ NO
 Enter the letter for the relationship, which you would most like to have with this person: F
 Enter the letter for the relationship, which you would least like to have with this person: C
 Enter the letter for the relationship, which you think this person would most like to have with you: F

1.) Briefly describe what you image under each of the pictures showing your relationship with your mother.

- PICTURE A: Afleen
- PICTURE B: EK WEEET NIE EINTLIK NIE.
- PICTURE C: SAAM
- PICTURE D: Almal
- PICTURE E: Afleen
- PICTURE F: EK WIL LIEFDE VOR MY MA GEE.

2.) Briefly describe what you image under each of the pictures showing your relationship with your father.

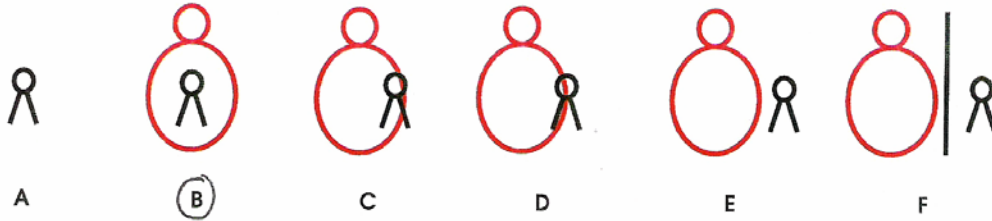
- PICTURE A: WEEET NIE.
- PICTURE B: WEEET NIE.
- PICTURE C: WEEET NIE EINTLIK NIE.
- PICTURE D: WEEET NIE. DIS MOEDLIK.
- PICTURE E: Almal
- PICTURE F: SAAM

3.) Briefly describe what you image under each of the pictures showing your relationship with the person you are attached to.

- PICTURE A: GEWIKKIG
- PICTURE B: LIEFDE
- PICTURE C: AANDAG
- PICTURE D: RESPEK
- PICTURE E: SAAM

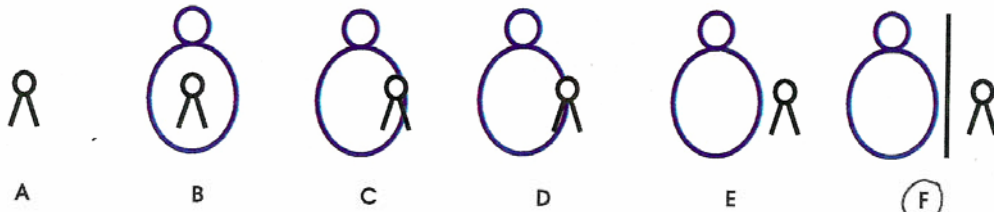
MICHELLE

1.) Imagine you are the black person, and the red person is your mother. Circle the letter under the picture that best describes your current relationship!



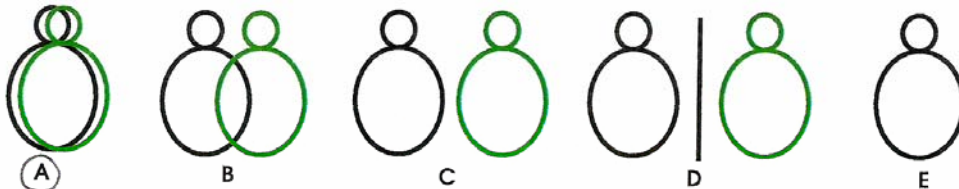
Are you satisfied with the relationship with your mother as shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with your mother: B
 Enter the letter for the relationship, which you would least like to have with your mother: F
 Enter the letter for the relationship, which you think your mother would most like to have with you: B

2.) Imagine you are a black person, and the blue person is your father. Circle the letter under the picture that best describes your current relationship!



Are you satisfied with the relationship with your father shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with your father: F
 Enter the letter for the relationship, which you would least like to have with your father: B
 Enter the letter for the relationship, which you think your father would most like to have with you: F

3.) Imagine you are the black person, and the green person is a person you are attached to (partner, friend..). Circle the letter under the picture that best describes your current relationship.



Which person have you chosen? 1-Partner 2-Male Friend 3-Female Friend 4-Other DINDA / MATELIAN

Are you satisfied with the relationship with this person shown in the picture you have chosen? YES / NO
 Enter the letter for the relationship, which you would most like to have with this person: A
 Enter the letter for the relationship, which you would least like to have with this person: F
 Enter the letter for the relationship, which you think this person would most like to have with you: A

1.) Briefly describe what you image under each of the pictures showing your relationship with your mother.

- PICTURE A: TY'S ALLEEN.
- PICTURE B: MY MA BEDEEF MY, SOEN MY EN DEUK MY VAS.
- PICTURE C: TY SKUIF WEG VAN JOU MA
- PICTURE D: SKUIF VEEDER WEG
- PICTURE E: SKUIF NOG VEEDER WEG.
- PICTURE F: EK WIL NIE SEPARATED VAN HAAR WES NIE; TOTALLY SEPARATED.

2.) Briefly describe what you image under each of the pictures showing your relationship with your father.

- PICTURE A: EK IS BLY EK IS ALLEEN; WEG VAN HOY AF.
- PICTURE B: TY'S NABY.
- PICTURE C: SKUIF VEEDER.
- PICTURE D: SKUIF VEEDER
- PICTURE E: SKUIF NOG VEEDER
- PICTURE F: WEG VAN MEKAAR AF.

3.) Briefly describe what you image under each of the pictures showing your relationship with the person you are attached to.

- PICTURE A: DATIE NABY.
- PICTURE B: SKUIF VEEDER
- PICTURE C: " "
- PICTURE D: WEG MEKAAR WEG.
- PICTURE E: GESKEI VAN OUPA.