

ATOL: Art Therapy OnLine

Interview with Art Therapist Gussie P. Klorer

By Lucia Šimončíčová

Biography

Gussie Klorer, Ph.D., A.T.R.-BC, L.C.S.W., L.C.P.C., is a professor at Southern Illinois University Edwardsville. Dr. Klorer's research interests focus on children and adolescents with severe abuse, neglect and attachment issues and she maintains a private practice working with this population. Dr. Klorer is author of *Expressive Therapy with Troubled Children* (2000, Jason Aronson Publishers) as well as numerous articles and book chapters focused on her clinical work. She presents keynote addresses and workshops in national and international venues. Dr. Klorer served on the Editorial Boards of the *Trauma and Loss Journal*, the *American Journal of Art Therapy*, and *Art Therapy*. She received notable awards throughout her career, including the Clinician's Award and Honorary Lifetime Member of the American Art Therapy Association. In addition to clinical work and teaching, Dr. Klorer is a practicing artist working in mixed media and in 2013 exhibited her art in a one-person show at the Missouri History Museum.



Figure 1 Gussie P. Klorer

Introduction

I firstly came across Dr. Klorer's work when researching the theme focused on implementation of attachment theory into art therapy practice. I read her chapter called 'Expressive Therapy for Severe Maltreatment and Attachment Disorders: A Neuroscience Framework' that was published in Malchiodi's book 'Creative Interventions with Traumatized Children'. I found her art therapy approach in work with traumatized children and those with attachment difficulties very inspiring. I later translated and published this article in Czech art therapy magazine. I also asked the author, if she would like to share her precious clinical experience with me by participating in my research interviews for my Master's thesis 'Attachment Focused Art Therapy with Adolescent Clients' and that is how the interview was born. It was conducted via a Skype call, on 21 February 2012. Since I was thrilled by the interview outcome, I felt that I do not want to keep it just for myself. I would also like to share it with others who may be interested in attachment focused art therapy practice. I myself edited and abbreviated the original interview in cooperation with the author.

Lucia Šimončíčová

Could you just briefly tell me how long have you been an art therapist and how long have you been working with children and adolescents in your practice?

Gussie Klorer

I have been practicing for 33 years, so it's a long time.

Lucia Šimončíčová

How did you get involved in work with adolescents with attachment difficulties?

Gussie Klorer

My second job, after I got my graduate degree, was in a children's home, in a residential treatment centre with children with abuse and neglect issues and a lot of them had attachment issues. So I really started to be interested in the population. I worked there for 8 or 9 years and then I got the university position, but I didn't want to be teacher without still practising. So I started a private practice and I continued to work with kids in foster care, kids in adoptions and kids in treatment centres, residential treatment centres.

Lucia Šimončičová

How did you become interested in attachment theory and its implementation into art therapy?

Gussie Klorer

Well, attachment theory found me. I was working with those kids and I needed to have a way to understand what they were going through and what was happening in the therapy. What I was finding in the therapy was that they weren't following the protocols that they were supposed to. They weren't meeting their treatment goals. You know, the treatment goal that says "the child will talk about the abuse". They don't talk about the abuse typically, because it's too painful for them or they can't remember. So I realized I needed to change my approach and I needed to understand them in a different way, because they don't follow the typical treatment protocols, because of the complexity of attachment issues.

Lucia Šimončičová

*In what way did attachment theory influence your clinical work?
Could you also give me an example of your work with some client that you have had?*

Gussie Klorer

A child that I am working with right now is 13-years-old and she is one of those kids who was in a Russian orphanage, where she was not given a lot of personal attention or care. She got adopted at 20 months of age and is exhibiting attachment issues today. She has a wonderful adoptive mom, but is still dealing with issues, such as pushing people away, so I am trying to talk with her about how she pushes people away. The orphanage made a video while she was in the orphanage to send back to the family that was interested in adopting her and the parents had the tape. So they brought it in and we looked at that together and it was really interesting to see how in this video, when she was 20-months-old, she kept trying to get away from the caretakers and all of her movements were away from people rather than towards them. We looked at that video together and then I was able to talk to her about how she still does that, she still pushes people away at times. And it was really helpful to be able to see her as a child and then talk to her as an adolescent and talk to her about where that behaviour came from. And why. I also educated her a little bit about what that would be like for that baby. What would it be like for her to be in a place where she couldn't attach, because there was no single caretaker? And what would that be like for that little girl to be abandoned by her mother? So it gave us a really good opportunity to talk about what that little girl needed and didn't get.

Lucia Šimončičová

And how long have you been working with her now?

Gussie Klorer

I have been working with her for about 6 months. She has done some really good work, but I think it's been really hard for her. When she first came in, she was doing very superficial projects that didn't have a whole lot of meaning and then when we talked, after we looked at those videos, I asked her if she would be willing to make a baby doll. And so we've been working on a fabric doll that is just a little baby doll. It's about maybe 10 inches long and now she is making a bed and a quilt. We made the doll out of fabric and then we made a little shoe box for the bed. She spent time painting it and now she is making a mattress that she is going to stuff. So I've been creating this with this girl and I think it represents her. We are trying to create what she needed that she didn't have. It's more emotional needs than physical needs, but the doll is the metaphor for those needs. While she is making it, we actually talk about other things and she keeps telling me that it's no good and she keeps pushing it away. She does the same thing with the doll that she does it with her mom and she does it with me, so she's not really able to engage with it emotionally, but I think it's really important that she hasn't abandoned the project either. She is still working on it and seems to be very invested in it. We've worked on this project for probably 6 weeks. She is very invested in it, but she won't admit that she is invested in it. And then again, she acts sometimes like she doesn't like it. Every time we get it out, I just spontaneously say, because it's true, "Oh, she is so cute" and then my client will say: "Oh, it's just a doll". And she will negate it, as if it's not anything. And yet she has invested a lot of time in it and wants to keep working on it.

Lucia Šimončíčová

Do you have an opportunity to work with the adopted parents as well?

Gussie Klorer

In this case, the adoptive mom comes in whenever we want. One of the treatment goals that the client actually came up with herself (with my help), is to work on her relationship with her mom, because her mom also feels herself getting pushed away. Tami Gavron from Israel wrote an article recently in the art therapy journal about a Joint Painting Procedure. When I read that article I thought it was such an interesting idea and so I talked to the mom and daughter about doing that procedure and we have a plan for it in the next session. They will do it together. It's really an interesting procedure, where you have both the mother and the child work on the same paper and they each draw a picture and they put a boundary around it and then they make a path from one picture to the other and connect with each other. I feel that's going to be a really good way for us to start to talk about the mother and daughter relationship.

Lucia Šimončičová

I wonder, do attachment issues emerge in your client's artworks or in the art process while in session?

Gussie Klorer

I don't think there are necessarily universal signs in the artwork. I don't think this is true of assessment in general. You can't say, oh, this means this or this means that. There is no particular imagery that comes up repeatedly in attachment disordered children. But what I do find is that if you follow the client's lead, each client may have some idiosyncratic imagery in the art that becomes a repeated theme.

Lucia Šimončičová

So there are certain patterns within each client.

Gussie Klorer

You can see what themes get repeated, over and over again and when I notice something getting repeated it says that is something important. So then, what I will usually do is try to offer more ways to express that, maybe more complex media, so that they can invest more in the art. But there is no particular imagery that I would say is the hallmark of attachment disordered children.

Lucia Šimončičová

Do you actually work with transference and countertransference when working with those adolescents with attachment difficulties? Would you use your own feelings in finding out about their attachment style?

Gussie Klorer

Yes, absolutely. Yes, definitely my own countertransference is informing the work. For example, countertransference is activated when I get the feeling that I am being negated or pushed away or when a child acts like our relationship isn't important at all or, the child gets me to feel like "you don't mean anything to me", or the child says, "I didn't even want to come today, they made me come today". Whenever I have a child say those kinds of things I think, oh, this is a child that's starting to attach to me, because they are denying it so heavily. And I can give you good example of that. I have a boy that I started working with when he was 12. And I terminated with him when he was 21, if you can imagine. So that was 9 years of working with this boy. He really almost never did change this interaction that we would have. He would come in and he would say something like, "I didn't want to come, they made me

come today” and I’d say, “I am so happy to see you, come on in!” And he would sit down at the table and he would get the clock of my shelf and he’d set it on the table in between us so that he could manage the time. He said, “I don’t want you to get one extra minute of time from me.” And so he was pretty much in control and I really felt like the whole time he was putting those limits out for me, what he was really saying is “I want to make sure I get every minute of my time, I just want to be in control and I want you to think that I don’t want to be here.” It became a routine that we did every week. And it was just really interesting to see how he approached it and how he would always tell me how he didn’t want to be here. And yet, how important I think our sessions actually were.

Lucia Šimončičová

Did this change happen over the time you worked with him?

Gussie Klorer

When we were terminating, when he was 21 years old, he finally admitted that it was important to him. He smiled and said “I think I’m gonna miss you.” And that was the best he could do. Up until that point he couldn’t admit it, it just wasn’t safe for him. And for me, you know, I miss him terribly. This is my countertransference. It is really hard for some of these kids with attachment issues to be vulnerable in relationships and acknowledge that a relationship is important. Their fear of loss and pain is so great that they protect themselves from feeling that loss again. Termination is so important. He was abandoned by his mother, so every loss echoes that abandonment. We terminated in a loving way, if that makes sense. I acknowledged to him how important the relationship was for me, to let him know that even though we would no longer see

each other, I would treasure our time together. He never got this with his mother. You also have to realize that I was the longest term relationship in his life. He had been in 5 different foster homes, two residential programs, several hospitalizations, had a succession of social workers over the years, and no contact with any member of his biological family. I was his longest term relationship, and that's sad.

Lucia Šimončíčová

Did you notice some change in his attachment to you? How do you recognize that a change has occurred in the way he was relating?

Gussie Klorer

I don't think it was all about me, for sure. I think what really helped him, was when he was about 14, maybe 15, he was put into a foster home with a lady who really understood kids like him. She always requested teenage boys, and nobody requests teenage boys as a foster mom. She got him when he was 14 or 15 and she hung in there with him and really committed herself to him and I think that was what really caused the change for him. I felt like it was her taking him in and loving him. He did some awful things, he ended up almost losing his placement because he got physically out of control, but she let him come back twice when a lot of foster moms would have given up and said he was too violent. But she kept taking him back and then I think he realized that she really was a mom to him. And I think that made a difference. I saw it through his artwork. His artwork did change over time. I saw the change in his artwork and it was really interesting. When he first came to me, he liked to sew and we made little pillows. He made them to give as gifts to staff in his residential treatment

programme. I thought that was so sweet, you know that he is making these little self-soothing objects. He would keep some of them, but he also gave some of them as gifts. I thought that was really indicative of his way of trying to have relationships with people. But he was a very violent child, and so when he'd have an outburst, it would take 4 men to hold him down, he'd be so out of control. But then he'd make these lovely little pillows. And you know, people could not connect that with the same kid. You get this kid that's out of control and needs to be restrained and then he is making these cute little pillows, so that was incongruent. In his artwork, when he would draw figures, he would draw figures backwards. So he drew this Indian, but you'd only see the back of this Indian's head and then the back of his body. Then he started doing this sculpture and he made the same sculpture three times over the course of my work with him. It was a bear family, it was a father bear, mom bear and a baby bear. He made the sculpture, but there were no features on any of those bears and the bears weren't all looking at each other. They were just sitting in a row, their faces looking out, but without features. It was very impersonal, there was no interaction between the figures, the bear family just looking out, but not looking and no facial features. He said it was finished, so he painted it and that was done and then about a year later, he made the same sculpture, the same exact sculpture. And again, no facial features, no nothing to make them interactive. Then he moved into this foster home, and after he had been there several years and the foster mom had really committed to him and we were near termination, he made the sculpture again, third time now and this time, it had features, it had eyes, nose, mouth and I just thought, this is it, he is finally getting it. He gets what it's like to be in a family now. And to me, it was very powerful.

Lucia Šimončičová

So you would notice the change in attachment style coming up in his artwork.

Gussie Klorer

Yes.

Lucia Šimončičová

Could you perhaps tell me, what, in your opinion, contributes to change in the attachment pattern of a client? How do you know, that the change has occurred?

Gussie Klorer

It is a very difficult question, but I think truly, it is the relationship that you form with that child that is important and it has to feel safe. It has to have safe boundaries, so establishing a safe routine is important. For example, we clean up at the end; no matter what happens in the session we restore order again and we have little routines that we do, things that we always say at the beginning and end of a session. Clients can predict the session, they can predict me. I am going to be the same all the time, and they learn to trust that. Time boundaries are also important. The session is over at whatever time it's supposed to be over and the child can predict everything about that. That's a little thing, but I think it's really important in terms of establishing trust and safety.

Lucia Šimončičová

Are there any other ways that you would notice the change within a client's attachment? Would you notice it, if it occurs in a therapeutic relationship?

Gussie Klorer

Yes, it is noticeable in terms of verbal and nonverbal behaviour. The eye-contact is one. The boy that I was telling you about, who I worked with until he was 21, eye contact was very difficult for him. When I first worked with him, he would never make eye contact and then gradually over time, he would make eye contact. That's a big one. Can they look at you? Can they look at you and when you smile at them, will they smile back? Some of those little nuances of communication are so important. And touch is the same. That's another thing to notice, how they interact with you in a physical way or even just in terms of proximity, how close can they be with you, before they get uncomfortable.

Lucia Šimončičová

Would you also have some specific directives that you use with adolescents with attachment difficulties?

Gussie Klorer

Not really. With adolescents I am much less directive, but I will sometimes throw out an idea that can be accepted or rejected. For example I gave the Russian child the idea of a doll. I do 'Me boxes' a lot with adolescents, where I suggest that they create the inside of me and the outside of me using a box. That one is a favourite; they can explore what they keep inside, what they share with others.

Lucia Šimončičová

Do you sometimes engage in art-making with your clients? Do you work alongside them?

Gussie Klorer

What I will often do is help them with their project, like for example the girl making the doll. She was not really interested in sewing the mattress for the doll, and so I sewed part of it and she sewed part of it, and we worked together. I usually get assigned the manual work that they are not interested in doing, I'll get the boring work. The boy that made pillows, he would assign me sewing to do on his pillows, so he'd work on one side and I'd work on the other and we'd both just sew on the same project. He loved to assign me work. This, by the way, is an indirect way of touching, so I really am pleased when they assign me a task in their project. I make sure that I am not adding any creative elements to the task, I am just doing my assignment.

Lucia Šimončičová

Do you have a particular framework, when working with adolescents with attachment issues, such as an assessment period? Do you have some special assessment tools, for example, Family drawing or Bird's Nest Drawing that you use to find out about their attachment patterns or about their family background?

Gussie Klorer

I don't use any one assessment exclusively. I will often, when I first meet a client, try to get a series of drawings based upon what information I'd like to have. I like to use a Modified LECATA (Levick Emotional and Cognitive Art Therapy Assessment), which includes some variation of 5 drawings: a free choice, self-portrait, scribble, place you would like to be, and family drawing. I find that the family drawing is often hard, they don't want to do the family drawing. It's painful for them, so I don't push it. I don't do the Bird's Nest Drawing. I just individualize, what I think that the child is interested in and what the child might need.

Lucia Šimončičová

Do you meet the parent before beginning the therapy?

Gussie Klorer

Yes, if there is a parent. A child in residential treatment often doesn't have a parent available to work with. When a client first comes to me, I will attempt to talk to the parent, find out what their concerns are, and then I'll meet with the client individually at first and then talk to the parent and we'll make a plan from there as to what they need and what they want. Depending on what the issues are, depending on the age of the child, we may do family therapy, have mother or family involved in every session or just part of the session. Always, when I see the child, even if I see the child individually, I am always involved with the family as well. So the parent will come at the end of the session, and I'll say to the child: What do you want to share with your parent? I put all the control into child's hands as to what we share about what we did that day. And what I find is when I have the child in control, they usually want to share a lot. That's very helpful to give the child that control of what we share. That's if I am working individually. Of course, if I am working with the parent and the child, we set up goals together and the whole session is together.

Lucia Šimončičová

Do you give some specific instructions, when working with the child and the parent?

Gussie Klorer

I tend to be more directive. I would have them do things together, talk about certain things. I may focus on problems that are happening at home and figure out creative directives to help them

to talk about it. Sometimes I'll do something like have them create something together where the child has to rely on the parent for help. For example, making a project but giving the parent control over the glue so the child has to ask the parent for glue. Or have them make a house, but the parent is in charge of the outline or foundation of the house, and the child can add things on the inside, setting up a metaphor that the parent offers the foundation and stability for what's inside.

Lucia Šimončičová

Do you feel that it's important for adolescent clients to know and to understand their own attachment pattern? Do you feel that they have a capacity to understand that?

Gussie Klorer

Yes, absolutely. The Russian girl that I talked about is a really good example of that. When I see the behaviour I can tell her, "I feel like you are pushing me away; can we talk about that? What is that like for you?" So yes, I think that that can be very helpful.

Lucia Šimončičová

Do you think that contributes to change as well?

Gussie Klorer

Yes. The idea is to change patterns of behaviour that are not productive in relationships, such as pushing away. The hope is that the child will try out new behaviors and ways of interacting, and those that "click" will be repeated or practiced. The hope is that those new behaviors will work well for them and they will adopt them.

An earlier original verbatim version was published in the master's thesis by Lucia Šimončíčová (Title: 'Attachment Focused Art Therapy with Adolescent Clients: Connecting through Creativity') as a fulfilment towards the MA in Art Therapy at CIT Crawford College of Art and Design, Cork, Ireland in August 2014.

Lucia Šimončíčová

Lucia got her Master's Degree in Art Therapy at Crawford College of Art & Design in Cork, Ireland. In her final paper, she focused on researching the implementation of art therapy into treatment of adolescents with attachment issues. The research was carried out through a series of interviews with art therapists who are experts in that field. Lucia also holds a Master's degree in Psychotherapeutic Studies from Masaryk University in Brno, Czech Republic. She specializes in working with disadvantaged children and adolescents in a school setting and her area of interest are Trauma and Attachment difficulties. Lucia was directly involved in co-organizing the Slovak International Art Therapy Conference "Overall Care of Children in a School Setting" in Bratislava, in October 2013 (<http://bratislava2013.wix.com/artekonferencia#!hlavn-informcie/c24v7>). She works as a translator for the Czech art therapy magazine "Arteterapie" and occasionally she has been publishing in ATOL (Art Therapy OnLine) and JICAT ([Journal of the Irish Association of Creative Arts Therapists](#)).

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