

The Adolescent Self & Therapeutic Communication: An Integrated Approach for Treatment

by Marielle Mershart

Abstract

This article presents an exploration of the connections between theories of the self and communication in psychotherapy with adolescents. The author attempts to integrate John Bowlby's work on attachment and loss (Bowlby, 1973, Stoebe, 2002; Wilson, 2001), Daniel Stern's domains of the sense of self (Stern, 2000; Mitchell & Black, 1995), Lev Vygotsky's sociohistorical psychology, specifically the role of speech and the "zone of proximal development" (Vygotsky, 1978, Van Der Veer & Valsiner, 1994; Wertsch, 1985), and D. W. Winnicott's understanding of the transitional experience and the holding environment (Goldman, 1993; Mitchell & Black, 1995). Through the course of this article, key aspects of each theoretical perspective are outlined in an effort to build toward an integrated view as a "building block" to a clinical approach that seems to have particular relevance to work with adolescents in the midst of a challenging developmental period of ego consolidation, cognitive expansion and identity differentiation. Further, this approach has been derived out of work with adolescents who have experienced trauma and loss and whose affective presentation is an attempt to adaptively cope with early attunement failures. Case material is offered to support and sustain the author's theoretical assertions and as a means to explore implications for future study of psychotherapy with adolescents.

Ambitions and Explorations

In the preface to his seminal three-volume work *Attachment and Loss*, John Bowlby (1973) felt compelled to explain that his central frame of reference was and continued to be psychoanalysis, despite its limitations and the less than nuancing revisions to classical theory he proposed. In challenging the field to integrate into its view additional ways of clinically assessing and understanding patients, Bowlby wrote:

Not infrequently...doubts are expressed whether the psychological processes [of attachment] are in reality related so intimately to personality disturbances of later life. Pending much further evidence, these are legitimate doubts. Nevertheless, reasons for holding to the thesis are strong. One is

that data from many sources can be arranged and organized into a pattern that is internally consistent and consistent also with current biological theory. Another is that many clinicians and social workers find the resulting schema enables them to understand better the problems with which they are grappling and so to help their patients or clients more effectively. (p. 5)

Since the time this passage was written, further research has resulted in the evidence Bowlby was hoping for that supports his thesis, as well as its utility for clinicians (Fonagy, et al. 2002; Lyons-Ruth, 2003). Efforts here are attempts at mirroring Bowlby's and other's ambitions to rethink and rework data from many sources that will have some consistency with what is known and better explain what is yet to be uncovered in the treatment process.

With those lofty goals in mind, this paper begins the exploration of the connections between theories of the self and communication, which I will argue are extremely useful in understanding aspects of the adolescent experience and treatment. Case material will be applied to support and sustain theoretical assertions and explore further implications for research and treatment. The areas of interest are Bowlby's study of attachment and loss (Bowlby, 1973, Stoebe, 2002; Wilson, 2001), Daniel Stern's domains of the sense of self (Stern, 2000; Mitchell & Black, 1995), Lev Vygotsky's sociohistorical psychology, specifically the role of speech and the "zone of proximal development" (Vygotsky, 1978; Van Der Veer & Valsiner, 1994; Wertsch, 1985), and D. W. Winnicott's understanding of the transitional experience and the holding environment (Goldman, 1993; Mitchell & Black, 1995).

Each theoretical perspective referenced above is offered as a "building block" to a clinical approach that seems to have particular relevance to work with adolescents in the midst of a challenging developmental period of ego consolidation, cognitive expansion and identity differentiation. Contextually, the approach may resonate with adolescents who have experienced trauma and loss and whose affective presentation is an attempt to adaptively cope with early attunement failures.

Bridging the cognitive and the psychodynamic, this article will argue that attachment theory and Stern's hypothesis of co-constructed domains of self connect with Vygotsky's contributions regarding the emergence and function of "psychological tools," specifically speech and its role as a mediator of psychological content. Further, it is the author's view that Vygotsky's concept of the zone of proximal development is an avenue for social learning and attainment of higher psychological functioning, whereas Winnicott's holding environment provides an avenue for affective safety in the presence of unresolved loss and transitional requirements. When conceptually coupled as a dialectical stance, a powerful therapeutic surround may be created. Through the course of this article, key aspects of each theoretical perspective will be outlined and will begin to build toward an integrated view.

Why Integration?

My clinical work as a second year social work graduate student has been centered at an outpatient adolescent treatment program in a hospital based community mental health center. At this clinic, treatment comes in the form of individual, family and group psychotherapy, as well as medication management. Primarily my experience has been as an individual therapist for adolescent boys and girls whose ages range from 12 to 17 years old. Demographically, this urban adolescent outpatient program has an overrepresentation of clients who are African American and Latino. Most clients are funded either on a sliding scale, through Medicaid or with private insurance.

In examining the complexities and characteristics of my adolescent clinical caseload, certain themes surfaced with relative frequency, such as the experience of early trauma in the form of parental loss (death or abandonment) or abuse at the hand of a caregiver. This traumatic history seemed to result in tenuous (or attenuated) attachments to adult caregivers. Externalizing behaviors, particularly explosive anger, defiance and irritability, tended to be common symptoms and often the reason the adolescent was brought in for treatment. As I attempted to understand the developmental and psychodynamic underpinnings of my clients' experiences, I looked often to psychodynamic and object relations theories as a guide. However, the current trends toward outcome-based interventions and the realities imposed on clinicians by a field more and more dominated by brief treatment modalities

compelled me to adapt to and often adopt other treatment perspectives.

More importantly, the clients themselves compelled me to rethink and rework some of the assumptions I had brought with me. Many adolescent clients who came to the outpatient clinic presented with multiple diagnoses, impaired executive functioning, and highly disorganized families, along with early experiences of profound trauma and loss. Frequently, a crisis brought them to treatment—a suicide attempt, academic failure, or severe drug or alcohol abuse. As the assigned clinician, I became acutely aware that intensity of the crisis came with the pressure for outcomes within a time-limited framework. I began searching for any and all therapeutic tools to enhance my understanding of the presenting issues, and aid the treatment process.

The complexities of the needs of the adolescent in the here-and-now seemed to demand an effort of similar complexity in determining treatment strategies. In time, I began to seek ways to find congruence between, and perhaps integration of, psychodynamic approaches and developmental psychology, as well as cognitive and behavioral techniques as a way to inform and amplify treatment interventions. But eclecticism did not seem the way to go. My hope was and is to find a theoretically sound and consistent approach which is flexible and applicable to a range of young clients and which also provides a way of understanding their past as it relates to the present and in turn to the future—that is, treatment that is reflective of the conundrum and challenges of adolescence.

The Relational Underpinnings of Cognition and Communication

As my clinical experience with adolescents in treatment progressed, I found issues related to communication a common theme. Whether in the treatment relationship or in their overall symptomatology, modes and methods of expression—or impediments to it—seemed to surface with some regularity, particularly among those presenting with more severe functional impairments like those described earlier. Among those that fit this category, diagnoses ranged from phonological disorder to non-verbal learning disability. In addition to learning or communication disorders, these adolescents generally presented with externalized behaviors characterized by socially unacceptable acting-out and angry outbursts. Often such symptoms were captured in diagnoses such as oppositional defiant or conduct disorder, depending on the targets of the

behavior and the environment in which they were exhibited, as well as within the attention deficit/hyperactivity spectrum. As mentioned earlier, traumatic abuse, abandonment or death of a parent prior to the onset of pubescence was a common theme within their developmental history.

In presenting this anecdotal evidence, I do not mean to imply causality between one or more of the variables cited above. I do wish to put forward a hypothesis that the mix of a history of traumatic loss, and neurological or physiological vulnerabilities to difficulties with learning, communication and impulsivity may, with the passage into adolescence, present particular challenges to these adolescents in navigating this developmental period. I further speculate that internal working models of attachment and the progression of the development of the self may provide clues to the capacities for coping with loss and adaptation to their environment. Further, that the expression of loss and subsequent modes of maladaptive functioning may be observed and worked through in a therapeutic relationship which can provide a transitional passage necessary for healthier coping and emotional growth.

With this background, I offer that the universality of the form and function of communication as a therapeutic informant and tool is relevant to this discussion. This aspect of the treatment experience may be looked at as a central tenet of therapy that carries significance equal to and separate from transference and countertransference processes.

The Facility and Limitations of “Building Blocks”

In her discussion on the social character of thinking, Cavell (2002) explores the construct that knowledge or meaning (or specifically judgment as a type of thinking where the “about-ness” of the world is entertained and intention is conceptualized) is experienced by the mind through the association of one bit of sensory data (and later an idea) built upon another in a search for causality or explanation. She ultimately dismisses this formulation as lacking in explanatory power. Her argument is that the mind does not perceive in discrete, distinct units, therefore, the conceptualization of discrete blocks of perception, one built upon the other, is a contrivance with the aim of simplification. The process engaged in here has all the limitations she cautions against. Cavell’s critique and ultimate answer, however, supports the general theme of this effort—that from the start human thinking is

not an inward, differentiated, isolated or individuated process but rather one that is ultimately grounded in the context of relationships or as she calls it “interpersonal activity.” Therefore, I will run the risk of simplification and perhaps even reductionism in an effort at illuminating the essential character of therapy, the therapeutic relationship, and an aspect of the “activity” of that relationship, therapeutic communication.

The Adolescent Context

The crisis of adolescence, according to Erikson’s view, is the psychosocial struggle between identity consolidation and role confusion (Austrian, 2002). Erikson’s dialectical vision of development has great utility for understanding the context of the powerful forces at play in an adolescent’s emerging capacity to look within and observe the external world, and make judgments on the about-ness of things in relation to her. The reworking of the self is central to the experience of the adolescent. This reworking comes whether the adolescent is prepared or not. Biologically, this begins with pubescence. The rate of physical growth is second only to that of infants (Austrian, 2002). Adolescents have to engage in the dance between childhood and adulthood without ever having had a lesson. The growth of a sense of differentiation from family, neighborhood, even society, and the establishment of personalized ways of being characterize this time. Also, the cognitive expansion which occurs during adolescence, positions them as thinking beings, and flows from the earliest experiences.

Vygotsky argued that adolescents, during this period of sexual maturation, make leaps in intellectual maturation, that thinking evolves from “complexes to...concepts” (Van Der Veer & Valsiner, 1994, p. 259). Vygotsky felt this change represented a new form of intellectual activity. Out of the child’s activity of grouping like concrete ideas, he or she begins to form associations about them. The words a child uses are attempts to generally represent these associations. As the child begins to utilize judgment, discerning the about-ness and relationships between himself, others and things, he begins to articulate increasingly complex meanings, eventually through words, derived from increasingly complex associations. The adolescent is able to arrive at concept-formation that becomes a part of a maturing system of intellectual functions.

Vygotsky also had something to say about imagination and creativity in adolescents. He postulated that

“imagination and creativity are linked to a reworking of various elements of experience, freely combined, and which...require a level of inner freedom of thought, action and cognizing which only he who has mastered thinking in concepts can achieve” (Van Der Veer & Valsiner, 1994, p. 269). Imagination develops out of reworking concrete sensory images with emergent capacities for abstraction, a “rapprochement between fantasy and thinking” (p. 275). Fantasy and imagination function for the adolescent the way play functions for the child; it is a tool of the adolescent to test and explore reality and his place in it—an avenue for creativity. Dialectically speaking, Vygotsky saw as part of the task of adolescent thinking the moving from the concrete through the abstract to the “construction of a new form of concrete image” (Van Der Veer & Valsiner, 1994, p. 283). This conceptualization frees one to view therapy with adolescents in new ways. By granting the adolescent and the clinician the freedom to explore fantasy and creativity of experience as a developmental task, a developmentally appropriate position within the therapeutic process is assumed, one that utilizes the concrete-to-abstract-to-concrete continuum of the reworking of experience and relationship.

Self and Attachment

The idea that “other creatures have minds with points of view different from one’s own” (Cavell, 2002, p. 807) develops from experiencing the world through modes of communication, at times imposed from without but often mutually derived. From infancy, the external world comes to the individual and compels the negotiation of meaning. Through this process, intentionality and shared meaning are constructed. Cavell (2002) argues for the final break from the view of early development as

...exclusively internal, subjective, private...[r]ather: first there is the baby with its pains and pleasures, its early affects, and all its native talents for attachment. This baby is not yet a creature with thoughts. Then come, right away, communications with other persons about objects in a public world, mutual recognition that becomes more and more articulated, and out of this public affair, the slow advent of the subject with an inner world, of a ‘self.’ (pp. 812-813)

Interpretations of signs and signals occur for both the infant and her caregivers. However, the interac-

tions with the external world primarily propel the infant toward understanding a pre-established set of meanings. The argument that the external world provides the impetus and imposition of thinking that stimulates a later development of secondary process thinking, of questioning the intentions of others will be explored further. Each theorist featured here, I believe, presents ideas that are compatible with this philosophic framework. Theirs are attempts at refining and applying this general argument towards an operationalized psychology of interpersonal development and learning respectively.

Stern’s view of the development of the self is rooted in an understanding of adaptive human development that oscillates between “points of connection and points of disconnection throughout life” (Mitchell & Black, 1995, p. 165). Stern focused on qualities of relating consistent with attachment theory that arise out of the developing domains of the sense of self. Stern argues for an organization of the self that develops through layers of experience, successively emerging, dynamically facilitating and interactive. This development is biologically and socially derived and guided by an infant’s objective and subjective attempts at making sense of the world and its inhabitants. Stern posits that the self and other are differentiating from birth and cannot be disentangled from a process of increasing relatedness as opposed to individuation.

Stern’s domains of self—emergent, core, inter-subjective, verbal and narrative—are concerned with pre-verbal, non-verbal and verbal processes of personal meaning making. Stern challenges psychotherapists to engage with smaller behavioral and interactive patterns that become generalized into “ways of being with” as opposed to object internalizations. Within the construction of the intersubjective, verbal and narrative selves, the child is developing capacities for attunement of mind-states with others, sharable meanings through symbols and storytelling (Stern, 2000).

Bowlby conceptualized attachment as “an intense and enduring” biologically based, but subjectively experienced protection from danger and gratification of needs which structuralize into an overall style of relating. These early experiences develop for the infant an internal working model that remains consistent throughout the lifespan, “later influencing interpersonal perceptions, attitudes and expectations” (Wilson, 2001, p. 39).

Caregiver attunement and good enough attachment figures are key. Attachment theory argues that

despair is a resulting affect born out of neurophysiological dysregulation—a protracted experience of separation and/or ongoing out-of-tuned caregiving—leading to neuronal organizational deficits and impaired capacity to self regulate. Ainsworth and others postulated that attachment experiences could be generalized into identifiable patterns—*insecure/avoidant, secure, insecure/resistant and disorganized/disoriented*—that were observable and predictive of later patterns of relationships (Wilson, 2001). These patterns of attachment and internal working models tend toward stability over time, operating outside awareness, thus making them change resistant (Fonagy, et al., 2002). Understanding the link between the person's attachment style as an internal working model and way of letting go following an irrevocable loss may help clarify an individual's bereavement process, and facilitate a way of distinguishing between adaptive coping and potential complications in grieving loss (Stroebe, 2002).

Longitudinal studies have derived further classifications of histories of childhood attachment relationships: *secure/autonomous, insecure/dismissing, insecure/preoccupied* or *unresolved* (Fonagy, et al., 2002). While these categories generalize what is in effect the unique experience of the individual, they have facility when the aim is to gain clarity around how an adolescent may be struggling with relating in the present as past trauma continues to be worked out. Of particular interest to this discussion, narratives of the child who has experienced trauma or loss are characterized by “significant disorganization in attachment-relationship representation in semantic or syntactic confusions” (Fonagy, et al., 2002, p. 39). The *unresolved* attachment style is a kind of structuralized grief deriving from interruptions and/or prolonged failures of the establishment of the self in relation to a significant other. The concrete loss becomes abstracted into self-other-affect triad, or internal working model (Fonagy, et al., 2002).

Stern's “ways of being with” and Bowlby's “internal working models” present bookends to a conceptualization of the complexities of the internal and external self in relation to others, that becomes established over time with repetition and reinforcement. The question then surfaces: what does one do with this conceptualization of the client's self in treatment? I assert Vygotsky and Winnicott provide a harmonious client-centered therapeutic approach that allows for the exercising of fantasy, creativity and thinking, which can reconceptualize for the adolescent ways of being that acknowledges loss and allow for emotional growth.

Zone of Proximal Development and the Holding Environment

Vygotsky argued that speech is a psychological tool that has several functions that are developmental, biological and social. Language development and cognition flow from thought, action and intersubjective experience, which are meaning-seeking. Of the types of linguistic communication, egocentric speech is engaged in as a normative manifestation of determining self in relation to the external world. Egocentric speech has a problem-solving character, and eventually becomes internalized over time although never disappears. The movement of egocentric speech from the external to the internal and the resulting pre-eminence of social communication—speech directed to others—build neatly into the progression and co-construction of Stern's verbal and narrative selves. Language serves as an interactive agent for the development of higher psychological functioning in that it symbolically represents a meaning beyond immediate self-directed desires (i.e., lower mental functioning). The shift in meaning occurs due to the presence of and interaction with a caretaker and with the application of language (Northcut, 1992; Vygotsky, 1978).

The experience of a shift in meaning can also be facilitated via the zone of proximal development (ZPD). This is a social construct that represents the potential for development through collaboration with an adult or “capable peer” (Vygotsky, 1978, p. 86). The relevance of this dialectical and facilitating relational concept when applied to the therapeutic alliance is extraordinarily useful, particularly in light of the developmental tasks of adolescence touched on earlier.

Winnicott's transitional experience was envisioned as facilitating a necessary transition between a child's sense of omnipotence and his objective reality. The process allows for the child to experience the limits and potentialities of both. According to Mitchell and Black (1995), Winnicott also argued that children do not transition from dependence to independence but “between two different modes of organizing experience, two different patterns of positioning the self in relation to others” (p. 128). This transitional space was for Winnicott “a protected realm within which the creative self could operate and play,” where the objective and subjective interact and transform the self (p. 128). In light of Vygotsky, Stern, and theories of working models of attachment, Winnicott's intrapsychic relational interplay takes on an amplified dialectical and developmental character.

Winnicott's therapeutic holding environment—the creation of a good-enough environment with minimal impingements necessary for the consolidation and emergence of true self—when combined with ZPD, creates a powerful mix of opportunities for the regeneration of personal subjectivity and scaffolding of interpersonal and developmental tasks which can create higher levels of psychological functioning and growth of the self.

A cautionary caveat given by Stern: in the therapeutic process, a clinician's developmental theories are generally kept “well in the background” (Stern, 1985, p. 257). Stern suggests that what the clinician and client are engaging in is a search for a “narrative point of origin,” but rarely does one ever get back to an “actual point of origin.” He also confesses that one works with “whatever metaphor offers the most force and explanatory power about the patient's life” (p. 257). Finally, and consistent with his vision, the actuality of developmental life events have less meaning to the client (and it should follow, to the clinician) than the sense of self-experience within the realm of development. Thus, Stern grants clinicians the necessary space when working with adolescents who may have a disorganized narrative resulting from trauma and an unresolved attachment style, to create a holding environment from the start in order to find the space and time for entry into the narrative origin of their experience.

The Case of Sam¹

Sam is a 15-year-old male client who I saw individually throughout the course of my internship. Sam had been diagnosed with a non-verbal learning disability as well as AD/HD, combined type, and a mood disorder. His parents brought him in for treatment due to his failing school performance and his increasingly erratic behavior both at home and at school. Sam presents as socially isolated, depressed and anxious. His acting out is characterized by expressions of anger, grimacing, tics, tapping, and inappropriately knocking or throwing objects. What stands out diagnostically is Sam's particularly unique way of communicating, characterized by being conversationally out-of-sync, elliptical and at times disorganized and incongruent.

His parents divorced when he was four years old. His mother, whom he lives with, presents as overwhelmed and out of tune with the realities of Sam's current limitations. His father is remarried with an infant child. Sam has only sporadic contact with his father. This relationship is a source of distress for

¹This client's identity has been altered to protect his confidentiality.

Sam. When Sam's difficulties at school began to become more pronounced upon entering seventh grade, Sam's father attempted to intervene after a long period of detachment and distance. Sam's mother reports that his father began to take an authoritarian stance with Sam, insisting that Sam was being defiant and difficult. Although Sam has attempted to reach out to his father and his new family, his father regularly limits contact with Sam as a consequence of his erratic behavior and poor school functioning. Since the birth of his infant half-brother, his father has restricted Sam's access to both him and his half-sibling to an even greater degree.

Sam and his mother both indicate that the current state of his relationship with his father is part of an ongoing history of rejection and verbal and emotional abuse by the father toward Sam from the time Sam was a toddler. Always a behaviorally challenging and idiosyncratic child, verbal outbursts or hyperactivity by Sam were intolerable to his father. Not surprisingly, Sam, his mother and his teachers report that Sam has experienced peer rejection at school, due in large part to his impaired capacity to effectively express himself. He has few contacts with adolescents his own age outside of his family. Sam often expresses despair and anxiety over his problematic relationships with peers.

The origin of Sam's disordered and disorganized linguistic style is unclear—psychological testing to date has found no physiological or neurobiological impairments. In the context of social isolation and parental rejection, Sam is experiencing ongoing, unresolved loss, academic and social failures and a sense of communicative disconnection from the world.

Due to his unique use of language and the history of language functioning as an instrument of abuse, the role of communication is particularly relevant and challenging in establishing a therapeutic alliance and engaging clinically. For Sam, being understood while being emotionally safe has been crucial to our treatment relationship. We have metaphorically walked back through his memories of words used abusively by his father, the school, and institutions, spending long periods of time holding his confusion. Following Stern's hypothesis of a layering effect in the development of the domains of self, his sense of verbal self in relation to another seems to be the point of origin for Sam's difficulties that has impaired the later development of the intersubjective and narrative selves. Thus, our narrative point of origin seems to be around Sam's ability to express himself in the presence of another and to be understood.

As his clinician, I oriented to Sam around this need

to be understood. His unresolved attachment style, characterized in part by his use of language, both verbal and non-verbal, may reflect the grief and loss at being chronically out of attunement with the external world from early childhood on. He talks of being “bewildered.” He also talks about attempting to be “creative” when trying to connect to peers. When labeling his feelings he says “I feel emotional distraught” [sic] and “I’ve been tainted.” He says his father has “defiant disorder” and his mother never understands him even though he tries and tries to explain his thoughts to her. Through reflective listening, we worked together to shift the meaning of his experience of the abusive relationship with his father and his struggles within a social context away from the splitting and projective mechanisms that are represented in his speech, toward a more forgiving and reality based view of himself. Our relationship—that of an adolescent male and a female adult therapist—provides an example for Sam of an adult-adolescent dyad that is more often than not successful, satisfying and emotionally safe where he is free to test out ideas and be creative in his use of language. For Sam, success in the realm of expression and shared meaning between himself and another is crucial to his treatment and ultimately for emotional growth.

Conclusions

The end result of mixing theories may be that the nature of their original meaning becomes diluted or even lost. The explanatory power of each of these models, however, compelled me to seek their synthesis. By no means complete, the presentation of this integrated theoretical approach is meant to elicit ways of seeing and gaining clinical understanding of the developmental underpinnings of the adolescent’s experience. Further, it is an attempt at a method for therapeutic attunement to the particular and personal language which symbolizes and flows out of that experience. By integrating concepts of self and communication, the clinician will be better able to provide an avenue for the patient to process ongoing loss and its affective expression and a way of fostering psychological growth within the transition from childhood to adulthood—adolescence.

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