

ATTACHMENT IN ADULTS: A USEFUL CONCEPT IN FAMILY COURT ASSESSMENTS?

Ben Grey, social work consultant and children's guardian

In this article Ben Grey demonstrates how the central concepts of attachment theory illuminate the issues that are raised by assessments undertaken in family court proceedings. Ben is currently training for NAGALRO on the subject of Assessing Attachment in Adults, together with Stephen Farnfield, PhD.

Introduction: Attachment Theory for Grown-ups

*'Attachment theory is a theory about protection from threat. Attachment behaviour is infants' contribution to enabling caregivers to protect and comfort them ... Patterns of attachment are infants' strategies for shaping mother's behaviour.'*¹

Attachment is a much-used term in family court proceedings, often deployed simply as another word for relationship, or to describe some kind of mysterious glue that binds a child to a parent or caregiver. Attachment theory, by contrast, describes how human beings protect themselves from danger. It has drawn attention to the way in which, from infancy, human beings develop mental and behavioural strategies of keeping themselves safe and of making those around them more predictable, more protective and more comforting. Thus conceived, it is a developmental theory: as cognitive and physical abilities develop, so the behaviours may become more sophisticated. What stays the same is the central, organising concept. Whereas most other diagnostic procedures, such as the DSM,² organise and classify different behaviours and symptoms, attachment theory focuses on function: what the purpose of the behaviour is and how it is contributing to the individual's overriding goal of staying safe and nurtured.

Looking across both culture and history, danger is the prevalent human condition. Even within the unparalleled safety and comfort of modern Western societies, on closer examination the lives of many are constantly under threat from intra-familial violence, crime, racism, poverty, as well as the tragic loss of loved ones through sickness, accident or other means. Attachment theory, therefore, is as relevant to adults as it is to children, but the array of strategies available to an adult is greater. In infancy, self-protective strategies are focused upon a child's main caregivers. In adulthood, their objects are more diverse, focused in most cases primarily upon a sexual partner or spouse, but also in

relation to parents (if they are still alive), close friends and figures in authority. Whilst only certain people attract the label ‘manipulative’, in fact everyone has a strategy for influencing, or manipulating, others to make their own lives safer and more comfortable. However, if, in one’s personal experience, people have by and large been reliable and supportive, there is no need to work so hard to make relationships more predictable and safe. If, on the other hand, relationships have been violent, deceptive or unpredictable, then it will be necessary to work much harder to achieve a sense of safety.

The Adult Attachment Interview is the most well-known and well-researched method of assessing attachment in adults. In addition, interviews covering the adult’s love relationships, perceptions of their child and his or her experiences of being a parent can lead to a broader understanding of how the adult manages close relationships. However, family court proceedings amass a huge amount of information, which includes detailed accounts of interviews with, and observations of, the behaviour of adults and children. An attachment-minded practice can shed light on many of the puzzles and dilemmas faced in proceedings and assist all professionals in this field, whatever their role.

Attachment Patterns³ – The Development of Adult Attachment

‘The only information we have is information about the past, whereas the only information we need is information about the future.’⁴

Attachment theory is also a theory about the transformation of information. As we develop, we learn to make meaning out of our past experiences in order to protect ourselves in the present against future danger. The brain learns to omit information that does not yield protective outcomes and to highlight or exaggerate what is important to protecting the self. Where cognitive information given by others in the context of key relationships has been true and predictable in yielding safety, and affective information derived from the self (feelings of anger, fear and desire for comfort) is responded to positively by those around the child, then relatively little distortion or transformation is needed. This is what is normally seen as secure attachment (*Type B*) and it is the most useful strategy in conditions of predictable safety and comfort.

However, when cognitive information given by others is misleading (adults are deceiving or unpredictable), then children (and the adults they become) will learn to omit this information and exaggerate (distort) their own emotional displays of anger, fear and desire for comfort in order to influence the predictability of others. The stereotype is the angry toddler who, upon making the parent angry through his or her temper tantrums, or persistent fussing or whining, then becomes distressed and excessively vulnerable. Alternating

between exaggerated anger (whilst masking vulnerability) and exaggerated vulnerability (whilst masking anger) keeps the attachment figure attentive by locking him or her into a perpetual struggle. The strategy is coercive of others, in that it exaggerates and distorts the individual's own emotional state, because information about the state or perspective of others is misleading and does not yield protective outcomes. Because of their heightened awareness of self, and the omission of cognitive information about the perspective of others, adults operating these strategies cannot evaluate the consequences of their actions upon others. They perceive themselves to be perpetual victims and not responsible for their own actions.

In the more extreme form of this type of attachment, the individual has developed amidst serious but unpredictable and deceptive danger. Frequently, either anger becomes more pronounced, as the adult becomes preoccupied with revenge, or vulnerability is more obvious, when the adult is preoccupied with rescue. The way of operating also becomes more deceptive, as the individual learns the wisdom of deceiving others (and the self) about this hostility so that others do not thwart him or her by having knowledge of hostile intent. These more extreme 'obsessive' strategies tend to be most noticed by schools, mental health and family support services, because of the tendency towards provocative or risk-taking behaviour and the need to draw others into the individual's continuing struggle.

This strategy has been labelled *ambivalent* because of the alternation between exaggerated vulnerable and invulnerable emotional states, *preoccupied* because of the adult's focus on their own attachment needs, or simply as *Type C*. The strategy serves well to make others more predictably attentive, but distorts information by exaggerating the anger or vulnerability of the self and omitting information that might, in less deceptive circumstances, help in understanding the behaviour and motivation of others.

In conditions where danger is pervasive but predictable, children (and the adults they become) learn to rely upon cognitive information to predict and understand the perspective of others. In normative cases the self is inhibited, as too great a display of neediness or anger might elicit rejection. At the same time, the parent or other attachment figure is idealised. This avoids looking too closely at painful experience, which might elicit feelings of anger or desire for comfort and entail the risk of further rejection. In more extreme cases the child has learned to attend closely to the signals of powerful others so as to avoid the constant threat of punishment (compulsive compliance) and to 'fit in' around the dangerous adult. Alternatively, the child may put on a falsely happy and bright emotional presentation in order to cover distress and make a withdrawn and predictably unresponsive parent less likely to reject or ignore them (compulsive caregiving). By ministering to the adults' needs, the child's strategy serves to prop up the parent and enable him or her to function protectively.

These children, and the adults they become, learn to omit information about the self, such as feelings of anger or the desire for comfort. In more extreme cases they falsify a positive emotional presentation that is at odds with the self, whilst attending compulsively to the perspective of others. If a person's strategy is to avoid bad things happening by fitting in with the expectations of others, failing to do this will ultimately result in attracting punishment, and feeling personally responsible for that. Self-blame and exoneration of others is the result. These children and adults are at risk of isolation, depression and bodily symptoms of negative emotions that they cannot afford to express in any other way: for example, soiling, compulsive behaviours (as a means of self-comforting) and promiscuity. In the latter, physical intimacy is achieved without emotional closeness, with sex being used to moderate otherwise very low emotional arousal.

This strategy in its normative form is called *avoidant*, because of the need to avoid displays of neediness or anger, or *dismissing*, as the individual dismisses his or her attachment needs. It is termed *compulsive* in its more extreme patterns, because of the compulsive attention to the perspective, actions or requirements of others in order to prevent punishment or neglect. This pattern of attachment is also known as *Type A*. Information about the needs of the self, such as feelings of desire for comfort, anger or fear, is omitted. Meanwhile, information about the perspective of others is internalised and taken up as if it were the individual's own perspective, allowing the child to 'fit in with' or prop up their attachment figure. This strategy functions to make both the attachment figure and the individual less noticed by the outside world. The former appears less angry, rejecting or neglectful, because the compulsive strategy of the child or partner results in his or her requirements being anticipated. Meanwhile, the latter appears to be content or happy, as any distress is masked.

Case Study

Bobbie is involved in private law proceedings seeking the return of her nine-year-old daughter from the child's aunt, with whom Bobbie placed her when involved in drug abuse and a relationship with a violent man.

Bobbie was brought up by her father, as her mother left when she was three years old. In her Adult Attachment Interview, Bobbie dismissed her own negative feelings, exonerating and idealising her father. Her actual descriptions of her experience of him, however, showed him to be withdrawn, rejecting and often physically abusive. Her falsely positive, compulsive care-giving strategy worked well in early childhood but caused her problems in adolescence, when her father rejected her in favour of her stepmother. Her first major relationship, when she was 16, was with a violent, drug-abusing man. Because she could not attend to the consequences upon herself, she could not discriminate danger, but

rather idealised her partner and coped with his violence by making herself more attentive.

Unresolved Trauma and Loss

An organised strategy of attachment, which has an understandable purpose and order, is less associated with risk, as it is comprehensible, allowing others to find a way of adapting themselves and preventing danger. However, when such strategies are accompanied by unresolved trauma and/or loss, then the situation becomes more problematic. Unresolved trauma and losses refer to traumatic events, deaths or separations from which an individual has been unable to extract a protective meaning, thus not being able to develop a way of managing similar events in the future. Either too much or too little information is carried forward from the traumatic experience. Carrying too much information leads to *preoccupying trauma*, in which causally unrelated events trigger a fear response because the individual has made mistaken links between events. Alternatively, too little information being carried forward leads the individual to dismiss the significance of the event in question. This is known as *dismissing trauma*. In the latter case the individual is vulnerable in situations that resemble, or are related to, the traumatic event, because the self has not developed a strategy to deal with the anxiety or danger. Unresolved trauma acts as a kind of ‘time bomb’ in the individual’s relationships, threatening otherwise normal functioning when an event that relates to the original trauma (either in reality or in the person’s perception) triggers the trauma response. It is particularly problematic to the child or partner of the adult, because the information that would help make sense of the behaviour is not available, rooted as it is in the originating trauma or loss.

Case Study

Bobbie’s interviews showed dismissing and preoccupying unresolved trauma in relation to her father’s depression and physical violence, as well as the sudden death of her sister in mysterious circumstances when she was 18. In relation to her childhood abuse, there is information about the traumatic events in her accounts but it is minimised and pushed out of view, contained only in her dysfluent speech about the topic and isolated, powerful images, rather than acknowledged explicitly. When Bobbie related the loss of her sister, her lack of resolution of this was evident in her attention to ‘irrelevant’ details. She also made illogical and erroneous links between her childhood and her current life.

The effect of her sister’s death upon the 18-year-old Bobbie, then pregnant, was catastrophic, causing chronic fear and distress, which her strategy of relationships drove her to try to dismiss and suppress. Unfortunately, the dependency and neediness of the child she went on to have raised the very feelings that Bobbie was trying to dismiss, causing her to see the relinquishment

of her child as the only way out. She also got into a cycle of using indiscriminate sexual behaviour and mood-enhancing drugs to regulate her dangerously low emotional arousal (caused by her need to suppress pain and distress).

Reorganisation and Reflective Integration

Human beings are unique in their capacity for reflective thought, which is considered to develop in young adulthood. Attachment-based interviews such as the Adult Attachment Interview call upon the adult to take up different perspectives, to compare their childhood and adult perspectives, and to integrate information from their own feelings with cognitive information derived from the outside world. The ability of an adult to notice, and then to make sense of, discrepancies and distortions in the way information is transformed, and to correct that error, is the hallmark of an ability to change.

Fonagy and his colleagues⁵ developed the concept of ‘mentalisation’ to characterise those who show the capacity to reflect and to integrate different perspectives and information from different sources. These qualities were found to be a good predictor of adult functioning:

- Awareness of different perspectives, as distinct from their own, without rendering one more valid than the other.
- Awareness of their own different perspectives over time, without trivialisation of one over the other.
- Recognition of complexity of motivation and causation, and its changing, context-dependent nature. People can think and behave differently in different situations, or can behave similarly for different reasons.
- Explicit recognition of inferences and assumptions made, and attention to discrepancies within the adult’s account.

Whilst all adults reflect, few use it actually to produce change. Further evidence is needed that the adult sees the information in a manner likely to motivate them to new and different actions. Crittenden’s work on the Adult Attachment Interview⁶ has identified the following characteristics of this:

- Finding new meaning within the interview. Showing genuine engagement for the purpose of arriving at new understandings.
- Realistic optimism about the future. The adult can acknowledge the past but believe that the future holds the potential to be different.
- The ability to articulate the possibility of change with specific steps and evidence.

This realistic but positive view of the future distinguishes reorganisation from depression on the one hand and magical thinking on the other. If the

adult has the necessary information, knows that his or her strategy is failing but cannot see how change is possible, this leads to a lack of agency, a sense of futility and depression. By contrast, in magical thinking the future is assumed to be bright, without the adult being able to describe any realistic steps of how he or she might get there, resulting in a lack of change and a blaming of others.

Case Study

Bobbie's interviews showed many signs of reflective thought. She showed some awareness of her own strategy for managing close relationships. She was also able to identify in some detail how her traumatic reaction to her sister's death had affected her own behaviour and her care of her child. She was not just 'jumping through hoops' to get the interview done, but was genuinely seeking understanding and reflecting on the questions asked of her, finding new meaning within the interview. She demonstrated an awareness of different perspectives on her experiences, together with an active effort to tie up the past with the present.

Bobbie was able to highlight discrepancies in what she was saying whilst engaged in the interview. This reflection was supported by evidence of real behavioural change. She had long since left her violent relationship. She was married to another man, having three years in a positive, stable relationship and was free from substance misuse. Bobbie was caring for their one-year-old son, with no concerns from agencies. She had resumed consistent and extensive contact with her daughter.

Contingency – How are the Adult and the Child Connected?

The final link in the chain is to examine how the adult's attachment strategy, modified by other issues such as unresolved trauma, affects his or her nurture and protection of a child. The shift here is to a dyadic focus: How do the parent's and child's strategies of staying safe relate to each other? It is assumed that the child's strategy of attachment is a response to his or her environment and the dangers inherent within it. The parent, if he or she is a main care-giver, is the principal player, but the child is not a passive recipient of the parent's care-giving. Rather, the child's behaviour will, or should, elicit a response from the parent. That is, after all, what an attachment strategy is supposed to do – to make a parent more predictable and responsive. Nor should it be assumed that parents relate to their children as they do to an adult attachment figure or to their own parents. There may be elements of this in some situations, but in most the child is not a figure of power or authority, because the parent does not need the child in the same way (unless to make up for something lacking in the marital or adult partner relationship).

This question of contingency,⁷ that is, the manner in which parent and child are connected, can be explored by way of an interview which brings out the parent's perception of his or her child and of his or her own parenting. Sensitive parents are positively connected to their child. Each brings pleasure and satisfaction to the other. Things the parent does are by and large pleasurable for the child and vice versa. There is a kind of 'dance' in which each acts in step with the other, to the benefit and enjoyment of both. This is, of course, very much an ideal, but insofar as parents depart from this, they will be negatively connected to their child (controlling parents), or unconnected to them (unresponsive parents). In dyads with controlling parents, the child and adult are doing things in response to each other with negative consequences for both of them. The child displeases the parent and the child experiences the parent's actions negatively. Unconnected dyads may be doing nothing, or doing a lot, but what the parent is doing does not relate to what the child is doing and vice versa.

These patterns reveal themselves in parenting interviews in the following ways:

Sensitive parents have the ability to give rich descriptions of experience (not merely platitudes) to support positive statements about the child. Obvious affection for the child is combined with acknowledgement of the conflict and difficulty that are inevitably present in close relationships. The accounts of such parents allow the listener to gain a full and fair understanding of both child and parent, affording value to the perspective of each of them.

Controlling parents are, in varying degrees, hostile to their child, either covertly or overtly. This can be seen in expressions of anger that attempt to draw the listener into siding with the adult against the child. Covert anger is often seen in humour that serves to mock or belittle the child, or to trivialise their needs and demands. Difficulties are personalised and negative behaviour is too readily interpreted as being intended *against* the parent, rather than arising from sources that may have little to do with the relationship. Such parents too easily see the child as hostile or rejecting. They show disappointment in the child, displaying either no enjoyment in them, or only enjoying things that would bring the child no pleasure, such as conformity to adult rules or performance according to the adult's values. In the parents' accounts, the child is held responsible for difficulties and blamed for family problems.

Unresponsive parents are either passive, giving no signals for the child to respond to, or are busy with things that do not relate to the child, whom they neither know nor understand. Such parents will usually talk of their children in positive terms, but be unable to describe experiences to suggest that this is based on personal knowledge of the child, or on actual interaction between them. The interviewer cannot generate a realistic picture of the child from the

parents' description. There are often mistaken or unusual attributions to the child of motivations or intentions, which do not fit the child, or cannot, because of age or development. In serious cases, the parent can assume a magical or imagined connection with the child, which is not based on real observation and interaction.

All these patterns can be observed in normative populations, but become dangerous when there is little or no sensitivity (positive connection) between the child and the parent. Practitioners need to be alert in these descriptions to the extent to which the parent abdicates the parenting role because of perceived features of the child or their situation.⁸ This is achieved by claiming, in effect: that the child is too bad for them to parent adequately (excusing either neglect or harsh treatment); that he or she possesses adult-like qualities and so is too good to parent (excusing neglect); or that the situation is too hopeless for them to parent as they should (excusing either or both).

Case Study

Bobbie's need to suppress negative emotions such as anger and her desire for comfort cause her to suppress this in her child, in her efforts to present a positive, happy environment. She therefore views her daughter's anger very negatively and sees her as often difficult and hostile. (In fact, when separately assessed, the child showed signs of a compulsive performance, attempting to please her mother.) Bobbie pathologises her daughter's anger and negative behaviour. The behavioural questionnaires she completed about her daughter rated her child as needing clinical assessment and intervention for serious mental health and conduct disorders, whereas the child's aunt and teacher placed her well within normal limits. Bobbie's accounts attributed to her child the ability to disrupt the mood of the whole household, repeatedly describing her negative behaviour in personally hostile terms rather than, for example, understanding the child's difficulties as that of living in two households. At times, she belittled her child's negative feelings and behaviour. Her accounts, whilst showing some evidence of mutually positive experience, had a strong controlling element to them, in which the connection between child and parent was often negative.

Conclusion

In looking at the assessment of attachment in adults, I have highlighted four key areas of assessment: attachment strategy; lack of resolution of trauma and loss; reflective functioning and reorganisation; and contingency with the child.

Other areas of parenting need to be addressed to form a complete picture, for example also taking into account substance misuse, sexual relationships, mental health issues and domestic violence. There are factors specific to the individual

child and those outside the parent–child relationship. However, a perspective that is based upon responses to danger is rich enough to take in these wider issues because it recognises that not all dangers are derived from interpersonal relationships. In the case example described above, the conclusion from the assessment of Bobbie was in fact to recommend the return of her child. There were many concerns, such as Bobbie’s lack of resolution of loss and trauma, her dismissal and trivialisation of her own distress and anger, and her controlling and often hostile connection with her child. Set against these, however, was Bobbie’s unusual level of reflection, supported by sustained evidence of actual behavioural change in her life. In addition, the assessment also drew attention to ‘external’ factors, such as Bobbie’s healthy support network, including a marriage that was helpful to her parenting. Separate consideration was given to the wishes, feelings and needs of her nine-year-old child. These other issues also influenced the final outcome.

It is important to recognise that methods such as the Adult Attachment Interview and other measures of attachment are powerful tools. They reveal insecurities and defensive distortions in most of us. An ecological approach⁹ that places these considerations amidst as expansive a picture as possible, taking account of the familial, social and cultural context in which parent and child operate, and seeking to understand rather than judge, is critical. However, attachment theory’s attention to the function, or purpose, of behaviour, as well as its ability to scratch beneath the script that an adult may give to professionals, through close attention to the way in which information is transformed, is richly illuminating. The approach and concepts have much to recommend themselves to professionals working within the family courts.

Notes

- 1 Crittenden P. (2005), ‘Attachment and Early Intervention’, Keynote address at the German Association of Infant Mental Health (GAIMH), Hamburg, Germany, available at www.patcrittenden.com
- 2 *The Diagnostic and Statistical Manual of Mental Disorders* (DSM) is the most used method of classifying mental and behavioural disorders. For further information, see American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM – IV – TR), (Washington DC, American Psychiatric Association, 2000).
- 3 These patterns are described from the wider literature on the subject, but a good understanding can be gained from Howe D., Brandon M., Hinings D. and Schofield G., *Attachment Theory, Child Maltreatment, and Family Support: A Practice and Assessment Model*, (London: Macmillan, 1999), and Crittenden, P., ‘Attachment and Psychopathology’ in Goldberg S., Muir R., and Kerr J.,

- Attachment Theory: Social, Developmental and Clinical Perspectives* (The Analytic Press, 1995).
- 4 Crittenden, P., 'Attachment, Information Processing and Psychiatric Disorder', Family Relations Institute (2002), available at www.patcrittenden.com
 - 5 Fonagy, P., 'The mentalization-focused approach to social development', in Allen, J.G. and Fonagy, P. (eds), *Handbook of mentalization-based treatment* (Chichester: John Wiley and Sons, Ltd., 2006), pp53–99.
 - 6 Crittenden, P., *Dynamic Maturational Approach to Analyzing the Adult Attachment Interview* (Unpublished: Family Relations Institute, Miami, 2005).
 - 7 The patterning and concept of contingency in parent/child interaction is derived from Crittenden's Care Index (see Crittenden, 2005, 'Using the CARE-Index for screening, intervention and research', available at www.patcrittenden.com).
 - 8 Solomon J. and George C., 'The Place of Disorganisation in Attachment Theory: Linking Classic Observations with Contemporary Findings' in Solomon J. and George C., *Attachment Disorganization* (New York: Guildford Press, 1999).
 - 9 Farnfield, S., 'A theoretical model for the comprehensive assessment of parenting', *British Journal of Social Work*, in publication doi: 10.1093/bjsw/bc1395 (2007).