

Attachment Theory – A Family Court Practitioner's tool?

Part 1 - Foundations

Attachment is a well worn term in the Family Courts today. It appears in almost every letter of instruction to experts. Almost everyone involved with a family, whether Social Worker, lawyer, health visitor or psychologist considers themselves able to pronounce a verdict upon it. Such statements and opinions can and often do have a critical effect upon decision making in family proceedings. It is therefore pertinent to take stock, and look more closely at what is meant by attachment, what the research supporting the theory actually says. What are the foundations for the pronouncements we are making around attachments, and do these foundations actually support what is built upon them? This was very much the question I had in mind when I began looking more closely at attachment theory, as a new Guardian ad litem, feeling that my own knowledge base in this area was insufficient to justify the conclusions I was having to support or contest. As I looked into this, I discovered that I was not alone, and that a number of misconceptions about attachment did and still do have currency. However, looking still further at attachment, and how it is actually measured, has profoundly enriched my practice as a Children's Guardian and Independent Social Worker. In Part 1 I lay the foundations by looking more closely at attachment theory, how it is measured, and the different kinds of attachment. In Part 2 (in the next edition of Representing Children) I describe what an 'attachment minded' approach to practice in the Family Courts might look like, and show how it can assist the way we observe and evaluate the information that comes our way in Family Court proceedings.

Attachment – What it is ... and is not

'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.' (Crittenden 2005)

A number of points about attachment need to be made at the outset:

1. Attachment theory looks at how an individual organises their behaviour and thinking in order to stay safe. It is not just another word to describe significant relationships.
2. Attachment is one, particularly significant, behavioural system (behaviour organised around a consistent goal, that of staying safe and nurtured). There are other behavioural

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systems; exploration, affiliation (peer friendships), sexuality, and caregiving are other examples. These are related to but not identical to the attachment system.

3. In infancy and early childhood these strategies are organised around main caregivers, in adulthood around a sexual partner. Attachment is a developmental theory providing an understanding of how human beings organise their thinking, feeling, and behaviour in response to danger, from cradle to grave.
4. All children attach in some way¹, and to say that a parent is the child's primary attachment is to say nothing other than that parent has been the child's main caregiver in their early years. In the history of children with complex histories with multiple caregivers, it can be a difficult question as to who the child's main attachment figure(s) is or are, but the answer has more to do with the involvement of a carer in the child's life rather than the quality of care.
5. The principle question in looking at the attachments of a particular child or adult is the *nature* of that attachment; how that child is organising their behaviour, thought and emotional life around the care provided by a parent or carer. It is the child's contribution to their own care and protection (or an adult's to their own safety and nurture). Talk of attachment as being 'close' or 'strong' can be misleading, as it suggests that attachment is some kind of glue between parent and child. Some behaviour interpreted as 'close' actually reflects the child's insecurity as to their mother's availability, and their excessive need to reassure themselves of the attention of their parent.
6. A child's attachment strategies are a response to the environment provided by their parent or carer. In infancy, an attachment is formed within the first 6 – 9 months of life. In childhood and later life it takes considerably longer for someone to become a significant attachment figure in their own right to a child or adult.
7. To quote Crittenden (2002a) again '*the only information we have is information about the past, whereas the only information we need is information about the future*'. Attachment at the mental level can be described as the brain's way of organising and processing information about the past in order to make the future more predictable, controllable, and ultimately safer.
8. Therefore, Children and adults will carry old strategies into the new situations, and these strategies will shape the way in which a new carer (for example) is perceived. It can take considerable time for differences and discrepancies to lead to a reorganisation of attachment behaviour to accommodate the new situation. Talking of a child's attachment to a foster carer whom the child has only recently met, is likely to be misleading, as the child's behaviour to that carer will mostly be a result of expectations based upon their primary attachment to their parent(s).

¹ There is some dispute in the literature about whether 'unattached' children actually exist, but the dispute is about a small number of exceptional and extreme cases, and does not detract from the overall point.

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9. Once, a child has achieved verbal competency (aged 2-3) a child's expectations of care and protection can be accessed or demonstrated verbally, rather than simply behaviourally. The child learns to generalise from one or two relationships and use strategies gained to manage a widening array of relationships and of dangers. These mental generalisations, or 'representations of attachment', are sometimes referred to as an 'internal working model' of attachment.
10. If attachment theory is about responses to danger, then it is most readily observed in situations of perceived danger or threat – when the child or adult is *or should be* anxious or afraid. Most measures of attachment involve placing (or observing) the child or adult in situations of *mild* threat and observing how the adult uses, avoids, or manages attachment figures in an effort to stay safe. Many aspects of a relationship (whether positive or negative) can be observed in non threatening situations without saying a lot about attachment, and care is needed in disentangling the information that is most relevant.
11. Separation is perhaps the greatest challenge to attachment. A child can adapt their behaviour and develop mental strategies of making a parent more predictable, protecting or nurturing (even an abusive parent), though such strategies may cause the child difficulties and problems in other contexts (for example school, or peer relationships). In this way, they can exert some control or influence on their chances of staying safe (in some cases, tragically, this is not enough, and some of these strategies come at considerable cost to the child). However, it is almost impossible to adapt to unpredictable losses of attachment figure, for this is something that is outside the child's control, and may result in the child being unprotected, or having to deal with an environment which is alien to them, where they do not possess the skills to influence their chances of safety.
12. Therefore all separation, even short temporary separations are anxiety arousing for a child, and paying attention to a child's way of managing this is of great significance in assessing attachment. Permanent or long term separation may protect a particular child, and may be necessary, but it is always harmful.

The Classification of Attachment

The Strange Situation and the 3 Patterns

Mary Ainsworth took John Bowlby's concept of attachment, and pioneered its development as a measurable, empirically testable construct (see Howe et al. 1999, and Main 1995). Ainsworth developed a measure called the Infant Strange Situation, which was a 5 minute video taped observation of repeated short separations of a parent with their 11 month old child in a laboratory setting. Ainsworth noted three major categories of response, which she

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termed Types A, B, and C. Type A children (often called avoidant) showed little response to their carer leaving or coming. Their focus was upon exploration and toys, and if anything, this seemed to intensify with the coming and going of the parent. By contrast, Type C children (often called ambivalent, resistant or coercive) would fuss around their parent, and seem uninterested in exploring their environment and toys. They protested hugely when separated, and once gone, either were passive and listless, or distressed. Upon reunion with their parent, Type C children would become clingy, fussy, or comfort seeking towards their parents, with such behaviour being drawn out, and the parent finding it hard to placate their child. Type B children, (commonly called secure or balanced) would approach the toys with confidence whilst in the presence of their carer. They might show some sign of distress at parting, but would seek reassurance from the carer upon their return. Crucially, they would be relatively easily placated by the carer, and be able to return to activity, having been reassured of their carer's presence and support.

The Adult Attachment Interview and beyond

The next significant breakthrough was the Adult Attachment Interview (often shortened to AAI) developed by Mary Main and her colleagues (George et al. 1996). This is an interview of a parent about their childhood relationships. The interview, in asking the parent to evaluate aspects of their relationships, calls not just for biographical information, but also for reflection. The probing and thought provoking questions of the interview inevitably raise some anxiety in the parent or carer being interviewed. This arouses the adult's defences, which distorted the interview in definable ways. One group, often called dismissing, mirrored the behaviour of the Type A children, by emphasising independence. They avoided entering the 'nitty gritty' of focussing on their relationships by giving either an idealised account, or a vague, nondescript account of a 'normal' childhood. Upon probing, they either had memories that contradicted these idealisations (for example a strict, emotionally rejecting or punitive upbringing), or claimed lack of memory, failing to provide examples to back up their generalised and unspecific positive statements. The latter group mirrored the behaviour of the type C infants. They were unable to 'explore' the issues raised by the interview in a focussed way, remaining preoccupied with and entangled in particular attachment issues or specific troubling memories of their own, and would often attempt to side track the interview with tangential issues. As the type C infants would through their attachment behaviour seek to 'draw in' the carer, and keep their carer focussed upon the relationship, so the preoccupied adults would through attempt to draw in the interviewer with statements requiring sympathy or for the interviewer to share in their anger.

Significantly, in many studies, the adult's classification not only described their way of protecting themselves, but also was a reliable indicator of the attachment classification of their children, as measured by the Strange Situation. (Hesse 1999)

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These breakthroughs paved the way for the development of measures looking at attachment across the lifecycle. Behavioural observations of attachment upon separation and reunion have been used to measure the attachment of children up to the age of 6. Beyond this age, methods that tap into a child's representations of attachment, such as a Child Attachment Interview (an interview similar to the AAI, but designed for children), an Adolescent Attachment Interview, and also the Attachment Story Stem Completion Task (which looks at the way in which a child completes story beginnings given by the interview that tackle attachment related issues, such as separation, minor injury, and parental authority) and similar narrative techniques.

Disorganised, controlling, and compulsive attachments

Further work has extended the classification system to look at children with more troubled attachments. Main and Solomon (1990) developed the concept of Disorganised Attachment to describe children who showed contradictory, confused and frightened behaviour when threatened. These children seemed to fail to find a way to elicit care and protection from their parent, and thus their behaviour seemed to have no strategic purpose. The parents of these children were often found to show evidence of unresolved loss in the Adult Attachment Interview, by demonstrating striking lapses in reasoning or speech when discussing significant losses of a parent or someone close to them, or traumatic or abusive events.

Many of these children as they developed showed patterns of attachment aimed at managing the behaviour of their caregiver, rather than expecting significant care and protection (Solomon and George 1995, 1999). The more extreme end of the Type A strategies is seen in what Crittenden (1995, 2005) has termed the compulsive patterns of attachment. A child who grows up in a care environment that is both predictable and dangerous will learn to radically minimise the emotional and relationship demands that they place upon others. Where adult is predictably harsh, punitive, or interfering, the child may learn to carefully monitor the signals and behaviour of a dangerous parent, and try to 'fit in' around them (*compulsive compliance*) in order to prevent abuse and stay safe. Where the parent is unresponsive (for example, depressed), the child needs a strategy to prop up the parent and enable them to function protectively. Such a child learns to minister to, and take on responsibility for, adults' emotional and other needs, in order to stay safe (*compulsive caregiving*). As the child grows older, mere compliance, without any positive emotional signals is often taken by the adult as rudeness and defiance, and is therefore also dangerous. The child therefore learns to falsify emotion, to present a bright and positive exterior, which does not reveal any of the child's own emotional need, distress, anger, or vulnerability.

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These children, and the adults they become are at risk of isolation, depression, and bodily symptoms of negative emotions they cannot afford to express in any other way (for example, soiling), compulsive behaviours (as a means of self comforting), and promiscuity and prostitution (where physical intimacy is achieved without emotional closeness).

By contrast, the type C strategy may develop into obsessive patterns. When the responsiveness of adults to a child is inconsistent, then the child learns that they cannot predict rationally whether adults will be available, willing and effective in offering them care, nurture and protection. Children growing up in this sort of environment learn a *coercive* strategy of relating to others, that is they will 'up', or exaggerate, their emotional demands in their key relationships in order to win or force a response from the adults, that otherwise would not be there. Typically, this will be alternating between anger (until the patience of their carer is exhausted) and disarming, needy and somewhat helpless behaviour (which would have the effect of placating the adult before things became too dangerous, and elicit sympathy). If such care persists then the emerging adult will learn that other people's availability and support needs to be controlled by intense emotional responses and reactions, whether actively by anger and aggression, or passively by submissiveness, helplessness, and seeking rescue. Reasoning capabilities, rather than being used to understand the perspective of others, are used to mask the person's own hostility through rationalisations and deception.

These obsessive strategies tend to be the ones most noticed by schools, mental health and family support services, because such children are at most risk of attention problems, and provocative or risk taking behaviour. They will also show physical symptoms of emotional problems, but these will be 'played on' or exaggerated, in order to draw in and maintain the availability of a caregiver. Their educational achievement is often poor, because they are focussed upon a struggle for dominance with powerful people rather than developing understanding. Children who show the more helpless, submissive patterns of attachment also tend to be pitied by teachers and not encouraged to achieve. Children exhibiting the 'coy' strategies (exaggeration of vulnerability, submission, and desire for closeness) are at greater risk of sexual abuse, because their non verbal signals have some similarity with adult seductive behaviour (both are trying to draw in positive attention from another, but the child is not desiring a sexual response).

What Relevance for Family Court Practitioners?

Clearly, most of those working in the Family Courts are not going to be able to set up the Strange Situation, or conduct and score an Adult Attachment Interview (although as an Independent Social Worker it is possible to explore using measures such as the Story Stem task, or even the AAI). However, my purpose in these articles is to look at how 'attachment

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mindfulness' can assist the way in which we approach the information we do have. Attachment behaviour is displayed whenever an adult or child feels threatened, or whenever attachment issues are faced. As in the family courts we are predominantly dealing with attachment related issues, and also are coming to adults and children as powerful people, in situations where they are under threat, it is easy to see why the attachment patterns I have been describing are often visible. We are privileged (in a way that researchers generally are not) by the huge variety and depth of information, from a wide variety of sources, that we are presented with about a particular family. Attachment mindedness can provide a unique lens for interpreting and making sense of all of this, and ultimately informing conclusions. The practicalities and pitfalls of how one goes about this task, whether as a lawyer, social work professional or Family Court Advisor, is the subject of Part 2.

References

Crittenden, P (1995) '*Attachment and Psychopathology*' in Goldberg S, Muir R, and Kerr J (1995) '*Attachment Theory: Social, Developmental, and Clinical Perspectives*' The Analytic Press

Crittenden, P (2002) '*Attachment, Information Processing and Psychiatric Disorder*', Family Relations Institute, available at www.patcrittenden.com

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

George, C, Kaplan, N and Main M (1996) '*Adult Attachment Interview*' unpublished manuscript, Department of Psychology, University of California, Berkeley (3rd Edition)

Howe D., Brandon M., Hinings D., and Schofield G (1999) '*Attachment Theory, Child Maltreatment, and Family Support: A Practice and Assessment Model*' Macmillan

Hesse, E (1999) '*The Adult Attachment Interview*', in Cassidy J, and Shaver P Eds. '*A Handbook of Attachment: Theory, Research and Clinical Applications*', Guildford Press

Howe D., Brandon M., Hinings D., and Schofield G (1999) '*Attachment Theory, Child Maltreatment, and Family Support: A Practice and Assessment Model*' Macmillan

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Main M and Solomon J (1990) '*Procedures for Identifying Infants as Disorganised/Disorientated during the Ainsworth Strange Situation*' in Greenberg, Cicchetti, and Mark Cummings eds. '*Attachment in the Preschool years: Theory, Research, and Intervention*', University of Chicago

Main, M (1995) '*Recent Studies in Attachment*' in Goldberg S, Muir R, and Kerr J (1995) '*Attachment Theory: Social, Developmental, and Clinical Perspectives*' The Analytic Press

Solomon J, George C, and De Jong A (1995) '*Children classified as controlling at age six: Evidence of representational strategies and aggression at home and school*' Development and Psychopathology, 7 (1995) 447 – 463, Cambridge University Press

Solomon J, and George C (1999) '*The Place of Disorganisation in Attachment Theory: Linking Classic Observations with Contemporary Findings*' in Solomon J and George C, '*Attachment Disorganization*', Guildford Press

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Part 2 – Developing an Attachment Minded practice

In this second article² I want to look at how attachment theory can serve as a lens that enables family Court Practitioners, whatever their role, to make sense of the myriad of information that needs to be processed in each case that comes their way. Whilst those of us who interview directly for the purpose of assessment have more opportunity to explore these issues, I am looking at the kind of information that might appear in contact sheets, statements, the account of an expert of meeting someone, medical records, a parent's conduct in Court, and so on. Using attachment theory to step back and consider whether the information given tells us anything about the attachment strategies of a parent, child, or other significant figure, *even if the expert, the Social Worker, or the parent themselves was supplying an observation for another purpose*, can be very revealing. A parent's statement may have been drafted to a lesser or greater extent by a lawyer, but what does it tell us about what a parent's major concerns are? I ended the last article with the reminder that Attachment behaviour is displayed whenever an adult or child

² This article builds upon the theoretical foundations of Part one, published in the last edition of Representing Children, and should be read in conjunction with that article, which also contains the majority of the research basis.

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feels threatened, or whenever attachment issues are faced. A parent's first meeting with an expert who is going to be judging on their fitness to look after their children, the manner in which a parent writes about their former (or current spouse), and accounts of children's reunions with and separations from their parents in contact are all occasions that arouse the attachment system. Below I develop the areas of particular significance, which can provide a lens in which reports, statements and observations can be mined for attachment related material.

1) **Relationship to Interviewer**

Descriptions of interviews, or experience of meeting or interviewing someone is a particularly important source of information. As powerful authority figures dealing with issues relating to parenting, childcare and close relationships, we do place the parents and children we meet under threat. How the child or adult manages the interview relationship says much about their self protective strategies. This requires attention to the kind of feelings the interview is producing in the interviewer. Is it a struggle to keep control of the interview and keep focussed upon the relevant matters? Do you feel like you are treading on eggshells, with the client who might explode if you tackle a difficult subject? Is the adult or child taking a helpless stance, inviting you to do all the work for them? Does the adolescent or young adult appear to take delight in stonewalling you? Are they trying to elicit your sympathy and involvement in their anger and preoccupations? These stances would suggest the differing coercive (type C) patterns. Is the adult or child frequently asking questions about the questions, checking out how they are doing, or whether they are doing well? This is suggestive of a need for performance and to comply, rather than a genuinely open and cooperative conversation. Is the adult or child over attentive to your needs? This may be suggestive of compulsive caregiving if it is considerably in excess of normal politeness. Often interviews with type A adults or children can be frustrating, even boring, because whilst the interviewee is trying to perform, the information given is often vague, unsubstantial and limited in depth. By contrast, interviews with adults or children with coercive patterns can get bogged down with tangents and irrelevant issues. An interview with a securely attached child or adult should be a more cooperative endeavour. Whilst the interviewer is able to keep the interview to task, the participant is free to reflect, contribute, and be a little creative. The result is collaboration rather than simply reflecting the agenda of either the interviewer or interviewee.

2) **Discourse**

One of the discoveries of the Adult Attachment Interview was the way in which the adult's speech in tackling an interview about attachments was indicative of their own self protective strategy. The scoring of the AAI (see Hesse 1999) uses the work of a linguistic philosopher, Grice, who developed four maxims of cooperative discourse. These were:

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- Quality (be truthful and have evidence for what you say)
- Quantity (be succinct and yet complete)
- Relation (be relevant to the topic at hand)
- Manner (be clear and orderly)

Type A speakers tend to violate the maxim of quality (they do not have evidence for the positive global statements they gave about their attachments). They will often give 'clipped', over-brief accounts (violating the Quantity maxim). They may violate relevance by trying to shift the subject away from attachment, but this is rarely in direct conflict with the interviewer. Type C speakers will violate the maxim of manner, giving often incoherent accounts, with run on and sometimes meaningless sentences, jargon or vague speech. Interviews are usually excessively long, violating the maxim of quality (unless the speaker is actively stonewalling, which makes for a short interview). Relevance is very often violated, as they shift the discussion to the issues and specific experiences that preoccupy them (the behaviour of the Social Worker in the case, or their spouse).

3) **Emotional Expression and Use of Self**

Type A strategies dismiss negative emotions which might signal need of others, whereas Type C speakers exaggerate them (though often distort them to focus upon either the aggressive or passive sides). The essence of type C patterns is 'it's all about me' – focussing upon themselves and their own needs (and the way in which they have been hurt by others) in order to elicit care and protection. Type A speakers try and shift the focus away from themselves and self disclosure, for their strategy is organised around cutting off from their own needs to fit in around powerful others. It is important, therefore, to pay attention to how a child or adult deals with anger, distress, desire for comfort, fear, and pain. Are these suppressed, denied, or trivialised, minimised, or are they exaggerated, almost enjoyed, distorted or revelled in? Is there evidence of false positive affect (a positive emotional disposition that does not appear to match the situation, and can appear forced, stilted, or out of place)? This would suggest a compulsive type A strategy. By contrast is there evidence of rationalisation, or reductionist blaming thought (one-sided thinking that reduces someone to be all bad, without allowing for exceptions or doubts)? Does an adult or child's perspective on others' motives verge on paranoia, because it is based upon their own feelings of hostility or fear rather than external reality. This is the kind of reasoning that accompanies obsessive coercive strategies, for it is emotionally driven. Does the adult or child dismiss others perspective, or their own? Some individuals may deflect anger and negativity onto someone or something other than its source, for example channelling anger

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arising from past parenting experiences towards a social worker or spouse. In type C strategies this is a way of rationalising hostility and deceiving others and self about motives. In Type A strategies it may be a way of managing unwanted anger that cannot be suppressed, by allowing its expression towards a safer target (children, peers, or people perceived as less powerful).

4) **Representations of Children and Adults**

What does the child or adult actually think about relationships and caregivers? Are close relationships depicted as unreliable, unpredictable and chaotic, even dangerous? Are adults perceived as rejecting, punitive, and neglectful? Bear in mind that predictable danger tends to produce a Type A strategy, whereas unpredictable and deceptively dangerous environments tend to support a Type C strategy. It is also important to take account of the fact that insecure children and adults tend to distort their accounts of their attachment histories as part of the way in which they protect themselves (see in particular point 2, above, as well as my discussion of the AAI in my first article). Gentle but insistent probing is needed, seeking both general evaluation, and specific examples, as well as inviting reflection, in order for the interviewer to gain a picture of what the child or adults experiences of being parented, and expectations of relationships, actually are.

5) **Contact Observations**

If the measurement of the nature of an attachment has been developed from observations of separations and reunions then it follows that particular attention should be paid to the separations and reunions in contact sessions that occur every week for fostered children, and also for children with non resident parents, in private law disputes. Yet so often here information is missed or misinterpreted. Commonly, I am told that contact between a child and her parents has been stopped because the child is 'distressed after contact'. However, becoming distressed after contact is the most appropriate and normal reaction to being parted from someone you love, as it would be for adults who are parted against their will. As I explained above (see point 3), it is concerning when a child's emotions do *not* match the situation they are in. Children exhibiting a Type A will tend to separate casually, and probably focus on toys or activities rather than their parent when meeting up. However, they will do whatever is expected of them, which may include cooperating with a parent's greeting ritual, and sometimes showing the parent the signs of affection the parent craves. Attention needs to be given to the extent to which such 'affection' is child led, or whether it appears to be approval seeking rather than aimed at receiving comfort. Children (and adults) showing type C will tend to prolong separation with exaggerated displays of need and affection. These children are the ones most likely to show anger and distress after contact. What is more concerning is evidence of traumatic or fearful responses (see 6.

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below) to contact, or particularly, children who are fearful of going to contact. So far as the content of the contact is concerned, practitioners should be asking, how does the child respond to authority? Is the child monitoring the parent, and conforming completely (suggestive of a type A, compulsive compliant response), or is the child making a battle out of everything (a coercive response). How does the child and parent respond to distress, or to accidents? Do they seek out support appropriately? Does the child exaggerate incidents and prolong them (type C)? Do they inhibit fear or pain responses, and reduce their demands upon carers (type A)? How does the child respond to the observer (particularly if that observer is a stranger)? Does the child seek parental support, or does the child initiate and seek to manage interactions with the stranger? How is anger managed by both child and parent during contact?

6) **Traumatic Material**

Is there evidence of fear and trauma disrupting an adult's ability to organise a coherent strategy, even an extreme one? Does an extreme behaviour appear to interrupt, intrude upon, or even undermine a coherent strategy of eliciting care and protection? Does it seem out of place with how the adult or child normally conducts their relationships? Is there evidence of a learned response, that may have been an appropriate response to a particular and extreme traumatic event, but appears to be disrupting or intruding upon the adult's functioning in the present. Has the person inappropriate and unreal fears of events, objects of people, that have been erroneously attributed as causes of past trauma, but in reality have nothing to do with it? Is there evidence of bizarre or incongruous material intruding in interviews and interactions with the individual that don't appear to make sense in the particular situation in which they arise? Is there a sense in which the individual's behaviour or speech has become unregulated and overwhelming and uncontrolled? These are often difficult judgements to make, but can be important in understanding the behaviour and concerns around a particular adult or child.

Final Pointers and Pitfalls

An attachment perspective has much to offer in developing an understanding of the behaviour and thinking of children and adults in at risk situations or relationship conflict. It can enable the effects of adversity to be 'mapped out' and made more visible. It can yield some understanding of why a particular parent behaves the way they do, which can assist decision making and intervention. Attachment mindedness can help in the exploration and understanding of a child's wishes and feelings. It can also help explain the impact of professional and legal decisions upon a child, and why in many cases a child's problems intensify or do not lessen even intensify after removal from an abusive home and placement with pleasant and well meaning carers. In conclusion, I would point out some areas and issues about which caution is advisable:

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1. When assessing attachment it is the function of the behaviour, its purpose relative to the organising goal of staying safe and nurtured, that is important. The same behaviour may mean completely different things to different individuals.
2. Attachment research has historically tended to focus on the mother / child dyad, and neglected the impact of family dynamics, fathers (though this is being addressed), extended family and friends, the professional network, and the family's social and cultural context upon the functioning of the individual. The answer is in taking the focus away from simply trying to 'match' parent and child attachment strategies, instead looking at the dangers in a child's environment that have shaped their pattern of self protection. The parents' behaviour is a significant part of this, but also important is the role of siblings, extended family members, and the wider cultural and social context of the family). Is danger (however conceived and wherever it comes from) deceptive and unpredictable? Or is it predictably interfering or rejecting?
3. Interpreting and understanding a child's wishes and feelings from an attachment perspective must never be allowed to replace what a child is *actually* saying. Children have a right to say what they want to say and have this heard. Adults may reflect upon the reasons for this, and even give an opinion upon the child's non verbal behaviour and communication. However, I struggle with reports that say 'what the child is *really* saying is ...' when the child is explicitly saying something quite different.
4. Pay attention to the exceptions! Any classification system by its nature simplifies something, and gives attention to some information, and dismisses the importance of other information. Whilst it can yield rich insights it carries the danger that the professional is shoeing the family into a mould they do not properly fit. Worse still, there is the risk of distorting information to fit a prejudged opinion. The temptation is especially great in Court proceedings, where so much is at stake, and professionals can be fearful of giving room for difficult cross-examination. Whatever conclusion is come to, there will always be information that does not quite add up, or does not entirely make sense. Rather than being 'hidden away' this information needs to be given prominence. This not only allows for misjudgements to be corrected. Discrepancies might be the beginnings of change. They also might give a clue as to a way forward, as it may be possible to build upon such 'exceptions' through supportive intervention to enable the family to develop less risky strategies of managing their relationships
5. An insecure attachment, even an extreme one, does not imply that a child is being abused or is at risk of significant harm. Almost all the patterns of attachment occur in normal populations and with children who may have difficulties, but whom no-one would suggest require state intervention and protective measures. An understanding of the attachments within a family, needs to be complex enough to look at the particular situation and the risks arising from it.
6. Neither is it the case that a particular kind of insecure attachment sets a child out as insecure or attachment disordered for life. Stability in attachments is mostly observed in

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safe middle class populations, rather than in the lives of those who are exposed to multiple and various dangers. One needs to be aware of the dangers of labelling the child or adult in a way that appears to fix them upon an unchangeable path of gloom. There is growing concern about the over diagnosis of Reactive Attachment Disorder in looked after children thereby adding little information or anything of value to those caring for troubled children (Barth et al. 2005).

7. Research into therapeutic intervention with troubled attachments is nowhere near as well evidenced as the research identifying patterns of attachment. Indeed various kinds of 'attachment therapy' are controversial, at times abusive, and not always justified by the theory itself (Barth et al. 2005). Attachment strategies are a child's way of making a relationship more predictable, so therapies that seek to wrest control away from a child forcibly may result in intensifying insecure strategies, rather than helping the child develop more positive and trusting ways of interacting. I would follow Crittenden et al.'s (2001) approach of using differing, already established and evidenced therapeutic techniques in a thought out way, which recognises that adults exhibiting differing patterns think, feel, and learn differently. Attachments are complex and varied, so a one size fits all therapy for insecure attachments is unlikely to be effective.
8. Know thyself! The labelling of Type B attachment as 'secure' together with a certain amount of wishful thinking generally leads professionals to conclude that this is where they personally sit. Working in the field of child abuse and family conflict is something very few people are motivated to do, and therefore it would be wise to assume that distributions of attachment in the caring professions are *not* 'normal', as the statistics do in fact show (Crittenden 2000). An honest appraisal of where you personally are coming from can help correct the way in which you might be distorting the information you are trying to make sense of!

There may be a mythology surrounding attachment theory in the family courts, but developing a perspective based upon the actual research literature can pay rich dividends.

References:

Barth R, Crea T, John K, Thoburn J, and Quinton D (2005), *'Beyond Attachment Theory and Therapy: Towards sensitive and evidenced-based interventions with foster and adoptive families in distress.'* Child and Family Social Work, Volume 10, pp. 257 – 268, Blackwell Publishing

Crittenden, P (2000) *'A dynamic maturational exploration of the meaning of security and adaption'* in Crittenden and Claussen eds. *'The Organisation of Attachment Relationships: Maturation, Culture, and Context'*

Crittenden P, Landini, and Claussen A (2001) *'A dynamic-Maturational Approach to Treatment of Maltreated Children'* in *'Handbook of Psychological Services for Children and Adolescents'* ed. J Hughes, A La Greca, J Conoley, 2001, OUP

Reference: Grey, B (2005) *'Attachment Theory – A Family Court Practitioner's Tool? Foundations'*, Representing Children, Vol. 18, no. 1 and

Grey, B (2006) *'Attachment Theory – A Family Court Practitioner's Tool – Developing an Attachment Minded Practice'*, Representing Children, Vol. 18:2

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Hesse, E (1999) '*The Adult Attachment Interview*', in Cassidy J, and Shaver P Eds. '*A Handbook of Attachment: Theory, Research and Clinical Applications*', Guildford Press

Reference: Grey, B (2005) '*Attachment Theory – A Family Court Practitioner's Tool? Foundations*', *Representing Children*, Vol. 18, no. 1 and

Grey, B (2006) '*Attachment Theory – A Family Court Practitioner's Tool – Developing an Attachment Minded Practice*', *Representing Children*, Vol. 18:2