



# The infant disorganised attachment classification: “Patterning within the disturbance of coherence”

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## ABSTRACT

Since its introduction by Main and Solomon in 1990, the infant disorganised attachment classification has functioned as a predictor of mental health in developmental psychology research. It has also been used by practitioners as an indicator of inadequate parenting and developmental risk, at times with greater confidence than research would support. Although attachment disorganisation takes many forms, it is generally understood to reflect a child's experience of being repeatedly alarmed by their parent's behaviour. In this paper we analyse how the infant disorganised attachment classification has been stabilised and interpreted, reporting results from archival study, ethnographic observations at four training institutes for coding disorganised attachment, interviews with researchers, certified coders and clinicians, and focus groups with child welfare practitioners. Our analysis points to the role of power/knowledge disjunctures in hindering communication between key groups: Main and Solomon and their readers; the oral culture of coders and the written culture of published papers; the research community and practitioners. We highlight how understandings of disorganised attachment have been magnetised by a simplified image of a child fearful of his or her own parent.

## 1. Introduction

An established and highly generative tradition of research and theory has explored how scientific and medical classificatory practices are constituted (Bowker et al., 2016; Hacking, 2004; Kendig, 2016), building from Foucault's pioneering work, for instance on societal images of mental illness as chaotic breakdown. Researchers have explored how classifications work, what they do, what relations they make, and with what consequences. Such inquiry attends to the practical activities scientists and clinicians enact (recording, describing, deducing, grouping, measuring, presuming, hazarding, talking past one another), not just the stabilised products of this work (empirical results, distributions of diagnoses, standardised protocols and systems of measurement, propositional knowledge, theories). Recently, one especially rich vein of research has been around the practical work of psychological diagnosis (e.g., Kendler et al., 2011; Moreira et al., 2008). Social scientists have engaged with debates regarding the legitimacy of psychological classifications, including whether they pick out enduring entities with exclusive boundaries, and their relative ‘constructedness’ or ‘independence’ from subjective judgement.

Infant “disorganised/disoriented attachment” (Main and Solomon, 1990), generally called “disorganised attachment”, is a classification

made of infant-caregiver relationships in the Ainsworth Strange Situation. Though not a psychiatric diagnosis, it has been described as among the most influential assessments of infant mental health (Duschinsky, 2015; Lyons-Ruth and Jacobvitz, 2016). Disorganised attachment is generally regarded as the display of behaviours “lacking coherent pattern” (e.g., Schneider, 2014, p. 339). Mikulincer and Shaver (2016, p. 143) describe disorganised attachment as “random fluctuations” of behaviour. The mainstream account of the cause of disorganised attachment is that such chaotic breakdown “occurs when a child is simultaneously frightened of – or for – someone who they should be able to rely upon.” (National Institute for Health and Care Excellence, 2015, p. 20). These features - i.e., the randomness of the behaviours, and their common cause in fear of or for the caregiver - may be regarded as the orthodox account of disorganised attachment. As we shall see, this orthodox account, though right in some regards depending on exactly how terms are used, generally oversimplifies the phenomenon in important ways.

Among researchers, practitioners, and policy-makers, there has been “rapidly growing interest in disorganised attachment and subsequent child psychopathology” (Kochanska and Kim, 2013, p. 291). Infants classified as disorganised have an elevated risk of negative developmental outcomes; the most well-evidenced finding is a moderate

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association between the classification and later externalizing problems (e.g., aggression) across a variety of samples (Fearon, Bakermans-Kranenburg, van IJzendoorn, Lapsley and Roisman, 2010; Sroufe et al., 2009), which is regarded by developmental scientists as comparatively strong among single predictors of behaviour problems. The National Institute for Health and Care Excellence (2015) have conducted a cost feasibility assessment for yearly screenings of all British infants for disorganised attachment as a developmental risk factor. Further indicating the currency of the construct, recent debates in the United States have examined whether and how disorganised attachment should be elevated to the status of a recognised clinical diagnosis (Zeanah and Lieberman, 2016). However, a consensus statement on disorganised attachment, published by leading researchers and clinicians in the area of child attachment (including Main and Solomon), attempts to qualify discussion of the classification (Granqvist et al., 2017, p. 542):

The average effect size linking infant disorganized attachment with a particular caregiver to later behavior problems is small to moderate. In other words, a child assigned a disorganized classification is not necessarily expected to develop behavior problems. Additionally, when infants classified as disorganized do develop such problems, this may also be the result of a continuation of difficult life circumstances rather than solely an effect of early disorganized attachment.

Our study, begun in 2014, draws on historical and sociological analysis of the disorganised attachment construct to examine how it has been framed and with what consequences (see Duschinsky, 2015; Duschinsky et al., 2015; Duschinsky and Reijman, 2016; Duschinsky and Solomon, 2017; Reisz et al., 2017). Part of the context of our interest is signalled by remarks by Rutter et al. (2009, p. 532), that disorganisation “undoubtedly identifies behavioural features of considerable theoretical and clinical significance, but the meaning of the pattern remains rather unclear”. Likewise, Lyons-Ruth and Jacobvitz (2016) have argued that renewed efforts to clarify the meaning of disorganised attachment is critical for research and supportive work with infants and their families. A high-profile group of attachment researchers have also warned that work with the infant disorganised attachment classification “is limited by its reliance on a few scales that were not designed with psychometric modelling in mind” (Groh, Fearon, van IJzendoorn, Bakermans-Kranenburg and Roisman, 2017). In a watershed development in the wider context, the National Institute of Mental Health (2016) have removed the Ainsworth Strange Situation from their list of recommended procedures for publicly funded mental health research in the United States, polemically citing its debt to psychoanalysis and tendencies to “reify ... theoretical claims” (p. 95) as reason to stop further funded research into attachment. Our study therefore occurs at a significant moment, potentially a turning-point, for the study of infant disorganised attachment.

### 1.1. Infant disorganised attachment: a background

Child-caregiver attachment has for several decades been a vibrant domain of research in developmental psychology and has had widespread influence in clinical, welfare, and forensic contexts. Foundational to the field is a laboratory-based assessment of infants' response to separation from and reunion with a familiar caregiver devised by Mary Ainsworth, the Strange Situation (Ainsworth et al., 1978). It was an early and influential form of a now common methodology: using structured observational research with populations who cannot be interviewed, treating behaviour as a window on participants' psychological state and history (Hollin and Pilnick, 2015).

Ainsworth and colleagues identified three patterns of response to the Strange Situation:

1) Most children showed distress on the departure of their caregiver,

but were comforted on reunion and could return to play. This was in line with Bowlby's (1969) theory that a cue for danger, such as being left alone in a strange environment, would activate an infant's attachment response – their desire for the proximity and availability of a familiar adult – and that reunion and comforting would assuage this desire, allowing the child to turn their attention to exploration. Ainsworth's home observations found that the caregivers of these infants were responsive to their signals of distress, and she termed this a “secure” pattern of response in the Strange Situation.

2) A sizeable minority of infants did not show distress on separation, however, diverting their attention from the caregiver upon reunion, and not using the caregiver directly as a safe haven. Ainsworth's home observations found that the caregivers of these infants were relatively intrusive or dismissive of children's signals of distress; she theorised that the apparently unruffled behaviour of these infants in the laboratory masked the distress they could not show their caregiver. Several studies have found physiological patterns suggestive of stress in these babies during the Strange Situation, providing support for Ainsworth's hypothesis (e.g., Hill-Soderlund et al., 2008; Sroufe and Waters, 1977). She labelled this pattern of response “avoidant”.

3) A small number of infants displayed high levels of distress and desire for contact while also actively resisting comfort on reunion. They were unable to get settled and return to play following the separation. Ainsworth termed this a “resistant” pattern of infant-caregiver attachment. She observed that at home the caretakers of these infants gave their child reason to distrust their responsiveness, for instance through unpredictable attentiveness in many or most interactions when the child was distressed.

Researchers have found infant Strange Situation classifications to be associated with a wide variety of developmental outcomes including mental health, physical health, social competence, and moral reasoning (Sroufe et al., 2009). The Ainsworth patterns of attachment have been applied worldwide, and rates of security are generally consistent, except insofar as there are variations in the extent of adversity faced by families (Mesman, van IJzendoorn, & Sagi-Schwartz, 2016). They have been discussed by some attachment researchers as “natural kinds” that, adopting Plato's phrase, “carve nature at its joints” (Waters and Beauchaine, 2003, p. 417).

Yet Main and Solomon (1990) reported descriptions of infants who displayed behaviour suggestive of conflict or confusion which significantly disrupted an Ainsworth pattern of response (e.g., a child approaches the caregiver on reunion, but with her head sharply averted). Based on close analysis of 200 such cases, Main and Solomon introduced an additional “disorganised/disoriented” classification for the Strange Situation. However, they indicated that the disorganised classification was not of the same kind as the Ainsworth patterns: they advised an “underlying” secure, avoidant or resistant classification should be specified by coders where possible.

Main and Hesse (1990) theorised that one pathway to such conflicted or confused behaviour would occur when a distressed child wishes to approach their caregiver for comfort but also remembers times their caregiver's behaviour *alarmed* them, causing a desire to stay clear from the caregiver. Main and Hesse termed this pathway to disorganisation ‘fright without solution’. Children in this predicament were anticipated to be unable to direct their attention coherently either towards or away from the caregiver, resulting in conflict or confusion. Disorganised attachment was predicted, on this logic, not only in samples of maltreated infants, but also among children of parents who alarm their child for other reasons, for instance as a result of dissociative behaviours following trauma. The Main and Hesse hypothesis has received repeated support: a meta-analysis indicated that frightened or frightening caregiver behaviour during observations accounted for 13% of the variance in infant attachment disorganisation (Madigan et al., 2006). It was argued by Main and colleagues that in time most

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