

Attachment in Adulthood

Several competencies differentiate adult attachment from attachment in the transition to adulthood. Overall, adults could be described as achieving 'clarity' and 'balance' for the function of raising children. For example, adults can differentiate needs from desires; because children cannot, adults must decide whether a child's demand needs a response or is merely a desire. Similarly, adults can consider the needs and desires of several family members simultaneously and reach decisions about which to prioritize at any particular moment.

New strategies. When adults have experienced a sequence of age-salient threats (that is, separation, abandonment, and abuse in infancy and the preschool years, psychological maltreatment such as teasing and taunting in the preschool years, bullying in the school years, and infidelity beginning in adolescence), then they often cannot integrate the needs of others and respond instead with self- and other-endangering behaviour .

A7 is delusional idealization of a dangerous attachment figure. A8 is an externally assembled (unintegrated) self; this almost never occurs unless children have had multiple placements, multiple caregivers (for example in an institution), or too many therapists, each with a different perspective. C7 is deceptively menacing; C8 is its linked opposite, paranoid. These can come together as a psychopathic A7-8C7-8 strategy,

In terms of risk, the strategies above the upper line in the figure below are normative and rarely pose risk for family members (or others).

The strategies between the two lines are adaptive in particular circumstances and maladaptive in others. Parents who abuse or neglect their children and patients in mental health treatment, as well as many psychotherapists and social workers, use the strategies between the two lines. People using the strategies below the second line are often a danger to themselves and others and might require a protective setting, that is, a mental hospital or prison.

It is particularly important to note that all family members (including parents) have needs and, as much as possible, needs should be met. Balance is the issue, that is, distributing the family's resources as productively (as opposed to 'equitably') as possible. Adults can foresee consequences in the long-term, thus acting in the present in ways that will have long-term positive consequences. Children, often even adolescents, cannot do this. Adults form long-term committed love relationships. These relationships are mutually protective and comforting. Adults build conflict resolution skills that, together with their emotional commitment to one another, sustain the relationship through difficult periods. Finally, adults use these competencies to generate the resources to care for their children until they reach reproductive maturity (Crittenden, 2008; Rholes & Simpson, 2004).

Adults who were at risk in childhood have the possibility to use balanced reflective functioning (a late developing cortical process, not complete until the mid-thirties) in adulthood. Balanced

reflective functioning can override the distorted neurological pathways (laid down in childhood) that lead to extreme self-protective behaviour. Being able to do this, however, requires: (1) a period of reorganization (that usually begins in the transition to adulthood), (2) sufficient time to engage in reflective thought, (3) a stable life context that prevents crises (real or imagined) from catapulting one into self-protective action prior to reflection, (4) practice, such that new response pathways are laid down, and (5) gentle tolerance of mistakes - because mistakes are certain and punitive responses lead to increased self-protective behaviour. The choice of attachment partner is crucial to being able to achieve stability and forgiving tolerance of mistakes.

In cases of adult risk, adults have children without having the competencies described above. Being unclear about circumstances, they necessarily act in ways that are not protective and comforting, sometimes even endangering their children, each other, or themselves. Being unable to differentiate needs from desires and long-term benefits from short-term preferences, they often mis-direct their efforts. Being unable to manage competing needs, they often favor one person's needs over another's, either prioritizing the children, their spouse, or themselves, but failing to find a balance that promotes everyone's development. When lack of money is the only issue, this can be provided and the family will function adequately. More often, however, it is the information processing that underlies attachment that is awry. When adults cannot process information to yield clarity of understanding and balanced responses, whole families are placed at risk (Busch, 2008).

C. Topics of Special Concern and Frequent Misunderstanding.

Separation and loss: The effects of changes in caregiver on children and parents

There are a number of influences on children's attachment behaviour. I list some of these below, along with their relevance to children in care:

Caregiver information processing, strategy, and history: Caregivers' behaviour is the product of what they have learned in their past as applied to current circumstances. To assess this, information about important past experience with safety/threat and comfort/distress, how meaning is derived from this experience, and how that meaning is translated into behaviour, is sought (Busch, 2008; Steele & Steele, 2008).

The effect of changes in caregiver on children.

The effects of changes in caregiver, i.e., attachment figure, on children are very great, but affected by the age of the child at the time of the change, the quality of the relationship prior to the change, the reason for the change, the total number of changes, and child's expectation of permanence (Crittenden & Farnfield, 2007).

- Age at placement: When the first placement occurs before 6-9 months of age, the effects are expected to be transient. After 9-12 months of age, there will be distress, with the amount of immediate distress and long-term effects of the change increasing with child age. After approximately 3-5 years of age, some persistent

loss of security in new relationships is to be expected.

- Quality of prior attachment relationships: Children who have had secure attachments adapt to change more easily than children who have had anxious relationships. When the prior relationship contained threat (of either an active or passive sort, i.e., abuse or neglect), then the change process is likely to be more difficult, ambivalent, and attenuated.
- Reason for the change: Common phenomena (e.g., divorce and remarriage) and uncontrollable phenomena (e.g., death) are easier for children to accommodate than is parental harm or rejection. The feeling of having been personally rejected is least for divorce and greatest for maltreatment. The outcomes vary, but include anxiety, depression, and angry rejection of others.
- Number of changes: Children can manage to believe that the current placement is permanent through one or two changes. With additional changes, it becomes increasingly difficult for children to form a committed relationship with the new caregiver because their prior experience prepares them to expect disruption. This means that each successive placement is more likely to fail than were previous placements and that the changes are likely to be accompanied by an initial 'honeymoon', followed by outbursts of uncontrolled anger, fear, or desire for comfort. The last of these is sometimes displayed as inappropriate sexualized behaviour.
- Expectation of permanence: Adoption is more likely to yield security (or less extreme anxiety) than is foster placement. Group placements are the most difficult for children, especially younger children, because they do not provide a committed personal relationship with an adult caregiver.

The effect of changes in caregiver on caregivers.

The effects of change of caregiver on adults are very great.

- Parents who lose access to a child to whom they have become attached experience distress and grief. Moreover, even if the children are returned to their care, they will always know that they could be taken away; this creates an insecurity not experienced by parents who have never lost access to a child.
- Adults who are given a child to care for temporarily almost always form an attachment to the child. This usually takes a few weeks, but it forms quite quickly, especially to infants and young children. Regardless of their legal status, attached adults will seek to protect, comfort, and maintain access to a child to whom they have become attached. They suffer distress if the child is moved to the care of other adults.

- Adults who have suffered previous losses of an attachment figure or child to whom they were attached generally are 'primed' to expect loss. This probably affects current relationships by keeping the caregivers more distant, in the sense of not committing emotionally to the child in their care.

There is little empirical research on attachment and changes of carer. For infants removed to foster care, a change towards a more secure attachment appears dependent on their foster mother having a secure attachment with regard to her own childhood attachments (Dozier et al 2001). There is limited evidence for a similar pattern with school years adopted children (Hodges et al 2003).

Expressing Negative Affect

Defining the function of negative affect. Negative affect is universal to humans. Its expression differs one person to another and that difference is relevant to both how people meet their needs for safety and comfort and how professionals respond to their negative affect.

The function of negative affect is to alert the person to an imminent threat to the self. Negative affect is felt on a gradient of intensity from desire for comfort (low threat) to anger (greater threat, but not overwhelming), to pain (immediate threat to the survival of the self).

Individual differences in the expression of negative affect. There are learned individual differences in the expression of negative affect. Individuals using a Type B self-protective attachment strategy have learned that direct and accurate expression of negative affect most often meets their needs. Individuals using a Type A self-protective attachment strategy have learned that expression of negative affect does not resolve the threat and often leads to negative consequences; they generally inhibit the expression of negative affect and, sometimes, substitute false positive affect. Individuals using a Type C self-protective attachment strategy have learned that exaggeration of expression of their negative feelings most often yields a better outcome, even if sometimes there are negative consequences.

Responses of others to seeing expressed negative affect. Professionals and foster parents often react negatively to children's and clients' expression of negative affect; they tend to respond more favourably to inhibition of negative affect, thinking it more 'mature', rather than seeing it as strategically different and, often, harder to resolve because of its hidden quality. Thus, professionals and foster parents sometimes increase the likelihood of behavioural problems and depression in children whom they consider good/obedient and who are compliant.

Expression of anger, fear, and desire for comfort are often unsettling to both the person who feels these feelings and also to those who observe the expression. Moreover, because they sometimes lead to strong behaviour, e.g., aggression, intense approaches for intimacy, the feelings and behaviour can be considered inappropriate and maladaptive.

In fact, the opposite is true. These sophisticated feelings serve as internal warning mechanisms that something is seriously wrong and action may need to be taken. Being aware of the feelings and using them to guide thoughtful consideration of how best to respond is highly adaptive. That is, anger and fear signal threat whereas desire for comfort signals a desire for assistance and comfort. Further communicating the feelings, through facial expression, voice, tone and body movements, can improve interpersonal harmony.

Unfortunately, when experience has shown that others do not respond or that one's own response easily becomes uncontrolled, expression of feeling may be exaggerated or inhibited and thoughtfulness may be by-passed altogether. Both solutions (i.e., exaggeration and inhibition of negative feelings) are harmful to relationships. They increase the risk of extreme behaviour that could become endangering to children – without the warning signs of negative feeling being interpreted properly and used to elicit protective responses.

Attachment & Sexuality

Humans need intimate and enduring relationships with other people. Relationships make each individual safer, enable them to feel comfortable (secure), and, in the case of adults, promote reproduction. Both attachment and sexuality promote those goals and both are essential for individual well-being and species survival (Crittenden, 1997).

Attachment and sexuality overlap very considerably in both behaviour and function. Behaviorally, attachment includes such behaviours as holding, gazing, sucking, reaching, touching, caressing, kissing, and following. Sexuality includes all the same behaviours, plus genital contact. Functionally, both attachment and sexuality bring people together and maintain bonds of affection between them. They differ only in terms of reproduction and attachment functions to promote reproduction. Because both the mouth and genitals are highly innervated, contact can produce powerful responses. Because the responses are reflexive, they create interpersonal contingencies. Intense and contingent responses connect people and promote enduring bonds.

If either behaviour system fails, the other can take over some of its functions. For example, in couples who cannot engage in sex, attachment can sustain the relationship. Children who have experienced multiple separations from their attachment figures are likely to use sexualized touching even before they reach puberty; self-touching is comforting (it down-regulates anxiety) whereas touching someone else creates a feeling of connection. Similarly, in families where attachment is threatened, sexuality can hold parents and children together. This is particularly likely to occur with adolescent daughters. In fact, at their daughters' adolescence, fathers tend to withdraw, even if (maybe especially if) their relationship has been quite close with their child daughter; this reduces the risk of their responding sexually to their daughter, but sometimes confuses the daughters who may feel rejected. The point is that behaviour that appears sexual may serve other functions.