A COMPARATIVE STUDY OF MATERNAL ATTACHMENT IN THREE GROUPS OF MOTHERS HAVING A CHILD WITH LEARNING IMPAIRMENT

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ABSTRACT

In this thesis, maternal attachment of mothers having a child with autism is compared with that of two control groups of mothers, one having Down syndrome children and the other, Rett syndrome children. Attachment status was rated using the Adult Attachment Interview. It was hypothesised that having a child with autism may serve to disorganise the attachment system in mothers and this in turn may complicate the parent-child relationship which is clinically observed in this group. The hypothesis was explored in the context of a detailed study of the narratives of a small group of mothers with learning impaired children.

The thesis reviews the literature using the Adult Attachment Interview in the context of psychological disturbance and parent-child relationships, together with the smaller body of work on the Reflective Function Scale, a measure of mentalisation derived from AAI narratives. The literature on maternal attachment in cases of severe psychological disturbance is reviewed along with relevant developmental and psychoanalytic writings.

The role of primitive emotional containment in mental development and learning is investigated and related to the factors involved in maternal attunement and the generation of attention. Attunement and attention, both associated with secure personality development, are manifestly deficient in the autistic child.

The study samples were 58 subjects (autism group = 27, Down syndrome group = 16, Rett syndrome group = 15). Methods pertinent to parent-child relationships in autism were identified through close scrutiny of the content and form of mothers' narratives of their own attachment histories. The scoring and classification of the interviews is described. A range of variables was found to distinguish the autism group. These involve references to violence, concerns about space and the incidence of disruptions of
turn taking and interruptions of the interview process. Results show consistent differences between the index and control groups, supporting the hypothesis of higher levels of disturbances in the attachment system of mothers with children with autism.

The results are discussed in terms of the clinical value of recognising these differences in the course of individual and family treatments of these children. More generally, the approach taken in this thesis, combining quantitative and qualitative research methods in the study of parent-child relationships in families with major psychiatric disturbance in the child, are explored and evaluated.
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CHAPTER ONE

THE PARENTING OF AUTISTIC CHILDREN AND THE
PSYCHOLOGICAL THEORIES OF AUTISM
Inter-subjective personal engagement is now recognised by developmental and psychodynamic theorists alike, as the foundation of psychic growth (Klein 1932, Winnicott 1958, Stern 1985, Brazleton 1974, among many) and is the context in which the bonds of human attachment are forged. This thesis seeks to explore the quality of maternal attachment and the characteristics of the mother-child relationship existing in mothers with a child whose capacities for inter-personal engagement is severely impaired. Impairment of inter-personal relatedness is the sine qua non for the diagnosis of autism formulated by Wing as a triad of impairments in communication, socialisation and imagination and constituting a syndrome (Wing & Gould 1979). There are no symptoms which, on their own, can be regarded as pathognomonic of autism; rather, it is a pattern of multiple indicators of deviance in the areas designated by Wing’s triad (Le Couteur et al 1989). Explanations for the deficits of autism are now pursued on a number of different levels - biological, neurological, psychological and behavioural (Morton & Frith, in press). This investigation is limited to the psychological domain of explanation and, moreover, focuses on attachment phenomena; specifically, on the consequences for mother-child attachment when the child has a serious impairment of its capacities for inter-personal relatedness.

The study examines and evaluates the attachment working models of a group of mothers having a child with autism. Their Adult Attachment Interview classifications (George et al 1996) are compared with those obtained from two control groups of mothers having a child with relational impairments relating to other diagnoses; Down’s syndrome and Rett’s syndrome. Below average IQ, together with their delayed speech and language development, make Down’s syndrome children a frequent choice as controls in autism research. The second control group, comprising mothers with a Rett’s syndrome child,
was included as they were specifically comparable with the autism group mothers in having babies in whom no abnormality was suspected during the first year of life. All the groups studied had impairments and the comparison focused on the effects of the type impairment, normal controls were not included in this study. Their inclusion might have provided an interesting comparison with the performance of the two control groups, although they would have differed from the focus group in many respects, including parental disappointment and would also have increased the total number of subjects beyond what was felt to be manageable within the parameters of this study.

This chapter has two aims. Firstly, it provides a brief overview of current psychological theories of autism, relevant to attachment and suggests the possibility of a factor common to all of them in the notion of ‘conjoint attention’. Secondly, since the care of an autistic child is a major stressor, it places these theories against the background of empirical studies of the determinants of parenting stress and its impact on children’s development and behaviour. A short account of each of the control syndromes is also included in this chapter.

1.1. INTRODUCTION

Children with autism are profoundly impaired in their capacity for and experience of attachment, as was indicated in Kanner’s first description of the syndrome as “autistic disturbances of affective contact” (Kanner 1943). In the same paper, Kanner also commented on the personalities of the parents of autistic children, describing them as highly intelligent, somewhat obsessive and lacking in emotional warmth. Together with Eisenberg, he went on to suggest that autism was the result of an interaction between an innate ‘organic’ defect and a particular family environment (Eisenberg & Kanner 1956, Eisenberg 1957). This led to a flow of writers postulating a psychogenic origin in at least some forms of autism and implicating deviant parent-child interaction (Anthony
1958, Goldfarb 1966, Tustin 1972, Tinbergen & Tinbergen 1972). Evidence to support these early hypotheses was very unsatisfactory and a controlled study in 1975 (Cox et al 1975) concluded that it was unlikely that autism develops as a consequence of parental personality attributes. This thesis has a different emphasis; not on parental personality attributes but on the qualities of the mother-child attachment relationship and its potential to recast the mother’s ‘working model’ of attachment with subsequent implications for that of the child.

All parents readily acknowledge the closed impenetrability of autistic states but the child’s own active shutting out of the world of other people also leaves many of them with a feeling that there is untapped potential within the child - if only this could be reached. So very frequently is this conviction heard in forms like ‘opening doors’, ‘finding the key’ and ‘unlocking a prison’.

"The thing that upsets me most is that I cannot reach my baby".

(mother quoted by Kanner 1943).

Whatever the appropriateness of these metaphors in relation to the child’s potential, it is certainly a strong indication of the kind of response being evoked in the parents by these children. In the case of Down’s and Rett’s syndromes, the focus is very much more on gentle encouragement of the child and the capacity of the child to respond to such encouragement, is not in doubt. No shells have to be prised open; there are no ‘prisons’ to be broken out of, or ‘keys’ to be found. In these respects, the emotional milieu for the development of mother-child relationships and attachment in autism differs intrinsically from that prevailing in either of the control groups. Whether this serves to disorganise the attachment system of mothers of autistic children, recasting their ‘working model’ and subverting subsequent attachment relationships, including that with the child, is the subject of this thesis.
1.2. PSYCHOLOGICAL THEORIES OF AUTISM

This section examines those theories of autism that have relevance to attachment relationships. Capacities for cognition, for emotional recognition, for theory of mind or mentalisation are all factors in the function of human attachment. In his first paper, Kanner (1943) quotes a mother’s bewilderment at the absence of attachment behaviour in her child. At the age of eighteen months, she said he would spend hours spinning toys and the lids of bottles and jars:

"He would pay no attention to me and show no recognition of me if I enter the room . . . . The most impressive thing is his detachment and his inaccessibility. He walks as if he is in a shadow, lives in a world of his own, where he cannot be reached".

This mother was stressing the absence in her son of a sense of relationship to persons and it is this phenomenon, the absence or impairment of that quality of emotional interpersonal connectedness, a distinctly human characteristic, which makes autism a subject of such impelling interest. For parents, it is a condition that gives rise to intense frustration, perplexity, guilt and pain.

Although the aetiology, diagnosis and treatment of autism are still surrounded by controversy, there is no dispute about the presence of marked delay and constriction in the autistic individual’s capacity to comprehend the special nature of personal relationships and the emotional quality which distinguishes them from relationships with inanimate objects (Hobson et al. 1989). In this, the child with autism diverges abruptly from the normal developmental pathway, where it can now be demonstrated that babies are naturally endowed with an impulse to communicate with other human beings (Stern 1985). Psychological theories of autism differ in their primary emphasis but all attempt to account for the impairments in socialisation and communication
which are two of Wing’s principal diagnostic criteria and highlight qualities which are also implicit in attachment relationships.

1.2 1. Autism and normal development

There is growing evidence from the field of developmental psychology that babies come into the world equipped from birth with the impulse to communicate and to respond to human contact (Wolff 1969, Brazleton et al 1974, Trevarthen 1979, Stern, 1985). Wolff found that infants’ crying was arrested more effectively by a human voice than by mechanically produced sounds, whilst Brazleton and his colleagues showed that in observations of infants’ attentional physical reactions, they could differentiate between the babies movements in responding to people and those when they were responding to inanimate stimuli. In many cases, parents of autistic children report a period of normal development before disturbed behaviour is noticed and, although it is usually during the second year of life that such children are brought for diagnosis, the circumstances of onset of autism remain obscure.

The advances of developmental psychology exploded one early theory of autism, that of normal primary autism; the view that all babies developed out of an initial state of autism (Mahler 1968, Tustin 1972). This theory was finally withdrawn by Margaret Mahler in 1985, in the face of the undeniable research evidence that babies are pre-wired for communication. Babies are naturally and essentially endowed to communicate with their mothers from the beginning (Stern 1985) and it is the absence or loss of this basic impulse in autistic children which torments parents. The foundational significance of this developmental ‘given’ has been underscored by the discovery and dramatic demonstration of what happens when this communication potential is experimentally disturbed and how much disorientation and distress is evidenced by the infant when the flow of inter-personal relatedness is interfered with (Murray & Trevarthen 1985).

Correspondingly, advances in the understanding of a developmental disruption, such as
autism, also carry the potential for new evaluations of the mechanisms essential to
normal mental development.

Both Mahler and Tustin adhered, for some considerable time, to their view of primary
autism, despite the growing empirical evidence that babies are born with a capacity to
communicate with their mothers. Their capitulation was seen as an indication of open-
mindedness and integrity on the part of the psychoanalysts, but this then left the
aetiology of autism to neurological factors, if mothers were not to be implicated in the
disturbance. This retreat may have been premature in not investigating more closely the
nature of the communicative capacities of babies together with the residual capacities of
children with autism. In relation to autism, little attention has been paid to the two
contrasting components of communication, the expressive and the receptive, which may
be differentially impaired. This has a bearing both on the functioning of joint attention
(1.2.4.) and on the critical significance of ‘conjoint’ attention, a concept outlined below
(see 1.2.9.) and further elucidated in chapter 10.2.6.

1.2.2. The theory of Cognitive Deficit in autism

Developmental psychology, with its initial focus on intelligence and the cognitive
processes and their development, naturally turned to the study of the pronounced
cognitive deficit in autism, as a way of explaining the condition. Hermelin and
O’Connor (1970), the first to apply experimental method to the exploration of the nature
of the social deficits in autism, found abnormalities in how autistic subjects process
even non-social information and this aspect of autistic functioning has been reiterated
more recently in theories of ‘executive function’, which are based on findings that
autistic individuals go about problem solving in ways which are markedly different from
those employed by controls (Boucher 1989, Bowler 1992). The delineation of cognitive
deficits in autism by Hermelin and O’Connor soon broadened into an enthusiasm for
cognitive deficit as the fundamental key to understanding autism (Rutter & Schopler
1978, Rutter 1979, De Meyer et al 1971). Rutter, summing up the cumulative research evidence concluded that cognitive deficit was fundamental to autism and an integral part of the disorder (Rutter 1983, 1985). He saw cognitive deficit as underlying all other features of the disturbances associated with autism, including the social deficits and the 'affective disorder' suggested by Kanner.

The manifestations of autism have been found to vary across and even within individuals (Wing & Gould 1979) according to intellectual ability and age and some individuals show islets of exceptional ability, another phenomenon to be explained. At the same time, many of the symptoms shown by autistic children are not specific to autism. Following their extensive survey of a London borough, Wing proposed a triad of symptom-specific impairments in autism; these are impairments in socialisation, communication and imagination. Wing’s triad of impairments is now widely used as the baseline definition for all theories of autism (Wing 1988).

The concept of cognitive deficit as an underlying cause of all other deficits, continues to have its strong adherents. It is one which is also regarded by some to lend support to the idea of a neurobiological aetiology in autism such as to exclude any further consideration of psychological factors.

"Autism is now regarded as a behaviourally defined syndrome of neurological impairment, with a wide variety of underlying medical aetiologies".

(Gillberg 1990).

However, cognitive scientists have also broken new ground in identifying a deficit which is specific to individuals with autism, that they lack a “theory of mind” (Baron-Cohen et al 1985). Theory of mind implies the ability to attribute independent mental states to the self and others in order to predict and explain actions. This led to the hypothesis that autism might constitute an impairment in the cognitive mechanism necessary for representing mental states i.e. ‘mentalising’.
1.2.3. Theory of Mind and autism

As theories of cognitive development came to include the awareness of mental processes in the self and the importance in normal development of a capacity for self-observation, this dimension was formulated in terms of metacognition and Theory of Mind (Premack & Woodruff 1978, Leslie 1987, Leslie & Frith 1988). The new emphasis in developmental and cognitive psychology, led to experimental studies which have convincingly demonstrated the possibility of absence of mental awareness in some human beings and this has uniquely been found to be a characteristic specifically related to individuals with autism (Baron-Cohen, Leslie & Frith 1985). The first test involving a false-belief task, the Sally-Ann experiment (appendix 1.2.), is now a well known benchmark. An important finding, this has implications of some consequence not only for developmental psychology but for psychoanalytic theories of the mind as well.

The discovery that some human individuals could be lacking in a capacity to mentalise experience (their own or that of others), that is, do not conceptualise a 'mental' world and lack, therefore, a 'theory of mind', has been considered by some child psychiatrists to confirm the view of autism as a deficit of cognition and one so fundamental as to be assumed to be of organic origin or neurobiologically determined. Gillberg, quoted above, is a leading exponent of this approach to the understanding of autism and its corollary that psychological investigations and theories of the pathogenesis of autism are futile and no longer appropriate. From this point of view, any psychological contribution to autism is seen to be limited to the amelioration of the effects of the autistic impairment on the individual and his behaviour (Gillberg 1988,1990). This finical approach has resulted in the surprising persuasion that the 'psychological' should be excluded from biological development, as if the formation of the psyche and any interpersonal factors involved were separate and discrete, somehow not belonging within the biological and evolutionary continuities of human development (Steffenberg 1990, Happe 1994).
The theory that people with autism have a specific deficit in the ability to mentalise, has
been used to explain Wing's triad of handicaps in autism (Frith 1989). In particular, it
has allowed for further comparisons of the behaviours of autistic subjects in relation to
abilities that do and do not require mentalisation (Frith, Happe & Siddons 1999). Recent
studies have indeed found patterns of preserved and impaired competence; even within
the areas of socialisation and communication, differences can be identified in line with
the predictions that social behaviours which require mentalising (like keeping secrets
and taking hints) are impaired, while social behaviours that depend on observation (like
rote learning and recognition of behaviour patterns) are preserved. Similarly, the Theory
of Mind account of autism, while predicting communication impairment, does not
preclude good levels of rote language, phonology, syntax or vocabulary. Language may
be used like a code but where it is used as evidence of a speaker's thoughts or to express
intended meaning, there is evidence to support the prediction that people with autism
are likely to show impairment (Frith 1989, Tager-Flusberg 1993).

1.2.4. The theory of joint attention and autism

The acquisition of pre-language acts and gestures involving shared attention was first
examined by Bates et al (1975) who distinguished between proto-imperative and proto-
declarative pointing as ways of sharing experience. Normally, infants develop proto-
imperative and proto-declarative attention-sharing gestures at approximately the same
time, towards the end of the first year and investigations revealing that no autistic child
spontaneously showed objects to adults was startling (Curcio 1978). While most of the
autistic children in the study used some forms of proto-imperative pointing, only five of
the twelve children attempted to use proto-declarative pointing and even those used it
less to communicate something about the properties of the object, than to fulfil a wish
of their own. A later study of young, language-matched, normal and autistic children in
the pre-linguistic and early stages of language development, corroborated these findings
(Wetherby & Prutting 1984). Four autistic and four normal children were video-taped in
a "structured communication condition" designed to provoke communicative exchanges with the investigator. Results showed that while the autistic children did make requests and displayed protest behaviour, none of them showed off to the investigator, commented or named objects, nor did they acknowledge the adult who was interacting with them, in contrast to the normal children.

These findings prompted another body of research on the question of "joint attention" in autism (Loveland & Landry 1986, Landry & Loveland 1988, 1989) in which the principle findings were that autistic children were less able to respond appropriately to language or to gestures used to direct their attention, than other children and that they themselves were significantly less likely to use pointing or showing gestures. In addition, the use of "joint attention" gestures was found to be positively associated with language ability. This suggested a developmental relationship between these two levels of functioning which found confirmation in the further explorations of joint attention by Sigman, Mundy and their colleagues (below).

Working with young children (3-6 years) matched for intellectual ability as well as age, these researchers set up a 25-minute social/play session, which was video-taped. With the experimenter making positive efforts to engage the children, each child's non-verbal communication was rated in relation to three categories of 'investigator-oriented' behaviour. 1) "Social behaviour", referring to the child's capacity to elicit attention or physical contact and to engage in turn-taking, 2) "joint attention" behaviour, that is using gestures to direct attention in order to create a common focus of attention with the experimenter and 3) "requesting" behaviour, gestures and actions intended to obtain help with objects or events. Joint attention also included 'referencing', that is to say, a pattern of alternating looking between a toy and the experimenter and looking to the focus of the experimenter's pointing (Mundy et al 1986, Sigman et al 1986). In line with the findings reported by Landry and Lovelend, it was the paucity of joint attention and indicating behaviour that most clearly distinguished the autistic subjects from the
control children. Autistic children rarely engaged in “referential looking”, pointing to objects or showing things to a care-giver and they also walked away from personal interactions more frequently than the control children.

These studies have also drawn attention to a relationship between subjects’ joint attention skills and language abilities. In further exploratory studies, Mundy discovered that autistic children’s language development was predicted not by measures of initial language rating or IQ, but rather by the initial measures of gestural, non-verbal “joint attention skills” (Mundy et al 1990). Another study carried out by Baron-Cohen adds to the evidence of a specific impairment in autism of the capacity to engage in joint attention activity (Baron-Cohen 1989a). In this study, a group of higher ability autistic children were matched with control groups of normal and Down’s syndrome children and tested on the ways they interpreted different kinds of pointing by the experimenter. Again, the principle finding related to proto-declarative pointing. The majority of the controls looked along the line of the point, some asking “what is it?”, while only 2 out of 20 autistic children reacted in this way. Most failed to respond at all.

These significant studies of joint attention have highlighted one relatively specific social impairment in autism, not attributable to cognitive or linguistic ability and not generalised to all forms of social interaction. Autistic children were found to be responsive to games of physical contact and to use eye contact and gesture in relation to requesting situations. What has been highlighted in the demonstration of these specific differences is that something of intrinsic importance to cognitive and language development is involved in autistic children’s lack of engagement with people. Whether a failure or a refusal, the difficulty lies in the interpersonal, psychological and subjective elements of relationship. Whatever the nature of the antecedents, this inter-subjective linking, which forms the basis of attachment, is missing.
1.2.5. The intersubjective theory of autism

The sharing of subjective experiences, seen to be so diminished in autistic children, relates to the processes involved in empathy, psychological sharing and the sharing of feelings. Video-tapes of some of the joint-attention experiments referred to in the previous section, were subsequently also used to rate the assessed affect expressed towards the experimenter (Kasari et al 1990). Facial expressions were coded at intervals using a standardised coding system (Izard 1979). Results showed that levels of positive affect shown towards the adult by autistic children were uniformly low but, more significantly, that divergences from the behaviour of normal children was greatest during joint attention situations. Affect sharing by autistic children seemed to decrease in the very circumstances which produced an increase of affect sharing among normal children who tend to show increased pleasure when gaining an adult's attention to their focus of interest.

The evidence of this autism-specific abnormality has been supported by two face-to-face 'naturalistic' studies of children's interactions with their mothers and other professionals in home-like situations of play and snack-time. In one (Snow et al 1987), autistic children were found as likely to display positive affect at random, self-absorbed moments as in the context of a personal interaction in contrast to control children almost all of whom expressed positive affect towards another person. The second study (Dawson et al 1990) showed striking differences in the interpersonal coordination of affect. Whereas there were no significant differences between the autistic subjects and the controls in relation to the frequency and duration of gaze at the mother's face or in the frequency and duration of smiles in a face-to-face interaction over a snack, autistic children were much less likely than normal children to combine smiles with eye-contact in a single act seeming to convey intent to communicate feelings. In addition, 10 out of fourteen normal children smiled in response to their mother's smile while only 3 of 15 autistic subjects ever did so. It was also reported in this study, that mothers of autistic
children were less likely to smile in response to their children’s smile. Whatever the explanation for this, coordination of affect is further reduced and correspondingly, the conditions for the development of attachment can also be considered to be diminished.

Another set of studies has examined the interpersonal coordination of affect between autistic children and adults, where the adults have simulated feelings of fear, distress and discomfort (Sigman et al. 1992). The behaviour of 30 autistic children (mean age 4 years) was observed and coded when an adult pretended to hurt herself with a hammer, to be frightened by a remote-controlled robot and to be taken ill, feigning discomfort. In each of these situations, the autistic children were unusual in rarely looking at or relating to the adult. The autistic children were unengaged either at the level of the interpersonal affective relationship or with another person’s emotional concerns and expressions or their attitudes towards real objects and events.

1.2.6. Theories of emotion -perception in autism

Other theorists take the view that the “joint attention” deficit in autism is evidence that the impairments of autism are so severe that definitions in terms of capacities for metarepresentation and mentalisation fail to recognise the very basic nature of the autistic breakdown of social ability. Of those who suggest a more fundamental impairment, Hobson (1993) maintains that the mentalising deficit is but one sequela of a deeper primary impairment that prevents the child from achieving normal intersubjectivity. He views autism as an interpersonal impairment, which can only be defined in terms of the child’s relationship to caregivers.

Hobson’s hypothesis is formulated on the evidence of the impairment in autism of the processes involved in joint attention and in person-to-person affective exchanges all of which he includes in his concept of ‘triangulation’; the triangulation, that is, of attention and emotion involving infant, adult and object of attention. He has also stressed the
"indissoluble connections among affectively patterned interpersonal relatedness, affective responses and the perception of emotional expressions" (Hobson 1993) and proposes that the perception of emotional expressions entails the potential for appropriate forms of emotional responsiveness so that a severe impairment in responsiveness may be associated with a severe impairment in the capacity to perceive emotional states. He suggests the possibility of an “affective agnosia” with selective inability to recognise rather than to respond to expressions of feelings by others.

This perspective has led to the investigation of emotion-perception deficits as a possible explanation for the poor affect coordination found in autistic subjects. The most interesting outcome of these experiments has been the finding that regardless of level of performance on emotion-recognition tasks, subjects with autism appear to go about the task in ways very different from controls, anticipating Bowler’s finding in relation to Asperger children (Bowler 1992). A particularly striking finding was how little disruption seemed to be experienced by the autistic subjects when presented with faces for recognition that were inverted (Langdell 1978, Hobson et al 1988). Hobson designed an experiment to exclude non-emotional cues in face recognition, isolating “feel” factors as far as possible, in order to advantage emotion sensitive subjects. Results showed that autistic and non-autistic subjects were equally good at sorting full-face pictures, both according to emotions portrayed and according to individual identifying features. When non-emotional cues were reduced, however, the performance of autistic children declined much more abruptly than the controls and it seemed that autistic children were relatively unable to use the “feel” in the faces to guide them. The tasks were repeated with the same pictures of the faces, turned upside-down. The performance of the controls dropped substantially while that of the autistic subjects was significantly superior to the controls in matching both identities and emotions. A striking result, but one which was in keeping with Langdell’s (1978) study. Failure to recognise emotional expressions leaves open the question of causal priority since this could be explained by either a cognitive or an affective primary deficit or as a secondary
consequence of some other deficit. Although Hobson assumes a brain abnormality as
causal, he is in no doubt that the primary impairment concerns relationships with people
and can only be understood in this context, one which is also the wellspring of
attachment.

1.2.7. The theory of pre-mentalising deficit in autism

Arguments have been advanced by Klin, Volkmar and Sparrow in support of their view
that the social deficits involved in autism relate to social behaviours that develop well
before even the earliest signs of mentalising or metarepresentation appear. They used
the first 20 items of the Vineland Adaptive Behaviour Scales (Sparrow et al 1984) to
assess behaviour in young autistics (mean age 4.3 years). These were items relating to
behaviour normally expected to appear by age eight months. Significantly fewer
children with autism were reported by their caregivers as regularly showing 9 of the 20
early social behaviours. Their results led them to conclude that the social deficits in
autism include very basic and early emerging socially adaptive behaviours. Some
autistic children did show most of the early social behaviours and doubt remains about
the existence of sub-groups related to higher ability. Rogers and Pennington (1991) have
also argued that the primary deficit in autism may be a social-cognitive one, which
results in mentalising deficits as well as the emotion recognition problems. They
suggest, too, that infants with autism may have deficits in imitation and emotion sharing
which limits the baby's capacity to use the mother's bodily expressions as a source of
social and emotional data. Meltzoff and Gopnik (1993) stress the role of normal infant
imitation in social development as the origins of emotional "contagion" and suggest that
this innate system of imitation may be defective in autism.

1.2.8. Psychoanalytic theories of autism

Pre-eminent among psychoanalysts interested in pursuing Kanner's discovery of autism
(Kanner 1947) were Margaret Mahler and Bruno Bettelheim who applied to autism
Freud's ideas concerning primary narcissism and the need for a stimulus barrier in infancy (Freud 1920). As already mentioned, the first theory, that of 'normal autism' was one which collapsed in the face of contradictory empirical evidence that was incontrovertible and this theory was finally withdrawn by Mahler in 1985. In a more modified form, that approach to thinking about autism survived in the concept of 'psychological birth' (Bettleheim 1967, Mahler et al 1975). The notion of a 'psychological birth' was also central to Tustin's work (Tustin 1972, 1981). She considered autism to be the result of premature 'psychological birth'; an infant exposed too early to harsh emotional realities that overwhelmed the emergent psyche so that the child remained cocooned in or withdrawn to a primitive and isolated world of auto-sensory experience.

The birth of the psyche was a concept that inevitably began to resurrect speculations about the role of the mother in such a process but the question has led to entrenched theoretical divisions on the subject. Empathy and awareness of mental communication are likely to be closely associated with primary physical and sensual experiences and therefore with the mother's physical care of the baby. Her ministrations and regulation of physiological needs contribute to a sense of embodiment or self-boundedness, the importance of which is best demonstrated in the experiences described by those in whom feelings of embodiment are problematical. Pathological conditions in which connectedness with the body is perilous are described by patients in terms which range from intermittent 'depersonalisation' and 'derealisation' in schizoid personalities to concrete threats of disintegration, dissolution and loss of existence in cases of severe obsessionality and psychosis (Spensley 1995a).

The relevance here of the psychobiological perspectives of the origins of the child's tie with the mother, have recently been given a new impetus in in-depth studies of parent-infant relationships in rats. More is now known about the quality and significance of parent-infant relationship in the rat, than in any other mammalian species. In the case of
the infant rat, even its physiological functioning is determined by the quality of
mothering it receives. Polan & Hofer (1999) suggest that the model of attachment
behaviour developed in these studies may ultimately inform new hypotheses concerning
the biobehavioural origins, not only of normal human infant attachment, but also its
developmental disorders.

1.2.9. 'Conjoint' attention as a common factor in theories of autism

Conjoint attention is introduced in this thesis as a concept referring to the coordination
of the two major modes of perception, the visual and the auditory. Both Freud and Bion
regarded visual perception as the basis of the earliest form of thinking which was
unconscious and ideographic, preceding words. The development of communication and
language, however, is dependent on auditory perception and it will be argued in this
thesis that it is the combining of visual and auditory perception which creates mental
space and gives birth to the perception of psychic qualities. The visual and auditory
modes of perception are regarded, therefore, as the coordinates of mental space,
providing the matrix for psychic development and internalisation. This is a theory that
proposes that 'conjoint' attention is a factor underlying all existing theories of autism. It
is consistent with the notion of a 'psychological birth' and the breakdown or failure of
conjoint attention (or psychological birth) is crucial to the investigations of cognitive
deficit and mentalisation, of impairments in joint attention, of impairments in affect
sharing, of affective agnosia and it pertains also to the developmental period identified
in the theory of pre-mentalising deficit. It is a theory that differentiates between the
introjecting and projecting components of communication and takes account of the
differential impact of failure to internalise and failure to project.

Conjoint attention proposes that it is the conjoining of visual and auditory perceptions
that provides the spark for psychic life and the emotional experience of psychic
awareness. Absence or impoverishment of psychic life does not mean that cognition and
certain intellectual forms of mental activity may not proceed. The sense of sight has been cardinal in evolutionary development and dominates the world of science and our outlook on the outside world. To make contact with and to communicate with people and living things, however, requires the sense of hearing to mediate emotional communication and language and it is the conjunction of hearing and seeing the object which generates the possibility of an internal as well as an external experience of the object. This is not to say that other senses may not also contribute to ‘knowing’ the object (Meltzer et al 1975) but auditory perception has an important function in binding the visual perception of the object. The separating of the sense impressions or the failure to conjoin particularly, visual and auditory modes of perception of the object may be a factor involved in the phenomena in autism of both islet abilities, reliant on the visual mode of perception and in the autism-specific failure to understand relationships with people, found in Asperger syndrome as well as in certain psychotic conditions.

1.2.10. Summary and conclusion

As theories of autism have grown more sophisticated, the significance of affective factors has been of increasing interest. In a condition characterised by manifest intellectual and cognitive impairment, the role of affect has been complicated to determine. Controversies about whether cognitive deficit is intrinsic to or conducive to the social and affective impairments, or affective factors contribute to cognitive deficit have yet to be satisfactorily resolved. What has been firmly established is that autistic children have unusual, autism-specific modes of relating to others. They mostly remain unengaged in personal and emotional ways with other people and they are unconcerned by others’ expressions of suffering fear or pain.

At the same time, active moves by autistic subjects to reduce even further their interpersonal engagement were noted in certain situations. In ‘joint attention’ tasks, the very circumstances which stimulated emotional sharing in normal children, prompted a
reduction in sharing activity in the children with autism. This 'reversal' behaviour is
echoed in the autistics' superior performance in tasks where faces for identification and emotion recognition are shown upside-down. A task presenting normal children with considerable problems appears to become easier for autistic subjects, whose performance was superior to the controls. In relation to the theory of conjoint attention, the observation that autistic children did not use 'feel' factors in identifying faces, would mean that they were ordinarily untrammelled by internalisations. A task in which the personal and emotional cues were being distorted by inverting the presentation of faces, would then present no additional problem for them. The concrete and exclusive reliance of the autistic subject on the visual mode and on observational cues would, in these test circumstances, be an advantage.

These reversals of behaviour in sharp contrast with the reactions of normal subjects, reawakens relationship questions in connection with autism, since it is clear that the autistic individual is not simply unable to engage with others but actively avoids situations which promote engagement. The theories of Mahler and Tustin and the theory of conjoint attention suggest a positive attraction towards auto-sensory preoccupation in autistic subjects which necessitates the exclusion of auditory attention to the non-self object. The active opposition to personal engagement which has been demonstrated in experimental situations with autistic subjects, is likely to be operative also in their family situations, with consequent relevance to the devastation of attachment relationships there.

The exploration of parenting stress and its determinants has received considerable research attention in the last two decades and studies frequently include families with a learning impaired, physically handicapped or other difficult-to-parent child. The complexities and inter-relating factors involved in investigating parent-child relationships are well recognised; particularly, that full investigation of the factors involved in child development must include not only the effects of parents' child -
rearing practices on their offspring but also the question of “why parents parent the way they do” (Belsky 1984)

1.3. PARENTING STRESS

In the last twenty years, research into the determinants of parenting stress and its implications for child development has expanded rapidly. The resulting research findings and theoretical concepts present the complexity of the task of parenting and its multiple determinants. The task may be undertaken in circumstances that are inauspicious; limited personal or physical resources in the parent or in relation to a child whose physical or mental attributes make him exceptionally difficult to parent. The vast literature on the stresses of parenting and on the parenting of children with a developmental handicap will not be reviewed here but since autism is a pre-eminent stressor and many studies in this field have included parents with autistic, Down Syndrome and physically handicapped children, the relevance of stress and of findings in respect of the populations sampled in this study are discussed.

The research tool widely used in the study of dysfunctional parenting and child outcomes is the Parent Stress Index (PSI) which was constructed in 1978 by Abidin and Burke as a means of investigating the very complex phenomena involved. The variables included in this model continue to be significant but the model has subsequently been refined to take more account of differences of stress potential in the variables and of the interactive effects between variables (Belsky 1984). Furthermore, and of relevance to the concept of attachment, it was recognised that account had to be taken of a wide range of parental personality factors and the parental perceptions and cognitions that were found to mediate the stress response and determine the impact of these stressors on parent-child interactions (Webster-Stratton & Hammond 1988). Three general sources of influence on parental functioning have been identified: 1) the parents’ ontogenic
origins and personality resources, 2) the child's characteristics and 3) the contextual source of stress and support (Belsky 1980). Research now proceeds on the assumption that all stressors relate to three influences and are a function of extra-familial, inter-parental and child factors (Webster-Stratton 1990). Today, dynamic multivariate models are employed to provide a structure for testing and for guiding the exploration of parenting stress and child outcomes; models that can acknowledge the interactions between variables as well as changes in behaviours and cognitions "as a function of recursive events" (Abidin 1990).

Using all possible combinations of the PSI variables, Belsky demonstrated that if any of the three systems of influence was at risk, optimum parenting would best be protected when parental personality resources remained intact (Belsky 1984). Child characteristics, for example, were found to be relatively easy to overcome and he cited premature birth as an example. Results from the present study offer some support for such a view, in the attitudes of acceptance and dedication found among many parents particularly the parents of the Down's and Rett's syndrome children. Parenting among these groups seems to have been strongly influenced by enduring personal characteristics of tolerance and patience in the individual parent; those characteristics, in part at least, a product of the individual's personal developmental history, including their own early attachment experiences.

1.3.1. Optimal child functioning, parent maturity and attachment

Examining the research literature for indications of the particular qualities of parenting which promoted optimal child functioning, Belsky concludes that there is some evidence to support the notion that personal maturity and psychological well-being in the parent and growth-promoting parenting are co-variant (Belsky 1984). In this paper he quotes the data from studies of teenage mothers (Jones et al 1980) who were found to be less responsive to their babies and to have less realistic expectations for their
development (Field et al 1980). Direct evidence of a positive association between quality of parenting and personality is derived from a study by Mondell & Tyler (1981). Their data suggested that high levels of personal self-regulation and control, together with high levels of interpersonal trust, were linked not only to an active coping style on the part of the parents but also to high levels of warmth, acceptance and helpfulness and low levels of disapproval in interactions with their young children; a state of affairs that could also be described in terms of secure attachment. Studies of psychologically disturbed mothers (Baldwin et al 1982, Rutter 1966) yield even more compelling evidence of the influence of personal psychological attributes on parental functioning. Depressed mothers, it has been observed, create a disruptive, hostile, rejecting environment that undermines child confidence and functioning (Colletta 1983) while the disruption of emotional regulation in the babies of depressed mothers has been demonstrated by Murray (1992). From his analysis of the literature, the process model of parenting which Belsky arrived at, is one which links the parents’ own developmental experiences with healthy adult personalities which in turn are capable of providing sensitive parenting which promotes optimal child development, and, in terms of attachment theory, one might add, secure attachment.

The growing sophistication of empirical studies of parent-child interactive stress has led in the direction of seeking a more comprehensive theory of parenting behaviour; one to include the mediating role of parent cognitions in their response to stress (Benoit et al 1989). An in-depth review of behaviourally oriented studies of parent-child interaction in families with hyperactive and physically abused children (Mash & Johnston 1983b) concluded that parental cognitions were central in determining parenting behaviour. Differences in behaviours between the two groups demonstrated that parental behaviour towards the child could not be predicted on the basis of the child’s behaviour alone. In her study, Webster-Stratton (1990) placed the parents’ psychological adjustment high on the list of determinants of how stress will influence parent-child interactions.
Attachment theorists come to similar conclusions, that the early experiences of infancy are of vital importance for security in adulthood and that the evidence suggests that emotionally secure individuals promote security in their children (Ainsworth, Blehar Waters & Wall 1978, Egleland & Sroufe 1981, Belsky 1984, Bretherton 1985, Rutter 1987, Kernberg 1989, Parkes, Stevenson-Hinde Marris 1991). Failures in or disruptions of parental care which betray the infant’s dependency on its mother (or mothering substitute) are seen as having serious consequences for the secure development of the child and its healthy adulthood (Main 1990, Sroufe 1990). That infants have an urgent need for unconditional loving care from their mothers, Bowlby saw as intrinsic to survival and as such, biologically determined (Bowlby 1969, 1980).

1.3.2. Stress, attachment, and children with disabilities

Many studies of parenting stress focus on specific child populations; on the stresses involved, for instance, when parents are presented from birth with the task of caring for a handicapped or a developmentally disordered child. Whatever the personal and physical resources available, parents are expected to cope, one way or another, with children whose very difficulties may make them exceptionally difficult to parent. Despite this, there is evidence to suggest that in the majority of cases, parents do indeed cope (Spencer & McLoyd 1990) and there was some confirmation of this finding in the present study, where it seemed that many of the parents interviewed had been able to draw on remarkable fortitude and courage in the face of very severe strain in caring for children suffering exceptional distress: lack of sleep, constant monitoring of the child and the particular stress resulting from having to care for a child in severe distress when the child seems out of reach of comforting.

Less research attention has been paid to the problems of caring for chronically ill children and the harrowing circumstances which can be associated with that. In a review of the literature Hauenstein outlines the unique factors and stresses involved in the need
for vigilance and monitoring of the child (Hauenstein 1990). She concludes, however, that there is no evidence to suggest that the high degree of stress associated with the care of a chronically ill child would inevitably lead to adverse outcome and high levels of parental stress or family dysfunctioning. On the contrary, she urges a revival of research interest in this quarter, particularly in relation to the possibility of positive outcome, from which, she suggests, we may have much to learn. This somewhat startling observation is one which is endorsed in this study by the interviewer’s impressions in talking with the mothers of children suffering from Rett’s syndrome (a degenerative developmental-neurologic disorder), some of whom spoke of how much they had gained from the experience. In one instance, an exceptionally philosophical mother still felt grateful for the child she had been granted, even although the Rett child was her only child.

1.3.3. Stress, attachment and children with autism.

High levels of stress are undoubtedly suffered by parents caring for an autistic child and in the Adult Attachment Interviews carried out in the present study, references to the strains of living with autism, are frequent and heartfelt. In relation to autism, the significance of factors specifically linking the quality of the maternal relationship to the autistic child’s impairment has attracted little attention since Kanner’s first attempt to investigate such a link (Kanner 1943, 1944). The research which followed Kanner’s early suggestion of such a link, did not support his hypothesis (Hermelin & O’Connor, 1970) and the notion of a psychological factor in autism was dropped in favour of cognitive impairment assumed to be unrelated to affective factors (Rutter 1983). Although interest in the role of psychological factors in autism has been sparse in the research field since then (Netley et al 1975), the notion has been tenaciously retained in the popular mind (Steffenburg & Gillberg 1989) and, it may be said, in the minds of some of the mothers of children with autism (Hocking 1990 and comments by mothers in this study). In a review of the literature on parents, McAdoo & DeMyer concluded
that there was no evidence that parents of autistic children were involved in the aetiology of autism (McAdoo & De Myer 1978). No controlled studies have been published to support the idea that mothers of autistic children “have been socially involved in the aetiology or pathogenetic mechanisms of their child’s disorder (Steffenberg & Gillberg 1989) and the question has been displaced by the arguments in favour of hereditary factors (Rutter 1977, Gillberg 1988, Steffenburg et al 1989).

In the context of parent-child interaction, a rapidly expanding area of research, there is ready acceptance of the problems created by the autistic child as a source of parental stress (Hoppes & Harris 1990). Concern about parent-child interaction and parent stress has increased urgently not only as a result of the rise in incidence of child abuse and neglect (Abidin 1990) but also with the clinical findings that disturbed inter-personal relationships are a characteristic of adult borderline personality disorders and that this is almost invariably found to be linked with early dysfunctional relationships in the patient’s childhood (Kernberg 1977, Rutter 1987)).

Children now diagnosed with attention deficit hyperactivity disorder (ADHD) present behaviour which, by its restlessness inattention and non-compliance is similar to that of autistic children. ADHD children and their parents have provided a ready research focus for the study of parenting stress and the findings in some of these studies are of some interest and relevance to the present investigation of maternal attachment in relation to the stress of parenting an autistic child. In a review of research concerning the parenting of ADHD children, Fischer found increased stress reported by parents of hyperactive children together with a suggestion of parental psychopathology independent of the child’s pathology. Marital discord was also more prevalent in these families (Fischer 1990). In her suggestions for future research directions, Fischer included the need to attend to the personal resources and perceptions of parents as possible factors mediating stress.
Studies of the parenting stress involved in the care of children with attention deficit hyperactive disorder (ADHD) have highlighted the question of causal direction. A number of studies suggest bi-directional effects (Fischer 1990) and there is evidence in relation to ADHD, children that the characteristics of the child produce particular stressors that have an effect on the behaviour of parents and on family functioning. This reciprocating sequence of cause and effect is relevant also to the stresses suffered by the parents of autistic children.

Causal direction and maternal cognitions as a mediator of stress were the subject of Mash and Johnston’s study comparing families of hyperactive and physically abused children; two groups where the direction of stress was likely to arise from contrasting sources (Mash and Johnston 1990). They studied the role of maternal cognitions as a mediator of stress in the two types of families. With relative differences in their degree of influence, maternal cognitions emerged as important contributors to parent-child interactive stress. Three types of maternal cognitions were selected as showing an influence on parent-child interactive stress in both types of families: 1) perception of child behaviour, 2) attributions for child behaviour and 3) parenting efficacy. These researchers also stressed the need for a more dynamic model of cognition to include affect, interaction and reciprocal modifications “in an on-going dialogue of parent-child interaction”; a model closely approximating the interpersonal relationship functioning of the attachment model.

Stress in families with an autistic child was investigated by Rodrigue and his colleagues who compared mothers of 20 autistic, 20 Down’s syndrome and 20 developmentally normal children (Rodrigue et al 1990). Results revealed that mothers of autistic children reported less parenting competence, less marital satisfaction and less family adaptability than mothers in the other two groups did. Interestingly, they also reported more family cohesion, a finding that was supported in the present study.
The lack of interpersonal responsiveness in autistic children was found to be a source of parental stress in a study comparing attachment and maternal gratification in mothers of children with autism and Down syndrome (Hoppes and Harris 1990). This finding confirmed an earlier comparative study of mothers of children with autism and Down syndrome (Holroyd and McArthur 1976). Both conclude that mothers of autistic children whilst experiencing some affection and attachment from the children, do feel that they are less responsive and less strongly attached to their parents than they would wish. Watson’s observations of mothers’ interactions with children with autism suggests that this lack of responsiveness may come to be reflected in the mothers’ way of relating to the child. She noted that these mothers tended to direct verbalisations to something not within the child’s focus of attention, much more than mothers of typically developing children (Watson 1998). Dawson (1990), in studies of mothers’ interactive behaviour with their children, observed that the mothers with an autistic child smiled less at their child than control mothers with their children, although this was seen to be related to the children’s rarely looking at their mothers. It cannot be assumed either that mothers would relate to other of their children in the same way as they do to the autistic child. There is little evidence, either, despite the apparent stability of the representations of past attachment experiences, that all children of the same parent manifest the same pattern of attachment (Main and Weston 1981).

1.4. MOTHER-CHILD INTERACTION AND ATTACHMENT

The quality of maternal responsiveness has been studied as one important factor contributing to relationship stress in the task of parenting. Measures of maternal responsiveness have been based on observations of mother-child interaction and generally fall into two categories, quantitative measures and qualitative assessment. Quantitative measures, involving short-term observations, focus on timing and frequency of maternal behaviour following specific child behaviour (Brooks-Gunn &
Lewis 1984, Tannock 1988). The alternative strategy, using the naturalistic observation method, assesses global characteristics and rates the quality of the maternal interactive style. Maternal qualities such as warmth, spontaneity and responsiveness would attract the highest ratings and although this approach may be considered more subjective, these global measures have sometimes been shown to be more powerfully predictive than detailed counts of behaviour (Bakeman & Gottman 1987, Brown & Bakeman 1977).

1.4.1. Causal directions

Although many theories and research findings in relation to parental stress and attachment imply causal direction, much of the evidence remains unclear on the question of causation. For example, the very significant correlation between marital discord and deviant child behaviour is interpreted in opposite ways by different researchers; some arguing that marital discord leads to increased behavioural disturbance in children (Emery & O’Leary 1982) whereas others point out that deviant child behaviour may create greater marital dysfunction (Gilberg et al 1983).

Studies calling for more attention to the way mothers perceive and think about the mother-child interaction strongly imply some maternal involvement (Mash & Johnston 1990) while a more recent study of the parenting of children with hyperactivity suggests that the quality of parenting provided for hyperactive children may indeed contribute to their behavioural difficulties (Woodward 1998). Causal directions are also implied in Bowlby’s concept of a ‘working model’ of attachment. The organisational function of attachment contained in that model and demonstrated in studies of child behaviour, has far-reaching theoretical implications for subsequent capacities both for the mediation of the individual’s future personal relationships and for the organisation of his mental life.

A number of studies (behavioural and pharmacological) suggest bi-directional effects (Fischer 1990) with growing evidence that in the case of ADHD, the characteristics of
the child produce unique stressors that have an effect on the parents’ behaviour and on family functioning. Watson’s observations (Watson 1998) seem to lend some support for this view suggesting that the mothers of ADHD children use indirect ways of responding to the difficult-to-engage child and in this respect, differed sharply from the controls. Watson suggests disorder in the mother’s capacity to relate as a direct consequence of the child’s failure to engage. This study is relevant to the parenting of children with autism and to the hypothesis that children with autism may serve to disorganise the mother’s attachment system.

1.4.2. Mother-child interaction and the Internal Working Model of attachment

Attachment theory, developed by John Bowlby, is firmly rooted in the primary biological significance of attachment as the mechanism of ensuring the infant’s protection and survival. The concept of attachment to persons constitutes more than the behaviour elicited by basic feeding reflexes (Ainsworth & Bell 1969) and it is also to be differentiated from the mechanisms of imprinting and bonding in animals, although the science of modern ethology is now providing a strong base for the science of human behaviour and psychology (Tinbergen 1951, Lorenz 1957a, 1966). Attachment is emotionally rooted and foundational to infant development but emotional communication requires listening to as well as watching the object unlike animal bonding which is strongly associated with visual cues. (Lorenz 1957). Secure attachment has been found to be positively correlated with an autonomous and coherent sense of self and this facilitates social and intellectual self-confidence (Bowlby 1944, Ainsworth & Wittig 1969). There is also growing evidence that insecure patterns of attachment have an influence on the developing thought processes of the child and may determine ultimate capacities for coherent thinking (Main 1973, 1991).

Essentially an organisational construct (Sroufe & Waters 1977), Bowlby’s concept of an ‘internal working model’ of attachment is based on the idea of the very early formation
of mental schemata which develop from the integrated representations of primary relationship experience (Bowlby 1980). The 'internal working model' not only mediates future relationships, on the basis of expectation but also provides the template which will shape self-perception. The concept relates closely to the idea of the 'internal object' proposed by object relations theory (Balint 1968, Fairbairn 1952). Inherent in this is the recognition of a personal empathic level of interaction which, when secure and emotionally nurturing, generates confidence and reciprocity in personal relationships. It is the structuring function of attachment, a quality associated with learning from experience, internal and external, affective and cognitive, which signifies that it will determine the course of mental development and its functioning. This approach to understanding mental and emotional development concurs also with Bion's psychoanalytic propositions concerning the emotional foundations of thinking (Bion 1962a).

Bowlby's theory stressed not only that the human infant's attachment to its mother had primitive survival value but also that the early experience of attachment was a testing ground in which the working model for all subsequent human relationships was laid down. This postulate received empirical support in Ainsworth's work on individual differences of attachment behaviour (Ainsworth et al 1978) and in the findings that infant patterns of attachment behaviour had temporal stability, some predicting aspects of later development (Grossmann et al 1985, George & Solomon 1989, Main 1988). Recent research confirms not only that attachment characteristics are laid down in infancy but that they are enduring and strongly predictive of future adult attachment patterns (Main & Hesse 1990, Ainsworth 1991, Main 1993, Steele & Steele 1994). The differences between infants in terms of their attachment behaviour, have been found to be closely associated with the characteristics of the care-giving which the infants have experienced (Sroufe 1983, Grossmann et al 1985, Main 1985). Moreover, these differences in the quality of attachment relationships have also been found to be positively associated with intellectual and social achievement.
1.4.3. Autism in relation to an ‘internal working model’

Whilst there is a wide range of individual differences in the attachment behaviour manifested by infants, autistic behaviour is exceptional in the striking absence of emotional engagement and reciprocity. In autism, a very different organisation of attention is revealed in which acknowledgement of the personal significance of the carer is largely missing. Absence of emotional reciprocity suggests that particular carers may not be ‘held’ in mind, making it problematic for the child to have any concept of continuity of care. This raises the possibility that affective experience may be far more critical to the processes involved in the development of cognition than was traditionally assumed when the human personality was neatly compartmented into affective, conative and cognitive components (Rutter 1983). The ‘Theory of Mind’ theory of autism postulates that autism may constitute a specific deficit of cognition necessary for the representation of mental states, ‘mentalisation’, (Wulff 1985, Leslie 1987) and there is now strong experimental evidence to support this. However, the mentalising deficit can also be seen as one of the sequelae of a deeper impairment of inter subjectivity and emotion-perception deficit in autism has become the focus of Hobson’s studies (Hobson et al 1989, 1993). At the same time, the long recognised contribution of emotion in furthering our understanding of psychopathology is also attracting the attention of investigators (Izard 1977, Cicchetti & Sroufe 1978, Cicchetti 1995) with emotion regulation seen as critical to the development of a balanced mind.

Empirical studies of the stresses of parenting and their relationship to child outcomes have been progressing in the direction of recognising the need for models of greater complexity to take account of factors beyond main interactions and effects. In particular, the role of parental cognitions and perceptions in parent stress means that the impact of more distal factors such as socio-economic conditions and marital relationships are now understood to be mediated by the parent (Mash & Johnston 1990). How this mediation takes place requires a research approach that can explore the parents’ cognitive and
perceptual processes and in this, attachment research is currently leading the way. Systematic observations of the attachment behaviour of infants and follow-up studies of children who were observed in infancy, have now yielded significant results in demonstrating the effects of secure and insecure attachment (Main & Goldwyn 1984, Fonagy et al 1991, Allen et al 1996). In the present study of attachment relationships in mothers having a child with learning impairment, the focus of interest lies in the examination of the nature and role of attachment, since the predominant characteristic of the index group is the severe disturbance of attachment.

1.5. THE THREE SAMPLE POPULATIONS

To investigate the attachment characteristics of mothers with an autistic child, a group of 27 were matched with mothers having a child with a learning impairment of different diagnostic origin. To test the hypothesis that the autistic child, specifically, might serve to disorganise the mother-child attachment system, mothers with a Down’s syndrome child and mothers with a Rett syndrome child were matched, to form two separate control groups. All of the mothers had children in whom both low IQ, and delayed speech and language presented challenges to their capacity to adapt to new circumstances in relation to hopes and expectations of their child and its future. Behavioural difficulties, and parental frustrations encountered in the context of a child’s limited understanding and learning ability present all of the mothers with comparable problems. Mothers with a Rett Syndrome child were included because of further similarities with the index group in their having a baby whose first year was relatively free of diagnostic questions and anxieties. Indeed, early diagnostic indicators of Rett syndrome are sometimes mistaken for autism (Gilberg 1986).

The groups were matched for age of the impaired child but could not be gender matched. Autism is much more common in boys (Wing 1981, 1988a) while Rett
syndrome, as yet, has only been found to occur in girls. In Wing’s survey the sex ratio in children with IQs over 50 was 1:15. In this study the autism group contains only one female despite efforts to recruit more girls. In the Down’s syndrome group, the sexes were roughly balanced. The groups were also balanced in relation to the age of the mothers. The majority of subjects were aged between 25 and 35 years. Four mothers were considerably older than the average for the samples. The four were over 50 years old and included one autism group, one Down group and two Rett group subjects.

1.5.1. The autistic child and his mother

Autism is an extreme form of mental disturbance, which makes its appearance almost always within the first three years of life. It’s most conspicuous characteristic is a severe impairment in attachment behaviour such that the child seems to become emotionally unreachable to the carer. Such children markedly lack curiosity about other persons, including their parents, and show little or no desire to engage with or even cooperate with them or share in their pursuits. Insofar as such children become a living demonstration of the significance of affectively led relationships with the world outside the self, they are of considerable research interest. Children with autism conduct themselves with a degree of detachment which gives the impression of their living in a private world of their own and a crustacean analogy of ‘living inside a shell’ is frequently used by their parents. Mothers, regularly, report their bafflement and frustration and the growing despair they experience as they find themselves defeated in their efforts to make contact with children who seem to inhabit a different universe.

Paradoxically, the children themselves seem to generate intense curiosity, presenting a total challenge to the power of human communication. In addition to their research interest, the children can become a focus of tantalising challenge to parents and teachers, who speak of the frustrations of feeling both close to, yet so far away from meaningful communication with the autistic child. A significant number of parents have
written books about their experiences of the endless struggle to understand the enigma which is their child and of their many attempts to break the deadlock of failure to understand or be understood (Park 1972, Copeland 1973, Hocking 1985, Shatock, P. 1988, Namack 1990, Shatock, C.1993, among many others) Images which recur are of finding the right switch or pressing the right button to unlock the child and free him from his invisible prison. The image strongly conveyed in these accounts is of potential waiting to be activated, as if parents perceived a child with normal potential, but living just out of reach of it and of them. Despite the odds, parents strive to grasp at some sense of comprehension and normality (Swackhamer 1993).

1.5.2. The Down’s syndrome child and his mother

Down’s Syndrome (DS), first described by John Langdon Down in 1866, is a congenital chromosomal abnormality which affects about 1 in 700 babies born. The condition is recognisable at birth because of characteristic facial features - rounded face, small mouth and upward slanting eyes- as well as short limbs and neck. Blood chromosome tests are always given at birth to confirm the diagnosis. While DS children have prominent features in common, they also resemble their parents. Personality and ability are very individual but a degree of learning difficulty is always present with delayed speech and language development. Nevertheless, DS children are able to profit from therapy, training and education and many are now being successfully integrated into main stream primary schooling (Byrne et al. 1988, Pueschel & Brookes, 1990, Carpenter 1997). In this group, mothers experience satisfaction in being able to foster the child’s potential and feel rewarded by the evidence of the child’s steady gradual growth and development.

Adjustment to the shock and disappointment of the birth is crucial and counselling which is sympathetic and informed is now available to help parents to adjust to the new circumstances and to make the most of their Special Needs baby. Some mothers spoke
openly about their initial difficulties, at birth, in accepting the reality of the Down baby and of their belief that there must have been some mistake. In this respect, mothers in this group differ substantially from the mothers of autistic and Rett syndrome children whose experience of disappointment and readjustment comes after an initial period in which the baby is believed to be normal.

1.5.3. The Rett Syndrome child and her mother

Rett syndrome is a developmental-neurologic disorder that has been characterised relatively recently by Andreas Rett in 1966 although it was not until 1983 that the Syndrome became widely known and written about in the research literature. Rett Syndrome is believed to be confined to girls. Probably genetic in origin, it is related to an X-linked dominant chromosome abnormality, which is at present thought to be lethal in boys. The condition occurs in about 1 in 10,000 girls from birth to 14 years. A recent British Isles Rett Syndrome Survey reported 650 women and girls with Rett Syndrome up to 1994.

Onset of the symptoms occurs around 6-18 months when it is first noted by the mother that developmental progress is beginning to seem delayed or that development achieved has been lost. The characteristics of the first stage are loss of interest in surroundings, developmental stagnation and deceleration in head growth. Between 1-3 years, developmental regression takes place and this is unmistakable. Stage 2 is characterised by rapid developmental regression with irritability, loss of functional hand use, stereotypic hand-wringing, loss of expressive language, sleeplessness, self-abusive behaviour; symptoms which cause many of these children to be diagnosed with autism at this stage (Gilberg, 1986, Braddock et al 1993). Sleep disturbances and screaming episodes, related to EEG abnormalities, are the major source of disturbance for parents at this stage and it can last for as much as one year. Stage 3 brings some relief for the parents when the earlier sleep disturbance and screaming episodes subside and the child
may even appear to feel happy, and to enjoy close physical contact. This stage may last for years or even decades before the onset of stage 4 in when motor deterioration and muscle wastage sets in and the patient becomes wheel-chair bound.

Despite, severe mental retardation and almost complete absence of language, parents report an ability to understand the child (Braddock et al 1993). The Rett children of the mothers interviewed in this study were in stage 2 or 3, although some mothers talked spontaneously about the difficulties of earlier times - particularly during screaming periods. Some mothers find it more difficult to accept respite care, the more severe the child's distress, believing that a strange caretaker would make things even worse for the child. 75% of cases of Rett syndrome also experience seizures, with onset at about 4 years, although this can abate with age. Despite profound mental disability, however, emotional attachment to parents does appear to survive and is greatly valued by the parents (Kerr 1986, Braddock et al 1993).

1.5.4. Conclusion

62 mothers, matched for age, were interviewed for this study. The subjects comprised three groups; 28 mothers having a child with autism, 17 mothers having a Down syndrome child and 17 mothers having a Rett syndrome child. Interviews were audio-taped but a few had to be discarded because of tape damage or other failure. The results reported are based on 27 autism group mothers, 16 Down syndrome mothers and 15 Rett syndrome mothers. Most mothers had more than one child, and where the impaired child was the firstborn, there were few indications that it would be an only child.

The particular "mode of existence" (Bosch 1970) of an autistic child is an experience which is as distressing for the mother as it is for the child, if not, indeed, more so. The Rett syndrome child creates a similar predicament for parents at times when no means of soothing the child’s distress can be found. Situations of acute stress feature less in the
families of Down’s syndrome children but they too present parents with the frustrations inherent in bringing up a child with learning and language impairment. In this context, the quality of the attachment ‘working models’ available to mothers, and with which they must try to meet the demands of difficult-to-rear children, is highly relevant. Having a child with autism, Down’s syndrome or Rett’s syndrome is a source of significant stress which may be differentially tolerable in accordance with the degree of attachment security internally available to the mother. The further question explored in this thesis is whether the particularly high degree of stress associated with parenting an autistic child disorganises the attachment system of the mother, so complicating the mother-child interaction.

1.6. THE ATTACHMENT FRAME OF REFERENCE

This chapter has summarised current theories of autism against the background of the developing field of empirical research into the determinants of parenting stress and its implications for child-parent interaction and subsequent child development. For the normal infant, inter-personal relationship is the foundation for psychic growth. The philosophical arguments favouring this view of human development take the two person relationship to be the unit of personal existence, not the individual per se; there is a rule of engagement - an emotional participation “in a form of life” (Wittgenstein 1958). Macmurray regards the unit of existence as two persons in personal relation.

“The personal is constituted by personal relatedness. The unit of the personal is not the ‘I’ but the ‘You and I’.”

(Macmurray 1961).

Our personal human identity is not, then, a matter of individual endowment, but is forged from the empathic relationship, emotionally based, that exists between mother and child. From the organisation of early sensations and perceptions of this relationship,
a sense of personal and mental ‘self’ is construed in the infant mind by virtue of the experience of being treated as a self by another mental self, its mother or primary carer.

Winnicott emphasised the same source of identity in accentuating the mental and emotional ‘holding’ function involved in the maternal feeding role and coined the term ‘nursing couple’ to indicate the closeness and reciprocity between mother and baby which normally develops and is essential to the development of the psyche (Winnicott 1956). The growth of evidence that the quality of parental care which a child receives in his earliest years is of vital importance to its future mental health is one of the most significant twentieth century developments in psychiatry (Bowlby 1953). In the animal world, too, ethologists have demonstrated the importance of bonding between mother and infant and particularly that the bonding response is a separate phenomenon and not to be equated with the feeding response (Lorenz, 1957a). That the essential phenomena of infant attachment (proximity seeking and responses to separation) occur in most mammals studied, suggests that the phenomena have been “strongly conserved in evolution” and that basic underlying mechanisms are likely to be similar for all mammals (Polan & Hofer 1999). Recent studies of the attachment behaviour of rat mothers with their young, provides a comparative perspective and the possibility of new hypotheses concerning underlying biological processes which may help to illuminate the origins of attachment in humans.

Autism is essentially a relationship disorder: a disorder of attachment, a disorder of bonding. It is manifested in the disordered personal engagements of individuals with autism. At the beginning of the twentieth century, it was the capacity to ‘discern relations’ which was widely accepted as a definition of intelligence. Spearman first proposed a unified science of human ability by demonstrating mathematically, that intelligence was a factor common to all cognitive abilities and could be defined as the ability to ‘discern relations and educe correlates’ (Spearman 1927). Early cognitive scientists had little to say about personal and emotional forms of relating and indeed,
insofar as it was possible, made deliberate attempts to exclude affect in their search to identify a ‘pure’ factor of general intellectual ability. Nowadays, there is growing awareness of the potential for affect not only to influence cognitive development, but to be an essential aspect of it (Cicchetti 1995). It is clear that within the domain of affect, too, failure to ‘discern relations and educe correlates’ is an apposite description of the disability seen to extreme in autism. Failure to develop a capacity for affective communication undermines the potential for forming a ‘mental matrix’ for thinking and conditions for the growth of ‘theory of mind’ remain infertile. Current research evidence now strongly suggests that affective factors may be much more influential in what was formerly regarded as the domain of cognition (Dawson et al 1990, Hobson 1993). The processes of perception are now seen to be so intimately related to feeling and action that perception is itself “to be considered as a relational psychological function” (Hobson 1995).

Autistic children are commonly described as treating people more like inanimate objects than feeling beings. Less commonly recorded is the spectacle of a mother treating her child in that way, although there is considerable clinical evidence of this. It happens with some mentally ill mothers and during puerperal breakdown where the very safety of the baby may become a concern (Spensley 1970, Robson & Kumar 1980, Sammuels 1987, Patalan 1992). Hocking’s account of bringing up her first baby, describes a relationship painfully lacking in empathy, which she was only able to recognise with hindsight and after the diagnosis of autism had been made (Hocking 1990). Maternal attachment behaviour and its possible disorganisation in relation to the rearing of autistic children is the focus of this study.

An important concomitant of inter-personal relating behaviour is the capacity for intra-personal awareness and it is the ability to reflect on the self in relation to others and to take a subjective view of the world which is the mark of that evolutionary achievement which differentiates the perceptiveness and intelligence of humans from other primates.
This capacity for self-reflective awareness is intrinsically related to the growth of those cognitive capacities that are distinctive to the human mind. The study of individuals who seem to lack that intersubjective dimension has its own priority in the interests of furthering understanding of the origins of autism and of finding out whether and how children so afflicted might be helped out of their predicament. Another goal, of equal importance, lies in the possibility of elucidating from the deficiencies in autism, the factors that are critical in the development of cognition and the capacity to 'mentalise' experience. There is much to suggest that the personal emotional origins of social life, so conspicuously underdeveloped in autism, also provide a matrix for the formation of a subject-object paradigm in human beings and that this is what is fundamental to the subsequent growth of the cognitive and mental capacities that are distinctly human.

The tradition in psychology of separating the human personality into its cognitive, conative and affective components marginalised the links between them and precluded theories which could take account of the significance of personal subject-object relationships. Today's emphasis is on the nature of those very links and new, more holistic developmental theories, which can include the concept of relatedness, are now being generated. Modern biologists and psychologists increasingly lay emphasis on the similarities of human expressive behaviour across cultures, suggesting that there are detailed cross-cultural similarities in both the meaning and the patterning of expressive behaviour (Hinde 1972).

In the field of attachment research, individual differences in modes and styles of attachment relationships are found to be deep seated and enduring. It now seems a possibility that they contain the grammar of dyadic exchange just as grammatical relations also informed the combining of sound and meaning and ultimately the combining of words into speech. Speaking of the early formation of language, McNeill puts it thus: "The new development is not the appearance of grammar but the appearance of patterned speech to express grammar." (McNeill 1970, italics added) In
the grammar of dyadic exchange, expressed both in attachment relationships and relationships lacking in attachment may be found further clues about the evolution of awareness of being and existence and its distortions in psychosis.

There is now a strong body of evidence to suggest that the capacity to attribute mental states develops normally from the second year of life (Bretherton, McNew and Beeghly-Smith, 1981) and that the operation of a theory of mind can be clearly demonstrated in four year olds (Wimmer and Pemer 1983). Failure to envisage mental activity leaves the autistic child in an intrinsically isolated position in relation to the social group. Without an appreciation of inner mental life in other persons, the autistic individual is likely to view their behaviour as unpredictable, relatively random and lacking meaningfulness. As already mentioned, however, deficits in metarepresentation which are apparent at two years of age may have their origins in problems belonging to a much earlier level of social development.

A key characteristic of the deficit involved in autism, is that it is at once specific yet pervasive in its consequences for mental dysfunction. As research in this direction becomes more refined, the focus turns to the need to understand what the mental processes are, which are involved in metarepresentation and attention is increasingly turning towards the very earliest experiences. This inevitably means that maternal relationships cannot be excluded from the picture. The two person unit of existence has to be studied and whether in autism, ‘joint attention’ is disturbed by the baby’s innate brain dysfunction or whether the mother contributes elements disturbing to the functioning of the ‘unit of existence’ remains to be explored. Attachment theory has provided one means of furthering this exploration and in this study of the attachment status of three populations of mothers exposed to heightened parental stress, in having to bring up a child with a learning impairment there is an opportunity to compare the mothers’ attachment classifications in relation to the diagnostic category of their children’s learning impairment.
1.7. CONCLUSION

Research derived from attachment theory has generated a growing body of findings on the importance of the primary relationship of the very young child, that with its mother (or mother substitute). This view of human development is seen as essentially relationship-based; it is from the product of early parent-child interactions that the internalised ‘working model’ of relationship is formed. The internalisation of a relationship paradigm has important implications for clinical research, in proffering the possibility of an alternative pathway for the cross-generational transmission of psychopathology.

The functioning and personal characteristics of both mother and child contribute to the quality of their relationship and hence to the ultimate ‘working model’ of attachment. This thesis considers the effect that severe impairment of a child’s intellectual and emotional functioning may have on the mother-child interaction. The highest levels of stressful impact are associated with the parenting of an autistic child (Holroyd & McArthur 1976, Marcus 1984, Hoppes & Harris 1990). The Adult Attachment Interview, the primary research tool used in this investigation, is designed to obtain mothers’ accounts of their own childhood attachment experiences with their inherent representations of attachment. Narratives are analysed quantitatively and qualitatively to provide individual maternal attachment profiles for comparison across the three groups. The hypothesis to be explored is that the major difference between the groups will lie in the high stress impact of the child with autism and that disorganisation of the maternal attachment system will be more pronounced in relation to the autistic child than to the Down or Rett child.
CHAPTER TWO

AIMS AND METHOD
2. AIMS AND METHOD

This chapter outlines the aims of this study and the research methods used to identify and compare the internal representations of attachment relationship, which characterised the three groups of mothers participating in the study. Three groups of mothers having a child with a learning impairment were interviewed. The three groups differed in the aetiology and diagnostic origins of the child’s learning disorder: Autism, Down’s syndrome or Rett’s syndrome. Section one of the chapter outlines the demographic characteristics of the samples. The Adult Attachment Interview and its reliability are described in section two, along with an account of its administration and the settings in which the interviews took place. Subsequent sections describe the scales designed in addition to the AAI method, to analyse the interview narratives. These are the Reflective Function Scale, the Space Scale and the Violence Scale. Results from these measures will be reported separately in chapters 7, 8 and 9. Subject interruptions of the interviewer were also found to be noteworthy and a count of these is also discussed in chapter 9, as an indication of impaired reflective function.

2.1. INTRODUCTION

As indicated in the previous chapter, empirical research studies of parent-child interaction has produced some evidence to support the notion that growth-promoting parenting is associated with personal maturity and psychological well-being in the parent (Belsky 1984). The task of parenting is a complex one with multiple determinants and research studies have included investigations of the stresses involved in parenting children with a developmental handicap. Of those, many have involved specific studies of families with an autistic or a Down syndrome child (Hoppes & Harris 1990, Fischer 1990, Rodrigue et al 1990, Woodward 1998). Much of the early work on parenting stress was based on a conceptual model that assumed the stressors to be a
function of extra-familial, inter-parental and child factors, but this has led to the recognition that response to the stressors is not uniform but mediated by the level of the parent’s psychological adjustment. This study uses attachment theory to continue the investigation of this internal aspect of the parent-child relationship with the aim of evaluating the internal working models of attachment of the three groups of mothers, each group having a child with a different developmental impairment involving learning disorder.

While Belsky saw the parents' personality as a kind of filter through which they viewed and responded to their children, Bowlby conceptualised the formation of an internal mental representation or working model of self in relation to others (Bowlby 1980). His work and that of Fraiberg, Adelson & Shapiro (1975), Main, Kaplan & Cassidy 1985) and Stern (1985) further suggest that the parents’ conceptualisation of childhood experience is as significant as their actual experiences in influencing their parenting behaviour and across time, these internal models tend to be stable. The emphasis of these research approaches to parenting and attachment brings the empirical research models of relationship closer to psychoanalytic assumptions about the significance of the parents’ own attachment experiences with their primary care-givers, for their capacities to provide appropriate secure care for their children.

2.2. METHOD

The principle research tool used in the study is the Adult Attachment Interview, a semi-structured interview format with an accompanying system for analysing the interview narratives to assess the individual’s state of mind with respect to attachment. The technique was originally designed for use in the Berkeley Adult Attachment Study (George, Kaplan & Main 1985) and will be described in detail in the next section. The narratives were also submitted to assessment on three other scales, the Reflective
Function Scale (Fonagy et al 1997) and two scales designed by the investigator to test hypotheses which emerged from the appraisal of the AAI narrative content; the Space Scale and the Violence Scale.

2.2.1. The samples

62 subjects were interviewed for this study; 28 mothers who had a child with autism, 17 mothers who had a Down’s syndrome child and 17 mothers having a child with Rett’s syndrome. Interviews were audio-taped and some losses of tape recordings were sustained through damage or misadventure. Results reported are based on a total of 58 subjects (27 in the autism group, 16 in the Down group and 15 in the Rett group). The autism group was recruited from two special schools for autistic children in England and from the Scottish Centre for Autism at Yorkhill Hospital, Glasgow. In all cases the child had been diagnosed autistic by an NHS consultant psychiatrist. Mothers in the Down’s Syndrome and Rett’s Syndrome groups were recruited from the respective national Parent Associations in England and in Scotland, to parallel the mix of the two nationalities within the index group. Groups were not controlled in relation to the number of other children in the family. In each of the groups a few children were firstborns but there was no significant difference between groups in this respect.

<table>
<thead>
<tr>
<th>sample group</th>
<th>first born of siblings</th>
<th>only child</th>
<th>first born and/or only child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>51.9% (14)</td>
<td>14.8% (4)</td>
<td>66.7% (18)</td>
</tr>
<tr>
<td>Down</td>
<td>43.8% (7)</td>
<td>25% (4)</td>
<td>68.8% (11)</td>
</tr>
<tr>
<td>Rett</td>
<td>26.6% (4)</td>
<td>20% (3)</td>
<td>46.7% (7)</td>
</tr>
</tbody>
</table>

*Table 2.1 Incidence of first-borns and only children*
Autism group mothers were first approached about participating in the study, by school or hospital staff; by the head teacher, in the case of the schools and by the consultant psychiatrist in the case of the hospital. Mothers were first told about the AAI interview making clear that they would be invited to recall their own childhood experiences and to talk about the memories, thoughts and feelings they now have about it. Information sheets were distributed (appendix 2.1.) and those who were interested in taking part were then invited to complete a return slip with their telephone number to be sent to the researcher for contact. Consent forms (appendix 2.2.) were offered prior to commencing the interview proper and all subjects were assured that they could withdraw from the interview at any point, should they so wish. In the case of the Down and Rett groups, the secretaries of the associations were briefed about the nature of the research and the interview and the same procedure was followed as in the case of the head teachers and consultant psychiatrist; information sheets were provided and mothers were invited to send a telephone number to the researcher if they were interested in being contacted to take part.

The English section of the autism cohort came from a school for autistic and language delayed children in London and a residential school for autistic and psychotic children outside London. Only mothers of children with a medical diagnosis of autism were included. In the Scottish section, all of the children had been diagnosed at the Scottish Centre for Autism, Yorkhill Hospital, where a pre-school programme was available for children aged 4 yrs-5 yrs, prior to entry to special schools. Since the Centre is a national resource for Scotland, some of the subjects lived very long distances from Glasgow and not all children diagnosed at the centre were able to attend the centre’s pre-school programme.

In all cases, the impaired child was the biological child of the mother and all were looked after at home by the mother, with the exception of three children with autism who had been placed in residential school because of disturbed and aggressive
behaviour that had become unmanageable at home. Periods spent at home in these three cases were few and brief. Some of the autism and Rett syndrome mothers made use of a respite care service occasionally.

The advantage of including normal controls was marginal since the focus of the study was on the investigation of the effects of qualitative differences in the manifestations of learning impairment. Marked differences between the groups in terms of the impact of the disability, both on the child and on the mother, could be expected to have an effect on mother-child relationships. Whether or not this would be reflected in mothers’ states of mind with respect to attachment was to be assessed using the Adult Attachment Interview technique. With hindsight, it might also have been useful to compare the classifications obtained by the control groups in this study with a normal sample.

2.2.2. Demographic data

A proforma was used to get a background picture of the subjects’ quality of living and this was introduced as the first task providing both an easy and simple format and fulfilling the function of a gentle introduction to the interview. Questions were brief and designed to obtain basic social and family data in as unobtrusive a way as possible (appendix 2.3)

Not all mothers in the ‘Scottish’ section were Scots: Three Mothers had moved from England to Scotland in their adult life. If these were considered as English mothers, this would reduce the percentage of Scots in the autism group to 48%. In the Down and Rett groups, 31.25% and 33.3% respectively were Scots. Table 2.2 includes other ethnic categories represented, although all but one subject had British nationality and had lived in the UK since childhood. Two of those were Indian and two were of mixed race. One mother in the autism group was South American, but had been living in this country for 15 years and all of her three children had been born in England.
Contrary to many previous studies where mothers of Down’s syndrome children have had a higher mean age, there was no significant difference in mean age between these groups of mothers. This probably correlates with the introduction of foetal screening. Since maternal age is one factor in Down Syndrome, mothers of 35 years and over are now routinely screened for foetal abnormalities allowing the possibility of an early termination of the pregnancy if the probability of serious abnormality is high. Maternal age is not the only factor, however, so it is now equally common to find young mothers giving birth to a Down baby; mothers who had not been seen to be at risk and had not been screened. “At my age, the last thing we expected was a Down baby!” In this case, the mother was barely twenty when she gave birth to her Down baby.

### Table 2.3 Age group of mothers (at interview)

<table>
<thead>
<tr>
<th>Age</th>
<th>Autism</th>
<th>Down</th>
<th>Rett</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-24 yrs</td>
<td>nil</td>
<td>6.25% (1)</td>
<td>nil</td>
</tr>
<tr>
<td>25-29 yrs</td>
<td>3.7% (1)</td>
<td>nil</td>
<td>6.7% (1)</td>
</tr>
<tr>
<td>30-34 yrs</td>
<td>51.9% (14)</td>
<td>31.25% (5)</td>
<td>20% (3)</td>
</tr>
<tr>
<td>35yrs&amp; over</td>
<td>44.4% (12)</td>
<td>62.5% (10)</td>
<td>73.3% (11)</td>
</tr>
<tr>
<td>total mothers</td>
<td>27</td>
<td>16</td>
<td>15</td>
</tr>
</tbody>
</table>
**Income distribution**

The income of the majority of mothers exceeded £10,000 and reflected their stable and relatively comfortable life-styles. Mothers were either in work themselves (usually part-time) or they supported the family at home in the traditional way with a husband earning the income. This was a commoner pattern in Scotland and in remote country areas where employment opportunities were reduced. In this Down sample, higher levels of affluence were found to be more prevalent than in the other two samples but it was unclear what had contributed to this difference. With controls pooled, no significant difference was found between index and controls in income distribution.

<table>
<thead>
<tr>
<th>Income group</th>
<th>Autism</th>
<th>Down</th>
<th>Rett</th>
</tr>
</thead>
<tbody>
<tr>
<td>£10,000 or less</td>
<td>14.8% (4)</td>
<td>25% (4)</td>
<td>13.3% (2)</td>
</tr>
<tr>
<td>£10-20,000</td>
<td>44.4% (12)</td>
<td>6.25% (1)</td>
<td>26.7% (4)</td>
</tr>
<tr>
<td>£20,000 and over</td>
<td>40.8% (11)</td>
<td>68.75% (11)</td>
<td>60% (9)</td>
</tr>
<tr>
<td>total mothers</td>
<td>27</td>
<td>16</td>
<td>15</td>
</tr>
</tbody>
</table>

*Table 2.4 Parental income*

**Education**

There was a marked tendency in these samples for the Down mothers to have achieved a higher level of education and this may be consistent with their higher income level. The reason for this disparity was unclear. A high proportion of these subjects lived in the South East of England, which is generally considered to be the most affluent part of the United Kingdom. However, the majority of the Scottish contingent in this group were also in the highest income bracket, although their education level was lower. When the Down and Rett controls were pooled the difference between autistic and control groups was not significant.
### Table 2.5 Education

<table>
<thead>
<tr>
<th>Education</th>
<th>Autism</th>
<th>Down</th>
<th>Rett</th>
</tr>
</thead>
<tbody>
<tr>
<td>no qualifications</td>
<td>11.2% (3)</td>
<td>6.25% (1)</td>
<td>0</td>
</tr>
<tr>
<td>O-level/GCSE</td>
<td>40.7% (11)</td>
<td>12.5% (2)</td>
<td>40% (6)</td>
</tr>
<tr>
<td>A-level/equivalent</td>
<td>14.8% (4)</td>
<td>25% (4)</td>
<td>26.7% (4)</td>
</tr>
<tr>
<td>University Degree/equiv.</td>
<td>33.3% (9)</td>
<td>56.25% (9)</td>
<td>33.3% (5)</td>
</tr>
<tr>
<td>total</td>
<td>27</td>
<td>16</td>
<td>15</td>
</tr>
</tbody>
</table>

### Marital stability

High levels of marital stability were found across all samples. A large number of subjects also described an early family history of marked stability, many having lived in the same family environment and frequently in the same house until their marriage. Figures given below relate particularly to the commitment to marriage. It is accepted that many couples choose to live together without contracting to marry and these relationships may remain stable too. In these samples, two such couples had been ‘together’ for 10 years, although in one case the arrangement of their respective working responsibilities precluded their living in the same house for the majority of the time. In another case, a married couple had been living together for fifteen years before finally deciding to marry.

### Table 2.6 Marital stability

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Autism</th>
<th>Down</th>
<th>Rett</th>
</tr>
</thead>
<tbody>
<tr>
<td>married</td>
<td>81.5% (22)</td>
<td>82.3% (13)</td>
<td>80% (12)</td>
</tr>
<tr>
<td>separated</td>
<td>11.1% (3)</td>
<td>6.25% (1)</td>
<td>13.3% (2)</td>
</tr>
<tr>
<td>divorced</td>
<td>7.4% (2)</td>
<td>6.25% (1)</td>
<td>0</td>
</tr>
<tr>
<td>with partner</td>
<td>0</td>
<td>6.25% (1)</td>
<td>6.7% (1)</td>
</tr>
</tbody>
</table>
**Stability of domicile**

Stability of domicile was a significant feature of the subjects in the autism group. Approximately half of the subjects in the autism group had lived in the same house all their lives, until they married. Even after marriage, a number of women in this group chose to live close to parents or siblings, often in the same street. Among the control groups, less than 15% reported this degree of family attachment. This disparity is difficult to interpret and in order to exclude the possibility of a cultural factor, more Scottish (Glasgow) controls require to be interviewed. Recruiting difficulties had contributed to an imbalance of Scottish and English nationalities between index and control groups, as reflected in table 2.2.

**Data for child group**

The three groups were matched for age but there were intrinsic differences in relation to sex distribution since the incidence of autism is significantly higher among boys than girls. Many studies report figures of 4 males to one female (Rutter 1985) but for classical Kanner autism, in the higher intelligence range, figures of 13:1 (Gillberg et al 1991) and 16:1 (Wing and Gould 1979) have been reported. With Rett Syndrome, the opposite is the case and to date no diagnosis of Rett Syndrome has been made among boys. In the Down sample, boys and girls were almost equally represented. Tables 2.7 and 2.8 present the sex and age distribution among the three samples. Age ranges of the children were similar in the case of the Autism and Downs group with the mean age of the Rett children somewhat higher and with greater variability (table 2.8).

<table>
<thead>
<tr>
<th>Sex</th>
<th>Autism</th>
<th>Down</th>
<th>Rett</th>
</tr>
</thead>
<tbody>
<tr>
<td>boys</td>
<td>25</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>girls</td>
<td>2</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>total</td>
<td>27</td>
<td>16</td>
<td>15</td>
</tr>
</tbody>
</table>

*Table 2.7 Sex distribution*
<table>
<thead>
<tr>
<th></th>
<th>Autism</th>
<th>Down</th>
<th>Rett</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>57.4 mths</td>
<td>71.4 mths</td>
<td>125.4 mths</td>
</tr>
<tr>
<td>SD</td>
<td>32.2</td>
<td>64.4</td>
<td>80.9</td>
</tr>
<tr>
<td>total</td>
<td>27</td>
<td>16</td>
<td>15</td>
</tr>
</tbody>
</table>

*Table 2.8 Age distribution*

2.2.3. Setting up the interview

All mothers were offered the option of being interviewed at a prominent central clinical location, The Willesden Centre for Psychological Treatment in London, The Scottish Institute for Human Relations in Edinburgh and Yorkhill Hospital in Glasgow. It was anticipated that those living in country districts would find it difficult to find a sufficient space of time in their day to cover both the interview requirements and the travel to and from home, since most mothers were involved in the transporting of two (or more) children to and from school. As it turned out, nearly all mothers in all three groups whether resident in the city or in the countryside, preferred to be interviewed at home and these were geographically scattered throughout the United Kingdom from Portsmouth on the south coast of England to Ullapool in the north west of Scotland. All of the interviews were audio-taped and transcribed for discourse analysis. Three audio-tapes were lost through tape distortion or other misadventure.

Interviewing in the homes of the subjects constitutes a diversion from the AAI protocol recommended by Mary Main, who strongly advises that subjects be interviewed in a home-like but neutral professional setting (George, Kaplan, Main 1996). We found, however, that this compromise was unavoidable since it was clear that the study could not have proceeded on any other basis. Travel expenses could be paid to participants but in this country there is no tradition of remuneration for subjects taking part in scientific
research. No alternative way of encouraging subjects to attend a clinic seemed feasible and this compromise solution was accepted in the interests of achieving the study. In general, for empirical research in family and parent functioning - child hyperactivity or the investigation of the determinants of parenting stress, for example - home observation is widely relied upon (Webster-Stratton, 1988, 1990, Sroufe et al. 1990, Woodward et al. 1998).

The majority of subjects who were being interviewed at home were able to organise a suitable and appropriate time and setting for the interview and most were able to keep the duration of the interview free from interferences. All of the subjects were asked to try to ensure an uninterrupted hour for the interview to take place. In the event, the range of interpretations of the meaning of ‘uninterrupted’ became a focus of interest in itself and will be discussed among the clinical observations in the next chapter and in chapter 4 in relation to transference and countertransference phenomena.

Typically, the interviews took place in a quiet living room or sitting room with children at school or being looked after by someone else for the duration of the interview. The occasions when a child was present, and the impact and implications of that will be considered. Those interviews which took place in a clinic were also conducted in a secluded room free of interruption. If children were brought, toys were provided although some mothers brought those as well. The administration of each AAI interview was preceded by a short demographic questionnaire and together with the introductory question of the AAI interview, this provided sufficient factual information about each subject to provide an adequate sketch of the subject’s background and experience.

None of the subjects sought to withdraw from the interview after agreeing to take part. In the autism group three mothers decided not to take part on first hearing of the research. One took the view that autism was genetic and was opposed to any other form
of enquiry, one felt insecure because she had two autistic children and one thought that she might find an interview about her early experiences, upsetting.

2.3. THE ADULT ATTACHMENT INTERVIEW

2.3.1. Introduction

Bowlby’s ‘internal working model’ (Bowlby 1980) is a concept which provides a theoretical framework for the transmission of parental influence and the empirical findings that the attachment-related narratives and fantasies of children at six years of age closely reflect their early infant-mother interaction patterns, has provided a powerful basis for the further exploration of this concept (Main Kaplan & Cassidy 1985, Rosenberg 1984, Kaplan 1987, Bretherton, Ridgeway & Cassidy 1990). The four infant behaviour response patterns discovered, have been used to devise the Adult Attachment Interview. This is a technique for the systematic assessment of the attachment experiences and attachment-related states of mind of adults and it is one that has greatly facilitated the exploration of the internal working models of attachment in adulthood.

The adult internal working model is based on the child’s adaptation to his early caregiving environment and constitutes a representation of the individual child’s experience of both parent and child roles (Sroufe & Fleeson 1986). The depth and reach of these internal models has been behaviourally demonstrated by a series of studies by Sroufe and his colleagues at the University of Minnesota. These studies demonstrated the deep and wide-ranging consequences stemming from the quality of the early infant-mother relationship experienced by the infant. It was found that children secure with mother at one year of age were more likely than other children to function well in the peer setting at 5, 9 and even 14 years of age (Urban, Carlson, Egeland & Sroufe 1991). Moreover, children avoidant of mother at one year, were found likely to victimise others while children judged ambivalent with mother at one year were more likely to become
victims. Children who had been secure with mother at one year, were neither
victimising nor victimised (Troy & Sroufe 1987). Another notable finding among
nursery school children was that those who had been avoidant of mother at age one,
tended to be rejected by teachers; those who had been ambivalent with mother at age
one, tended to be babied and those who had been secure with mother at age one, tended
to be treated in a natural matter-of-fact way. The conclusion is striking; that even the
subsequent treatment received by a child in a new relationship echoes the child’s early
history (Sroufe & Fleeson 1986).

The Strange Situation devised by Ainsworth in 1969 (Ainsworth & Wittig 1969), firmly
established a behavioural index of the functioning of these internal models of personal
attachment and this was used as the basis upon which a systematic assessment of
attachment relationships in adulthood could be constructed. The interview technique is a
system for assessing an individual’s state of mind with respect to attachment and was
originally designed for use with transcripts from the Berkeley Adult Attachment
Interview (George, Kaplan & Main 1985). Its comprehensive method of scoring and
classification, based on the analysis of the linguistic characteristics of the discourse, has
greatly facilitated the exploration of the internal working models of relationships in
adulthood.

2.3.2. The technique and its administration

The Adult Attachment Interview is an hour-long semi-clinical interview structured to
focus on childhood experiences with attachment figures, usually but not necessarily the
subject’s parents. The protocol involves 18 questions and these are outlined in appendix
1.1. The interviewer’s questions probe to obtain descriptive and evaluative reflection
both on what happened in the past and what feelings the subject has now, in the present,
about the past experiences.
To highlight structural variations in the presentation of life-history, subjects are asked both to choose five adjectives to describe their relationships with their respective parents and to supply specific biographical memories to support their choices. They are also asked whether they felt closer to one parent than the other and why; whether they ever felt rejected; whether parents had ever been threatening towards them in any way. They are asked why they think their parents behaved as they did and whether they think their experiences have affected the development of their personality. In addition, they are asked about experiences of separation and loss in their lives. The technique has been described as one of “surprising the unconscious” (George et al 1985). Most interviews take approximately one hour and the discourse is transcribed verbatim. In the present study, the shortest interview took 35 minutes while the longest reached two hours.

Unlike most transcription techniques, the interview is meticulously recorded to include errors and hesitations, which contribute to the analysis. Rating and classification of the discourse is entirely based on this verbatim transcript and takes no account of other non-verbal or pragmatic features of the interviewee’s response. In this study, such observations, more a characteristic of the psychoanalytic interview, were given some consideration as a separate aspect of the interview encounter with the subject and these clinical observations will be discussed in the next chapter.

2.3.3. Rating and classifying the Adult Attachment Interview

Each transcript was assessed in accordance with the system of analysis developed by Main & Goldwyn (1985-96). An account of the rating and classification criteria is given in chapters 5 and 6. It is a process that proceeds in three stages. Firstly, on the basis of a nine-point scale, the probable childhood experience of the speaker in relation to each parent (or attachment figure) is rated on five major dimensions: loving, rejecting, role-reversing/ involving, pressured to achieve and neglecting. Secondly, the individual’s current state of mind with respect to these experiences as revealed in the usage and quality of the discourse, is also rated (e.g. overall coherence and consistency,
vaguenesses or lapses in the monitoring of reasoning) and scores are assigned representing states of mind in respect of each primary attachment figure; whether idealising, derogating or angrily preoccupied. Scores may be based upon study of the transcript as a whole, like general coherence of transcript or insistence on lack of memory or passivity of thought processes while others, where lapses of the monitoring of reason or discourse are to be found, may focus on only a few sentences. Finally, after scores are assigned, the text is considered again in the light of a classification system which attempts to represent the speaker’s current state of mind with respect to attachment (Main, Kaplan & Cassidy 1985, Main & Goldwyn 1985-94, Main 1995).

The interview classification system considers speakers to be secure with respect to their attachment histories if they seem to be both valuing of attachment yet able to discuss and evaluate their relationship experiences openly and objectively. Speakers who are dismissive of or preoccupied by early attachment relationships are classified insecure with respect to attachment (Main & Goldwyn 1984, Main Kaplan & Cassidy 1985). As well as these state-of -mind scales relating to attachment experience, further indicators of security are to be found in the coherence of the narrative and in the speaker’s active collaboration with the interviewer in the task of telling the story. “Metacognitive monitoring”, in which the story is actively altered and corrected in the course of the telling of it, is considered to be a very positive indication of security. In addition, the analysis of the interview is also understood in terms of the concept of cooperative discourse as presented by the linguistic philosopher, Grice (1975, 1989). In his view, rational discourse is best achieved by adherence to his four conversational maxims:

- **quality** (be truthful and have evidence for what you say)
- **quantity** (be succinct yet complete)
- **relation** (be relevant or perspicacious)
- **manner** (be clear and orderly)
Interview analysis is in large part understood in terms of adherence to and violations of these principles so that the narrative of secure individuals will tend to be presented predominantly in a truthful, succinct, relevant and orderly manner.

2.3.4. AAI Classification

Of the present five categories of interview response, three - *secure/autonomous*, *dismissive* and *preoccupied* - identify fairly 'organised' patterns of response which, theoretically and empirically match the three equivalent patternings found in the Strange Situation response (Ainsworth, Blehar, Waters & Wall 1978) - *secure, avoidant* and *ambivalent/resistant*. These were the first adult classifications used until brief lapses in the monitoring of reasoning or discourse were noted, particularly in association with attempts to discuss traumatic events. This led to the introduction of a fourth adult attachment category, *unresolved/disorganised* which was equivalent to the *disorganised/disoriented* infant attachment category discovered at Berkeley by Main & Solomon (1986).

The matching of these four adult attachment classifications to the infant Strange Situation is displayed in the chart below:

<table>
<thead>
<tr>
<th>INFANT</th>
<th>ADULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure (B)</td>
<td>Secure/Autonomous (F)</td>
</tr>
<tr>
<td>Explores room with interest during pre-separation episodes. Shows signs of missing parent on separation and obviously prefers parent to any stranger. Greets parent actively, usually initiating contact.</td>
<td>Valuing of attachment but relatively objective regarding particular events or relationships. Coherent, plausible regarding life experiences whether favourable or unfavourable.</td>
</tr>
<tr>
<td>Avoidant (A) fails to cry on separation from parent and often continues to play when left alone. Actively avoids parent on reunion moving away or leaning away from contact. Little proximity seeking, no distress and no display of anger.</td>
<td>Dismissing (Ds)</td>
</tr>
<tr>
<td>Dismissing of attachment-related experiences and relationships. Normalising and idealising or (rare) devaluing.</td>
<td></td>
</tr>
<tr>
<td>Ambivalent/preoccupied (C)</td>
<td>Preoccupied (E)</td>
</tr>
<tr>
<td>----------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>May be wary or distressed even prior to separation with little exploration. Preoccupied with parent, angry or passive during reunion. Following reunion, fails to settle or take comfort in the parent. Continues to focus on parent, crying and failing to return to play</td>
<td>Preoccupied with or by past attachments relationships or experiences and often seemingly confused or overwhelmed. Preoccupation with parents is angry, passive or (rare) individual shows fearful preoccupation with attachment related traumatic events.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disorganised (D)</th>
<th>Unresolved/disorganised (U/d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The infant displays disorganised or disoriented behaviour in the presence of the parent, suggesting a lapse of behavioural strategy. Infant may freeze with a trance-like expression, hands in the air or may rise at parent’s entrance then fall prone and huddled on the floor. May cry and cling while also leaning away and averting gaze.</td>
<td>During discussion of loss or abuse experiences, subject shows striking loss of monitoring of reasoning or discourse. For example, individual may briefly indicate a dead person is believed still alive in the physical sense, or may lapse into a lengthy passage of eulogistic speech.</td>
</tr>
</tbody>
</table>

Matching is based on the original follow-up study (Main et al 1985, Main & Goldwyn 1993, Main & Hesse 1990). Thus, parents deemed secure/autonomous had had B infants; dismissing parents had had C infants; unresolved/disorganised parents had had D infants.

A fifth category - cannot classify - has been added more recently (Hesse 1996) to accommodate a few individuals who have been observed to be without a defined discourse strategy. This is usually indicated by an oscillation between the two inherently incompatible 'preoccupied' and 'dismissing' states of mind. Only 7%-10% of transcripts have so far been judged unclassifiable and no equivalent child category has yet been identified. An initial suggestion has come from one small study, which indicated that mothers judged unclassifiable had infants who were disorganised/disoriented (Ammanitti & Speranza 1994, quoted in Hesse 1996).

However, transcripts assigned to either the unresolved/disorganised or the ‘cannot classify’ categories are always also assigned to an alternative, best-fitting ‘organised’ category as well.

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2.3.5. Validity of the Adult Attachment Interview

The system was first constructed using a development sample of 44 parental transcripts for which the corresponding infant-mother or infant-father Strange Situation classification was known. Interview patterning associated with each infant-parent classification was described for these transcripts and the sample was then discarded. Subsequent rating and classification were then assigned to adult attachment interviews for which the infant-parent Strange Situation classification was not known and substantial relationships were discovered between the ratings assigned to the interview and the Strange Situation scores assigned to the infant. For both mothers and fathers, interview-based adult attachment classifications for state of mind with respect to attachment were significantly matched to Infant Strange Situation classifications (Main 1985, Main, Kaplan & Cassidy 1985, Main & Goldwyn 1986). The system continues to be developed and refined and hundreds of interviews have now been collected at Berkeley.

In summary, the fundamental finding of these studies is that parents’ adult attachment classifications can usually be expected to correspond with their infant’s behavioural response to them in the Ainsworth Strange Situation in the following ways:

<table>
<thead>
<tr>
<th>PARENT</th>
<th>INFANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure/Autonomous (F)</td>
<td>Secure (B)</td>
</tr>
<tr>
<td>Dismissing (Ds)</td>
<td>Avoidant (A)</td>
</tr>
<tr>
<td>Preoccupied (E)</td>
<td>Resistant/Ambivalent (C)</td>
</tr>
<tr>
<td>Unresolved/Disorganised (U/d)</td>
<td>Disorganised/Disoriented (D)</td>
</tr>
</tbody>
</table>

The fifth rarely applied adult category, ‘cannot classify’ (CC) has no empirically correspondent infant behaviour pattern.
Further studies have confirmed the four category correspondence found in the original study, i.e. between parents (Ds F E U/d) state of mind classifications and the infant's response to that parent in the Strange Situation. These involved white middle class parents (Ainsworth & Eichberg 1991), a poverty sample of black Hispanic single mothers (Ward & Carlson 1995) and a similar sample of teenage mothers prior to the birth of the child (Ward et al 1990). The four category adult-to-infant matches in these studies range from 69% (Ward et al 1990) to 87% (Carlson et al 1989).

Since the qualities which distinguish secure attachment are associated with the ability to describe, discuss and evaluate experience in a consistent and coherent manner, it has been critical to establish that differences in response are not attributable to other individual differences like general intelligence or the wish to be seen in a socially desirable light. Similarly, in relation to the dismissing category, which is scored in terms of strong insistences on inability to recall childhood experiences, it has been important to be able to differentiate this from poor memory of a more generalised nature. In addition, it had to be ascertained that the differing patterns of discourse which appear when individuals are asked about attachment-related experience, are more than a reflection of habitual ways of speaking.

Psychometric studies of the Adult Attachment interview, conducted in several countries have yielded substantial evidence of the validity of the instrument. In respect of the three classifications secure/autonomous, dismissive and preoccupied the indications are that these categories are:


b) unrelated to both long-term and short-term memory (Bakermans-Kranenburg & Van Ijzendoorn 1993, Sagi et al 1994).

c) unrelated to social desirability (Bakermans-Kranenburg & Van Ijzendoorn 1993)
d) not attributable to interviewer effects (Backermans-Kranenburg & Van IJzendoorn 1993, Sagi et al. 1994)

e) not attributable to general discourse style.

The Discriminant validity of the Adult Attachment Interview has been demonstrated in conducting ‘work history’ interviews, coded in a similar way to the Adult Attachment Interview. These have been shown to be independent of attachment classification so that the same speaker may be dismissive or preoccupied during discussion of early attachment relationships and coherent and collaborative (secure/autonomous) in discussion of work history (Waters et al. 1993).

2.3.6. Reliability of the Adult Attachment Interview

Inter-rater reliability of the technique was found to be high (Main Kaplan & Cassidy 1985, Kobak & Sceery 1988). In terms of the AAI primary task of classifying internal working models of attachment as secure/autonomous, dismissive or preoccupied the test-retest reliability was also good (Steele 1991). Subsequent studies have confirmed this and demonstrate stability within the three major categories across 1-15 month periods as ranging from 77% to 90% (Bakermans-Kranenburg & Van IJzendoorn 1993, Benoit & Parker 1994, Sagi et al. 1994).

2.4. THE REFLECTIVE FUNCTION SCALE

2.4.1. Introduction

This scale was constructed at UCL (Fonagy et al. 1997) and evolved from Mary Main’s work on the significance of metacognitive knowledge and metacognitive functioning in relation to attachment. An early observation in the course of Main’s studies of attachment indicated that mothers presenting a singular coherent model of their attachment history had children, typically judged secure in the Strange Situation.
When the mother presented incoherent multiple models of her experience and its influences or implausible ideation, her infant was typically judged insecure (Main 1991). Main was also able to show relatively high levels of metacognitive monitoring in secure children and difficulties with accessing memories in insecure children. Children judged insecure/ambivalent with mother failed to comprehend the privacy of thought. It was on the basis of these findings that Fonagy was stimulated to evolve the concept of reflective function and with his colleagues discovered a unique set of associations between ratings of reflective function and adult and child attachment security (Fonagy et al 1991, Fonagy et al 1994).

A manual, to be used in conjunction with the AAI presents a scale for identifying and rating narrative passages in terms of the presence or absence of reflective function. The manual provides operationalised definitions of individual differences in adults' metacognitive capacities as well as the strategies for rating narrative passages and for aggregating scores into one overall RF rating for the transcript (Fonagy et al 1997). Chapter 9 describes the Reflective function Scale in full and discusses the scores obtained for each of the groups.

2.5. SPACE SCALE

References in the narratives to concepts of space were of sufficient note to warrant further exploration. Concepts of time and space are of profound significance to the study of mental development. A Space Scale was constructed to investigate both the sense of curtailment or restriction of space and the sense of liberation and freedom of movement and choice experienced in childhood. Piaget (1937) saw all thought as action-based and considered that it was the action of the subject on the object which produced a conception of the space-time continuum, the necessary precursor of representational thought.
Two scales were used; one for the sense of curtailingment of space, Scale C and one for the sense of liberation and freedom of choice, Scale L (appendix 2.4.). An account of the scales and their construction is given in chapter 7, which also presents the findings relating to subjects' use of concepts of space.

Inter-rater reliability for the scales was found to be high; tested using a random sample of the transcriptions (25% of total subjects) which were rated independently by two judges. For Scale C: kappa = .623, n = 14, p < .001; for Scale L: kappa = .594, n = 14, p < .001

2.6. THE VIOLENCE SCALE

This scale was constructed following observations of the frequency of incidences of experiences of violence mentioned in a number of histories (appendix 2.5.). Violence is considered in relation to attachment figures where exposure to violent uncontained emotional outbursts impinges on the development of the individual's sense of personal security. Freud described thinking as "essentially, an experimental kind of action", predicated upon the postponement of motor discharge (Freud 1911). He saw the development of a thinking function in man as an evolutionary development permitting restraint of action and motor discharge in favour of a capacity to tolerate an increase of tension. Bion extended this idea of restraint and containment of tension when he made a direct link between the capacity to develop thinking and the capacity to tolerate frustration (Bion 1962a). A more detailed account of the Violence Scale is included in chapter 8, which discusses the results found and their implications.

Inter-rater reliability of the scale was tested using a random selection of the pooled subjects (25% of the total number) rated independently by two raters and this yielded a high level of agreement: kappa = .69, n = 14, p < .0005
2.7. PROCEDURE

All interviews were conducted in accordance with the 1994 version of the Adult Attachment Interview (Main & Goldwyn 1994) with the exception that most interviews took place in the subjects' homes. This was necessitated by the nature of the population; mothers with young children. The substantial amount of additional time which would have been needed to allow subjects to travel to a centre where the interview could take place under the laboratory conditions recommended by Main (George, Kaplan & Main 1996) was not practicable. Furthermore, some of the Scottish subjects lived outwith daily reach of the clinical centres.

All subjects were asked to arrange for an hour of uninterrupted time to be made available for the interview. Most subjects were able to make provision for this but a few interviews, for one reason or another, were conducted with a child present. The impact of the presence of a child is noted in the discussion of observations of the conduct and content of the interviews in the next chapter and links with transference and countertransference phenomena are considered in chapter 4.

Interviews were audio-taped and all were preceded by the presentation of the demographic questionnaire which offered a short simple and familiar task as an introduction to the interview procedure.

2.7.1. Rating the transcripts

Interviewing in the home meant that the subject was largely in control of the setting and this factor was an additional indicator of individual differences. In a very few cases, a child had to be present at the interview and differences were noted between those mothers who foresaw such a contingency and those who ignored the request for the interview to be uninterrupted, presenting the interviewer on arrival with a fait accompli.
Interviews were audio-taped and all were administered by the same interviewer (the author) who was also one of the judges rating the transcripts. The transcriptions were rated first by two expert coders who were kept blind to the differences between the groups. These judges, Howard and Miriam Steele, had been trained by Mary Main and had gained the Certificate for Reliability (80%-100%). The third judge, the interviewer, had attended a two-week training institute with Mary Main and Erik Hesse (UCL, 1995) and had achieved group 2 status (67%-80% reliability).

Assessment of the interview is based on several readings of the verbatim transcription. The first appraises the quality of the individual’s experience as seems likely from the description given and the first set of nine-point rating scales is applied to assess Probable Past Experience. In the second reading, the judge assesses and gives a second rating, to the current quality of the individual’s state of mind with respect to his attachment experience. On the basis of these ratings of Probable Experience and State of Mind, together with consideration of other important indicators such as collaboration with the interviewer, objectivity of the narrative and overall coherence and cohesion, the judge assigns the interview to one of the secure or insecure categories.

The rating scales are rooted in operational definitions to clarify what would constitute low, moderate or high scores. Examples are drawn from interview material to illustrate typical scores and to differentiate as precisely as possible between characteristics that might be confused. Important distinctions are carefully detailed, for example, the differences between experiences of rejection and neglect or between dysfluency and incoherence. Rating and classification criteria are described and discussed in fuller detail in chapters 5 and 6.

The assessment of Reflective Function was undertaken by the first and second judges; the assessment on the Violence and Space Scales was carried out by the third judge. In addition, a count was made of specific violations of Grice’s Cooperative Principle, (op
relating to interruptions of the interviewer and these results and their implications are reported in an addendum to chapter 9, as a further manifestation of inadequate reflective function.

2.8. CONCLUSION

This chapter outlines the methods and procedures used to investigate possible differences between three groups of mothers having a child with a learning disorder. Adult Attachment Interviews, conducted with 27 mothers having an autistic child, 16 mothers with a Down syndrome child and 15 mothers with a Rett’s syndrome child. All interviews were audio-taped and transcribed for AAI assessment. In addition, the transcriptions were submitted to assessment on three further scales to rate the narratives for Reflective Function, use of concepts of Space and references to Violence. In addition, a count of violations of Grice’s Cooperative Principal of conversation was included as a supplement to the Reflective Function rating.

Only four of the subjects invited to take part in this study declined to participate. Three of those belonged to the index group and cited anxieties about autism as their reason. The third mother thought she might be upset by the interview. The fourth, a Down group mother, could not find a suitable time to attend the interview.
CHAPTER THREE

INFORMAL OBSERVATIONS AT INTERVIEW
3. INFORMAL OBSERVATIONS AT INTERVIEW

This chapter concerns the informal clinical observations made by the interviewer in the course of conducting the Adult Attachment Interview in accordance with its more formal protocol. Observational data derive from two sources: observations of the subjects' behaviour (and/or any other family member present) and observations of the discourse and its content. Clinical observations arising from transference and counter-transference phenomena, will be discussed in the following chapter.

3.1. INTRODUCTION

Although one of the most impressive methods of assessing adult attachment (Main & Hesse 1990, Fonagy et al 1991, Benoit & Parker 1994, Van Ijzendoorn et al 1994, among others), the AAI technique is not primarily intended for use as a clinical instrument. Its semi-structured design encourages discourse but the rating of the interview derives not from the content of the discourse but from an analysis of its linguistic characteristics; in particular, the characteristics of quality, quantity, relevance and manner with which the narrative is imbued (Grice 1975). The clinical conditions required for conducting the Adult Attachment Interview also afford an opportunity for informal observations, which may be used to compliment the data obtained in the formal procedures. Impressions, gained in the course of the researcher's AAI-focussed encounter with interviewees, are secondary to the data provided by the primary interview method, but offer, nonetheless, some interesting additional perspectives.

Observations of the content of the discourse identified four themes around which differences between controls and index groups seemed to be clustered. These concerned self-blame, low maternal satisfaction, parental stress with poor receptive function and personality differences. These themes are discussed in section 3.7, in the context of
other comparable studies comparing the effects on mothers’ functioning of a child suffering a serious learning impairment.

3.2. ORGANISATION OF THE VENUE

Since most of the subjects chose to be interviewed at home, it was sometimes possible also to observe some contextual sources of support or adversity; factors in parenting stress to which Belsky refers as ‘the third system of influence on parental functioning’, (Belsky 1984). Additionally, besides attending to the attitudes and approaches of the subject to the interview, per se, it was also possible to take an experimental view of subjects’ ways of setting up the meeting. The arrangement requested mothers to try to ensure an uninterrupted hour for the interview. Differences between mothers in their interpretation of this advice were worthy of note. Those mothers who could foresee a difficulty in relation to finding a carer for one or other of their children, were able to raise the problem at the time of discussing the arrangements and in some cases, a compromise had to be agreed allowing a child to be present, when no alternative could be envisaged. Others presented the interviewer with problems which had to be managed (or not) on the spot.

The capacity of mothers to respond collaboratively with the interviewer’s needs, either by complying or by prior discussion of foreseen obstacles, was in part determined by the availability of a support network within the family or community (Mitchel & Tricket 1980, Belsky 1984), but another possible factor was also noted in relation to the personal capacities of parents to contain anxiety. This is a prerequisite for being able to keep difficulties in mind, so as to be able to think and make appropriate provision (Bion 1962) and it is also related to a capacity to perceive the self objectively, in relation to others; what Fonagy has termed self-reflective functioning (Fonagy 1991, 1995b). Furthermore, the discourse rating scale, itself, includes collaboration with the
interviewer as an indication in the individual of a free and secure attachment model (Bowlby 1969, Sroufe & Waters 1977).

The easiest solution, chosen by the majority of mothers across all groups, was to select a time when children were at school or nursery, but it was during holiday periods that considerable differences were highlighted. Without school support, some mothers felt helpless to make any arrangements for themselves and appointments had to wait until school resumed. Others took a defeatist but belligerent attitude, in accord with Ryde-Brandt's findings of increased use of defence strategies among mothers of disabled children (Ryde-Brandt 1991). A mother who arrived for a clinic interview, unexpectedly accompanied by her two-year-old (normal) daughter said, "She couldn't be left . . . so that's that". She seemed to feel the child had presented her with a fait accompli and so the interviewer had to be treated in the same way.

In contrast, others had ready alternative sources of care for their children in their friends, neighbours or members of their extended family: either it would be arranged for someone to be present in the home to look after the children for the duration of the interview, or the children would go to another home or be taken out somewhere. Very few interviews had to contend with the presence of a child and of those that did have to be accommodating, it was to a child with autism or Down Syndrome. No Rett Syndrome child was present for any part of an interview, although the interviewer did meet some Rett children, preceding or following the interview.

Those were the choices favoured by the majority of subjects who were able to organise a time to be interviewed without interruption, but the range of alternatives could reach extremes; extremes not to be discounted, for they may reveal, magnified, some trace of a dynamic which might otherwise remain undetected. Six mothers presented the interviewer with a challenge to her initial instruction, by introducing third parties to the meeting and all but one of these challenges came from the index group. Furthermore,
the Rett mother was the only one to respond to the interviewer's reminder, by arranging for the others to leave and be occupied elsewhere for the duration of the interview. In the other cases, the interviewer was expected to accept the *fait accompli*.

In the case of minor problems and inconveniences resulting from misunderstandings or idiosyncratic interpretations of the requirements of the interview, a great deal of potential tension is likely to be absorbed by an interviewer in the paramount need to achieve an interview. In most cases, across all groups in this study, the interviewer was treated graciously and hospitably. Refreshments were almost invariably offered on arrival and many mothers took trouble to give directions to ensure that their addresses would be easily found, some even offering transport to and from stations.

Usually, the interviews took place in a quiet living room with children at school or being looked after by someone else for the duration of the interview. The occasions when a child was present, and the impact and implications of that will be considered in a later section. Each AAI interview was preceded with a short demographic questionnaire and together with the introductory question of the AAI interview, provided sufficient factual information about each subject to give a sketch of the background of the subject's experience and also allowed a comfortable introduction to the interview task.

Only on four occasions was an interviewee not at home at the pre-arranged time. One mother (DS Group) was later very apologetic about having forgotten in the midst of Christmas preparations and of the other three (Autism group) one had left a note to say that she was attending the funeral of a close relative who had died suddenly. In all cases, another appointment was readily arranged and across all groups, the predominant attitude of the subjects asked to participate in this study, was one of cooperation, interest in the project and helpfulness towards the researcher.
3.3. RESPONSES TO THE INTERVIEW TASK

3.3.1. Initial reactions to the invitation to participate

Few mothers, irrespective of the diagnostic category to which their children belonged, had reservations about being interviewed. Indeed, it was more usual for mothers to feel pleased to be of interest and to be able to contribute to research. Nevertheless, approximately 30% of index mothers voiced some minor concern about the interview and its outcome, about autism in general or about confidentiality, unlike control group mothers, none of whom expressed anxieties about the interview or about their child's diagnosis. A few Rett Syndrome mothers expressed some surprise that the interview had not been more specific to the parenting problems connected with caring for a Rett child.

There was often a sense of relaxation and enjoyment of the novelty of the occasion, too, but as a consequence of the heightened sensitivity of the index group, this was encountered more often among subjects in the control groups who appeared free of that degree of caution and apprehensiveness which seemed to characterise many of those in the index group. It has also to be noted that participants in all groups represent a volunteer sample of the populations concerned. Some researchers have argued that those who do not choose to participate, differ systematically from those who do (Cox, Rutter, Yule & Quinton 1977). In this respect, a few mothers of autistic children who were approached in relation to the present study and who declined to participate, openly acknowledged that their reservations were related to the nature of the child's disability. One mother, for example, referred to the fact that she had two autistic children and another was adamant that autism was genetic and not therefore of research interest. A third mother thought that she might experience the interview as upsetting. In all, four mothers declined to participate during the initial exploratory phase of the contact, the fourth being a Down group mother who could not find a suitable time to attend. No subject withdrew after agreeing to participate.
3.3.2. Anxieties concerning self-image

In the present study, anxiety in index mothers rarely amounted to reservations about participation in the project, but some evidence of active fears about themselves was apparent in the remarks and comments made by mothers in this group. There was evidence of a tendency to experience recurring doubts about themselves, their role as mothers and how they might be perceived by others. Although anxiety has long been known to be common among mothers of children with disabilities, in general, (De Meyer 1979, Bristol, Gallagher & Schopler 1988), self-critical comments of this kind were largely absent from the conversation of the control group mothers in this study.

A number of women in the autism group initially revealed ambivalence about the interview in spontaneous references to ideas and theories implicating mothers in the aetiology of autism. Such comments were defensive and often offered jokingly; examples included:

"There's the old chestnut about bonding - they say we haven't got that right"

"Of course, my mother thinks it's my fault he's autistic";

"I sometimes wonder if there was something I did";

"I always say, if it was me, why aren't my other two boys autistic?"

Persisting doubts and questions might relate directly to a mother's real and personal concerns about having played a part in the child's developmental problems (Hocking 1990) while at other times, the emphasis would be much more on defensive feelings and a need to rebut the imagined accusations of others. In a comparative study of autistic, Down syndrome and developmentally normal children, Rodrigue and his colleagues found that mothers of autistic children reported lower perceived parental competence as well as a lowered sense of parental satisfaction from their parenting experiences.
(Rodrigue et al 1990). Hoppes and Harris (1990), exploring attachment and maternal gratification in mothers of autistic and Down syndrome children, also found significantly lower maternal gratification among the mothers of the autistic children.

Although there were no withdrawals from interviews agreed to, three of the four subjects who decided not to take part in the study, were in the autism group. Within the index group, there was more internal variation in terms of willingness to be interviewed or apprehensiveness about it, than in the control groups. One mother, already mentioned, said she felt especially vulnerable because she had two autistic children and, on reflection, declined to take part. In this connection, it was noted too, that several mothers referred, in the course of the interview, to others of their children in whom autistic features were suspected. Two had children who were about to be assessed for autism and at least another two had children with a diagnosis of Asperger Syndrome. In this small sample (27), this suggests an incidence of autism among siblings of an autistic child, double that reported in Bolton’s controlled family history study (Bolton et al 1994), where the incidence of typical autism among siblings of children with typical autism was almost 3% and another 3% had ‘autistic spectrum’ disorders (Wing 1996). In a review of family studies of early onset psychosis, Gottesman & Shields (1982) calculated that 2.2% of siblings of autistic children also had the disorder and found, in addition, that 15.5% of the siblings of autistic children had severe language or learning difficulties requiring special educational provision compared with only 3% of siblings in the control group. In general, it has been empirically shown that parents’ childhood experiences, memories and expectations do have an influence on subsequent parental behaviour (Belsky 1984, Rutter et al 1983) and even on their children’s cognitive and social development (Heinicke 1984)

One atypical mother, a tense and anxious woman, expressed irritation with all the research questionnaires she had received since her son had been diagnosed. She spoke of this as she was generously driving the interviewer back to the station! During the
interview, she had been cooperative but terse and concrete in her responses to questions, as if she could not recognise or understand a reflecting process. She was much more at ease with decision-making and action and the invitation to reflect on her relationships was experienced with perplexity and some incomprehension and probably, therefore, was felt to be threatening. She volunteered that she had had difficulties in adapting to child care and said that she put it down to the marked change from the decision making routine that she had been accustomed to in the workplace. She discovered, she said, that babies could not be managed in a similarly efficient manner. Jobs was never completed and finished with and it had taken her some time to adjust to that.

In some cases, such feelings may have coloured perception of the interviewer whose work could readily have been construed as supportive of negative inferences concerning the parenting of autistic children. Indeed, some interviewees began to talk of their childhood experiences as if they understood the interview to be a search to find something wrong with it. “Well I think it was quite happy really - I don’t think there was anything really bad about it” - (uttered as if good experiences would not count or would be of no interest). In such circumstances, where there were references to implicating mothers in the genesis of autism, whether open or implied, anxieties were usually defused by contrasting the wealth of available opinion about what makes a good parent with the dearth of hard research evidence on the topic. In addition, the fact that this investigation of parenting was to be starting from grass-root parental experience, also served to provide some reassurance. In both of the control groups, however, enthusiasm to participate in anything connected with research was the commonest response and, importantly, was totally free of any conjectures about their role as parents. On the other hand, mothers in the index group more than those in the control groups were likely to ask questions about the objectives of the research and to express an interest in hearing about its outcome.
3.3.3. Protocol challenges

Although administered in a standard way (George et al 1996), the experience of being interviewed and of giving the interview, varied widely for both subject and interviewer. While many mothers appreciated the opportunity to talk and think about themselves, often commenting on the unexpected novelty of the experience, some talked in an open and relaxed manner, while others had a way of responding which disclosed and created unease. Fluent thoughtful speech is characteristic of secure and autonomous individuals (Main 1990) and such interviews also create a relaxed and enjoyable experience for the interviewer, allowing the interview protocol to be followed with ease. Less secure mothers, however earnest in their desire to take part, might manage anxiety in such a way as to create difficulties for the interviewer in following the interview protocol.

In this study, it was found that insecure subjects had greater need to retain control of the interview and this was achieved either by dominating the discourse through talking at length, often finding it difficult to stop talking or by responding in such terse and defensive ways that it would be difficult to persist with necessary 'probe' questions, thus failing fully to fulfil the proper interview requirements. Marked instances of this kind of controlling behaviour occurred in about 35% of the subjects, only one of whom belonged to a control group. It is difficult not to offer some reassurance when the mood is one of high anxiety or tension or if the pace of speech is exceptionally slow but this has to be studiously avoided since these response characteristics are scorable as qualities of the discourse. Both brevity and expansiveness of response are scorable in the analysis of the discourse as violations of quantity or manner (Grice ibid), but they may also be noted as qualities which have a bearing on the subject's capacity for emotional containment.
3.3.4. Emotional containment

For some subjects, the interview became at times unexpectedly upsetting—usually when thoughts led to the retrieval of painful memories that had customarily been kept out of mind. This is a recognised dimension of the interview (George, Kaplan & Main 1996) and it is usual for such episodes to be brief. No one objected to this experience or wanted to terminate the interview because of it. Main advises that interviewers make it known to subjects that the interviewer may be contacted again, should they experience any anxiety following the interview (op cit); in this study, no one sought to avail themselves of this offer. Some found it surprising and also interesting to see how much more important a particular experience had been to them, than they had realised.

"It was very interesting- like having a psychotherapy session”,

(DS mother)

said one subject, at the end of the interview.

In another case:

"Funny, what you remember, when you start to think. I am trying to go from my gut all the time. I don’t want to jump into my head and give you what I’d like you to hear."

(RS mother).

A few mothers in all groups wept when turning their minds to relationships with their handicapped child, but this occurred infrequently and most showed considerable fortitude in meeting the demands of what life had dealt them. For parents of Down syndrome children, a great deal could be done to make the best of the child’s abilities and most parents seemed to treat their misfortune as rewarding as well as challenging. A few mothers shed tears in remembering the shock and disappointment of the discovery at birth that the child had Down’s syndrome. In the present, however, all were taking an active part in finding every opportunity to promote the child’s well being, in social as
well as educational development. Dependency and attachment are particularly characteristic of the child with Down syndrome and this contributes to the comparative ease of integrating the child into family life.

It was the thought of the loss of attachment that moved to tears the mother of a Rett syndrome child. She had been upset to see how her own father had begun to ignore the Rett child as she deteriorated, as if she could no longer be related to, like his other grandchildren. Mother had had to bring it to his attention that the girl’s inability to use language did not mean that she could not appreciate others talking to her or value personal contact and affection expressed towards her. Many mothers of Rett syndrome children stressed, specifically, the difference of approach required to relate to a neurologically damaged non-verbal child, particularly the increased need to communicate in physical ways. Physically expressed affection was the prime means of experiencing personal contact with the Rett child and this can expose difficulties for some family members in whom avoidance of public displays of affection and physical closeness had been the norm. While the mothers adapted to the child’s regressed state, some fathers or other family members, in some cases, were thought to have found it more difficult.

In the index group, two mothers wept with frustration and exhaustion in thinking about how to cope with their child’s destructiveness. They despaired of being able to reach the child or of evoking a response in him and this feeling, though rarely expressed in the interview, was unique to the index group. Control group mothers might feel grief for the loss of developmental potential for the child and for themselves but were not driven to despair about it. One mother, surveying her autistic four-year old’s battered playroom said she had given up decorating it; “There’s no point”, she said. Others were resigned to a restricted family life imposed by the need to avoid social situations with a child who behaved in such antisocial ways, but felt regretful on behalf of siblings who often had to miss out too.
3.4. VIOLATIONS OF BOUNDARY

Some external and unforeseen interruption of the interviews was experienced but such incidents were brief and none had any lasting or disturbing effects. There was, however, considerable variation in the capacities of subjects to be able to pay full attention to the requirements of the interview as it had been explained to them. The great majority understood what they were being asked to do and were able to think ahead and make provision so that the interview could proceed as expected. Because most interviews took place in the home, preservation of the boundaries of the interview was very largely the responsibility of the subject and fell more within their control than that of the interviewer. As a result, the different ways in which the boundaries of time and space were managed could be regarded as manifestations of the subject’s capacity for foresight and care, in other words, a capacity for reflective function (Fonagy 1991) or for emotional ‘containment’ (Bion 1962).

3.4.1. Interruptions of the discourse

On relatively few occasions did an interview have to be ‘paused’ for some pressing extraneous matter to be dealt with, like an unexpected caller, the telephone or on occasion, the needs of a child present in the interview room. In relation to phone calls, there were differences in the degree to which priority had to be given to answering the telephone. Any interruptions were usually brief, even on an occasion when, mid-interview, the clinic had to be evacuated in response to a fire-alarm. The fire turned out to be very minor and the interview was resumed in about ten minutes and without the need for any part of it to be sacrificed to enable the mother to leave in time to collect children from school. On occasions when a child was present, the tape might have to be ‘paused’ briefly for a mother to attend to the child’s needs.
Frequently, however, where interruptions were met with, these were less unforeseen and unexpected, as assumed not to have the significance of interruptions. Differences in the perception of what constituted an interruption of personal time or space could be dramatic and this seems likely to be related to the perception and experience of interpersonal relationship upon which the growth and resilience of the psychological self depends (Fonagy 1991).

Two women included their husbands in the interview as if they regarded this as no different from being interviewed alone. When the presence of others was directly questioned by the investigator, some were able to comply quite readily by rearranging conditions to suit what they now more clearly understood to be required. In other cases, this was resisted and one mother confirmed that she understood herself to be ‘uninterrupted’ when both her husband and her child were present. Furthermore, she would refer to her husband from time to time to help her in answering a question as if it mattered little to her which of them replied. One mother (DS group) arranged for her friend to come and look after her two children but they were all playing together on a terrace with patio windows wide open from the room that we occupied. Another had inadvertently left a nearby baby intercom switched on. Children were playing noisily in another part of the house (with supervision) but she made no attempt to switch off the intercom until very late in the interview.

An extreme example of the telephone being given high priority came from the index group. The interviewee lived on a military site with security guards at the entrance. Although I was expected and had arrived at the appointed time, it took twenty-five minutes for the security personnel to get through to her engaged telephone to inform her of my arrival. When contact was made and I was allowed into the housing compound, I had to wait again at the house because the interviewee had commenced another telephone conversation. Later, the interview had to be ‘paused’ to allow yet another call to be answered.
3.4.2. Presence of children during the interview

That some children had to be present in the interview was sometimes unavoidable but while some subjects dealt with the problem in a thoughtful responsible way, foreseeing difficulty and mentioning it in advance, others either ignored the problem as a problem or seemed to take an ad hoc attitude to any predicament. These could be seen, respectively, as characteristic of secure, avoidant and entangled ways of dealing with a problem and indicative of the prevailing ‘working model’ of attachment (Main 1985, Bowlby 1969).

Occasions when a child had to be present occurred in both autism and Down syndrome groups (5 autism, 2 DS), while one mother brought a normal two-year-old sibling, who, she claimed, could not be left. Some of the Rett children were also introduced to the interviewer but this nearly always took place at the end of the interview, when the child was arriving back home again. Occasionally, brief contact with the child preceded the interview before the child was taken elsewhere by father or a relative. If there is no special nursery available for an autistic child, it is often very difficult for a mother to find an alternative arrangement for leaving the child and it was for this reason that a few autistic children were present during interviews. Some mothers brought a child to the interview without prior mention, assuming that it would be expected that the child could not be left. For some, this may have been an automatic assumption related to the clinic setting where mothers were used to attending with their children.

Comparative behaviours of children present at interview

The autistic children, unlike the Down children, did not take much notice of the recording equipment or seek to come between interviewer and mother. Since the autistic child is known to suffer from a disturbance in social relationships (Kanner 1943, Bettelheim 1967, Rutter 1978b, Wing 1981) this was not unexpected. Usually, the autistic child remained preoccupied with his own world, only occasionally making it
known by noises that something else was wanted. This meant that mothers in the autistic group paid less attention to their children during the interview than did the mothers of Down children, although the numbers involved were small. The Down syndrome children who were present, tended to be there because they were too young to be at nursery every day or had not yet started. They were interested in the presence of the interviewer and the equipment and one of the few interferences with recordings later discovered, had been perpetrated by a Down’s infant!

The Down children were friendly towards and curious about the newcomer and they tended, like most normal children, to maintain proximity with mother as a ‘safe base’ (Bowlby 1969), often exploring the interviewer while retaining physical contact with a part of mother’s body or her clothing. On only one occasion did a child actively seek to hold the interviewer in the home, displaying some distress to see her leave. This was an autistic boy in an exceptionally deprived home where the child’s demands were pandered to but where there was little sensitivity to emotional communication. I shall return later to this example of extreme parental and ‘social contextual’ conditions.

In relation to the presence of children, interruptions to the flow of the interview came not only from the direct curiosity of the children but also from the concerns stirred in the interviewer concerning the children’s activities. Some mothers seemed to the interviewer to be too free of anxiety about the whereabouts or safety of their children. A Down’s infant, walking, but under two years old was allowed to roam from room to room while mother talked. This resulted in making the interviewer, but not the mother, anxious about noises from the kitchen. The same child contrived to switch off the recorder for a brief period. One autistic child, seen in the clinic was immediately attracted to an open window, low enough to be a hazard. His mother seemed unconcerned by his attempts to climb up and it was the interviewer who got up to close the window. On another occasion, an interview was near completion when an autistic five-year-old boy appeared from the room next door. He had apparently been alone there
all the while but mother quickly directed him to return to the other room till we had finished. She seemed quite happy for him to occupy himself while we talked. This was her understanding of the meaning of 'an uninterrupted hour'.

A very different extreme was experienced when a two-week-old baby was present throughout the interview. His mother was also confident that the baby would not cause any problem but it was rather disquieting for the interviewer to see how she saw to it that her prediction was fulfilled. To begin with, he was asleep in the pram but as soon as he woke up, she picked him up and plied him with a dummy to keep him quiet. The baby made a few weak attempts at times to produce a cry and to seek something else but each time his efforts were not allowed to become more than brief sounds before his mouth was firmly stopped up again with the dummy - once accompanied with a robust "Hey, you - shush"! Mother was intent on keeping him silent throughout the interview and very soon the baby gave up and fell asleep again. The baby’s muffled sounds can be heard on the tape but they never amounted to a cry. This was a mother who recognised and talked about her own very powerful need to be in control. She spoke of intense devotion to her autistic son which contained a wish to be in control of his care (even after he had been placed in a special residential school) and how her concern to look after him gave him absolute priority in her life, superseding her other two children (siblings of the autistic child) and her new (second) husband. She excluded the new baby for the moment, on account of his age!

3.5. MOTHERS’ REFERENCES TO THE HANDICAPPED CHILD

No additional questions directly addressing the relationship with the handicapped child were added to the interview. Both within the interview format and outside it, there were opportunities for mothers to speak intimately about feelings and difficulties relating to their 'special needs' child and advantage was taken of these opportunities to greater or
less degrees. Some mothers completed the interview with only the barest mention that they had any 'special child' problem to contend with, referring to their children by name so that it was hardly possible to tell which was the handicapped one. This happened commonly in the Down Syndrome sample but was rare in the index group where the child's idiosyncratic behaviour frequently had a considerable impact on the family's social life and this soon entered the conversation.

3.5.1. Autistic children

It was rare for an autistic child not to be identified in the narrative by references to some of the difficulties experienced. In some cases, the child was a major preoccupation and was a source of deep anxiety and despair. “I eat, drink, sleep autism—from morning till night. You can’t get away from it”. This despairing mother tearfully ended the interview with her wish for her children’s future, that they could lead “sane lives”. Sometimes the extremity of the family situation would be mentioned en passant, as a fact of life which had become routine: in relation to family outings, for example, “Well not with an autistic child, anyway”, to explain the dearth of social events in the family’s experience.

Some spoke of the absence of understanding and sympathy from relatives who saw the mother as failing to manage the child. Several referred to a desperate lack of sleep because the autistic child roamed the house through the night. Of the mothers whose feelings and anxieties overflowed into confiding ambivalence and despair about their handicapped child or their anxieties about the effects on personal and family life, almost all belonged to the autistic group.

Unlike the narratives of subjects in the autism group, it was often difficult to identify the Down’s syndrome child who was referred to by name only, without reference to his difficulties. A few of the Down group mothers shed tears while talking empathically of their apprehensions on the child’s behalf, concerning the possibility of encounters with
prejudice which the child might meet in the future. In the present, the home was regarded as a safe haven and no mother, in the Down’s sample, complained of behavioural difficulties or problems of family integration of the Down child.

3.5.2. Rett syndrome children

Some Rett Syndrome children also wreak havoc in families, with their prolonged and persistent screaming at certain stages of the disease (Rett 1966, Kerr 1992). A mother who, in the interview, emphasised the sense of duty and morality that characterised her early relationship with her father, spoke also of current dilemmas created by her Rett syndrome daughter. She accepted it as a moral duty to cope with the disturbing behaviour of her Rett daughter. She had made arrangements to send her healthy daughter to stay with relatives in order to relieve her of the strain of her sister’s screaming. The girl could not bear to hear the screaming any more but when, at length, she grew homesick and telephoned her mother, to ask to come back home, she changed her mind as soon as she began to hear the screaming again, in the background. This (divorced) mother had felt bound to protect others from distress, at whatever cost to herself; she did not feel she could ask anyone else to suffer the screaming child. In somewhat similar vein, a couple whose only child turned out to have Rett syndrome, were surprised to be offered counselling support for themselves, at the time the diagnosis was made. Mother said that they both felt so devoted to her that the diagnosis would make no difference. They thought it might, if anything, increase their attachment, because the child’s need of her parents was all the greater.

3.5.3. Down syndrome children

Down infants are relatively easy to bring up, especially if secondary congenital physiological defects are not prominent. When this is the form of handicap, mothers derive real satisfaction from seeing their babies develop, albeit at a slow rate. No mothers expressed ambivalence about or complained about the demands of caring for a
Down syndrome child. A few were saddened by the thought of the future challenges which the child might meet with in the adult social world but no mother felt overwhelmed in the present by the task of bringing up a Down syndrome child.

Despite early post-birth disappointments in some cases, which were sometimes openly talked about, most Down children were well integrated into family life. One mother delighted in her ‘baby’ who was now four years old but who looked and behaved more like a lively two year old. Many mothers were also actively engaged in seeking entry for their Down children to local mainstream primary schools and schooling activities were frequently a source of pleasure and encouragement as children were seen to benefit from participation in the social and educational influences of school (Selikowitz 1990). References to concerns about the child and his future might be casually introduced at any time throughout the interview but contained none of the urgency of the index mothers who felt burdened or persecuted by their child’s limitations or destructiveness.

3.6. OBSERVATIONS OF THE DISCOURSE

3.6.1. Stability of family background

The first question of the interview, a general one, asking where the subject was born and whether the family moved around very much, is designed to be simple and factual as a means of fulfilling two functions: it orients the interviewer to the subject’s background and it provides an emotionally neutral introduction to the task, helping to put the subject at ease. It was surprising, therefore, that this first question should have tapped an experiential difference of striking interest. Approximately half of the subjects in the index group responded to this question in a similar way, indicating exceptional stability in the home background. A typical response was, “I was born in X and I lived there all my life in the same house until I left to get married”. Even after marriage, many lived in
close proximity to their parents or siblings, often in the same street. Among the control samples, less than 15% reported this degree of family attachment.

As noted in the previous chapter (section 2.2.2.) this disparity raises questions concerning an uneven distribution of nationalities (English and Scots) between the autism group and the controls. The possibility of a cultural factor should be excluded in further research by including more Scottish (Glasgow area) controls. Some difficulties had been experienced in recruiting subjects; in Glasgow, it was difficult to recruit Down syndrome mothers while in London, autism mothers were the more difficult to recruit. Participation in the project also seemed to be more popular among those living in the country than among city dwellers where time constraints and the increased pace of life added to the difficulty of finding convenient available times for the interview.

A high degree of physical attachment to the home and to the family would be consistent with the clinging and entangling relationships characteristic of the insecure ambivalent resistant behaviour of children in the Strange Situation. Many of the mothers who continued to live close to their own parents, also continued to spend a great deal of their time with their mothers. They visited each other’s homes several times a week, went shopping together and the daughters often described their mothers as a ‘best friend’. A subject whose mother had died in middle age, described how her father then fulfilled the maternal role as baby-sitter and housekeeper for her family. He lived close to his daughter who, as well as having a husband and two children, ran a small business from her home. She said she did not have enough time to do the family shopping and housework and her father, now retired, came daily to do this for them.

In this family, as in many others in the index group, there was great emphasis on family closeness and on doing things together as a family. In a number of instances, this extended to include friends too, and doing things for others, like taking other children on camping holidays, to seaside caravans or going for Sunday outings.
"Sometimes there would be sixteen of us. My Dad had a van and we used to pile everybody in, that wanted to come".

(Autism group)

Whilst such activities were remembered as enjoyable and fun, there was a sense of overcrowding associated with this kind of conviviality.

"At Christmas, the cousins would stay and we would be six in a bed - three at the top and three at the bottom. It was great!".

(Autism group)

Accounts of this kind, together with a number of other specific references to space in the discourses, led to the construction of a scale to investigate the incidence of such references across the samples and the significance of the concept of space as a factor in the subjects' early experiences. It was hypothesised that express concerns with external space might reflect an internal mental state and the representation of space, linking with the subject's current state of mind. The Space Scale and its findings will be described and discussed in chapter 7.

3.6.2. Parental Identifications

Descriptions of the quality and characteristics of relationships with parents from which much of the AAI scoring is drawn, also contain interesting perspectives on the subjects' identifications with each of the parents. The following discovery was familiar to subjects in all groups:

"I always swore I'd never say to any children of mine, the kind of things my mother used to say to us. Now, when I listen to myself with the kids, I think I sound just like my mother!"

(Autism group)
Such comments can be made ruefully or with humour and were to be found in all samples, their openness and honesty, a characteristic of secure individuals.

Even within the secure category, the picture of relationships with parents varied considerably. Security was not necessarily connected with physical presence, although it was mother's presence that was most frequently quoted as evidence of her loving care.

"She was always just there. Wherever we went, we'd come home and she would be there."

(Autism group)

Some fathers were felt to be highly supportive of their families while spending long periods apart from them. In Scotland, this was particularly associated with their working on the oil rigs. Benefits to the families were felt to accrue not only from the high income this brought in but also from the increased time that could be spent with father during the two weeks shore leave, which happened every six weeks. One mother did not even consider that this pattern involved separation. She said,

"He was just going to work. The fact that he would be away for six weeks did not matter, because we knew he'd be back."

(Autism group)

Despite the denial of separation, this subject argued, possibly correctly, that she probably had more contact with her father than many of her peers, since he would spend much of his leave periods in the company of his children, unlike those who saw little of their fathers during the week, because of their hours of work even though they lived permanently in the home.

In the course of the interview, subjects were asked to which parent they felt closest. Responses ranged from 'no difference' to strong preferences for either mother or father.
Many thoughtfully qualified their responses to include changes in their feelings, from preferring one in childhood to getting on better with the other in later years. On the whole, the relationship with mother was most often chosen and this was frequently associated with their proximity and availability during childhood.

Remarks concerning relationships with fathers were of some interest. A number of subjects described themselves as a ‘daddy’s girl’ and a count of the use of this specific phraseology was found not to differentiate the groups. However, those subjects who saw themselves as similar to their fathers, or alternatively, as having acquired the paternal characteristics themselves, were to be found predominantly in the index group. Typical statements of this theme were:

"I am my father’s daughter alright".

"I am just like my father, quiet- not one of these noisy people".

"My father very much supported my academic achievements, so I always had an excuse for getting out of the washing up. My mother always thought I read too many books and should be out in the fresh air".

"I have never been dependent on any man".

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<td>9</td>
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<tr>
<td>Down</td>
<td>10</td>
<td>6</td>
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<td>Rett</td>
<td>13</td>
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<td>Total Controls</td>
<td>23</td>
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Table 3.1 Numbers indicating they were ‘Daddy’s girl’
In all groups a minority mentioned that they were a 'Daddy’s girl'. Using a chi-squared contingency analysis neither a comparison between all three groups \((\chi^2 = 2.577, \text{df} = 2, p = .276)\) nor between Autism and Control, \((\chi^2 = .395, \text{df} = 1, p = .530)\) found a significant association.

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<td>Total Controls</td>
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Table 3.2 Numbers indicating they were 'A chip off the old block'

Both Down and Rett groups had very similar values with only 30% of mothers indicating they were ‘a chip off the old block’. In contrast, the majority of the Autism group (59%), reported this. A comparison between Autism and Control finds this association to be significant \((\chi^2 = 5.376, \text{df} = 1, p = .020)\).

This thrusting, standing- up- for- oneself, attitude entered into much of the index group’s preoccupation with the plight of their autistic child. Battles with authorities about service provision is an immediate example and it was in this group that mothers went to extremes to give priority above other family considerations to seeking out support for the autistic child’s needs. Several mothers began to take a professional interest in the subject of autism, attending national and international conferences and many parents, fathers as well as mothers, have written books about the experience of living with their autistic child and about the enigmas of his behaviour (Park 1967, Copeland 1973, Hocking 1990, Douglas 1992, Gilpin 1993, Maurice 1993, Shattock 1993, Allison 1996, among others).
It seems that autistic children continue to exercise a challenging influence on their mothers, driving them to take action on their behalf in ways not emphasised in the discourse of control mothers. Indeed, some mothers even saw their preoccupation with autism as liberating, in that they felt they were now pursuing something of consummate interest to them. A mother criticised by her father for spending as much on a week-end, international conference on autism as would have provided a holiday abroad for the entire family, said,

"I am doing what I want to do. Funnily enough, I feel much more independent now, since I have had X (the autistic boy). I don't take any notice of what anyone says. I do what I want".

(Autism group)

Another, who chose to attend a meeting for the parents of autistic children on her husband’s birthday, leaving him to baby-sit, said her mother “would have gone mad”, if she had known: “I made him a nice dinner, but I wanted to go to my meeting, so I did”, she said, laughingly.

Childhood rebelliousness was sometimes associated with adult feistiness, as in the above case where the subject also spoke of how she could now hardly believe how boldly she had defied a disciplinarian father in her early teenage years. Another mother described herself as a rebel, recalling a vivid memory of how she had walked three miles home, alone, at the age of six when she had had a disagreement at her friend’s house.

3.6.3. References to concepts of separation

One AAI question asks mothers specifically about their feelings in relation to separating from their own children. The manner of answering this question tended to lend support to the attachment categories and in the way predicted by the close relationship between mother’s attachment status and children’s behaviour. Thus, dismissive avoidant mothers
approached separation as a practical requirement, avoiding mention of any emotional implications. Preoccupied mothers described on-going difficulties in leaving their children and in having little confidence in the capacities of others to care for their children. Secure mothers tended to have confidence in both the child and the carer to cope appropriately. Gratuitous comments, however, which drew attention to extremes of experience, were predominantly to be found in the index group.

The following comments concerned separation fi*om the autistic child.

a) "It's like he is a part of me. It would break my heart to see him go away" (to residential school)

b) A mother described her childhood relationship with her father and her relationship now with the autistic child in the same terms - "Me and my shadow".

c) "I think you tune yourself in, so you know what she wants and when, so you can anticipate. Nobody can look after them as well as I do".

d) "I don't put myself in the position where I'm going to see him upset, because I just can't cope with it. I hate to see him upset".

e) A mother who said she had never been separated from her parents as a child, had never spent a night away from her parents, said she had great difficulty leaving her autistic son because she did not believe anyone else could care for him adequately.

f) "I felt as if I'd torn a limb off, the first time I left my baby". This mother could not imagine how her children could handle life "away from me".

Comments of this nature from mothers in the control groups were much less frequent and less extreme:
a) The mother of a Rett child said "I feel my children are really a part of me", but did not talk of avoiding leaving them with others.

A Down Syndrome mother described in traumatic terms, her own experience of being left at school for the first time:

"I stood there like a stick and would not take my coat off or put my lunch box down. I just cried and cried for Mummy the whole morning. It was terrible, terrible".

As a mother, she now took a very balanced view of the question of leaving her own children, saying it depended with whom they would be left. She went on to describe occasions when her parents or parents-in-law would have the children overnight or for a weekend to allow the parental couple some time together. This she felt free enough to accept and enjoy, although also finding herself thinking of the children left behind.

### 3.6.4. Subject interruption of the interviewer

Related to both of these aspects of containment was the incidence of interviewee interruption of the interviewer and failure to observe Grice’s basic principle of conversation, the Cooperative Principal (Grice 1975). In a few cases, this was dramatic and a count of the incidence across the samples yielded results showing a very striking difference between the behaviour of the autism group, in which interruption of the interviewer was marked and that of the control groups, in neither of which was interruption a feature. These results are reported and discussed in chapter 9 as an addendum to the findings relating to reflective function.

### 3.6.5. References to the concept of space

Specific references to space in relation to the subject’s personal and family experience were striking in some narratives and the possibility of there being a link between the
expression of feelings concerning external space and the representation of sensations concerning the structuring of internal mental space was thought worthy of exploration. The concepts of space and time underpin the evolution of the human psyche and have always been central to the concerns of scientists and philosophers. The appearance of explicit references to space in some of the discourses was, accordingly, of considerable interest. Together with other instances of concerns with freedom or its curtailment, which also appeared in the discourses of some subjects, these observations led to the construction of a scale to investigate more closely the function of these concerns with space. Two Space Scales were devised (appendix 2.4.); one measuring the sense of curtailment or restriction of personal space described in the narratives and the other, the sense of liberation and freedom of movement or choice that was experienced. These scales are described and their results discussed in chapter 7.

3.6.6. References to violence

Descriptions in some of the discourses of episodes involving violence were considered to be sufficiently frequent and severe to warrant closer investigation. Violence is associated with insecure attachment (Van Ijzendoorn et al. 1997) and is also thought to be related to inadequate capacity to ‘mentalise’, that is, to contain feelings in the mind (Fonagy & Target 1995). Subjects did not necessarily experience direct violence towards themselves in childhood, although there were a few who spoke of having suffered severe beatings. Exposure to violence between the parents was also a source of disturbance and diminished self-confidence.

For the purposes of this study, the term violence is restricted to violent aggressive behaviour with the intention of inflicting pain or causing damage to the physical body. A scale was constructed to measure such violence in relation to attachment figures and to explore whether there were significant differences between the groups in this respect. The Violence Scale is described and its results discussed in chapter 8.
3.7. DISCUSSION

This chapter has described the interviewer's informal clinical observations of subjects' situational responses during the interview together with observations of the content of the discourses. Individual differences noted in relation to the themes of space and violence in the discourses and also to interruptions of the interviewer's questions were pursued by designing scales to test for inter-group divergences and the findings in relation to each of these phenomena are reported in subsequent chapters. The situational and discourse differences observed are now discussed in the context of other research studies involving the effects on mothers of bringing up a child with a learning impairment. Overall, four main areas of difference distinguishing mothers in the autism group from mothers in the control groups were identified and these differences clustered around the themes: self-blame, low maternal satisfaction, parental stress with poor receptive function and personality differences.

3.7.1. Situational responses

In a few cases, another adult or a child had to be present for all or part of an interview and this, along with the fact that most mothers chose to be interviewed in their own homes, augmented opportunities to observe individual differences in behaviour and family organisation. Meeting in the homes of interviewees was found to be much the more convenient for most mothers and this meant that the conditions prevailing at interview were very largely determined by the subject. This allowed a comparison of the different ways in which mothers understood and interpreted the requirements of the interview and, especially, the request to arrange for an uninterrupted hour in which the interview might take place. Anxiety concerning the interview, not readily apparent in the subject's demeanour, might be inferred, for example, in the need to have a spouse or a child present. Informal observations of the situational responses of subjects in the three sample groups suggested some evidence that anxiety was being controlled in this way.

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Differences between the groups in this respect, also lent support to Ryde-Brandt's report of a relationship between differences in level of maternal anxiety and the type of handicap of the child (Ryde-Brandt 1988, 1990a,b).

Anxiety and mood disorder have long been known to be common among the parents of children with disabilities (Holroyd et al. 1975, Holroyd & McArthur 1976, Marcus 1977) and particularly prevalent among mothers (De Meyer 1979, Bristol Gallagher and Schopler, 1988). However, Ryde-Brandt in her Swedish studies has also reported a relationship between level of anxiety in the mothers and the type of handicap in the child. While she found high levels of anxiety in the mothers of mentally retarded children with psychotic behaviour, anxiety was much less common among mothers of motor-handicapped children and children with Down’s syndrome (Ryde-Brandt 1988, 1990a,b).

3.7.2. Self-blame

Clinical observations of self-blaming in this study confirm the findings of other comparative studies (Ryde-Brandt 1988, 1990a,b; Rodrigue, Morgan, Geffen 1990) that mothers of autistic children express much more anxiety about themselves as mothers, than mothers of children with Down syndrome and, in this case, also than mothers with Rett syndrome children. Some mothers spoke ambivalently and defensively about ideas and theories implicating them in their child’s autism, despite their being fully familiar with current knowledge on the subject. Several had had to contend with being held to blame by relatives for their child’s behaviour and in at least four cases, by their own mothers. The longing to be able to do something for the child and a willingness to give anything to achieve this, which was also expressed by a number of mothers, is also likely to be associated with a sense of guilt which is implicit in self-blame.

Mothers of Down syndrome children may blame themselves for the child’s condition because of the genetic aetiology clearly associated with the disorder; paradoxically,
mothers of children with autism may blame themselves for the child’s developmental difficulties, in the absence of a clearly defined neurobiological aetiology (Cohen & Donellan 1987). This assessment accords with impressions in this study where the doubts and ambivalence of mothers in the autism group was unrelated to or contradicted their knowledge and information. In contrast, a mother who decided not to participate, was categorical that autism was a genetic condition. In this study, however, there was no evidence of self-blame concerning genetic aetiology among mothers of Down syndrome children.

In a comparative study of mothers of autistic, Down syndrome and developmentally normal children, Rodrigue found that mothers of autistic and Down syndrome children reported more caretaker burden and frequent use of self-blame as a coping strategy than did the mothers of developmentally normal children (Rodrigue, Morgan, Geffken 1990). Caretaker burden and self blame hardly featured in the accounts of Down syndrome mothers in this study; the reverse was more common, with mothers taking pleasure in the Down child’s progress. In this case, an age factor may have been influential since most of the children were under seven years and parents were still enjoying their educational progress.

3.7.3. Low maternal satisfaction

Rodrigue was able to identify characteristics which differentiated the mothers of the autistic children from mothers of both Down syndrome and developmentally normal children. Mothers of autistic children reported lower perceived parental competence as well as a lowered sense of satisfaction from their parenting experiences. Exploring attachment and maternal gratification in mothers of children with autism and Down syndrome, Hoppes & Harris also found that the mothers of Down syndrome children reported significantly higher levels of maternal gratification than did the mothers of autistic children (Hoppes & Harris 1990) and this characteristic was also found in the present study. Mothers reported feelings of exhaustion and frustration which directly
related either to the lack of responsiveness in the child or to his apparently mindless destructiveness. A mother who showed me the bleak and ‘vandalised’ playroom which her four-year old son occupied, said wearily, “He just breaks everything he gets”. Other mothers continued to feel hurt and perplexed by their child’s rejection and were preoccupied by wishes to give the child happiness. “I would give my life to see him happy”. Another mother had an ever-present longing to have her son back at home with her, despite the aggressiveness and uncontrolled behaviour which made it imperative for him to be looked after in a special residential school. Indeed, she once insisted on bringing him home with disastrous consequences and had to have medical intervention to sedate him.

While not necessarily feeling a sense of responsibility and guilt for the child’s autism, such longings certainly expressed a sense of responsibility for not being able to make the child better. It is probably important to distinguish between feelings of causal responsibility for the autism and feelings that have more to do with a sense of maternal failure. While some were preoccupied by feelings of failure to understand the child, others seemed to deal with the sense of maternal responsibility by becoming zealous in their drive to understand autism. In both cases, in the absence of an ‘object’-seeking child, the wish to be able to do something about it seemed to have replaced the maternal receptive function (Fischer 1990), referred to by Fonagy as ‘reflective’ function (Fonagy 1991) and by Bion as maternal ‘reverie’ (Bion 1962),

3.7.4. Parental stress and receptive function

Failure of receptive/reflective function may result from characteristics of the mother or it may be the response of a mother to an unintegrated child. Studies of the parenting stress involved in the care of children with attention deficit, hyperactive disorder (ADHD) have raised questions concerning causal direction. Fischer (1990) has shown that in the case of ADHD, the characteristics of the child have a stressful effect on parents and on family functioning. Woodward, in another study of parenting function
among families with hyperactive children, suggests that the quality of parenting provided for hyperactive children may contribute to their behavioural difficulties (Woodward 1998). These controversies have some relevance to the investigation of the functioning of parents of autistic children, since attention deficit and hyperactivity often characterises the behaviour of autistic children. In the present study, there was observational evidence that some mothers felt demoralised and despairing about the future in relation to the autistic child, while others were stimulated into unrealistic hopes of devoting their lives to the autistic child, even at the expense of healthy siblings. The emphasis of some mothers in the autism group on character traits associated with drive and self-confidence may also suggest a link with diminished capacities for empathy and reflective function. Mothers of autistic children seemed to be more frequently involved in conflicts with authorities about the needs and rights of the child than were either Down syndrome or Rett syndrome mothers.

Belsky’s process model of parenting stress identifies three domains of determinants—personal psychological resources of parents, characteristics of the child and contextual sources of stress and support (Belsky 1984). The present study seeks to add to the exploration of the interface between the relative contributions of mother and child to the attachment failures found in autism. In this respect, absence of the experience of being contained by the mother’s attention (Bion 1962) or being held in the mind of the mother (Winnicott 1956, Fonagy 1991), however this has been determined, would seem to be a crucial factor.

Some evidence of such maternal capacities may be inferred from the evidence of empathic behaviour and thinking demonstrated during the course of the interview. This was to be found in attitudes expressed to the interviewer and also in behaviour observed during the interview. For example, while most mothers took trouble to be ready at the time appointed, some paid so little attention to the reality of what they had arranged, that the interviewer might be kept waiting for lengthy periods (up to an hour, on
occasion). One made a special request that I come early in the morning to fit with her schedule but was out shopping when I arrived, expecting me to wait with her husband and child till her return (30 minutes later). When a social worker called almost immediately she had returned, mother’s *ad hoc* solution was to suggest that her husband tell the social worker that she was not at home! Most mothers were prepared and ready to sit down and give their full attention to the task, others took the opportunity to eat lunch while being interviewed.

Incidences of unempathic behaviour occurred in all groups but extreme examples were mainly confined to the autism group and were associated with *ad hoc* solutions that deal with problems in immediate ways, averting the need to contain anxiety, as in the example given above. A mother who had understood the interview to include her husband, made him take time off work to be present and then, in the course of the interview insisted that he retire to the garden because she did not want him to hear all that she had to say to the interviewer. A dramatic, if not rather alarming demonstration of unempathic mothering was seen in one subject who firmly used a dummy to stop up the mouth of a two week old baby every time he emitted the slightest sound, to ensure he did not interrupt the interview. (She, herself, interrupted the interview a number of times to answer telephone calls). In similar vein, an autistic boy was placed in a high chair and turned to the wall with a bowl of ice cream to keep him occupied while the interview proceeded.

Mild insensitivity was noted in some subjects in relation to absence of concern about distractions in the room. Some mothers seemed not to notice distractions of noise which could easily have been contained, for instance, by closing a door or in one case, turning off an intercom. Others seemed to be insensitive to conversational turn-taking, constantly pre-empting questions or interrupting the speaker and a count (mentioned above and reported in chapter 9) of incidences of the breaching of Grice’s Cooperative Principle (Grice 1975) was made. Reduced capacities for empathy might also be related
to the suggestion that the index mothers had a stronger identification with their fathers and with practical capable ways of supporting their families than with maternal containing capacities.

3.7.5. Personality differences

All of the above clusters of characteristics which indicate a sense of inadequacy and lack of confidence in themselves as mothers seem to distinguish the mothers of autistic children. That this could be a result of the relentless assaults of an autistic child on his mother's maternal capacities is still an open question. The uncompromising linkages of parental psychopathology with the aetiology of childhood autism and psychosis propounded by Bettleheim (1950) and his contemporaries (Ruesch & Bateman 1951, Wynne & Singer 1963) have been followed by numbers of studies focussing on alternative biogenetic hypotheses from Rimland (1964) to Gillberg (1990) but some studies have also attempted to test the theory which had been put forward. Although the nature of the link remains to be established, research links between autism and parental psychopathology persist and in relation to genetic factors, this is again to be expected.

Netley et al (1975) found that the mothers of psychotic children who presented symptoms of autism, showed a greater tendency towards atypical ways of thinking than mothers of psychotic children without 'autism', supporting an earlier indication found by Schopler & Loftin (1969). Parental personality, however, as measured by the EPI (Eysenck Personality Inventory) did not reveal any unusual features in the Netley study as had also been reported by Kolvin (Kolvin et al 1971b). De Meyer (1979) found physical and psychological tension in all mothers of autistic children and 35% were uncertain about their mothering qualities, a finding for which there was observational support in this study. In research designed to test the hypothesis that the parents of autistic children would be more likely to show schizoid personality traits than parents of other handicapped children, Wolff concluded that schizoid traits were indeed more prevalent among the parents of autistic children and more marked in the fathers than in
the mothers. 16 of 35 parents interviewed were rated as ‘definitely’ schizoid but none of the 39 controls (Wolff et al 1988). In addition, the parents were more ‘intellectual’ than their matched controls. It was also found that, as a group, the autistic children were of a higher social class than the general population.

These findings echo Kanner’s original observations (Kanner 1954) and the early clinical descriptions of the parents of autistic children (Creak & Ini 1960, Eisenberg 1957). Clinical impressions of the personalities of mothers of autistic children deriving from this study are not inconsistent with Wolff’s findings. Her ratings, also based on interviews, assessed impaired rapport, lack of empathy, suspiciousness, low emotional responsiveness and over- or under-communicativeness. Wolff implies that her results may be helpful in establishing a marker of one of the genetic determinants of autism. The AAI rates some of the same qualities among other aspects of relationship, reserving the possibility of another avenue of intergenerational influence in the quality and significance of primary attachment.

In a review of ten years’ clinical work with the mothers of psychotic children amongst whom were many autistic children, Tischler (1979) anticipates some of the findings of this study. In his experience, these mothers did not lack warmth but rather reacted to their children in ways “too much coloured by their own infantile needs”. In the words of one, “I could not live closer to my children; their pains and pleasures are mine. I can hurt them by my abuse of this proximity”. Such closeness underlies the characteristics of preoccupation and entanglement, the mark of the E attachment classification which, in this study, was found to be prevalent among the mothers of autistic children.

3.8. CONCLUSION

The interviewing of subjects in their own homes, highlighted differences between individuals in their interpretation of the initial instruction to the mother to try to ensure
an uninterrupted hour for the meeting. Collaboration with the interviewer is an AAI indicator of security in the subject. In this study, gross misunderstandings of the interviewer’s initial instruction occurred in about 10% of cases but only one of those came from the controls, a Rett group mother. Furthermore, this mother, unlike those in the autism group, was quick to comply with the interviewer in restoring the ‘uninterrupted’ setting, as requested.

Kanner was the first to identify weakness of empathy in the parents of autistic children. He described them as lacking warmth and inclined to formality (Kanner 1943). Later, Creak and Ini (1960) described the parents of a cohort of autistic children as “cold”, “reserved” and “detached” and Tustin considered maternal depression to be an important factor (Tustin 1981). Observations of the mothers of autistic children in this study did not lend strong support to these views. There was some evidence of insensitivity in some mothers towards their children and in others towards the interviewer but it was not particularly associated with coldness or reserve, rather an over-anxious wish to get things right and to be in control, and in this respect was more consistent with the schizoid traits found in Wolff’s study (op cit) and with the clinical impressions of Tischler (1979).

Far from being detached, many mothers were over-involved in their child’s difficulties. This was expressed in extreme ways in a few cases and has been widely noted in other studies in the way that the mothers of autistic children expressed self-blame or doubts about themselves as mothers. Control group mothers did not blame themselves, and had accepted the handicap in a way not possible in the case of autism, where there were often lingering hopes for change or cure. Few control group mothers even complained about the burden of bringing up a handicapped child, whereas mothers of autistic children were commonly very preoccupied with the impact of the child on themselves and on the rest of the family.
One finding of considerable interest related to exceptional family stability. Approximately half of the index group began their account of their family history with the statement that they had lived in the same home for the whole of their lives until they left to marry. Even after marriage, many lived in close proximity to their parents or siblings, often in the same street. Among the control samples, less than 15% reported this degree of family attachment. For the autism group, too, the topic of separation evoked additional comments denoting alarm e.g. “I felt as if I’d torn a limb off, the first time I left my baby”. Gratuitous remarks of this extreme were rarely found in the discourse of the controls.

Specific references to space and violence in relation to the subject’s experience of personal and family life were of sufficient note to prompt further exploration and scales were designed to investigate the significance of these aspects of the narratives. Transcriptions were also rated on Fonagy’s scale for Reflective Function and all three scales with their results, are described and discussed in chapters 7, 8 and 9.
CHAPTER FOUR

TRANSFERENCE AND COUNTER-TRANSFERENCE OBSERVATIONS
4. TRANSFERENCE AND COUNTER-TRANSFERENCE OBSERVATIONS

This chapter reviews the interviewer’s experiences of the inter-personal relationship with individual subjects at the time of interview, in terms of transference and countertransference phenomena. The chapter has two aims: The first is to examine the concepts of transference and countertransference, their history and evolution and the second is to present the transferential experiences of the interview relationships and consider their relevance as additional observational data. It is recognised that such observations are taken from the particular point of view of psychoanalytic theory which puts them in the context of a universal unconscious predisposition of the individual to repeat infantile relationship paradigms throughout life. As such, these observations have relevance to the exploration of attachment and are of interest as an adjunct to the research data, although they remain empirically unconfirmed.

4.1. THE CONCEPT OF TRANSFERENCE

4.1.1. Transitions in the classical psychoanalytic concept

For the purposes of this work, the term transference is limited to its psychoanalytic use and is to be distinguished from the uses of ‘transfer’ in other domains of psychology. ‘Transference’ is a clinically derived concept, first advanced by Freud to describe his observation that significant aspects of the patient’s relationship with the analyst are determined by childhood prototypes based on conscious and unconscious influences associated with early attachment figures. He insisted that psychoanalytic treatment depended not simply on good doctor-patient rapport, but on an analysis of the relationship between them as one which was stamped by “the stereotype plate (or several such), which is constantly repeated -constantly reprinted afresh- in the course of
the patient’s life” (Freud 1912); a pathological oedipal attachment to the analyst, representing the individual’s earlier relationship to parental figures (Freud 1905).

In this, Freud did not disregard the influences on the patient of innate or constitutional factors, but saw constitution and experience as two sets of factors, not to be contrasted in principle, but to be seen as regularly operating jointly. He made it clear that he considered that the transference phenomena arose from both conscious and unconscious motivation and the anticipation of satisfaction of unfulfilled desires with each new relationship. In the doctor-patient relationship, the doctor is introduced into the patient’s pre-existing psychical paradigm which may be dominated by internal father, mother or other object figures of significance, which colour the patient’s perception of the doctor.

Freud also drew attention to the important fact that transference phenomena were by no means restricted to the doctor-patient relationship and that their intensity could be experienced as strongly outside as inside the psychoanalytic setting. In support of this, he quoted in his paper on transference (op cit 1912) from the work of Gabriele Reuter (1895). Her book was written before the advent of psychoanalysis and in it she described the florid transference behaviour of “nerve-patients” in institutions. Although the development of transference is favoured by the psychoanalytic setting and technique, Freud concluded that transference was attributable not to psychoanalysis but to neurosis and that it was a universal phenomenon. In his own words,

“Everyone possesses in his own unconscious, an instrument with which he can interpret the utterances of the unconscious in other people”.

Building on Freud’s discovery, the use of transference (and countertransference) as a route to understanding the inner world of the patient, has become the hallmark of psychoanalysis (Bateman & Holmes 1993). Freud also distinguished between the mechanism of transference, with its reflections of past experience and the dynamics of transference in the current relationship situation. The mechanism was seen in terms of relationship templates which are stored as images or in Jungian terms, imagos (Jung
1943) in the system unconscious and which then determine subsequent emotional relationships, including that with the analyst. In the classical view of transference, the analyst is regarded as a blank screen onto which are projected all the strong feelings and experiences of infantile relationships, with little differentiation between past and present situations. Since the patient is unaware of his misperception, the task of the analyst is seen as one of reconstructing the past in order to achieve insight and overcome the past trauma. In this task, transference is also accepted as a vehicle of potential resistance to insight.

Modern refinements of the classical view have moved the emphasis of transference from the past and distortions attributable to infantile phantasies and experiences, to focus on the current conflict being played out in the present day relationship with the analyst. This has produced a much wider and deeper concept, based not simply on the idea of a re-presentation of the past with earlier infantile traumatic influences having to be uncovered and overcome, but on a concept of present day phantasy, influenced by the past, a new experience rather than a repetition of an earlier one. The importance of past experience remains, but its value lies in its function as an indirect means of gaining access to current phantasy and this has given a positive weighting to transference as the manifestation of an individual’s use of unconscious organising principles to understand the life around him. Bollas (1987) sees transference as an important route to the discovery of “the unthought known”, in the new experience of elements of psychic life which had not been previously ‘thought’, and which are now afforded time and space in the transference relationship. This places the stress not on what actually happened in the past but on an emotional experiencing of the past as it is now remembered (Schafer 1977).
4.1.2. Countertransference

'Countertransference' refers to the analyst’s unconscious reactions to the patient, including the patient’s transference. Freud rarely alluded to this aspect of the psychoanalytic relationship (Freud 1910) but since his time, countertransference has received increasing attention as psychoanalytic treatment has come to be understood to be a relationship. Like transference, countertransference was first thought to be a potential source of difficulty, hindering the process of analysis and possibly requiring further analysis on the part of the analyst, until it was recognised that the analyst’s experiences in the analytic situation were relevant to the internal world of the patient and could be used to understand the patient’s communications and his internal mental life.

Today, the phenomena of transference and countertransference are widely regarded as the consequence of a personality predisposition which is universal. Its emergence is particularly facilitated by the analytic setting but the phenomena may be manifested in other comparable relationships. The analyst’s exploration of the countertransference experience is now recognised as a major instrument for analysing the transference.

This discovery shifted the emphasis from ‘analyst derived countertransference’ which had been thought to be an impediment to the analytic process to ‘patient derived countertransference’ which could be used as a way of accessing unconscious communication (Langs 1976). This signalled a sea change of theory and technique which was at first strongly resisted by those analysts seeking to adhere to their traditionally detached objective stance as expert interpreters of the patient’s unconscious (Fliess 1953, Reich 1951).

The new widened concept of countertransference found much support in British psychoanalysis, marked by Heimann’s seminal paper in 1950, in which she included in countertransference “all the feelings the analyst experiences towards his patient”.

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Heimann went even further, to suggest that all countertransference feelings in the analyst were the creation of the patient and were to be regarded as part of the patient's personality. This global view brings transference and countertransference so close together with Klein's projective identification that it becomes difficult to differentiate between the two. What has been given emphasis in this, is the significance of countertransference as a source of information about the analytic situation and since it now includes a number of component aspects of the analytic relationship, there is a task of addressing and analysing these various components. Racker (1953,1967,1968) introduced a useful distinction between what he called 'complementary' and 'concordant' identifications in the countertransference and the interviewer's experiences of the subjects in the present study will be considered in the light of this distinction.

4.1.3. Complementary and concordant countertransferences

In Racker's scheme, complementary countertransferences are associated with the feelings aroused in the analyst as a result of being treated by the patient in accordance with some earlier relationship and is closely related to the process of projective identification; the analyst takes on a role which is thrust upon him. Concordant countertransference results from empathic reactions to the patient and is based on the analyst's sensitivity to and attunement with the patient. These depend more on transient emotional identification with the patient than on projection. In this study, both complementary and concordant countertransferences were recognised. Concordant countertransference was typical and this seems consistent with the interviewer's objective of causing as little perturbation to interviewees as possible. Of the subjects evoking markedly complementary reactions, or stimulating what has also been termed role responsiveness (Sandler 1976) in the interviewer, all but three came from the index group. Examples of these experiences and their differences are described in greater detail below.
4.1.4. Container-contained

Projective processes are also the basis of Bion's formulation of the container-contained relationship; the idea of a container into which an object (the contained) can be projected. In this model, feelings are communicated to the other where they are digested and returned to the projector in a modified and acceptable form. As such, this formula also relates to countertransference. Bion used the container/contained model to represent an abstraction of relationship, with particular application to psychoanalytic realisations. "Container and contained are susceptible of conjunction and permeation by emotion" (Bion 1962). When container and contained are conjoined or permeated or both, they change and this change is growth, mutual growth. When disjoined or denuded of emotion, both container and contained diminish in vitality and instead of growth, change in the direction of inanition (Bion *op cit*). Where growth is the outcome, the relationship may be described as commensal with both parties to the relationship benefitting in growth. Where the process is collusive or exploitative the result is, respectively, a symbiotic or a parasitic form of containment with a relationship reflecting the characteristics of 'concordant' or 'complementary' countertransference.

4.2. CLINICAL COMMON GROUND

Within psychoanalysis, the concept of countertransference has assumed central significance and it is now widely accepted that the emotional response of the analyst is frequently more sensitive to the psychological state of the patient than his conscious assessment of the verbal communication (Racker 1968). Concepts of transference and countertransference, first based on Freud's notion of projection, have now come to be permeated by Kleinian ideas of projective identification. Joseph (1986) speaks of transference as 'the total analytic experience', while the Kleinian picture of an 'internal world' comprising continuing interaction with unconscious phantasy, defences and experiences of reality both in the past and in the present, suggests that transference/
countertransference, like projective identification, affects all mental life. Joseph has described the critical implications involved for any change to take place, since the defensive equilibrium of this internal organisation has to be disturbed (Joseph 1989).

Controversy about the definition of countertransference has now faded and there is general agreement that it refers to the experiences of the analyst in response to aspects of the patient’s personality. The focus is on the relationship between the two but this can be variously conceptualised, to include more or less emphasis on the significance of the unconscious components involved. Langs (1978) suggests the term ‘bipersonal field’ which not only locates countertransference as an interpersonal interaction but also delineates a highly charged affective interplay of two mutually influencing psychological systems;

"A four-way matrix between the patient’s and the analyst’s conscious and unconscious systems"

(Bateman & Holmes 1993).

In contemporary psychoanalysis, the emphasis is on countertransference as a means by which the patient’s mental state is communicated to the analyst. Kernberg views countertransference as a significant source of information about the patient but one of three, the others being free association and non-verbal behaviour (Kernberg 1999).

Brenman-Pick (1985) has expanded on Bion’s containing function of the analyst, by stressing the need for openness and receptivity in the analyst to the patient’s communications. Since these are mainly projections, she proposes that a further process of ‘disidentification’ with the patient is needed before the communications can be clearly recognised and analysed.

With the establishment of the centrality of the phenomena of transference and countertransference, has come the possibility of establishing common clinical ground among the multiple and divergent psychoanalytic theories of mental functioning,
psychic development and pathogenesis. The potentially unifying psychoanalytic element lies at the level of the clinical phenomena and the formulation of clinical constructs which are closely tied to the phenomena. It is at this level too that these constructs, rooted in 'clinical facts' (O'Shaughnessy 1994) can be put to empirical testing and their scientific standing strengthened.

4.2.1. The Core Conflictual Relationship Theme (CCRT)

One of the best known attempts to put psychoanalytic data on a scientifically rigorous basis is the Core Conflictual Relationship Theme (CCRT) method of Luborsky & Crits-Christoph (1990). This is a system for making guided inferences about the central recurring relationship pattern for each individual. It brings an operational measure to an area previously the domain of broad, unguided intuition. The CCRT is based on the idea, acceptable to all psychoanalysts, that in every therapy session a number of unconscious personal themes can be identified. The detection of these themes is achieved by first locating (from verbatim transcriptions of the sessions) 'relational episodes' from within the therapeutic narrative and then scrutinising these episodes to identify three component theme types of relational interaction (with the therapist or others) characterised in:

a) wishes, needs or intentions
b) responses from others
c) responses of the self.

From a rating of both the frequency and intensity of these component types of relationship, the final CCRT is arrived at, comprising a combination of the most pervasive of the component types.

Luborsky sees the CCRT as having a great deal in common with Freud's original idea of a 'transference template' (Freud 1912). Based on the three components of narratives
about interactions with the therapist and others, he sees the CCRT inferences as deriving
from the same processes as are used by the psychodynamic clinician formulating
transference patterns of relationship. While the CCRT does formalise some of the
inferential processes and provides a useful operational measure of transference, it has
limitations in relation to those aspects of transference and countertransference
experience which lie outside verbally expressed interaction. For some analysts, non-
verbal cues are of greater significance in formulating the transference communication,
than the messages conveyed by the patient’s words. Besides, the communication from
non-verbal sources frequently belies the verbal content of the discourse thus introducing
the possibility of an alternative understanding of the core conflict to one based
exclusively on verbal content.

A similar limitation applies to the rating procedures for the Adult Attachment Interview
which also rely on the spoken communication. It has long been advised that language
may be used to miscommunicate as well as to communicate:

"men use thought only to justify their injustices and speech only to conceal their
thoughts"

Voltaire (1764)

"The true use of speech is not so much to express our wants as to conceal them"

'The Use of Language', Goldsmith (1768)

Likewise, much of the work of the psychoanalytic investigation is concerned less with
understanding the content of what the patient has to say than with understanding the
purpose and function of the discourse with regard to the particular context of the
patient’s relationship with the analyst; in other words, the domain of transference and
countertransference.
4.2.2. ‘Conflict’ between thought and action

“Psychoanalytical observation certainly cannot afford to be confined to what is verbalised only: what of more primitive uses of the tongue?”

(Bion 1970).

Here, Bion is drawing attention to his conceptualisation of an intrinsic and primitive form of ‘conflict’ to which the human animal is inevitably exposed; that between thought and action. He perceived a deep basic conflict in every individual between two kinds of activity: the demands for action and sensual gratification associated with physical survival on the one hand and the demand for mental ‘activity’ on the other. His container and contained model is used to differentiate the states of containment which, in the case of thought and action, prevent conflict by containing thought and containing action in a mutually exclusive commensal state, neither influencing the other but allowing both to coexist within the same personality. The risk of confusion between thought and action is high when the musculature for talking is involved with beta elements (projections) and the distinction between the two may become confused. This is most graphically witnessed in Tourette syndrome where words and sounds can be ejaculated by the mouth, rather than spoken. Confusion also occurs if intolerance of frustration leads to the substitution of thought for action (omnipotence). Psychoanalytic discourse, in its search for insight, has the task of tolerating such a level of conflict, and this calls for capacities in the analyst to which Bion applies the term ‘patience’.

‘Patience’ in this sense is needed to tolerate uncontainment and confusion, until such time as a ‘pattern’ evolves. In the course of the psychoanalytic session, patients describe objects as containers and others as contained but, as Bion points out

“The objects are many but the relationships are not”.

(Bion 1970).
4.3. TRANSFERENCE AND COUNTERTRANSFERENCE THEMES

4.3.1. Introduction

Both the AAI and the CCRT research tools have some inherent limitations in the degree to which they are able to register unconscious elements of the interview relationship. Particularly, they are not designed to take full account of non-verbal behaviour and all that might be signified from that quarter. While a psychoanalytic consideration of the transference phenomena of the interview does not provide a substitute for this deficiency, some additional observations from this source are reviewed as a supplementary perspective on the findings. The CCRT method of rating has not been applied to the interview narratives but note has been made of any indicators relevant to the idea of a core conflictual relationship theme.

The research interview and the psychoanalytic interview have certain objectives in common. In both cases, the interviewer is the 'object' of the interviewee although the setting and the parameters of the meeting are different. Transference and countertransference impressions are formed on the basis of the interviewer's experience of how the interviewee seems to perceive the situation and the relationship and on how the interviewer is made to feel in the presence of the interviewee. In the analysis of the AAI discourse, the researcher depends in large part, on the overt and verbal behaviour of the subject although this is also actively facilitated by subjective judgements on the part of the interviewer who may ask supplementary 'probe' questions as required for clarification. The latter must be skilled in permitting violations of the discourse maxims to occur whilst simultaneously maintaining contact with the primary task and the boundaries of the procedure. There is an underlying assumption here that subject and object share a common aim and that it is in the irregularities and distortions of the subject's communication that the markers of attachment disturbance are to be found and studied.
The difference in a psychoanalytic setting, is that the analysis depends as much on the interviewer's observations of non-verbal behaviour and on sensory and intuitive perceptions of the quality of the relationship with the subject as on the spoken word. It is the task of the analyst, moreover, to articulate what has been understood from the non-verbal sphere in order to communicate this back to the patient. For the psychoanalytic observer, psychoanalytic facts which are unfolding in the course of the interview are not necessarily reflected in the narrative and may indeed, contradict the verbal content. In the case of the research interview, this is a source of data about the subject springing from the interviewer's 'unconscious instrument'. It is not amenable to the AAI format but strong impressions exerted on the researcher, may offer the possibility of an alternative perspective on the subject, which should not be overlooked.

4.3.2. Concordant identification

The prospect of interviewing subjects from three different sets of mothers, presents the interviewer with thoughts and preconceptions which will be different in respect of each set. It is clear that the mothers of children with Autism, Down syndrome and Rett syndrome are being faced with very different problems in relation to their children and are having to tolerate very different demands on their parenting capacities (Abidin & Burke 1978, Belsky 1984). Just as the interviewer approaches the interview with different feelings in respect of each sample of mothers, so the mothers, too, will have different ideas and expectations concerning the interviewer, what is expected of them and how they will be seen by the interviewer. An important introductory task is to allay apprehension about the interview and to create as informal and relaxed an atmosphere as possible. One source of anxiety concerns subjects' fears of being measured or tested and even although this is a concern that would already have been attended to during the preliminary arrangements for the interview, anxiety may still be present, expressed both in direct and indirect ways. The research method requires the establishment of good rapport with the subject and therefore favours concordance from the beginning. In
addition, the interviewer is likely to approach the interviews feeling a debt of gratitude to the mothers who have given generously of their time.

All subjects were informed that the interview was to be about their thoughts on their own childhood relationships with their families and about how they may have been affected by that. At interview, some subjects responded to this request by speaking readily and freely about themselves, as if enjoying the opportunity to talk. Others felt more inhibited and guarded. Such differences of approach to the interview task form the basis of the AAI classificatory system, but these very differences also have a corresponding effect on the interviewer, sometimes even impinging on her capacity to adhere to procedures. The range of individual differences of response to the interview and the relationship of these differences to membership of the control and index groups will now be reviewed.

4.3.3. Interviewer empathy

Concordant countertransference is based on the empathic responses of the analyst, relating more to attunement and emotional identification with the patient than on projections from the patient. In the present study, empathy on the part of the researcher would be likely to be in accord with the known situation of the mothers being interviewed who comprised three distinct groups. In the case of autism and Rett syndrome, the early mother-baby experience would have been similar in regard to the fact that for both groups, abnormality had not been suspected during the early months, and diagnoses had not been made in the first year of the baby’s life. In this respect, the experience of the Down syndrome mother is the reverse. She knows from birth that the baby is abnormal and she knows the precise nature of the abnormality. When a diagnosis of Rett syndrome is finally made the mother, equally, is left in no doubt about the nature of the abnormality. In the case of Rett and Down syndrome, the diagnosis signifies a real and stark experience of pain and loss for the parents with which an
interviewer is likely to feel considerable sympathy. The diagnosis of autism, on the other hand, is frequently surrounded by doubt and perplexity. In a way which would be inconceivable for parents of Rett or Down syndrome children, it is possible for parents of autistic children not to accept the diagnosis and to seek other opinions or to maintain their own, as did one of the mothers interviewed. Across the country, there is also considerable variation among local authorities in their willingness to make specific service provision for autistic children and this adds to the controversies and uncertainties about the children’s needs, their potential and their future. In these circumstances, the interviewer had to exercise vigilance in sustaining a neutral position in relation to the aetiological and treatment controversies which were a concern for this particular group, in addition to the empathy felt for mothers bearing such a burden of grief and stress.

Contextual theorists of child development emphasise the significance of the earliest relationship between mother and infant which has been described by Werner & Kaplan (1963) as a “primordial sharing situation”. This foundational sharing relationship is regarded as the crucible for the earliest learning and for language acquisition. Bruner asserts that language acquisition is rooted in the earliest communicative formats created by parents and their preverbal children (Bruner 1983). Such concepts and theories make it all the more problematic for an interviewer wishing to discuss attachment with mothers of autistic children, around whom so much controversy still rages about the nature of the children’s autistic learning difficulty and its reversibility.

In the present study, the interviewer, seeking to maintain a degree of detachment from the controversies could not, however, entirely eliminate feelings of anxiety experienced in relation to the index group, anxieties which were not present in relation to the control groups. The former were approached with a greater sense of caution and concern for their feelings, particularly that the interviewer should not be misconstrued as critical of them. Such concerns did not apply in the case of the control mothers who had no
thoughts of being implicated in their children's learning disabilities. Other difficulties might be mentioned in relation to the extra responsibilities of care and the stressfulness added to family life when the needs of a learning and/or physically impaired child have to be accommodated in the home, but these could be referred to in a relatively objective way. For the control group mothers, it was self-evident that psychogenic factors were not involved in the aetiology of the learning difficulties suffered by their children.

Parenting stress is now being widely investigated with studies exploring the specific impact on parents of children with different forms of mental and physical impairment. Differentials in relation to the roots of parenting stress are explored by Belsky (1984), while comparative studies of the effects on parents of children with autism and children with Down syndrome have been reported by Rodrigue et al 1990 examining differences in mothers' psychological functioning and by Hoppes & Harris 1990 who found lower levels of perceived parental competence and parental gratification in the autistic than in the Down sample. Woodward (1998) found that the quality of parenting provided for hyperactive children might be contributing to their behavioural difficulties.

Concordant transference, a concept linked with empathy, sympathy and Stern's 'affective attunement' (Stern 1985), may be regarded as containing the 'positive' or 'normal' aspects of projective identification as opposed to its pathological form. Money-Kyrle (1956) talked of 'normal countertransference' to refer to the universal human capacities for emotional identification with others, upon which all social life is built. In empathy, there is little force of projection, and the analyst's capacity for thought and reflection remains unimpaired, unlike the projective identification involved in complementary countertransference where a role is forced upon the analyst.

The prevailing countertransference experience of the researcher in relation to the subjects interviewed in this study was concordant. External factors already described supported concordance, as did the recruitment procedures which relied on volunteers.
Assessment of the quality of the countertransference was limited to a broad, impressionistic judgement and it is recognised that a closer method of inspection might reveal further more subtle instances of complementarity. For present purposes note was made only of strongly marked differences in subject behaviour with complementary responses which stood out, were relatively easy to identify and producing an unmistakable impact on the interviewer. Complementary responses of this kind were apparent in approximately 30% of the interview relationships and examples are given below. Their occurrence was very largely confined to the index group with only three conspicuous cases appearing among the controls (One Down and two Rett group mothers).

4.3.4. Complementary countertransference

A capacity for empathic identification does not always lead to concordance and the empathic interviewer may also run a risk of collusion with certain persuasive subjects so that the boundary between concordant and complementary countertransference is necessarily indistinct. Complementarity might be differentiated from collusion, insofar as the collusive pressures can be recognised and such pressures are felt particularly when the narrative carries implications of pathology. Subjects who very quickly form a close confiding quality of relationship or who share their experiences in ways which are highly entertaining or amusing for the interviewer, are often very successful in diverting attention from the realities of what they are describing. Bion regarded what he described as “precipitate object relationships” to be one of the preconditions for the development of a psychotic personality (Bion 1957). Such people have a compelling capacity to draw the object (the interviewer) into an atmosphere of sympathetic unison with their personal version of the events of their lives which confounds thinking and discrimination.
4.3.5. Pressure from ‘avoidant’ subjects

When avoidance occurs as a feature within the discourse, it is scoreable as a characteristic of one type of attachment (Main & Goldwyn 1984) but when this is also the quality of relationship with the interviewer, there is a corresponding effect on the interviewer whose objectivity may be compromised. This is because probing questions, necessary to proper clarification, have to penetrate subtle but strong pressure on the interviewer to be in harmony with the subject. This has a compromising effect on the interviewer’s objectivity and necessary probe questions may be let slip because they are felt to be too threatening to or are actively evaded by the subject.

As an example, (autism group) a mother who had a story of trauma and abuse to tell, regaled the interviewer in the most engaging way with hilarious accounts of her experiences. She portrayed her father as ludicrously arrogant and tyrannical and her mother as a kind, generous and long-suffering woman. The fact that the mother was an alcoholic and had attempted suicide three times by the time the subject was twelve years old, was only mentioned in passing and the sequelae of that part of her experience were lost in her idealisation of mother and ridicule of father; the whole account, furthermore, was punctuated throughout by mock exaggeration and infectious laughter. In this case the interviewer was compromised into omitting to probe fully enough the subject’s experiences surrounding the loss of her mother.

The entertaining presentation of the traumatic events of this woman’s life, disguised real loss and anger and within her very powerful defensive mental organisation, she saw herself as having been strengthened by her experience and endowed with capacities for an unusual degree of insight. The interviewer, on the other hand was left with little opportunity to return to the task of the questioning whilst also sensing the subject’s need to keep away from dangerously disturbing thoughts.
The following moments of brief remission in her manic defence, reveal some contact with the depth of her concern:

"I'm crying now to think of it. Oh, Sheila, I didn't think you would be asking me about all this."

In this patient’s actively distracting way, probing questions which might have allowed more accurate assessment of her experiences of neglect, involvement and rejection in relation to each parent were swamped by her winning account of herself and her pragmatic philosophy. The role thrust upon the interviewer was that of the sympathetic and admiring friend. This mother had initially shown apparent eagerness when she came out in her car to look out for the interviewer, who was walking from the station. (This was so that she could ensure that there would be enough time for the interview, since she had found she would have to collect her children from school in an hour’s time).

Control of the discourse may also be achieved in very subtle but no less forceful ways. In one case (autism group), the subject was exceptionally soft spoken. She seemed thoughtful, but also spoke exceptionally slowly with many long, seemingly reflective silences. However, a slight raising of her voice and quickening of the slow pace of speech effected a very powerful control over the discourse and the direction of the discussion. In her very passive and probably unconscious way she was able to induce the interviewer to allow her more time to think, when her use of that time seemed to ensure that no thinking emerged. Often seeming to ignore the interviewer’s questions, she pursued her own line of association but this had the effect of maintaining a strong control over the interview which was difficult to draw attention to, since she also claimed to be struggling to find ways of expressing her thoughts. In addition, as mentioned, she was able to deflect questioning or probing by the slightest quickening of her slow speech so as to indicate that she was still holding her conversational turn. To draw attention to her avoidance of questions felt as if it would have created more disquiet and a heightening of resistance. Slow laboured speech of this kind with long
gaps of silence was presented by the subject as a struggle to cooperate. In the complementary countertransference, bafflement and frustration had to be tolerated and the ultimate need to move on in order to complete the interview, left the subject’s defences intact. The role forced on the interviewer in this way is one of protector.

4.3.6. Pressure from ‘involving’ subjects

In other cases, the objectives of the interviewer could be overwhelmed in the subject’s wish to find a sympathetic confidante. Far from feeling threatened by the interview, some subjects were reluctant to let the interviewer go. In one case, even after a two-hour visit (the longest interview), the subject, was still holding the interviewer in conversation outside, at the gate. This subject (autism group) seemed unable to stop talking about her unhappy personal relationships. Her involvement could be scored in accordance with the AAI system but the countertransference experience was overwhelming for the interviewer, giving rise also to some doubts about the veracity of this woman’s complex and confusing story of both neglect and abuse. The role thrust upon the interviewer in this case seemed to be that of rescuer.

Another example of overwhelming involvement during the interview is taken from the control group among whom only three conspicuous cases of complementary countertransference were found. A Rett syndrome mother took possession of the interview from the beginning, launching into a flood of detail about her experiences and her philosophy of life, without waiting to hear the questions! She was effusive but also muddled and semi-coherent, seeming to assume that the interviewer could follow detailed anecdotes about a long list of people in her history. She was an intelligent woman who presented herself as entertaining, knowledgeable and educative. Drawing on religious corroboration as well, she spoke as if she believed that her understanding of life and relationships left little to be added. The interviewer had to struggle to maintain the parameters of the interview and survive as the interviewer. Although she talked at
great length, further pressure on the interviewer was added by the subject's reminders that she had an appointment to keep later that morning.

Towards the end of the interview, the subject's friend arrived to accompany her to this appointment and she then asked the interviewer to give them a lift to the bus stop. Once in the car, the subject started to give directions, but instead of the bus stop, the interviewer found herself on the way to their destination, about two miles into the centre of the city. The role thrust upon the interviewer in this case was that of servant. The discourse, interestingly, had contained many references to comparisons of the number of servants kept in the households of different relatives in the subject’s country of origin.

4.3.7. Involvement of third parties in the interview

Arranging for others to be present at the interview despite the instruction given in the course of the preliminary planning for the meeting, is another surreptitious way of effecting an influence on the course of the interview. This behaviour is also likely to be unconscious and may be associated with anxiety and a wish to feel supported or protected during the interview. There were marked contrasts in the responses evoked in the subjects by the interviewer's comments and reminder that the interview was to be with mother alone, if possible. Some embarrassment had to be faced in confronting (in the subject's own home) what seemed like a fait accompli. In the first case, for example, a mother (Rett group) was clearly prepared and ready for the interviewer's arrival, but in the designated room were lined up, her mother, her son and her Rett syndrome daughter, all of whom, it seemed, expected to watch the proceedings. When the difficulty was pointed out, however, the requirement was understood and the problem faced realistically. Grandmother was persuaded (somewhat reluctantly) to take the children to the park. In this case, the subject did not continue to treat the interviewer in accordance with her own preconceptions and the countertransference remained predominantly concordant.
In contrast, a mother from the autism group seemed not even to differentiate between being alone and having her husband and autistic son present. Instead of being able to persuade the father to take the child out, the interviewer was persuaded that this was unthinkable. When the dilemma (from the point of view of the interviewer) was pointed out, the subject simply denied the reality of the situation saying that she was uninterrupted and assuring the interviewer that the situation conformed with what was being asked. Denial of distinctions between reality and what this woman wanted to believe were further emphasised in the way she treated both her husband and her child. She addressed her husband in relation to some of the questions, as if it were all one to her which of them replied and she turned the child’s chair to the wall as if to satisfy the interviewer that he was as good as not there. In this case, the subject treated the interviewer in accordance with her own notions of what the interviewer required and barely heard what was being asked.

Similarly, another autism group mother arranged for her husband to take time off work because she had believed (despite the instruction to the contrary) that the interviewer required both to be present. No attempt was made to meet the requirements when the problem was pointed out and the husband merely sat at a distance. As the interview proceeded there were, at first, many jokey and derogatory asides addressed to him during the discourse. Later, she asked him to leave the room and go into the garden so as not to let him hear what she wanted to tell me about her childhood experiences.

The relationship to the interviewer of these autism group mothers contrasts dramatically with that of the Rett group mother. In the latter case there was a realistic adjustment in response to the interviewer’s dilemma, whereas both of the autism group mothers contrived to paralyse any thought of being able to restore the one to one interview setting by creating concern in the interviewer about their capacity to bear reality. This difference has the marks of the characteristic interactions found in many studies of the relationship between disturbed children and their parents.
Views of autism, have ranged from early extreme positions (Bettleheim 1967) to exclusively biological theories (Gilberg 1988). In a limited preliminary study, Creak & Ini (1960) found little evidence of parental personality or child rearing practices being a principal cause of childhood psychosis but recommended further exploration of the family situations of psychotic children. Contemporary studies of psychotic children and their parents continue to suggest certain links but the emphasis is now on directionality and the possibility of a two factor theory (Schopler & Loftin 1969, Netley et al 1975). More recent papers suggest some evidence of contributory maternal factors (Crowell & Feldman 1989, Rodrigue 1990, Woodward 1998) but the problem of the ‘one-sided relationship’ remains; that is, how parents are to relate to an unrelating child. This was the dilemma for the interviewer and the result in those circumstances was to accept defeat and an unsatisfactory situation, rather than raise anxiety.

4.4. DISORGANISATION AND COUNTERTRANSFERENCE

In another exceptional interview, the complementary countertransference was stretched to include the disturbingly disorganised responses of the subject to the task such that the investigator felt helpless and impotent to secure a more orthodox interview setting. Pressure to accept the subject’s view of the world was acceded to and the interview was conducted under very adverse conditions including the bizarre presence of two chattering and uncaged budgerigars, flying round the room. This exceptional case brought into conjunction the relationship with the subject experienced by the interviewer and the simultaneously observed relationship of the subject to her husband and child.

In this home, the cheerless and dilapidated atmosphere of the house was reflected in the drab appearance of both parents and it transpired that both were receiving psychiatric help. The parents were filled with complaints about their poor living conditions which
they attributed to incompetence and misjudgement by the local housing authorities and social services and much of the interview time was used by the couple to air their grievances. It was clear that while they themselves could do nothing to pay the rent and seemed barely able to keep the home clean, their attention was wholly focussed on the local authority as the source of their frustrations.

This deflection of their dissatisfaction onto the authorities deviated further in that their complaints were centred not on themselves but on the needs of their autistic child, as they battled to obtain what they saw as his rightful requirements. Their demands seemed to encapsulate the somewhat surreal quality of their lives; besides complaints about dampness in the home, their demands were for the provision of equipment for the three years old boy - a larger push-chair, because he would not walk outside the home and larger nappies because he was not toilet-trained. The boy himself, however, was like a shining star in the midst of the squalor and disorganisation; a beautiful robust little boy with angelic curls, his busy restlessness mirroring more the activities of the budgerigars than his parents, who sat passively complaining about their predicament, taking little notice of him except to supply whatever would keep him occupied and quiet.

In the transference, the interviewer was expected to agree with the couple’s assessment of their situation and most of their comments were in rhetorical form, as if no sane person could disagree with their point of view, that they were being treated with gross unfairness and neglect. In this way, the interviewer was also incorporated into the imbroglio, an ally, but an impotent one, unable to bring relief. In the counter-transference, therefore, the interviewer’s position was rendered as impotent as the couple’s. The realities of the compromised interview situation could not be addressed in an effective way when any reality could be so forcefully denied (as described earlier) and the interview had to proceed on the basis of very incomplete responses.
It was clear that this mother had as much need for her husband to be present as he had to stay in the home and awareness of their extreme vulnerability added to the interviewer’s sense of helplessness to encourage greater completeness or to re-establish boundaries. At one point, when father rose to leave the room to go to the toilet, mother urgently demanded where he was going. The child, on the other hand, was treated as if he were not present at all and this was achieved by giving him a large helping of ice cream and turning his chair to the wall. Affect attunement (Haft & Slade 1989, Trevarthen 1995) served the parental purposes but took little account of the child’s mind.

Evidence of this parent-serving way of treating the child was extensive. Their demands for larger nappies and a larger pushchair was a way of avoiding the frustrations inherent in learning. Reality was determined by the child. He would not sleep alone either, so he watched television with his parents in the evenings and went to bed with them, in the same bed. The relationship with the interviewer was similarly put in reverse and her experience was very much of conducting the interview in accordance with the protocol of the subject.

4.4.1. Disordered thinking and countertransference

Disorder in this subject’s thinking was also evident in the discourse. Some interviewees may respond so tersely that it is difficult to gain any impression of the quality of their attachment relations and this is a characteristic of avoidant subjects. In this case however, one-sentence answers had the additional quality of being delivered in a concrete and uncomprehending way with the additional effect of leaving the interviewer in a puzzled state. An example was the condensed opening response made by this subject,

“Well, I was battered all my life. My parents didn’t like me.”
The interviewer was left with this bald and blank statement and, on enquiry, the subject could add nothing to this, saying only that she did not know why they didn’t like her but that it must have been so, because she was always battered. Defensiveness to this degree is closely associated with incomprehension and results from a circular or 'symmetrical' form of thinking which is tautological and has been shown to characterise the logic employed by the unconscious mind (Matte-Blanco 1988). This kind of terse and tautological response results in deactivating the interviewer’s enquiry in as powerful a way as deluging the interviewer with denial or distraction. This was a response which was disjoined and denuded of emotional meaning by the subject so that the interviewer could feel no meaningful contact with the answer supplied. Without containment of the emotional meaning, no understanding of the subject’s relationships with her parents grew from this exchange.

In many other cases, where control of the dialogue is exerted in curtailed responses, the explanation given is that the subject does not remember and this does not project incomprehension. However, failure to remember can be presented in different ways, some far more defensive than others and it is important to the AAI scoring, to assess this (Main & Goldwyn 1994). Monosyllabic responses and instant statements that the subject does not remember have a different implication from an apologetic explanation which suggests that the subject wishes to remember but is finding it difficult. Terse responses, like the example above, are often delivered with an assumption that there is nothing more to be said and in the countertransference this makes for a certain impasse to further probing because of the strong implication that it would be incomprehensible to seek any further comment, since all that can be said has been said. In terms of Grice’s Cooperative principle this kind of response is a violation of the maxim of completeness of response, reducing the coherence of the narrative (Grice 1975). It is in the countertransference, that the glimpses of symmetrical thinking may make an appearance. Without benefit of a clinical means of relieving any impasse through
interpretation, the interviewer is subjected, in these circumstances, to such control by the subject’s unconscious needs, that his capacity to function effectively is reduced.

4.4.2. Core conflictual relationship themes

The attachment relationship patterns identified by the AAI method each contain core themes which relate to the subject’s responses to and expectations of their attachment relationships. Whether classed as avoidant or involving, subjects may elicit both positive and negative responses from others and similarly the responses of the self to others. Wishes for closeness or for dominance of the interview were experienced in relation to some involving subjects and these were mostly found in the index group with one clear case from the Rett group. Constricted responses, a characteristic found in avoidant subjects could be indicative of a theme of guardedness and possibly hostility towards the interview process as expressed indirectly in the extra-interview comment of the mother who said she was getting tired of all the research questionnaires she was receiving since her son had been diagnosed autistic.

4.5. DISCUSSION

Transference phenomena, the influence of early unconscious prototypes on current relationships, was first discovered by Freud in relation to psychoanalytic encounters with patients but it is now widely recognised that these phenomena are not restricted to clinical encounters but appear universally as a constituent of all relationships. As Freud concluded, transference is attributable not to psychoanalysis, but to human neurosis. The classifications of the Adult Attachment Interview are based on assessment of the verbalised communications of the subject to the interviewer, so a further examination of the interviewer-interviewee relationship in terms of the phenomena of transference which encompasses non-verbal communication as well, was expected to yield additional observational data, relevant to attachment. The transference characteristics of the
interview were considered in three ways; in the light of Racker's distinctions between concordant and complementary identifications in the countertransference, in the light of Core conflictual Relationship Themes (Luborsky and Crits-Christoph 1990), and in the light of Bion's 'container-contained' theory (Bion 1962).

Racker's distinction between concordant and complementary countertransference was found to have significance in differentiating between subjects with secure and insecure classifications. Complementary responses on the part of the interviewer were much more likely to occur in the presence of preoccupied, confused subjects and also with strongly avoidant subjects, than with subjects who were relatively secure and therefore comfortable with the interview situation. It was also noted how pressures from confused, disorganised or defensive, avoidant subjects, sometimes had an effect in deflecting the interviewer from adhering to the interview protocol. Additional, 'probe' questions might be forgotten under pressure of time or a subject's compelling narrative. Ensuring good rapport with the interviewee imposes constraints on the interviewer such as to favour acting out on the part of the interviewer. Concordant relationships, on the other hand, which were more frequently found in relation to secure subjects, tended to be associated with smooth running and congenial interviews.

In approaching three different groups of mothers for interview, differences were also observed in the interviewer's feelings in anticipation of meeting with index mothers as opposed to mothers from the control groups suggesting pre-interview complementarity. This was related to mothers' expressed anxiety about being implicated in the causes of their child's condition, anxieties which were not present among mothers in either of the control groups. For the interviewer, this had the effect of increasing caution in the interests of ensuring that the interview was not construed as a search to find fault. It has been said that mothers of children whose disorders have a clear genetic aetiology may blame themselves and that mothers of autistic children, paradoxically, blame themselves in the absence of a clearly defined neurobiological aetiology (Cohen & Donellan 1987).
In this study, no control group mother blamed herself, while the mothers of autistic children were ambivalent and defensive about their child's disorder, despite full and up-to-date research information. Some mothers did consider blaming themselves and a few alleged that they had been held to blame by other family members, usually their own mothers.

Dramatic differences were discovered in the experience of meeting with the subjects. It has been described how interview conditions could sometimes be severely compromised when subjects assumed they knew what was wanted and did not listen to instructions. Strong defensive needs to limit the freedom of the interviewer in such cases could become apparent with pressure on the interviewer to compromise or give way. What was striking was that all of the interviews, with the exception of one (Rett group), which stood out as highly idiosyncratic and eliciting complementary countertransference, belonged in the autism group. This was matched in the anticipatory feelings of the interviewer before appointments. Visits to mothers of Down or Rett children were usually approached with a greater sense of equanimity. This is not to say that all autism group interviews were subject to pressure of anxiety. There were relaxed interviews with subjects in this group too but the interviewer was much more aware in the approach to an index interview, of the possibility of having to dispel anxiety.

While Core Conflictual Relationship Themes were noted in the discourse of subjects and compared with the themes which characterise attachment relationship patterns, the CCRT method was not formally applied to the narratives. The CCRT method, like that of the AAI, has some inherent limitations in the degree to which unconscious elements of the interview relationship can be registered. While it was found to provide a useful operational measure of transference, it was limited in relation to aspects of transference and countertransference which lie outside the verbally expressed interactions; aspects which, for some analysts, hold greater significance in the formulation of the transference
communication and in the research interview situation, aspects of the encounter often indicating levels of conflict belied by the narrative.

Bion’s concern is with the deep primitive human conflict between thought and action and his notion of container-contained is used to differentiate between them, for the reduction of primitive conflict and the promotion of mental growth. Conflicts at this depth were suspected in interviews in which there was marked disorganisation of thought and/or subject behaviour which bordered on the bizarre. Only three interviews were florridly uncontained, exercising a strong influence on the behaviour of the interviewer but deep unexpressed levels of conflict were also experienced in the countertransference with subjects who were given to terse or tautological responses to questions.

4.6. CONCLUSION

The countertransference reactions of the analyst to the patient’s communications are now recognised as a potent instrument for the exploration of the patient’s internal mental life. Complementary countertransference which is associated with the active use of projective identification, requires robust containing capacities on the part of the analyst (Brenman-Pick 1985) and in the case of the AAI administration, the interviewer. With more emotionally contained subjects, the use of projective identification is minimal and the countertransference is then experienced in a concordant way. A count of prominent instances of complementary countertransference taken from the samples in this study, indicated that this was experienced in about 30% of subjects but it was notable that only three of those came from the control groups (one Down and two Rett mothers). This suggests that the impact of projective identification was stronger and more prevalent among the autism mothers than among either Down or Rett mothers and
supports the hypothesis that weakness in the capacity for psychic containment may be an important aspect of mother-child relationships where autism is involved.

It was interesting that measures using the interviewer's unconscious 'instrument' (Freud, *op cit* 1912) yielded results consistent with the results of the empirical measure. Although it is hardly surprising to learn that concordant interviews tended to be experienced with secure rather than insecure interviewees, the consistency of the two types of measure was encouraging. While the validity of the psychoanalytic tool is supported, its usefulness as a tool in this study is necessarily diminished when it is employed in a setting for which it was not designed. The constraints necessary to maximise objective fact-finding in the empirical study operate to reduce the opportunity for clinical psychoanalytical fact-finding. In this study, it seems this was not entirely eradicated and perhaps it confirms the universality of transference phenomena and the potential value, therefore, of the unconscious 'instrument' as a supplementary investigative tool.
CHAPTER FIVE

FREEDOM OF CHOICE AND MENTAL SPACE
5. EVALUATION OF THE AAI TRANSCRIPTS: CATEGORY RATINGS

This chapter gives an account of the assessment of the Adult Attachment Interview transcripts, to obtain scores for the categories relating to childhood experience with parents (or other attachment figures) and present state of mind respecting parents. Rating for Experience with Parents is followed by nine further categories with questions to rate the subject's Overall State of Mind in the present, as exhibited in the interview responses. Assessment of experience is based on what can be inferred about early experience from the content and style of the narrative. The data on which the final statistical analyses are based, derive from the ratings agreed between the interviewer and two independent judges. Results of the analysis of the category ratings are reported and discussed in this chapter. A careful consideration of all the category ratings leads to the global classifications and the analysis of the subjects' final classifications is reported and discussed in the following chapter.

5.1. INTRODUCTION

Transcript scoring and analysis of the Adult Attachment Interview proceeds in stages and the first ratings are based on an assessment of the subject's probable relationship experiences in childhood. Judgements have to be made on the basis of the subject's account of her experiences in relation to each parent and represent the judge's best estimate of the subject's probable experience. The quality of childhood experience with parents is rated along five dimensions - loving, rejection, role-reversal, pressure to achieve and neglect. Ratings for these categories will be determined, in part, by the degree of objectivity with which childhood experiences can be recalled, so that experience categories are not unrelated to state of mind categories. Whether the subject is idealising, derogating or angrily involved when speaking of parents, is rated in State of Mind categories specifically respecting each parent. Of the five categories of
experience, loving, rejection and role reversal have been found to embody the greatest power to discriminate between the classifications: F (freely valuing of attachment and autonomous), D (dismissing of attachment) or E (preoccupied and mentally entangled).

5.2. PROBABLE PAST EXPERIENCE

Rating of experience is based on what can be inferred from the account given by the subject in the course of the discourse. All categories are rated on a 9-point scale.

5.2.1. Loving

This scale assesses the extent to which the subject experienced each of the parents as loving or unloving. The core concern is whether the subject had a firm sense of the unfailing support and availability of the particular parent, especially in times of trouble. The assessment is based on a consideration of the whole transcript and the subject’s own evaluations, descriptions and memories are balanced against each other.

A child’s experience with a parent may be lacking in love for many different reasons. Descriptions of relationships in which neglect, rejection or pressure to achieve feature strongly, may give a marked impression of little or no experience of love, yet may nevertheless be described by the subject as loving and supportive. Such disparities in the discourse are the indicators which provide grounds for rating the extent of idealisation. In other cases, parents preoccupied with other commitments, may have been experienced as more absent than present, yet clearly were not lacking in affection and interest, e.g.

"He got home very late in the evening and he left in the morning before we did for school but he did always try to take some time off, like at half-term and always spent his whole summer holiday with us, camping and sailing, - every year."

(Autism group)
Subjects receiving a rating of 5 on the scale for loving are considered to have had a
good enough experience with parents. The 'good enough' rating might also represent
parental behaviour that was mostly adequate, with loving aspects of the relationship
balancing out other less favourable and unloving aspects of it. A mother who was
somewhat confused and involving could still have been experienced as very loving.
High ratings of 7-9 on this scale do not mean that the parent was faultless but that
he/she had been actively loving, accepting and affectionate and had demonstrated
unmistakably, that there was a healthy dedication to the child.

5.2.2. Rejection

For the purposes of the AAI assessment, rejection is defined in accordance with the
Latin roots of the word and refers specifically to a quality of 'turning away or turning
back' of the child's need for attention, dependency and attachment. At the mid point of
this scale parents may be experienced as reserved, strict, emotionally distant or cool but
at a level which would lie within the bounds of acceptability for most cultures. There
may have been an inappropriately early emphasis on independence and a desire to shift
the child's attention away from the parent and attachment, by discouraging signs, like
crying or clinging. At the extreme end of the rejection scale, there is a strong sense of
the child's being unwanted or even that the parent would have preferred to be rid of the
child, a level of rejection which exceeds the norms of acceptable parenting behaviour in
most cultures.

5.2.3. Involving/ Role Reversal

This scale concerns the extent to which the parent requires the child's presence and
psychological attention to ensure her (or sometimes his) own feelings of well being or
safety. At the low end of the scale is the somewhat incompetent or over-protective
parent or one whose demands for her child's attention and involvement are rare. Up to
scale mid-point the parent is still largely capable of adequate parental care and the child
does not feel responsible for the parent's physical or psychological well being. Pleasing the parents may have been very important to the child and there may have been a readiness to feel guilty, if not acting in accordance with their wishes and expectations.

At the high end of the scale, role reversal is likely to be associated with immaturity or emotional illness in the parent. An agoraphobic mother, for example, may be dependent on the companionship of the child, while a mother who is very frightened may use the child as a spouse. Guilt may be used to manipulate the child so that the child has worries about the relationship as well as about the continuing functioning of the parent herself, e.g.

“I had to be very very careful - we all had to be very careful what we said to her so it can be very difficult to have a normal relationship with her. Sometimes you can be talking to her and you won't realise you've said anything but she'll just start shouting at you and crying and saying "I can't get anything right"... If you say anything that differs from her point of view, you're out to get her or something.”

(Rett group)

5.2.4. Pressure to achieve

This scale assesses the extent to which a child was pressured to achieve or to fulfil parental expectations. At the low end of the scale, this will have been no more than a realistic concern about school performance, in the child's own interests but which the child may have found uncomfortable. Above the mid-point of the scale, the child is beginning to be pushed to achieve, not just for its own or the family's benefit but for what it can do to advance the status and self-esteem of the parent. In this case, the child's status, in terms of success in the outside world, is closely watched and monitored. When the achievement required lies in hard work more suited to adults, there are indications that this goes beyond family needs and is becoming bound up in the relationship. At the high end of the scale, the relationship stands or falls on the basis
of the child’s achievements. The pressure is for the child to be outstanding, whatever it takes.

5.2.5. Neglect

This scale refers to the child’s experience of a parent who, when potentially physically available, is usually inattentive, otherwise occupied or is psychologically inaccessible. The parent may spend more time outside than inside the home, attending to business or community interests or following recreational activities. A parent at home may be preoccupied with the demands of managing a large and busy household or alternatively, may be depressed or ill and psychologically withdrawn from the child. At low levels the child misses out on interactive play and conversation, while at high levels there is a complete absence of interaction, either positive or negative.

Care has to be exercised in distinguishing between neglect and rejection. A parent actively responding to the child but in negative or distorted ways is not classed as neglectful, while a neglected child may or may not also be subjected to rejection; a child may feel more unnoticed than positively disliked or rejected. Similarly, role-reversal must be carefully differentiated from neglect. A parent who is neglectful because of the demands of caring for a large family and who depends on the assistance of an older child, is not role-reversing so long as the child is not also required to provide psychological support for the parent.

5.3. STATE OF MIND RESPECTING THE PARENTS

5.3.1. Idealisation

Idealisation of a parent is based upon discrepancies noted between the subject’s view of parents offered at the generalised semantic level of speech and inferences that can be drawn from her descriptions of their actual behaviour. Idealising subjects seem unaware
of such discrepancies and continue to refer to parents as ‘very loving’ or ‘excellent’ while describing behaviour which contradicts that description. A subject is considered idealising when praise of the parent is unqualified, with no supporting evidence and also where there is emphasis on describing the parents as normal. Some subjects begin cautiously, referring to their childhood as ‘fine’ and only later feel confident enough to speak of more adverse experiences. These non-idealising subjects are easily distinguished from idealising individuals who speak only affirmatively of the parental relationship as loving or “just as it should be” while providing no real evidence to support this picture.

5.3.2. Current preoccupying anger

This scale is concerned specifically with current expressed preoccupying anger in the course of recalling past relationships. It is frequently accompanied by simultaneous attempts to enlist the tacit agreement of the interviewer:

"That’s the way my Dad was looking at that. That’s the way he thinks, Sheila and he still says to me to this day. “Look after number one”, he would say. Look after number one? No, I’m just not that kind of person to look after number one. I don’t have no time for people who are in there, Sheila, to look after number one. What does he think I am? You know what I mean? Does he actually think - to me, that’s sick, for somebody to say that."

(Autism group)

Anger about something in the past which clearly remains in the past has quite a different tone and is not included in this scale, e.g.

"The ultimate bad thing was to slam a door in the house and my mother would just kind of ‘don’t you dare do that’ (spoken in a gruff voice). I hated her talking to me like that."

(Autism group)
Involving anger appears in the manner of referring to parental relationships in the course of the interview and in moderate cases is often mitigated by humour. At the extreme, the offending parent can only be discussed in angry denigrating terms which implicitly seek to enlist the agreement of the listener and is a characteristic of the E2 classification.

5.3.3. Derogation

Dismissing derogation of attachment is the very opposite of the angry preoccupying transcripts of the E2 individual. This scale deals with the expression of cool contemptuous dismissing of the importance of attachment relationships and experiences and such feelings may be voiced in relation to primary attachment figures or to other relationships which would be expected to be valued or treated with tenderness, such as children.

In answer to the question about what she had learnt from her childhood, one subject curtly answered

"Aye, how to be a rubbish parent!"

(Autism group)

The dismissing rating is assigned too, when potentially condolent responses to separation, loss or death are treated with brief derogating dismissal. Sentences tend to be brief as if casting away the significance of a particular attachment figure or an attachment-related experience and there is an implication that such concerns are laughable or a waste of time.

"I didn’t cry. For me, as a child, it was like a burden away. No more of her getting dragged about and screaming. As an adult you think it should have been him that snuffed it”.

(Autism group)
Dismissing derogation, like preoccupying anger, can be moderated by humour (as above). Some individuals use elements of derogation to make fun of themselves and others and even of death, in ways which betray an underlying softness and affection. Defensiveness which is buoyant and humorous rather than contemptuous, belongs more appropriately to the secure classification, F1 or F2.

5.4. OVERALL STATE OF MIND CATEGORIES

There are nine categories relating to the assessment of the subject's present overall state of mind and these refer to general attitudes to attachment-related topics, as evidenced in the narrative qualities of the transcript, e.g. vagueness and passivity of thought or insistence on lack of recall. State of Mind qualities are crucial to the allocation of the transcript, out-weighing the five Probable Experience ratings in arriving at the final classification. State of Mind categories are based on relatively patterned or organised states of mind which reflect the mental representation of attachment. The particular state of mind scales selected have been chosen for their power to distinguish the classifications D F and E. and in addition, the unresolved/disorganised state of mind relating to experiences of potentially traumatic events, U/d. The scales tap ease of access to memories and evaluations, apparent distortions of recall of certain experiences, the overall organisation of recall and the feeling with which some memories are imbued. In each case, it is the mental representations of the self in relation to attachment figures, to attachment-related experiences and to attachment-related phenomena which is being assessed.

5.4.1. Overall derogation of attachment

Rating of derogation has already been described in relation to attitudes expressed towards parents. Overall dismissing derogation of attachment is perceived in the
subject's cool and contemptuous attitude to attachment relationships, to death, separation or loss.

"He said to our neighbour Margaret, he said, "Mary's dead". I felt like saying, even as a child, what are you out there crying for? Was it an act? Even then, I must have realised there were a lot of hypocrites . . ."

(Autism group subject talking of her father at the time of her mother's death)

High levels of derogation are uncommon and easily recognised in its implication that something or someone is beneath consideration.

"I never had a relationship with my father and I still don't. He comes to me. I would never go to him."

(Same subject)

5.4.2. Insistence on lack of recall

Insistence on lack of recall rates the subject's repeated insistence on not being able to recall childhood experience, insofar as this constitutes a blockage to further discourse on the topic. The frequency and strength of the assertions are taken into account. For instance, there is a qualitative difference between the subject who gives an immediate curt response 'I don't remember' and the subject who says 'I don't think I remember much about that, but I'll try'. Brief dismissive assertions of not remembering violate Grice's maxim of completeness, in a way which the response 'I don't remember much about that time, however hard I try . . . I wish I could', does not. Lack of recall is rated only when the "can't remember" is conveyed in a way which restricts the discourse.

5.4.3. Passivity of thought processes

Passivity ratings have particular significance in the classification of preoccupation and entanglement. Early work on the AAI system found a striking link between mothers of
passively ambivalent babies, classified C2 in Ainsworth’s Strange Situation and the E1, passively preoccupied, AAI classification. Passivity of thought appears both in the content and in the style of the narrative. The picture of childhood presented may be vague or confused. The speaker may wander from topic to topic as though by association, not returning to the discourse or even forgetting what the question was. Sometimes sentences are left incomplete or the speaker lapses into silence. At times, the subject seems to run out of words, ending helplessly with a very general phrase or even a nonsense word e.g. - ‘- and this that and the other’ or - ‘- and then we just, dadadada.’ The passive speaker seems to have difficulty grasping and articulating an idea and speech may be peppered with vague expressions like ‘sort of a thing’ and ‘kind of a thing’. The addition of a meaningless ‘and that’ at the end of a sentence, rates highly as an indicator of passivity. Passivity is scored across the narrative as a whole, and high scores are not given unless the transcript shows passivity which is both marked and frequently appearing. To be allocated to the preoccupied classification, the score for passivity must be at least 5.

5.4.4. Experience of loss

All experiences of loss resulting from death are given careful consideration and are assessed in relation to the completion of mourning and resolution of grief. Loss of an important person through death is necessarily disorganising and disorienting but in healthy mourning the period of pining and searching for the lost loved one is completed when the reality of the irreversible loss is recognised and accepted and the bereaved becomes reorganised and reoriented towards the new reality and the environment as it now stands. This scale assesses a particular index of unresolved loss or failure of mourning which is identified by indices of disorientation and disorganisation of thought in relation to loss.
5.4.5. Fear of loss

Fear of loss is rated in a separate category from unresolved loss and is the only category
to be based on discussion of the present relationship of the subject with her own child.
This category is included on the basis of an empirical finding that expressions of fear of
loss of the child predicted infant insecure/avoidant classifications. It concerns the
expression of unfounded fears for the child and the highest scores are assigned to
individuals who act upon fears and perceived dangers for which there is no known
source. It may be assumed, however that this present fear in relation to the child is
related to past fears or experiences which have become lost to memory. Fears of loss of
the child which are consciously connected to their source, such as the loss of a previous
child, would not be included.

5.4.6. Experience of trauma

This scale follows a pattern similar to the scale for loss. Like loss, abuse is assessed in
relation to a specific person and the experience has first to be assessed as to whether it
qualifies as abuse for the purposes of this scale. Scores are not assigned on the basis of
allegation or suspicion that abuse took place. Examples are given in the Scoring
Manual, of behaviour which may be harsh but which is not to be included as abuse, like
undeserved spanking or parental temper tantrums. The rater is urged to err on the side of
cautions, excluding rather than including as abuse, incidents which are doubtful. The
scale for Unresolved responses to abuse relates to experiences of abuse involving
attachment figures. It includes physical and sexual abuse and threats to kill the child.

As in the case of loss of an attachment figure through death, three possible major
reactions to traumatic events are appraised - resolution, dismissal and disorganisation.
The principle of using mental 'disorganisation / disorientation' to identify unresolved
abuse parallels that used for unresolved /disorganised responses to loss. Unresolved
responses to abuse are not identified in expression of continuing pain, regret or even
resentment, but in evidence, present in the discourse of continuing cognitive or affective disturbances, like feeling that abuse can be minimised by mental manipulation:

"It (beating) didn't matter to me. After the first few blows, I just switched off and let him get on with it".

(Rett group)

5.5. INTERVIEW AND TRANSCRIPT QUALITIES

The ratings for coherence are based on qualities of clarity and order explicit in a reading of the transcript and displayed implicitly in the subject's logic and belief structures. A coherent subject gives the interviewer a prevailing sense of the subject's active collaboration in the interview task and the story is told in a fresh fluent manner. There may even be corrections or revisions of thinking in the course of the interview indicating a capacity for self-monitoring and metacognition; the qualities indicative of a coherent state of mind.

5.5.1. Coherence of transcript

The transcript is rated for both coherence and incoherence. Besides the positive indicators of coherence observed in the subject's capacity to present a unified, free flowing and steadily developing account of her past and its influences and to be relatively at ease in the telling of her story, specific indicators of incoherence are also employed. In a coherent interview, neither the subject's past nor her present feelings are disavowed and the interviewer has the impression of a story that is readily recounted and not modified by evasions, dysfluencies or intrusions designed to influence the listener. Coherence and incoherence of the discourse are appraised in terms of Grice's Maxims, (Grice 1975), described in chapter 2, section 3.3.
5.4.2. Metacognition

Meta-cognition refers to cognition as an object of thought and this has been described as knowledge about and monitoring of cognition (Brown et al. 1983). Evidence of a capacity to reflect upon on-going thinking is a mark of autonomy and is found in secure individuals. The monitoring of and reporting on the processes of thinking during the course of the interview is indicative of the high level functioning which has been termed meta-cognitive monitoring (Flavell, 1979). Knowledge of cognition refers to a second order cognitive activity. Thus, “I am not respected by my superiors” is not an example of metacognition, whereas “I am a person who constantly thinks he is not respected by superiors”, is a second order representation and is an example of meta-cognitive knowledge. Essential factors in metacognitive functioning are the abilities to differentiate between appearance and reality and to recognise individual differences in the representation of reality; things may appear differently to different people and even to the same person on different occasions (Forguson & Gopnik 1988). In the Adult Attachment Interview, the most convincing evidence of meta-cognitive monitoring lies in the monitoring of current remarks during the interview and it is those which are given ratings of significance.

5.4.3. Coherence of mind

In general, a strong correlation between coherence of transcript and coherence of mind is to be expected. Coherence of transcript is judged on the internal consistency of the interview discourse which is assessed with reference to the rules of conversation (Grice 1975). However, there are subjects whose thinking, although consistent, indicates incoherence of mind; unusual or bizarre beliefs may be consistently expressed with some seeming logic but reveal an ultimate incoherence of thinking. Similarly, fear of loss and indices of unresolved trauma which contain irrational or unfounded beliefs which dominate the subject’s thinking such as to influence behaviour, but which lack a reality basis, would also reduce the rating for coherence of mind. Occasionally, scores
for coherence of mind may be rated higher than coherence of transcript. This is where the judge deems a speaker to have a more coherent mind than the poor characteristic of her discourse would indicate. Coherence of mind is the overall “state of mind” score with respect to attachment and is expected to predict better than any other single score, the subject’s overall functioning as related to attachment.

5.6. STATISTICAL ANALYSES OF CATEGORY SCORES

All transcripts were rated by two independent expert judges. The first and second raters were two AAI certificated (reliability 80%-100%) judges (H. Steele and M. Steele). The third rater, also the interviewer, had attended the 1995 Main & Hesse AAI Reliability Training Institute and had attained group 2 reliability status (reliability, 67%-80%). The two expert judges carried out their rating task independently of the third judge and were kept blind to the differences between the sample groups. The ratings of the first and second judge were then compared with the ratings of the third judge. Initial agreement was high and judges conferred to reach an agreed classification in the case of the disputed transcripts. Statistical computations are based on the agreed ratings and in the disputed cases, the category ratings of the accepted judgement were used. Tables of data appear in appendix 5.1 and list the joint classifications of the first two judges, the classifications of the third judge and the final agreed list used for statistical computation.

5.6.1. Inter-rater reliability

Initial inter-rater agreement on overall classification was 81% and after conferring on disputed classifications, 100% agreement was reached. High levels of category reliability were obtained. Kappa values of agreement between raters were highly significant: for two-way (secure, insecure) classifications, kappa = .441, p = .002; three-way (Ds, F, E) classifications, kappa = .414, p > .001; and four-way, (Ds, F, E, CC)
classifications, kappa = .431, p > .001. Cannot Classify and Unresolved Loss categories were not a feature of the records and there were too few cases to compute kappa statistics for five-way (Ds, F, E, CC, U) classifications or to compare the groups specifically in relation to Unresolved loss and Cannot Classify.

5.6.2. Subjects' rated Experience with Parents

An overall rating for Experience with Father and Experience with Mother was calculated by adding the mean loving, rejecting, role reversing, neglecting and pressure to achieve scores in respect of each parent (table 5.1). No general difference between the samples was found either in relation to experience with mother, $F_{2,54} = 1.93, p = 0.156$, or experience with father, $F_{2,54} = 0.119, p = 0.888$. No difference was found in overall parenting experience either (mean of experience with mother and experience with father), $F_{2,55} = 0.269, p = 0.765$. This is as might be expected since the diversity of experience represented in this generalisation of experience made it unlikely that it would discriminate between the groups.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mother</th>
<th>Father</th>
<th>Overall parenting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>27</td>
<td>3.21 (0.74)</td>
<td>3.12 (1.00)</td>
<td>3.16 (0.81)</td>
</tr>
<tr>
<td>Downs</td>
<td>16</td>
<td>3.44 (0.61)</td>
<td>2.96 (0.60)</td>
<td>3.25 (0.49)</td>
</tr>
<tr>
<td>Retts</td>
<td>15</td>
<td>2.99 (0.75)</td>
<td>3.07 (0.80)</td>
<td>3.05 (0.66)</td>
</tr>
</tbody>
</table>

Table 5.1 Experience with mother and father, mean and (standard deviation)

Experience with parents was then divided into loving and unloving experience to see whether the groups might be differentiated along these dimensions. Of the scores for inferred childhood experience, those assigned for loving are an indication of the degree of security in representations of attachment. Scores for rejection and neglect contribute to the insecurity experienced. To investigate secure/insecure experience with parents,
mean and standard deviation scores for loving and unloving experience were calculated for experience with mother and with father.

**Loving**

Table 5.2 shows mean loving scores for mother and for father for autism and controls. A two-way ANOVA comparing loving categorisations for father and mother between autism and control subjects found no main effect of condition ($F_{1,46} = 1.58, p = .22$) nor a main effect of parent ($F_{1,46} = 1.19, p = .28$), but there was a significant interaction ($F_{1,46} = 4.15, p = .047$). The interaction (Graph 5.1) is noteworthy in showing a crossover in relation to loving preference for mother or father between autism and controls. In both of the control groups, there is a tendency towards loving mother more than father. In the autism group there was either no marked preference or the opposite tendency in the direction of father.

<table>
<thead>
<tr>
<th></th>
<th>Autism</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loving Mother</td>
<td>4.39 (1.75)</td>
<td>5.38 (1.98)</td>
</tr>
<tr>
<td>Loving Father</td>
<td>4.59 (1.26)</td>
<td>4.52 (1.77)</td>
</tr>
</tbody>
</table>

*Table 5.2. Means and (Standard Deviations) for loving mother and loving father for autism vs. control*

*Graph 5.1. Crossover interaction for parent preference*
Unloving

To examine unloving experience, the mean of neglect, rejection and inverse loving scores for mother and father were calculated. A one way analysis of variance found no difference between the groups in respect of overall unloving experiences with parents nor were there any differences for any of the constituent categories.

5.6.3. State of mind representation

Parent specific

No differences between the groups was found in relation to the parent-specific state of mind categories, idealising, involving anger and derogation, analysed separately or together. Neither was there any difference between scores relating to mother and to father. Differences between groups appear in relation to the scores for overall state of mind. Figures were computed for secure and insecure representations of mother and of father for each subject. Security of present state of mind is reflected in high scores for coherence of transcript and coherence of mind which is a characteristic of F classifications. Insecure ratings, deriving from the mean of the scores of categories relating to dismissive (Ds) and entangled (E) classifications were computed.

Overall states of mind

Since the categories for overall present states of mind were chosen specifically to distinguish between the classifications, analysis of these and analysis of the final classifications have considerable overlap. For example, the categories for passivity, fear of loss and involving anger were grouped together to give a rating for the representation of entanglement. This rating indicated that there was a significant difference between the groups which will be discussed in chapter 6.3. When these categories were analyses separately, only the category for passivity showed a difference between groups. Similarly, derogation, idealisation and lack, of recall were grouped as categories
contributing to the representation of dismissiveness, but none of these categories was found to differentiate the groups. Coherence of the transcript and coherence of mind significantly distinguish the groups in terms of security and these results are also be presented in full in chapter 6.3.

5.7. DISCUSSION

A separate analysis of the AAI scores relating to experience with parents, did not yield any differences between the groups. Subjects did not differ significantly in respect of the experiences they had encountered in childhood. There were some interviews in which maltreatment by a father was recalled and although instances of severe maltreatment were confined to subjects in the autism and Rett groups, the overall incidence was low and differences did not reach significance.

The cross-over interaction found in relation to loving experience with mother and with father accorded with the clinical observations that more subjects in the autism groups spoke of identification with father. As noted in chapter 3.7.2., a count of specific references to being ‘a daddy’s girl’, did not differentiate the groups, but the majority of those who saw themselves as ‘a chip off the old block’, belonged to the autism group. The feisty quality implied in that adage concurred with the way that a number of mothers in the autism group saw themselves as having to fight for the rights of the autistic child. This is also consistent with the picture of phallic identification (Birksted-Breen 1996) discussed in chapter 8.3.2. and may relate more to an identification with masculinity rather than with father. In psychoanalytic terms, the internalised penis-as-link may be associated with being ‘a daddy’s girl’ while ‘the chip off the old block’ may indicate phallus desire and denial of the ‘penis-as-link’. This was articulated by one of the index group, insisting that her children (in a one parent family) did not really need a father (see quotation, 6.2.2.).
Attachment Theory stresses that the differences between classifications is not attributable to childhood experience per se (Main 1985) and this is confirmed in the present study; the groups cannot be differentiated in terms of experience. Subsequent differences between the groups in terms of the final classification assigned, arise from the Overall State of Mind categories. These categories reflect qualities in the subject relating to abilities to contain and consider the experiences they have had; abilities which are factors in reflective function. Adverse experience does not necessarily result in insecurity. In the case of one subject, the memory of loving experience with an adored father was felt to have been a strong and enduring feature of her childhood, colouring all her recall, while with hindsight, she was fully aware that she could rarely have seen her father, since he had spent most of his life in prison and died when she was six years old. She was, therefore, unable to support her memories with any specific incidences to substantiate attachment experience, as AAI experience category ratings require.

Of particular interest is the difference between overall State of Mind scores which do indicate differences between the groups, as will be reported in chapter 6, and the state of mind scores relating specifically to the parents. This suggests that the feelings of idealisation, anger or derogation felt by children towards parents may only become generalised in certain circumstances and involves the adoption and integration into the personality of relatively inflexible beliefs and attitudes which have a defensive function and become embedded as a component in one or other of the organised State of Mind structures. In other circumstances, where the child’s experience of adversity is more benign or short-lived, flexibility may remain unimpaired, allowing for the reflective function which helps maintain contact with reality.

High scores for state of mind in relation to parents is always associated with intense feeling towards one or both parents but also frequently with opposite feelings for each parent so that there may be high idealisation of both parents or idealisation of one, along
with denigration of and/or involving anger with the other. Parent-specific State of Mind categories are less organised and more impromptu in their expression and along with evaluatory oscillation, probably contribute to the random spread of scores. Overall State of Mind scores, on the other hand, are based on organised and internalised patterns of thinking and expression and are deliberately selected out of all possible scales for the mental representation of attachment, to distinguish between the classifications F (secure/free/autonomous), D (dismissing of attachment) and E (preoccupied/mentally entangled) classifications. The absence of relationship between the two State of Mind categories would support contentions in this thesis relating to mental space (explored in chapter 7) that the roots of attachment reach deeper levels of psychic organisation than the interpersonal milieu within which the attachment organisation is manifested.

Because they are specifically chosen to distinguish between the attachment classifications, analysis of the categories for overall State of Mind are intimately linked with the distinguishing features of the classifications. Passivity of thought, coherence of transcript and coherence of mind were found to differentiate the representations of attachment most clearly and this finding will be reported and discussed in chapter 6.3.

There were too few ratings for unresolved loss and unresolved/disorganised responses to trauma for these categories to be computable. Equally, the category Cannot Classify occurred rarely and could not be included in computations.

5.8. CONCLUSION

There was little evidence of differences between the groups in relation to subjects' childhood experiences with their parents. This supports Attachment Theory hypotheses that internalised representations of attachment are not determined by childhood experiences per se. A cross-over interaction showing that while controls tended to love mother more than father, the opposite was the case for the autism group which showed a
preference for father. This linked with the clinical observation that references to closer identification with father (or with masculinity) were found to be more frequent in the discourse of mothers in the autism group. Equally, the categories for State of Mind with specific respect to parents did not differentiate the groups, suggesting that different level factors may be involved in establishing the organised overall States of Mind which link closely with attachment classifications. A significant difference between the groups was found in relation to the categories for passivity, coherence of transcript and coherence of mind and this is reported in full in the next chapter.
CHAPTER SIX

VIOLENCE AND THE THREAT TO PSYCHIC CONTAINMENT
6. EVALUATION OF THE AAI TRANSCRIPTS: CLASSIFICATIONS

This chapter describes the AAI classificatory system and reports the results of an analysis of the judges' agreed classifications. The level of inter-rater reliability between judges was high and their separate codings are included in appendix 5.2.

6.1. INTRODUCTION

At present, there are five classifications: Secure (F), Dismissing of attachment (Ds), Preoccupied by past attachments (E), Unresolved/disorganised with respect to trauma (U) and Cannot Classify (CC). Even where there have been qualitatively diverse experiences of relationship with mother and father or with another principal carer, most adults consolidate their experience into one primary "state of mind with respect to attachment" (Main & Goldwyn 1994). In the case of the U classification, a second, best-fitting alternative is also assigned and results can then be considered in three-way (Ds, F, E) or four-way (Ds, F, E, U) analysis. CC cases are treated in the same way but since they are rare, may be lumped together with 'U's or temporarily discarded for purposes of data analysis. In this study there were too few U and CC cases to compute five-way analysis (Ds, F, E, U, CC).

6.2. CLASSIFICATION

6.2.1. Secure, free and autonomous (F)

The secure classification, F, is divided into five sub-classifications to accommodate within it a range of largely loving but somewhat compromised experiences. F3, the mid point, represents the exemplar of the group- the balanced, secure and thoughtful individual who clearly values attachment. This does not necessarily mean that the F3
individual has had optimal parenting experiences. On the contrary, F3 individuals sometimes have suffered adverse attachment experiences in childhood but have been able to view the past objectively and to retain a degree of forgiveness and sympathy for the unsatisfactory parent. Sub-classifications on either side of F3 accommodate on the one hand, (F1 and F2) secure individuals with limited involvement in attachment and on the other (F4 and F5) those who strongly value attachment whilst remaining somewhat preoccupied with past relationships. As with all of the AAI classifications, however, the status of the sub-groups is not yet regarded as having the stability or reliability of the main classificatory sections.

Compared with individuals in the dismissive and preoccupied classifications, those in the secure group seem relatively autonomous in their thinking, feeling free to explore and even to reassess their views in the course of the interview. Secure individuals are not necessarily without dismissive or preoccupied traits, but may show awareness of these tendencies and often correct for their possible misperceptions. These are people who are moderately to highly aware of the nature of their experiences with parents and of the effects of these experiences on their present state of mind. They are relaxed and speak freely and openly about themselves and their childhood history. Their personal histories are believable and there is usually strong agreement between the reader's assessment of the subject's past experiences with parents and the subject's own account of it.

Subjects whose transcripts are assigned to the secure classification are found to be at ease with the topic of the interview. Speech is flowing and coherent and the interviewer is aware of the subject's wish to collaborate in the task. Even when childhood experiences reveal role disturbance, neglect or abuse, the secure subject is able to take a coherent, reflective and thoughtful view of her experiences, often feeling forgiveness for the failures of parents whom she continues to value and to whom she remains attached.
6.2.2. Dismissing of attachment (Ds)

This classification is assigned to individuals whose state of mind as assessed in the interview indicates a current disposition to limit the influence of attachment relationships and experiences on their lives and in their thinking. Subjects show themselves to be dismissing, devaluing or cut-off from attachment relationships and experiences. Dismissing individuals share in common, an organisation of thought which manages to keep attachment relatively deactivated and this is achieved in a number of different ways which are reflected in the sub-groupings. A high correlation is often found between idealisation and lack of memory, since insistence upon lack of memory can be used to manage contradictions between an idealising state of mind and autobiographical content. A third way of keeping attachment deactivated is through devaluing attachment or attachment figures. In this case the limiting of memory is less necessary since the attachment figure has already been considered unworthy of attention or regard. There are four sub-classifications and in all of the first three (Ds1, Ds2, Ds3) the importance of independence is stressed, with claims of personal strength and implicit references to normality. Blocking discourse through absence of memory is prototypical of the Ds1 sub-group but high idealisation of at least one parent may also assign to this group, even in the absence of high scores for insistence on lack of memory. The Ds2 sub-group deactivates attachment by devaluation. Attachment or attachment figures may be dismissed with cool active devaluation or contemptuously derogated. Alternatively, it may be attachment or responses to attachment experiences rather than the parents themselves that are devalued.

"So long as they have one parent, I don't see, myself, that children really need two .... I don't think being a single parent should affect them at all"

(Autism group)

Because of their detachment and coolness, individuals in this group may also show striking perceptiveness about aspects of relationships. Untoward experiences are
cognitively well described but feeling responses are relatively absent. 'Normalising' and 'up-beat' remarks tend to be added on to accounts of negative experiences.

The Ds4 sub-group is different in being empirically derived from evidence found in the early Adult Attachment Interview research data, that fear of the death of the child, unconnected to any known source, was found in several parents of insecure-avoidant infants. Subjects placed in this group are cut off from the source of their fear of death of the child. They seem to suffer prospective fears about the death of their children, without being able to specify a source for these fears. Nervousness related to specific risks or anxiety following severe or multiple experiences of loss do not contribute to this classification.

6.2.3. Preoccupied, confused and entangled attachment relationships (E)

This classification includes individuals who are preoccupied with past family relationships and past experiences. The E classification has three sub-groups, E1, E2 and E3. Individuals in these groups share an excessive sense of involvement in particular attachment relationships or experiences and an apparent inability to move on from those concerns. These are individuals who are confused, with an inability to be objective and the predominant personality characteristics are, respectively, passive and vague, E1, angrily conflicted while unconvincingly analytical, E2 or fearful and overwhelmed, E3. Because of their entanglement with past experiences, E individuals may seem very open about discussing their feelings and relationships but discussion, though extensive and lengthy, is neither incisive nor fruitful. The impression of personal identity is one of weakness and confusion.

Despite basic organisational similarities in the three sub-groups there are marked differences in terms of 'present state of mind'. The involvement or entanglement in early relationships results in little sense of individual identity apart from that of the family.
The experience of childhood is ill-defined but can be described in hallowed terms, with speech that is often vague and incoherent. The E2 group is marked by moderate to high ratings for current involved anger towards one or both parents. Their interviews are often very long as the subject launches into detailed accounts of conversations or incidents that depict the offending parent and there is in this an implicit attempt to enlist the agreement of the interviewer. The sub-group E3 is a classification which is rarely found in low-risk samples and pertains to fearful preoccupation with traumatic events and the discourse is constantly invaded by preoccupations with past traumas.

6.2.4. Unresolved (disorganised / disoriented) states of mind (U, Ud)

This scale assess a particular index of unresolved loss resulting from the death of a significant figure which is manifested in disorientation and/or disorganisation in thinking or discourse. That is, it relates to an active disturbance of the mind and not simply to failure to mourn a loss which could result from dismissal of its importance. This scale takes account of affective or behavioural sequelae and is based on evidence of disorganisation and/or disorientation in reasoning, in discourse or in behaviour such as losing track of time and referring to an attachment figure as both dead and alive or losing track of the interviewer's question.

Unresolved/disorganised responses to abuse by attachment figures is similarly rated. The scale considers the subject's response to frightening, abusive or life-threatening experiences involving parental figures, following the same principles as in the scale for unresolved loss. Both scales may be of use in the assessment of potentially traumatic events.

To be able to score for unresolved/disorganised responses to abusive experience, it must first be determined whether an incident qualifies as abuse and guidelines are provided in the Scoring Manual. In particular, scores are not to be assigned when abuse
is only suspected and judges are encouraged to err on the side of excluding rather than
including incidents as abuse. In this study there were too few cases to be able to include
U category classification in the computations.

6.2.5. Cannot classify (CC)

The "Cannot Classify" category was first used in the Infant Strange Situation
classification to leave open the classification of any child who could not be confidently
allocated to one of the three organised mental strategies, A, B, or C. The designation
was then CC (with best-fitting A, B, C), whether or not the child was also designated D
(disorganised). The "Cannot Classify" option has also been included in the AAI system
and is used to indicate that a transcript shows such an unusual mixture of mental
strategies that no single organised state or pattern seems to be available to the subject or
there is an incompatible mixture of dismissive and entangled responses. Since
Unresolved states are not organised, by definition a transcript may be assigned to both
CC and U classifications as, in relation to the organised states Ds F and E, no overall
mental strategy or organisation is apparent. As in the case of the U classification,
assignment to CC must always be supplemented by a best-fitting alternative
classification Ds, F or E. There were too few CC classifications in this study for them to
be included in computations of results.

6.3. STATISTICAL ANALYSIS

The category ratings described in the previous chapter are considered together to
produce final global classifications which were then agreed by all judges.
6.3.1. **Crosstabulation of agreed scores by condition**

The overall distribution of secure classifications, F, and insecure classifications (Ds, E, U, CC), indicates that insecure classifications were significantly more prevalent in the autism group than in the controls. (Graph 6.1)

![Graph 6.1 Percentage of secure and insecure classifications by group](image)

**Graph 6.1 Percentage of secure and insecure classifications by group**

Secure-insecure ratings were not evenly distributed between autism, Downs and Retts subjects ($\chi^2 = 7.688$, df=2, p = .021). Only a minority of the autism group received a secure classification, compared with a majority of subjects in each of the control groups.

In Table 6.1, a two-way agreed secure-insecure classification shows that within the autism group, 22.2% received a secure classification while 77.8% received an insecure classification. This compares with secure-insecure assignments for Down mothers of 56.3% and 43.8% respectively and for the Rett group, 60% and 40%.
<table>
<thead>
<tr>
<th></th>
<th>Secure</th>
<th>Insecure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>6 (22.2 %)</td>
<td>21 (77.8 %)</td>
</tr>
<tr>
<td>Downs</td>
<td>9 (56.3 %)</td>
<td>7 (43.8 %)</td>
</tr>
<tr>
<td>Retts</td>
<td>9 (60 %)</td>
<td>6 (40 %)</td>
</tr>
<tr>
<td>Control</td>
<td>18 (58.1%)</td>
<td>13 (41.9%)</td>
</tr>
</tbody>
</table>

*Table 6.1 Secure and insecure classification by condition*

This effect shows even more clearly when the results are simplified into a comparison between autism and control subjects (table 6.2). Unevenness in the distribution of secure-insecure ratings between autism subjects and control subjects was marked ($\chi^2 = 7.643, \text{df}=1, p = .006$); controls were more often classified as secure than subjects in the autism group. Only a minority (22.2 %) of mothers of children with autism were classified secure, compared with a majority (58.1%) of the mothers having either a Down or a Rett syndrome child. This difference held for 3 way and appears to hold for both 4 and 5 way classifications, shown below in tables 6.3. and 6.4.

<table>
<thead>
<tr>
<th></th>
<th>E</th>
<th>D</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>17 (63.0%)</td>
<td>4 (14.8%)</td>
<td>6 (22.2%)</td>
</tr>
<tr>
<td>Downs</td>
<td>3 (18.8%)</td>
<td>4 (25%)</td>
<td>9 (56.3%)</td>
</tr>
<tr>
<td>Retts</td>
<td>3 (20.0%)</td>
<td>3 (20.0%)</td>
<td>9 (60%)</td>
</tr>
<tr>
<td>Control</td>
<td>6 (19.4%)</td>
<td>7 (22.6%)</td>
<td>18 (58.1%)</td>
</tr>
</tbody>
</table>

*Table 6.2 Three-way classification by condition*

In the three-way classification, there is again an uneven distribution of scores (table 6.2), both when analysed by condition $\chi^2 = 11.99, \text{df}=4, p = .017$ and shown even more distinctly, when analysed simply as autism vs. control, $\chi^2 = 11.86, \text{df}=2, p = .003$.

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Three-way classification shows that the insecurity associated with the mothers of autistic children derives largely from E category scores (entangled/preoccupied). 63% of mothers of autistic children were identified as E category subjects compared with 19.4% of mothers in the control groups. (table 6.2).

Chi-squared tests for 4-way categorisation (including CC), and Five-way (F, Ds, E, CC, U) could not be computed because there were too few U and CC cases. However, the continuing trend in the unevenness of scores suggests, here too, that it is unlikely that there is no difference between the groups (table 6.3).

<table>
<thead>
<tr>
<th></th>
<th>E</th>
<th>D</th>
<th>F</th>
<th>CC</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>16 (59.3%)</td>
<td>3 (11.1%)</td>
<td>6 (22.2%)</td>
<td>1 (3.7%)</td>
<td>1 (3.7%)</td>
</tr>
<tr>
<td>Downs</td>
<td>3 (18.8%)</td>
<td>4 (25%)</td>
<td>9 (56.3%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Retts</td>
<td>3 (20%)</td>
<td>3 (20%)</td>
<td>9 (60%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Control</td>
<td>6 (19.4%)</td>
<td>7 (22.6%)</td>
<td>18 (58.1%)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Table 6.3 Five-way classifications by condition*

Focusing on the insecure classifications to examine the relative contribution of Ds (Dismissive) and E (Entangled) classifications (table 6.4) indicates that the sub-types of insecurity were not equally represented in the autistic and control groups. A chi square test shows that the distribution of these insecure classifications between the autism and control is significantly different ($\chi^2 = 4.44$, df=1, $p = .035$). More than three quarters of the autism group were classified preoccupied/entangled compared with less than half of the controls. Dismissive classifications were assigned to more than half of the controls but only a small minority of the autism subjects were classified dismissive.
Table 6.4 Frequency of insecure classifications by group

6.3.2 Entanglement

An overall rating for entanglement was calculated by taking the mean of scores for passivity, fear of loss and involving anger (mean of involving anger for father and mother). The table of means in table 6.5 indicates a higher mean score for Autism than for either Down or Rett groups. A one-way ANOVA indicated there was a significant difference between groups $F_{2,55} = 5.58, p = .006$, Scheffe post hoc tests indicated that the difference lay between the autism and the other groups (Rett's $p = 0.055$, Downs $p = 0.16$) with Rett's and Downs not different from each other ($p = .92$).

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>27</td>
<td>3.28</td>
<td>1.28</td>
</tr>
<tr>
<td>Downs</td>
<td>16</td>
<td>2.19</td>
<td>0.95</td>
</tr>
<tr>
<td>Retts</td>
<td>15</td>
<td>2.25</td>
<td>1.06</td>
</tr>
</tbody>
</table>

Table 6.5. Mean entanglement classifications
Involving anger (father)  
Involving anger (mother)  
Passivity of thought processes  
Fear of loss  

<table>
<thead>
<tr>
<th></th>
<th>Involving anger (father)</th>
<th>Involving anger (mother)</th>
<th>Passivity of thought processes</th>
<th>Fear of loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>2.11 (2.08)</td>
<td>2.04 (1.9)</td>
<td>4.67 (1.88)</td>
<td>2.06 (1.61)</td>
</tr>
<tr>
<td>Downs</td>
<td>1.68 (1.58)</td>
<td>2.4 (1.84)</td>
<td>2.5 (1.65)</td>
<td>1.56 (0.73)</td>
</tr>
<tr>
<td>Retts</td>
<td>1.79 (2.15)</td>
<td>1.8 (2.14)</td>
<td>3.5 (2.11)</td>
<td>1.0 (0)</td>
</tr>
</tbody>
</table>

*Table 6.6. Constituents of entanglement, mean (and Standard Deviation)*

Analyses of variance either between all three groups or between autism and controls only found differences relating to passivity of thought processes ($F_{2,55} = 6.67, p=.003$). There were too few cases in the Fear of Loss category.

### 6.3.3 Dismissiveness

Dismissiveness was calculated by combining means of derogation, idealisation (mean mother plus father) and lack of recall.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>27</td>
<td>2.5</td>
<td>0.93</td>
</tr>
<tr>
<td>Downs</td>
<td>16</td>
<td>2.36</td>
<td>1.03</td>
</tr>
<tr>
<td>Retts</td>
<td>15</td>
<td>2.53</td>
<td>0.95</td>
</tr>
<tr>
<td>Control</td>
<td>31</td>
<td>2.5</td>
<td>0.97</td>
</tr>
</tbody>
</table>

*Table 6.7 Mean dismissive classification scores*

One way analyses of variance indicated no difference between groups in relation to Dismissiveness. The groups were not differentiated from one another in terms of their attitudes to parents, whether derogating or idealising, nor were they different in frequency of claims of lack of recall of experience.
6.4. DISCUSSION

The marked differences found in attachment classifications between the autism group of mothers and the controls was consistent with differences noted at interview in mothers' predispositions towards their learning impaired child. Control mothers seemed to take a more sanguine view of the child's future, but substantial differences in the degree of disturbance impacting on the mother from the child's condition is a factor which cannot be discounted. The attachment literature suggests that the foundations for attachment representations are laid down in childhood and although the stability of the internal working model of attachment and its function as a transgenerational model have been amply demonstrated (Fonagy et al 1991a,b, Bakerman-Kranenburg & Van Ijzendoorn 1993), it has not been found that all children of the same parent manifest the same attachment profile (Main & Weston 1981). Personality factors and personal capacities in the child, as in the adult, contribute to the quality of the relationship experience and how the relationship is perceived and hence to the ultimate working model which is internalised. Fonagy mounts two further cautionary arguments concerning the 'maternal' care-giving contribution to the attachment working model. Firstly, that most observations to date, upon which maternal behaviour is rated, usually includes the infant and therefore cannot logically be treated as if they were independent of the characteristics of the infant. Secondly, evidence supporting the predictive power of maternal sensitivity is in itself relatively weak (Fonagy 1995).

6.4.1. Effects of the child's impairment on mothers

Interview narratives highlighted the different views mothers took of their child's future, but these differences seemed particularly to concern mothers' feelings about themselves and what they could contribute to the child's future. The attitude of mothers in both of the control groups was buoyant, hopeful and realistic about the future, whereas conversation concerning an autistic child readily focussed on the disruptions to family
life, the difficulty in understanding the source of the child's disturbance and uncertainties and worries about his future development and needs.

Although there are very real differences in the nature of the difficulties to be shouldered for each child condition, Down syndrome mothers appeared to meet their predicament with courage and optimism:

"So many people did not know what to say to me after the (Down's) baby was born. They might avoid speaking to me when I was out with the pram or ask me how I was and not look into the pram. So I started to take him out of the pram so they had to look at him. Now he just talks to whoever he wants and everyone knows him and talks to him... so that's nice".

In another family, a little Down's syndrome girl was named Hope. Her mother stressed the contentment in her life and her attachment to family values, not seeking to get caught up in the intrinsic discontents of striving after better things. Less distressed by the baby's abnormality than her own mother had been, she claimed, she felt she was able to make the most of her Down's baby; she declared that she had missed Hope, when the time came for her to go to nursery school.

With Down syndrome children there are also more realistic grounds for parents' optimism about being able to help their child achieve and this is reflected in the new willingness of a number of mainstream primary schools, to accept Down syndrome children. Most mothers took great interest in the child's potential for learning and development, encouraged by Parent Associations, Special Needs organisations and some school teachers. In certain cases, bringing up a Down syndrome child may be no more stressful during the childhood years than bringing up a normal child. Essentially, mothers can still experience the satisfactions of motherhood, in feeling effective in promoting the child's development and in being valued by the child. It is the Down child's capacity for attachment and affection which makes then rewarding to work with,
and contrasts dramatically with the emphasis on frustration and absence of reward reiterated in the discourses of mothers with an autistic child. The Down syndrome mother knows that she, personally, can make a difference to the child's future; she feels her presence is important to the child and she feels loved by the child.

In the case of Rett syndrome, periods of extreme distress may be suffered in a family because of episodes of prolonged screaming, thought to be related to the stages of neurological development of the syndrome. That this is a known problem which is explained in medical advice, makes it comprehensible, at least, in contrast to the enigma of autistic behaviour. Rett syndrome parents feel for the child's losses which begin to appear at around the first birthday when early developmental achievements already established, start to deteriorate. However, a happy disposition, despite the neurological losses is a characteristic of Rett syndrome girls, which is frequently quoted by their mothers, along with their convictions that the child's fortitude deepens the respect of other members of the family for her suffering. An unexpected observation of the content of the narratives of both Rett syndrome mothers and Down's syndrome mothers lay in references to benefits derived from the experience of parenting the handicapped child.

"It changes a lot (having a Down syndrome child) but it's been very positive.... He has taught us a lot, one way and another... He's brought a lot out of us.... It's maybe a bit difficult to explain... It's really something that a lot of families know nothing about, until it happens. Something you only know from the outside looking on. It's very different to be actually involved."

"Maria (Rett child) has opened my eyes to things that I thought I would never ever encounter. She's taught us a lot".

The Rett child was usually seen as appreciative of attention from others and capable of affection even although communication with the child was extremely limited. All took the view that the child showed certain personality characteristics which they felt gave
her real identity as a member of the family. Importantly, the solace of physical comfort and communication remained available to provide a containing relationship between parent and child, to the benefit of both.

Some mothers in the autism group had difficulty managing their feelings when talking about life with the autistic child. Some battled with despair, fearing the future. In one case a mother was fearful that her two-year-old daughter might develop autism too:

"It is a worry. I'm forty-one now and you know, when he (autistic boy) is forty-and I've seen my mother at seventy. You know, limbs and bones break and I think well, what's going to happen to my boy? How am I going to help him? I do worry. When he's twenty, I am going to be sixty odd... I worry for my daughter (two years old) that she should have to look after him and I worry, if she will have to decide whether she should have children, if its genetic......"

"and I worry about her now too. I worry will she become autistic? I've heard that it can happen at three years old. I've heard that it can happen even later".

This mother seemed to be filled with despair, wept during the interview and said she was experiencing one of the worst of her "terrible headaches".

Normality was a concern of mothers in the autism group, as expressed in the words of one:

"I am not a normal parent (to her other child) because I have an autistic child".

Another mother was so troubled by her son's condition that she expressed willingness to give her life, if it would mean freedom for the boy to develop normally.

6.4.2. Normality and the containment of difference

The parents of a Down's syndrome baby are in no doubt that what they have to come to terms with is the fact that the baby is abnormal. Shock and deep disappointment
sometimes challenge belief. Mothers refer to the initial difficulty in believing the news and one spoke of her belief that someone would come along and say that there had been a mistake and that one of the normal babies in the ward was really hers. Grief and mourning for the expected normal baby are part of the process of accepting the reality of the Down's baby and most mothers and families seemed to have been able to make a comfortable and courageous adjustment.

The mothers of Rett syndrome and autistic children face similar demands for adjustment of their expectations but their disappointment is made the more grievous by the initial experience of having an apparently normal baby. Nonetheless, the abnormality of the Rett child is undeniable and the loss of language and capacities for social functioning evokes sympathy for the child's obvious affliction. Parents feel moved to compensate and to make life as comfortable as possible for the child. At times the pain of being with a Rett child can reach extremes when stages of uncontrolled and sometimes uncontrollable screaming has to be endured for long periods. As already mentioned, Rett syndrome children are also known to retain, in the main, a happy disposition and parents feel that their efforts are appreciated. The comforts of physical care and soothing allow parents to feel that they can still bring relief and content to the child. The avenues of care and containment are not closed. Parents are confident that they are loved and many express appreciation for having learned more about life, from the experience of caring for the child.

While the concept of containment is not used by parents who speak of having gained in their understanding of life from the experience of parenting an abnormal and handicapped child, the needs and immaturities of both Down and Rett children do require them to be more closely monitored and cared for in ways more associated with the care of the very young. Physical communication with the child remains as the containing influence when intellectual understanding is limited and this continues also to provide a source of satisfaction to the parent as well. Talking to the child was also
seen as an important aspect of the relationship. One mother had to draw this to the attention of the child's grandfather who, although supportive in buying expensive equipment for the child's use, tended only to talk to the siblings of the Rett child. This mother was clear that the Rett child enjoyed being talked to, even although she could not talk, herself. Opportunities for reciprocating relationships are much more limited with the care of an autistic child and the most common cry from mothers is still about not being able to reach the autistic child, as it was when the phenomenon was first reported by Kanner.

The containment of abnormality seems central. In the case of the Down and Rett children abnormality is undeniable. There is visible evidence of the condition which may contribute to its acceptance and acceptance allows for the development of a relationship with the real child, who is different from the one that was wanted and expected. In autism, this sequence is vitiated by doubts and anxieties about whether or not the child is abnormal. Many clinical reports, including Kanner's very first descriptions, emphasise not only the normal appearance of the child but its exceptional attractiveness. The child looks normal and doubts then rage about what, if anything, can be seriously abnormal. Similarly, intelligence may be highly rated on certain dimensions and this too gives rise to hopes that normality is only hidden, leading to tireless searches to find the way through. Savant skills in some autistic individuals who show exceptional intellectual abilities adds further to the hopes of the discovery, if not of normality, then of some positive giftedness. In autism, the emphasis has far less to do with acceptance of abnormality as seems to happen with control parents. Instead of containment of the condition, the focus is more on penetration of it and the conjunction is not of container and contained but of identification with the contained.

Absence or significant diminution of the autistic child's capacity to relate to the mother, per se, also preempts the potential for containment. In autism, unlike Down and Rett syndrome, mothers are faced more with perversion of social and learning capacities than
with simple impairment, however severe. Where it is possible to make the most of residual capacities in the child, even if this is very limited and does not extend much further than physical forms of communication, the containing function operates in the basic way fundamental to human mental growth (Bion 1962). The autistic child, on the other hand, determinedly turns away from this basic level of communication and source of comfort; that is, whilst appearing to be aloof or detached, is actively fighting off and breaking away from potential containment. The autistic child prefers to attend to his own preoccupations and to such an extent that he appears like a fortified keep (see Bettelheim, 1967 and Park, 1972). He does not seek containment or communication in accordance with the natural innate propensities of the infant (Stern 1985) and the problem created is how to re-establish the container-contained relationship when the contained is not only disconnected from the container but actively avoiding it. How far this may be achievable will be discussed in chapter 9.

The results of this study suggest that with respect to the mothers of autistic children, this difficulty is compounded by the finding in this study that many of the mothers who are faced with children who deliberately avoid personal relationships and for whom there is a problem of re-engaging in attachment, are themselves preoccupied and entangled in their representations of attachment and are, therefore, least well suited to a task requiring exceptional capacities for containment. It is ironic that those children most in need of basic psychological containment seem, on the basis of this study, to be more likely to be faced with mothers who have particular difficulties with that aspect of their maternal functioning.

6.4.4. Entanglement, containment and reflective function

The high incidence of the entangled form of insecure attachment among subjects in the autism group is consistent with the greater preoccupation, noted clinically, of mothers (and fathers) not only with the educational and social needs of their autistic child but
also with trying to understand the nature and meaningfufulness of the child's disturbance. The control groups were not so preoccupied because of greater established knowledge about the two conditions. AAI classifications, however, are based on childhood attachment experiences with the subject's own parents and current attachments do not feature in the ratings for classification which makes this finding all the more interesting. The correspondence between adult and infant attachment categories reported first by Main (1991) and replicated in further studies by others (Ward et al 1991, Fonagy, 1991, Steele & Steele 1994, Van Ijzendoorn & Bakermans-Kranenburg 1996) shows that the preoccupied/entangled mother is likely to have an angry ambivalent or passive ambivalent child. It is difficult to describe an autistic child in either of those terms. The autistic child displays indifference rather than ambivalence which requires some feeling of attachment and it is their lack of attachment which is so disheartening for mothers (Kanner op cit)

Theoretically, it is to be expected that entanglement in mothers would reduce reflective function and promote confusion in the child. This was confirmed by Haft and Slade (1989) who found that insecure mothers were less attuned to their infants than mothers classified as secure. Insecure mothers also misattuned to affects that threatened their own internalised attitudes towards attachment. Whereas dismissing mothers tended not to attune to negative affect, they found that preoccupied mothers attuned randomly to both positive and negative affects. In an earlier study, Crowell & Feldman (1988) found that the behaviour of 2-4-years-old children with their mothers corresponded to the mothers' internal models of attachment relationships. An interesting comparison of mothers of children with Down's syndrome, motor handicaps or childhood psychosis was carried out by Ryde-Brandt (1991) who found that absence of anxiety in the mothers of psychotic children was significantly associated with misinterpretations and failure to recognise a mother-child relationship motif in a laboratory test. Her results suggested that for mothers of psychotic children, the activation of defence strategies was important to avoid the feelings of anxiety evoked in the mother-child test situation.
An investigation of thinking disorder in the parents of psychotic children by Schopler & Loftin (1969) produced some results which surprised. The presence of thought disorder in the parents of schizophrenics has long been known but since childhood psychosis is not a form of early schizophrenia the authors did not expect that these results would be repeated with the parents of psychotic children. In fact, they found greater signs of impaired thinking than in the parents of normal children and also that impaired thinking was more prevalent among the mothers than the fathers. The authors interpreted these results in terms of circumscribed test anxiety in mothers with a psychotic child. The present results, based on an analysis of discourse relating to past attachment relationships is not thought to be influenced specifically by concerns about the condition of the child but these results, too, need to be interpreted with caution as Fonagy counsels above.

6.4.5. Autism and Identity

It has been argued that non-containment is a major factor in autistic pathology and this has direct implications for family life. Rett and Down children usually enjoyed a real place within their families and were often treated by siblings with particular sympathy. On occasion, and because of their relative immobility, respite care was used by families for a Rett child, so that undivided time could be devoted to other children. Great care would be taken to find suitable and reliable caretakers, but it was not uncommon for respite care to be mentioned as a source of concern for siblings, who could feel that a member of the family was being left out. This did not apply to Down children who were almost always included in all family activities and the use of respite care was rare.

Children with autism, on the other hand, were often described as loners and happiest on their own. Their place within the family was much more problematic. Often, they had to be restricted to one room because of destructive behaviour or sent to residential school because of intolerable aggressiveness. In a few cases, the autistic child was felt to be
more integrated into the family but it was more usual to hear of the ordeals of managing the autistic child and of how much he disrupted family life. Family holidays were made impossible and parental couples would have to separate to allow one to look after the autistic child while the other attended to siblings. The autistic child is experienced as an outsider in relation to family life, unlike the Down and Rett children, but he is not an outsider in relation to his parents, particularly his mother. As has been described in chapter 3, several mothers felt that the autistic child had become, for them, the most important member of the family. Many took a consuming interest in autism as a result, even to the neglect of other children and in this way, demonstrated a dramatic entanglement with the autistic child. Even when the autistic child had to be sent to residential school, some mothers would go to exceptional lengths to visit frequently and to monitor the care given by the school. Very many spoke of feelings of being the only one who could know what the child wanted or needed.

6.4.6. Sensory preoccupations of the autistic child

The avoidance of the autistic child is always experienced by the mother as rejection and being shut out, particularly from his auditory field. He looks away, but he also does not listen and may even appear not to hear at all. A great many autistic children are first tested for deafness as a possible explanation of their inattentiveness. The autistic child although inattentive to the object, is exceptionally attentive to his own preoccupations and these are predominantly in separate sensory fields - rhythmic tapping, smearing saliva, scribbling pouring water or sand, stereotypic movements of hands or feet etc. The child becomes absorbed in sensory stimulation in an auto-erotic way and does not appear to integrate these sensory perceptions into an external world of space and time. Of particular relevance to the perception of other mental beings is the uniting of the visual and auditory images of the other which is always strenuously avoided and this may contribute to the seeming indifference to other people, to the persistent breaking away from any potential points of contact and to the resultant inability to mentalise.
It is in the earliest attunements to and containment of a baby's sensory communications, that mothers facilitate the baby's psychic integration and sense of self and other. The possibility, therefore, that the autistic child has had difficulties at this very early relationship juncture, may point in the direction of intra-uterine, obstetric or other birth complications. Such babies may require exceptional capacities for maternal attunement which could make the difference between sensory integration and non-integration. This might also explain the range of symptomatic features found within autism and also within families, since the outcome may be jointly determined in respect of the containment capacities of both mother and infant. An entangled mother with poor containing capacities might manage a relatively tolerant baby but not a hypersensitive one requiring exceptional capacities for containment.

6.5. CONCLUSION

The nature of the AAI classifications on which this study is based are described in this chapter and the classification results for the three groups interviewed, are reported. There was a significant difference between the control groups and the autism group in the assignment of secure scores. Only 22% of mothers in the autism group were classified secure while more than half of the Down syndrome controls and of the Rett syndrome controls received secure ratings. Analysis of the insecure classifications of the mothers in the autism group showed that the insecurity derived significantly from E (entangled/preoccupied) category scores. 63% of subjects in the autism group received E classifications compared with only 20% in each of the control groups. The groups were not differentiated by Ds classifications. There was a tendency towards attachment preference for fathers in the autism group which was in contrast to the preference for mothers in the control groups. The results which have been reported in chapters 5, 6, 7, and 8 will be reviewed in chapter 10, with discussion of their implications for further research.
CHAPTER SEVEN

EVALUATION OF THE AAI TRANSCRIPTS:

CATEGORY RATINGS
7. FREEDOM OF CHOICE AND MENTAL SPACE

It was noted at interview that a number of subjects made use of notions of space to express thoughts and feelings about themselves and their relationships. References in the discourses to personal space, were regarded as representations of a concern with freedom of choice and relevant to questions of interpersonal perceptions, boundedness and identity. This chapter has two main aims. The first is to examine the nature of the link between awareness of space (and time) and the experience of human relationship, as it has been explored in the literature of philosophy, psychology and psychoanalysis. Secondly, the chapter presents qualitative and quantitative analyses of references to space in the AAI narratives. This includes description of the Space Scale which was constructed to rate the narratives in respect of references to space. The design and rating system are described and tables of score results are given.

7.1. INTRODUCTION

The earliest philosophers believed that the universe was everywhere filled with 'primary substance' from which all had arisen and all would return (see Russell 1947, Wedberg 1982) and that there was therefore no 'void'. The idea of unfilled or empty space was foreign to their universe and it was not until the fifth century that the Atomists assumed the existence of space. They were the first to differentiate between matter and space and their view was of a universe composed of an infinite number of atoms separated by space which, like time, was also infinite. Foreshadowing modern science in many ways, the Greek Atomists sought to explain their world without introducing ideas of causation or purpose. The atoms were always in motion and space was both limitless and mechanically passive. Theirs was a Euclidian concept of space, but one which continued well into the eighteenth century. It was then, stimulated by the great Newton-Leibnitz controversy about whether space was absolute or merely a system of relations, that Kant
entered the debate. In 1768, Kant argued that space must indeed exist but that space and
time were not empirical concepts, but known 'a priori'.

The outer world, he said, causes only the matter of sensation but our own mental
apparatus orders this matter in space and time. From this mental ordering, come the
concepts by means of which we understand experience (Russell 1947). Kant declared
that space and time were subjective experiences and a part of our apparatus of
perception. It is as if we wear spatial spectacles. According to Kant, space and time are
not concepts but "Anschauung", translated as 'intuition'. "Space is nothing but the form
of all appearances of outer sense" (Kant 1787). In elucidating this distinction between
experience and intuition Kant felt he had effected a Copernican revolution in philosophy
and insofar as his emphasis on the role of the perceptual apparatus in the acquisition of
knowledge laid the foundations upon which modern post Kleinian developments in
psychoanalysis have been built, the effects of his thinking have been far reaching. When
Kant spoke of philosophy's need for a science "which shall determine the possibility,
the principles and the extent of all a priori knowledge", he is unlikely to have had
psychoanalysis in mind, yet in constructing their respective theories of thinking, both
Freud and Bion have accepted the baton of Kant's philosophical thought.

Kant began his Critique of Pure Reason from the position that all knowledge of the
world begins from experience. All our knowledge of the world and of ourselves rests on
the evidence of our senses and is ultimately dictated, therefore, by our biological make-up.
He did not imply that all knowledge arose out of experience but that empirical
knowledge comprised both what is received by the sense impressions and what our
faculties may supply in addition. "We need only say that there are two stems of human
knowledge, namely, sensibility and understanding, which perhaps spring from a
common but to us, as yet unknown root." (Kant 1787).
For Kant, the raw materials of the sense impressions had to be “worked up . . . into that knowledge of objects which is entitled experience” (Kant 1787). For Freud, the ‘working up’ was achieved by the application of attention and notation, while Bion employed the concept of alpha function to describe the process of transforming the raw materials, (what he termed the ‘beta’ elements) into ‘alpha’ elements for thinking. Alpha elements are felt to be phenomena, that is with a potential for being investigated, unlike beta elements which are comparable with Kant’s noumena, things -in -themselves, inanimate, ‘unknowable’ sensory objects.

Of the senses upon which Kant declared all our knowledge to depend, both Freud and Bion gave primary importance to the sense of sight which has conditioned all human mental development. We have been dependent on the eye for mastery of and adaptation to the environment but it is also evident how much our visual faculties have contributed to the development of imagination and the creation of a sense of internal psychic space. Imagination, crucial to all intellectual endeavour has its roots in visual perception which has been formative in the development of intelligence. Dependent on our visual apparatus not only for looking outwards at the world but also for looking inwards, it is important to differentiate the processes involved. The exercise of imagination does not operate in the same mechanical sense as the eye, yet imagination is rooted in our capacity to look and see. To look inwards gives the freedom, the mental space to visualise alternatives and to exercise choice.

7.1.1. Freud’s conception of mental space

In The Interpretation of Dreams (1900) Freud quotes from a paper by Fechner (1889) in which the latter identified a significant difference between waking and dreaming. Fechner seems to have been the first to draw attention to the fact that “the scene of action in dreams is different from that of waking ideational life” and Freud attached great importance to this observation. He saw in it, the implication that it was meaningful
to speak of a 'psychical locality', a mental space and that it was necessary to
differentiate between sensory and psychic reality; that is, the existence of a specifically
'mental' apparatus could be established and he assumed that this was built up from
component sensory agencies.

He used the analogy of a microscope or photographic apparatus to explore one possible
form for the construction of the mental apparatus. The former uses a series of lenses to
bring an image into being, whilst the sensory components of the mental apparatus make
it capable of bringing psychic life into existence. In accordance with this model, the
component systems of the mental apparatus which would correspond to the system of
lenses used in optical apparatus, Freud termed 'psi'-systems. He assumed these 'psi'-
systems to have a sense of direction since, as he put it, "all our psychical activity starts
from stimuli (whether internal or external) and ends in innervations" (Freud 1900). In
general, therefore, the mental apparatus is conceived as having a sensory and a motor
end with the psychical processes proceeding from the perceptual systems at one end to
motor activity at the other.

Earlier, Schleiermacher (1862) had also distinguished between waking and dream states
by pointing to the use of images in dreams in contrast to the use of concepts in thinking.
Freud added to this observation too by concluding that in dreaming there must be a
regression towards the sensory end of the mental apparatus and in particular towards the
sense of sight. He saw, too, that this transformation of ideas back into the sensory
images from whence they were derived, was not confined to dream thinking but also
explained pathological disturbances and hallucinatory states. He considered that such
transformations not only implied a regression but also suggested a phylogenetic
recapitulation of the development of the human mental apparatus. The return to reliance
on the eyes is therefore a return to the most primitive means of understanding the world.
At the perceptual end of Freud's model, he found it necessary to distinguish between two functions required of the receptive system. The reception of the perceptual stimuli had to be differentiated from the capacity to transform and store the memory traces of the perceptual impressions. Breuer put the point succinctly: "The mirror of a reflecting telescope cannot at the same time be a photographic plate" (Breuer 1895). It is the storage of memory traces, also implying mental space, which permits associative processes to be employed and as a result of these connecting opportunities, what is retained in the perceptual system will be more than the content of the perception.

In his 1911 paper, Formulations on the Two Principles of Mental Functioning, Freud added to his differentiation of psychic and sensory reality with the proposal that the psychic qualities were not perceived by the senses but by some mental counterpart of the sense organs which he attributed to consciousness and which enabled the sensory qualities to be comprehended. He considered that it was pressure from disappointment which led to the abandonment of the pleasure principle and led to the introduction of the reality principle. Consciousness was brought into being by the application of attention to the sensory data and this simultaneously opened a new field of opportunity for adaptation to reality.

Freud regarded the ideas in his brief paper as schematic; a preparatory paper in which he was outlining a conceptual framework within which to begin the work of trying to understand the inchoation of thinking and mental (psychic) space. This development in human mental capacities, unique among the primates, was the consequence of a significant psychical adaptation to reality and, Freud thought, it had its origins in the perceptual apparatus. What was critical to this adaptation was the differentiation of receptor and storage functions in relation to the perceptual data, a seminal idea which Freud attributed to Breuer's 1895 perception illustrated by his model, quoted above. For Freud, the beginnings of mental activity were firmly rooted in the sensory impressions with which he associated a certain degree of consciousness and this consciousness,
subjected to the pressure of the reality principle, "learned to comprehend the sensory qualities". Of primary interest to Bion, who made Freud's conceptualisations the cornerstone of his work, was the function of comprehension.

7.1.2. Bion's theory of space

Of all the sensory modes of experience, both Freud and Bion considered human visual perception of the world to be of prime significance in the development of comprehension and the development of a capacity for thought. They were in agreement that the earliest thinking was unconscious and ideographic, preceding words (Freud 1914, Bion 1962). In Bion's terms, alpha function produced the visual elements on which the development of comprehension depended. For both of them, the visual basis of thinking was convincing, and manifested in the evidence of the universal phenomena of dreaming and hallucination.

Wilfred Bion made clinical discoveries and formulated original theories which have deeply influenced modern psychoanalysis. In his focus on the origins of thinking, his work drew from the work of Kant as much as it did from that of Freud and Klein. He posited an early first form of thinking, different from but forming the basis of later forms (O'Shaughnessy 1988). The earliest form of thinking strives to know psychic qualities and this depends on the course of the emotional events happening (or not happening) between mother and child. Bion's theory carries the radical implication that knowledge of the psychical world precedes knowledge of the physical world. It represents a new and original understanding of the nature of thinking and its function as the fundamental link between human beings. This view of thinking refers to the endeavour to comprehend the world of other people and oneself. It is an activity fundamental not only to human relationship but also to the formation and functioning of the normal mind.
It is in this respect that Bion's theory encompasses the experience of space and time. From his perspective, space and time are essentially structures arising out of the mastery and bounding of primitive anxiety which in turn is determined by and inextricably related to the perception of an emotionally containing human object. It is the relationship with another mind that produces the dimensions of space and time and is formative in the development of thinking. The endeavour to get to know (oneself or another) is an emotional experience and one for which Bion used the symbol K. Initially, time and space are comprehended in relation to the infant's growing awareness of and knowledge of the mother's existence, so that space has the meaning of the place where an object or a feeling was; knowledge of space is thus closely related to the ability to tolerate absence and frustration. That the infant has to construct both his objects and space, with space being the relative positioning of objects, was also the basis of Piaget's theories of the cognitive development of the infant and child.

7.1.3. External objects, space and sensori-motor schemas

In a number of beautifully simple experiments Piaget sought to illuminate the growth of cognition in infants and children (Piaget 1937, 1954). He believed that the source of all manifestations of life lay in action; action controls perception and sensation and precedes thought. According to this theory, primitive thought is centred on the first moves taken by a baby to structure space. It is by a process of combinations of actions by the subject on the object, followed by the interiorising of these action 'schemas', that the precursors of thought are generated. By 'schemas', Piaget meant "whatever is repeatable and generalisable in an action" (Piaget 1970).

More than is meant by a pattern, a schema is an active construct, capable of further assimilations as well as generalisation. Piaget demonstrated that the child has to construct his objects and his space; space referring not to a Newtonian absolute but to the relative positioning of objects. Unlike the theories of Freud and Bion, the
significance of the sense of sight is not made explicit in Piaget’s formulations but his emphasis on the importance of action in relation to objects may be taken to assume the inclusion of vision.

Space is necessary for the differentiation of subject and object and it is the subject-object paradigm which is now universally recognised as the basis of all languages (Chomsky 1967). Children demonstrate that language follows and does not lead the development of skills in action and thought. Furthermore, cognitive science strongly suggests that the rule of predication might have other non-linguistic origins so that the structures of language may be seen as an extension of human attentional and motor skills (Bruner 1968). Holding and the primitive grasp are to be differentiated from operating on what is held and this is thought to be an early model. In other words, clever hands may have originated the rule of diffuse and focal attention and hence the rule of topic and comment, universal in human language (McNeill 1966, Chomsky 1967).

7.1.4. Psychopathology and constructs of space

Piaget’s emphasis on the organisation of space and time as an achievement intrinsic to satisfactory cognitive growth has been perceived by some psychoanalysts as having relevance also to the understanding of other areas of psychological development. Henri Rey observed that oscillations of claustrophobic and agoraphobic anxiety were basic to schizoid and schizophrenic states and that this related to the perception of the self in space. Rey writes graphically about the nature of spatial relationships, describing particularly how psychological birth need not necessarily coincide with biological birth, since the infant may feel a need to cling to such a degree of closeness to the mother that he lives in what Rey calls a ‘marsupial space’ (Rey 1979), similar to the newborn kangaroo. True psychological birth requires a further process of separation, loss and mourning. Rey’s ideas (Rey 1994) are consistent with Bion’s (1962, 1963, 1970) in that he emphasises the link between emotional states and the perception of space. He
explored this link by comparing Piaget’s theories about the child’s cognitive grasp of time and space with psychoanalytic theories of the mind and in doing so has deepened our understanding of how the psychotic processes involve failure to comprehend space and time.

Rey was the first to combine Piaget’s theories with psychoanalytic theories as a way of illuminating psychopathological states. In his treatment of borderline and psychotic patients, he came to recognise the essentially spatial structures of the mind. He concluded that disturbances of the early primitive organisation of the sense of self could be understood in terms of deep anxieties about the organisation of objects (including the patient himself) in space. His work on the schizoid mode of being as an affectively limited and imprisoning state in which patients strive to avoid differentiation and identity has been developed further by Steiner (1993). He, too, sees the borderline patient’s dilemma in spatial terms; pathological organisations of the personality into which the patient can retreat, to avoid contact with the world of reality and personal relationships. The schizoid or borderline patient is one for whom the space for differentiation barely exists. As a result of fusion and confusion with the object, the schizoid dilemma is one of vacillation between dependency on and control of their objects with little security of identity. More importantly, it is this dilemma and fantasies of the self as subject in relation to objects in space which seems to be at the heart of all psychopathologies.

7.1.5. Space and disorganisation of attachment

Bowlby’s proposal of “an attachment behavioural system” (Bowlby 1969) was based on the ethological studies of non-human primates (Harlow 1961, Harlow & Harlow 1965). In his view, the anxieties aroused in human infants, in response to separation and loss, were related to early primitive terrors belonging to the immediate and primary objective of infant safety and survival in “the environment of evolutionary adaptedness” (Bowlby...
1969). The instinctive need for the infant to monitor the accessibility of its attachment figures which once had basic survival value, now appears to have a role in ensuring psychic survival by stimulating psychological awareness. A further development of Bowlby’s ideas emerged from Ainsworth’s work with one-year-olds, when she discovered that there were individual differences in children’s attachment behaviour (Ainsworth et al. 1978). She categorised infant responses to the Ainsworth Strange Situation as secure (Group B), avoidant (group A) and ambivalent/resistant (group C). Later, a fourth category, disorganised/disoriented (Group D) was identified (Main & Solomon 1986, 1990) from among those who could not be satisfactorily classified in accordance with Ainsworth’s three original schemes. On closer scrutiny, the majority of those ‘unclassifiable’ cases were found to share a common characteristic in disorganised or disoriented behaviour, exhibited in the presence of the parent. For example, some of these children might make abortive attempts to approach the parent, rocking on hands and knees with head averted or moving away from the parent to lean on the wall. Some made gestures of apprehension on reunion with the parent or would start to approach and then fall prone to the floor. Some infants were observed to adopt frozen, trance-like stances as if immobilised, with hands arrested in mid-air. Unlike organised secure behaviour and the organised insecure behaviours, D (disorganised/disoriented) behaviour is understood as an interruption in organised behaviour, as distinct from a new form of organisation. This fourth category, D, was found in many parentally maltreated children and in 15%-25% of low risk samples.

Main and Hesse understand disorganised/disoriented behaviour to represent a collapse of behavioural (and attentional) strategy and they hypothesise that this is occasioned by frightened or frightening behaviour on the part of the parent, creating an impossible dilemma for the child (Main & Hesse 1990, 1992). This supposition assumes object-relatedness and its collapse in a situation of danger linked with paradox. So precarious a state of object-relatedness, however, would seem to be predicated upon poorly established mental space and capacity for thought. The child’s disorientation results not
simply from loss of the object but from loss of meaning. If, as Bion suggests, the experience of space and time is dependent on the containment of primitive anxiety, then the manifest disorientation in space and time would indicate weak capacities to contain anxiety. This is also indicated in the child’s attempts to deal with the anxieties predominantly in actions as described above, rather than in ‘mentalised’ ways. For the fourth AAI category, Unresolved/disorganised, an important indication of disorientation and disorganisation during discussion of potentially traumatic events, is a lapse in the monitoring of reason of which one important factor is an unbounded understanding of time e.g. when a deceased person is referred to as both dead and not dead. It is also of considerable relevance that disorganisation/disorientation in infancy has since been correlated with high risk of later mental disorder (Egeland & Sroufe 1981, Sroufe 1997).

Disorganised/disoriented behaviour is characterised by confused and aimless behaviour stimulating action (or paralysis) rather than verbal response. At the level of representation, there was evidence of violent and catastrophic themes in the drawing and narrative representations of disorganised children (Bretherton & Waters 1985, Main et al 1985). This suggests that disorganised children have poorly developed capacities for thinking and that their experience is dominated by fantasies of emptiness or fragmentation. In such circumstances, panic and collapse may result not only from environmental (parental) threat but also from internal structural weakness of the psyche. The infant-parent relationship, whether or not frightened or frightening, has not been able (for whatever reason) to generate containment of anxiety and a sense of mental space. Uncontained anxiety is also suggested by the presence of bizarre, fragmented and distorted imagery in the drawing and narrative representations of disorganised children. Confusion between internal and external reality was also demonstrated by some children when presented with pictures containing a separation theme. For example, the description of one child’s behaviour; she bent silently over the picture for some time before murmuring “Where are you mama” (Kaplan 1987, quoted by Main 1993).
7.2. QUALITATIVE EXPLORATION OF SPACE AS A THEME IN AAI NARRATIVES

Preoccupation with space was expressed with particular clarity in one of the first of the research interviews and, along with others similar, set in train thoughts of exploring this theme as a factor of considerable interest in relation to the theoretical approaches just described. In voicing her concerns about herself and her family, the subject referred to space relative to her relationship with her (autistic) child, her mother, her father and her father-in-law. She also made a direct link between experiences of external space, which was vigorously regulated by her mother and her feeling of constriction of internal space.

"I think she (mother) felt, if she had a routine, if she had a structure, if she was strict, then she would have us altogether and actually, to be honest with you, I think she did have all these things. I think what we lacked was freedom, space and the actual loving and cuddling."

(Autism group)

Interestingly, this subject also replicated as a mother, the contradictory experiences she had had in childhood of alternating constriction of space and freedom of choice which was conveyed by mother's dual demands for compliance as well as responsibility and self-reliance. When her first child was born—and apparently, because it was a boy—she began by assuming that it would be inappropriate to be physically affectionate with him, since boys were supposed to become 'strong and tough'. She put that idea down to the influence of her parents' child-rearing ideas.

"Once I started to cuddle him and he responded, I think I made up my mind, almost determined, to go over the top. It was not until he was two that he started to push us away."

The second child, a girl, was-
"like a snappy little clingfilm; she's just a limpet, hangs on to you whenever she wants to. She's very independent."

Articulate about the nature of her relationship difficulties, this subject described the problems in terms of space, making clear the link between external physical contact and internal emotional closeness. Of all her problems, she thought the biggest was emotional distance.

"I know I am not alone in this either - the whole family . . . my sisters have had it . . . my brother still doesn't touch anybody. He will never ever show affection to anybody."

(Autism group)

7.2.1. Closeness and distance in subjects' relationships with parents

The Adult Attachment Interview opens the topic for discussion by inviting the subject to describe her childhood relationships with her parents. Most people, like the research subjects, use spatial terms to convey emotional qualities, with relationships tending to be described in terms of closeness, distance or even, at times, remoteness. This is wholly consistent with the origins of Bowlby's theory of attachment which he derives from primitive animal needs for physical proximity with the protective mother in the interests of survival (Bowlby 1969). Bowlby also saw the relevance of Piaget's theories of cognitive development (Piaget 1952, 1954) seeing infants sensori-motor understandings of relationships as developing in the context of repeated interactions with parental figures.

For most subjects there was at least one attachment figure with whom the relationship was felt to be 'close'. For every violent, neglectful or exacting father, there was usually an empathic and understanding mother. Equally, a father might be relied upon to mitigate the impact of a very organising and unsparing mother.
"Like, if you wanted the fashionable shoes, you would ask my father, not my mother. She would say, "They're not sensible. They'll ruin your feet". My father would say "Well, that's what she wants." So if I took my Dad with me, I got them; if it was my mother, I didn't."

(Autism group).

On occasion, when both parents were preoccupied with domestic or professional demands, a nanny, a sibling or some other relative assumed significance as an attachment figure.

"I was quite lucky. We had a nanny and I think she gave me a lot of the love I needed... and I think she probably replaced my mother in some respects."

(Autism group).

"My sister was the closest one, then my mother... but I wouldn't go and talk to my mother, I would always go to my sister."

(Autism group).

"I always saw my mother as weak - she couldn't cope with strain - if anything happened, she would take me to my granny. Oh, she (granny) was the love of my life! I'm thinking of the long lonely time waiting on my granny to come home. A lot of the time - even now - if I speak to my mother, she's looking to me for the advice."

(Rett group).

7.2.2 Closeness and distance in subjects' relationships with children

Control subjects in both groups referred specifically to the problem posed for certain family members by the presence of a child for whom close physical contact and physically expressed feeling are essentials. While Down children are characteristically warm, loving and demonstrative, the Rett child may be left in isolation, if carers do not use physical contact as a means of communicating with them. In both cases, this
presents a challenge for those in whom emotional distancing is characteristic. In families who respond resourcefully to the new circumstances, the new perspective on relationships can be experienced as an unexpected but welcome expansion of emotional life.

a) "M (Rett child) has opened my eyes to things I never ever thought I'd encounter. I've learned immensely from her."

b) "The other two girls are very caring of their sister (Rett child). The older one brings her everywhere with her, always talks to her and is just involved with her life. The younger one, like any two year old, used to just push her (Rett child) out of the way but now she, too, says things like: Oh Mummy, look, she's crying- give her a cuddle."

c) "P has asthma and H (Down child) has a heart condition - which has been repaired, thank God, and she's fine now - but it just makes you realise ...you have nothing without health... so to be content with your life.... just be happy with what you have, not always striving for the next big thing. the best - the yuppie yuppie life style."

Facing the grief and disappointment of the birth of a child with severe developmental handicap, like Down syndrome or the recognition of developmental regression as in Rett syndrome, requires a capacity to adapt; a capacity to adopt a new perspective on family life and expectations. Any shift of perspective requires a certain optimal distance, neither too close nor too distant. It is when the pain of the loss (of the expected healthy child) can be suffered that new perspectives are allowed to come into being. Too much distancing resulting from intolerance of the loss and rigid defences against feelings of disappointment make it difficult or impossible to meet the emotional demands of adaptation. The emotional as well as the physical distance becomes too great, as is illustrated in the two following examples.

a) "My husband's parents have never accepted her (Rett child). They're just not interested in her. There is just no sort of interaction between them. She'll sit on
their lap but that's all they will do. She will just sit there you know, they won't really play with her or communicate with her. They're not ones for cuddles and lots of affection like we get with my family - and I found that quite strange and quite difficult to cope with."

b) "My parents could not handle it at all and still can't (the Rett child) - because you need to be so physical with her. My father has never been able to handle children and he certainly can't handle her - neither of them can."

Mature adaptation can also be blocked by too close an identification with the handicapped child in which the mother may be preoccupied with other people's attitudes to her 'special' child. In the first example, the subject was filled with apprehension about how the child might be hurt in later life by the prejudices of the ill-informed and insensitive. In the second case, the subject spoke of her determined effort to draw attention to her Down syndrome baby from the beginning and felt she had succeeded in breaking through embarrassment and prejudice.

a) "There was an old lady in the supermarket who kept staring and frowning at H sitting in the trolley. I said 'excuse me, have you got a problem?' . . . I said, 'I don't stare at you because you have a blue rinse on your hair so don't stare at my daughter because she has Down's syndrome'. I felt very pleased with myself. Things like Down's syndrome don't bother me that much . . . But I suppose it does bother me, the thought of her going to school and will she be picked on?"

b) "I think J (Down child) has brought out a lot in everyone in the family. It changes a lot of things; its been quite a positive experience. He's taught us a lot, one way and another- a bit difficult to explain. It taught me that you have to speak to people when something goes wrong, not avoid the subject. So many people walked past me when I first went out with him in the pram, or they would speak to me but not look into the pram. So I thought I'm not going to let this happen so I started to lift him out of the pram when people talked to me, so they had to look at him, they had no choice. Now nobody goes past him and he picks out the people he is going to speak to like at the swimming pool. He just goes and sits down next to someone, whether he knows them or not and they have to listen to him. He speaks away to them - and that's nice."
7.3. THE DEVELOPMENT OF THE SPACE SCALES

This scale measures the extent to which subjects included references to freedom of choice and action in narratives concerning their attachment background. In addition to direct, openly expressed concerns about freedom and/or curtailment, specific references to space in the discourse, whether relating to past or present, are regarded as representations of a concern with freedom of choice. Concerns about space may also be couched in other terms and the space scale has been designed to explore all manifestations of an apparent concern with space or restriction of space in the context of attachment relationships (appendix 7.1). Two scales are employed: a) a measure of the degree of curtailment or restriction of space experienced in childhood and b) a measure of the sense of liberation and the availability of space as an experience of freedom of movement and freedom of choice enjoyed in childhood. Scale C (constriction) is the more simple measure, concerned only with assessing the degree of restriction experienced by the subject. Scale L (liberation) has to take account both of the parental regime and how that regime was personally experienced.

7.3.1. Curtailment of space

Experiences of curtailment of space are relatively simple to identify since the experience is directly expressed in just such terms, as the examples below illustrate. It is the personal experience of restriction which is being assessed, regardless of any objective assessment of the parental behaviour.

'we were afraid to move in case we'd make him angry.'

'children were very much seen and not heard.'

'. . . following me everywhere- I couldn't breathe.'
'At least they knew that he was dying; he could say good-bye, he could talk, he had some space and they had time to gather their thoughts.'

7.3.2. Curtailment of space and violence

Overlap with experiences of violence was not unexpected since fear of a violent parent was almost always associated with curtailment:

"My father was strict. I remember him to be a strict man, in that, you know, if you were told to sit down, you sat down. You did what you were told. With us children, I suppose there was a fear of him because you were frightened of getting a belting. I don't know if I was fearful all the time, because I was very young, but I certainly knew what you could get...It was considered a way of keeping children in line."

(Autism group)

"I think he had to be in charge - you know, his word was law - whatever he said went. You couldn't question it. If he said something you had to go with it. I can just think of shouting - his threatening behaviour was mostly verbal and that used to make you shake in your shoes a lot of times. I found him very scary when I was younger."

(Rett group)

"I don't ever remember...really...being a child, you know. I always remember having to look after someone else and I know that happens when you come from a large family but it was a case of, you know, mother had to work so we had no choice but to stay out of the way and be looking after the other ones."

(Down group)

Infants inevitably seek proximity to the parent when alarmed but this has led to the identification of different patterns of behaviour, in particular to 'insecure' patterns of response in the infant. Although 'insecure' patterns of attachment organisation are unfavourable, they are, in Main's view, 'working' strategies (Main 1994) and contrast strongly with disorganised and disoriented behaviour which seems to represent the
collapse of any strategy and, it could be added, the collapse of a spatial model. Main and Hesse (1990, 1992) propose that it is the frightened or frightening behaviour of the parent which poses an irresolvable paradox for the infant who can neither approach, (securely or insecurely) nor flee. It is not only the environment which is threatening, but also the 'secure base'. In support of this hypothesis is the finding that 80% of maltreated children have been found to fit the D (disorganised/disorientated) category (Main & Solomon 1990).

7.3.3. Experiences of liberation and independence

The construction of the Liberation Space Scale had to take account of two dimensions. Not only were feelings of liberation expressed directly in the subject’s accounts of personal experiences and recollections of childhood, but they were also contained in their descriptions of parental behaviour and, unlike restricting parental behaviour, might or might not be experienced as liberating. The laissez-faire regime, for example, could have been experienced as liberating or empowering and continue to be appreciated as having encouraged self-confidence. On the other hand, very similar parental behaviour could have been experienced as neglectful or indifferent and be regarded as having been responsible for the subject’s subsequent lack of confidence or confusion.

During the construction of the two scales, another difference arose in the relative importance of contrasting parental behaviour. An overbearing parent could undoubtedly arouse feelings of restriction of space and this seemed to remain stable regardless of the supportiveness of the other parent. However, a sense of liberation with one parent could be significantly reduced by restrictive behaviour in the other. In this way, differences between relationship with father and with mother had significance for liberation and had to be included in assigning a rating, whereas in the assessment of restrictiveness, differences between parents were of marginal importance.
7.4. DESCRIPTIVE STATISTICS FOR SCORES ON SPACE (CURTAILMENT) AND SPACE (LIBERATION) SCALES

To test whether the interviewer's informal observations of subjects' concerns with space were supported by the Space Scale scores, statistical analysis of the scores was carried out. Analysis of variance shows a highly significant difference between the scores for mothers in the autism group and the scores of mothers in the control groups in relation to each of the space measures. Table 7.1 summarises the results for scores on Space Scale C (curtailment) and Space Scale L (liberation). Mean scores are plotted in graphs 1 and 2.

<table>
<thead>
<tr>
<th></th>
<th>Autism</th>
<th>Downs</th>
<th>Retts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space C (curtailment)</td>
<td>6.11 (2.14)</td>
<td>3.81 (2.01)</td>
<td>3.8 (2.21)</td>
</tr>
<tr>
<td>Scale L (liberation)</td>
<td>2.93 (2.02)</td>
<td>4.25 (1.18)</td>
<td>3.67 (1.59)</td>
</tr>
<tr>
<td>N</td>
<td>27</td>
<td>16</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 7.1 Means and (standard deviations) for Space scales

Table 7.1 shows a marked difference between autism and Down and Rett groups for space C, with similar standard deviations. The space L scale shows the largest difference between the autism and downs group, with the Retts at an intermediate value. The standard deviation of scores is comparable to the space scale C values for the autism group, but there are slightly lower values for Retts and Downs on Space L.
One way ANOVA on space scale C ratings between conditions found a significant difference between conditions ($F_{2,55} = 8.517, p=.001$). Scheffe post hoc test ($p< 0.05$) indicated that the difference lay between the autistic group and both of the control groups.

One way ANOVA on space scale L ratings between conditions found a marginally significant difference between conditions ($F_{2,55} = 3.103, p=.053$). However, when the
two control groups are collapsed (see graph 7.2) an independent groups t test finds a clearer difference between autism and control ($t = 2.307$, df=56, $p=.025$).

### 7.5. DISCUSSION

The ideas of the philosopher Kant occupy an important place in the thinking of both Freud and Bion. Bion's theory of thinking, based on the Kantian philosophy of a priori knowledge, carries the radical implication that knowledge of the psychical world precedes knowledge of the physical world. From this perspective, space and time are, essentially, structures arising out of the mastery and bounding of primitive anxiety and this, in turn, is inextricably tied to the perception of an emotionally containing human object. It is the relationship with another human mind that produces the dimensions of space and time and is formative in the development of thinking.

Results from this study suggest that the 'working model' of attachment which is available to mothers with an autistic child, is one markedly suffused with preoccupations with space. Using a space rating scale to examine AAI narratives, the discourse of mothers with an autistic child, were found to contain many more references to restriction of freedom than those of the mothers in the control samples, having either a Down or a Rett child. Restrictions of space or freedom were associated with memories of parental intemperance relating either to violence and/or emotional volatility or to pressures to conform in terms of behaviour or achievement. Under such conditions, a child's development is likely to proceed on the basis of a need for emotional defensiveness and control, with the probability that intellectual capacities for vigilance would be an added advantage. Measures of freedom of movement and choice, rated on Scale L showed a similar difference between the groups but with a marginal significance level. This probably related to the less satisfactory design of this scale. Greater difficulties were found in operationalising a concept with two dimensions. Unlike restriction, the feeling of liberation might refer to one or both of two experiences; one
relating to the atmosphere of liberation of the parental regime and the other to the feelings of freedom experienced by the subject. These did not necessarily coincide, creating problems for rating.

These results raise questions in the context of the established correlation between the nature of a mother’s working model of attachment and that developed in her child. Main’s findings in this respect were supported by Crowell & Feldman (1988) who found that children’s behavioural and developmental status as well as mothers’ internal models were associated with dyadic behaviour. Bowlby’s theory of attachment and his ‘internal working model’ referred to an evolving pattern of behaviour organised within a relationship and not to a trait; it is as a dynamic systems theory, therefore, that it has relevance to the development of psychopathology (Sroufe et al 1999). Restriction of a mother’s emotional space resulting from the disruptive demandingness of her child was an experience referred to by mothers of autistic children but rarely by mothers in the control groups. Ryde-Brandt (1991) investigating defence strategies in mothers of disabled children, found heightened defensiveness among mothers with psychotic children compared with mothers of children with motor handicaps or Down’s Syndrome and suggested that the activation of defences had importance for mothers in avoiding anxiety aroused in interactions with psychotic children.

Restriction of emotional space is also a feature of the confusion and preoccupation with relationships which is a characteristic of the AAI classification, ‘E’. As was demonstrated in chapter 6, this classification, too, was found to be predominant in the mothers having a child with autism. ‘E’ classification individuals have a weak sense of personal identity because of their entanglement with past relationships and childhood experiences. As adults, they may be loving but their involvement with others is passive. In relation to babies, this would suggest the possibility both of warm responsiveness to a baby when it is contented but also fear and confusion, when a baby’s primitive terrors urgently require a mother who is personally contained and secure and correspondingly
able to be actively available to offer emotional containment and security to her baby. An individual’s capacity for maternal thinking and reflecting in this way, is contingent on adequate capacities for emotional containment and is therefore inversely proportional to the degree of personal anxiety and confusion accruing to the internal working model of attachment.

7.5.1. Perinatal problems as a possible factor

Information in the narratives about the mothers’ experiences of pregnancy or about their relationships with their children, particularly the learning impaired child, is sparse since it is not in the domain of the Adult Attachment Interview to ask specific questions in these areas. Some mothers made spontaneous comments about the impaired child and spoke openly of their concerns, while others barely mentioned this special responsibility. Detailed assessment notes were available, however, for the subjects whose child had been assessed and diagnosed at the Scottish Centre for Autism, Yorkhill Hospital. From the available pregnancy and birth data, it was noted that some perinatal complication had been experienced in a number of cases. Besides the more usual forms of additional care required in some cases, four mothers and/or their babies had experienced serious risk during the pregnancy or birth; eclampsia, surgical removal of a cyst during pregnancy, emergency caesarean section for foetal distress and intensive infant care following collapse of a lung. In one instance, a mother had received counselling to prepare her for possible problems following premature amniocentesis. In the event, the baby was undamaged but was born prematurely and spent his first three weeks in hospital.

Obstetric complications have been associated with autism in other studies (Bailey et al 1995, Bolton et al 1994, Piven et al 1994) and these have been understood to reflect the effects of a genetically abnormal foetus rather than any social or environmental risk. However, geneticists are now very interested in gene-environment interplay as a route to
learning about the operation and contribution of each (Turkheimer & Gottesman 1991, Plomin 1995, Rutter 1994). Research no longer seeks to separate nature and nurture in order to study their effects as it grows clearer that their separation would be artificial. “In ordinary circumstances, parents provide their children not only with their genes but also with their rearing experiences” (Simonoff et al 1996).

It has been proposed that expressions of concern about space in the AAI narratives would reflect the speaker’s deeper internal concerns about mental space, a concept which has been elaborated in the introduction to this chapter. In this respect the substantial differences between the autism group and controls noted in this study, are of considerable interest, particularly in the context of Bion’s theory of thinking which proposes that knowledge of the psychical world precedes and contributes to knowledge of the physical world of external reality. The relationship between Bion’s theory, these findings and some of the theories of autism described in chapter 1, requires consideration and the topic will be explored in chapter 10 with particular attention to possible links with and implications for the ‘theory of mind’, ‘joint attention’ and ‘conjoint attention’ deficits in autism.

7.6. CONCLUSION

This chapter has reviewed the use of the concept of mental space in the philosophical and psychological literature. Expressions of concerns with external space, found in some of the AAI narratives were regarded as a reflection of concern with internal mental or emotional space. The operationalising of these concepts was described along with the design of a space scale to test the hypothesis that concerns about restriction of space might have a relevance to maternal availability in responding to the additional demands of caring for a learning impaired child. In this study, it was found that references to space and restrictedness were significantly more frequent among the mothers with an
autistic child than among the mothers with either a Rett’s syndrome or a Down’s syndrome child. This characteristic was related to the ‘E’ classification and to the central AAI finding in this study which was reported in chapter 6, that the ‘E’ classification is significantly more predominant in the autism group of mothers. The theoretical implications of these findings will be discussed in detail in the concluding chapter.
CHAPTER EIGHT

EVALUATION OF THE AAI TRANSCRIPTS: AAI CLASSIFICATIONS
8. VIOLENCE AND THE THREAT TO PSYCHIC CONTAINMENT

Recurring references in the interview narratives to experiences of violence, suggested the need to introduce a rating scale with which to investigate this theme. Exposure to violence in childhood was likely to militate against the development of emotional containment and security of attachment so it was important to discover whether or not the incidence of violence was consistent across the samples. The chapter considers current thinking about the relationship between violent behaviour and failures in emotional and mental containment. It also presents the Violence Scale and its design as a system for appraising the narratives in terms of the subject's experience of violence in relation to attachment figures. Violence Scale scores are reported and discussed.

8.1. INTRODUCTION

The containment of emotional experience in concepts and words is critical to the development of articulate speech and has been fundamental to the evolution of mental life and the development of civilisation. Throughout the animal world, conflicts of interest have always been settled by violence and there is little doubt that man retains much of his animal nature, alongside the civilising influences inherent in the development of the psyche. Freud regarded the evolution of the capacity to think as crucial in reducing impulsivity and promoting restraint and foresight. He described thinking as a form of 'experimental action' (Freud 1911). Bion's theory of thinking is based on the Kantian notion that all knowledge begins with experience and that the raw materials of sensible impressions arouses the activity of understanding which works on the raw impressions to produce that knowledge of them that can be called experience. Although knowledge begins with experience, Immanuel Kant (1781) did not imply that all knowledge arises from experience and he also postulated certain modes of knowledge as 'a priori', i.e. independent of all experience. In Bion's theory about the
development of thinking and emotional containment, he pays particular attention to the continuing evolutionary influences of our primitive animal inheritance and the dynamics of the conflicts involved in maintaining and advancing civilised thinking and behaviour, alongside a primitive propensity to resort to naked force (Bion 1957, 1962).

8.1.1. Action as primitive 'thinking'

The capacity to think has a containing function for the personality not only in respect of action but also in respect of feelings. According to Bion's theory (Bion 1962a), the capacity for 'mental digestion' of the sensory impressions and the emotions, effects a change in these raw experiences, transforming them into elements capable of being stored as memory and suitable for dream thought. If mental digestion is inoperative, for whatever reason, sensory and emotional experiences remain unchanged and are not felt to be phenomena, but 'things -in -themselves', unknowable, (Kant 1781) and suited only for use in projective identification and acting out. Concrete experience of this kind can only be evacuated and used for a kind of primitive thinking which depends on manipulation of these 'things' felt and actions seem to become a substitute for thoughts or ideas. Such action has the objective of “ridding the psyche of accretions of stimuli” (Freud 1911). Undigested experience may be stored but a store of undigested facts is to be distinguished from memory. Undigested facts may be retained but are a trigger for action rather than food for thought.

8.1.2. The activity of thinking

Thinking, in Bion's view, is dependent on two mental developments, as adumbrated by Kant. First, the development of elementary ‘proto-thoughts’ and secondly the development of the apparatus to deal with them. Thoughts are not the products of thinking (Bion 1962a) but the elements of awareness which have to be ‘thought’; that is, thinking is forced into being by the pressure of thoughts. This radical departure from the traditional view of thinking has important implications in relation to pathological
breakdown, because the breakdown may occur at different levels; failure of thinking may occur either at the stage of formulation of sensory impressions into experiential elements or in the apparatus for thinking these elementary thoughts, or in both. This means that the thinking apparatus can be put out of action, because of absence of thoughts as well as by breakdown in the capacity to think them. When this occurs, the link between elementary thoughts and thinking is destroyed. While Freud had drawn attention to the use of thought to inhibit action, Bion pointed out that definition can be used to inhibit thought (Bion 1982b).

The thoughts, not allowed even to come into existence, are arrested in statu nascendi, as it were and this gives rise to the incomprehension (and absence of intentionality) often associated with violent behaviour and other pathological states. It also accounts for the sense of futility and impotence felt by intelligent, sensitive and apparently 'thinking' individuals who insist that they need to be told how to change their behaviour (Spensley 1987). According to this formulation, it is precisely that which is unthinkable which precipitates violent action and which is favoured in place of the mental activity necessary to transform the sense impressions into speech. An important feature, therefore, in many forms of compulsive violence is the continuing inability, post hoc, to reach any mental awareness of the nature of the disturbance, although there may be attempts to provide rationalisations of the behaviour (Sohn 1995).

Since physical and physiological experiences have provided the basis for the development of psychic growth, inadequate mental containment and the failure of psychic growth can result in poor discrimination between mental states and physical states. Serious consequences ensue for the course of all subsequent mental development when the processes of transformation of sensory experiences into elements suited to thinking, is disrupted. Psychic containment of emotional experience allows learning from experience to take place, whilst the obliteration of experience by overwhelming
emotion is detrimental to learning and favours the development of psychotic mental constructions with omnipotence and omniscience, replacing learning from experience.

8.1.3. Violence as inadequate mentalisation

According to Fonagy’s model, the failure of mentalisation, “the capacity to conceive of conscious and unconscious mental states in oneself and others” (Fonagy 1991) results from abusive treatment or neglect by an attachment figure. It not only deprives the child of an appropriate model of a ‘psychological self’ but it also stimulates aggression in the child, in defence of its weak sense of ‘psychological self’. The result is the familiar cycle of violence and abuse. The model has been applied in cases where violent behaviour has not been preceded by a history of abuse, but it is suggested that in such cases violence to the psychological self has been perpetrated in hidden and subtle ways.(Fonagy & Target 1995).

The common characteristic which Fonagy and his colleagues have identified as relevant to the understanding of patients showing habitual violence, whether or not there has been a history of abuse, is the fragility of the psychological self. The corollary is a weakening of the capacity to mentalise, with poor ‘reflective functioning’.and this is frequently associated with failure to differentiate between mental and physical states both in the self and in others. In this model, violent behaviour is seen as a means of obliterating intolerable psychic experience and importantly, as a means of attacking thought in oneself or in another. Self-damaging attacks have a similar function in obliterating mental pain by inflicting physical damage and pain. Under such conditions, the patient cannot learn and cannot change. Action takes the place of thinking and without mental digestion there is no growth or lasting change, only temporary relief. This means the continuing, unsatisfying repetition of action.
Corollaries to the Fonagy model offer other scenarios. Firstly, that self-expression and aggression, occurring with such regularity, become pathologically fused and self-expression becomes isomorphic with aggression. Furthermore, aggression is thought to be aggravated by the reduced capacities for mentalisation and empathy and a ruthless or insensitive attitude towards the victim is explained as the consequence of their being treated as if the victim, too, were devoid of feeling and any capacity for real suffering.

8.1.4. Violence and attachment

From the first investigations of maternal attachment status in relation to the classification of infant behaviour in the Ainsworth Strange Situation (Ainsworth, Blehar, Waters & Wall, 1978). There has been growing evidence of a substantial relationship between ratings assigned to the mothers’ interview discourse and interactive scores assigned to their infants in the Strange Situation. Furthermore this was found to hold for both parents. For both mothers and fathers, interview-based classifications for state of mind with respect to attachment, were significantly matched to infant Strange Situation classifications. (Main 1985, Main, Kaplan & Cassidy 1985, Main & Goldwyn 1985-94).

Further studies utilising the AAI to find confirmation of such findings provide support for the view that parental states of mind and attitudes have a significant bearing on the status of the security of attachment of the infant. In one study, relevant to the question of violence, mothers’ adult attachment categories were compared with the behaviours of mother and infant during a joint tool-using task. It was found that mothers classified as secure on the AAI were emotionally supportive and gave clear helpful assistance; Dismissing mothers were comparatively controlling, task-focussed and emotionally remote from their infants, while Preoccupied mothers were inconsistent, gave confusing instructions and appeared variously, angry, coercive or puzzled. (Crowell & Feldman 1988). Violence in a relationship with a child always indicates low levels of patience.
and empathy, a characteristic of the AAI Preoccupied category. Similarly, Haft & Slade (1988) found that secure mothers were more attuned to their babies (in Stern's sense) than insecure mothers, confirming Ainsworth's original finding that infants assigned to the sub group B3 (very secure) had the most sensitive and responsive mothers (Ainsworth, Bell & Stayton 1971). In another study of mothers of 'failure-to-thrive' babies, it was found that all but one mother was either Dismissing or Preoccupied (Benoit, Zeanah & Barton, 1989). Of direct relevance to the effects of violence, Sullivan-Hanson (1990) interviewed a sample of battered mothers. Her analysis revealed not only that this group was almost exclusively insecure but also that it contained a number of women who were assigned to the rare category, E3. This classification is given to individuals who are overwhelmed and fearfully preoccupied by past abuse and violence. Consistent with this finding, it will be shown that there was some indication in this study that the incidence of violence and the number of women classified as Preoccupied were both found to be higher in the index group.

### 8.1.5. Intra-psychic violence.

The fear of destructiveness, felt as an internal threat to the personality, is associated with the violence of emotions. Bion saw it is a factor of the enforced splitting between intellect and emotion, between psychical and material satisfaction, in the service of destroying awareness of all feelings (Bion 1957). The experience of this splitting and the violence of such a rendering of the personality is indistinguishable from destructiveness and very greatly feared. From this point of view, violence or the threat of it, emanates from within the personality but is frequently experienced as if it were an external threat. At times, the threat of this kind of violence generates foreboding and there can be some attempt to find containment when the patient seeks help for something he fears is about to happen (Spensley 1996). Equally, violence may be experienced in threatening ways by the return of violently projected feelings when the beginnings of insight are experienced. When an anorectic and intellectually highly
defended patient began to experience herself taking something in from the therapist, she complained of sensations of being stabbed in her stomach (Spensley 1999). The re-introjection of feelings or thoughts which have been violently projected, can only be achieved via the same (emotional) route and invariably renders insight and integration both threatening and disturbing.

8.16. The role of the mother in promoting emotional regulation

The containing role of the mother in promoting emotional regulation and prehension has received increasing attention from psychoanalysts. Object relations theorists were the first to describe some of the ways in which a mother's inner life might influence her child's subsequent development (Sullivan 1953, Benedek 1959, Mahler 1961, Mahler, Pine & Bergman 1975). On this side of the Atlantic, Winnicott, Bion and Bowlby were writing contemporaneously and their individual accounts of the significance of the mother's role were encapsulated in the respective concepts, maternal preoccupation (Winnicott 1956), reverie (Bion 1957) and attachment (Bowlby 1969) to which, more recently, have been added attunement (Stern, 1977, 1985) and reflective function (Fonagy 1991). All of these notions attest to the psychologically life-giving property of sensitive mothering and its contribution to the stability and coherence of personality growth in the infant.

Some recent biological research on attachment in rats has given further backing to the significance of the maternal influence on infant development. In the rat, it was found that the rat mother's interactions with her newborn babies performed an essential regulatory function for the babies' physiological as well as behavioural systems (Hofer 1995). The possibility that the roots of human attachment extend to bio-behavioural origins would have considerable relevance not only to the understanding of the disorders of infancy but to the understanding of regressive behaviour involving violence.
8.2. QUALITATIVE ANALYSIS OF VIOLENCE AS A THEME IN AAI NARRATIVES

It was not anticipated that violence would be a particular feature of the AAI discourses and it was not until a number of narratives were noted to contain references to serious violence in the speakers’ family histories, that the need for a scale became apparent. Extremes of experience such as might be rated at the top of a scale were rare, but of those, the manner in which the experience was related stimulated further interest because of the graphic yet distanced way in which the speakers were able to relate their personal histories. References in the interview discourse to the experience of or the witnessing of extreme violence is disturbing for the interviewer to hear and this was probably intensified by the narrator’s often blasé account of her memories. It was as if the feelings of shock and horror which came sharply to the mind of the listener, had become blunted in the speaker.

This did not seem to be simply a reflection of fading memory. Recall was often fresh and active; sometimes carrying distress, but only very briefly, before becoming imbued with inappropriate affect bringing humour or ridicule to the distressing situation as the following interview excerpts demonstrate:

1. "My dad was a horrible man . . . . we (mother and children) were thumped, hit and belted . . . . We were hanging out the flags, the day he finally left! . . .

(Rett group)

2. "It was a punch to here (jaw indicated) and I kind of - didn't really black out - I saw this bright flash and I was back, kind of dazed and he just walked away and left me. I mean I laughed about that afterwards because you know, like in the cartoons, they have stars around their heads or whatever, birds twittering and I said, How come I didn't get to see that? I just got a big white flash!"

(Autism group, laughing, in mock disappointment)

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3. "He wasn't a very nice man . . . he abused my mother . . . he was actually a criminal- he was in prison most of his life. Gran always says there was only two good things came of that marriage- me and my brother! (laughing).

(Rett group)

The presentation by the victim of persecutory and abusive experience as if it were amusing depends on taking an exclusively intellectual perspective, focussing on incongruity. It excludes the feelings suffered and presents the difference between the victim's perception of events and the persecutor's, as ludicrous. Laughter and merriment often provide a veil for contempt but there can also be an attempt to draw the interviewer collusively into an entertainment in which the victim can feel a winner. The annulment of the reality of the original distress achieved in this way reduces the victim's capacity, post hoc, for thinking and learning in much the same way as contact with reality is diminished for the attacker at the point of perpetration of violence. Both have an awareness of the event but the emotional reality is censored in the minds of both participants. Where the relationship continues, it does so on a false, pseudo-relationship basis. This is demonstrated in the account which follows of one mother's description of her memories of her relationship with her parents.

There was a brief moment of acute distress in this subject as she started to embark on an account of the details of her childhood, in which she was recalling her father's angry treatment of a drunken mother, as horrendously cruel. She was momentarily surprised that the memory should evoke tears, but very quickly launched into an entertaining tale of events before and after her mother's death, when she was twelve. Her way with words was very amusing, but felt seductive. An accomplished raconteur, she regaled the interviewer with pictures of herself as an innocent child delighting in whatever she was given and having no knowledge of hardship or deprivation. She spoke admiringly of her mother as if she had been completely enthralled by her good qualities, idealising her mother's struggle with an unfeeling husband who was also a gambler.
In reality, her mother was an alcoholic, constantly drunk and she remembered her own
shame and embarrassment when mother would turn up in a drunken state, to collect her
from school. Her mother died when she was twelve years old, possibly accidentally, but
after having made three suicide attempts. The reality of this experience was only
fleeting referred to and was powerfully superseded by her humorous account of family
life and the tricks of keeping one step ahead of a controlling and much despised father.
By the end of the story, it appeared that the speaker had begun to believe her own
'propaganda' when she commented on her experiences as having been beneficial:

"I think it's made me a better person. I know it sounds silly, but I can put myself in
everybody's shoes - I've been there, I've seen it - you know. Somebody tried to
murder me, as well...!"

(Autism group)

Denial of reality has already been discussed as a significant factor contributing to
inadequate mentalisation and the breakdown of the capacity to think. As such, denial of
reality is a feature in violent behaviour. However, it was apparent in some discourses
that victims of violence may also turn to denial to deal with, or rather to avoid dealing
with, the reality of the abuse and hurt they experience. Such denial can be concrete and
dramatic as described in the following account of beating with a belt:

"I remember, I would be sore at first, like when you get the first two or three
slaps but then I think I just kind of blocked it out - I think a lot of people do that
when they are being like kicked in the street, or whatever. You know, after the first
few blows, kind of thing, that you just don't feel any pain. It's very true, because I
just kind of, I just let him get on with it and just kind of switched off. I wasn't
conscious of feeling it until afterwards and that was when I used to - "oo ooh,
that's sore!"

(Autism group)
Other forms of denial involve an attempt to attribute normality to the experience.

"Well, women get battered and stuff like that but they stay and stay and stay... they have nowhere else to go. Not that my mother was battered. I mean, he did lift his hand to her quite a few times but not the way you see some people. She obviously knew our house wasn't a very nice place to be. She just always made light of things, to make us feel better."

(Autism group)

Sometimes, denial might be partial, not so much a denial of reality but a denial of its importance, for fear that protest might provoke renewed attack.

"I just spent most of my life keeping out of his way. What a life. I mean it wasn't like-I mean the neighbour downstairs was an alcoholic - he used to beat his wife up really bad. I mean I could hear the beatings. They had a girl my age and I could hear her getting a thumping and then I could hear the Mum getting it. You used to hear it through the wall. You knew it wasn't right, but you just accepted it. You know, you knew you were being thumped and hurt."

(Rett group)

One attempt to disconnect from her childhood experience of violence, to consign it to the past and continue as if it had no further relevance, had a surprising and disturbing outcome for one subject. This mother told of her astonishment that concealment of a violent past should have caused such upset to her son when, as a young adult, he was eventually told the truth about his grandfather. She herself had idealised her father whom she had hardly ever seen because he was a criminal, constantly in and out of prison. He died when she was six years old, murdered by his ‘friend’ after a drunken brawl. Early in her twenties, this mother had made a conscious decision to move away from the criminal influences of her past; she moved to another part of the country with her partner and child and she had believed that the past would no longer have any relevance in her new ‘straight’ life. She thought it would certainly be of no consequence to her subsequent children, growing up in a different environment and never having known their grandfather.
During the interview she spoke of her consternation that her adolescent son should have been so upset to hear that his grandfather had been murdered. "You never even knew him", she protested, "so what does it matter?" "He was my grandfather and he was murdered." was the reply which the mother was still struggling to comprehend as she related the story to the interviewer. She herself had taken action to disconnect herself concretely from all feelings of guilt and fear associated with the family's criminal culture and she was nonplussed to find that her son should even have thoughts and feelings about it.

8.2.1. Closeness and violence

Among those subjects whose childhood had included experiences of severe violence, references to physical closeness were also a feature. Although the number of cases was small, there was a suggestion that subjects who had experienced particularly adverse conditions in childhood, were frequently filled with a determination to treat their own children in opposite ways. This resulted in indulgence of the children but also in dependency on them to provide opportunities for experiences of love and warmth.

"This is my idea, but I feel that my children are extensions of me, in some way and it's like having one cut off when they leave- an amputation . . . Then when my son got a job and said he would have to stay away from home, I was like... This isn't happening!.."

(Rett group)

"Well, a lot of things that happened to me, I've consciously decided not to make the same mistakes with my children as were made with me . . . I was kept on a very tight rein so I am very flexible with my children"

(Autism Group)

At the beginning of her story, an index mother asserted in a bald but defiant tone that she had been "battered all her life" It emerged that despite this history, she had not only
remained in the family home into her adult life but that she had also commenced her 
married life in the parental home, living there with her husband till other 
accommodation was eventually found for them. Exceptional passivity seemed to 
characterise this woman at the time of the interview. She kept her husband and child in 
the room and she appealed to her husband from time to time to answer some of the 
interview questions. At the same time, she disregarded the interviewer's instructions as 
if she were quite sure that her understanding of what was required was the same as the 
interviewer's. Her responses to questions were short since she took a very concrete view 
of her life and her relationships. Continuing to feel victimised by her parents, blamed by 
them for her child's autism, she lived with her depressed and unemployed husband; 
their lives revolved around the youngest child, a three-years-old autistic boy whose 
needs and rights they were determined to fight for.

"My husband says I'm too lenient with the kids but I don't think so. It's not doing 
them any harm because, I mean, I was brought up in such a strict environment . . . 
They look at me as the woman who is always there."

(Autism Group)

Physical closeness in this family was also exceptional. The autistic boy slept in the same 
bed as his parents and the whole family slept in the same room. This was justified by 
complaints about dampness elsewhere in the house but dependency on the children was 
also made clear in the discourse when mother talked about the children as if they were 
adults. She welcomed her five year old daughter's promise that she would take 
responsibility for looking after the autistic child in the future, as if this was real support 
in contrast to the failures of her own parents or indeed, Social Services, to offer her 
adequate help.

For the interviewer, there was an uneasy atmosphere of helplessness, together with 
defiance. Poverty, passivity and neglect within this household on the one hand, 
contrasted with the vehemence with which both parents complained of neglect and lack
of responsibility in the professional services. It seemed to the interviewer that parents reduced to such helplessness in looking after themselves, let alone children, were struggling to ward off their terror of complete collapse, by identifying with the children and seeing their caretaking role as one in which they must aggressively pursue others to provide for their children.

A mother whose own father had been murdered, felt happy and secure with her husband and four children around her. When her eldest daughter acquired a boyfriend, he came to live in the home too. She even made joyful preparations for the birth of a grandchild, but was devastated when the young couple finally decided to move out and start a home of their own.

"I just cried all the time, for days. Oh, it was terrible. We have so much washing in this big family, six piles. I kept calling my husband to look - only five piles now!"

(Rett group)

A Rett mother had always lived under the threat of her father's disciplinary belt and said she felt that she suffered from timidity and lack of self-confidence all her life, as a result. In spite of this, she had remained in the family home until she married but was surprised by her father's help and support at the time of the marriage. Life with her own children was described as exceptionally close and supportive.

"We just never ever left them, not even with grandparents. It's not something we consciously thought about; we didn't need to, you know, we just did things always together with the boys."

In later years, this mother felt more deeply attached to her parents, despite the shadow of violence she had lived under as a child, because she began to think of the hardships suffered by her father and his own struggles with life.
"I love them passionately to bits"... it's human warmth - thinking about a really, really tough childhood, but remembering that there was warmth that held it all together.

(Rett group)

8.2.2. ‘Hardness’ and ‘softness’ as personality traits

Subjects who painted pictures of great harshness and fear in their upbringing, in relation to a punitive or sadistic father, almost always felt that they had been saved from disaster by a mother who tried to compensate. People with ‘hard’ fathers, usually had ‘soft’ mothers who tried to protect the children. However, the parcelling out of hardness and softness between parents in this way, reduces opportunities for each of improving their psychological balance, because the one quality is less likely to be moderated by the other. Interview narratives contained several instances of such dichotomous family structures in which there was also a high risk of collusion between the ‘soft’ mother and the children, in concealed mockery of father’s iron rule. This served only to exacerbate division between the parents, in the eyes of children.

"We used to hug and kiss my Mum, all the time but my dad, no. I was a wee girl that didn't really like men. There's a lot of wee girls like that. When my uncle came (he only had boys of his own) and he wanted me to sit on his knee and give me cuddles... but I used to go and hide behind my Mum. I just don't know, maybe if I'd had a relationship like that with my Dad, I would have been more willing... I didn't want to sit on his knee... I used to feel scared... "

(Down group).

"My Dad was quite dominant, quite domineering with my mother, and with us it was a case of sit up and shut up - his voice was exceptionally threatening to us. It was do as you're told, as far as my Dad was concerned."

(Rett group).
If my dad was sitting watching TV, we all had to sit and be really quiet. We kind of had to tiptoe about. My Mum would whisper in my ear and my brother's, trying to make us laugh, but not out loud, or we'd get into trouble... It was just a wee tickle here and a wee tickle there or she'd make, you know, funny faces... I mean we used to talk but it had to be in a whisper and then you'd see him looking... I don't know if my Mum was always like that... it's not something you can put on, to be full of fun all the time- but I think she must have had to try an awful lot harder to keep me and my brother happy because of all the tension and strain in the house, you know - but she's great.

(Autism group).

In contrast, when collusion was absent and the softness was associated solely with the provision of extra care and comfort, it seemed that an opportunity for restoration of the parents as a couple remained more open. The ‘soft’ scenario has a very different quality in the following example.

A subject who felt she had lived under a paternal reign of terror, remembered her mother as “warm, very gentle, passive and submissive.” but her warmth was expressed in extra care:

"The (tin) bath was a lovely fun experience; the curtain would be drawn, the fire on and you knew you'd be getting out into those warm towels because they had been put over a chair in front of the open fire and you could hear the kettle and you knew you'd be getting something nice for tea."

The same subject recalled how her mother would go out early on winter mornings to buy fresh hot rolls for breakfast before they went to school. Despite living in the shadow of a domineering, violent husband, this mother never indulged in mockery or contempt. In this case, the subject felt that she too was able eventually to appreciate a positive side of father. He had worked hard at a gruelling job to support his family and she also came to see him as vulnerable and insecure under his hard exterior.
"My relationship with them both now is fantastic... a great relationship, incredibly open, compared to what it was, but I actually think I had to do a lot of the work in that, not them, by letting them see that it was OK, I got it wrong (i.e. seeing father only as hard and uncaring, as a child) and I didn't mind I'd got it wrong. In a way, it freed them up... they are still over-protective with me but I just go along with that... there's something nice about that... quite a different relationship now."

(Rett group)

The separate attribution of hardness and softness to each parent has relevance to the psychoanalytic understanding of mental functioning. When parents are seen to function very differently, as antagonists rather than a couple, they do not provide an internal representation of a linking model for thinking. Instead of a couple, they are seen as opposites and alternatives, one felt to be all powerful and the other passive, weak or submissive. The containing and linking function of a relatively harmonious mother-father couple is lost.

One outcome is for children, to identify with either an omnipotent supremacy or a supplicating victim and omniscience and omnipotence take the place of thinking. Omnipotence is represented by the phallus a powerful symbol representing a state of completeness and freedom, beyond need, unlike the penis where the sexual connotations represent a linking function, incompleteness and the need for an object (Birksted-Breen, 1996). The penis is male, linked to the body; the phallus is not male, but narcissistic, beyond the human condition and is in the possession of neither sex.

Birksted-Breen has also drawn attention to the important distinction between the unconscious symbolic function of the phallus, representing omnipotence and the penis as representing the mental function of linking and structuring with consequent implications for the genesis of mental space. This accords with Bion's view of the primitive breast or penis as "the prototype of all links" (Bion 1957). Mental space is
created in the acknowledgement of differences and by the same token the recognition of incompleteness and the need for an object.

The phallus represents illusory wholeness, self-completeness as opposed to the tripartite world of mother linked with but different from father and the child in relation to the parental couple. In this coupling world, good, bad, hard, soft, powerful and powerless can be combined and integrated rather than being deemed mutually exclusive. Birksted-Breen suggests that the lack of internalisation of the penis-as-link leads to a search for the phallus as a fantasy. She contrasts the mental space afforded by the penis-as-link with the fantasy of phallic completeness and omnipotence. In this study, it was noted (vide chapter 3) that subjects who spoke of feeling particularly identified with their fathers were to be found predominantly in the index group. These were women who tended to deny any lack or dependence stressing their personal strengths, and fierce independence.

8.2.3. Hardness and autism

The hardness of the 'autistic objects' consistently favoured by autistic children was observed by Frances Tustin who was the first to draw attention to the pre-eminently sensory significance of 'autistic objects'. (Tustin 1972, 1981). She contrasted the 'transitional' object (Winnicott 1958) which is always soft, with the autistic object which is always hard. As the term implies, transitional objects serve to preserve the link with the maternal object, when that link is felt to be tenuous. Good external objects are available but internal confidence in the object is problematical. Teddy bears and other soft cuddly animals are universal favourites with children but the transitional soft object may simply be a piece of clothing or fabric which is held for its comforting qualities or associations. The best known exponent of this form of support is Charles Schultz's cartoon figure, Linus, a toddler who is inseparable from his "security blanket", which he trails everywhere he goes.
Soft qualities connote warmth and tenderness, associated with live, loving nurture and care and the ‘comfort’ or ‘security’ blanket, in providing a reassuring link with these maternal qualities demonstrates, ipso facto, awareness of them. The hardness of the autistic object serves a quite different function for children recognised as having little awareness of live objects. As Tustin points out, the autistic object is not held for its comforting qualities or for its symbolic play potential but specifically for “the hard edge sensation in the palm”. She understands this as a desperate attempt to hold together the sense of self or, as she puts it, ‘me-ness’, in the face of uncontrollable atavistic terrors (Tustin 1981). Put in somewhat different terms, psychotic anxiety which is not object related but experienced as sensations of dissolution, running out and ‘black hole’ terrors, may be stemmed by the sensations of hardness and substantiality which can be derived, to some extent, from the hard autistic object.

In autism, the comforting sensations of softness are entirely absent. The classical, Kanner type, autistic child may bite his hand but never sucks his thumb and the essential difference lies in the rhythmic quality of sucking which engenders a sense of regulation. Biting is fast and aggressive and although it can be repeated, it is not rhythmical. The activity of sucking itself depends upon a union of soft and hard sensations in the working together of nipple and tongue and is the biological prototype for Bion’s model of containment and growth. Tustin saw the differentiation and integration of the qualities of hardness and softness as a dialectic integral to the experience of feeding and having implications for all subsequent object relationships: soft sensations ultimately becoming associated with receptivity and hard sensations with thrusting and entering. An interchange of the two, in the well established cooperation of mouth and nipple is the basis of strong satisfying suckling as it is also of the mutual adaptability of enduring personal relationships (Tustin 1990, Spensley, 1997). Conversely, hardness may be intensified as a defence against softness and vulnerability, when the latter is experienced as threatening, as was graphically described by one subject (autism group):
"I mean we've all got a terribly terribly tough strong exterior; we're powerful people and both my parents were powerful people, but underneath we're complete marshmallow, soft as hell but you've gotta get in there because the tough exterior looks—pretty frightening. I mean mother was always known to us children as the dragon . . . It was a nice dragon, a lovely dragon but you still didn't mess with her".

(Autism group)

It is when the qualities of softness and hardness become separated and allocated separately between parents that their interactive balance and regulation is weakened and the risk of violence escalates. Regulation belongs among the global and primary (in the philosophical sense) qualities of experience which Stern denotes as amodal. Amodal perception has been established through a number of experiments which have demonstrated the infant's capacity to take information received in one sensory modality and translate it to another. (Meltzoff & Borton 1979, Haith 1980). It seems possible that this involves amodal representation which transcends mode and which can be recognised by any of the senses. This idea was first postulated by Aristotle. In his doctrine of the senses, his sixth sense was the common sense that could apperceive the qualities of the sensations that were primary (amodal) and shared by all the senses. Recent biological studies suggest that these primary, amodal and regulatory qualities are engendered in the maternal relationship. In the rat, for example, the mother's interactive behaviour with the infant rat was found to have a regulatory effect even on the infant's physiological and motivational systems (Hofer 1995).

8.3. THE DEVELOPMENT OF A VIOLENCE SCALE

It was important to discover whether there were differences between the groups in relation to the experience of violence. Accordingly, a Violence Scale was designed to rate the incidence and degree of childhood experiences of violence to the body in relation to attachment figures. The parameters differed from those applying to the
assessment of experiences of abuse in AAI classification. This violence scale included all violent attacks on both the subject’s own body and on those of attachment figures.

8.3.1. AAI rating of violence

Violence is included in the AAI scale for assessing the effects of any experiences of abuse reported by the subject. For the purposes of this scale, the definition of abuse is that the experience is overwhelmingly frightening and such that it produces deep apprehension about prospective incidents. The scale considers the subject’s responses to frightening abusive experience and threats of violence from attachment figures. Its objective is to assess the subject’s capacity to integrate such experiences and the AAI classification distinguishes three major patterns of response to traumatic events: resolution, dismissal and disorganisation. The operational definitions presented to facilitate the process of identifying experiences which qualify to be rated as abuse have to be rigorous in excluding incidents of minor violence, such as some traditional disciplinary measures, which are not to be classed as abuse.

Such experiences, however, do have a place in a violence scale designed to measure the extent of violence experienced in childhood in relation to attachment figures. It was apparent that while some subjects had experienced considerable violence from parents, there were those who seem to have experienced none at all. For the majority of subjects some form of physical hurt had been experienced in the course of parental discipline but responses to it ranged from resentment to buoyant acceptance of a traditional practice. As an indication of lack of emotional and mental containment, any experiences containing violence are relevant to the central hypothesis and a violence scale was designed to rate the level of violence which had been experienced by the subject.
8.3.2. Parental discipline

Apart from some exceptionally violent experiences talked about in the discourse of a few subjects, the topic of discipline made it clear that the achievement of family concord involved a wide range of parental behaviour. Most subjects had experienced mild smacking on a few occasions but it was noted that even brief and rare incidents could make a lasting impression. One mother remembered how she "got a wallop, in the street" from her father when she was four, for running away from her home to play in a nearby park. He had been fetching her back and although she had never been smacked by him again, she said "I still remember the exact spot where it happened."

Among subjects in whose families there seemed to have been no culture of smacking, there seemed to be an association with Dismissive qualities in their attachment classification. Parents described as 'distant', 'non physical' in their affection or more interested in 'doing things together' were also, it seemed, less likely to smack. Over-protectiveness, probably by being conducive to compliance, as well as role-reversal, also tended to be associated with absence of physical chastisement:

"She never ever had to smack me or use any kind of discipline really. I think I was very well behaved."

(Autism group)

Again,

"I didn't feel she was the kind of Mum I could go to and burden with worries. I felt she was worried anyway, so I wasn't going to give her extra worry".

(Autism group)

A somewhat surprising association of considerable interest was an apparently positive correlation between smacking and secure loving care. Parents described as physically close, loving, 'huggy' with their children, often used some smacking at times as well. A
mother (autism group) who spoke of her gratitude for a family life which she described as close, stable, loving, and happy also added,

"We occasionally got smacked if we overstepped the mark, but we knew what was and wasn't allowed and we lived within those boundaries".

(Autism group)

Similarly, in speaking of a parental relationship she felt to be "close, supportive, positive and understanding- there were a lot of hugs and kisses", a subject added the comment

"You could get a smack too - a skelp on the bum - but that was it - end of story".

(Autism group)

Even where smacking reached more punitive levels or there was a marked readiness to resort to 'clips' and smacks to maintain control of children, this could be looked back on with humour, along with warmth and love.

"Aye, she didn't stand any nonsense from us. She was a strong woman and her family always came first. She always put us first. She's always got the time for you. She always has had the time for you and she still has - grandchildren now as well ... ... Oh, she would clout you if you were really cheeky!"

(Autism group).

The relationship noted here, between warmth and physical punishment contrasts with the significant association of aggressive disciplinary methods with hyperactivity which was found by Woodward (1998) and suggests that the level of 'aggressive' discipline which can be experienced as benign, is critical.
8.3.3. Design of the scale and operational definitions

The violence scale was designed to discriminate between different levels of violence experienced by subjects in the course of their childhood and parental upbringing (appendix 2.5). The experience of violence is defined purely in terms of behaviour and the pain or hurt inflicted on the child by attachment figures. Witnessing of violence to attachment figures is also included. It has been important to differentiate such experience from feelings of happiness and unhappiness associated with the same relationships as has already been mentioned. Non-violent relationships are not necessarily to be regarded as happier or more loving than those which included some violence and the suggestion of a tendency towards an inverse correlation will be discussed in a later section.

The scale assesses the extent to which the subject seems to have experienced violence in relation to attachment figures. Violent motor action is only one form of aggression but the only one relevant to this scale. Many other forms of behaviour may contain an aggressive function expressed either actively or passively but this is excluded from the present scale. Shouting, for example, is frequently associated with actual violence to the body, but even when there is no actual physical violence, it appears that for some subjects, shouting was difficult to distinguish from actual violence and in some instances this confusion had extended into adult life.

“When I hear people arguing, I get all panicky . . . I think, Oh gosh, he'll kill her.”

(Autism group)

For the purposes of this scale, only violent aggressive action with the intention of inflicting pain or causing damage to the physical body is being rated. The rating of this scale applies only to such violence in relation to attachment figures; to experiences, or reports of experiences of violent behaviour in parents or carers directed towards each
other, their children, or themselves. It excludes playground fighting or childhood fights between siblings. Violence relating to an experience of being involved in an accident or of witnessing an accident would not be relevant to this scale, nor would attraction to violence on the screen or interest in violent sports.

Examples drawn from the range of experiences containing violence which were described by subjects in the course of the interviews were used to provide operational definitions for each level on a rating scale of 1-9 (appendix 2.5.). A score of 1 represented a childhood in which there were no experiences of violence and disciplinary measures did not involve any form of physical correction or punishment. At point 9 serious violence had been suffered or witnessed. The examples given, provide guidance to the rater at every second point on the scale. Between complete absence of violence in the family history and the extremes at the top of the scale, there was a range of experience incurring a component of violence in some form of physical deterrence or chastisement inflicted on the subject by an attachment figure.

8.3.4. The Rating Scale

Rating is based on the information available in the transcript. It is recognised that in some cases, particularly in the Dismissive category, the topic may have been avoided. However, no mention of smacking, even after probing, does not necessarily mean it did not occur. Nonetheless, no transcript was unscoreable because indications contained in other references to the quality of relationships provided some indirect evidence on which to base the judgement. Any inaccuracies were therefore more likely to err on the side of low scoring.

The scale is concerned with the subject’s exposure to violent, uncontained emotional outbursts from attachment figures where self-control and the capacity to ‘postpone action’ has been inadequate. It seeks to provide a measure of the degree of impingement
on the subject’s sense of personal security with attachment figures in childhood. It is assumed that high scores on the scale are likely to be associated with low levels of security. At the low end of the scale, there may have been mild smacking (or none at all) as a means of discipline, but these are of rare occurrence and are not associated with fear of the adult. Scores of 7-9 will be given to subjects whose childhood was lived in fear of violence to themselves or to an attachment figure. Many continue to be preoccupied in the present with feelings of resentment and hatred concerning relationships and experiences of violence belonging in the past.

The lowest score on the scale is given to subjects whose upbringing has not included any kind of violence, whether or not it has been experienced as a happy childhood. At point three, some incidents of very mild corrective smacking might be remembered, but the major emphasis is on their rarity and mildness. Any such episodes are infrequent and not feared as painful. The parent’s disapproval is the deterrent but this has never become a source of grievance. At scale mid point, physical punishments are a feature of ‘strict’ parental discipline. The child may have lived in an atmosphere of rigidity or even some intimidation but this may nevertheless, have been accepted with a certain respect as ‘character-building’. Subjects receiving a 5 rating have had “good enough” care or otherwise very loving care which included an occasional and moderate level of physical chastisement. which had not given rise to lasting resentment; e.g. ‘Oh, she would give you a clout if you were cheeky. "I'll give you cheek", she would say, but then that was the end of it’. At the extreme end of the scale, the child has witnessed or experienced frightening violence to a parent, to a sibling or to himself. Enduring fear of violence or excessive concerns with protection from violence characterise the discourse. There are references to murder or suicide in the family or community and in some cases incidence of such within the subject’s personal experience.
8.3.5. Reliability

As already described in chapter 2, the reliability of the scale was tested using a random selection of the pooled transcripts (25% of total number). These were rated by an independent psychologist whose scorings agreed closely with the author’s: kappa = .69, n = 14, p < .0005.

8.4 RESULTS.

Table 8.1 and graph 8.1 show the mean and standard deviation for subjects’ scores on the violence scale. The autism group has the highest mean score and the Downs group has the lowest, with the Retts at an intermediate level. A one-way analysis of variance between groups on the violence scale ratings found a significant difference between the groups ($F_{2, 55} = 4.942, p = .011$). On a Scheffe post hoc test (p=.012), only the difference between Downs and Autism reached significance.

Graph 8.1 Mean violence scores by group with 95% confidence intervals.
### Table 8.1 Violence scale descriptives

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std Devn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>27</td>
<td>5.11</td>
<td>2.28</td>
</tr>
<tr>
<td>Downs</td>
<td>16</td>
<td>2.94</td>
<td>1.98</td>
</tr>
<tr>
<td>Retts</td>
<td>15</td>
<td>3.93</td>
<td>2.37</td>
</tr>
</tbody>
</table>

In a further analysis of the violence scores, individuals were categorised as either high scoring or low scoring. The high category included violence scores of 5 and above; low comprised scores of 4 and below. The frequency of high and low scores by disorder are shown in table 8.2. High violence experiences characterise the majority of the autism group and a minority of both the control groups, and this association is significant: $\chi^2 = 9.071$, d.f. = 2, $p = .011$.

### Table 8.2 Frequency of high and low violence scores by group

<table>
<thead>
<tr>
<th>Condition</th>
<th>Violence group</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>low</td>
<td>high</td>
<td></td>
</tr>
<tr>
<td>Autism</td>
<td>11</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Down</td>
<td>14</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Rett</td>
<td>9</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

Graph 8.2 below presents a picture of the total group in terms of violence rating with the number of mothers in each condition with high and low violence ratings.
Graph 8.2 Number of high and low violence scores by group

Results show a significant difference between the Autism and Down’s groups in relation to experiences of violence in their family histories. A similar trend was present in the Rett group but this did not reach significance levels. Narratives which included references to childhood experiences of violence were markedly more prevalent among subjects in the autism group than among those in the control groups.

8.5. DISCUSSION

Violence, whether it is regarded as ‘mindless’ in the sense of being unexpected and unprovoked or containing some directed though unjustified retaliation, is characterised by an intolerable build-up of emotional tensions of fear and rage in the individual which precedes the violent breaking of the bounds of control. The violent act involves a compulsion to behave in ways which are driven by the need to find relief and this is what so often gives it the mindless and inexplicable quality which defies comprehension. Frequently, the violent act is not comprehensible to the perpetrator either, and this is particularly so in cases of mutilation and damage to the self.
Aggressive violence against strangers may be rationalised in ways which contradict available evidence, but which seem to satisfy the attacker and such accounts may be concretely adhered to, in defiance of facts (Sohn 1995). Clinically, the uncomprehending view of the facts is made evident in the case of self-mutilation carried out in public. The patient appears to have no understanding of the reason for the behaviour and has to be forcibly restrained. Neither does there appear to be any concern for the damage or pain being inflicted on the patient's own body (Spensley 1985).

In relation to the understanding of violent behaviour, the views of Fonagy and McDougall have much in common with Bion's concept of containment. Both approaches link violent behaviour with inadequate mental functioning and related attempts to obliterate the experience of intolerable psychic pain. Important differences begin to appear in the construction of developmental models to account for the processes involved in the formation of the mental apparatus and the factors contributing both to psychic growth and its disruption. In particular, the developmental stages taken into account in Bion's formulations, follow a different temporal order and it is posited that failure of containment may also arise at a sensory level, that is, prior to representation in the mind and indeed precluding mental representation.

When emotions dominate and the link between feeling and thinking is severed, the split that takes place in the personality is severe. It render the personality unable to learn from experience and by depriving the personality of awareness of emotional experience deprives it also of the truth upon which psychic health depends. Such deprivation of the psyche is analogous to the effects of physical starvation on the body. Emotional experience which erupts explosively in the form of action is not available to fulfil any function for the psyche in promoting consciousness of psychic quality. Instead, the body is used to rid the self of awareness of feeling and the sense of reality, through intensified projective identification. This has the effect also of confusing the distinction between the self and the external object. With the perception of twoness (subject and object)
obliterated, the consequences for thinking are catastrophic. For example, the violent patient may have an awareness of impending danger prior to a catastrophic outburst of hatred and aggression but feels not only helpless but unhelpable in preempting it, since he is unable to perceive an object as other than hostile or indifferent to his dilemma (Spensley 1995).

The understanding of aggression and violence has stirred considerable controversies in the past, in debates about the relative importance to human beings of environmental and social influences versus their innate animal endowment but it is not an issue which has receded in the light of sophisticated psychoanalytic concepts. Rather, the part played by animal endowment and biological imperatives are becoming integrated into the understanding of the operation of the psyche (Fonagy et al. 1993). Fonagy and his colleagues regard aggression as biologically rooted but capable of being stimulated in response to perceived threats to the psychological self. Physical expression of feeling is resorted to, not only in the absence of thinking and reflective function but also in the failure of omnipotent phantasy. McDougall considers the body to be available in such circumstances, as a stage upon which the nature and functioning of the mental world can be enacted (McDougall 1986). These are views which distinguish between mental and physical avenues of expression but in a way which presents them as alternatives, complementary to one another: physical aggression used in the service of protecting the threatened psyche from the imagined hostility of the object, or the body acting as an alternative stage on which to enact the mental world. Bion’s theory, on the other hand, emphasises that non-mentalisation can be the result of disruption of the processes involved in representation so that the patient is unable to comprehend his sensory and emotional stimuli, and does not have sufficient awareness to identify an experience. It is a chaotic and unpredictable world in which the patient is struggling to identify experience and establish representation.
If mentalisation is to be understood as both a capacity for understanding and reflection and a mental capacity for psychotic, distorted 'understanding', then the use of the mind and the use of the body can be more clearly differentiated as different avenues for dealing with stimuli; the one making use of the psyche and mental processing of stimuli and the other using the body "to unburden the mental apparatus of accretions of stimuli" (Freud 1911) obviating mentalisation and adding to incomprehension. In Bion's view, ridding the self of awareness of reality was achieved to maximum effect with the least expenditure of energy in "launching destructive attacks on the link, whatever it is, that connects sense impressions with consciousness" (Bion 1957).

This chapter has examined current thinking on the nature of mental functioning and the factors involved in its breakdown in violent behaviour. Recognition of the importance of emotional containment to the development of thinking capacities dates from Freud's emphasis on thinking as a restraining influence on action (Freud 1911). Following Freud, attention has been directed towards the significance of maternal care to the mental and emotional balance and well-being of the child. The new perspectives offered by Bowlby's theory of attachment and Bion's theory of containment remain intrinsic to the contemporary concepts of 'mentalisation' and 'reflective function' advanced by Fonagy and his colleagues and violence is seen as evidence of an attempt to obliterate psychic experience which feels intolerable.

Violence, seen as a reflection of inadequate capacity to mentalise, means that the body is used either to abort intolerable mental pain from psychic awareness or to prevent its coming into existence Mental states are then experienced as physical in both the self and others. Outbursts of violence relate both to this confusion and to attempts to obliterate intolerable psychic experience. In Bion's formulations (and Freud's) the source of the development of mental capacities lies in sensory awareness and their ideographic representation in the mind. In relation to violence, the possibility of obliteration of thoughts in statu nascendi is presented; action then becomes both impulsive and
compulsive and seems to account for the 'blind' rage and incomprehension frequently associated with violent outbursts. States of 'blind' rage and 'seeing red' certainly obliterate the possibility of reflection but it is important also to note that, frequently, reflection is not a possibility post hoc either (Sohn 1995) and this would support the idea of an earlier bifurcation at the point of conscious awareness (Bion 1962a).

8.6. CONCLUSION

Violence is associated with the breakdown of mentalisation and reflective processes and as such, gives rise to confusion between mental and physical states (Fonagy et al 1991). It has been argued in this chapter that Bion's theory of an earlier level disturbance in thinking, at the point of consciousness of sense impressions, supplements theories of mentalisation and reflective function and has particular relevance to the understanding of impulsive violence. It is a perspective which offers to account for much of the incomprehension and absence of intentionality frequently associated with unpredictable violence and for the characteristic difficulties, post hoc, in being able to entertain thoughts about the violence perpetrated.

Violence scale scores indicated high levels of exposure to violence in the family histories of the index group, differentiating them significantly from Down's group subjects and, in general terms, from the Rett group. The marked stability and family cohesion also noted in the index group (see 3.7.1.) seems contradictory but is consistent with the confused, entangled forms of relationship typical of the AAI 'E' category of attachment. Staying close together because of instability of identity is one possible explanation.

Qualitative analysis of the narratives suggested two unexpected and interesting correlates. Although numbers were small, there was a suggestion that closeness and warmth in the parent-child relationship, usually associated with security, also seemed to
be associated with a degree of violence. Two factors accounted for this: firstly, mothers who had suffered violence themselves were often determined to do the opposite with their own children, tending towards over-indulgence, but also seeing the children as a source of love and warmth for themselves; secondly, warm, loving mothers were usually emotionally expressive, but this could include expressions of anger or frustration in the use of occasional physical smacking. This seemed widely to be accepted without resentment. In contrast, there was a suggestion that Dismissive mothers who were more distant and emotionally cool with their children, did not use physical forms of discipline either.

Violence was also found to be related to extreme disparities in children's perceptions of their parents' personalities. A violent father almost invariably meant a soft mother with whom children identified. Extreme opposition of hardness and softness in this way reduces opportunities to internalise the parental couple as a model of linking and interaction. Hardness as a personality quality associated with violence, is linked with the hard objects which are a feature of the obsessions of autism. It has been suggested that a split between hard and soft qualities, made explicit in contrasting physical relationships with each parent, also reflects the weakness of the model of parental coupling available as a paradigm for mental linking. This is related to reduced opportunity for the internalisation of the 'penis-as-link' (Birksted-Breen 1996) and with it, the promotion of containing mental space and thinking. The separate allocation of hard and soft personality qualities also reduces opportunities for emotional modulation and regulation, which increases the risk of violence.

The biological significance of emotional regulation now related to attachment systems in rats (Hofer 1995) which has been investigated in recent psychobiological research, demonstrates that the mother's interactions regulate the behavioural and physiological systems of the infant and that this includes a degree of harsh but, it is found, stimulating treatment of the infants by the mother. The crucial role played by the mother in infant's
physiological regulation has some resonances with Bion's emphasis on the sensory roots of thinking. Excesses of hardness in the personality have also been related to the phenomenon of hard 'autistic' objects, invariably the choice of autistic children, in contrast to transitional objects which are usually soft.
CHAPTER NINE

THE REFLECTIVE FUNCTION SCALE AND

ANALYSIS OF SCORES
9. THE REFLECTIVE FUNCTION SCALE AND ANALYSIS OF SCORES

This chapter gives a brief review of the rationale and development of the reflective function concept advanced by Fonagy (Fonagy et al, 1993) and the scale which was constructed to assess capacity for reflective functioning. Using this scale, all interview transcripts were rated by the independent raters (H. & M. Steele) and the comparative results for the three samples are reported and discussed in this chapter. Some interviews were notable for interruptions of the interviewer's speech and a count of these is also reported as an additional indicator of inadequate capacities for reflective function and emotional containment.

9.1. INTRODUCTION

The concept of reflective functioning is an elaboration of Main's 'meta-cognitive monitoring' which she defines as the capacity to monitor one's own thoughts and which she includes as one of the (non-parent specific) state of mind scales of the AAI. A capacity to monitor one's own thinking is a manifestation of high order thinking and can be considered in itself, therefore, to constitute evidence of autonomy. Fonagy has added to Main's definition of metacognition by giving greater significance to the emotional and motivational aspects of forming human relationships and these aspects have become central to the concept of reflective functioning. Other terms which have been used in the context of understanding human relationships are 'mentalisation' (Fonagy, 1989, 1991) and 'theory of mind' (Premack & Woodruff 1978, Baron-Cohen 1992). All refer to the same psychological processes; the capacity to perceive and understand oneself and others in terms of mental states and the ability to reason about behaviour (one's own or that of others) in terms of mental/emotional states.
The term 'reflective' derives from the work of William James (1890) who first used it to designate a point of evolutionary significance when the individual began to be able to contemplate his own mental state. James distinguished between the 'I' and the 'me'; 'I' as the self-agent which constructs the sense of 'me'. Capacities for 'reflective self' functioning are to be clearly differentiated from self-reflection which is only a part of what is covered by this broader and deeper concept. The 'reflective-self' refers to a system of organisation of the earliest experiences of self and other and seeks to develop a specific aspect of Bowlby's 'internal working model' (Bowlby 1979). While Bowlby's theory implied the development of latent cognitive structures in the mind arising out of social experience, Fonagy sees reflective-self functioning or more simply, reflective functioning, as "an intra-psychic and inter-personal achievement which only emerges fully in the context of a secure attachment relationship" (Fonagy 1995b). Reflective functioning refers to the psychological processes involved in the capacity to 'mentalise'; a concept which has been found meaningful to psychoanalysts (Fonagy 1989, 1991) as well as cognitive psychologists (Morton & Frith, 1995). The ability to explore mental states and to apperceive the mental states of others is thought to underlie capacities for affect regulation, impulse control, experience of the self as agent, all of which contribute to self-organisation and security of identity.

The emergence of reflective functioning is closely related to representation of the self and self-other relationship (Fonagy & Target 1995). This involves both self-reflective and interpersonal components and the interplay of these processes contributes to the differentiation of self from other, inner from outer reality and intra-personal mental life from interpersonal communication. Fonagy has emphasised the inter-personal rootedness of capacities for reflective functioning, and in studies of children and adults, his scale for rating reflective function has demonstrated a strong association between reflective function and attachment security (Fonagy et al 1991).
9.2. THE REFLECTIVE FUNCTION SCALE

The scale for reflective functioning focuses on capacities for mental representation and is concerned with the clarity of representation of both the individual’s own mental states and those of others. Early in her study of attachment relationships, Main had observed that mothers who presented a single coherent model of their attachment history, typically had children judged secure in the Strange Situation while mothers presenting incoherent multiple models of their experiences had infants typically judged insecure (Main 1991). She discovered that secure children showed relatively high levels of metacognitive monitoring while children judged insecure had difficulties in accessing memories. Furthermore, children judged insecure/ambivalent with mother failed to comprehend the privacy of thought. It was on the basis of these findings that Fonagy and his colleagues evolved the concept of reflective function and went on to find a significant set of associations between ratings for reflective functioning and security of attachment.

The Manual for rating Reflective Functioning (Fonagy et al 1997) contains operationalised definitions of individual differences in adults’ metacognitive capacities and strategies, some of which are described below. The rating scale (outlined in chapter 2) is used in conjunction with the AAI and the scale provides a means of rating narrative passages in terms of the absence or presence of reflective functioning. In general, only explicitly reflective statements qualify for high ratings; clichés or learned statements do not qualify nor do any statements about relationships in the absence of specific references to mental states.

9.2.1. Indications of moderate to high reflective function

Evidence of the interviewee’s awareness of mental states in themselves or others is to be found in explicit references to one of the characteristics of mental states such as their
opacity, their often self-serving nature or the recognition that wishing for or thinking about something does not make it a reality. Opaqueness is recognised when the speaker acknowledges the difficulty of being sure about the intentions or mental state of another, e.g. 'I think she was probably resentful of me but I can't be sure if she really did feel that way. I never discussed it with her'. Recognition of differences between what is felt but kept hidden from others is another common way of indicating awareness of mental states as is recognition of the limitations on understanding and insight resulting from the influences of emotion or upset. 'I loved my mother but she did sometimes infuriate me. She was always over-anxious- a bit hysterical at times. Basically, I think she had an insecure childhood, but I don't know a lot about that'. Explicit references to the tendency to modify one's mental state in order to reduce awareness of painful thoughts or feelings is also indicative of reflective function e.g. 'You do tend to blot out the memories that make you unhappy, I think'.

9.2.2. Explicit examination of behaviour in terms of underlying mental states

Moderate to high reflective function is apparent when speakers attempt to identify possible mental states which might account for behaviour, particularly when this leads to accurate or plausible conclusions. Attribution of a mental state may be accurate, as in the case of an attentive but panicking mother who had difficulty dealing with emergency or injury. Alternatively, acknowledgement that different perspectives may be taken of the same incident. 'My mother had a habit of slapping us if we were naughty, or when she thought we were naughty'. Similarly, an ability to take one's own mental state into account is an indication of reflective function; to see the possibility that the interpretation of an event might be distorted by feelings at the time and similarly, to see that the speaker's own mental state might have had an influence on the behaviour of others, like 'I think I was a very demanding child and my mother wasn't able to respond to that very well'.
9.2.3. Recognising developmental aspects of mental states

Explicit references to developmental aspects of mental states also provide convincing evidence of reflective functioning. These would reveal, for example, an understanding of the dynamics of family life and the influence of the mental states of one generation on another. References might also be made to the possibility of changes in mental states with acknowledgement of a clear distinction between the thinking of children and their later adult perspectives. Evidence for reflective functioning has to be based on explicit references to specific family events or relationships. More generalised statements about intergenerational exchanges- ideas, indeed, which are basic both to attachment theory and to the approaches rooted in psychoanalysis- would not count as reflective if the transmission of attitudes or beliefs was merely implied by the acceptance of such theories e.g. "I think I’m a lot like my father. He’s fiery and I can be fiery too. I look like him as well".

Another strong indicator of reflective function is found in the capacity to envisage mental states. This can relate to comparisons of past present and future states of mind, e.g. ‘At the moment I just want my baby to be happy and healthy but I know, once he’s born I’ll be wanting him to be Prime Minister’. Alternatively, a subject may attempt to reconstruct past parent-child relationships in order, retrospectively, to add understanding, or to explain past unfortunate outcomes.

9.2.4. Mental states in relation to the interviewer

A speaker’s consideration for the listener, or the lack of it, is also a good guide to reflective function. Subjects who keep the interviewer in mind as they describe their histories seem to keep track of the interviewer’s mental state by checking, for instance, whether a complicated set of relationships has been accurately followed. Evidence of a wish to be collaborative in the interview task may also be expressed by the speaker’s stepping out of the narrative to clarify or to enquire, e.g. 'Is this the kind of thing you
want?' 'Have I got off the question?' Sometimes, there may be evidence of attunement to the interviewer when the subject feels their story to be disturbing, and reflective subjects may pause to acknowledge this, e.g. 'I wish I had a nicer story to tell'. Lack of consideration for the speaker, reflected in interruptions of speech, was also noted as an indication of weak capacities for reflective function and the results of a count of these is reported in the Results section.

9.2.5. Impoverished reflective functioning

Without implying a clear typology of reflective functioning, it has been observed that the absence of reflective functioning is accompanied by distinct, readily classifiable patterns of response. These may be viewed as either 1) different specific interferences with reflective functioning, comparable with choice of psychological defence or 2) related to an underlying stable but disordered personality or psychiatric condition which is exposed when reflective function is absent. In the former case, it may be hypothesised that certain individuals may adopt a number of different ways to avoid mentalisation and the interviewee may become overtly defensive. In the latter case, although a degree of self-serving distortion is usually to be found in most narratives, more extreme forms of exaggeration have to do with marked egocentricity of recollections, self-aggrandisement or arrogance, enhancing self-esteem at the cost of greatly reduced reflective function. Such features may relate more to personality functioning and patterns of attachment than to reflective function per se but do reflect impoverished capacity for reflection and mentalisation. Absent or low levels of reflective functioning in response to questions requiring reflection upon and evaluation of personal attachment experience, presents a phenomenon worthy of closer research scrutiny.

The Manual for Reflective Functioning lists sub-types for all low ratings (1 to 3) of narrative passages. Some subjects become overtly defensive when pressed to reflect on their relationships, rejecting reflective functioning. The response, for example, to the
question about why their parents might have behaved as they did, might be the reply
"Because that is how they were." or "You tell me. You are the psychologist.". Denial of
reflective functioning is similar to rejection in the brevity and sparseness of responses
but passively and evasively resorts to lack of memory. Less usual are instances of
reflective functioning which are difficult for the interviewer to follow because of their
unintegrated, bizarre or inappropriate content. This seems to result from failure to
elaborate adequately enough to achieve coherence or to the interference of irrelevant
thoughts.

More commonly, low reflective functioning is manifested in naive or simplistic views
expressed in superficial, predictable speech, marked by the use of social clichés. Such
interviews may still be rated secure with little indication of either loss of memory,
derogation, preoccupation or passivity. Capacities for appreciation of the mental states
of others is, at best, only partial. In contrast, some other subjects seem to be overly
analytical with what appears to be a compulsion to examine the mental states and
motivations of both the self and others. First impressions of the subject as
psychologically minded soon give way because of the unconvincing nature of the
reflections and their irrelevance to attachment experience.

9.3. REFLECTIVE FUNCTION SCORES

Scores for Reflective Function (RF) are assigned on a nine point scale. A score of 1
represents absence of reflective functioning and, as described above, implies disavowal
or marked self-serving distortion. Narrative quality is barren and characterised by
concreteness of thinking. Questionable or low RF is scored at point 3. Point 5 represents
a norm of ordinary understanding, not noticeably insightful but showing no signs of
disavowal, rejection of RF or bizarre ideation. This score is also assigned to interviews
which are inconsistent; sometimes rated higher than 5 but with some passages also at
times scoring lower. Interviews rated at 7 contain numerous statements indicating full reflective function with detailed accounts of thoughts and feelings and their implications for relationships. The rater’s impression is of a stable psychological model of the mind and an individual who characteristically, takes a reflective view of relationships. A score of 9 is accorded to exceptional reflective function such that the rater experiences a degree of ‘surprise’ at the depth and intricacy of the understanding conveyed. In the ordinary sample, no more than 10% of scored passages would be expected to receive this rating.

9.4. RESULTS

Across the whole sample, reflective function differed with security (table 9.1), with higher scores for secure individuals as reported by Fonagy (t = 5.663, df=56, p < .001) Mean and Standard Deviation for Reflective Function scores for autism and controls are given in table 9.2. In contrast to all the measures reported in this study, difference in the ratings for reflective function failed to reach significance between the groups. Although the mean reflective function was lower in the Autism group, neither the comparison between the three groups (F^55 = 2.44, p = 0.097), or between autism and controls overall (t=1.72, df=56, p=.091) reached significance. Graph 9.1 shows the overall distribution.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>24</td>
<td>4.35</td>
<td>1.80</td>
</tr>
<tr>
<td>Insecure</td>
<td>34</td>
<td>2.22</td>
<td>1.07</td>
</tr>
</tbody>
</table>

Table 9.1 Reflective function (Secure vs. Insecure)
Table 9.2 Reflective function by group.

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>27</td>
<td>2.69</td>
<td>1.49</td>
</tr>
<tr>
<td>Downs</td>
<td>16</td>
<td>3.88</td>
<td>2.31</td>
</tr>
<tr>
<td>Retts</td>
<td>15</td>
<td>3.03</td>
<td>1.32</td>
</tr>
<tr>
<td>Control</td>
<td>31</td>
<td>3.47</td>
<td>1.91</td>
</tr>
</tbody>
</table>

Graph 9.1 Means of reflective function scores

While the scale for reflective function did not differentiate the groups, conversational turn-taking which could be regarded as a factor in reflective function, did seem to identify a difference. Secure attachment involves greater sensitivity to the rules of conversation (Grice 1975). In this respect, marked variations observed among the interviewees in this study, prompted an inspection of these differences.
9.4.1. Interruptions of the interviewer's speech

A simple scale was envisaged to rate high and low interviewee interruption of the interviewer as an indicator of a capacity for the containment of impulsivity and an ability to wait. Transcriptions were scrutinised and a count made of subjects' interruptions of the interviewer while asking the standard AAI questions. The count was limited to the formal interview questions and did not include any additional prompt questions which may be used to elucidate areas of the interviewee's communication. It was not possible to rate all of the transcripts because of variations in the quality of transcription. Not all of the transcribers employed a sufficiently sophisticated notation to provide accurate records of interruption of speech.

Results of the count are shown in table 9.3, below. A striking result was that interruptions of the interviewer was either a marked characteristic of the transcript or it occurred rarely. The highest interruption score was 40.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>27</td>
<td>12.68</td>
<td>10.89</td>
</tr>
<tr>
<td>Downs</td>
<td>16</td>
<td>1.0</td>
<td>1.57</td>
</tr>
<tr>
<td>Retts</td>
<td>15</td>
<td>1.36</td>
<td>1.60</td>
</tr>
<tr>
<td>Control</td>
<td>31</td>
<td>1.18</td>
<td>1.56</td>
</tr>
</tbody>
</table>

Table 9.3 Number of interviewee interruptions of the interviewer.

Mothers of autistic children interrupted the interviewer much more than mothers in either of the control groups, with a mean of twelve interruptions during the course of the interview, compared to only one interruption by either of the control groups (table 9.3). This difference is significant ($F_{2,50} = 15.01$, $p < .001$) with Scheffe post hoc tests.
confirming that the difference \( p < 0.001 \) occurs between the autistic and both of the control groups, with no difference \( p = .992 \) between Downs and Retts groups.

![Graph 9.2. Mean interruptions](image)

Since it was not possible to rate all the transcriptions in relation to interruptions, this result is not reliable. However, the discovery that this was a characteristic that was either markedly present or almost absent in individuals increases disparities and suggests that the unevenness between the groups is systematic.

**9.5. DISCUSSION**

Although not reaching significance, a trend towards a difference in reflective function between the groups was found, comparable to that for Space and Violence and in line with the distribution of ratings for security. In the main, it was the difference between the Autism and Downs groups which accounted for this trend, with considerably less
difference between the Autism and Rett groups. This disparity between the control groups is somewhat perplexing but in the context of the smaller control sample numbers, it has to be noted that two of the Rett mothers had been exposed to high levels of violence in their childhood family experience and, furthermore, that both had been brought up in the Glasgow area where a majority of the autism group had grown up. This may have introduced a confounding factor which should be excluded in a further study. In addition, there was a loquacious Rett group subject who was atypical in her markedly rambling conversation. She also used religious beliefs to manage considerable thought confusion and received an E classification.

The attachment system, in which notable differences have been found between autism and control groups, is intimately linked with the processes of representational ‘mapping’ (Rogers & Pennington 1991) and the development of the reflective function of the self. There is general agreement that the self exists only in the context of the other and that it is it likely to evolve from the aggregation of self-other relationship experiences. Both psychoanalytic (object relations) and attachment theorists agree that early, repeated aspects of self-other relationship experience gives rise to an internalised abstraction of relationship experience conceptualised as a working model (Bowlby 1980) or an ‘internal object’ (Kernberg 1982, Winnicott, 1965).

The question of transmission of attachment security and of how representations of attachment might influence a parent’s behaviour with a child, has stimulated considerable research interest. A comprehensive meta-analysis on the predictive validity of the Adult Attachment Interview by Van Ijzendoorn identified a “transmission gap” insofar as observations of the sensitivity of the caregiver did not match the shared variability of AAI narratives and SSn (Strange Situation) classification (Van Ijzendoorn 1995). Other studies of the AAI- SSn association, where the sensitivity of caregiver-infant interaction was concurrently measured, yielded negative or inconclusive results (Ward & Carlson 1995). Fonagy has suggested that the generic quality of the construct
of sensitivity make its measurement problematical (Fonagy et al 1995, Fonagy & Target 1997). Indeterminacy in the construct of reflective function may also have to be considered in relation to the inconclusiveness of this result, since the factors involved in reflective function are inexactly determined.

The construct of reflective function defined by Fonagy involves both self-reflective and interpersonal components. It is the function which is considered to provide the individual with a capacity to distinguish inner from outer reality, intra-personal mental and emotional processes from inter-personal communications. In short, reflective function would seem to come close to Bion's concept of alpha function, an abstraction which corresponds to a number of factors, including ego function, involved in the capacity to convert sensory impressions into the alpha elements (the visual images, auditory and olfactory patterns) which are suited to dream thought, unconscious waking thinking, memory and the 'contact barrier' responsible for the preservation of the distinction between conscious and unconscious (Bion 1962). The abstraction 'alpha function' is employed as an unknown until evidence of its factors are revealed. Reflective function, assuming a degree of rationality may not easily discriminate between mature, constricted, pseudo- or omnipotent thinking.

Rooted in Dennett's philosophical proposal that the intentional strategy, or adopting an intentional stance is the best way of predicting human behaviour, the notion of reflective function is considered to have an organising mental function which assumes intentionality and orders the representations of the behaviours and experiences of self and other in terms of mental state constructs. Dennett sees the human being as an intentional system but in this, has to assume a degree of rationality and specifically "that people believe no contradictory pairs of beliefs" (Dennett 1987). The psychoanalytic theory of splitting indicates that people have a capacity to do precisely that and much psychoanalytic clinical time is spent in bringing that state of affairs to the attention of patients. That people are unconscious of this truth makes it no less real and explains
why restorations of alpha function (and probably reflective function) in the course of psychoanalytic treatment is inevitably a disturbing experience.

9.5.1. Reflective function and containment

Secure attachment is based on the development of understanding of affect in the self and in the other and this ability is a factor in the development of reflective function. It requires the mother to be sufficiently in emotional tune with her infant to ensure that the infant’s capacity for understanding is not undermined by overwhelming emotion. In this respect, reflective function has much in common with Bion’s notion of emotional containment. Containment is a dynamic concept referring to the relationship between the container, and the contained which, applied to the personal relationship between mother and infant leads to personality growth when the mother can contain an infant’s projection of distress sufficiently for the infant to reintroject its own feelings, in moderated form. In this way, the infant’s psyche is restored to full functioning. Studies of attachment relationships confirm that secure attachment is also associated with the indicators of emotional and intellectual growth (Moss et al 1995) but there are a number of different theories concerning the nature and origins of reflective function.

Modularity theorists postulate an innate mechanism for theory of mind and mentalisation, akin to that proposed by Chomsky for the acquisition of a knowledge of syntax (Baron-Cohen & Swettenham 1996). Others assume that the child evolves a scientific theory-like network of interdependent propositions about the mind, on the basis of experience (Botterill 1996, Gopnik 1996). An alternative view is that mentalisation is acquired through a capacity to simulate the mental state of the other by inference (Harris 1992). Fonagy, focussing on pre reflective experience and its transformation into reflective understanding, comes closest to Bion’s concept of containment (Fonagy & Target 1997) by giving central importance to the child’s emotional relationship with attachment figures. Fonagy suggests that the sense and
meaning of affect develops out of integrations of the representations of affect in self and
other. This remains somewhat different from Bion’s view of the generation of psychic
functioning which focuses on the child’s capacity to integrate intellectual
understandings and emotional apperceptions of reality in an internal ‘combustion’ which
sets psychic growth in train. When this fails, a psychotic potential results from the
bifurcation of emotional and intellectual development.

Reflective function is based on the notion of learning from experience but differs in its
parameters from Bion’s alpha function in that presumptions are made about the nature
of the inter-personal experience; that it is predominantly rational and intentional. This
then preempts understanding of the avenues and directions of communication. When the
mother’s ‘mirroring’ of affect is sufficiently attuned to moderate the anxiety
experienced by the infant, the processes of its self-organisation are facilitated. Failure to
find a containing and appropriately mirroring object is recognised as having serious
implications for self development. Two forms of care-taker failure to promote self-
organisation are envisaged: the mother’s mirroring may either be too close to the
infant’s experience or too remote. An anxious mother’s pressing preoccupations may
contaminate and escalate anxiety in the infant or she may be rendered too anxious to be
able to be available to the infant, allowing its anxiety to increase exponentially. That
secure attachment is the outcome of successful containment is agreed in relation to both
alpha function and reflective function. Fonagy and Target suggest that insecure
attachment may be the result of identification with the defensive behaviour of an
uncontaining caregiver (Fonagy & Target 1997).

In considering reflective function in relation to development, they adopt as a conceptual
framework the “dynamic skills theory” of Fischer and Farrer (1987). Development is
understood as the elaboration of increasingly complex control systems and they see
reflective function as one such control system, critical to the organisation of the self.
Within this framework, development proceeds from “fractionation “ to integration and
involves the coordination of earlier, separate skills to form more complex and sophisticated systems. This implies that abnormalities of reflective function are not seen as arrests or regressions but that pathologies in reflective function, developed as an adaptation to inadequate containment, would, in future contexts, continue with increased complexity and difficulty rather than return to appropriate adaptation.

This theory concurs in part with Bion's psychoanalytic view of psychotic processes. He saw fragmentation of the inchoate psyche as the result of 'excessive' projective identification, but Bion's theory differs in its prediction that such development as remains possible, follows a quite different pathway from the psyche that has not suffered fragmentation because the processes of introjection have been overwhelmed by the processes of projection. This explains why the demands of physiological developments in adolescence with the need for further integrations, frequently precipitates psychotic breakdown in individuals with a childhood history of very tentative emotional growth, dominated by projective identification.

9.6. CONCLUSION

In this study, reflective function did not differentiate autism and control groups significantly although they were strongly differentiated with respect to secure attachment which has been found to be closely associated with reflective function. A trend towards a difference in reflective function between the Autism and Downs groups consistent with their classifications for security of attachment was noted but this did not reach statistical significance. One explanation is the possibility of a confounding factor associated with the presence of three atypical subjects in the Rett group, but it has also been suggested that the factors involved in reflective function are as yet insufficiently clear to be able to interpret this result. Reflective function is associated with security of
attachment but may not be reflecting equally well, qualitative differences in thinking arising from conscious and unconscious factors.

A count of subject interruptions of the interviewer revealed other indications of unevenness between the groups which could be related to a specific aspect of reflective function. From this unsophisticated count it was also noted that the tendency to interruption of the speaker was not a characteristic spread across the sample. Interrupting was either marked in an individual or it rarely occurred at all. That this characteristic should, however, appear predominantly in the autism group is consistent with the predominance of the E classification (entanglement) in this group, but as a highly significant distinguishing feature of the interview, this phenomenon should be investigated in future research studies.
CHAPTER TEN

DISCUSSION, IMPLICATIONS AND FUTURE DIRECTIONS
10 DISCUSSION, CONCLUSIONS AND FURTHER DIRECTIONS

This thesis has described the methodology and results of a comparative study of maternal attachment in mothers with a learning impaired child. Three such groups are compared; mothers having a child with autism, Down's syndrome or Rett's syndrome. This chapter has three main sections. The first summarises the results reported in chapters 5 to 9. Notable themes emerging from the subjects' discourse analyses are identified and related to the difficulties associated with parenting an autistic child. In the second section, the concept of attachment is re-examined and the preoccupied/entangled attachment classification found, in this study, to be prevalent among mothers with an autistic child is discussed in relation to its implications for mother-child interactions. Thirdly, the specific deficits found in children with autism are related to disruption of attention at the level of inter-modal coordination and the possibility that the risk of this is increased when the mother has a preoccupied model of attachment. Directionality of effect is also discussed and it is suggested that some psychoanalytic conceptualisations of the genesis of thinking might prove helpful in generating new hypotheses in the investigation of autism.

10.1 RESUME

Chapters 5 and 6 reported the results of the analysis and classification of the Adult Attachment Interview transcriptions, in accordance with the methodology of George, Kaplan & Main (1996). In relation to autism, the classification of mothers' Adult Attachment status has become of particular interest since the discovery of a high level of covariance between the classifications of mothers' states of mind with respect to attachment, and ratings of their children's interactive behaviour (Ainsworth et al 1978, Grossmann et al 1988, Fonagy et al 1991). An overall finding in this comparative study of the adult attachment relationships of mothers with a learning impaired child, is that
there is a significant difference with respect to security, between the attachment classifications of mothers of children with autism and the attachment classifications of mothers of children with Down's or Rett's syndrome. This difference has been underlined by ratings derived from three other measures: the Space Scale, and Violence Scale reported in chapters 7 and 8 respectively and by a count of Violations of Grice's Cooperative principle of conversation, in interruptions of the interviewer which are reported as an addendum to the Reflective Function results presented in chapter 9. Differences on the Reflective Function Scale \textit{per se}, had a similar directional tendency but did not quite reach statistical significance.

These results confirm the hypothesis that the maternal attachment models of mothers with an autistic child are more disorganised or impaired (not technically 'disorganised' as the term is used in AAI classifications) than those of control mothers. This study shows that the mothers with an autistic child differed systematically from the mothers of Down's and Rett's syndrome children in being more likely to be entangled with past relationships, more likely to have been exposed to violence-related experiences and their discourses were more frequently preoccupied with thoughts and feelings concerning space. In addition, the autism group was much more likely than the control groups to contain individuals who preempt questions or otherwise interrupt the speech of the interviewer. These results are consistent also with the informal observational data reported in chapter 3 and with the incidence of 'complementary' rather than 'concordant' forms of countertransference phenomena described in chapter 4.

\textbf{10.2 DISCUSSION}

The findings of this study will first be examined to take account of any points of possible weakness in the methodology. Next, the concept of attachment is reviewed as a prelude to discussing causal directions in relation to the disturbances of parent-child
interaction. The nature of the autistic child's deficits are then related to some of the attachment characteristics found in this study to be associated with their mothers.

10.2.1 Methodology

Subjects involved in this study were drawn from widely scattered regions of Scotland and England and this related to the availability of subjects. The project began with index subjects from the London area but in also taking advantage of professional contact with The Scottish Centre for Autism at Yorkhill Hospital, Glasgow, it was felt to be prudent to obtain a number of Scottish controls. Recruitment of subjects for research grows more difficult as the pace of life increases and time is at a premium for mothers, many of whom are employed outside the home as well as having to manage children and family life. To be available for an interview of an hour often meant having to give three or more hours if travel time were to be included. A related difficulty arose in the apparently greater willingness of mothers living in country areas to participate in research than mothers living in cities.

As reported in chapter 2, more than half of the autism group were Scots whereas, among the controls, more than half were English. A very small number of non-European subjects who had been resident in Britain for more than fifteen years, were represented in the autism and Rett's syndrome group but none of the mothers in the Down's group was non-British. Whether there are national differences between Scots and English in relation to attachment characteristics is unlikely although Home Office national statistics suggest that there is some evidence of health and socio-economic differences between Scots and English families and this is a factor which should be excluded in a further study.

In addition, it was noted that the majority of the Down's syndrome group came from areas in the South East of England, which is generally regarded as the most affluent area
of Britain. There was no evidence of income unevenness across the samples but the information was recorded in terms of income bands and this could possibly have concealed more marked differences at the upper income levels. For example, it is conceivable that ‘over £20,000’ might mean £30,000 in Scotland but £60,000 or more in South East England. Although it is not clear that such differences would contribute in any way to attachment status, a future study should exclude these factors by closer geographical matching of autism and control groups and the use of more discriminating income bands.

Sex differences between the groups were unavoidable. Very few girls with autism could be located even at the lowest male: female ratio of 4:1 (vide chapter 2.2.2.). Three girls were attending the Scottish Centre for Autism during the time of interviewing; the mother of one declined to participate in the study. Since then, only one other girl has been brought to the Centre. There were no girls in the London cohort. This imbalance could be overcome in a future study if it were possible to select more controls from mothers with a Down syndrome boy.

10.2.2 The Concept of Attachment.

Attachment theory, built upon the observations and insights of John Bowlby and so effectively supported by the research findings of Mary Ainsworth, has continued to evolve in the light of new research discoveries. Its success in producing so much creative research on the effects of early childhood relationships and experiences has been a vindication of the original ideas and concepts for which Bowlby had come under severe and bitter criticism from his psychoanalytic colleagues. It is all the more ironic today, that attachment research should now be seen to provide a source of empirical support for psychoanalytic theory. One consequence of that long-running schism has been that the central concept of attachment has rarely been examined in relation to psychoanalytic theories of personal relationships.
In his emphasis on maternal proximity-seeking behaviour, Bowlby was understood to be giving primary significance to the external aspects of relationship, despite his frequent references to the child’s need for a ‘secure base’. His ‘secure’ base might be likened to Mahler’s notion of ‘emotional refuelling’ which she saw as characterising the behaviour typical of the practising sub-phase of the separation-individuation stage of development. However, Bowlby’s ‘secure base’ seems never to have been expounded sufficiently in terms of internal subjective needs and experience for it to be even halfway acceptable as a psychoanalytic theory of motivation. Bowlby’s theory was seen to be concerned with the external world and it was to take Sandler’s shift of emphasis to safety and the child’s innate need to maintain a sense of safety (Sandler 1985) to bring aspects of attachment theory into the orbit of psychoanalytic theory. “Sandler’s safety concept has reoriented the psychoanalytic theory of motivation” (Fonagy 1999). At the same time, Sandler’s ego-psychological model of the self-other representational world, rooted in the early mother-infant interaction, is almost indistinguishable from Bowlby’s notion of an Internal Working Model (Sandler & Sandler 1978).

Differences between psychoanalysts and attachment theorists centre on the issue of individuation and identity and on the relative significance placed on inter-personal relationships as a component in the attainment of self-identity. While the primary focus of ego-psychology is on the individual rather than the relationship, with attachment playing a facilitating role, attachment theorists increasingly stress the attachment relationship as the source not only of emotional security but of emotion regulation, without which the coherent organisation of intra-psychic as well as inter-personal life is at risk. Psychoanalysts of different persuasions, notably object relations theorists, see experience in the first year of life as a crucial determinant of later development and in this the psychoanalytic view is consistent with that of attachment theory. While Klein stressed the importance of phantasy and internal constitutional conflicts, Bowlby emphasised experience and parent-child relationships. Since the Internal Working Model is not a fixed representation of attachment relationships insofar as it is capable of
change and probably not singular, it can be likened to the Kleinian concept of internal objects with their phantasied internal relationships. The projective/introjective processes of Kleinian theory are influential in determining the quality of a relationship but how this might be related to the processes of attachment is a complex issue.

To some extent, the post Kleinian ideas of Wilfred Bion are more relevant to the task of reconciling psychoanalytic and attachment theories, moving the focus from concerns about the relative importance of inter- and intra-personal factors to a closer analysis of the nature of the link between objects considered to be in relationship. The most significant and fundamental objective for the individual, in Bion’s view, is the achievement of a sense of reality and this comes essentially from the ‘digestion’ of emotional experience which is inseparable from relationship. Failure to use emotional experience from which to learn about life and relationship leads to psychotic deterioration and what he describes as “death of the personality”. Learning from a relationship, the first being that of the baby with its mother, is represented in terms of the relationship between a container and that which it contains. The relationship between a mother and her baby are seen optimally as containing when a mother is able to soothe fear and distress in a restorative way. Other outcomes are possible and Bion delineates three qualitatively different forms of container-contained relationship: parasitic, symbiotic and commensal. The commensal relationship is that described above in which two objects are engaged to create a third (growth) which is advantageous to both. By symbiotic, he means a relationship in which one depends on another to mutual advantage. In the parasitic relationship, one is dependent on another to produce something which is destructive of all three. These relationship differences are somewhat analogous with Mahler’s developmental phases, but Bion uses the terms to apply more to intra-psychic unconscious modes of relating.

Since all three of these relationship modes are included in the concept of ‘attachment’, Bion’s analysis of the unconscious aspects of relationship introduces a further avenue
for the exploration of those areas of attachment classification that remain to be clarified. AAI sub-category status is not yet as stable over time nor as closely fitting to infant categories as the major categories. Areas where it might be helpful to consider concepts like symbiosis and parasitism as organisational constructs, are those that include unexplained correlates (as in Ds4), very mixed characteristics (as in the preoccupied E classifications) and the domain of contradictory characteristics which are presently classified CC (cannot classify).

The characteristics of symbiotic and parasitic forms of relationship are relevant also to the question of causal direction in disturbances of parent-child relationship. In a Strange Situation study of autistic children, each of them displayed disorganised behaviour but, equally, some 40% were sub-classified secure (Capps et al 1994). The authors conclude that this provides evidence to counter notions, based on theory of mind or mentalisation, that autistic children are unable to form attachment relationships. These mixed findings are interesting but might be more easily understood in terms of qualitatively different forms of attachment relationship. Whilst the autistic children were seen to make some contacts with their mothers, the researchers also noted the limitations of this; it is unlikely, therefore, that the attachment behaviour of these autistic children, classified as 'secure' could be designated 'commensal' in the way that might be expected of the relationship behaviour of the primarily secure child. This is to say that intermittent or partial inter-personal contact or attention, may not be adequate as criteria of security. The parasitic relationship also requires 'attachment' but its quality is concrete, as a parasite to its host.

It is important to stress here, that the insecure attachment strategies (whether symbiotic or parasitic) do represent evidence of a continuing struggle to maintain attachment at some level, but the objective, reduced to one of survival, may have become concrete and limited largely to external life. “Without protection from predators, feeding is not necessary and learning cannot take place” (Cassidy 1999). By 1982, in his revision of
the first volume of his trilogy, Bowlby was able to quote the advances in evolutionary theory to give further support to his contention that genetic selection favoured attachment behaviour. It now seemed that attachment also favoured preservation of the genes in relation to 'reproductive fitness' (Simpson 1999). In the "environment of evolutionary adaptiveness" (Bowlby 1969), an unattached infant was exposing to danger, not only its own survival but the survival of the genes it carried. That genetic transmission is now understood to be the ultimate objective of an organism, gives even deeper significance to the role of attachment, in the implication that fundamental evolutionary drives are being expedited. The genetic argument is complicated by the evidence that not all children of the same parent have the same attachment patterns, a critical finding in relation to the investigation of the attachment disturbances found in autism and one which was articulated by one mother in the present study: "If it was me, why aren't my other two boys autistic?"

10.2.3 Directionality of stress in relation to autism

The question of causal direction has been investigated in a number of studies of parenting stress but researchers remain in disagreement. Many studies have linked the characteristics of parenting behaviour as well as care-giver mental health with disturbances in the behaviour of the child. (Befera & Barkley 1985, Barkley et al 1991, Hibbs et al 1991) but while some researchers see the parent as the source of conflict, others see the relationship disturbance as emanating from the child's pathology (Hoppes & Harris 1990, Woodward 1998, Watson 1998). One study which set out to grasp the thorny issue of causal direction, looked at two settings where the experience of stress could be assumed to come from opposite sources i.e. child abuse and hyperactivity. Mash & Johnston (1990) concluded that maternal ways of thinking about and understanding the child's behaviour ('maternal cognitions') mediated the stress engendered and they drew attention to the "on-going dialogue" of the parent-child interaction as a dynamic model of cognition involving affect, interaction and reciprocal
modifications. This suggests that the quality of maternal perception of the child is significant to cognition, so that this ‘dynamic’ theory of cognition begins to converge with the theory underlying the phenomena of attachment and even, to some extent, approaching what is propounded in Bion’s theory of alpha function (see 10.2). This empirically derived notion that ‘maternal cognitions’ play a significant part in determining child behavioural outcome, returns the understanding of parent-child interactional disturbance to the arena of concepts like bonding, attunement and attachment.

Attachment research has confirmed the theory that an individual’s ‘internal working model’ of attachment is determined by the cumulative experiences of childhood and that the models laid down in the early years of life are largely stable throughout life. Insecure attachment represents a continuing though inadequate attempt to organise behaviour suited to achieving personal attachments and emotional contact and as such, contrasts starkly with the forms of disorganised and disoriented behaviour manifested by some children in which the objectives of attachment seem to have been lost or abandoned. Aimless, contradictory or ‘frozen’ behaviour shown in the Strange Situation by disorganised/disoriented children in the presence of their mothers, has similarities with the behaviour of many autistic children. Behaviour of this kind is familiar to parents and clinicians alike but remains difficult to study and understand, not least because the autistic child is not confined to abnormal behaviour, often capable of presenting an appearance of normality.

10.2.4 The mother’s stress and suffering

The results of the present study, suggesting that mothers of autistic children are predominantly insecure and preoccupied in their attachment representations, implies that they are themselves engaged in on-going, if less than satisfactory, attempts at bridging relationship gaps and in the case of relationships with an autistic child, the effort
engenders considerable maternal frustration (chapter 3.5.1). Attachment classification is based on past attachment experience and takes account of experiences of trauma and loss. It could be argued that the experience of having an autistic child is traumatic for the mother but the transcripts of mothers in the autism group were rarely classified U (unresolved in respect of trauma or loss). Since their preoccupation status is based on discourse relating to past experience, it is unlikely that experiences with the autistic child contribute to the classification.

The insecure and preoccupied patterns of attachment, prevalent in this study among mothers with an autistic child indicate maternal attachment strategies which contrast with the characteristic indifference of the child and which are poorly suited to counter it. It is the emotional deadness, experienced in the absence of empathic feeling, absence of attention to people and indifference to the feeling states of others (Sigman et al 1992) which breeds despair in the mothers and carers of children with autism. Individuals classified as preoccupied and entangled (E category) are confused, passive and vague or angry and resentful. Overly preoccupied by past family relationships or by past experiences, this leaves them with a weak and confused sense of personal identity. It seems that mothers with very real attachment and emotional containment difficulties of their own are faced with children who make overwhelming demands of their weak capacities. The autistic child seems to assault the very existence of containment, rejecting 'psychical activity' (Freud 1900) and any generative drive to 'know psychic qualities' (Bion 1962). High levels of rejection are met with high levels of passivity and the casualty is psychic development.

Whatever the contributory factors in this seeming abandonment of psychic activity, it is the resulting deadness and emptiness which distresses mothers. In contrast with pathology of the psyche which does at least involve the domain of the psyche, the autistic individual survives largely at physical and sensory levels of organisation, keeping out of reach of emotional contact. The struggle of the mothers of autistic
children to maintain attachment carries, at the same time, the interests of both genetic and psychic survival, and psychic survival in itself is likely to have significance for future genetic adaptation. The unattached autistic child is not now in danger from predators, but absence of attachment means still that learning does not take place and even feeding, in some cases, is jeopardised when this instinctual drive is also perverted.

Failure to achieve sufficient security of attachment to a maternal object, is revealed in disorganised, self-endangering, sometimes bizarre behaviour and the ultimate manifestation of attachment failure is to be seen in the mindless and detached behaviour of autistic individuals who appear to have become disjoined from innate proximity-seeking objectives. For mothers, this is experienced most directly in the absence of affect and it was indifference which was cited at interview as causing them deepest hurt and concern. The solitude of autism means not only the exposure of the child in relation to survival but seriously forestalls the internal mental organisation of the self and the development of an internal world which, like attachment, is based on a relationship model. Without relationship, (a ‘container-contained’ relationship), the disjoined mother and child are both denuded of the emotional experience from which they might each benefit and grow. Instead, vitality is diminished and rather than growth, development moves "in the direction of inanition" (Bion 1962).

The impact on the mothers of this disjoining of relationship, may be related to their heightened anxiety, turning from engagement with the child towards active pursuit of treatments for the child’s impairment (chapter 1.5.1.) unlike the mothers of children with Down’s or Rett’s syndrome. Whether or not there is conscious or unconscious awareness of it, Bion’s theory of regression to inanition in circumstances of disjunction of relationship contains a threat to the mother’s psychic liveliness. In Vygotsky’s terms, the outcome of the ‘collision’ of mature and primitive cultural forms of behaviour inherent in the mother-infant encounter (Vygotsky 1981, cited in McArthur & Adamson 1996), cannot be taken for granted. That the mothers of autistic children appear in this
study to have insecure models of attachment, suggests that, whatever the predisposing factors, they are not well equipped mentally, to contain so great an assault on their capacities for containment as the relegation or rejection of object-or container-seeking behaviour, which is the prime characteristic of the autistic child. The frustrations of the thwarted maternal container, together with concern for the well being of the child, heightens maternal anxiety so that her containing function is destroyed with the result that the container-contained potential of the mother-child relationship becomes a conjunction of two sets of that which has to be contained. The mother is stimulated to becomes more anxious, more active and indefatigable in her efforts to penetrate the child and the possibility of containment is diminished not increased, thereby. This outcome is not to say that the mother uses the child as a container of her own anxiety, as some have suggested. (Reid 1998) but that the regressive force of the child’s attraction towards inanition has to be defensively and powerfully withstood by the mother who feels that her own sanity is under threat.

There is some evidence in the narratives to support this analysis of the mother-child-relationship. Mothers of autistic children tended to emphasise their personal strengths, some even claiming to have gained in confidence as a result of having had to take responsibility for an autistic child (chapter 3.7.2.). In addition, their identification with paternal characteristics, differentiated them significantly from the control subjects. One possible effect of the autistic child’s inaccessibility, might be to provide an area of relief from the vagueness and passivity of personal entanglement in the clear-sighted mission to resolve the child’s predicament, but this entails a shift in identification from container-contained to the fantasised completeness of phallic omnipotence; a tower of strength, needed by the child to fight for his needs whilst needing aaand seeking nothing for herself.

A strong but subtly negative pressure from the child may also be inferred from studies of the joint attention behaviour of autistic children. Several studies have confirmed the
joint attention deficit present in children with autism (chapter 1.2.3.). Kasari et al (1990) used video-tapes of some of the ‘joint attention’ experiments to rate expressions of affect towards the experimenter. The perverse undercurrent in the autistic child’s inter-subjective behaviour was made visible in the evidence that for autistic children, affect sharing decreased in the very circumstances which produced an increase of joint attention in normal children, who were pleased and responsive to active attention from an adult.

Naturalistic studies of children’s affect-sharing have also demonstrated marked differences in the inter-personal coordination of affects. While there was little difference between autistic and normal children in the frequency or duration of gaze at the mother’s face or even in the frequency and duration of smiles in face-to-face interactions, autistic children were far less likely than normal children to combine smiling with eye-contact in a single act, seeming to convey intent to communicate feeling.(Snow et al 1987, Dawson et al 1990). The combined experimental evidence from studies of inter-subjective linking, affect-and attention-sharing, provides abundant evidence that the autistic child is extremely guarded in relation to affective interaction with others. An already insecure mother feels more threatened. The words of one mother in the autism group, in tears thinking about her fears that autism might overtake her younger child too, confided her dearest wish for her children’s future, “I wish ... they could all be sane. Yes, that’s the most important, sane”.

10.2.5 The child’s stress and suffering

Accretions of secure or insecure attachment experience which contribute to the ultimate internal working model of attachment, are rooted in the relationship with the primary maternal object and represent, therefore, the infant’s perceptual organisations of a relationship in space with a live maternal object. This requires the attention of the infant and consciousness of another personality is considerably more exacting than
consciousness of inanimate objects. It demands at the very least, coordination of visual and auditory attention to the object, but in circumstances where the maternal object is preoccupied, passive, confused or resentful in relation to other past attachment experiences, it is appropriate to consider what this might mean from the point of view of an infant.

A factor of immediate relevance to infant development is that a preoccupied mother will have difficulties with attunement and emotional containment. Infant-mother attunement is essential not only for inter-personal sharing and learning but for intra-personal learning as well. The internal as well as external sense impressions of the infant have to be garnered into conscious awareness. It is the mother’s containment of the infant’s feeling which promotes emotional containment in the child and allows for the comprehension of its sensory impressions. Without such containment, the infant is at the mercy of the “unimaginable storms” of rage and fear which threaten psychic survival (Yeats, cited in Jackson & Williams 1994). Emotional storms that cannot be psychically contained by a preoccupied mother, with little containment reserves of her own, remain unmoderated and literally for the infant, become unimaginable. Absence of imagination is one of the principle deficits featured in Wing’s diagnostic ‘triad of deficits’ in the child with autism. Without maternal imaging of an infant’s primitive feeling, bodily and/or sensory impressions remain psychically untransformed. Unbounded by ‘image’-ination, comprehension is not attainable and incomprehension reigns. For the autistic child, it remains, essentially, an unpeopled unpredictable world, as far as human motivation and intention are concerned.

An example has already been quoted of a mother who successfully stopped the mouth of her two week old baby from uttering a sound, for the duration of the interview. The baby had to conform to mother’s requirements in a way which might render meaningless its rudimentary attempts to explore its human environment. In this case, the interviewer was treated in a similar way when kept waiting at the outer entrance gate of the housing
compound because the guard could not reach the subject, whose telephone was continuously engaged. He, too, experienced and expressed his incomprehension, wondering how she could know of the appointment time and be unmindful of it for so long. In turn, because military security was involved, there was a risk of the interviewer’s beginning to feel she might be under suspicion!

This mother had used a pacifier to quieten her baby; another used ice-cream to keep her child quiet. Neither could be considered to be well attuned to the needs of their babies although both were highly skilled at controlling them. In the case of the very young baby, he escaped the controlling environment by retreating into sleep. His autistic brother, on the other hand, had become too aggressive and uncontrolled to remain at home. Despite this, mother continued to be in constant conflict with the residential school, seeking then to control and direct their management of the boy.

These examples illustrate, by their absence, the subtlety of the qualities of sensitivity inherent in the empathic attention of ordinary mothers to their babies. Such are the qualities identified by psychoanalysts, developmental and attachment psychologists alike, as crucial to sound emotional and intellectual development (Winnicott 1956, Bruner 1968, Bion 1962 Belsky 1984, Stern 1985). Maternal preoccupation or ‘reverie’, which is an essential factor in maternal attunement becomes problematical when mothers are already internally preoccupied. There is evidence too from observations in both clinical and experimental settings that autistic children, themselves, universally display a lack of attunement to the feelings of others (Sigman et al 1992).

Attunement requires the listening as well as the watching attention of the mother, for the infant’s communications to be taken in and transformed by being contained for a time in the mother’s mind in the manner outlined by Klein and Bion. The mother’s containing function in this respect is not only a matter of responding appropriately to overt expressions of feeling but extends also to a capacity to provide emotional space; to
await emotional expression. Of the characteristics associated with mothers of autistic children in this study, capacities for listening and waiting were not conspicuous. Interruption of the interviewer also occurred more often among these mothers as did long involved dialogue, sometimes vague, confused or incoherent, sometimes wandering into irrelevancies and at other times becoming lost in angry resentful accounts of the failings of parents. Such speakers (E2 category) also attempt to elicit the agreement of the interviewer as if the veracity of their claims could not be doubted. They also tended to engage in ‘mind-reading’, claiming to know more about the feelings, motives and intentions of parents than the parents themselves. E.g. “Oh, I can read him like a book. See, I’m away ahead of him. I know exactly what he’s all about.” Similar beliefs can be expressed in relation to autistic children by some mothers, adamant that they know best what the child needs.

In this study, mothers of autistic children were also more likely than either of the control groups to voice concerns about restriction of personal space and this was frequently associated with family backgrounds in which violent relationships were a feature. The metaphor of space is commonly used to express thoughts about the quality of relationships, frequently referred to in terms of closeness, distance, enclosures or gulfs. Throughout the AAI transcripts, references to space usually appeared in reflections about the value of independence and freedom of thought, whether present or absent in the subject’s current life situation. In the context of mother-infant interaction, a mother having difficulty in perceiving her baby’s need for ‘mental’ space, may, at the same time, be highly attentive and care-taking in relation to physical requirements; requirements which she, herself, may not easily differentiate from emotional needs. The concept of mental space and its significance is difficult to define or demonstrate in relation to early mother-infant interaction although the examples given above in relation to attunement, indicate the centrality of empathic communication. In the clinical setting, however, feelings about mental space can be rendered starkly concrete when the highly preoccupied patient protests in panic that she is too full of her own thoughts and
anxieties to be capable of attending to new thoughts presented by the therapist (Spensley 1989).

10.2.6 Summary

The concept of empathy implies a certain mental space and separatedness of individual identity, within which to permit the thoughts and feelings of another and this quality has to be clearly distinguished from intrusive preemption of wishes or needs as in the ice-cream incident. Clinically, the borderline patient with little sense of separate personal identity, manifests ambivalent clinging relationships which have been aptly described as ‘adhesive’ (Bick 1968, Meltzer et al 1975); expressed in other theoretical terminology, a ‘parasitic’ relationship or an entangled, preoccupied attachment. Both in experimental and clinical research, links are steadily being established between confused, neglectful or abusive parenting and confused, abusive or destructive child behaviours (Sanson et al 1993, Woodward 1998, Alvarez 1992, Alvarez & Reid 1999). While many of the features of hyperactive or psychotically disturbed behaviour may be shared by some children with autism, characteristics remain which significantly distinguish autism from psychotic fusion and confusion; notably, the aloofness and aloneness of the child with autism and the absence of motivation to relate and communicate with others. Together with the absence of imagination and imaginative play among autistic children, this would suggest a very different developmental trajectory from that already associated with E type parenting (Benoit et al 1989, Sullivan-Hansen 1990, and for a review, Greenberg 1999). Using the alternative taxonomy of attachment disorder proposed by Lieberman and Zeannah (1995), the child of an E type parent would be at risk both of ‘non-attachment’ and ‘disordered’ attachment.

This serves to underline the need to take account of the complexities of both infant attachment and infant development and that for most disorders, it is widely accepted that single causes are unlikely (Sroufe 1997, Alvarez 1992). Attachment theory and research
inform psychopathology in two general ways; either by considering attachment
dysfunctioning in the first year of life as diagnostic of incipient forms of
psychopathology or by considering attachment as a contributory element in later
disorder (either by increasing risk or providing protection). Even with the revised
diagnostic systems which distinguish two types of reactive attachment disorder,
'inhibited' and 'disinhibited' (ICD10, DSM-IV), it remains unclear how far attachment
insecurity or 'disorder' alone could account for severe developmental disturbance,
although it may well increase the risk of its occurrence. Cicchetti & Rogosh (1996)
introduce a broadening of perspectives with the notion of multiple pathways which
includes bi-directionality. That is, the effects of a risk factor will depend on its timing
and relation to other risk factors ('multifinality'). This thesis introduces and discusses
the suggestion that multifinality be extended to include multi-depth risk factors.

The level at which disturbance of personality and cognitive functioning is manifested in
autism, itself suggests that inter-personal factors, if involved, must impinge at the level
of the highly charged unconscious systems of the interaction. In the 'four-way matrix' of
the conscious and unconscious systems (Bateman & Holmes 1993) of the mother-child
interaction, the search for effects at unconscious levels of awareness seems more
relevant to the central problem of incomprehension. The very grammar of dyadic
exchange is involved, and the possibility of disruption or obliteration of thought, in statu
nascendi and its implications in terms of basic attention will be discussed in the next
section. Attention is the cornerstone of comprehension and in relation to understanding
human interaction it requires the auditory as well as the visual modalities.

10.3 ATTACHMENT AND ATTENTION

Both Freud (1911) and Bion (1962) attributed critical importance to the activity of
attention in the development of human psychic awareness and attention is a sine qua

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non of the infant's attachment to its mother. For Freud, in his first discussion of the question of consciousness, a major step in its development was the attribution of comprehension to the qualities of sense derived from the sense organs and this, he thought, was facilitated by the institution of the activity of attention. Attention, as a scanner of the external and internal exigencies, allowed consciousness to develop as "a sense organ for the perception of psychical qualities" (Freud’s italics). Bion marked the significance of Freud’s ideas concerning attention from which he derived the theory of alpha function which can be likened to the digestive processes as a "psychological receptor organ" analogous to the alimentary canal and as necessary for the nourishment of the psyche as the alimentary canal is for the body. Alpha function works on the sense impressions and the emotional impressions and in this the mother’s receptive availability is an essential, providing for the baby’s needs for love and understanding. The mother’s state of mind is then as critical to Bion’s theory of mental growth and thinking as it is for the theory of attachment.

Attention deficits in autism are well delineated in research and most interpretations of the findings suggest that they are due to fundamental impairments in the child’s affective and cognitive understandings of others (Loveland & Landry 1986, Mundy et al 1986, Landry & Loveland 1989, McArthur & Adamson 1996). There is also some evidence that the social context can influence the social responsiveness of autistic children (Dawson & Levy 1989, Dawson & Galpert 1990, Levy & Dawson 1992) and there is evidence too, in studies of normal and autistic children’s interactions with their mothers, that the attention of mothers to their autistic children can be compromised. Watson (1998) and Dawson et al (1990) noted, for example, that the mothers of autistic subjects were less likely to smile in response to the smiles of their children, although this has been linked with the fact that the children’s smiles were not often combined with eye contact.

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Watson examined the extent to which mothers of young autistic children used language related to the child's focus of attention, during 15 minutes of free play. She found that while these mothers directed verbalisations to something within the child's focus of attention as frequently as the mothers of typically developing children, they also directed attention to things not within the child's focus of attention, more often than the control mothers. There was no evidence that mothers' interactional difficulties with autistic children resulted in their being less responsive to the children and it was suggested by Watson that the high incidence of non-related input to the interaction might be linked with the mother's attempts to adapt to the child's difficulties in attention and interaction. That is, non-related input was associated with the mothers' attempts to shift attention towards a task, "to direct, redirect or maintain attention".

In terms of attachment theory, this might equally be seen as representing evidence of preoccupation with internally stimulated anxieties and a need to 'normalise' or control the child's behaviour. Watson noted that the mothers of the autistic children had to work much harder to engage their children's attention than mothers with normally developing children. The children's resistance to shifting attention was consistent also with observations by McArthur & Adamson (1996) that there were qualitative differences in the strategies used by adults to engage autistic children, compared with normally developing children. They found that adults had to use more concrete 'literal' ways of engaging the attention of the autistic child, like tapping, shaking or moving an object close to the child's face. Along with Levy & Dawson (1992), Watson sees interactional style as a factor to be explored in relation to attention deficit. The interactional style is one of actively trying to force the child's attention, so that the role of the maternal containing function, felt to be unproductive, is abandoned, in a way which reduces further the opportunity for containment.
10.3.1 ‘Joint attention’ and its implications

The anomalous behaviour of the autistic child in the context of attention-sharing between adult and child, has long been considered a fertile area for research since Bates first differentiated between proto-imperative and proto-declarative-pointing (Bates 1975). Normally, both of these attention sharing gestures develop concurrently towards the end of the infant’s first year and the evidence that no autistic child spontaneously showed objects to adults was arresting (Curcio 1978). As outlined in chapter 1.3.2. these findings generated a considerable body of research on the ‘joint attention’ deficits of autism (Loveland & Landry 1986, Landry & Loveland 1989, Mundy et al 1990). The questions surrounding joint attention anomalies are pertinent to the concept of attachment and the continuing debate concerns explorations of the constituents of joint attention, the circumstances of onset and particularly its developmental timing.

Evidence of the involvement of early developmental factors is likely to have a role in assessing the relative merits of competing and sometimes, incompatible theoretical understandings of autism.

Mundy & Sigman (1989) pointed to a theoretical stumbling block in combining the concept of joint attention deficits in autism with the ‘theory of mind’ account of metarepresentational deficits (Leslie 1987). Failures in metarepresentation refer to later appearing mental capacities than those required for joint attention. Mundy & Sigman advocate a social-affective account of how infants understand others and form metarepresentations, but use cognitive-behavioural concepts in accounting for their emphasis on affect. Hobson (1989,1993), on the other hand, reviewing the topic of shared experience, sets the deficit in autism at an even earlier developmental (and emotional) juncture than either of these theories and suggests emotion recognition as the root of the deficit. In a complex argument, he maintains that difficulties in emotion recognition imply emotion perceptual deficits which result in the inability to become emotionally engaged. Hobson and his colleagues have tried to demonstrate these
perceptual deficits (Hobson et al, 1988, 1989) with some interesting conclusions which will be discussed in the next section.

Klin et al (1992, 2000) have advanced other very persuasive arguments in favour of an early pre-mentalising deficit in autism by rating early social competence on the Vineland Adaptive Behaviour Scales (Sparrow et al 1984) which details behaviour expected in normal development by age 8 months. The authors' conclusion that the social deficits in autism include deficits in very early socially adaptive behaviour which precede and are likely to preempt mentalisation also finds support in the work of Rodgers & Pennington (1991) who argue that the primary deficit in autism is a social-cognitive one, involving deficits in imitation and emotion sharing, which limit the infant's capacity to use physical non-verbal communication with the maternal object as a source of social and emotional data. The infant's imitation of the mother and its early catching on to the meaning of emotional life have been explored by Meltzoff & Gopnik (1993) who liken the interactive and transitional consequences of imitation to 'emotional contagion'.

As theories of autism progress in the direction of proposing earlier and deeper explanatory factors in the interpersonal and mentalising impairments involved in autism, two characteristics of the research literature are notable. Firstly, that no theorist seems to question the concept of deficit in autism and secondly that no theorist has applied to the quest for understanding the phenomena of autism, the psychoanalytic theories of the origins of thinking advanced by Wilfred Bion. This probably relates to the long tradition in psychology of excluding affective factors in the search to understand cognition. Contemporary cognitive theorists now accept the role of affect in cognition but the relationship between the two and the nature of their joint functioning remain obscure. The psychoanalytic perspective, which offers some different ideas about this interface, will be discussed below in section 10.2.4. The concept of 'deficit' as a central pillar of the 'joint attention' theories which has remained unchallenged, despite the concurrent
research evidence of active avoidance of attention in autistic individuals, deserves further consideration.

### 10.3.2 ‘Disjoined’ attention

Most studies of joint attention which have stressed the absence in the autistic child of capacities for sharing attention, have also noted the reluctance and even resolute and sustained avoidance of cooperative attention to an adult exhibited by the autistic child. Beginning with Curcio’s observation that no autistic child spontaneously showed objects to adults in a spirit of shared pleasure (Curcio 1978), there is as much a sense of opposition as inability to be collaborative. He observed, for example, that autistic children did use some forms of proto-imperative pointing but that very few autistic children used proto-declarative pointing, i.e. to draw attention to the properties of an object. Even those who did, used it more to fulfil their own wishes than to communicate something about the object. It was less an inability to turn to the adult than a turning away, except when there was an urgent need to obtain some form of concrete help. The concept of deficit has been used almost exclusively in the pursuit of understanding autism and dates from the widely held view that cognitive deficit is the fundamental impairment which underlies autistic children’s lack of engagement with people (Rutter 1983).

This view found further support in the discovery that autistic children lack a ‘theory of mind’; that is, they lack an ability to attribute mental states to self and others (Baron-Cohen et al 1985). This finding together with Wulff’s (1985) observation of impairment of imagination in autistic children, led to Leslie’s analysis of the computational factors involved in pretend play (Leslie 1987) and his hypothesis that autism might constitute a specific impairment in the cognitive mechanism for representing mental states or ‘mentalising’. The theory that autistic children have a specific deficit in the ability to mentalise has, to some extent, explained the triad of handicaps identified by Wing
(1981) as diagnostic of autism and, more importantly, has facilitated the prediction of areas of impaired and preserved competence in autism. This is not only relevant to the question of the existence of ‘savant’ skills in autism but goes some way to explaining the language and social limitations in autism by identifying aspects of abilities that do and do not require mentalising capacities. It has been helpful, for example, to discern aspects of language and social understanding that call for no more than observation or rote memory and this accounts for the oddness of speech and behaviour in some otherwise high-functioning individuals with autism or Asperger syndrome.

Although avoidant of shared attention, the autistic child is not inattentive and often displays excessively focussed attention to certain, often inconsequential, objects that seem to be ecstatically compelling for the child. This may be related to the islets of exceptional ability also found in autism. An example of just such attention to detail was observed in the behaviour of the painter Turner:

"At the end of his life, too, Turner was discovered on one occasion among the Thames-side wharves beyond the palace of Westminster, probably near his Chelsea cottage, 'squatting on his heels, at the river's edge and looking down intently into the water'. Half an hour later, the same observer saw him still there ' and apparently, the object of his interest was the pattern made by the ripples at the edge of the tide'.

*(Gage, 1987)*

Clinically, autistic children are often seen to become equally enraptured by an object or a sensation. Tustin has suggested that states of ecstasy may be associated with auto-sensual experiences which she thought plugged an experiential ‘hole’ for the autistic child in the absence of a live, attachment relationship (Tustin 1981).

Unfittingly described as lacking capacities for attention, the autistic child has not been found to be devoid of affect either. What has been observed is that such capacities for
both attention and affect as they possess, are rarely directed positively towards another
person. Studies show that autistic children do display affect. In a naturalistic study
conducted in home-like situations, Snow et al (1987) found that autistic children, unlike
control children, were as likely to display affect (apparently) at random or in moments
of self-absorption as they were in the context of personal interaction. Naturalistic
observations in another study by Dawson (1990) found no significant difference
between autism and controls in terms of frequency and duration of gaze at the mother’s
face or even in frequency and duration of smiles during face-to-face contact at snack
time. What was strikingly different among the autistic children was the disconnection
between smiling and eye contact. Autistic children did not, like normal children,
combine looking and smiling in the single act which is usually associated with efforts to
communicate feeling.

Several research studies have shown that levels of positive affect shown towards adults
is uniformly low among autistic children but Kasari et al (1990) also found that the
circumstances involving increased attention from an adult, which immediately
stimulated increased interest and attention in normal children, had the opposite effect on
experiment designed to provoke communication with an experimenter found that the
autistic children were not oblivious of the adults; they did make requests and did display
protest behaviour, but none of them commented on objects, nor did they acknowledge
the presence of the adult. Unlike the other children, no autistic child indulged in
showing-off behaviour towards the investigator, either. These findings are echoed in
several other studies mentioned in chapter 1.2.3. Autistic children do not engage in
‘referential’ looking, e.g. between a toy and the experimenter but they could and did
request toys. In a study with mentally retarded children as controls, it was noted that
autistic children engaged in mutual eye contact with their care-givers for shorter periods
of time than the controls and that they more frequently walked away from interactions.
In most studies, evidence of active disjunction of attention is reported but the resolute turning away from people has been viewed only as evidence of deficit. The quality of personal and social relationships observed in relation to the interactions of autistic children in comparison with all groups of controls, is undeniably diminished. However, the active turning from sources of adult warmth and understanding also has to be taken into account. Autistic behaviour results in social deficit but the deficit in social interaction is also paralleled by an increment in rejecting behaviour, compared with all controls and it may be important not to ignore this aspect of their behaviour. To subsume rejection in giving precedence to the concept of deficit, emphasises lack and emptiness in circumstances where it may be important to ascertain whether an active emptying process is not also present in the child.

In a critique of contemporary theories concerning the sharing of experience, Hobson (1989) takes the view that the research findings in relation to joint attention have led prematurely to conclusions about cognition and behaviour which do not take account of more primitive inherent aspects of joint attention. Debate is lively on the question of timing and on how early metarepresentational capacities can be acquired, but Hobson argues that capacities having more to do with affect than cognition take developmental precedence and that the mentalising deficit in autism is but a sequela of a much deeper innate impairment in the ability to become emotionally engaged. Hobson also emphasises deficit and lack of emotional engagement and has tried to investigate emotion-perception deficits as an explanation of the poor affect coordination found in autistic subjects. He proposes an "affective agnosia" manifested in selective inability to recognise expressions of feeling and postulates that this impairment is the precursor of the failure to respond to expressions of feeling by others (Hobson 1993a). He lays stress on deficit and lack and considers the impairment to be the result of innate brain abnormalities which preclude development of the ability to become emotionally engaged with others.
The work of Klin et al (1992, 2000) earlier mentioned in relation to pre-mentalising deficits raises doubts about Hobson's 'affective agnosia' since they found that some autistic children did show most of the early social behaviours rated on the Vineland Scale. Many parents too, have reported a period of normal development before the autistic behaviour was observed and initial developments lost. In addition, autism is not always recognised early in the child's life and, particularly in the higher ability range, may be diagnosed much later. In her review of rival theories of autism, Happe (1994) considers that the question of a primary social impairment is far from decided and suggests that some of the characteristics of early autism like aloofness and passivity could be confused with social impairment.

She also makes the interesting observation that if parents' reports of initial early normal development in their children, are confirmed, it might suggest that early social and communicative behaviours rely on "mechanisms that are different from and superseded by those that are involved in later levels of competence in these areas" (Happe 1994). This is precisely the point being explored here in relation to 'disjoined' attention, an aspect of the behaviour of autistic subjects which seems to contain an active, wilful choice as well as the resultant deficit. This has very largely been ignored by researchers though it has not gone unnoted by clinicians who experience powerful forces in the child to pervert the course of personal interaction (Tustin 1981, Spensley 1987, Alvarez 1992, Alvarez & Reid 1999). Tustin uses an orienteering analogy, seeing the autistic child as having taken a wrong mental turning at an early developmental point. As Happe implies, the subsequent landmarks of behaviour may have become irrelevant to finding the original mental pathway. This argument is pursued below, in the section relating to Bion's theory of the development of thinking and its relevance to conceptualisations of autism.
10.3.3 Internal and external foci of development

To date, all theories of autism based on empirical research share the conceptual framework of learning and mental growth in which the infant is assumed to learn from its experience with its mother in a subject-object paradigm. This has led to experiments and the development of observational methods of monitoring and measuring the component processes thought to be involved and, in the case of autism, to discover those processes which are missing or have been interrupted. The search continues to find an observable blockage or interference with the normal quality of interpersonal relationships between subject and object or alternatively, to find a brain abnormality which might satisfactorily explain the autistic child’s low level of emotional engagement with people. Relationship with the object is the focus of attention.

Only theories of psychosis consider the intra-subjective arena and the possible complicity of the subject in disturbances of subject-object relationships. A traditional insistence in autism research on keeping a clear distinction between autism and psychosis has precluded use of such concepts in relation to the investigation of autism; this even despite the broadening of diagnostic boundaries to include most relationship and communication disorders within an ‘autism spectrum’ disorder (Wing 1988b, Gillberg 1990).

10.3.4 Intra-subjective disturbance and attachment

Interpersonal disturbances manifested in joint attention failure have corresponding implications for attachment. It has been noted, however, that autistic children, in whom joint attention and gestural joint attention are markedly impaired, seem to demonstrate secure attachment when separating from their mothers in the Strange Situation context. The undoubted attachment disturbance experienced by the mothers of autistic children may well be concealed in the Strange Situation assessment, particularly considering the child’s self-absorption and regular rejection of attachment relationships. These are
children who "seem to lack otherwise universal biologically based capacities for affective perception of and contact with people" (Hobson 1989) but before the resulting impoverishment of their interpersonal experience is offered as sufficient explanation of their disabilities, the universal biologically 'given' can be examined more closely.

The philosopher Kant began his account of philosophy by declaring that all knowledge of the world begins from experience, which rests on the evidence of the senses, the biologically 'given' (vide chapter 7.1.). He also saw that the evidence of the senses did not account for all experience but that empirical knowledge comprised both what is received in the sense impressions and what our mental faculties make of these impressions. The raw material of the senses had to be "worked up..... into that knowledge of objects which is entitled experience"(Kant 1787). Both Freud and Bion developed their thinking on the basis of Kant's work and it is to the 'working up' process, or what Bion has termed alpha function, that it might be useful to look, in seeking an alternative perspective on the impairments of autism. The idea of an evolution of thinking implied particularly in Bion's theoretical perspective, suffused the work of Piaget (1970) too. His emphasis on the primitive biological and behavioural origins of thinking and his separation of the genetic roots of thinking from the roots of language was endorsed later by Vygotsky (trans 1962). Development of the capacity to think precede its expression in language.

10.3.5 Metarepresentation, joint attention and 'beta elements'

Bion's conceptualisation of the developmental steps from perception to comprehension provide an opportunity to formulate some alternative approaches to the understanding of the riddle of autism and its phenomena. For example, current controversies about the significance of metarepresentation and its relative importance in relation to the pre-mentalising deficits implicit in joint attention abnormalities are put into a somewhat different perspective if seen in the light of alpha function and beta elements. The autistic
child shows little capacity for alpha function and the absence of a ‘theory of mind’,
demonstrably specific to autism, suggests, in Bion’s terms, that the child’s experiences
remain in a raw, mentally undigested form (beta elements). In such circumstances, the
model for the relationship with the child has to be considered in terms other than a
subject-object paradigm. Without alpha function, the model is an evacuative one, not an
obstructed digestive process. The relationship problem is then about the earlier stage of
creating conditions conducive to attunement rather than stimulating cooperation.

If alpha function is disturbed or inoperative, sense impressions and emotions remain
untransformed and (named beta elements) are not felt to be phenomena, suited to
dreams and thinking, but objects of sense fitted only to projective identification and
contributing to acting out. Without alpha function, sense impressions and emotions are
felt to be objects that can be evacuated or used in manipulative thinking as a substitute
for words or ideas and the behaviour of many autistic children could be described in
such a way. Unlike alpha elements, beta elements are not stored as memories with a
psychical dimension but as undigested sensory facts and the concrete thinking
characteristic of higher functioning autistic individuals provides evidence of this.

This is a theory deeply embedded in biological functioning. Thinking is seen to have
evolved under pressure to develop environmental control and management of the
anxiety associated with that and is considered to be modelled on the two basic
physiological functions of the organism, digestion and excretion. Alpha function implies
a psychological system analogous to the digestive processes, which promotes psychic
growth, while undigested beta elements of experience can only be evacuated. We know
also, from the study of psychosis that, the sense organs as well as functioning as the
receptors of experience, can be used to evacuate it, as in hallucination and delusion.
There may be reason, therefore, to take note of the occurrence of the non autism-specific
features of autism, insofar as they overlap with the features of other forms of personality
disturbance and not, as Happe (1994) suggests, treat those as irrelevant.
Personality deterioration is also a clinical feature of autism and evidence of barren interpersonal relationships is to be found in the poor performance of autistic subjects in both joint attention and emotion perception tasks. All research studies of the impairments of autism, whether in the autistic subject's emotional engagement with others, in emotion perception or in joint attention, seek to identify failures of normal responsiveness to other people and as such seem to assume, consciously or unconsciously a basic model of a psychical digestive system in which failure, obstruction or damage has to be identified. The clinical and the research evidence strongly suggest that alpha function may be inoperative in autism and that sense impressions and emotions remain unchanged as objects of sense and therefore suited only for manipulation, projective identification and evacuation. The 'thinking' model of the autistic child may then be based on a model of evacuation and not on a model of digestion (with obstructions of receptive processes). This theoretical position allows for other interpretations of research results to take more account of the evidence of an active participation of the child in avoiding engagement. It also has implications for the level of maternal responsiveness and containment required.

10.3.6 'Conjoint' attention and alpha function

Of all the senses on which, according to Kant, our knowledge of the world depends, both Freud and Bion gave prime importance to the sense of sight, which has conditioned all human mental development. Dependent on the eye for mastery of the environment, the visual faculties have also been the well spring for the creation of the world of imagination and intellect. From the outward looking eye, an inward eye has also been developed, creating for the human being, the internal world of imagination and thought. Along with this development, it has become crucial to distinguish the internal phenomena from external objects and events and this has been the concern of psychoanalysis since Freud first spoke of thinking as 'experimental action' and Kant, earlier, of 'a priori' knowledge. For Freud and Bion, the universal phenomena of
dreaming and hallucination were convincing evidence of the centrality of visual perception in the development of thinking and they were in agreement that the earliest form of thinking was unconscious and ideographic, preceding words.

While Freud wrote little on the subject of the mother-infant relationship, Bion regarded a mother's emotional availability and receptivity to be crucial in the management of the primitive communications of her infant and hence to the genesis of thinking. The mother's state of mind is, therefore, a factor in the child's mental development. The mother's alpha function is the psychological source of supply while the oral and alimentary experience of the infant, provide the model for thinking. Alongside the requirements for food, the 'digestion' of emotional experience is essential in the achievement of a sense of reality and is as necessary to personality survival as food is to physical survival. Failure to use emotional experiences has disastrous consequences for the personality as is all too apparent in the case of autism.

Bion emphasised the receptive qualities needed in the mother. He drew attention to the nature of the task as one of contributing to the optimal outcome in the infant's internal conflict between its projective and introjective mechanisms for allaying anxiety. Studies of early mother-child attachment emphasise attunement as a basic component of attachment (Stern 1985, Meltzer & Gopnik 1993). Meltzer and Gopnik suggest that emotional attachment is promoted in the infant's imitation of the mother and that this exposes the child to emotional contact which is 'contagious'. Stern, emphasising a crucial distinction between imitation and attunement, identifies the critically important feature of attunement as the shift from overt behaviour to the internal state that lies behind the behaviour and puts it succinctly: "Imitation renders form, attunement renders feeling". Attunement is closer to empathy, and, like attachment, involves affective transaction.
Stern's distinction between form and feeling highlights the question of the means whereby the infant might achieve this transition from overt behaviour to the corresponding internal feeling states. Attunement depends not only on the visible presence of the maternal object but also on the aural perception of the mother. The quality of the mother's voice as well as the verbal content of what she communicates to the child, contribute to the affective transaction in attunement. Conjoint attention also implies an internal, intra-psychic interaction between these different modalities through which the infant achieves an experience of mother (Stern 1985).

The ears mediate introjection and the powerful conjunction of a visual and an auditory representation of the object, may provide the essential co-ordinates of psychic space. This is to stress the possible significance of conjoint attention as the progenitor of attention and therefore of joint attention and that attention is an emotionally charged response to the object and precedes intention. It is the cross function or co-functioning of visual and auditory modes of perception that 'holds' attention, facilitates introjection and creates psychic space for thought and for the "primordial sharing situation" (Werner & Kaplan 1963). The creation of psychic space in this way, whether or not one may speak of psychic space as the representation of interpersonal space, facilitates the representation of relationships and 'theory of mind'. It constitutes the internal experience of Macmurray's (1961) 'you and I' unit of personal relatedness. When the aural representation of the object is integrated with its visual representation, a new and separate internal world of belief about the object and external relationships is instituted. This creates a depth of interiority in a way which reliance on visual observation does not. In a climate of anxious or vague maternal preoccupation, this process of perceptual coordination would be unshielded and vulnerable.
10.3.7 Reliance on external cues and the visual mode of understanding the world

Most research studies have been able to demonstrate the autistic child's poor visual attention to other people, while others have noted the difficulties encountered in trying to engage children in conversation or any other shared task. Indeed, a great many referrals of children with autism have been preceded by investigations for deafness, as was also recorded in the hospital notes of a number of subjects in this study. This would support the hypothesis that the conjoint functioning of the visual and auditory modes of attention is crucial to internalisation and so to the capacity to relate appropriately to an external object. In Bion's terms, these two modes of perception represent two of the factors operating in consort which constitute the function of internalisation. There is ample evidence in all research studies, of disjoining rather than conjoining of these two modes of attending to other people. Impoverishment of joint attention will always be found in combination with the disjunction of visual and auditory attention but the failure of conjoint attention which results in over-reliance on the visual mode of navigating the world, has important and interesting consequences.

A great deal can be understood about the environment and even about the behaviour of the people in it, by visual observation and the advances of science have depended on the application of a methodology based on observation. The understanding of people and their personal relationships with one another depends, on the other hand, on hearing; understanding language hearing the verbal communication of thought and feeling and also, importantly, hearing the quality of the voice. Intonation communicates as well as content. That mental space and a secure sense of self requires these two co-ordinates, is given some confirmation in the evidence of developmental disturbance, including often 'features' of autism, among both congenitally blind and congenitally deaf children. Developmental delay is a well known feature of congenital blindness and although the majority of blind infants eventually overcome early difficulties, it is striking that the early disturbances resemble those found in autism and involve echolalia and pronoun
confusions. Fraiberg sees the difficulty for both the blind and the autistic child as one concerning self representation. (Fraiberg & Adelson 1977). The plight of the congenitally deaf is even more serious and their behaviour has often been confused with autism. In the past it was common for the congenitally deaf to be treated as dumb and mentally retarded and they are still at risk of autistic-like retardation, without early therapeutic intervention.

Research authors continue to stress the role of the visual modality in ‘referential looking’ (Mundy et al 1986), ‘joint attention’ (Loveland & Landry 1989), the ‘relatedness triangle’ (Hobson 1993) or the ‘eye direction detector’ (Phillips et al 1992) and identify the consistent failures of autistic children to use their eyes to further their personal and social development. Clinicians are less impressed by the significance of the visual modality in furthering personal and social development, given the dual role performed by the eyes and the facility with which they may, in the service of evacuating anxiety, be turned to an evacuative function and perceptual distortion. The same may be said of the ears when functioning psychotically as evacuative and not receptive organs. The perverse use of receptor organs in psychotic states may be associated with the disjunction of these modalities and conjoint attention to the object may be that which performs the containing function. This is in no way to exclude the function of the mother, whose capacities for attunement and containment are instrumental in promoting conjoint attention and alpha function in her child; that is in tilting the balance of the projective/introjective processes in favour of introjection.

Psychotic functioning is rarely considered in relation to autism, yet the evolutionary and biological roots of mental development make it difficult to avoid the relevance of the mind’s psychotic potential to the understanding of its healthy development. Empirical studies of autism, the most distorted form of mental functioning, at present strive to exclude consideration of the phenomena of psychotic disturbances of thinking and perception and this limits research design. Without preempting questions of causation,
the theory of alpha function allows account to be taken of the developmental level of mentation at which disturbance seems to have occurred, a matter upon which current rival theories of autism find much to dispute. Is it possible, for example, that autistic children are fulfilling a perverse social objective rather than failing to fulfil a positive one? It has been reported that autistic children have a systematically different way of approaching the experimental tasks presented, compared with controls. In this context, Langdell’s (1978) report of the superior performance by autistic children in recognising inverted faces, is relevant, as is Hobson’s finding, that, regardless of their level of performance on emotion recognition tasks, autistic children go about such tasks very differently from controls. These are observations of how the autistic child is and may have a greater potential for understanding the deficits of autism, than concentration on what he is not, a point made by Alvarez (1992, page 188).

10.4 CONCLUSIONS AND FUTURE DIRECTIONS

Current theories of autism seek to understand the condition through processes of isolating and identifying autism-specific symptoms. A broad baseline for identifying autism for diagnostic purposes has been provided in Wing’s triad of impairments in socialisation, communication and imagination (Wing & Gould 1979), a cluster of impairments viewed as a syndrome formation. Within this definition, however, an ‘autistic spectrum’ is recognised (Wing 1988b); even the syndrome-specific manifestations of autism vary across and sometimes within individuals, according to other considerations, such as age and intellectual ability. Epidemiological studies suggest that a host of symptoms shown by autistic children are not specific to autism, but it is usually assumed that such symptoms should not be a focus of attention (Happe 1999). This view is intrinsic to the position that the symptoms of autism are unrelated to any other symptoms present or to similar symptoms in non-autistic individuals. In particular, the widely held view that the psychological deficits are not to be treated as a
primary source of the disorder and that autism is a biologically caused deficit which
excludes consideration of any psychic process (Gilberg 1988, Happe 1999), means that
psychoanalytic perspectives have had very little impact on the understanding of autism.

In this thesis, it is suggested that the theories of mental development proposed by
Wilfred Bion are relevant to the task of conceptualising the nature of the mental
experiences and difficulties involved both for the autistic child and his mother and to the
task of identifying levels of mental functioning and dysfunctioning. A major
psychological deficit has to be explained and current theoretical contributions attempt to
clarify the nature of this deficit and its implications. Based on increasingly refined
conceptualisations of the nature of the autistic experience, research is beginning to move
in the direction of recognising the relevance of attachment and the quality of the
relationship between autistic children and their parents or other adult carers. The
psychological theories of autism, summarised in chapter 1, are in accord concerning
evidence for associating impoverished attachment relationships with autism and this
recalls Kanner's first descriptions of autistic behaviour.

10.4.1 The mother and her capacity for attachment

This study of mothers with an autistic child has found that they were significantly more
likely than either of two groups of control subjects to be classified, in an assessment of
their AAI transcriptions, as insecure E (entangled and preoccupied). This finding has
implications for the mothers' relationships with their children and for their children's
attachment responses to them. The correspondence between mothers’ attachment status
and their children’s attachment responses has been amply demonstrated in the growing
body of attachment research, described in chapter 2. In the case of autism, however, the
extreme characteristics of the child cannot be discounted. It is argued in this thesis, that
mothers who are predominantly confused and preoccupied with their own past
relationships and anxieties, are ill-equipped for the maternal function of containment
and in relation to the emotional needs of an exceptionally unresponsive baby, this may create unique problems.

The attachment responsiveness of the child is intimately related to early mother-infant emotional attunement and a theory which takes account of the dynamics of this interaction and its primitive origins is surely relevant to its failure. While attachment theory has established the significance of early mother-child emotional relationships, the dynamics of that interaction are more appropriately charted by a theory which encompasses the primitive and unconscious origins of speech and communication. Vygotsky (1975), spoke of the mother-infant interaction as "the collision of mature cultural forms of behaviour, with the primitive forms that characterise the child's behaviour", but the psychoanalytic theory of the development of thinking also recognises the primitive potential that still lurks within the "mature cultural form". Bion’s theory of thinking is not simply a theory of psychological development but of psychopathology too. Mother and baby are communicating on unconscious as well as conscious levels and the emotional effects can be powerful.

10.4.2 The autistic child and his capacity for attachment

Empirical research is producing cumulative evidence of the autistic child’s failure to engage emotionally with his mother or with other adults, but has been less successful in illuminating the origins of this behaviour. Investigation of the attachment relationships of autistic children with their mothers or carers has received limited attention, despite the mounting evidence of the significance, in general, of early mother-infant interaction and communication (Sigman & Ungerer 1984). At the same time, the role of emotion and emotion regulation is attracting growing interest as a key to understanding normal and abnormal development (Cicchetti et al 1995). Cicchetti sees the investigation of emotional development as critical in relation to the formulation of an integrated theory
of development and the study of abnormal populations as a route to understanding some of the processes involved in normal development.

To include observation of mothers in the pursuit of understanding autism is not to incriminate them as responsible for the condition. Studies of autistic children in the Strange Situation might help to clarify the nature of the difficulties with which mothers are faced. Sigman and Ungerer (1984) included separation and reunion in an experimental situation involving free play and found some evidence of attachment among autistic children in their preference for mother over a stranger. The Strange Situation experiment has not yet been fully explored as a means of investigating the quality of the autistic child’s attachment relationships.

For mothers to be presented with an exceptionally unresponsive child clearly creates its own dynamic and the responses and counter-responses within that dynamic, are as relevant to achievement outcome for the autistic child as would be the case in more benign interactions. The garnering of the child’s attention and feelings, which is achieved in ordinary maternal attunement and containment, is frustrating for mothers with a non-responding child and more likely to stimulate opposite maternal behaviour so that containment of anxiety may be replaced by efforts, instead, to penetrate the child’s mind. Where mothers are themselves confused, frightened and insecure, the level of frustration escalates. The desire to stimulate a response in the child supersedes the evidence that this is more likely to provoke further withdrawal.

A theory is needed which takes account not only of the processes of containment and growth, contingent on secure attachment but also of the outcome of failure of containment associated with insecure attachment. Such a theory is Bion’s theory of thinking which encompasses both the processes involved in mental organisation and emotional integration, resulting in growth and secure personal relationships and the very different processes set in train when mental fragmentation and emotional disintegration
has to be overcome. Humpty-Dumpty has to be put together again and what Bion has stressed is that this can create a very different and complex Humpty Dumpty.

Appreciation of the existence of very different (pathological) mental processes, not based on organisation and internalisation of awareness of the experiences of reality but on evacuation of the fear and pain associated with reality; a fragile and brittle structure where comfort derives not from satisfaction, but from relief. This is a theory germane to the investigation of the functioning of a child with autism.

The phenomena of autism are not the same as the phenomena of psychosis but this does not necessarily mean they can have nothing in common or even share common and, as yet, unidentified roots. Current diagnostic criteria for autism have come under consideration for review and reconceptualisation with a suggestion that a broader phenotype might be more appropriate (le Couteur et al, 1996). The broadening of diagnostic boundaries would take account of more subtle forms of communicative disorder, similar to but less severe than those required to meet existing criteria for autism. Adherence to diagnostic boundaries separating psychotic and autistic phenomena, may have been an added obstacle to advancing understanding of the attachment difficulties in autism. Psychoanalytic theories, likewise, if associated with Freudian theory and the interpretation of dream and fantasy would rightly be viewed as inappropriate but this seems to have resulted in the ruling out of all psychoanalytic theory in relation to understanding autism.

A psychoanalytic theory which relates to thinking and its dysfunctions, while applicable to psychotic disruption of the personality is also relevant to disorders of mental development. As a theory of the genesis of human thinking, Bion’s theory offers an alternative view of developmental disorder which can be of service both in questions of research design and to the educational and therapeutic initiatives undertaken on behalf of children with autism. It is moreover, a theory which is more deeply embedded in the biological functioning of the organism, than many current theories of cognition.
10.4.3 Conclusion

The finding of a significant difference between the attachment classifications of mothers of children with autism and mothers of children with other forms of learning impairment, suggests that mother-child attachment behaviour should be given more attention in autism research. Difficulties in relation to the conceptualisation of this interaction have been highlighted and it is suggested that the parameters of autism research might be expanded by the addition of psychoanalytic theories which can encompass the pathology as well as the development of the psyche. The concept of deficit which has dominated research thinking in relation to autism is coupled with theories of cognition and single-function constructions of mentalisation. Research design now needs to encompass what is psychoanalytically known about dual mental functioning and the active, sometimes parallel, (mis)use of the mental faculties and receptor organs to empty the mind.

Freud’s and Bion’s emphasis on the significance of the eyes and of the visual image as the basic element in primitive thinking and the development of mind, have been accented along with the implications of this for vision-led forms of intellectual and scientific enquiry. In the sphere of mastery of the environment, this observational level of thinking remains advantageous. Understanding of the animate is a more complex matter, requiring language and attention to auditory images as well. Bonding in our own as well as in other animal species is mediated in the visual field but the ears are needed to mediate emotional attachment and create interiority. Particular attention has been drawn to the conjoint role of these major perceptual modes, without excluding the additional contributions of other sensory receptors (Meltzer et al 1975). Visual and auditory modes of perception are seen as the basic co-ordinates of psychic space, a significant human development which is intimately related to the recognition of animate beings, the emergence of capacities for empathic communication, and mentalisation.
The finding in this study that mothers of autistic children were preoccupied by concepts of space is consistent with these theories. The autistic child is vision-led even although he chooses to use this in the service of avoidance of people and, in addition, often creates the impression that he is deaf. These are characteristics which have been reported in almost all empirical studies of the personal relationships of autistic children. Whether or not it is coincidental that autistic children, who seem to lack a sense of interiority should have mothers who are preoccupied by concepts of space is a specific question requiring further investigation and this concerns not only the relationship between an autistic child and his mother but the factors involved in the emergence of the human psyche and the conscious awareness of self, other and their relationship.
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APPENDIX 1.1.

THE ADULT ATTACHMENT INTERVIEW (GEORGE, KAPLAN, & MAIN 1985)

1. Could you start by helping me to get oriented to your early family situation, and where you lived ad so on? If you start out with where you were born, whether you moved around much, what your family did at various times for a living?

2. I’d like you to describe your relationship with your parents as a young child . . . if you could start from as far back as you can remember.

3. Now I’d like to ask you to choose five adjectives that reflect your childhood relationship with your mother. I know this may take a bit of time, so go ahead and think for a minute . . . then I’d like to ask you why you chose them.

4. Now I’d like to ask you to choose five adjectives that reflect your childhood relationship with your father. I’m going to ask you again why you chose them.

5. To which parent did you feel the closest and why? Why isn’t there this feeling with the other parent?

6. When you were upset as a child, what would you do?

7. What is the first time you remember being separated from your parents? How did you or they respond? Are there any other separations that stand out in your mind?

8. Did you ever feel rejected as a young child? Of course, looking back on it now, you may realise it was not really rejection, but what I’m trying to ask about here is whether you remember ever having felt rejected in childhood.

9. Were your parents ever threatening with you in any way, maybe for discipline, or maybe just jokingly?

10. How do you think these experiences with your parents have affected your adult personality? Are there any aspects to your early experiences that you feel were a setback in your development?

11. Why do you think your parents behaved as they did during your childhood?

12. Were there any other adults with whom you were close, like parents, as a child? Or any other adults who were especially important to you, even though not parental?
13. Did you experience the loss of a parent or other close loved one (sibling or close family member) while you were a young child?
   a) Did you lose any other important persons during your childhood?
   b) Have you lost other close persons in adult years?

14. Have there been many changes in your relationship with your parents (or remaining parent) since childhood? I mean from childhood through until the present?

15. What is your relationship with your parents like for you now as an adult?

16. How do you respond now in terms of feelings when you separate from your child?

17. If you had three wishes for your child twenty years from now, what would they be? I'm partly thinking of the kind of future you would like to see for your child. I'll give you a minute to think about this one.

18. Is there any particular thing which you feel you learned above all from your own childhood experiences? What would you hope your child might have learned from his/her experiences of being parented?
APPENDIX 1.2.

THE SALLY-ANN EXPERIMENT

This experiment presented different groups of children (autism, Down's syndrome and normal samples) with a task involving two dolls, Sally and Ann, who each have a basket. Sally has some marbles in her basket, but when she leaves the scene leaving her basket behind, Ann takes the marbles and puts them in her own basket. When Sally returns, the subject is asked where Sally thinks her marbles are. Normal children, very young children, mentally impaired children all understand that Sally believes the marbles to be where she left them. Autistic children were distinguished by their concrete belief that Sally would think the marbles to be where they themselves knew them to be. That is, the autistic children demonstrated an inability to empathise, to imagine the mind of another, to see things from the point of view of another.
APPENDIX 2.1.

INFORMATION SHEET

Research Project:-

A COMPARATIVE STUDY OF MATERNAL ATTACHMENT RELATIONSHIPS AMONG MOTHERS OF LEARNING IMPAIRED CHILDREN.

This project is part of the broad exploration of the relationship between an adult's childhood experience of being parented and cared for and his attitudes to being a parent.

In this study, mothers in the special situation of having a child with a learning impairment are being interviewed to explore what they remember about their own upbringing. The questions asked will be directed towards finding out what mothers feel about their own early relationship experiences and how far they consider that their personal experience of being cared for, has had an influence on their later lives as adults and as parents.

Mothers of children with conditions of early diagnosis are included in the study. You are being asked to participate as the mother of an autistic, Down syndrome or Rett syndrome child.

Confidentiality

All material collected from these interviews will be treated with the highest confidentiality and this will be rigorously protected. The results of the study may be reported at scientific meetings or published in scientific journals, but under no circumstances will any individual participant be identified.
APPENDIX 2.2

CONSENT FORM

Research Project:-

A COMPARATIVE STUDY OF MATERNAL ATTACHMENT
RELATIONSHIPS AMONG MOTHERS OF LEARNING IMPAIRED
CHILDREN

SUBJECT CONSENT FORM

My participation in this study is entirely voluntary and I may withdraw at any
time. My signature below indicates that I have read and understood the aims and
method of the research and freely agree to take part.

Signature of subject...........................................................................................................

Printed name..................................................................................................................

Signature of interviewer...................................................................................................

Mrs Sheila Spensley
Consultant Clinical Psychologist
Willesden Centre for Psychological Treatment
University College London

325
ST. GEORGE'S HOSPITAL DEPARTMENT OF PSYCHOTHERAPY

DEMOGRAPHIC QUESTIONNAIRE

1. Research Number

2. Age last birthday
   20-24 (1)
   25-29 (2)
   30-34 (3)
   35 and over (4)

3. Place of birth
   UK (1)
   Elsewhere (2)
   If Elsewhere, details:

4. Racial Origin
   Caucasian (1)
   Other (2)
   If other, details:

5. Education
   Left school, no exams (1)
   Left school, O Level/CSE/GCSE (2)
   A level of equivalent (3)
   University degree or equivalent (4)

6. Work
   Self:
   Employed (1)
   Unemployed less than 3 months (2)
   Unemployed more than 3 months (3)

   Partner:
   Employed (1)
   Unemployed less than 3 months (2)
   Unemployed more than 3 months (3)
Self – most recent work
Self – longest work

Partner – most recent work
Partner – longest work

7. Joint disposable income
Less than £10,000 per year (1)
£10,000 - £20,000 (2)
More than £20,000 (3)

8. Partnership
How many years together?

Is partner also the father of the autistic/Rett/Down child?

9. Housing
Satisfactory (1)
Unsatisfactory (2)
If unsatisfactory, details:

How many rooms in the house?

10. Medical History
(i) Serious illness, e.g. diabetes, kidney problems, heart problems?

Yes (1)
No (2)

If yes, details:

(ii) Treatment of nervous problems, e.g. depression or anxiety?

Yes (1)
No (2)

If yes, details: GP treatment (1)
Outpatient psychiatrist (2)
Inpatient hospital (3)
APPENDIX 2.4.

SPACE SCALES

INTRODUCTION

The birth of the concepts of space and time are of profound significance to the study of mental development. Piaget demonstrated the predominance of spatial factors in the formation of the baby's early constructs or 'schemas'. He saw thought as action-based because the beginnings of thinking involve the infant's earliest activities in reaching towards and manipulating objects in its immediate spatial surroundings. It is from such actions, the action of the subject on the object, that the space-time continuum is conceived. For Piaget (1937) it is the 'interiorising' of these early perceptual constructions (schemas) which provides the foundation for thought and constitutes the precursors of representational thought. Although psychoanalytic psychology places greater emphasis on the infant's relationship with the animate 'object', Freud, too, drew attention to the significance of space-time orientation to the development of healthy mental life. He showed that the unconscious mind is timeless and this is illustrated particularly in the dream, where thought is represented in action.

This scale measures the extent to which freedom of choice and action was a feature in the attachment background of the child. References to space in the discourse, whether relating to past or present, are regarded as representations of a concern with freedom of choice. Occasionally, both expressions are found together as "We were always kept in; not like our friends who could go out to play. We couldn't breathe. You did what you were told. There was nothing we could do about it. We had no choice"

Two perspectives on the experience of space and freedom of choice are adopted; one scale (A) to rate the childhood experience of curtailment of freedom and/or restriction of
space and a second scale (B) rating the degree of liberation and the availability of space, represented by the freedom of movement and choice enjoyed in childhood. Ratings for each scale refer to the child's subjective experience of personal restriction or curtailment of freedom. Evidence for rating is derived from explicit reports contained in the transcript, or, in the absence of such, from descriptions of the childhood family regime as controlling or liberating. These ratings are independent of the degree to which the child experienced or characterised the parent as 'loving'.

**Scale C (curtailment)**

At the low end of the scale, there is little sense of curtailment. There may be some rejection, but the child is adequately cared for. The family atmosphere seems emotionally subdued with little or no references to attachment feelings. There is a sense of getting on with life in routine and reliable ways. At scale midpoint, parental expectations are beginning to impinge on the child's own wishes and interests. Parents are active, energetic and devoted to the advancement of the children. Often there is a large family or extended family and there are references to limited living space—'the more the merrier'. Overcrowding was treated as fun. At the high end of the scale, curtailment was built into the family structure and was experienced as unreasonable or unfair. Attempts to run away from home may be mentioned. There were curfews, which continued up to late teens. Interest in the child was inextricably linked to conformity with the rules and expectations of a domineering father and this was upheld by mother. References to lack of space in the discourse may relate to physical space and/or feelings of constriction—'breathing down my neck'.

**Space Scale L (liberation)**

Subjects assigned 1 on this scale describe memories of a fairly controlling regime, which was backed by mild physical punishment meted out particularly to the boys in the family. Mother might use the threat "Wait till your father comes home". The interests of
the child are primary and this is never doubted by the child. At mid point parents are actively encouraging independence but in the context of the child's own wishes and interests. Their support could always be relied upon even to the point of making sacrifices "If we needed it we got it. A way would always be found"

At level 7 subjects recall memories of a stable family setting in which the parents were largely loving and accepting and the child's needs and wishes received balanced support with no active encouragement towards developmental goals. The child went confidently to nursery and to school which were enjoyed. Some conflict with other children, teachers or within the family may be recalled but was of a minor order. There is a pervasive feeling of parents having time for the child. At the extreme of this scale, freedom of movement is beginning to feel somewhat extreme. There is enthusiasm for freedom and independence. Outdoor life is relished and encouraged often but not necessarily shared by at least one parent. The child's active and energetic interest in high-risk sports may sometimes create anxiety but is never restricted because of that. Children who enjoyed taking on an unusual degree of responsibility either for the home or in loco parentis are included here. This does not imply any neglect but rather that parents encouraged independence and responsibility to a degree bordering on risk-taking.

SPACE SCALE C (CURTAILMENT)

1

At the low end of the scale, the child has received adequate care in an atmosphere of mild but subdued support. The child did not seek emotional support from parents but neither were they regarded as unapproachable. There is little reference to emotional interactions with the parents with an unspoken expectation that family members 'get on with their lives' and this was largely the case. Basic material and physical care was reliably provided and was accepted in a somewhat taken-for-granted way.
At this level, parental support is active and may include some pressure to achieve and, in some cases, mild parental involvement. School achievement or working for the family is valued and encouraged by parents but the pressures are felt to be stimulating rather than invasive. The child's response is a wish to please and be praised and is free from resentment. Alternatively, there may be an unquestioning acceptance of family rules or traditions.

At mid point, parental expectations are beginning to impinge on the child's own wishes and interests. The interest of the child comes first but in such a way as to be serving some function in relation to the parents' sense of being 'good' parents. Often a large number of children are involved; a family of four or more whose time is filled with activities organised by the parents; parents occupied with guides, scouts, school or other organisations which include their own children; extra children taken on family holidays. 'The more the merrier'. References to over-crowding like limited living space or even sleeping space was treated as fun. "At Christmas, all the cousins came too; all the girls in one bed, three at the top and three at the bottom. We thought it was great!" The parents' active and energetic support was appreciated but there was a feeling of having always been one of a crowd. This too may well be regarded as having been useful training in friendliness and sharing.

The highly controlling influence of the parents on the lives of the children was accepted as a cultural norm. The family was kept closely together as a group, going on holidays, outings, participating in leisure or educational activities together. A strong sense of family values was instilled usually by mother, supported at a distance by father, in the
interests either of making the best of limited resources or of achieving high educational standards. Family resources were invested in the children with the objective of ensuring the best future for them - lifting them out of the social class of the parents at one end of the scale and achieving the highest educational status at the other. Control was rigorous but benign and either emotionally rejecting or emotionally warm and enveloping. There are overt references in the discourse to lack of space and/or time as a feature of childhood experience. Score here too excessive clinging to a parent where the child insists on physical contact and proximity. e.g. "I was so clinging. For years, he wore me!" (i.e. like a garment)

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At the extreme of this scale curtailment of freedom is built into the family's way of life. Children are firmly ruled by the parents' code of behaviour and this was often felt to be unreasonable or unfair. There may have been attempts to run away from home. Father is the authority and his word is law, upheld by mother. Punishments for flouting the rules involved further restriction like being confined to a bedroom or 'grounded' for weeks at home. Curfews were strict continuing up to school leaving age and sometimes, beyond. At this level, control may be exerted through fear particularly fear of criticism and verbal disapproval of behaviour, appearance or choice of friends. Interest in the child is inextricably linked with conformity with the rules and expectations of a dictatorial father and to a lesser extent mother. References to lack of space in the discourse relate to limitations of physical space or to feelings of constriction - 'couldn't breathe', 'breathing down my neck'.
SPACE SCALE L (LIBERATION)

1

At this level there are reports of having felt very controlled or restricted in childhood. This may have been accepted as good for personal development and achievement or, alternatively, may have stimulated strong rebelliousness and resentment that resulted in under-achievement. Curtailment may also have been experienced in relation to having to give up time to take on adult responsibilities, for example, for younger siblings. Fear of parental wrath may also have been a check on freedom. Neglect, on the other hand which produced feelings of being unguided and directionless would receive a low rating if experienced negatively, lacking, that is, any associations with a sense of fulfilment. Parental attitudes and behaviour may be described as controlling Children were ruled with firmness (with or without physical punishment) and obedience to and respect for the parents was expected. Pressure to achieve and to behave well is often present with father regarded as the ultimate authority. Threats such as 'Wait till your father gets home may have been used' and the family's rules of behaviour may have their origins in higher, religious or cultural traditions. There is a sense that the pressures of this kind of regime largely achieved the family regulation and levels of achievement it set out to do.

3

Control is still experienced but it is felt to be benign and is accepted as part of a cultural tradition and a necessary means of raising children for their own good. Responsibilities and obligations are accepted and pre-adolescent life is usually harmonious. Mild rebellion may occur in adolescence in relation to either teachers or parents. Where the needs of a sibling or other family member dominate family life (e.g. because of illness or special ability) this is accepted despite some curtailment of the family activities.
Parents were seen as taking real responsibility for their children's development and for directing them appropriately and this may relate to family traditions. There may also be reports of parents having experienced very strict up-bringing themselves and being concerned to allow greater freedom to their children. Sometimes this may have resulted in conflicts about priorities and regulation. Involvement may become a feature as parents strive to find acceptable solutions. Pre-adolescent childhood was likely to have been relatively harmonious but there may have been considerable conflict thereafter, sometimes dividing the parents in their views about priorities particularly about curfews and weekend social activities. Rebelliousness may be a feature of relationships with one or other parent in adolescence and also with authorities outside the home.

At this level, the child felt well supported in any initiatives. The child's development was actively encouraged in the direction of independence without the exertion of pressure. The child felt encouraged and backed up by parents, but always in positive ways and never as control or pressure to do well. There are no explicit reports of neglect.

For the parents, the well-being and advancement of the child remained a priority. There may have been early encouragement of work e.g. on a paper round but this was moderated by the degree of parental support (like accompanying the child or driving him round his area). The child's own interest in sports or other extra-school activities are readily supported with parents willing to provide back-up in providing transport, paying for special classes, coaching, special clothing or equipment etc, even when this might involve financial sacrifice for the parent. The parents' support and encouragement could be relied on and there is often an acknowledgement of this. "If we needed it, we got it. A way would be found, somehow". Academic or sporting success was applauded without being expected of the child.
Recall is often of a stable and largely loving family life. The child seems to have been self-confident and allowed to develop at his own pace but there is also a pervasive feeling of parents having time for the child. The child went confidently to nursery school which is remembered as an enjoyable experience. On the whole, conflicts with other children, teachers or within the family, whilst not absent, were of a minor order since the child's own initiatives were not curtailed. Alternatively, there may have been some parental neglect to which the child responded in self-reliant ways. Generally positive attitudes to academic or sporting performance were not supported by any parental action or guidance and so not experienced as incentive.

The parental attitude is portrayed as one of *laissez-faire* in a generally loving but easy-going family atmosphere and this may be related to a positive belief in allowing children to develop without pushing. Alternatively, this degree of freedom may result from relative neglect, by parents unwilling or unable to put themselves out for their children. There will have been little active interest in the child's education, activities or achievements and positive feedback on achievement is reactive and limited to the immediate context. Parents may be pleased with achievements but do not actively encourage further development.

At this level the subject emphasises fierce independence: "I can't think now, how I had the nerve to do it on my own". Include here the child who gladly took on significant adult responsibilities, perhaps linked with parental neglect but not those who felt, resentful, burdened and uncared for. Acting in loco parentis was experienced as empowering "I was allowed to smack the (younger) kids - and I did!" Independence may have been imposed, like going to boarding school but this was welcomed as enjoyable and part of growing up. "I always loved school from day one. I loved boarding school. I
didn't mind being away from home. I saw it as part of growing up. At this level, any neglect was experienced as freedom to roam or explore.

Parents are frequently seen to place a high value on independence with risk-taking activities seen as exciting and character building. Freedom of movement and outdoor life may be relished and encouraged, whether or not parents share this interest. The child's active and energetic interest in high-risk sports may sometimes create anxiety for the parents, but they do not intervene or restrict choices. The child is given considerable freedom of choice, with no suggestion of neglect, rather do the parents enjoy and encourage independence but to a level that other parents might feel carried too much risk. Alternatively, neglect resulting from parents incapable of adequate parental care which was experienced by the child as opportune and liberating would also be rated here. At this level, childhood is described specifically in terms of the freedom enjoyed, with explicit use of the terms 'space' and/or 'freedom'.
APPENDIX 2.5.

VIOLENCE SCALE

This scale assesses the extent to which the subject seems to have experienced violence in relation to his attachment figures. Violent motor action is only one form of aggression but the only one relevant to this scale. Many other forms of behaviour may contain an aggressive function expressed either actively or passively but this is excluded from the present scale. For the purposes of this scale, only violent aggressive action with the intention of inflicting pain or causing damage to the physical body is being rated. The rating of this scale applies only to such violence in relation to attachment figures; to experience, or reports of experience of violent behaviour in parents or carer directed towards each other, their children, or themselves. It excludes playground fighting or childhood fights between siblings. Violence relating to an experience of being involved in an accident or of witnessing an accident would not be relevant to this scale, nor would attraction to violence on the screen or interest in violent sports.

In his paper Formulations on the Two Principles of Mental Functioning (Freud 1911), Freud introduced the idea of thinking as ‘experiential action’. He saw the development of a thinking function in man as an evolutionary development allowing restraint of action and motor discharge in favour of a capacity to tolerate an increase of tension and enabling postponement of motor discharge. In a further development of Freud’s view, Bion identified thinking with the capacity to meet and manage frustration, neither overwhelmed by frustration nor having to adopt Avoidant measures (Bion 1962a).

This scale is concerned with the subject’s exposure to violent, uncontained emotional outbursts where self-control and the capacity to ‘postpone action’ has been inadequate. It seeks to measure the degree of impingement on the subject’s sense of personal
security with the attachment figures in childhood. High scores on the scale are likely to be associated with low levels of security. At the low end of the scale, there may have been mild smacking as a means of discipline but these are of rare occurrence and are not associated with fear of the adult. At scale mid-point physical punishments are a feature of ‘strict’ parental discipline. The child may have lived in an atmosphere of rigidity and intimidation but this may nevertheless, have been accepted with respect as ‘character building’. At the extreme end of the scale the child has witnessed or experienced frightening violence to a parent, to a sibling or to himself. Enduring fear of violence or excessive concerns with protection from violence characterise the discourse. There are references to murder or suicide in the family or community and in extreme cases incidence of such in the subject’s experience.

The subject receiving a 5 on this scale has had “good enough” care or otherwise very loving care which included an occasional and moderate level of physical chastisement. It did not give rise to lasting resentment. ‘Oh, she would give you a clout if you were cheeky. “I'll give you cheek” she would say, but then that was the end of it’. Scores of 7-9 will be given to subjects whose childhood was lived in fear of violence to themselves or to an attachment figure.

**SCALE**

1  The child did not experience violence or threat from either parent, carer or other adult. Discipline in childhood did not involve the use of physical punishments or threats whether or not childhood was experience as a happy family environment.

3  Mild corrective discipline was administered, involving some physical contact like smacking on the legs or the back of the hand. These episodes were infrequent and not particularly feared as painful. The disapproval implied was the deterrent and this never amounted to a source of grievance for the child.
5 A definite fear of a parent's “strictness” and uncompromising disciplinary measures was present in childhood. Physical hurt was experienced but always in the context of discipline and correction. Not infrequently, this was accepted as a necessary deterrent and viewed as a toughening, character-building preparation for life. Care has to be exercised in differentiating this attitude from muted references to abusive treatment which can barely be acknowledged as such. Compare (a) “I never held it against him because I always knew he was really on my side.” (b) “Yes, sometimes it did go a bit far but I expect I deserved it. I don’t remember”. In this category, fighting with siblings or peers may also be a feature of childhood memory.

7 The child has been witness of violence between the parents or other close relatives. There are memories of persistent fears of violence to a parent or sibling. Continual watchful listening for ominous signs and fear for the safety of the self or a loved one was a condition of childhood. Fear of violence is a strong characteristic. At this scale point there are often references to murder and/or suicide in the family or in the community.

Personal experiences of violence and/or threats to life are reported. There may have been abusive treatment in the name of discipline or experiences of gratuitous violence to the self or to other members of the family. In this category, suicide or murder has occurred within the family or its immediate circle of relatives or friends.
## APPENDIX 5.1

### DATA FROM ADULT ATTACHMENT INTERVIEWS

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