

THE MEANING OF THE CHILD TO THE ADOPTIVE PARENT: UNDERSTANDING THE CONTRIBUTION OF THE PARENT TO THE PARENT-CHILD RELATIONSHIP IN ADOPTION

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Introduction: The need for a relational approach to adoption

The perception that adoption is an easy and clean solution to the socially uncomfortable problem of child abuse perhaps, at least in part, contributes to its prominence in the political agenda over the years. The present is no exception, and the Government's recent paper, *'Adoption – A vision for Change'* (Department for Education, March 2016), promises a 'radical redesign of the adoption system' (p 4) to tackle the issue of delays to children being adopted. The document is dominated by a rhetoric of speed, rapidity and avoiding 'waiting', 'bureaucratic barriers that do not add value', 'damaging delay'; calling for 'social workers driven by a sense of urgency' (p 7). The concern to avoid delay and uncertainty for children is well founded, and will not be challenged here, but it is less clear that there is the same level of understanding of the differing causes of delay, and how these might be tackled without leading to a climate of rushed and superficial decision-making. Unpicking all of this with sufficient nuance and recognition of complexity will not be attempted here; it has been raised to highlight one particular issue of concern: the focus on adoption as a preferred placement option (with local authorities setting targets for the number of adoptions made); an ideal status that must be realised as soon as possible, which draws attention away from understanding adoption as a relationship, and a particular kind of parent-child relationship. Self-evidently, it is not the placement type in and of itself that makes a difference to the welfare of a child, but a particular parent-child relationship that is supported (or not) by the legal process. When the carers themselves become simply a role, rather than being seen as people who are both impacted upon, and personally impact, the relationship, then critical issues get missed and, ultimately, the child's experience is not properly understood.

This article draws on the author's experience of using procedures assessing the attachment relationships of children and adults, to understand the relationships between adoptive parents and their child(ren) in cases where those relationships are at breaking point. Professionals intervening in these cases are often puzzled by how well-meaning, stable and apparently well-functioning adults have got to the stage where they perceive their adopted child(ren) in harsh and rejecting terms, which do not sit easily with professional 'child-centred' perspectives. At the same time, adopters in these situations often feel

blamed and judged by professionals and the society around them, and feel that the problems their child presents have been ignored, minimised and dismissed by those who should be supporting them. Being able to see these difficulties as arising *in relationships*, rather than out of deficiencies in individuals, not only brings genuine understanding to the situation, but also a way of diffusing some of the tension, blame and self-blame that makes cooperating on a way forward so difficult.

Adoption as an attachment relationship

Looking after children who have been endangered and are moving to a family, who are not their family of origin, challenges the attachment system of both children and adults in unique ways. Attention needs to be paid to the impact of the child on the adopters as well as the pattern of relationships of the carers themselves. In particular, attention is needed to how an adoptive parent *thinks* about their child and their child's experience, and is supported in doing so. As in all parent-child relationships, this plays a critical role in how the parent-child relationship unfolds (Grey and Farnfield, 2016). However, adoption poses further challenges that do not exist in birth parent relationships. The act of bringing up a child who is not your biological child, and whose early childhood experience you have not been part of, is common to other relationships, such as step-parent relationships, and some similar issues apply. However, involuntary adoption also involves taking on a child who has, almost by definition, experienced trauma and loss, and who is the birth-child of parents who are documented as dangerous or deficient in some way. In addition, the adopters may themselves carry issues of loss into the relationship, as these often are a powerful motivation to adopt (and not necessarily a problematic one, as will be explored below). The issue is not so much what an adoptive parent has experienced, but the sense they have made of that experience and the impact of that on what sense is made of the child's experience and behaviour.

Reflective functioning

This capacity to think about one's own experience and that of another (such as a child or partner) is known as 'reflective functioning', or 'mentalising'. Reflective functioning refers to the capacity to understand the behaviour of oneself and others in terms of underlying mental states: for example, desires, beliefs, intentions, and feelings (Slade, 2005). It is associated with sensitive parenting and good outcomes for children in both the general population and in adoption (Slade *et al.*, 2005; Steele *et al.*, 2008). The need for substitute parents to be able to perceive, contain and hold in mind the experience of a child whose history is in all likelihood very different from their own, makes the need for a reflective capacity particularly critical.

Traumatised children need to externalise the traumatic feelings that they

cannot process for themselves, and so tend to project them onto those caring for them (Fonagy *et al.*, 2004). This can be an incredibly overwhelming and destabilising experience for adoptive parents especially, who find themselves treated as if they were the abusing parent, without always being fully prepared for this. A capacity for mentalisation – seeing the child’s experience for what it is, and putting it in its fullest context, can be key to managing this without needing to resort to either blaming and rejecting the child, or withdrawing from the relationship.

Reflective functioning can be formally assessed using the Reflective Functioning Scale (Fonagy *et al.*, 1998; Slade *et al.*, 2005) which scores for the presence or absence of mentalising. Different ways of mentalising are also examined in ‘The Meaning of the Child Interview’ (MotC: Grey and Farnfield, 2016, in press), which focuses more on the impact of different ways of thinking about the child on the parent-child relationship (*see below*). Whilst using a formal assessment procedure can be powerfully informative, this is a concept that all practitioners working with adoptive parents (or any parents) should be alive to. Essentially, this involves paying attention to whether or not the child’s behaviour (and that of the parent) is perceived in terms of the mental states that gave rise to it (for example, fear, anger or desire for comfort, and how these states themselves came about), or simply in terms of its (presumably negative) consequences. It is not simply that the parent says mental-state words (for example, ‘wanted’, ‘felt’, ‘thought’, ‘believed’), but is using this language to tease out and explore different possibilities for what has happened.

Understanding the experience of others (and indeed ourselves) is an art as much as it is a science. It involves considering different possibilities, ‘playing with reality’, and testing out which ‘story’ about what happened best fits and is most helpful. When it is impaired, parents tend to cling firmly to one, often self-justifying, explanation for what happened, because consideration of the child’s perspective and reality feels too threatening or alien; or alternatively they avoid thinking about either the child’s or their own subjective experience altogether (Fonagy *et al.*, 2004). One way of doing the latter is to borrow professional language or common social stereotypes and to use them in a very generalised manner without applying them to specific experience, or making them personal in any way.

With the exception of some disorders such as autism, most failures to mentalise are the result of experiences of danger or loss, aspects of childhood or later experience that made thinking about one’s inner experience too threatening, or simply irrelevant to getting by. Children learn to give meaning to their experience by having it attended to by others; by having caregivers who see them as intentional beings and invest their experience with significance (Fonagy *et al.*, 2004). This is why reflective functioning is especially critical in those who adopt, as without carers who can attend to and make sense of the child’s most

difficult and frightening experience, it will remain forever unprocessed, and so 'unmentalised', exerting a powerful hold on the child's actions and experience, but inaccessible to conscious thought and not amenable to change. This is especially difficult for adopters who are themselves carrying experience that cannot be properly reflected upon, or which continues to confuse them. It is entirely common for otherwise well-balanced and reflective adults to carry around 'pockets' of unprocessed and unprocessable experience that disrupts their otherwise perfectly adequate ability to make sense of themselves and others. This 'unresolved loss or trauma' can exert a powerful influence on the adoptive parents' developing relationship with their child.

Unresolved loss and trauma

Loss or traumatic experience can be a powerful motivator to fostering and adoption, as well as work in the caring professions. Almost by definition it is characteristic of children in the care system (including those who are subsequently adopted), as these children have lost parents and/or carers, in addition to the experiences that brought them into the care system. This commonality is not necessarily problematic and can lead to carers having a greater openness to difficult experience and empathetic understanding of the child's experience.

However, in some cases, a failure to 'resolve' loss or traumatic experience in such a way as to allow thinking and feeling about the experience without being overwhelmed (Crittenden and Landini, 2011) can lead to difficulties where substitute parents are either threatened by the child's difficult experience, or 'enmeshed' and overly identified with it. Both can have significant consequences for the placement and the child's development. The loss involved for adoptive parents may be the loss of their own fertility and the birth child they never had; this can place a huge burden on the adopted child to replace the 'lost' child that they are still grieving. This can be compounded by failed fertility treatment, which can leave adopters with a sense that there is something deficient in them. Farnfield's study of adopters using the Adult Attachment Interview found much higher than expected incidences of attachment 'disorientation'; a rare kind of confusion about close relationships which involves holding together incompatible ways of understanding those around them. His hypothesis is that this relates to a difficulty in coming to terms with one's own lack of fertility, combined with looking after 'someone else's' biological child (Farnfield, 2012; *see also* below). Similarly, the child's unresolved loss and trauma can unearth issues for the adoptive and foster parents, eliciting feelings that they are able to dismiss in other relationships, but can be powerfully destabilising in their relationship with their adopted child.

Unresolved trauma and loss can be identified using the Adult Attachment Interview (AAI: George *et al.*, 1985; Crittenden and Landini, 2011), but it is

something that all those working with adoptive parents are alive to. Too often in our experience, assessments elicit the traumatic events, but practitioners do not evaluate whether the parent has really resolved it. *Preoccupying trauma* is the easiest to spot, as it is ever present in the adult's mind and often in their conversation. Almost any emotionally arousing situation elicits feelings that relate not to what is currently happening, but to the trauma or loss that the adult has experienced, potentially overwhelming them (Crittenden and Landini, 2011). When discussed, the adult and the telling become flooded with too much detail, often graphic imagery, as if it is being relived in the present.

By contrast, with *dismissed trauma or loss*, the reverse process can be observed. All, or almost all, thinking and reflecting on the traumatic event is suppressed, lest it should overwhelm the adult in the present. Discussion of critical events is either avoided, or the significance of them is denied. This can result in a failure to protect both oneself and one's children, because the adult suppresses feelings, thoughts and concerns that might help them to act protectively in the present. In addition, the adult is vulnerable to being surprised or caught off guard by overwhelming feelings, which are normally suppressed.

All trauma and loss acts has a kind of 'landmine', threatening to 'explode' in ways that derail the relationship during particularly stressful or emotive situations (Crittenden, 2015). However, the cumulative effect of these interactions, and the meaning they hold for the adoptive parent and child, can exert an influence upon how the relationship as a whole is perceived. This developing narrative, the 'meaning of the adopted child to the parent' can become a kind of script, or 'blueprint', for the relationship (Reder and Duncan, 1999), and take on a powerful hold.

The meaning of the adopted/fostered child

All children hold a psychological meaning to their parents, a script or narrative through which the child's experience is interpreted (Reder and Duncan, 1995). In the case of adoption this is influenced both by the adoptive parents' prior expectations of adoption (and motivation to adopt) and their understanding of the child's history and parenting. Adoption involves taking into your home and heart, a child whom you may well have been told comes from bad or dangerous parents. This runs against the grain of the biology of attachment, which can be seen, albeit crudely, as a behavioural system developed to enable the passing on of one's own genes and protection of one's progeny. In many, perhaps most, cases, the adoptive relationship progresses well, so this does not present a particular problem. However, in some cases, when adoptive parents are struggling with the child, and perhaps also experiencing issues around their own fertility (which may have been emphasised by failed fertility treatment), this can colour the meaning that the adoptive parents give to these difficulties and they

can feel, as one adoptive parent put it to us, that they are bringing up an ‘alien in [their] family’.

In addition, the adoptive relationship is first and foremost an attachment relationship and, like all such relationships, involves intense emotions. As Bowlby explores, looking after any child is an exhausting and emotionally challenging endeavour, but one that is managed because of the intense joy and pleasure such relationships can bring:

‘If it goes well, there is joy and a sense of security. If it is threatened, there is jealousy, anxiety, and anger. If broken, there is grief and depression.’
Bowlby (1988) p 3

In relationships that cannot be reciprocal, as is the case in many adoptive relationships where the child is externalising their own trauma and abuse and cannot ‘reward’ or even actively rejects the parent, this threatens the relationship and can break it, with all the attending feelings that Bowlby identifies.

These feelings can dominate, and sometimes distort, the way in which the adoptive parent perceives the child and their relationship with the child. The adoptive parent gives a meaning to their experience that helps them to cope, but often defensively either avoids examining their genuine experience in order to feel all right and to present an acceptable face, or intensifies it, blaming the child, in order to elicit support and avoid feeling ashamed and a failure. These issues may be examined and assessed using the Meaning of the Child Interview (MotC). Once again, however, practitioners can be alive to these issues in their ‘everyday’ visits and discussions. What is needed is developing an ear for the way in which parents speak about their child and relationships, not just the knowledge they exhibit. This is best illustrated by example, so is developed in the Case Study below.

Case example: the Peters family¹

Jill, a nursing manager in the NHS, and Chris, a management consultant who runs his own business, adopted two siblings, Emily and William, six years ago, and they are now aged 11 and 12. Both children had suffered severe neglect and possibly other kinds of abuse, owing to their substance-abusing birth mother’s failure to protect them. A psychologist’s assessment had suggested that William was ‘unadoptable’, but his foster carer felt that with firm boundaries and clear routines both children were doing well and could make good progress in an adoptive placement.

¹ This is a fictional case, in order to protect anonymity, but one that has been put together out of genuine case material, for which the families gave consent to be used anonymously for these purposes. However, it should not be taken as reflective of any individual that the author has been involved with.

Jill and Chris could not have their own children and Jill had undergone fertility treatment. After this had failed, the couple decided to adopt. They had heard about the children in an adoption fair they had attended. Jill recalled seeing a picture of the children and just 'knowing' instantly that these children would and should be hers. Chris spoke to the foster carer who was at the fair and felt that they could offer the same kind of stability and clear routines in which the children had made such progress.

Almost from the start, however, whilst Emily appeared to settle well, William struggled. He had frequent temper tantrums, in which he would scream for what felt like hours, and there was nothing that Jill and Chris could do that seemed to make a difference. As William got older, although the 'tantrums' became less frequent, the situation itself became worse. He became more openly defiant, especially towards Jill, and simply refused to do as he was asked, or hid himself in his room for most of the day. What was particularly challenging for his parents was that he seemed to come alive when visitors were there; many of their friends saw him as delightful and could not see the difficulties. This had led to them being estranged from some family members and close friends. More recently, William had started saying that he wanted to live somewhere else; he would generally ask to be parented by the last person they had spent time with. Jill found this especially difficult to deal with, and so began to withdraw from his care, except as absolutely necessary, feeling hurt and rejected. Chris was taking more and more time off work (he ran his business from home) in order to take on more of the parenting of William. At school, William was progressing okay with his work, but was very socially isolated, and easily got into fights and other aggressive incidents. What horrified his parents was less what he did, but that he appeared to show no empathy or remorse for anyone else's suffering or pain.

So far as Jill was concerned, Emily appeared to be doing well. She could be naughty and provocative sometimes, but she always knew how to say 'sorry' and put things right. At home, she presented no problems at all for the couple. However, outside the home, she was extremely shy and sensitive, and very unwilling to part from Jill. Leaving her at school appeared to be a particular problem, which Jill had got around by taking every opportunity she could to be around the school. She volunteered to help with the children's reading, go on school trips and so on. She took Emily to a number of activities through the week, always staying with her and supporting her, feeling that others did not understand her properly.

The situation began to cause problems between Jill and Chris. Jill thought that Chris did not fully appreciate just how difficult and rejecting William was towards her and did not sufficiently support her when he was being difficult. She also felt that he was dismissive of Emily's needs. Chris, for this part, felt that Jill should make more of an effort with William, while leaving Emily to manage more on her own, instead of tending to 'mollycoddle' her. However, he was also angry with

professionals, who had not recognised the seriousness of William's problems, or those of the family as a whole, or offered significant support. The situation had got to breaking point. Jill wanted William removed from their care and to focus on just Emily. For Chris, to 'give up on' either child would be a failure that he could not countenance, and that what they needed was proper support from outside agencies. Chris and Jill's relationship was also at breaking point.

Both parents were interviewed using the Adult Attachment Interview (AAI) and the Meaning of the Child Interview (MotC). The children's relationships and functioning were also assessed, but they are not the focus here, critical though they would be to any assessment.

Jill had been brought up by both her parents, the eldest of three siblings, but she enjoyed a closer relationship with her father. She described her mother as 'fragile and moody' and felt she had to be the 'strong one' in that relationship. She felt that she and her father had a kind of 'special understanding', and reported how they would give each other a 'look' when her mother was 'going off on one'. At times, she appeared to have too much of her father's perspective, echoing complaints about her mother as a wife and partner (often with sexualised content), as if they were her own thoughts and perspective, rather than that of her frustrated father. Her interview suggested an 'enmeshed' relationship with her father, where her father had leaned on her psychologically and drawn her into an alliance against her mother, which she could not see. She was privileged to too much adult information, which she could not make sense of and which had left her with a deep confusion about her own experience and feelings. She also spoke of the recent loss of her father, in overly detailed and graphic terms, emphasising their special connection and understanding, and how he had communicated at the end especially to her, when the rest of the family had briefly gone out and missed his dying moments. Her recent loss of her father, who had, whilst leaning on her, also made her feel 'the special one', left her seeking to fill the void through adoption. Her unacknowledged sense of being irrelevant and unimportant, the result of the manner in which she was drawn into her parents' conflict and not seen for who she was, was compounded in her experience of failed fertility treatment, leaving her with an enduring sense of being deficient.

Jill brought this insecurity, role-confusion, and self-doubt into her adoption of William and Emily. It was there at the outset in her 'instant' attachment to the children and almost magical sense that they were 'right' for her. Her language in describing this echoed the way she talked of her special connection with her father. Unfortunately, neither child, but especially William, was able to fulfil the need being expressed in this. It was not simply that William's behaviour was difficult (though it was), but that William could not reward her in any way, or give her a sense that she was being effective as a parent. She described him as a 'black hole' who sucked the life and good feelings out of her. With William,

she said, you could not feel a proper parent. Jill oscillated between incompatible and unintegrated perspectives. For example, at times, she took a more distant, analytic stance, where she sounded very professional, balanced and reasonable, but her language was impersonal:

'I know he doesn't do it intentionally, it's not his fault. It is, you know, to do with whatever else he's been through; It's his traumatised self.'

At other times, she used raw, emotional statements that were blaming in tone, voicing her hostility and pain:

'He has no respect for me, for the fact that I'm supposed to be his mother, his mummy. He has no intention of listening to me, and he would rather listen to anybody, so if I asked him to do anything, when I say anything, he explodes.'

When talking about his refusal to clean himself properly, she spoke of how she struggled with William often being 'a horrible, stinky, greasy-haired, smelly individual'. Neither stance was truly a mentalising one. Jill's analytic stance, whilst appearing reasonable, was disconnected from how she actually felt about William and her actual experience of parenting him. When she did talk about her actual feelings and experience, she tended to project her feelings onto him, to assume on the basis of how strongly she *felt* rejected, that this was what he was consistently, deliberately and actually doing. William's behaviour reinforced her sense of being a failure and of being deficient, and these internal feelings of self-loathing and blame, elicited by William's challenging behaviour, were externalised as coming from him rather than reflecting her own inner state (even if elicited by William's behaviour). Faced with this 'Hobson's choice' between seeing herself or William as bad, she had withdrawn from the relationship as far as she could.

With Emily, Jill spoke in glowing, exaggerated and idealised tones, and she brightened and came alive talking about her. Emily's cheerful and positive outlook at home was contrasted with William's dour demeanour. Emily made Jill feel like a proper mother. She was aware that Emily had difficulties, but felt that she had a 'special connection' with Emily, an 'unbreakable bond'. School and sometimes even Chris struggled with Emily's tendency to withdraw if things didn't go her way, but Jill felt that others should be working a bit harder with Emily; if you knew the things she was sensitive about, or particularly needed, then she flowered. As with William, Jill's perceptions of Emily were skewed by her need for a relationship that affirmed her and replaced the loss of her father and the sense he had given her of being special. Her sense of being critical to Emily's welfare, of being the only one who truly understood her, helped to counteract her sense of being a failure as a mother, a sense derived from her

early experiences and failed fertility treatment. Emily made Jill feel a real mother, just as William made her feel a fraud.

Jill's understanding of Emily's experience, like her understanding of William's, was based upon her own inner feelings, but Emily embodied her need, whereas William represented her fears. This echoed her enmeshed relationship with her own father, and just as he had never truly 'seen' her, for all their 'closeness', Jill risked the same with her daughter. There was no room in the relationship for any difficulties, for Emily to be frustrated with her mother, or indeed to need anyone else. This had become problematic for Jill's marriage with Chris, as she was perhaps too free about her frustrations with him in front of Emily. In the interview, Jill related with too much pleasure how Emily had told her teachers that 'Daddy doesn't love mummy enough'. Jill appeared to be experiencing both her needs and her frustrations through Emily, but this left no room for Emily to have a separate perspective from Jill, as well as her own voice. Although apparently doing better than her brother, this could become equally problematic for Emily in the long term.

Chris's father was in the military, while his mother had stayed at home to look after him and his younger brother. His younger brother was diagnosed with ADHD and his mother had continually struggled with his behaviour. Chris was relied upon to be the 'good' one, conscientious and successful, but there was a sense from Chris's interviews that he slightly resented his brother's constant claims upon his mother's energy and time. He received praise from his parents for his achievements, but there was also the sense that this was an expectation. Chris needed to toe the line and do the right thing, allowing his mother the space and energy to manage his wayward brother. Chris was to be the one whose achievements his parents could boast about. This background gave Chris considerable drive and he was reliable and loyal, but he tended to look down on those who did not 'pull their weight', or were 'always drawing attention to themselves'. He had not experienced any significant trauma, but there was a need for him to prove himself and be a success, as this had been the way in which he had merited parental approval and attention.

This fear of failure was also something that Chris brought into adoption. It had been reinforced by his experience of the failed fertility treatment, as this lay behind what he described as 'an overwhelming sense of failure'. He was able to talk openly about the IVF treatment and how the difficulties with William especially had opened a wound:

'You go through the IVF and all that stuff, and then you have to get over that, because you can't go on any other way. A lot of that comes back up to the surface, because it's all about that – all of those times when you felt challenged and loss, and all the rest of it, come back – you know it all comes

back to the surface again. The biggest problem is that he reminds you of your failure every time.'

This lens of success and failure was central to how Chris perceived his relationships: 'It's all about that'. It gave him, however, a somewhat rule-centred approach, which precluded an ability to truly understand the perspective of either of the children, or Jill, and he was frustrated with all of them. Rather than genuinely mentalising in his relationships, being able to explore the ways in which the children and Jill might feel, Chris tended to see interactions in terms of observable goals and outcomes. He couldn't understand why others did not do the rational thing, and so could not explore different feelings and motives behind his children's behaviour. He had some sympathy for William's position, recognising the breakdown of William's relationship with Jill; however, he felt that William needed to 'do his bit', to 'make the first move' and to show more respect to Jill if there was to be any progress. Chris also thought that Jill 'pandered' to Emily, who needed to recognise that 'the world did not revolve around her'. Above all, though, he felt 'the glue coming apart' as far as his family was concerned and lamented that no one seemed to be able to 'pull together' and 'find a solution'. At some level, Chris recognised that the skills that made him a success in the outer world seemed to be of no use in his close relationships, resulting in him feeling impotent and hopeless.

Conclusion

In examining the ways in which the insecurities Jill and Chris had brought into adoption had shaped their relationship with the children, it is not being suggested that they are to blame for what went wrong, or that it is all because of them. Both Emily and William carried significant trauma and traumatised ways of relating into their adoption, for which their adopters were never truly prepared. Jill and Chris are 'normal', 'good' people, whose history does not involve abuse, and contains experiences of danger and loss that are not overly unusual or rare. Yet the issues that contributed to their struggles could have been identified prior to the children's placement and support offered, or possibly a more suitable match found.

The worry is that professional and political pressure for speedy adoption will lead to collusion with the unmet needs of adopters like Jill and Chris, resulting in the couple looking at adoption without fully recognising its emotional cost, and professionals seeing two 'difficult to place' children adopted without acknowledging or preparing for the potential difficulties. The sensitive use of attachment procedures such as the AAI and MotC, or use of the thinking and approach underlying them, can bring to light these issues. Past and present experiences of suffering can be brought into the open and support offered, without any kind of fault-finding exercise, or reinforcing anyone's sense of being

deficient or as failing in some way. Far from being a ‘bureaucratic barrier’ to a child being placed for adoption, this kind of work may prevent the considerable and sometimes tragic suffering that arises out of such flawed situations being rubber-stamped, with all concerned just hoping for a fairy-tale ending.

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