

COMMUNICATION AND SOCIAL WORK FROM AN ATTACHMENT PERSPECTIVE

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This paper explores communication within social work from an attachment perspective. The capacity to communicate openly and confidently is a crucial aspect of the social work task. Two particular theories are explored and described: firstly, the sequence between the infant and the primary caregiver of attunement, rupture and repair. It is argued that this pattern is present in all relationships and that the negative aspects of it can become re-evoked within the social work task, both in relation to clients and fellow professionals. Secondly, the concept of reflective function is explored which has particular relevance to social work. The paper explores the practice implications of these two ideas. Various suggestions are made as to how training courses can enable social workers to improve their communication skills.

Key words: Communication; rupture; reflective function; attachment theory.

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Introduction:

Reder and Duncan, in an important recent article, draw attention to the key role of communication within social work and the fact that numerous inquiries into child deaths have pointed to poor inter agency communication as being one of the key elements in these tragedies (Reder and Duncan, 2003). This article is an attempt to develop this dialogue by thinking about communication from an attachment perspective. The move towards multi-agency work is likely to highlight the importance of communication as a crucial skill. Thus, 'Every Child Matters' identifies the ability to communicate as one of the key aspects of the Common Core of Skills and Knowledge (Every Child Matters, 2004).

There is now an increased interest in the whole area of communication from a psychological perspective. There is a growing awareness that it is necessary to try to understand what it is

that leads to failures in communication. Thus, Ferguson writes of the impact of fear, violence and emotional pain on social work practice and the consequent implications for communication. He comments that the Laming report into Victoria Climbié's death 'presents rational and naïve solutions to what must be understood as often irrational and inherently complex psycho-social processes' (Ferguson, 2005). Similarly, Rustin comments on the impact of the mental pain on those working with Victoria Climbié. She talks about the defences which individuals use to defend against witnessing emotional pain and suffering in others (Rustin, 2005). Her arguments apply equally well to the whole area of communication and the way in which defences and irrational behaviour can interfere with the ability to communicate openly and transparently.

This interest in communication is also being developed in other professions. The concept of emotional intelligence or emotional literacy is being emphasised within education and learning (Weare, 2004). Antidote define emotional literacy as the 'practice of interacting with others in ways that build understanding of our own and other's emotions, then using this understanding to inform our actions' (www.antidote.org.uk). As will become clear, this idea is similar to the concept of reflective function.

Attunement, Rupture and Repair:

I begin by thinking about communication between the primary caregiver and the infant, the prototype of all communication. Over the past thirty years there has been a considerable amount of research into this earliest relationship, including extremely detailed observations of parents with their infants. Attachment researchers (Fosha, 2003, Solomon, 2003) now speak about the ideas of attunement (the co-ordination of affective states), rupture (the lapse of mutual co-ordination) and repair (the re-establishment of co-ordination under new conditions) in relationships. Fosha gives an example of this sequence: attuned mutual co-ordination between mother and infant occurs when the infant's squeal of delight is matched by the mother's excited clapping and sparkling eyes. The baby then becomes overstimulated, arches its back and looks away from the mother. A disruption has occurred and there is a misco-ordination: the mother, still excited, is leaning forward, while the baby, now serious, pulls away. However, the mother then picks up the cue and begins the repair: she stops laughing and, with a little sigh, quietens down. The baby comes back and makes eye contact again. Mother and baby gently smile. They are back in sync again, in attunement with each other (Fosha, 2003). This sequence of attunement, rupture and repair is repeated countless times. As long as the periods of rupture are not too intense or long lasting, the process of repair helps the infant to begin to regulate his emotions, to transform negative affects into positive affects and to transform disconnection into reconnection. Success with efforts to repair rupture leads to an emotional 'stick-to-itness' in the face of

adversity, which is at the heart of resilience. In these terms, one aspect of resilience is the ability to reconnect with another after an experience of rupture.

It is also important to acknowledge that these moments of rupture occur in all relationships. Fonagy and Target comment that even the most sensitive caregivers misunderstand their infant at least 50% of the time (Fonagy and Target, 2001). What does become important, however, is to what extent the individual child becomes able to tolerate these inevitable moments of rupture.

Interestingly, couple therapists are now saying that a defining factor in relationships that last is the ability to reconnect after an argument; that rupture is inevitable but that what becomes significant is whether individuals have the resilience to re-establish an intimate connection and enable repair to happen (Solomon, 2003).

Rupture can occur when the caregiver is unable to maintain attunement in the face of the infant's self-expression. For instance, distress in the infant may provoke the caregiver's anxiety; desire for contact may elicit the caregiver's withdrawal; the offering of love may be met by indifference. In other words, some aspect of the child's emotional being can trigger profound discomfort in the caregiver. The response may be the one either of omission (e.g. withdrawal, distancing or neglect) or of commission (e.g. blaming, shaming, punishing or attacking). When this happens, the experience of rupture may not be able to be repaired.

Prolonged periods of rupture can lead to feelings of protest and anger and, ultimately, to feelings of fear and shame. Indeed, the process of repair will often require the adult to attune to the infant's feelings of protest and rage following the rupture: repair requires acknowledgement of the feelings evoked by the rupture. When fear and shame are elicited by disruptive experiences and cannot be repaired, individuals find themselves alone, emotionally overwhelmed and unable to rely on the safety of the emotional environment. Repeated experiences of disruption and of being misunderstood can lead to an individual developing a deep sense of shame about himself. This sense of shame is an emotional reflection of the loss of connection with the caregiver, drawing its power from the need to stay connected for survival (Cozolino, 2002).

Modern neuroscience argues that our early experiences with our primary carers become internalised within us and become an organising principle throughout our lives (Cozolino, 2002). Our patterns of communicating will be largely shaped by these early experiences with our primary carers.

This has implications in terms of communication: in order to be a 'good communicator', it requires the individual to be resilient enough to tolerate the inevitable periods of rupture that occur in all communication. If the individual's experiences with his primary caregiver were not 'good enough', he is likely to

experience powerful feelings of anger, fear or shame when disruption occurs. Individuals will, of course, deal with these feelings in different ways, some by withdrawing, others by attacking. I would suggest that inter agency communication, with powerful dynamics of envy and mistrust, are likely to intensify these feelings. For example, a social worker experiencing a moment of rupture or potential conflict in relation with a doctor may quickly re-experience feelings of shame, of not being 'good enough'. When faced with such feelings, one response would be for the social worker to withdraw out of a sense of shame and not pursue her argument. If there is disagreement or conflict, such a social worker may not have the confidence to hold to her own position. The social worker may lack sufficient resilience to be able to tolerate this moment of disruption without being transported back to earlier, traumatic experiences of disruption. In addition, child protection work can evoke very powerful, primitive feelings in us, which touch us and our relationships with our primary carers on a deep level. Faced with such stresses, the likelihood is that we will fall back on earlier modes of functioning.

It then becomes easy to see how this dynamic can interfere with clear, effective communication. Much of the mis-communication referred to in the Climbié Inquiry can be thought about as being an experience of rupture followed by a lack of repair. Reder and Duncan give the following quote from the Climbié Inquiry:

A paediatrician reflected to the Inquiry: 'I cannot account for the way people interpreted what I said. It was not the way I would have liked it to be interpreted' (P.9).

In the tone of this statement, I hear the sense of hopelessness and despair that can result from being misunderstood, from an experience of rupture without any repair.

Reflective Function:

I believe that Peter Fonagy's work is also very helpful in extending our understanding of communication within child protection work, particularly his ideas around reflective function. Reflective function is a complex idea that involves far more than just self-reflection. Fonagy comments that it involves both a self-reflective and an interpersonal component. He defines it as being the mental function that organises the experience of one's own and other's behaviour in terms of mental state functions. It is the ability to go beyond immediately known phenomena to give an account of one's own or other's actions in terms of beliefs, desires, plans etc. More simply, he describes it as the ability to think flexibly about thoughts and feelings in both oneself and others (Fonagy 1999). He gives the example of an experiment that helps to clarify this concept (Fonagy 1999). A three-year-old sees his friend, Maxi, hide a piece of chocolate in a box, saying that he will come back later to eat it. After Maxi leaves, the child sees the experimenter move the chocolate to a

basket. The child is then asked: 'Where will Maxi look for the chocolate when he comes back?' Three-year-old children tend to predict that Maxi will look in the basket where the chocolate actually is, rather than in the box where he left it. In contrast, four or five year olds are able to predict Maxi's behaviour on the basis of what one might expect to be his belief, that is, that the chocolate will still be where he left it. What is significant in terms of reflective function is that the three-year-old is basing his prediction on his own representation of reality, and not on the other's state of mind. The young child assumes equivalence between what is internal and what is external: that all that is in his mind exists in the physical world and all that is in the physical world must also be in his mind. Reflective function, therefore, involves the recognition that another person's motivation, perspective or understanding may be different from one's own: that internal and external may be different.

To give another example: I worked with a mother of a 13-year-old girl who was becoming increasingly aggressive and critical towards her mother. The mother understandably felt attacked and criticised by her daughter. I tried to suggest that there may also be other things going on for her daughter; for instance, she may have been feeling frightened, insecure (there were a lot of changes going on within the family) and her anger may have been partly be an expression of her fear. The mother was unable to think about her daughter in this way and could only understand her behaviour in terms of how she experienced it; i.e. as a vicious attacks on her.

She could not take on board that her daughter's state of mind could be different from how she as her mother experienced her behaviour. Reflective function, therefore, includes the ability to recognise that another person's behaviour may be driven by desires and beliefs different from one's own.

I recently experienced an impressive example of reflective function: I interviewed a young woman who had been in a relationship with a violent man for several years before leaving him. In interview she was able to reflect both on her own very painful and frightening experience of this relationship and also on what might have been going on for the man. Thus, she was able to think about his own history of having been abandoned by his mother and how this might have triggered some of his violence to her, particularly at moments when she was separating from him, for instance when she was going to work. She was able to reflect on her own experience whilst also being able think about the meaning of his behaviour.

It is important to note that reflective function involves more than empathy with another person. It also includes an awareness of our own mental processes, thoughts and feelings. I have worked with a number of adolescent girls who had been sexually abused and had experienced major trauma. I gradually came to realise that they were highly skilled at watching me and tracking my emotional state. It seems as though their experiences had taught them of the need to be alert to changes within adults that might endanger

them; hence they were highly sensitive to what was happening to me. However, in the process of focussing on other people they seemingly had been unable to retain any focus on their own mental processes; they were completely unaware of their own feelings. Thus, if I asked them what I was feeling they were often able to answer accurately. But if I asked them what they were feeling they did not know. They had some empathy for my state of mind but nevertheless lacked reflective function and an understanding of their own internal processes.

Fonagy argues that for all of us our capacity for reflective function can vary according to our stress levels. At times of high stress in the context of intimate relationships, we all find it hard to construct accurate representations of the mental world of the other. We reason about the behaviour of others on the basis of what seems obvious, what is visible, the physical rather than the mental world. In particular, trauma can lead to a loss of reflective function and a consequent inability to distinguish between internal and external reality. And, as described above, trauma can lead to an inability to be aware of our own mental processes.

Fonagy goes on to argue that reflective function becomes crucially important in communication. Without a clear representation of the mental state of the other and of ourselves, communication must be profoundly limited. The skilled communicator needs to bear in mind the point of view of the other person. Again, it is easy to see

how this dynamic can become significant in child protection work and inter agency communication. As I am writing this, I am aware of how easily I fall into thinking that my view of the world is the 'correct' one, that my theoretical model is superior to other's. Or I can find myself thinking that particular professions tend to operate in ways that totally excludes the perspective of the other; that 'so and so' thinks he knows best and never listens to others. Inter agency work can quickly become competitive, rivalrous in which narrow, entrenched positions are taken. In so doing, it can become very hard to listen and attempt to understand the perspective of the other. But what becomes crucial in child protection work is precisely this ability to retain some reflective function; to be able to take on the idea that other people may have a different perspective; that one's understanding of a situation may be limited or restricted. Brandon et al (1999) in their reanalysis of Part 8 Reviews in Wales, concluded that communication failures originated from a lack of respect or mistrust of other professionals' perspectives. Fonagy suggests that a failure of reflective practice leads to a stereotyping of others; thus, rather than empathising with the particular pressures which a profession might face, the temptation is to stereotype them, rendering them inhuman.

Additionally, as previously mentioned, child protection work can create severe anxieties for us because the work brings us face to face with the fact that carers, on whom the infant is utterly dependent, can and often do injure their children. At an

unconscious level, it requires us to consider our relationship with our primary carers, including the disturbing thought that they might have had sadistic, violent thoughts towards us. It may also cause us to reflect on ourselves as parents and the less benign thoughts that all parents sometimes have towards their children. Given these stresses and anxieties that are implicit in child protection work, one of the first consequences may be the loss of reflective function. Reder and Duncan quote an extract from the Climbié Inquiry in which stereotyping and lack of reflective function are apparent:

'The Victoria Climbié Inquiry heard that paediatricians and police had difficulty working with an 'aggressive' social services unit, whose manager gave the impression that 'social services knew best'. They felt that their views about the case were not respected, that they could not get through to them to explain their concerns, or that their role was 'blocked or frustrated'' (pp113/114).

Taking the position of 'knowing best' and of disregarding others' opinions is a clear example of a failure of reflective function.

Implications for Practice:

Because the failure of communication has been implicated in so many child abuse inquiries, it follows that the ability to communicate clearly and openly is a crucially important quality

for child protection workers. Attachment theory is clear that both the ability to deal with ruptures in relationships and the ability to retain some degree of reflective function under stress are aspects of an autonomous state of mind, of a history of secure relationships. If an individual has not had a history of secure relationships, the crucial question is whether the individual has begun to come to terms with their childhood experiences. The selection of social workers should bear all these factors in mind because it is clear that those social workers who have an autonomous state of mind will be able to communicate much more effectively. In particular, whether individuals experience multi-agency work as an opportunity or a threat will largely depend on their sense of their own value, which, in turn, is a feature of secure attachment or earned autonomy.

In terms of practice, it becomes important that any experience of rupture can be talked through and processed. Social work clients tend to come from the most vulnerable sections of society, many with traumatic life histories. It is therefore likely that they will have had many previous experiences of rupture without repair. This would then leave them vulnerable to feeling misunderstood and not listened to. Many will respond to real or imagined miscommunication with shame and anger. In other words, the involvement of social workers in their lives could easily tip them back into earlier, historical experiences of rupture without repair, with all the attendant feelings of shame, humiliation and rage. It would then be helpful for social workers to be aware of

two aspects: firstly, that clients reacting with aggression may in part be responding to historical experiences of rupture which the current situation is re-evoking. And secondly, that repair of the relationship is more likely to be able to happen if the client can be helped to express (safely) some of the anger evoked by the rupture.

For social workers rupture could involve rupture in relationship with a client or in relation to a fellow professional. Repeated experiences of rupture (to which social workers are frequently exposed) can lead an individual to feel angry, distressed and ultimately full of shame. Allowing workers to talk through their feelings about an experience of rupture (whether anger, fear, shame or whatever) can enable workers to develop the resilience to continue to work creatively and openly. This debriefing thus becomes vitally important and requires a culture in which vulnerability can be acknowledged and shared. It points again to the crucial place of supervision within social work. I would suggest that repeated experiences of rupture without such repair are one of the causes of burn out within the social work profession.

Reflective function is also an important concept in terms of child protection. Fonagy et al (1998) have devised a coding system for the Adult Attachment Interview in terms of reflective function. A key question is 'Why do you think your parents behaved as they did?' In carrying out risk assessments I frequently ask similar

questions, such as 'Why do you think your social workers are concerned about you?' 'Why do you think that your partner was violent to you?' 'Why do you think you behaved in this way?' These questions invite people to explore the possible meaning of another person's behaviour. The responses become important in terms of assessing risk: if a parent is able to think that a child is crying because he/she is upset or hungry or frightened then the parent is likely to be able to react more benignly than if he thinks that the child is crying because he/she is persecuting/ attacking him. Similarly, if social workers can become more aware of their client's capacity for reflective function it can help them to become more sensitive to possible ruptures in their relationship with them: a client lacking in reflective function is likely to be more sensitive to experiencing a rupture in the relationship. Being able to assess reflective function is likely, therefore, to enable a social worker both to assess risk more accurately and to understand an individual's potential vulnerability in terms of their capacity to communicate and relate.

I also think that social work training courses can encourage students to develop their ability in terms of reflective function. Much supervision within the counselling and psychotherapy professions focuses on helping the trainee to play with ideas, to explore the potential meanings of a piece of behaviour, to try to understand what might lie behind the behaviour. This, in short, is an attempt to increase someone's capacity for reflective function,

to not see behaviour literally but in terms of what might be behind it. Consequently, there is great value in social work case studies in which students are encouraged to develop their reflective function in this way. It is also important that students are encouraged to think about their own emotional reactions to clients and to the work, rather than focussing purely on the client. Ferguson comments that while anti-oppressive approaches have been helpful in many respects, it has now become 'virtually taboo' for social workers to be able to talk about their fear or disgust of a client. He argues that it is important that social workers are enabled to acknowledge and talk about such powerful feelings (Ferguson, 2005). Giving permission for students and social workers to think and talk about their own confusion, fear, pain, pleasure etc is also a necessary part of the acquisition of reflective function.

Similarly, exercises which ask students to think about the position of other professions (such as the Police or Health Workers) may help to lessen stereotyping and enable social workers to have more empathy with their dilemmas. Role-plays involving playing the role of another profession can help to increase understanding of their position and tasks.

In addition, keeping a reflective journal can help to facilitate reflective function. Siegel and Hartzell (2003) comment that keeping a reflective journal can enable the integration of left and right brain hemisphere functioning, which in turn can increase

self awareness, empathy and communication skills. Some counselling courses require students to keep a reflective journal throughout the course. Such a practice is now being increasingly used on social work courses and is a welcome development.

One focus on social work training should be on helping the student to become more self-aware and on developing greater awareness of the perspective of the 'other'.

Conclusion:

Attachment theory maintains that one of the functions of a healthy organisation should be to function as a 'secure base' (Bowlby, 1988) for its staff. Attachment theory is clear that the more secure, safe and 'held' that a social worker feels, the more likely he or she will be able to continue to hold on to some reflective function when under stress. It is well established that stress leads to a reduction in reflective function, with consequent mistakes and miscommunications. It needs to be recognised, therefore, that the more stress that staff are under the less likely that they will be able to retain some reflective function and to deal positively with ruptures within relationships. Supervision becomes crucial in providing a safe, reliable space in which, amongst other things, social workers can reflect on the work and its impact on them.

The increasing complexity of social work – of which multi- agency work is one aspect – will require social workers to become highly skilled communicators. The selection and training of social workers needs to embrace the importance of communication and provide opportunities for the development of this vital skill.

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