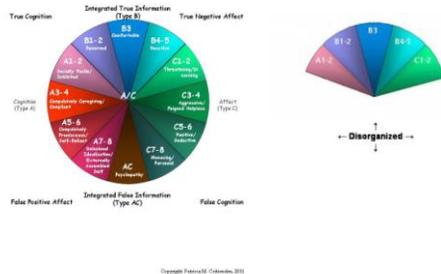


Organization vs Disorganization



Problems with Disorganization

Empirically

- Inconsistent with neurology (Le Doux)
- Lacks cultural variation
- Accounts for 2% of the variance overall
- Is epidemiologically unrealistic (approximately 25% of humans)
- Is really a 3-group model
 - Loses Type C in infancy
 - Loses Type A in preschool years

Problems with Disorganization

Empirically

- Confuses Types B and D longitudinally from infancy to the preschool years
- Produces inexplicable, counter-theoretical findings
 - B children are maltreated, in foster care, have depressed mothers
 - More B children of single mothers than married mothers

Problems with Disorganization

Theoretically

- Is inconsistent with evolutionary biology
- Lacks a neurological or information processing basis
- Overlooks development as opportunity for adaptation
- Does not explain what the individual's mind is doing
- Treats behavior as having assigned and invariant meaning rather than meaning being constructed by dyad
- Discarded by major theoreticians (Belsky, Friedman & Boyle, Rutter, et al., Slade, Thompson & Raikes)
- Is inconsistent with Bowlby (A3, A5, A6, C+ strategies)
- Ignores the context of behavior
- Uses out-of-date constructs: IWM, 3 memory systems

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- Rutter, M., Kreppner, J., & Sonuga-Barke, E. (2009). Emanuel Miller Lecture: Attachment insecurity, disinhibited attachment, and attachment disorders: Where do research findings leave the concepts? *Journal of Child Psychology and Psychiatry*, 50, 529-543.
- Slade, A. (2007). Disorganized mother, disorganized child. In D. Oppenheim & D. F. Goldsmith (Eds.), *Attachment Theory in Clinical Work with Children: Bridging the Gap between Research and Practice*, New York, Guilford, pp. 226 – 250.
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Problems with Disorganization

Early & continuing doubts

- Is inconsistent with Bowlby (A3, A5, A6, C+ strategies)
- Is inconsistent with Ainsworth:
 - “The suggestion is that young children organize their behavior most easily if the mother's behavior is predictable regardless of how sensitive or appropriate it is, but that older children who have had to cope with major inconsistencies eventually integrate that information into their set of expectations and develop an organized pattern of responding.”
 - Crittenden & Ainsworth (1989, pp. 442-443).
- Discarded by major theoreticians (Belsky, Friedman & Boyle, Rutter, et al., Slade, Thompson & Raikes)

Problems with Disorganization

Clinically

- Puts all dysfunction in one category
- Is the least accurate regarding risk in clinical samples
- Fails to identify the function of behavior
- Assumes past is more powerful than present
- Creates no opening for or guide to treatment
- Is evaluative without regard to context or safety

DMM & ABCD Data

1 SSP, 3 PAA, & 2 AAI cross-classified studies.

- | | |
|---|--|
| • Cultural variation in distributions | • Cultural invariance in distributions |
| • Good differentiation between adapted & maladapted individuals | • Moderated differentiation between adapted & maladapted individuals |
| • Good differentiation between mild and severe dysfunction | • Lack differentiation between mild and severe maladaptation |
| • Predicted longitudinal change in distributions | • Longitudinal reversal between secure & disorganized children |
| • Theoretically consistent results | • Some counter-predicted results |

DMM & ABCD Theories

- | | |
|---|--|
| • Danger (fear) organizes | • Danger (fear) disorganizes |
| • Patterns = self-protective strategies | • Patterns = states of mind regarding attachment |
| • Strengths approach | • Deficit approach |
| • Multiple DRs | • Single IWM |
| • Patterning becomes more complex with development | • Patterning remains constant across the lifespan |
| • Multiple organizations for maladaptation | • Disorganized-U-cannot classify for maladaptation |
| • Psychological & dyadic definitions | • Morphological definitions |

DMM & ABCD Theories

- | | |
|---|---|
| • Intergenerational continuity but reversals in insecurity | • Intergenerational continuity in both security & insecurity |
| • Strategies = information processing | • No defined relation with information processing |
| • Dimensional model of information processing | • Categorical model of attachment types |
| • All experience contributes to current functioning | • Past defines current functioning |
| • Emphasis on adaptation (person in context) | • Emphasis on security (first dyadic, then psychological) |
| • Focus on flexibility | • Focus on early determinism |
| • Sexuality | • No sexuality |

DMM & ABCD AAI Application

- | | |
|--|--|
| • Danger ≠ unresolved trauma | • Danger = unresolved trauma |
| • 6 + memory systems | • 3 memory systems |
| • Validated by concurrent adaptation | • Validated by match to infant pattern of attachment |
| • Psychological definition of discourse markers | • Morphological definition of discourse markers |
| • Assessed function of discourse markers | • Rated (measured) discourse markers |
| • Multiple DRs | • Single IWM |
| • Multiple organizations for maladaptation | • Single disorganized-U-cannot classify category for disorder |
| • Strategies = information processing | • N/A |
| • Classification = psychological life narrative | • Classification = category indicative of risk |

Why Accepted

- Easy to understand
- Consistent with psychiatric notions of pathology
- Over-reliance on statistics to define meaning
- Strong & early defense of model against alternatives
- Misrepresentation of others' work
- Citation without reading the cited work