

PART I

Divorce in the Nursery:

Achieving Attachment Security for Infants in a Family Law Context

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1. INFANTS AND OVERNIGHTS: THE DRAMA, THE PLAYERS & THEIR SCRIPTS

Indeed - controversy about infant overnight care in family law matters has reached another crescendo. Assertions by stakeholders are passionate, and deeply felt, as academics and advocates, parents and professionals joust across a dichotomous divide. At times, the saga resembles a three-ring drama, on one stage. In the first two rings, at their worst, the dramas can look a little like this:

In the first ring, stage right is the “mother knows best” drama: written by soft pro-mother types. Centre stage is a cradle, lovingly rocked by a 1950’s suburban mother, wearing an ironed apron, smiling with delight in her full time domestic role. At night, she protectively locks the gate to the house, and pockets the key. The father cannot get in. She calls out to him –see you in 3 years; you’ll be important then.

In the second ring, stage left is the “fathers matter too” drama: written by pro-father types, the actors are forthright. The set depicts a modern world, and computers bling messages from ‘fathers for equality’ chat rooms. The actors discuss the sociology of modern fatherhood. They are *quite* loud, and seem a little angry. Front of stage is scattered an array of childhood delights: balls, bicycles, books, tents and adventure maps that evidently only fathers know how to use. Background is the demonic shadow of father absence, looming over a young child.

In the middle there is a third ring. The players are thoughtful, intelligent family law professionals. They are resting - weary from a decade long debate about infants and overnight care. They meet in a city that’s almost as nice as Melbourne, and gather around all the on-point data available on the subject. They find there isn’t enough to roast a marshmallow on. In contrast, towering behind them is a mountainous pile of advocate views, academic and pseudo-academic reviews, legislation, speculation, opinion, projection, countertransference, rumour and parallel process, all jumbled up together. They feel strangely immobilized, and wonder what to do...

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One might reasonably ask where the infant is on this stage. This forum is about writing development back into the script: placing front of stage the infant: finding the infant's testimony about the meanings and possibilities of overnight arrangements for her or him, within the context of each infant's unique caregiving environment.

So, enter centre stage a toddler, **Frankie**, who we'll give the gift of speech and an academic degree. Frankie looks a little perplexed and says to us, why do you guys persist with this dichotomous view of things? If you are either on my dad's side or my mum's side, then who is on my side? So Mr. Demille, says Frankie – I'm ready for *my* close-up in this drama. First - use a powerful lens that helps people see me complexly. And second - I've brought my own script: It's my testimony in this dispute. It has not a single line about parent gender or equality, nothing about which of my parents is more important than the other, or who loves me more. My lines aren't about whether overnights are right or wrong: my script is about who I am, what I can handle, what is going well for me, what I find stressful, and what goes on around me that is just plain distressing. Call me egocentric if you will, but when I'm this little, my wants pretty much ARE my needs. Can science help you predict what I need? I'm not sure...

2. A synopsis of the current research: justified and unjustified conclusions

So can *science* help us fit an overnight care arrangement for Frankie, an infant under 3, who lives in her parents' world of separation? Let's back up and consider this word: *science*. To attribute the status of *science* to a field is to say we have attained a reliable level of disciplined knowledge, founded upon a wide, deep, rigorous and well replicated body of research. Let's be clear: we *do not* yet have a *science* of overnight care. What we have are small and loosely connected pieces of psychological research. *Psychological research* examines underlying *processes* that contribute to certain outcomes. It identifies patterns in group data. Precision in those patterns grows as our data sources and methodologies develop. But here's my take: even if we *do* one day have a well founded science of overnight care, fitting overnight care arrangements to an individual baby will always require bespoke tailoring.

Let me describe first what patterns are emerging from first the neuroscience, and secondly from the divorce specific research that is exactly on the point for our topic.

In my next lifetime, I want to come back either as a cake maker, or failing that, as a neuroscientist. The power of neuroscience these days is far beyond what it was in my under-grad days, and as a neuroscientist, I'd stand up here and show you brain maps and scans of baby brains, and live images of what baby brains do when they are stressed, and then perhaps perform a dissection or two of a healthy brain and a brain that's had too much stress, just to drive it home that when we talk about early childhood development, we are fundamentally talking about a primitive brain, the growth of stress regulation capacities, and the organization of the human brain.

Now, until 2011, neuroscientists hadn't been very interested in family law. They are however vastly interested in normal and abnormal development, and especially the roles of attachment, trauma, family violence, and abuse on the way baby brains become wired. Through the Family Court Review special issue (July 2011), two seminal neuropsychologists - Allan Schore and

Daniel Siegel - articulated the implications as they saw them of current neuroscience knowledge for family law. I'll translate the core of their sentiments:

The Decade of the Brain

- Infancy (first 3-4 years) is a **critical** period of developmental vulnerability: rapid physical, cognitive, language, social and emotional development
- Time of enormous brain growth – *experience dependent*
- And here's the big deal...

A Baby Cannot Self-Regulate Stress States

- The baby brain is immature
- In the first 18-24 months, stress regulatory mechanisms are not formed.
- These grow... In the context of relationship experience

Early Infancy (0-18 months) & The Primary Care Relationship: Co-regulation

- Nature provided the infant with a way of having a constant external regulator of their stress states: *attachment*.
- Attachment figures:
 - act as external regulators to the baby's stress states
 - stabilize affect and making sense of the infant's needs
 - help the baby internalize these function into the right brain circuits, so they, slowly, learn to regulate their own affect.

Normally in early infancy...

- One parent *more closely* serves the primary function of co-regulation
- The baby forms an important, first rhythm of care-seeking with that person.
- And overlapping with this primary relationship, 1 or 2 other attachments form.
- While neuroscientists and developmentalists do not find this controversial in the main, family law - replicating much of the parallel process and gender war we see in courts - has seized upon this developmental concept it as the controversy of the decade. So is this about gender?

Do Babies Have Gender Biases?

- Babies have a *neurological* bias for continuous, responsive relationship experience at this critical phase of early development.

Neurological immaturity: A perspective on attachment hierarchy

- Having attachment hierarchy is not the baby's attempt to be politically incorrect.
- The baby's early preference for proximity to a caregiver seems to be driven by the limits of the undeveloped brain
- Laying down the first attachment is complex, hard work – needs rhythm, predictability and repetition of right brain, pre-verbal experience.
- There is also – and must be – overlapping development of second and third attachments.

Why EARLY ATTACHMENT ORGANIZATION matters

“Attachment in the first year of life, when the brain circuits for attachment are still setting up, is different from attachment in the third or fourth year of life, when the system is going, so to speak. That is, to stress a developmental system while it is organizing in the first years will have a much more negative impact in response to the same stressor than if you did it when the child was four”. (Schoore & McIntosh, 2011)

Patterns and continuity: A priority

What happens when the pattern of care is continually disrupted while early attachment is under construction? What happens when early attachment patterns are disorganized?

- The attachment/care-giving system does the *opposite* of what it’s meant to do:
- It *dysregulates* the baby’s stress and arousal systems.

Consensus Points from attachment & neurobiology

Infancy & Early Childhood

- A critical phase of development
- Does it require special consideration in family law decision making? Yes.
- Getting a solid first attachment *for comfort and soothing* “in the bank” is a top developmental priority in the first two years, *and...*
- Children need *more than one person they feel safe and secure with*.
- How can that happen with divorce?
- What happens if a baby is spending more time with one person than another?
- And just what does overnight care have to do with anything?
- These are empirical questions...

Now to the empirical research that has tried to examine some of these questions: believe me, this won’t take long.

There have to date been 2 studies of overnight care arrangements focusing on early infancy, and two major studies that focused on the pre-school years. Why so little research?

- a) High frequency overnight arrangements for infants under 3 years are *uncommon*– In Australia –6% of the general population of separated parents live this way. Internationally, shared time rates increase with the child’s age. What this means is that in the study of infants, obtaining a large, representative sample who share care between their parents is a formidable challenge.
- b) The other thing researchers can do is recruit small volunteer samples, but in so doing, you have to drop a gold standard or two: like randomization and statistical power. Frankly the ethics get complicated if you want to randomly allocate babies to week on week off care, or some other overnight condition.
- c) So, having slim research pickings in this area is understandable. But even when we have better data sources, *there will be no such thing as the perfect study for the individual baby*.

Here's a sketch of the three major studies we do have to date on babies and very young children. Being studies of human beings, you should read the *original* studies for the designs, methodologies, and limitations of each, or if you read or hear secondary commentaries, understand the context in which they were written. And in contrast to attempts throughout the field to polarize us and our studies, please know that the three authors of these studies who are here today are colleagues who admire and respect each other's attempts to study what are complex and difficult issues.

In the first study of its kind, **Solomon and George (1999)** used attachment observations at one year and follow-up observations at 2 ½ years to compare organization of attachment behavior in 145 infants: some who had regular overnight arrangements, some who had no overnight stays, and infants in intact families. At follow-up they found more anxious, unsettled, and volatile angry behavior in toddlers who had regular overnights as infants, notably toddler breakdown on *reunion* with the primary caregiver, following a separation. They found significantly higher rates of insecure and disorganized attachment with that caregiver in the regular overnight group. They noted conditions of high parental conflict, anxiety, and parents' inability or unwillingness to communicate with each other about their baby as moderators in the baby's outcomes.

Kline Pruett et al (2004) report on older children (on average 4.9 years at follow up), whose parents were part of a collaborative divorce project. They took mother and father reports on children's behaviour at two points in time, and compared outcomes for children who had had *any* overnight time during the study with those who had *none*. With respect to parenting time, overnights for children aged 4 to 6 years when their parents filed manifested fewer problems than did younger children. Girls aged 4-6 years benefitted from a consistent timeshare schedule that included overnight stays. Poor parenting and poor ex-couple relationships were associated with adverse child outcomes. Having multiple care-givers was a significant problem for young children.

The third and most recent study was conducted by **Bruce Smyth and Margaret Kelaher and myself**. Following recent neuroscience and attachment studies, we decided to focus in tightly on *emotional regulation*. We explored a large randomly selected general population dataset – the LSAC data. This amounts to 10,000 children 0-5 years. We extracted the sample of separated families, and looked at three age groups: infants under 2 years, 2-3 years, and 4-5 years. We defined 3 thresholds of overnight care for each age group – no overnights but some day contact; some overnights, and more frequent overnights (x 2 definitions by age: weekly or more for babies under two years, and 35% or more for 3-5 year olds).

First, as Smyth has noted many times elsewhere, we found that these overnight groups in the general population had different characteristics. Parents who shared the care of young children at high frequencies (35%+) were an advantaged group. Relative to the other groups, they had significantly higher incomes, were better educated, most likely to have co-habited in a committed pre-separation relationship, and most likely to have a cooperative relationship post-separation). Several have attributed good outcomes to shared time arrangements, without carefully accounting for the influence of characteristics of families who choose to live this way. This is important for our understanding of family court populations, who very often do not have these resources.

Approaches to modelling the data therefore need to ask, in the *absence* of these qualities, is more shared time in and of itself helpful to infants? This is what we found in our study of the LSAC general population data:

1) **Consistent** with *both* the Solomon and George and the Kline-Pruett et al studies, deficits in parenting warmth, co-parenting relationship and psycho-social resources predicted several poor outcomes for young children.

2) **Consistent** with Solomon and George, having more frequent overnight care independently predicted difficulties in emotional regulation for infants *3 years and under*. **Consistent** with Kline-Pruett et al, we did *not* find this for children *4 years and over*.

For infants 0-2, signs of stress in the ‘more frequent’ overnights group (one night a week or more) were: more irritability and fretful behaviours with the main care-giver, and more vigilant monitoring of the whereabouts of the main care-giver.

In the 2–3 year old group signs of stress in the ‘more frequent’ overnights group (35%+) were: lower persistence with play, activity and learning, and a range of distressed behaviors expressed with the main care-giver (crying or hanging on to that parent when he or she tried to leave; worrying a lot or seeming very serious; not reacting when hurt; often becoming very upset; gagging on food; refusing to eat; hitting, biting, or kicking that parent). Again, these disturbed behaviours were shown during interactions with the main care-giver. They were not evident *socially*. They were not *global* difficulties. They were very specific affect regulation difficulties expressed in the context of their main care-giving relationship.

To cut a long story short, we took these findings, looked at the other studies, saw a pattern (see if you can spot it)... and said, hmm... Having any overnights at all - *ever* - doesn't seem to be the problem. There *does* seem to be a greater chance of difficulty with emotional regulation for infants younger than 3 to 4 years - who have *high frequency* overnight schedules. Until we get new evidence to the contrary, *maybe* some caution is warranted when applying presumptions for equal or near equal time splits to *infants three and under*.

Well... That upset one or two people... and the misuse of these findings began. We have all found the purposes, designs and findings of our respective studies twisted beyond recognition, and motivations and intent attributed to us that defy belief.

3. Justified and unjustified conclusions

Before you too use the findings of these studies for a specific case or cause, please understand this about them all:

1. You would not be justified in using these data to support any argument either way about the significance of parent gender in the overnight equation.
2. You would not be justified in using these data to support an argument against all overnight care of infants.

Here is what we believe the available data *do* suggest about infants:

All else being equal, at three years and under, frequent overnight arrangements are more *likely* to be taxing on emotional security and regulatory processes than they are at four years and over. In the *individual case*, there are parents, co-parents, temperaments, needs and circumstances that will combine to make ANY arrangement a *struggle* for the baby– There are parents, co-parents, temperaments, needs and circumstances that will combine to make ANY arrangement *supportive* for their baby.

And as ever, lessons from the individual case rightly lead us to a multitude of remaining empirical questions– Some key outstanding questions include:

1. Which babies do better in higher frequency time splits?
2. In what circumstances are overnights and higher time splits protective or necessary? Babies with tired, ill and stressed parents come to mind.
3. What parenting behaviours support security in overnight schedules?
4. What of babies from cultures where communal night care is normative? Attachment mechanisms do not work differently cross cultures – but the caregiving context does.
5. What is the place of other confounders in the mix: busy parents, child care, distance, violence, poverty, alcohol, drugs – siblings, supportive grandparents, health, wealth and social capital; there are many things that work for and against infant security in the individual case.

Part of the inelegance of the current debate – indeed part of the ugliness of it – is in the reaching for black letter law, for rules and for universal policies that establish a formula about overnight care for infants. The infant herself *defies this at every turn*, in her uniqueness and in the uniqueness of her caregiving environment. The infant invites us to look deeply at *her* developmental testimony - and to think *complexly* about her developing emotional security, to approach her case *wondering* about who this baby is, and what her caretaking environment enables her to be.

4. Summary: In search of the infant's testimony

With a foot in both my research and clinical worlds, here is my pared down version of what the infant's testimony might look like if the parenting arrangement - overnights or not - was developmentally supportive.

In this testimony, we would see that:

1. the infant is physically safe
2. the infant is emotionally safe
3. the infant's daily stress is manageable
4. the infant remains organized in seeking comfort from each parent
5. the infant finds at least some delight with each parent
6. the infant remains reasonably settled across caregiving contexts

In this simple language, I'm talking about organized attachment – noting that attachment *organization* and attachment *security* are *not the same thing*. Organized attachment does not mean a perfect world in which infants cope in perfect ways. Organized attachment allows the infant to

seek and find emotional regulation *without collapse*. Over time, organized attachments help buffer the infant from *many* developmental risks.

Robyn Sexton, Tom Altobelli and I have worked hard to formulate some key questions about these issues, for judges, lawyers and mediators to reflect on in all matters concerning children 0-4 years. You have these in your handout, and you'll notice, there are no rules there about overnight care. There are important guidelines though, from neuroscience, divorce specific research, and common sense.

I for one would like an infant to be safe and to have an organized attachment platform in their life. Now apply that wish to the family court population, and you may agree that we have to do more than cross our fingers and hope for it. Can we place a skilful task like managing frequent overnight arrangements on top of deep mistrust, or fear, or incompetent and uncoordinated co-parenting and expect an infant to thrive? In the high conflict arena of family law matters, I suggest King Solomon's solution has little, if any place.

In evoking the kings, I may as well go on and evoke the gods: My new prayer to the secular God/Goddess of Family Law is this:

Please – whoever you are - grant this field better data sources and funding, and remove the temptation to grind axes. Give us sensitive research tools, and deliver us from shallow methodologies. Give us depth and skill to describe the mysteries of the infant's experience... Give us the wisdom to ask the right questions, to patiently tolerate the gaps in our developmental knowledge and not to backfill them with ideology and unsubstantiated opinion. Help us to have intelligent conversations, to build a body of reliable information, to debate and to discover, through thoughtful inquiry. Help us to see and respect the infant's testimony in each case. All this we ask on behalf of the infant. "Amen".

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PART II

Infants, Overnights, and Attachment: The Caregiving Context

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Return to center stage, spotlight on Frankie.

We hand the microphone to Frankie, who you recall we gave the gift of speech, and say, "Please introduce yourself and who you hope to be when you're big kid, let's say a preschooler?" "Mr. Demille, Thanks for asking. You know, a lot of people forget to ask or sometimes forget I'm here. To answer your question, I am ME of course, different from other kids my age. I look different; have different likes and dislikes; and have my own way of reacting to things. But developmentally, we infants and toddlers have a lot in common. We're trying to make sense of our world. We are trying to figure out who we can trust to help us when sad or frightened, who welcomes and enjoys our company, and how to take the world apart. I know my parents' attunement now will help me be a preschooler who is confident, bold, and can manage emotional swings more on my own. I don't understand or talk about things so well now; but when I'm a preschooler, I will be able to tell mum and dad, and others for that matter, more clearly what I need and how I'm feeling. I will be able to tell you who I AM and how I fit into this world. I can tell you that I am a child and not a baby anymore; that I have a sibling different from me; that my peers are playmates; and that I'm a boy and like boy things." I will have a mental memory scrap book that I can use for reference, rather than living day to day and week to week as I do now. I will also be much better at understanding mum and dad's daily scripts for me, like when I go to day care, visit my grandparents, have a babysitter (yuck), and even when I am not sleeping in my own bed. I will want to figure things out on my own, like Dora the Explorer. And did you know that what preschoolers do best is pretend? I'm really looking forward to creating little dramas with

my buddies, and my pretend play will help me work out being frustrated or sad when life gets a bit rough.²

THE CAREGIVING CONTEXT: BUILDING SECURITY AND A GOOD-ENOUGH TRUST

Science has failed to write a parenting scripts cookbook. There is no exact script for how to feed, bathe, play with, or put babies to sleep that ensures how they will turn out. There are vast cultural and family differences in what parents do. What *science* has figured out though follows the adage, "Quality, not quantity." But what does quality mean? What are the qualities of early parenting that foster an infant's security and basic trust, and how can parents foster at least a 'good enough' relationship with their baby without compounding strain when he moves between parents overnight?

Quality is (what we attachment people call) an 'organizational construct' (Sroufe & Fleeson, 1986). What this means is that the behavior in and of itself is not what is important. What IS important is how caregiving behavior is related on two dimensions: PROTECTION and THOUGHTFUL REFLECTION (George & Solomon, 2008; Solomon & George, 1999a,b). These dimensions are identical for mothers and fathers, but their elements will change depending on the baby's age and situation (Munroe, 2008).

Let's begin with PROTECTION. It's in our genes. According to human biology, the basic function of protection in parenting is to ensure our infant's survival to adulthood – protection includes mastering the developmental tasks required for maturity (Bowlby, 1969/1982; George & Solomon, 2008). Parent and child are hard-wired to respectively provide and seek protection. And the relationship is programmed so that the parent is the 'stronger and wiser person' in this partnership, as stated by John Bowlby (Bowlby, 1969/1982).

At this point, some of you may be asking, are you taking us back down the path of 'mother instinct?' No, this isn't the path we're taking. Mother instinct was a 20th century socio-political idea used to keep women in the home and block them from entering higher education or the workforce (the thought was that the energy required for education or work interfered with having and raising children) (Schultz & Schultz, 2012). Because this notion was scientifically false and misogynist, social scientists and the public at large generally dismiss instincts as superfluous when trying to understand human psychological behavior. Some forms of human behavior do have a biological basis, however, and the protection that supports a child's attachment is one of them.

² This section portrays typical infant/toddler/preschool development. This information can be found in any comprehensive developmental texts on infant or child development.

If you permit me to use a simple analogy, a baby's birth is biologically primed to activate a protection switch in parents, something like turning on a light switch (George & Solomon, 2008). Of course it's not that simple, but you can observe this transformation shortly after the baby's birth. What mothers and fathers deem important for protection though is sometimes different. For human mothers and female primates in general, protective instincts take the form of a hard-wired motivation to prevent separation from the baby. Developmentally vulnerable, the best way to protect a baby is to hold it and keep it close. For human fathers and male primates in general, protective instincts often take the form of ensuring the environment is safe. As one father declared out of the blue on his baby's birthday, "I'm going to have to drive more slowly now that my son's in the car."

A protected infant feels secure – and this feeling contributes to the baby's developing capacity to self-regulate (George & Solomon, 2008). The lack of or inability to predict parental protection undermines the infant's ability to withstand stress (George & Solomon, 2008). Most parents provide adequate protection for their babies, and parents vary in what they deem as the needed closeness or distance required to accomplish the task (George & Solomon, 2008; Solomon & George, 1996). And the baby is equally committed to maintaining proximity, being vigilant in visually tracking the parent, and signalling the need for help (Bowlby, 1969/1982). The main point here is that as long as the parent has and can follow through with protection strategies, caregiving will be good enough to help babies have organized attachments (George & Solomon, 2008).

Now let's consider THOUGHTFUL REFLECTION. Thoughtful reflection is an index of the parent's capacity to notice, evaluate, and integrate the infant's comfort and developmental needs with the parent's own needs and the demands of the situation. Thoughtful reflection is dialectic and helps the parent keep the infant on center stage (George & Solomon, 1989, 2008). It fosters flexibility, feelings of competence, and the parent's ability to re-balance in response to difficult or highly charged situations. Thoughtful reflection is the foundation of being the stronger and wiser member of the partnership, and the central ingredient of the caregiving sensitivity that fosters infant attachment security.

Not all parents are maximally thoughtful, and even parents of secure children are not this thoughtful all of the time. Parents who can stay focused on some aspects of their caregiving without becoming derailed and who can repair ruptures in a timely manner promote organized infant attachments (George & Solomon, 2008).

What factors support or derail these two caregiving capacities? Is the risk of being derailed potentially amplified by overnight visitation in parent divorce or separation?

Let's start with the first question – the question of supporting factors (George and Solomon's (2008) model of the caregiving system, following Bowlby (1969/1982). Although protection for one's baby is hard wired, it can become muddled or overshadowed by a parent's need for self protection. Protective capacity is influenced by the parent's past and current experience. A parent who was protected in childhood tends to be one who wants and is able to protect his or her baby. The actual desire to protect is elicited by any situation in which a parent views the baby or their relationship as vulnerable. Indeed, these situations can motivate ferocious protective desire, even if such desire was weak or seemingly absent previously.

Thoughtful reflection is fostered by supportive experience, such as childhood experiences with one's own parents or a secure base relationship with one's spouse (Bowlby, 1969/1982; Solomon & George, 2011b). A 'Rock of Gibraltar' father can make all the difference in supporting a mother's parenting if her childhood attachments did not cultivate this capacity (Cowan, Cowan, & Mehta, 2009).

These caregiving dimensions are supported within the family system by a cooperative parental alliance – when parents have some sense that they can depend on each other, plan caregiving together, and keep each other up to date about what's going on with the baby (Solomon & George, 1999b). Parents working in alliance keep open criticism at a minimum and are committed to resolving conflicts. This helps keep caregiving stress at low levels and helps the parent manage other stressors, such as problems at work or with relatives that can also interfere with parenting. Understandably, a cooperative parental alliance fosters organized infant attachments. Notice that these family system factors do NOT require parents to be married or cohabitating (Solomon & George, 1999b). What they DO require is at least some functioning level of openness as to how to coordinate and be respectful about theirs and the other parent's relationship with their infant.

What factors derail organized caregiving? Caregiving is derailed by helplessness (summarizing George & Solomon's model of caregiving associated with disorganized/dysregulated child attachment (George & Solomon, 1989, 2008, 2011; Solomon & George, 2000, 2011a). Helplessness means that the parent, irrespective of his or her expressed desires or intentions, does not regularly and predictably engage in functional protection and thoughtful reflection. Blocked or overwhelmed by personal distress, parenting is disabled.

How does a parent become helpless? Caregiving helplessness prevails in situations in which the parent is chronically frightened or otherwise blocked from providing adequate predictable care and comfort for the infant. This could be the result of failed childhood protection (and). Past experience, however, is NOT the only source for helplessness and helplessness is

elicited by current caregiving challenges. It is important to consider in the context of divorce that helplessness may be rooted in or exacerbated by the context of separation and visitation. The fact that helplessness may be related to the negativity of the caregiving context, and not necessarily a more longstanding intergenerational problem, does not negate its risks for the baby.

Helpless parents perceive their world as out of their control and become hypervigilant, emotionally dysregulated, and risk shutting themselves off from others. Overwhelmed by personal distress, the child becomes increasingly invisible and experiences the parent as physically or emotionally inaccessible at EXACTLY the time when the child needs the parent the most (George & Solomon, 2008).

Physical separation of infant and parent is inherent in divorce. Evolutionary biologists propose that the separation response is hard-wired (Bowlby, 1969/1982). Separation may trigger deep fears of loss for both mothers and fathers and visitation plans are attempts to protect the baby and mitigate these feelings. Visitation plans that best prevent helplessness are those that foster trust through a cooperative coparenting alliance, in spite of couple problems, so that parents can buffer their baby from elevating states of stress and pre-occupation. Mothers feel competent when they can retain some control of the overall parenting directions with the infant, especially separation, and helpless they cannot (Solomon & George, 1999b). While in some circles this 'maternal gate keeping' of father is problematic, I point here to a naturally occurring, necessary, and productive monitoring and management of the overall caregiving environment (Schoppe-Sullivan, Brown, Cannon, Mangelsdorf, & Szewczyk Sokolowski, 2008). This is a hard-wired response and should not be confused in the family law system with alienation. Fathers' feelings of coparenting alliance and competence are fortified by mother's support of his parenting, at least passively, and refraining from open criticism (Newton, 2012).

Cooperation to mitigate potentially highly charged separation responses can present big challenges for divorcing parents and intensify the RISK of helplessness (Solomon & George, 1999b). Overnights add extra risk for heightened anxiety about the other parent's failures and offenses that make him or her unfit to care for their baby. Of course, these accusations and worries may not be true, but it is the parent's beliefs that influence their caregiving capacity (Solomon & George, 1999a, b).

There is one other dimension that influences infant development that we have not yet discussed today. This dimension is what child development specialists call 'multiplicity of care' – the sheer NUMBER of different care arrangements a child has during a week.

Frankie's parents have shared custody and overnight visitation. Let's look at his 'care' week. He has different babysitters depending on if he is with mum or dad. He is in tot care at

church. And both sets of grandparents and his parents' new partners are involved in his care. His parents could not agree on his day care arrangements, so he is in two different day care settings.

Multiplicity of care has been shown to be a big problem for preschoolers (Morrissey, 2008). And recent research has shown that it is an even bigger problem for infants under age 3, irrespective of mother's marital status. Babies in two or more different care settings per week, like Frankie, are less competent, and have more internalizing, externalizing, and dysregulation problems than babies in no or only one other care setting. Their adjustment problems are intensified when maternal stress is high (Evarts, 2011).

What can infants manage? In family law, there are many reasons we would like infants to be able to manage situations similarly to older children. Unfortunately, I see little to support that they can do this, and far more to suggest we need to continue to keep the baby's caregiving world small and as predictable as possible. There are no visitation rules that tell us how to arrange developmentally supportive schedules according on baby's age, gender, or birth order. There are no rules delineating how many days a week or amount of time spent with each parent that supports age-typical development and reduces child or parent stress. There is a vast knowledge though about the buffers and risks for development for all children, divorce or otherwise. And I wonder why would we endorse caregiving situations that are worrisome for infants more generally because we are working with divorce situations?

The position taken here today is to keep the baby at center stage. Of course each baby is different, but within the family court population, it seems wise based on current information to remain conservative about infant schedules. Simply forging ahead with frequent overnight schedules on top of helpless or hostile dynamics is a recipe for difficulties that eventually will come to reside in the child. Early relationships need support. This does not mean that the 'other' parent, the parent who receives less time or no overnight visitation, is less important. With regular involvement, the baby will develop an attachment to and love that parent. The time frame for 'other' attachment relationships to organize and consolidate extends beyond infancy.

This view of caregiving question raises several more questions we need to address:

1. How can we identify and help fortify parental alliance and prevent the caregiving helplessness that may be associated with overnight visitation?
2. What kind of parental involvement is needed to foster organized attachment when parents separate? Is the 'overnight' experience central to involvement?
3. How is visitation related to the risks associated with multiplicity of care?

On this note, I end these comments, with the hope that they leave you too in a place to reflect on how to keep the baby center stage, while supporting his development and his relationship with both of his parents.

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