

# A Qualitative Exploration of Children's Understanding of Indiscriminate Friendliness

JULIE BENNETT

*Gartnavel Royal Hospital, Glasgow, UK*

COLIN ESPIE

*University of Glasgow Sleep Centre and Southern General Hospital, UK*

BARBARA DUNCAN

*Glasgow Caledonian University, UK*

HELEN MINNIS

*University of Glasgow, UK*

## ABSTRACT

**Eight young people (aged 9–14) were interviewed about indiscriminately friendly behaviour. The majority of the sample had a history of maltreatment and placements within foster and care settings. These young people were described as indiscriminately friendly by clinicians, guardians and via the Relationships Problems Questionnaire. Interview transcripts were analysed using Interpretative Phenomenological Analysis, a qualitative methodology. Emergent themes were drawn from interview data which highlighted the young people's experiences of rejection and feelings of insecurity within their social interactions. While being aware of the risks associated with speaking to strangers and the efforts of adults attempting to protect them from the potential danger associated with indiscriminate friendliness, this group of young people demonstrated a trust of new people and a craving for kindness from others. Evidence was also collected which showed that these children attempted to exert control over others during social contact. These findings offer clinicians an insight into the social interactions of this vulnerable group of children and offer considerations for clinical practice.**

## KEYWORDS

*children, indiscriminate friendliness, qualitative research, reactive attachment disorder*

MALTREATED CHILDREN AND those with experiences within the care system have repeatedly been reported to have poorer outcomes in comparison to their peers (Meltzer, 2003). Improving long-term outcome for this group has proved challenging despite great interest from clinicians and researchers. One of the most prevalent

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behaviours noted within this group of young people – indiscriminate friendliness – is relatively underresearched. Indiscriminate friendliness/social disinhibition is included in the diagnostic criteria for the disinhibited subtype of Reactive Attachment Disorder (DSM-IV; American Psychiatric Association [APA], 2000) where it is described as ‘being overly familiar with or seeking comfort from an unfamiliar adult caregiver’ (p. 129, APA, 2000). Disinhibited behaviour is also mentioned as a symptom associated with Attention Deficit Hyperactivity Disorder (ADHD) and Fetal Alcohol Syndrome, although it is not one of the core symptoms of these disorders (Sher, 1997; World Health Organization, 1993). This study aims to provide an insight into indiscriminately friendly behaviour and offer some modifications of clinical practice.

### **Which children tend to be indiscriminately friendly?**

Indiscriminate friendliness is most commonly found in children who have been maltreated and those who have been institutionalized (Boris, Zeanah, & Work Group on Quality Issues, 2005). Most research to date has looked at indiscriminate friendliness in children reared in institutions (Fisher, Ames, Chisholm, & Savoie, 1997; Hodges & Tizard, 1989; Rutter et al., 2007; Tizard & Rees, 1975) and children who have been fostered, adopted, neglected or abused (Albus & Dozier, 1999; Boris, Wheeler, Heller, & Zeanah, 2000; Boris, Zeanah, Larrieu, Scheeringa, & Heller, 1998). Smyke, Dumitrescu, and Zeanah (2002) found that the majority of children from institutions were socially disinhibited whereas only 12 per cent of similar-age contrast children who had never lived in an institution behaved in this way.

Indiscriminate friendliness is a persistent social difficulty for these children (Wolkind, 1974; Zeanah, Smyke, & Dumitrescu, 2002) and continues to be observed throughout early childhood (Chisholm, 1998; O’Connor, Rutter, and the English Romanian

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JULIE BENNETT is a Clinical Child Psychologist working in a Child & Adolescent Mental Health Services in Ayrshire. She has an interest in attachment behaviours and qualitative research methodologies.

CONTACT: Julie Bennett, East Ayrshire Child and Adolescent Mental Health Services, North West Kilmarnock Area Centre, Western Road, Kilmarnock, East Ayrshire, Kilmarnock KA8 1NQ, UK. [E-mail: Julie.Bennett@aapct.scot.nhs.uk]

BARBARA DUNCAN is a Chartered Health Psychologist and a lecturer in the Division of Psychology, Glasgow Caledonian University. Her research interests include sexual health and sexual risk, gender and the application of qualitative methodology to understanding issues relating to health.

COLIN ESPIE is Professor of Clinical Psychology, Director of the Sleep Centre and Chair of the Sackler Institute of Psychobiological Research at the University of Glasgow. He has published over 250 papers, books or scientific journal abstracts and is on the editorial board of six leading journals.

HELEN MINNIS is an academic Child and Adolescent Psychiatrist with a clinical and research interest in Reactive Attachment Disorder.

Adoption Adoptees Study Team, 2000) and into adolescence (Hodges & Tizard, 1989). Sixteen-year olds with indiscriminate friendliness were reported as being more adult orientated, not having a best friend, not turning to peers for support and not being selective in choosing friends (Hodges & Tizard, 1989).

Chisholm's (1998) assessments of ex-institutionalized children found that the security of attachment between child and primary caregiver significantly increased post adoption but indiscriminate friendliness did not reduce. The presence of indiscriminate friendliness within the context of a secure attachment has been supported by Marvin and O'Connor's (1999) research with Romanian children and, more recently, in a UK sample (Minnis et al., 2009). Insecure attachment is neither necessary nor sufficient for a diagnosis of Reactive Attachment Disorder (Minnis, Marwick, Arthur, & McLaughlin, 2006) and the nature of the social impairment in this disorder is still poorly understood (Green & Goldwyn, 2002).

### **Proposed explanations of social disinhibition**

Zeanah, Smyke, and Dumitrescu (2002) define indiscriminate friendliness as 'a pattern of wandering off without checking back, failing to exhibit reticence with unfamiliar adults, and being willing to go off with a stranger' (p. 985). This could be in the context of having a preferred attachment figure or without such a figure. Controversies remain regarding the exact nature of this phenomenon. This style of interaction has been described as 'friendliness' towards new adults and approaching strangers (Chisholm, Carter, Ames, & Morrison, 1995), yet other authors describe it as having a 'superficial impersonal quality', being 'rarely reciprocal' (O'Connor, Bredenkamp, Rutter, and the English and Romanian Adoption Adoptees Study Team, 1999) and frequently 'shallow' (Tizard & Hodges, 1978). Although one of the most characteristic features of children raised in institutions has been described as a lack of differentiation among adults (Chisholm, 1998; O'Connor et al., 2000), the behaviour is not truly indiscriminate as many children with 'indiscriminate' behaviour also have a preferred caregiver (Smyke et al., 2002).

Roy, Rutter, and Pickles (2004) perceive such difficulties as a deficit in perception of social cues and in the appreciation of social boundaries rather than indiscriminate friendliness per se. Alternatively, the 'brashness' of approaching any adult may be motivated by a craving for contact and to have one's needs met (Smyke et al., 2002). Chisholm's (1998) research comes to similar conclusions, and adds that adoptive families may subsequently reinforce this friendliness by showering a new international adoptee with hugs and meetings with strangers.

Indiscriminate friendliness therefore creates a dilemma for clinicians and carers. If this behaviour arises from a craving for affection and a previously neglected child's desire to have his/her needs met, should adults to respond with affection, even if the child is unfamiliar? Alternatively, if indiscriminate friendliness arises from a poor understanding of social cues, does an affectionate response from an unfamiliar adult simply reinforce an abnormal behaviour with many negative correlates? If these important clinical questions are to be answered, we need to understand more about the nature of and motivation behind indiscriminate friendliness.

We do not yet know what life is like from the perspective of a socially disinhibited child, and we do not have information about how they perceive their behaviour and the motivations they ascribe to this. Thus, this study aimed to gather information about experiences of social disinhibition from children who are socially disinhibited themselves through the use of a semistructured interview.

## Method

### **Design**

This study aimed to explore experiences of indiscriminate friendliness and the meaning young people ascribed to these. Interviews were used to gather information which was analysed using Interpretative Phenomenological Analysis (Smith, 1996). Quantitative measures were included to affirm the perceived presence of indiscriminate friendliness reported by referring clinicians and guardians.

### **Rationale for Interpretative Phenomenological Analysis methodology**

Qualitative methods are best placed to analyse data exploring individual meaning. Interpretative Phenomenological Analysis (IPA) was chosen as it aims to capture the experiences of the individual without testing hypotheses or making assumptions about the meaning of the topic being investigated (Reid, Flowers, & Larkin, 2005). The aim of accessing underlying meaning and cognitions is central to Interpretative Phenomenological Analysis. It was thought that recruitment would be a challenge for this study and therefore a methodology suited to a small sample was important as was the possibility to make links between real world behaviour and cognition.

### **Participants and recruitment method**

Smith, Jarman, and Osbourn (1999) recommend 10 participants as the higher end of the desired sample size for Interpretative Phenomenological Analysis. Nine children aged 9 to 15 years of age, with a mean age of 11 years and 5 months, took part in this study.

Clinicians working within Glasgow's Child and Adolescent Mental Health teams identified indiscriminately friendly children. Additionally, members of Adoption UK-Scotland, a charity offering support to adoptive parents, were contacted offering parents the opportunity for their children to take part if they had the symptom of indiscriminate friendliness. Guardians and children 12 years and over were asked for written consent while verbal assent was required from younger children for participation.

## Measures

Three questionnaires were completed prior to the interview. The Relationship Problems Questionnaire (Minnis et al., 2007) was completed by guardians. This checklist assesses the attachment disorder behaviours of the inhibited and disinhibited subtypes of Reactive Attachment Disorder and has an internal consistency of 0.85. The 4 items focusing upon disinhibited behaviours served as a screen for indiscriminate friendliness (Minnis et al., 2007, see Appendix 1) resulting in scores ranging from 0 to 12.

Children and guardians also completed the Strengths and Difficulties Questionnaire (Goodman, 1999) to provide an overview of emotional, conduct, hyperactivity difficulties and an indicator of social functioning. This widely used screening tool is measured on a 3-point Likert scale. Children completed the children's self-report version of this questionnaire. The SDQ has good validity and reliability in clinical and research settings (Mellor, 2004; Muris, Meesters, Eijkelenboom, & Vincken, 2004; Vostanis, 2006).

## Procedure

The Primary Care, Community and Mental Health Research Ethics Committee with Greater Glasgow and Clyde NHS granted ethical approval for this study. Introductory meetings and interviews took place in GP surgeries or Child and Adolescent Mental Health Service clinics familiar to the young person. Interviews, lasting approximately

1 hour, were conducted by JB within 2 weeks of the introductory meeting. Interviews were transcribed shortly after they took place allowing analysis of each prior to subsequent interviews (Flowers, Smith, Sheeran, & Beail, 1997).

### ***Interview procedure***

Reflections of interactions with each participant were noted after each interview. It was important to reflect upon these interactions as they had the potential to influence interpretation of the interview data while also offering an insight into participants' styles of interacting with unknown adults. Such reflexivity is appropriate to include in the analysis as an appreciation of the participant–researcher interaction is particular strength of IPA and the method explicitly acknowledges its influence in the analytic process (Reid et al., 2005).

### ***Interview schedule***

The first author constructed a semistructured interview schedule with reference to the existing literature on indiscriminate friendliness. This was piloted with two children not noted to be indiscriminately friendly. The standard format employed within Interpretative Phenomenological Analysis (Interpretative Phenomenological Analysis) methodology states that schedules should consist of open questions (Smith, 1995). However, after interviewing the first research participant it was clear that the use of abstract open questions was difficult for these young people to interpret. Therefore, the questions were adapted to become more concrete, enabling the young people to move on from the focus of friends to wider friendliness. The adapted interview schedule can be seen in Appendix 2.

Two generic indiscriminate friendliness scenarios were generated from focus groups of clinicians and adoptive parent-support groups (social beach scenario, seating scenario at a school show – available on request to first author). These scenarios provided stimulus material to be discussed with children during interviews if they were unable to share their own experiences. These were employed in three interviews. Younger children were also asked to draw a time when they had been friendly. Such strategies provide a helpful way to start speaking about the focus topic (Barter & Reynold, 2000; Crouch & Wright, 2004; Mauthner, 1997).

### ***Analysis***

IPA identifies subordinate and overarching themes within and across transcripts through a process of reading and rereading texts (Smith, 1996). Transcripts were analysed according to the method outlined by Smith et al. (1999). Several rounds of reanalysis were required to identify themes representing a coherent story of the information gathered in order to reach an end-point providing the richest representation of the transcripts.

All transcripts were read by a researcher (HM) familiar with the topic area to check for content validity of themes. Additionally, four of the transcripts were analysed by a second researcher (BD) to ensure that similar themes were being uncovered and to allow for discussion of emerging themes.

## **Results**

### ***Characteristics of sample***

Nine young people (9–14 years) were recruited into the study. Each child was given a gender-appropriate pseudonym. Their age, abuse and care history along with questionnaire data are presented in Table 1. Seven of the children had a confirmed history of abuse or neglect, one was suspected to have had such experiences and one child did not

Table 1. History, relationship problems and strengths and difficulties scores for each participant

Participant	Age (years)	Abuse/Neglect History	Diagnoses	RPQ 4-item score	Care history	SDQ—Emotional problems	SDQ—Conduct problems	SDQ—Hyperactivity problems	SDQ—Peer relationship problems	SDQ—Total difficulties score	SDQ—Prosocial score
Jennie	14	Yes	RAD ADHD	12	Adopted/ Residential Care	Very high	Very high	Very high	Very high	Very high	Very low
Jody	9	Yes	—	10	Adopted	Very high	Very high	Slightly raised	Very high	Very high	Close to average
Hayley	9	Suspected	ADHD	12	Birth parent	Very high	Very high	Very high	Very high	Very high	Close to average
Matt*	10	Yes	RAD ADHD	6	Birth parent	Very high	Very high	High	Very high	Very high	Close to average
Samantha	10	Yes	—	12	Birth family member	Very high	Very high	Very high	Very high	Very high	Close to average
Elizabeth	14	Yes	Foetal Alcohol Syndrome	9	Adopted	High	Very high	Slightly raised	Very High	Very high	Very low
Claire	12	Yes	Foetal Alcohol Syndrome	7	Adopted	Very high	Close to average	Very high	High	Very high	Close to average
Arun	13	None	—	7	Birth parent	Close to average	Very high	Very high	Very high	Very high	Close to average
Ryan	10	Yes	ADHD	5	Residential Care/ Fostered	Close to average	Very high	Very high	Very high	Very high	Close to average

Note: \* Did not take part in an interview, \*\* Abuse history not accessible; RAD = Reactive Attachment Disorder; SDQ = Strengths and Difficulties Questionnaire; RPQ = Relationship Problems Questionnaire; ADHD = Attention Deficit Disorder; where parent and self-ratings differed the rating suggesting greater difficulties is given; ADHD = Attention Deficit Disorder.

have any maltreatment history. Two had diagnoses of Reactive Attachment Disorder, two had diagnoses of Foetal Alcohol Syndrome and four had diagnoses of Attention Deficit Disorder. Four of the children were adopted – one of them was in residential care at time of the interview, another was in residential care with some foster care provision, three were living with birth parents and one with another family member. Three young people were recruited through Adoption UK and the remainder through Child and Adolescent Mental Health services. Unfortunately, Matt was not interviewed as contact was lost with the family following the introductory meeting.

### **Questionnaire data**

The four questions from the Relationship Problems Questionnaire gave scores ranging from 5 to 12. The presence of positive scores on these questions supported the referring clinicians' and parents' verbal report of indiscriminate friendliness.

The Strengths and Difficulties Questionnaire reported a high rate of difficulties for all participants in all areas except prosocial behaviour, which was close to normal range (see Table 1). While there was a high degree of accord between parent and child report on this questionnaire the classification indicating the greater degree of difficulties is given where these differed. The difficulties in peer-relationship subscale is the most relevant, which classified all but one young person as having a very high rate of difficulties in this area.

### **Reflections upon interviews**

Tension existed between some of the young people and their parents regarding indiscriminate friendliness. This made it a difficult topic to tackle as some young people took a defensive strategy and denied any indiscriminate friendliness. A number of young people also had difficulties with hyperactivity and found it difficult to speak for any length of time or to remain focused on one topic. It was difficult to ascertain whether difficulty answering some questions was due to these issues or to a lack of insight. Introductory meetings with the young people gave the researcher a feeling of being tested by their use of control. For example, the majority of interviews involved periods where the young person reversed roles and took the part of the interviewer. This is explored within the control theme.

### **Emergent themes**

Five emergent themes were identified within the interview transcripts: Concept of friendship, rejection, insecurity within relationships, adults' protective responses and kindness (Table 2). While these are presented as separate themes, a full appreciation of each can only be achieved through an understanding of the other themes and connections between these.

*Emergent theme 1: Concept of friendship* Descriptions of friendships given by these young people lacked the boundaries normally in place according to others' age, role and degree of intimacy

**Low threshold for friendship.** The typical response to an enquiry about who the participants' friends were was 'everyone' or a long list of names. This suggested that there is a low threshold of interaction and qualities for people to become friends of these young people. Arun (13 years, birth parent)<sup>1</sup> provided an illustrative quote:

*Arun:* I can be anybody's pal.

Table 2. Overview of emerging themes and subthemes

<i>Emerging themes</i>	<i>Subthemes</i>
1. Concept of friendship	Low threshold Lack of discrimination
2. Rejection	Exclusion from friendships Adults perceived as safer than peers
3. Insecurity within relationships	Importance of trust Checking and testing Taking control
4. Adult's protective response	Instilling 'stranger danger' awareness Prevention of child–adult interaction
5. Kindness	Offered to others Received kindness

Also, Samantha (10 years, relative) claimed that JB (the interviewer) was one of her friends.

**Lack of discrimination.** Peers and adults were considered similar types of friends with little, if any, discrimination between them.<sup>2</sup> This was illustrated by Samantha (10 years, relative) who categorized friends into two groups: Good friends and really good friends:

*Samantha:* Well, Alison [peer] is my best best friend and you are . . . Gareth Timmins [peer] is a really good friend but Alison is my best best friend. So you are like Gareth, a really good friend.

*Julie:* And how about Miss McMurray [teacher]?

*Samantha:* Ummm, same as Gareth.

*Julie:* So you're just as good friends with Miss McMurray and Gareth and me?

*Samantha:* Um hum.

*Julie:* And where does Mr Garry [teacher] fit?

*Samantha:* With Alison.

*Julie:* With Alison, he's a really really good friend. And what's the difference with these piles of really really good friends? You've got Mr Garry and Alison here and all these other people here. What separates them out?

*Samantha:* People who are like Gareth are people that I can trust for sure and that are good friends, and people that are with Alison are people that I know for a fact that I can definitely trust and they're really really good friends.

This placed peers and teachers within the same categories of friendship which suggested that these friendships may lack the depth and companionship that may typify many young people's friendships:



- Julie:* Well you and me have met two times now, would you say I'm your friend or I'm something else? . . . I'm just trying to understand this, I'm just wondering.
- Samantha:* A f.f.f.friend.
- Julie:* I'm a friend. Am I the same sort of friend as all your different groups of friends?
- Samantha:* Close, close.
- Julie:* So, how are we the same and how are we different?
- Samantha:* You and Alison [peer].
- Julie:* Yes.
- Samantha:* Well, Alison is my best best friend and you are . . . Gareth Timmins [peer] is a really good friend but Alison is my best best friend. So you are like Gareth, a really good friend.
- Julie:* And how about Miss McMurray [teacher]?
- Samantha:* Ummm, same as Gareth.
- Julie:* So you're just as good friends with Miss McMurray and Gareth and me?
- Samantha:* Um hum.

Samantha's classification of friends was explored in more detail locating JB in contrast to her other friends. JB was considered trusted and therefore as good a friend as peers and teachers she had known for years.

This lack of distinction was apparent for all young people interviewed with the exception of Claire (12 years, adopted). She made clear distinctions between adult and peers. She did not report any friendliness with adults and was able to make clear distinctions between peers with whom she was friendly and those whom she described as her best friends.

- Claire:* Because, like, they [best friends – peers] stand out from the rest. Like, we're never, like if you're down the other people just try to make you feel better but they don't really, but Claire [peer] always makes you kinda laugh. She doesn't do stupid stuff as much, but she'll be funny. And she'll tell you weird jokes that'll just make you burst out laughing. I just feel that like, they're like more nice to people than other people who just treat me as a friend.

**Emergent theme 2: Rejection** All of the young people interviewed spoke about some experience of being excluded or bullied by peers.

**Exclusion from peer friendships.** Despite their assertions about having lots of friends, exploration of the nature of friendships revealed that this group of children actually have limited peer group memberships and that peers frequently reject advances made by these children. Jennie (14 years, adopted) spoke about experiences of being bullied over a number of years:

*Jennie:* I trusted somebody in P7, well, this girl called Shona [peer] and there's a boy called Luke [peer], and I trusted them and they said that they wanted to take me down the street for my lunch and I got myself beaten up.

*Julie:* Huh! Oh my goodness me!

*Jennie:* Oh yeah, try cigarette burns to the back of the neck, it's painful.

*Julie:* You are kidding me?

*Jennie:* I'm not.

*Julie:* Oh Jennie, that's awful.

*Jennie:* Doesn't bother me now.

*Julie:* Not good at the time tho?

*Jennie:* Not half as bad as being bullied at every single school I went to.

Other young people emphasized the importance of being included and personal experience of exclusion. While Jody (9 years, adopted) spoke of being left out within her current friendship group,

*Jody:* I don't think it's fair if Anna whispers to somebody that's my friend and she doesn't tell me and neither does my friend. If it's not bad then she can say it out. If it is, she doesn't want to say it.

Samantha's (10 years, birth relative) quote suggests a sense of loneliness and perceived bullying from the majority of her peers.

*Samantha:* I've only really got one friend and all the others bully me.

Jennie (14 years, adopted) and Elizabeth (14 years, adopted) emphasized the importance of inclusion in the role of a good friend and in being friendly towards these people:

*Julie:* What would you say the most important thing is about being a good friend?

*Jennie:* Being there for somebody . . . and not excluding somebody just because of who they are or where they stay or what they think's right.

Elizabeth expressed great empathy for others and not wanting others to feel as lonely as she had been made to feel:

*Elizabeth:* Being friendly towards them [peers] would be like talking to them, making sure they feel comfortable, not feel like outside, feel like part of the group.

**Adults safer than peers.** There was a sense from the girls within the sample that adults are safer than peers. In discussion of a scenario where a young girl chose to sit with a stranger at a school play rather than with peers sitting nearby Jody (10 years, adopted) said that adults were safer.

*Jody:* Well I think probably, that she wanted to talk to adults because she'd feel safer 'cos some of these girls might hit her.

On discussing another scenario with Hayley (9 years, birth parent) she stated that the girl would prefer to speak to an adult stranger rather than an unknown child because the children aren't nice to her:

*Julie:* What are the reasons for children being friendly with adults instead of children?

*Hayley:* Because the adults are the mother's friends and the children are mean . . . Because the adults are friendly and the children are mean.

Such comments were not apparent within the boy's scripts who described peers as being safer than adults.

**Emergent theme 3: Insecurity within relationships** Insecurity within social relationships was a focal theme across the transcripts. The importance of trust within relationships and ways to test this were made explicit. However, the need to control social interactions with others became clear only through their interactions in the interview situation.

**Importance of trust.** Every young person interviewed identified the need for trust as an important factor in their relationships with both adults and peers. This was crucial within friendships where uncertainty about friends keeping information given in confidence was a concern. Arun (13, birth parent) highlighted this issue:

*Arun:* Cos you dinnae want anybody knowing about your business and . . . if they [peers] tell someone else they wouldn't be your pal because they broke the promise.

The young people reported having been let down by friends and having had their confidences broken. Claire (12 years, adopted) provides an example of this when speaking about her experiences of meeting new peers and teachers at secondary school:

*Claire:* Different, like some people are nice, some people are not that nice. Like, you just need to watch out for the people that aren't that nice. They pretend they're nice and then when you get to know them they're not.

There was a suggestion that adults were more trusted than peers. Elizabeth (14 years, adopted) contrasts her trust of peers and teachers:

*Elizabeth:* 'Cos I can sometimes, sometimes it's easier to trust older people than it is to trust people my age . . . I don't know. There's like, more like a couple of teachers I wouldn't trust and there's only like a couple of kids I would trust. So I think it might be about age.

**Checking and testing strangers.** The importance of trust and the rejection experienced by these young people has resulted in a need to test new adults and peers. While they were often happy to interact with new adults they used a number of strategies to test these adults. When JB asked Samantha if there were any people she could not be friends with, Samantha (10 years, birth family) spoke of a particular test which new adults must pass. Indeed, when Samantha first met JB she used this technique:

*Samantha:* Just say 'why' all the time to see how long they can last.

*Julie:* Yeah, and then what do you think of them after that?

*Samantha:* Well, I think . . . the longer an adult can stand me saying why, the longer, like . . . it's hard to explain again.

*Julie:* Keep going.

*Samantha:* The longer, like, the longer an adult can stand me saying why the better a friend they are.

*Julie:* Why is that?

*Samantha:* Because friends always listen to you for really really long, well, you know what I mean. And if someone just says right, that's it after a couple of whys then they're not really a friend.

In addition to this questioning strategy, she also said that strangers need to prove themselves by knowing someone she knows to be 'passed' as being safe. An example was JB (interviewer) who was seen as a friend:

*Samantha:* Yes, because I've tested you [JB] with my whys, you've lasted really long and you've proved yourself trustworthy.

Ryan (13 years, residential care) said that he always checks out new people on meeting them:

*Julie:* What's the best strategy, the best way you have of checking people out?

*Ryan:* Sometimes I'll look on the computer.

*Julie:* Ok. What other ideas do you have for checking people out, what else do you normally do?

*Ryan:* Data files.

*Julie:* Ok, what do you mean by data files?

*Ryan:* I mean data and what happened to them and all that . . . I check out their data first . . . If Suzanne and Colin [foster parents] didn't know them then . . . em . . . I'd check their data. And if they had data that wasn't good then Suzanne would chuck them.

*Julie:* So what sort of data would it be that wasn't good?

*Ryan:* If they'd committed crimes and all that then they'd be chucked.

On talking about new peers and adults Elizabeth (14 years, adopted) described how she watches them before she speaks to them and gave an example of gathering information on new teachers before trusting them:

*Elizabeth:* Say it's the first day of having a teacher, I wouldn't actually say anything to them. I'd just sit back and watch what everybody says, what everybody else says to them and what they say back and what they react to and what they won't react to.

However, this strategy was more difficult to use with new peers than with new adults. Arun (13 years, birth parent) agreed with Elizabeth that it took time to get to know new peers, although he was more concerned about their potential for getting into trouble than their trustworthiness:

*Elizabeth:* Yeah, 'cos it's a whole lot harder to suss other kids out . . . It takes a whole lot longer. Because, they, most of them won't talk that much, well, some of them might . . . 'Cos if I don't know what they like or doesn't like or . . . I just can't find out anything about them.

While they spoke about people requiring assessment before they could be welcomed into their lives some young people thought that certain adults did not require such checking due to their trusted role. Arun (13 years, birth parent) felt that teachers could be trusted as any breach of this would be acted on by the authorities, hence protecting him:

*Arun:* Well a teacher, I'd trust them. 'Cos if they done anything to anybody in the class they would get batted out of school.

While Jennie (14 years, adopted) emphasized that she was protected from being harmed by some adults she also emphasized a requirement for her to trust care staff:

*Jennie:* There's a difference between [residential care] staff because I know that they can't do anything to me and I can trust them. I've got to haven't I because otherwise I'd get nowhere in life.

**Taking control.** Throughout the interviews it became apparent that the young people regularly took, or attempted to take, control of the interview by questioning the interviewer, changing the topic of conversation or even the activity. Jody (9 years, adopted) made clear efforts to take on the interviewer role:

*Jody:* Now. If you would like to ask any questions Julie ask them now.

Jody took the role of the interviewer by directing the questioning and the activity within the room. For example, she introduced a written conversation, acted out a scenario, and asked JB questions on a scenario she generated herself. Hayley (9 years, adopted) was also particularly controlling of the interview. In this example JB had said that some children like to talk to adults and had asked her what she thought about that:

*Hayley:* Which children?

*Julie:* I've been talking to other children.

*Hayley:* What did they say?

*Julie:* I can't tell you.

*Hayley:* Oh please.

*Julie:* Well, the thing is, if I tell you what they said then. . .

*Hayley:* I won't copy them. I promise.

*Julie:* Yeah, I know you wouldn't copy them but it's confidential, it's private to them. Like, I won't tell other children what you've told me.

*Hayley:* Why?

*Julie:* I won't tell other children what you've told me.

*Hayley:* Well, maybe you can just tell me. If you just tell me what they said I won't tell anyone else.

*Julie:* I can't do that.

*Emergent theme 4: Adult's protective response* Participants spoke about adults' attempts to highlight the dangers of talking to strangers and their own awareness of 'stranger danger'. However, this did not necessarily fit with their reports of social interaction suggesting that this knowledge does not follow through to behaviour.

**Prevention of child–adult interaction.** Several young people told JB that their relatives prevented them from interacting with strangers when they were out. For some this involved warnings not to speak with strangers when they were going out (Arun, 13 years, birth parent):

*Arun:* As soon as I say I'm gonna disappear he [my brother] says you no better talk to strangers.

*Julie:* Does he? How come he said that?

*Arun:* Don't know. He cares about us . . . Anytime I go out to play with all my pals and that he says 'don't talk to strangers'.

Others spoke about ways in which adults intervened when they were out (Hayley, 9 years, birth parent):

*Hayley:* Because when I'm with my Gran she shouts at them to go away.

*Julie:* Does she? She doesn't let you talk to people?

*Hayley:* Only the people who I know.

Hayley went on to speak of the consequences put in place if she spoke to strangers.

*Julie:* So what would your mum say if you were friendly with adults?

*Hayley:* No. Nooooo. No way!

*Julie:* So what happens if you're friendly with adults?

*Hayley:* I get a smacked bum.

**Instilling 'stranger danger' awareness.** Young people interviewed reported explicit awareness of 'stranger danger'. Jennie (14 years, adopted) made this explicit to me:

*Jennie:* Don't talk to strangers. Didn't you ever get told that by your mummy and daddy?

There was a feeling that they had heard the message from parental figures. However, the indiscriminate friendliness they described and the ease with which they come to trust new adults suggested that these rules are not applied in everyday life. Ryan's (10 years, residential care) description of JB not being a stranger illustrates this (after only one phone call between JB and Ryan's care team prior to the first interview).

*Julie:* Am I a stranger?

*Ryan:* No. You're not a stranger 'cos I know you now.

*Julie:* OK. Was I a stranger last week?

*Ryan:* No. You're only a stranger if no-one knows you here, and like, Claire [carer] knew you because she knew you weren't a stranger. . . . and she knew you weren't a stranger . . .

Despite his assertion that JB was no longer a stranger and by implication trusted, he had not carried out his checking procedure which he had emphasized earlier (see checking theme above).

*Emergent theme 5: Kindness* All young people interviewed placed an importance on kindness within their friendliness towards others and as a prized quality among friends.

**Kindness offered to others.** When asked to define friendliness the most frequent answer was kindness and helping others. There was a huge range of helping behaviour reported by the interviewees including helping teachers, neighbours, siblings, disabled people and those disadvantaged within society. Jody (9 years, adopted) expressed pride in her kindness towards others. Such acts were her expressions of friendliness towards others. In this quote she presents herself as confident in social interactions and as being in control of this:

*Jody:* They just em, like, em, friendly people like me they just, sort of like, you know, em, they . . . help people when they fall over. They're very kind and generous.

When I asked Arun (13 years, birth parent) about times when he had been friendly he spoke about the previous week when he had helped an elderly neighbour.

*Arun:* Been helping with the gardening and that. Doin' weeding and they can't get back up, and I'll say 'I'll do that for you'.

Helping was at the core of their understanding of friendly behaviour. Some young people were able to explain their kind behaviour. For Arun this was about keeping out of trouble.

*Arun:* Just like doin' it. Keeps me out of trouble.

Samantha (10 years, birth family) framed this as a form of reward for others who had been kind to her:

*Samantha:* He's a nice teacher.

However, Elizabeth's (14 years, adopted) motivation for kindness towards others might be linked more closely to empathy towards others who might be excluded:

*Elizabeth:* To me it means, maybe, you get on with them, talking to somebody like . . . for example, see if there was like somebody new. Being friendly towards them would be like talking to them, making sure they feel comfortable, not feel like outside, feel like part of the group. Em . . . well generally, just being nice.

**Kindness received from others.** Kindness formed the definition of a friend. Seeking such responses from others appeared to be the goal of their own friendliness and indicated a strong connection with others as well as a sense of acceptance. Jennie (14 years, adopted) emphasized the importance of caring and kind friends with whom she could spend time:

*Julie:* What would you say a friend is?

*Jennie:* Somebody that cares and that takes care of you, somebody to talk to you and you laugh with, someone that helps you.

Kindness expressed in the form of support was also emphasized by Samantha (10 years, birth family) and Claire (12 years, adopted). Yet, experience of rejection was also

incorporated into the role of friends. Samantha focused upon friends not being bullies while Claire focused on their protective role against potential bullies:

*Julie:* What sort of people are your friends?

*Samantha:* Well, I suppose that don't bully or push you around . . . and people that are always there for you and they don't blackmail you.

*Claire:* She's always there for you, like, if someone tries to bully you or something, she'll come in and say, 'she's my pal don't say that'.

*Julie:* Ok.

*Claire:* Because she's got big attitude, big time. Like if somebody makes fun of her pal right, she'll just go up to them and say, 'don't do that again'.

### Discussion

The majority of young people interviewed had a history of abuse or neglect and had contact with the care system in the form of adoption, foster or residential care placements. Further, the majority had received a diagnosis of Reactive Attachment Disorder, Attention Deficit Hyperactivity Disorder and/or Foetal Alcohol Syndrome. The range and severity of difficulties evidenced by the Strengths and Difficulties Questionnaire indicate that these children have multiple vulnerabilities including major problems with peer relationships. Rather than being a benign and endearing symptom, indiscriminate friendliness seems to index complex difficulties with profound social implications.

#### Summary of themes

Each emergent theme stands alone as a discrete concept but is best appreciated within the context they provide each other. An illustration of these links can be viewed in Figure 1. These themes suggest that social interactions are critically problematic for these young people.

Experiences of rejection were identified as a central theme. Participants spoke about being bullied, excluded from peer groups and having few same-age friends. Indeed, peers were considered to be mean and untrustworthy. On the other hand, adults were perceived to be safer and less likely to reject them in comparison to peers.

The theme of rejection links into the concept of friendship. The young people interviewed spoke about friendships in a way which indicated a lack of distinction between degrees of intimacy. While a minority of participants spoke about best friends in comparison to acquaintances there was a strikingly low threshold for people to cross before they became good friends. This ties in with Salzinger, Feldman, Hammer, and Rosario's (1993) findings that maltreated children have difficulty differentiating supportive and unsupportive friends. There was also little distinction across age or role as regards who could be called a friend and who was appropriate to be friendly towards. This lack of discrimination and the unquestioning welcoming of people into their friendship circle presents concern about the safety of these young people.

The protective response theme suggested that adults within these young people's lives are concerned about their welfare. Indeed, it is likely that their perceptions of adults as being safer will have added to the concern expressed from people caring for these young people. Participants spoke about relatives and care staff making efforts to safeguard them through instilling in them an appreciation of 'stranger danger'. In addition, some young people were also prevented from speaking to unknown adults while others were



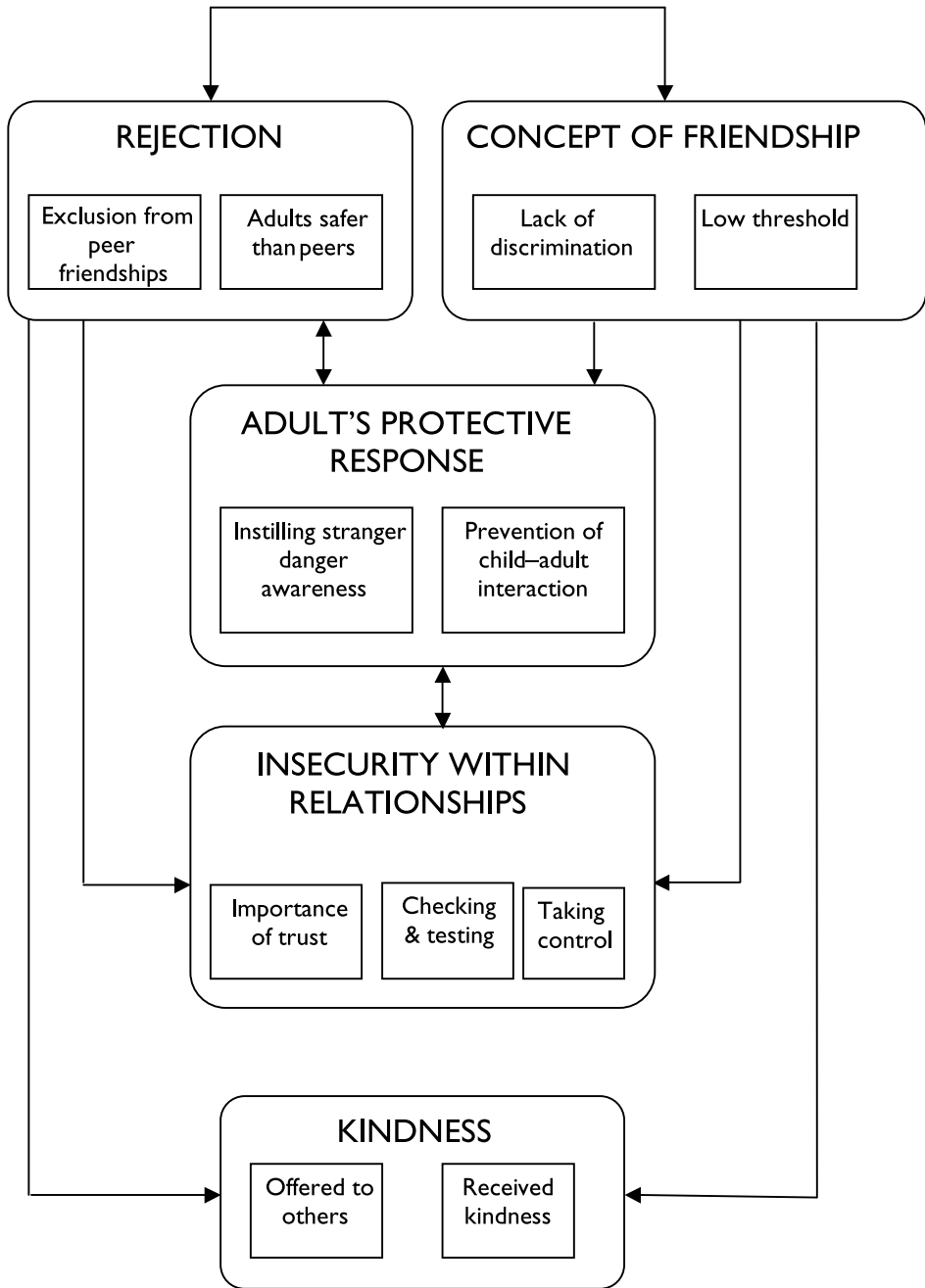


Figure 1. Model of emergent themes resulting from an exploration on indiscriminate friendliness.

punished if they spoke with strangers. It is clear from the interviews that the young people had heard the ‘stranger danger’ message and they were proud to recite this during interview. However, the majority of young people failed to put this into action within the examples they recounted.

The strength of the 'stranger danger' message and the rejection experienced by these young people may be involved in the sense of insecurity communicated by their focus upon trust within relationships. Trust was a crucial quality required of friends and those considered inconsistent or likely to break confidences were not valued. Indeed, the majority of the young people had strategies which they employed to ensure that new adults and peers were safe. However, while they spoke of their specific strategies employed in assessing new people the lack of discrimination employed in admitting people into their friendships circle and the low threshold required to become a safe person did not reflect such diligence.

Another facet of the insecurity theme was participants' use of control. While this was not made explicit by the young people's report, it was apparent within their behaviour during interviews where some young people took the role of the interviewer. This may function as a way of reclaiming a sense of security within the interaction. Cassidy and colleagues (Cassidy & Marvin, 1988; Main & Cassidy, 1988) have also identified the use of controlling behaviour among young children. In particular, they discuss the use of controlling-caregiving behaviour which aims to protect the carer by excessive helpful, polite or cheerful behaviour. This style of interaction bears a significant resemblance to the kindness reported here and the use of control. Further, Cassidy and colleagues note that controlling-helpful behaviour is particularly prevalent among young children who have lost a close family member; a description which could be applied to most children in this study.

The final theme, kindness, links with the concept of friendship, rejection and insecurity within relationship themes. All three of these themes could be considered to influence kindness through a desire for acceptance and friendship. This group of young people described themselves as being helpful and kind towards both peers and adults within their lives and treasuring any kindness shown towards them. This theme fits with hypotheses presented by Smyke et al. (2002) regarding indiscriminate friendliness being an attempt to have needs met.

### ***Clinical implications***

These findings suggest that children perceived as indiscriminately friendly by the adults surrounding them are seeking friendship and acceptance in the best way they know how. Unfortunately, in their efforts to be accepted, they risk rejection by peers and becoming vulnerable to strangers.

While it may appear to the observer that indiscriminately friendly children are impulsively interacting with others without thinking through their actions, these children put a great deal of thought into their social interactions. Yet, they may be blinded by their goal of gaining kindness and friendship without an appreciation of the dangers which may be involved in such friendliness. This lack of awareness is apparent despite efforts from adults to safeguard these young people.

The majority of the young people interviewed no longer live with their birth parents, suggesting that they have experienced rejection from the people whom they would most expect to provide care and acceptance. The importance young people placed upon kindness could be a reaction to this rejection. Unfortunately, their reports suggest that experiences of rejection have continued and their desire to relate to others and to be cared for continues to be a strong factor within their interactions.

The long-term consequences associated with difficulties relating to others can be widespread (e.g. Cole, Martin, Powers, & Truglio, 1996; Shulman, Horesh, Scharf, & Argov, 2000). These can include repeated rejection, isolation, low self-esteem, depression, unemployment and substance use among other outcomes. Unfortunately, indiscriminate

friendliness is often perceived by clinicians as 'subclinical' and not necessitating intervention to the same degree as aggressive or oppositional behaviours. However, our findings indicate that indiscriminate friendliness may be indicative of severe difficulties with social relationships and should be borne in mind during assessments. The Relationship Problems Questionnaire (Minnis et al., 2007) could act as an easy screen for this.

An intervention providing elaboration upon the concept of friendship including the differing gradations of friends may be beneficial for these young people. This would contrast to the all-or-nothing concept of friendship which appears to be held by these young people. There is a significant history of social skills training being provided for young people with autistic spectrum conditions including social skills groups (Rao, Beidel, & Murray, 2008), social stories (Gray, 1993), animated cartoons to develop emotion comprehension (Baron-Cohen, Golan, Chapman, & Granader, 2007) among other interventions suggesting that targeted interventions can assist in social skill acquisition.

It is possible that the insecurity of relationships reported by young people is a useful target for intervention to promote the development of peer relationships. Promotion of trusting and supportive relationships beyond the relationship with the primary caregiver should be supported where and whenever possible (Boris et al., 2005). This could aid in the development of a concept of trust and appropriate evaluation of this within friendships. However, when the maltreatment background of these young people is considered alongside the history of being cared for within foster and residential care, the presence of such insecurity and mistrust within relationships may be persistent and even appropriate.

An alternative to focusing interventions upon these young people could be the promotion of a greater acceptance of these children and their particular interaction styles within the wider community. This option would encourage peers to be more accepting of children different to themselves could promote greater acceptance and the development of social skills on a wider scale. The Circle of Friends has been used successfully in school settings with children on the autistic spectrum (Whittaker, Barratt, Joy, Potter, & Thomas, 1998) and could possibly be adapted and employed for children with indiscriminate friendliness.

### **Limitations**

The range of ages and developmental stages of these young people poses problems as findings have been based upon the group of interviews as a whole rather than separating these by level of development or age. The gold standard would have been to recruit from a tighter developmental range (Trickett & McBride-Chang, 1997). However, it was not considered appropriate to contrast groups of participants as the use of a heterogeneous sample of 'experts' on a specific topic is fundamental to Interpretative Phenomenological Analysis (Reid et al., 2005). Further, difficulty in identifying indiscriminately friendly children would have made it impossible to recruit from a tighter age range.

Participants had been criticized and punished for their indiscriminately friendly behaviour in the past. Thus, they may have limited the amount of information they were willing to share for fear of criticism from the interviewer and potential reporting of this back to guardians, making it likely that the transcripts represent edited versions of participants' perception of their social experiences. Limitations were also placed upon participants' ability to reflect upon their experiences due to their levels of cognitive development and the possible stigma they may have felt in revealing information about their behaviour. It should also be noted that the participants did not identify their indiscriminate friendliness as being problematic; indeed, many were unable to identify this

behaviour within themselves. This contrasted greatly to guardians' views on the topic who described their child's indiscriminate friendliness as being problematic.

### **Strengths**

The recruitment strategy recruited young people via clinical and nonclinical routes, which suggests that the findings may be relevant to both populations. The qualitative methodology offers a fresh perspective from which to view the unusual interaction patterns observed in children with histories of maltreatment and care placements. The phenomenological perspective ensured that the perceptions and motivations of the individual children were represented within the emergent themes. Content validity was assured through consultation with a clinical researcher experienced in the assessment of children with indiscriminate friendliness and the use of established questionnaires to support the perceived indiscriminate friendliness and peer relationship difficulties reported by clinicians and guardians.

### **Future recommendations**

Our findings paint a picture of a complex interplay between insecurity and brashness in the social interactions of indiscriminately friendly children. It would be interesting to interview older adolescents, or young adults, who may be less influenced by parental constraints and potential stigma to ascertain their understanding of previous indiscriminately friendly behaviour. Gaining an understanding of guardians' and teachers' perceptions of indiscriminate friendliness would also add to this emerging picture and triangulate the information collected. Children referred due to their indiscriminately friendly behaviour may benefit from interventions targeted towards the development of security within relationships and an appreciation of the variability of potential friendships.

This research offers a strong recommendation that clinicians are vigilant for the possible presence of indiscriminate friendliness with its potential to limit social development along with the vulnerabilities this poses. Referrals may relate to impulsive behaviour, difficulties maintaining relationships, concern around attachment relationships and social isolation among others.

## **Conclusion**

Research on indiscriminate friendliness is in its infancy and the knowledge available largely relies upon quantitative studies, typically of samples from orphanages. This piece of research gained a rich picture of indiscriminate friendliness from a group of children identified as having this difficulty by those around them. Our findings offer insights into the motivations and understanding behind the social interactions of this group of vulnerable children. The use of Interpretative Phenomenological Analysis has given voices to young people who have been able to shed some light onto their perceptions of a behaviour which many clinicians have had difficulty comprehending. In this way they have been able to highlight how this social deficit causes difficulties in their relationships, can place them at risk and impede their development.

## **Notes**

1. Age and care situation of each child is given along with each quote to provide a context.
2. Peers and adults referred to in quotes have been given gender-appropriate pseudonyms.

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## Appendix I

### Relationship Problems Questionnaire

#### Disinhibited Items

Please tick the statement that best describes your child

	Exactly like my child	Like my child	A bit like my child	Not at all like my child	For Office Use Only
Gets too physically close to strangers					
Is too cuddly with people s/he doesn't know well					
Often asks very personal questions even though s/he does not mean to be rude					
Is too friendly with strangers					
Scoring	3	2	1	0	

Source: Minnis et al. (2007).

## Appendix 2

### Interview Schedule

#### Introductory points

- confidentiality limits
- structure of today etc.

#### Interview questions

How did you find out about us meeting up and the work/research I'm doing?

#### What the study is about:

Do you know?

It's about being really friendly with lots of people

It's about being 'too palsy' with people

The type of thing that might make some adults worry about you keeping safe.

Why do you think you've been asked to help out with this study?

Do people say you're too friendly with people?

What do you think about that?

How does that make you feel?

Do you think you're too friendly with people?

I wonder why that happens for you. . .

What sort of things do you think people are talking about when they say you're too friendly?

Any examples?

I wonder what you were thinking when that happened?

I wonder why that happened?

I wonder why you did that?

What do you think the other person was thinking?

Do you remember meeting people at \_\_\_\_\_ for the first time?

What was it like when you met the other children there?

What was it like when you met the staff there?