Attachment Theory and Challenges of Secure Attachment

“The relationship between the mother and child is the prototype for all future relationships.” Freud

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INTRODUCTION:

The word attachment is used frequently by mental health, child development and child protection workers but it has slightly different meanings in these different contexts. The first thing to know is that we humans create many kinds of bonds. A bond is a connection between one person and another. In the field of infant development, “attachment” refers to a special bond characterized by unique qualities that forms in maternal-infant or primary caregiver-infant relationships. The attachment bond has several key elements: 1) it is an enduring emotional relationship with a specific person; 2) the relationship brings safety, comfort, soothing and pleasure; 3) loss or threat of loss of the person evokes intense distress. This special form of relationship is often best characterized by the maternal-child relationship.

The purpose of the attachment relationship is to help the infant develop the basic skills to develop healthy relationships throughout the rest of his life. It allows him to learn to trust others, to trust him, and to live a life in which he is as capable of giving as he is of receiving. The emotional safety provided by the attached relationship also allows the infant or child’s developing brain to focus on growing the complicated and subtle infrastructures that lead to skills such as reasoning, mood monitoring, and general intellectual functioning. For most infants, this begins with the relationship between the mother and the baby, grows to include the father, then the siblings, other relatives, and so on.

The attachment process:

The attachment process is an interactive one that is established by the care and nurturing of the baby. The baby cries, the mom responds with love and food, and the baby’s brain responds by growing and developing skills with which to respond back to mom. Most of the simple things that adults do with babies are in fact triggers for attachment. The cuddling, the cooing, the playing with toes, the warm baths, the gentle feeding of healthy food, gazing into the baby’s eyes, are all attachment tools.

Children develop attachment disorder when this process is interrupted by the experience of having multiple caregivers; or, when the process is denied to the infant because of poor quality, chronically inconsistent, or violent parenting, then the brain becomes focused on helping the infant to develop survival skills at the expense of relationship skills. The result is a child who only knows how to survive by manipulation, by control, by aggression, or by withdrawal. The infant grows into childhood with a keen sense of abandonment, but no understanding at all of how to belong to, or to trust, a parent figure.

Definition: Attachment “An in-born system in the brain that evolves in ways that influence and organize motivational, emotional and memory processes with respect to significant caregiving figures.” (Bowlby, 1969) “A bio-behavioral system whose goal is to coordinate the balance between the need for safety in proximity to a caregiver or set of caregivers with the tendency for exploration and autonomy in infancy and early childhood.” (Zeanah and Boris, 1994)
Four Infant Attachment Behaviors

**Proximity Seeking**
- Infants insist on maintaining close proximity to their caregivers.

**Secure Base**
- Infants use their caregivers as a secure base for exploration.

**Safe Haven**
- Infants flee to their caregiver as a safe haven when frightened or alarmed.

**Separation Protest**
- Infants protest caregiver leaving (*Bowlby, 1969*)

Four Caregiver Attachment Behaviors

- Sensitivity to signals
- Detecting the infant’s signal correctly, interpreting the signal, appropriately responding, and timely response
- Cooperation vs. interference with on-going behavior
- Physical and psychological availability

Acceptance vs. rejection of the infant’s needs (*Bowlby, 1969*)

**Process of Developing Secure Attachment**

“Repeated experiences of parents reducing uncomfortable emotions (e.g., fear, anxiety, sadness), enabling child to feel soothed and safe when upset, become encoded in implicit memory as expectations and then as mental models or schemata of attachment, which serve to help the child feel an internal sense of a secure base in the world.” (*Siegel, D.*)

**Attachment benefits both child and caregiver**

- Providing and seeking comfort for distress.
- Providing and experiencing warmth, empathy and nurturance.
- Providing emotional availability and regulating emotion.
- Providing and seeking physical and psychological protection. (*Zeanah and Smyke, 2008*).

**Development of Attachment In Infancy** (*Zeanah and Smyke, 2008*)

<table>
<thead>
<tr>
<th>Age</th>
<th>Development</th>
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<tbody>
<tr>
<td>00 - 02 months</td>
<td>Limited discrimination</td>
</tr>
<tr>
<td>02 - 08 months</td>
<td>Discrimination with limited preference</td>
</tr>
<tr>
<td>08 - 12 months</td>
<td>Focused attachment</td>
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<tr>
<td>12 - 20 months</td>
<td>Secure base</td>
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<tr>
<td>20+ months</td>
<td>Goal corrected Partnership</td>
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**Erikson’s Developmental Stages**

- Infancy: Trust vs. Mistrust
- Toddlerhood: Autonomy vs. -(1-3) Shame and doubt
- Preschool Age: Initiative vs. Guilt - (3-5)
- Early School Age: Industry vs. - (6-11) Inferiority
- Early Adolescence: Group Identity vs. Alienation

**Infant Attachment Behaviors**
- Walking
- Smiling, Reaching, Vocalizing, Crying, Crawling.

**Young Child Attachment Behaviors**

- Affection
- Comfort seeking
- Reliance on caregiver for help
- Cooperation
- Exploration
- Controlling behavior
- Reunion response
- Response to strangers

**Adolescent Attachment Behaviors**

1. Active avoidance of primary caregiver in times of stress
2. Emphasis on the exploratory aspects of the attachment system
3. Autonomy-seeking behavior in adolescence is positively correlated to secure infant attachment
4. Expansion of attachment relationships into intimate peer relationships

**Caregiver Attachment Behaviors**

- Sensitivity to signals
- Detecting the infant’s signal correctly, interpreting the signal, appropriately responding, and timely response
- Cooperation vs. interference with on-going behavior
- Physical and psychological availability
- Acceptance vs. rejection of the infant’s needs (*Waters and Ainsworth*)

**Attachment is a Life-Long Process**

- We don’t stop attaching.
- Attachment can change.
- A child can attach to more than one person.
- A child can learn how to attach as a preschooler.
- Recent research suggests people can change the security of their attachment.
Attachment security can change based upon:
- Emotional support, direction and structure provided by mother
- Family stressful life events
- Quality of home environment
- Environmental support
- Changes in mother’s emotional functioning
- Changes in mother child interactions (Egeland, Carlson, and Sroufe, 1993)

**Secure Attachment How it happens:** Caregivers who are generally sensitive, responsive and available have infants with internal representations of themselves as loveable and worthy.

**Insecure Attachment:** Insecure/anxious avoidant, Insecure/anxious resistant, A subgroup of the above two categories is - Disorganized/disoriented

**Insecure Attachment How it happens:** Caregivers who are generally unavailable and rejecting have infants with internal representations of themselves as unworthy and unlovable. Research indicates maternal depressive behavior leads to insecure attachment (Egeland, Carlson, and Sroufe, 1993)

**Possible consequences of insecure attachment**
- Poor self-esteem and self regulation
- Aggressive/rejecting and/or withdrawn/isolating relations with peers
- Low frustration tolerance
- Less positive affect
- Lags in cognitive, developmental and academic competence (Egeland, Carlson, and Sroufe, 1993)

**Attachment Security**

**Parent contributions**
- Ineffective or insensitive care
- Physical and/or emotional unavailability of parent
- Abuse and neglect
- Parental psychopathology
- Teen parenting
- Substance abuse
- Intergenerational attachment difficulties

**Child Contributions**
- Physical and/or emotional unavailability of child.
- Babies with difficult temperament.
- Lack of fit with parent.
- Premature birth.
- Medical conditions causing unrelieved pain.
- Hospitalizations.
- Failure to thrive syndrome.
- Congenital and/or biological problems, neurological impairment, FAS, in utero drug exposure, physical handicaps, teratogen exposure.
- Genetic disorders: family history of mental illness, Depression, aggression, criminality, substance abuse, Antisocial personality.

**Environmental Contributions to Insecure Attachment**
- Poverty (Egeland, Carlson, and Sroufe, 1993)
- Violence (victim and/or witness)
- Lack of support (absent father or extended kin, lack of services, isolation)
- Multiple out of home placements
- High stress (marital conflict, family disorganization and chaos, violent community)
- Lack of stimulation
- Role of Attachment
- Keeps humans alive
- Affect regulation
- View of self as worthy and competent
- View of world as safe

**Disorganized Attachment:** When distressed, disorganized infants exhibit contradictory behavioral patterns; undirected, misdirected, incomplete, and interrupted movements or expressions; odd movements and postures, asymmetrical movements and mistimed movements; freezing, stilling, and slowed “underwater” movements and expressions; clear signs of fear of the...
parent; and clear signs of disorganization and disorientation.

**Contributions to Disorganized Attachment**
- Maltreatment
- Partner violence
- Parental dissociation (withdrawal)
- Maternal depression/bipolar disorder and schizophrenia (contradictory cues)
- Parental substance abuse
- Parental antagonism
- Parental role confusion

**Possible Outcomes of Disorganized Attachment**
- Problems with affect regulation and dissociation
- Lack of impulse control and attentional problems
- Controlling stance used in peer and caregiving relationships

**Characteristics of an attachment challenge**

Each child is different, therefore, each child will show her level of attachment, or lack of, in slightly different ways. As well, each adoptive family is different, so the things that are a problem in one family might not be a problem in another.

Therefore, when considering attachment characteristics, it is important to look at the overall picture. In considering the characteristics of attachment disorder, remember that a child with attachment issues will display most, but not all, of these behaviours most, but not all, of the time; and, the behaviours will have begun before the child reached the age of five.

**Destructive** – the child may damage or break toys or objects that belong to the adoptive parents, or to teachers, or to the neighbours. He may even damage items that belong to him, with no apparent sense of loss or remorse afterward. Some children will claim the damage was an accident (but just how many accidents can one child have in a day?), while others will be forthright and admit, without any sign of caring, that they have purposely broken the object.

**Inability to link cause with effect** - the child don’t understand what they have done; it is that they don’t understand why it bothers the adoptive parent.

**Inability to participate in a healthy relationship** - the simply does not seem to understand that hugs are an emotional experience that is shared between two people, not something that is used for trade purposes ie. I’ll hug mom now so that she will let me watch the television later. He may cruelly tease or taunt less powerful children, hurt animals, argue incessantly, and boss others without any apparent understanding of what this feels like for the other person.

**Charming** - the charm is displayed at will, generally only when the child is interacting with someone they rarely see, or will never see again. For example, they can be very charming and delightful to strangers or therapists or store keepers, and even visiting adoptive grandparents, but rarely to the adoptive parent.

**Poor eye contact** - they just can’t look in another person’s eyes for any length of time. The contact is over stimulating and uncomfortable for the child. Eye contact skills are supposed to develop in early infancy, and for most children who have attachment problems, there was no safe adult to look deeply into their eyes in those early days.

**Controlling - sometimes by manipulation, sometimes by aggression, sometimes by withdrawal** - they try to get what they want by forcing it one way or another because they don’t trust others to come through, and because their brain was too busy focusing on survival to let them develop the parts that normally deal with positive interaction.

**Demanding or clingy behaviour** - the same thing as control, the child either demands your attention by yelling or throwing objects or hitting; or, she clings on like a barnacle, even trying to follow a parent into the bathroom.

**Stealing and lying** - the child will take things that don’t interest him, as well things he wants, and he lies even when there is no apparent need to do so. To him, the truth is vague and unrelated to anything that is going on in his day.

**Low impulse control** - the child’s level of spontaneity is high, almost like attention deficit disorder. She will take
or do what she wants without thinking through her actions and without any understanding of how her action might impact others.

**No apparent remorse or conscience** - she will do horrible things, and slightly irritating things, but will not indicate that it has bothered her at all. The few times she will look you in the eye are generally indications that she is lying.

**Issues with food and/or sleep** - he may under sleep or over sleep, whichever works worst for your schedule. With food, he may steal it, hoard it, avoid it, or anything else that gives him some sense of control over a basic issue.

**Affectionate and in-appropriate with strangers** - the child will display all the loving gestures with total strangers that she meets in the store that she will not display at home. She will hug the mailman, but not the adoptive mom.

**Does not appear to learn from mistakes** - consequences that work with other children do not work with a child with attachment problems. She will do the same negative, hurtful, behaviour over and over again, as if the only purpose is to make the adoptive parent angry, and, she does not appear to be deterred by any form of consequence.

**Can never, or rarely, be comforted when frightened or hurt** - the child knows how to ignore pain and fear, and knows how to take care of himself, but has no clue about how to let others take care of himself or even understand that this is what the adoptive parent is trying to do.

These characteristics can be summed up by saying that the child does not have a developed sense of other. That is, she is not able to connect with the way she makes other people feel, nor is she able to feel remorse or take joy for how she has made others feel.

**THERAPEUTIC INTERVENTIONS**

1. Theraplay: play therapy which has the intention of helping parents and children build relationship through games that focus on; engagement, challenge, structure and nurture.

2. Dyadic Developmental Psychotherapy: verbal therapy which creates a safe setting in which the client can begin to explore, resolve, and integrate a wide range of memories, emotions, and current experiences. Safety is created by insuring that this exploration occurs with nonverbal attunement, reflective, non-judgmental dialogue, along with empathy and reassurance.

**CONCLUSION:** Attachment is essential for the formation of a healthy personality. Not all children will respond to their damaging early years with the same degree of attachment challenge. A number of factors must co-exist in order to create an attachment challenge, including the individual differences of experience and response; inherited genetic tendencies; pre-natal exposure to drugs and alcohol; and these will combine to create an attachment challenge that is unique to each child. Early recognition is very important for the child. Parents who are at high risk for neglect should be taught parenting skills.