

CALM Training - Support Materials

Information Sheet 32

WHAT IS ATTACHMENT

The key principle of attachment theory is that all infant needs to develop a specific type of relationship with at least one primary caregiver in order for social and emotional development to occur normally.

Understanding attachment requires that we engage with a number of ideas from different disciplines including psychology, psychoanalysis, evolutionary biology and ethology. This handout summarises elements of each contribution and the reader is directed to the reference list for further information.

Infants (in the absence of severe cognitive impairment) will ordinarily become 'attached' to adults who are 'attuned' to them. Attunement in this context means simply that they are sensitive and responsive to the infant's emotional and psychological experience and who remain as consistent caregivers for some months particularly during the period from about six months to two years of age.

Babies are hungry for faces

Affect is seen on the face

Attuned adults respond moment by moment to the interest the baby has in the face of the adult creating activities to attract and sustain such interest

They engage in intimate 'conversations' involving posture, facial expression and vocalisation described memorably by Schaffer as 'motherese'

*"When the infant and young child begins to explore her world, her first interest is the interpersonal world. A central characteristic of such exploration – optimised in circumstances of attachment security – involves primary and secondary intersubjectivity."
(Dan Hughes, 2006).*

When an infant begins to crawl and walk they begin to use attachment figures (familiar people) as a secure base to explore from and return to. Caregiver responses lead to the development of patterns of attachment; these, in turn, lead to internal (mental) working models which will guide the individual's perceptions, emotions, thoughts and expectations in later relationships. Separation anxiety or grief following the loss of an attachment figure is considered to be a normal response for an attached infant. Attachment behaviours are generally thought to have evolved because they increase the probability of survival of the child because not only does the child attach to the adult the adult attaches to the child. This increases the likelihood that the adult will parent the child.

John Bowlby whose work is central to understanding the concept of attachment, suggested we can think of infants as having four of what he termed 'primary systems'. These are:

- The *exploratory* system where the infant explores the world around them
- The *affiliative* system where the infant learns to be with others
- The *fear/wariness* system that helps the infant learn about dangers and to stay safe
- The *attachment* system that helps the infant to seek proximity to their attachment figure and develop a sense of security.

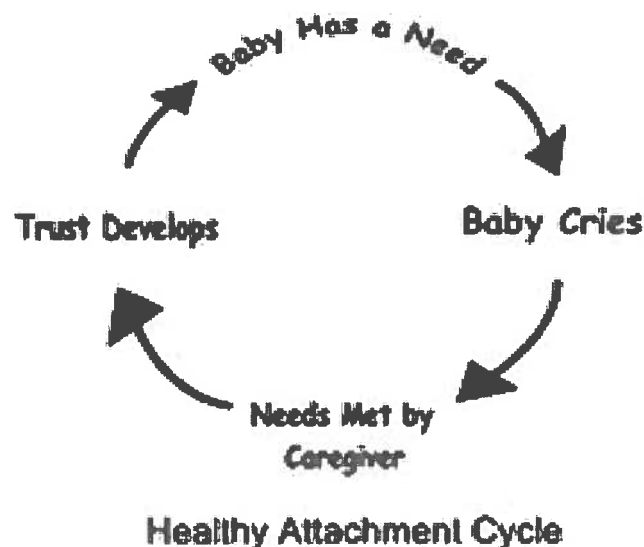
He suggested that there are four distinguishing characteristics of attachment:
Proximity Maintenance - The desire to be near the people we are attached to.

Safe Haven - Returning to the attachment figure for comfort and safety in the face of a fear or threat

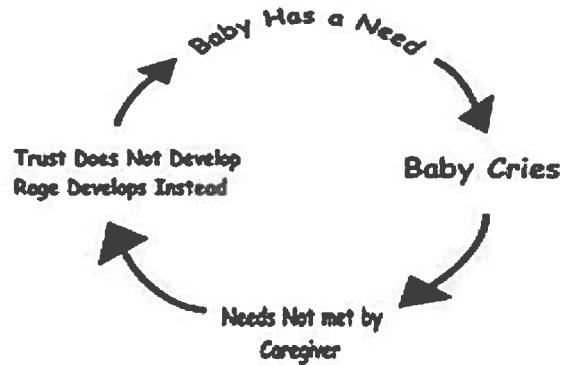
Secure Base - The attachment figure acts as a base of security from which the child can explore the surrounding environment.

Separation Distress - Anxiety that occurs in the absence of the attachment figure.

A failure to develop a secure attachment as a consequence of neglect or abuse can however have lifelong consequences for the child. In the first two years of life, children should go through two healthy attachment cycles - the first year and second year attachment cycles.



As the baby has a need and signals that need by crying, the primary caregiver comes and soothes the baby and meets his or her needs. If this cycle is repeated over and over again and the baby's needs are consistently met in an attuned way by the same caregiver (or small number of caregivers), the baby often learns to trust. He will then be able to continue on in his development. Now, take a look at the disturbed attachment cycle:

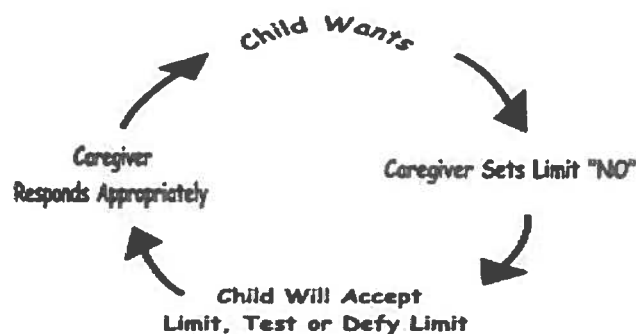


Disturbed Attachment Cycle

As you compare the Healthy Attachment Cycle to the Disturbed Attachment Cycle, you can see how the baby has a need, cries, but this time, the need is not met by his mother (or primary caregiver). Sometimes, the need is met but it is inconsistent, or there are too many different caregivers who are not attuned to this particular baby. Sometimes the baby's cries go unanswered as in the case of neglect or the baby's cries are met with a slap as in the case of physical abuse. Whatever the cause, the baby's needs are not met in a consistent, appropriate way.

Instead of learning to trust as the baby who experiences the Healthy Attachment Cycle does, the baby in the unhealthy cycle learns that the world is an unsafe place, that he must take care of himself, that he can trust no one to meet his needs. He learns that he cannot depend on adults. Instead of trust developing, rage develops and is internalized. Child with severe attachment disorder can often present as needing to be in control because of this as they have never learned to trust adults being in control.

If the child has been able to successfully go through the Healthy Attachment Cycle during his first year of life, then he most likely will be able to go through the next which is the Second Year Secure Attachment Cycle: When the first cycle breaks down, the child cannot do the second year.



2nd Year Secure Attachment Cycle

As the limbic brain develops infants have impulses upon which they can act. (e.g. hitting or kicking others) sometimes called 'limbic storms'. At this stage however they have no capacity to assess risk to self or others so they need their attuned carers to keep them safe. When they are about to act we want them to check with the carer before acting e.g. before trying to pick the cat up by its tail.

Attunement = action

Misattunement = shame

'Shame' inhibits the dangerous or unacceptable activity with the most effective disciplinary method parents routinely use, 'reintegrative shame' . This depends however upon the formation of a secure attachment. For example your two year old is playing with another two year old when they pull the other child's hair causing them to cry. In such a situation you might typically separate the children removing your child to their bedroom. You might say I am not happy with your behaviour and leave the child for several minutes. You are however not just leaving the child you are temporarily withdrawing the emotionally intimate relationship between you, which will be evident in your posture, your verbal tone and body language. The securely attached child will experience shame and distress at such withdrawal of intimacy. However such withdrawal is only temporary and as you reintegrate the child into the relationship later you would explain to them that pulling another child's hair is wrong because it hurts perhaps explaining '*remember when you were hurt when you were kicked at nursery*' to evoke empathy this is how the other child felt. "*You would not like to feel like that would you?*"

The ultimate aim is not however to leave the child feeling ashamed that they are a bad person which would be unhealthy in the longer term but to induce guilty feelings focused on the behaviour. The child is born capable of joy, fear, anger, sadness, disgust and surprise but guilt develops only during childhood. For some children appreciating the distinction between '*you are bad*' and '*your behaviour is bad*' may be difficult. Consequently sometimes focusing on how to make reparations to the hurt party by suggesting they allow the injured party to play with their favourite toy may be helpful.

Shame initially serves to help establish a behaviour pattern in which the impulse is recognised but the child check with carer before the action. By age three or four the child will ordinarily have their own theory of mind that provides the basis for their recognition of their mental states, thoughts, feelings beliefs, and desires and will ultimately form the basis for empathy, affect (emotional) regulation and impulse control. This ability develops however only as a consequence of the right stimulus provided by an attuned care giver over certain critical periods. When it works as the child develops they will be able to recognise (and inhibit the impulse) think through their options and the probable consequences for themselves and others (which may produce guilt) and then *choose* how to act.

Learning about the world for the child must ultimately involve them developing the capacity for reflection on the mental states, thoughts, feelings beliefs, and desires both of themselves and of other people. In order that the child can

develop its own theory of mind it is critical that carers are 'mind minded', i.e. able to translate a child's experience in such a way as to enable them to characterise and identify the child's thought processes for them. '*I can see you were upset because Louise would not let you into the Wendy house. Did you think Louise was not being fair and giving you your turn?*' This helps the child to create a secondary representation of the original affect and leads to the capacity for reflective thought, which is also involved in guilt (see Fonagy et. al. 2002). The psychological self develops from a multitude of such transactions with the care giver.

The child cannot find his or her self in the mind of a parent who is not 'mind-minded'. Gergely and Watson (1986) suggest that at first we are not introspectively aware of our emotional states. Our representations are based on feedback from the external world. Social bio feedback via parental mirroring of infant affect enables the infant to develop a second symbolic representation through internalizing the response of our carer but it is critical that the parent both accurately mirrors the child's emotions and signals that what the child is seeing is a reflection of the child's emotions and not those of the carer. The seemingly difficult task of mirroring the child's emotions but signalling that the parent is not themselves experiencing them is accomplished by what Gergely and Watson termed 'markedness' which involves an exaggerated version of the emotion felt by the child being modelled by the parent. This pretend play establishes the emotion experienced as not belonging to the parent and therefore to the child.

The latter point is critical especially when the carer is mirroring negative emotions such as fear or anger because if the child perceives the carer themselves has such feelings rather than the emotional state of the child being de-escalated it is likely to escalate. All the child gets when they interact with the caregiver is the caregiver's state of mind their emotions e.g. anger rather than the help to develop insight into their own mind that they need to develop the secondary representation of their own emotional state that will ultimately enable them to distinguish how they feel from what is happening in the world around them and to 'own' their emotions rather than project them onto others.

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