

IT BEGINS WITH ATTACHMENT



FACT SHEET

The last decade of research on the early development of children – particularly the ‘brain research’ – has resulted in a renewed appreciation and awareness of the importance of a secure attachment to the ongoing social, emotional and behavioural development of children. The best way to ensure the optimal development of children is to ensure that they have reliable care and support from the adults around them. Those first relationships between a baby and his/her parents are the most important of all. Over the past 20 years, researchers around the world have focused on how attachment develops and why it is central to the long term health and well-being of children. Some of the most important attachment research has been the longitudinal studies at the University of Minnesota beginning in the mid 70’s and still going today.¹

We have also learned much about early brain development and the ‘biology’ of attachment through studies that have examined the impact of trauma, maltreatment and neglect and the consequences of insecure attachment.² We know that our capacity and desire to form emotional relationships is related to the organisation and function of specific parts of our brain.

BONDING AND ATTACHMENT

The term ‘attachment’ has slightly different meanings depending on the background of the person using it. Developmental researchers use the term *attachment* to describe the long lasting relationship, the bond or connection that develops between a baby and his/her parent(s) or primary caregiver. A solid and healthy attachment is associated with the likelihood of healthy relationships with others, while poor

attachment is associated with a host of emotional and behavioural problems later in life. Neurobiological researchers describe children as having attachment capabilities - the capacity to form and maintain emotional relationships, with the term *attachment* referring to the nature and quality of the actual relationship.

Attachment is sometimes confused with bonding, another term with different meanings in different disciplines. Early childhood researchers consider that bonding happens between an infant and their parent/caregiver over a short period of time. They describe it as the warm close feelings that a parent experiences in the first hours and days of their infant’s life. Bonding is basically one sided as it describes the parents experience with his/her new infant.³ In contrast, attachment refers to the relationship between the infant and the primary caregiver⁴. It is a mutual reciprocal relationship that develops gradually during the early months and years of a child’s life. It evolves through a series of characteristic developmental periods as described in Table 1.

Bonding can also be regarded as:

“the process of forming an attachment. Just as bonding is the term used when gluing one object to another, bonding is using our emotional glue to become connected to another. Bonding, therefore, involves a set of behaviours that will help lead to an emotional connection.”⁵

Regardless of differences across professions, all those who work with children in their early years of development agree that:

¹This includes the work of such researchers as Drs Sroufe, M Erickson, Weinberg and Ainsworth.

²The work of Dr Perry and colleagues at the Child Trauma Academy, Baylor Medical Institute, has been very influential.

³This is similar to our understanding of “imprinting” in animals. In animal studies the young imprint on their mother whereas in “human bonding” the impact is on the adult.

⁴In this article the terms used will be parent or caregiver. Infants generally form their first attachments with their parents, generally their mother. Although we will be talking about primary attachment relationships, the information is also applies to caregivers in the childcare environment.

⁵Perry, B (2000) Bonding and Attachment in Maltreated Children: Consequences of Emotional Neglect in Childhood. p2. [www.teacher.scholastic.com]

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TABLE 1: DEVELOPMENTAL STAGES OF ATTACHMENT⁶

Developmental Period	Age	Issue	Role of the Caregiver
1	0-3 months	Physiological regulation	Provide smooth routines
2	3-6 months	Management of tension	Be sensitive Model cooperative interaction
3	6-12 months	Establish an effective attachment relationship	Be responsible and available
4	12-18 months	Exploration and mastery	Provide a secure base
5	18-30 months	Individuation (autonomy)	Provide firm support
6	30-54 months	Management of impulses, gender role identification	Model clear roles, values, flexibility, self-control

*'attachment is a relationship where an infant develops special trust with a particular adult or adults.....Attachment patterns are unique to each special relationship, but the patterns of learning to be attached (to learn to trust and to have a sense of security) can be transferred to other relationships in the present and future.'*⁷

NATURE OR NURTURE

The early months of life are the greatest 'growing times' in a child's life and we know that it is when the foundations are laid for future development. Recent research in brain development confirms this understanding.

*'Early experiences have a decisive impact on the architecture of the brain, and on the nature and extent of adult capabilities.'*⁸

We have a genetically determined capacity to bond and form attachments to ensure the survival of our species. Infants are defenceless and must depend upon adults for their survival. Their dependence, and the human maternal response to this dependence, underlies the 'biology' of the attachment relationship.

⁶Adapted from Marchel, M (1996) Attachment Theory: Parent-Child Relationships Revisited. Early Report 1996. p 4 [www.ici2.umn.edu]

⁷Fleer M and Linke P (1999) Babies: Responding Appropriately to Infants. AECA: ACT pp8-9

⁸Shore R (1997) Rethinking the Brain. Family and Work Institute: New York. p18

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WHAT ARE BONDING EXPERIENCES?

The acts of holding, rocking, singing, feeding, gazing, kissing, and other nurturing behaviours involved in caring for infants and young children are bonding experiences.

Factors crucial to bonding include time together (in childhood quantity does count!), face to face interactions, eye contact, physical proximity, touch, and other primary sensory experiences such as smell, sound, and taste.

Researchers believe that the most important factor in creating attachment is positive physical contact (e.g. hugging, holding and rocking). It should be no surprise that holding, gazing, smiling, kissing, singing and laughing all cause specific neurochemical activities in the brain. These neurochemical activities lead to normal organisation of brain systems that are responsible for attachment.”⁹

These are the experiences that Dr Perry describes as the somato-sensory bath.

‘An emotionally and physically healthy mother will be drawn to her infant – she will feel a physical longing to smell, cuddle, rock, coo and gaze at her infant. In turn the infant will respond with snuggling, babbling, smiling, sucking and clinging. In most cases, the mother’s behaviours will bring pleasure and nourishment to the infant and the infant’s behaviours bring pleasure and satisfaction to the mother. This reciprocal positive feedback loop, that maternal-infant dance, is where attachment develops.’¹⁰

Whilst we have the genetic potential for bonding and attachment, it is the quality, quantity, pattern and intensity of our early life experiences that realise this potential. Infants require predictable, responsive, and nurturing caregiving, together with multi-sensory stimulation to enable them to develop a secure attachment relationship.

‘The brain systems responsible for healthy emotional relationships will not develop in an optimal way without the right kinds of experiences at the right time of life.’¹¹

Babies begin to form attachments to the adults who care for them and these attachments develop over time, typically becoming well established by about one year of age.

‘After the first half of the first year of life, infants are likely to become anxious in new situations and to feel safe with the presence of an

attachment person. They often follow the person to whom they are attached in order to feel secure. The presence of this person reduces stress for the infant and enables her to get the most benefit from learning opportunities.’¹²

WHY IS ATTACHMENT SO IMPORTANT?

Erickson’s theory of children’s social and emotional development describes the most important task of the child’s first year as establishing trust. Other theorists and researchers have further explained and expanded these ideas, notably John Bowlby with his pioneering work on the importance of adult-infant attachment.

The attachment to a primary caregiver is the most important relationship in a child’s life. This first relationship determines the child’s biological and emotional blueprint for all future relationships. A healthy and secure attachment developed over time by repetitive bonding experiences provides the solid foundation for future healthy relationships.

Research demonstrates that the effect of a child’s attachment experience is not only psychological but also biological. During the early years, when the brain is developing rapidly, attachment experiences influence the actual structure of the brain, which in turn influences later behaviour.

While nearly all babies become attached to their

⁹ Perry B (2000) op. cit. p2

¹⁰ Perry B (2000) op. cit. p2

¹¹ Perry B (2000) op. cit. p2

¹² Fleer, M and Linke P (1999) op. cit. p9

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primary caregiver, the quality of attachment varies, depending on the quality of care the child receives. Children who feel secure in their early attachment with their primary caregiver will be more trusting and sure of themselves as they move out into the world, and begin to explore and learn from all that life has to offer. Research shows that securely attached children are more likely to do well in school and in relationships in the years to come.

HOW DOES A SECURE ATTACHMENT DEVELOP?

A secure attachment is the result of a baby's interactions with a sensitive predictable parent or primary caregiver. When the infant's cries, babbles and smiles are taken seriously and responded to with warmth and consistency, the baby learns to trust in others – and in her own ability to influence the world around her. That feeling of security gradually becomes part of her sense of self, allowing her to venture further out into the world with confidence and enthusiasm.

Although nearly all infants form attachments to their caregivers, these relationships vary in quality. Researchers classify attachments as secure or anxious. In general, a one-year-old who is securely attached is able to play enthusiastically and explore their environment in the presence of the attachment person. They will share a look, a smile, or show their caregiver a toy. When tired, sick or upset, they will readily seek and accept comfort from their caregiver. Through regular experience with a sensitive and predictable caregiver, this child learns to trust that the caregiver will be there to meet her needs. The child learns to trust in her own ability to solicit that care. This sense of trust is carried forward, influencing the child's expectations and behaviour in subsequent relationships with other adults and peers.

BARRIERS TO SECURE ATTACHMENT

Factors that interfere with bonding experiences are barriers to developing secure attachment. Difficulties may be experienced when there are problems with the interaction between the caregiver and the infant. Disruptions can occur because of the infant, the caregiver, the environment or the 'fit' between the infant and the caregiver.

Infant

The child's personality or temperament influences bonding. If an infant is difficult to comfort, irritable, or unresponsive, he/she will have more difficulty developing a secure attachment. The infant's ability to participate in the caregiver-infant interaction may be hampered by a medical condition, such as prematurity, birth defect or illness.

Caregiver

The caregiver's behaviour is important. Critical, rejecting, or interfering parents tend to have children that avoid intimacy. Abusive parents tend to have children who become uncomfortable with intimacy, and withdraw. The child's mother may be unresponsive because of post-natal depression, substance abuse, personal problems, or other factors which inhibit her ability to be consistent and nurturing for the child.

Environment

Fear is a barrier to developing healthy attachment. If an infant is distressed because of pain, threat, or a chaotic environment, they will have a difficult time participating in any relationship. Infants or children in domestic violence, refugee situations, community violence, or war zone environments are vulnerable to developing attachment problems.

Fit

The fit between the child and caregiver is crucial. Some caregivers can be just fine with a calm infant, but are overwhelmed by an irritable infant. Reading non-verbal cues and responding appropriately is essential to maintain the bonding experiences that build in healthy attachments. Sometimes a style of communication and response familiar to a mother from one of her other children may not fit her new infant. The mutual frustration of being 'out of synch' can impair bonding.¹³

¹³Adapted from Perry, B (2000) op. cit. pp 3-4y

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WHAT HAPPENS WHEN CHILDREN DON'T HAVE A SECURE ATTACHMENT?

Research indicates that up to 20% of children lack the important foundation of a secure attachment. Recent studies, including the University of Minnesota's landmark longitudinal study, document the common developmental pathways of children who begin life without a secure attachment.

These children have more difficulty adjusting to out of home care, kindy and pre-school. The relationship between anxious attachment and subsequent problems is especially strong among families from lower socio-economic groups who may have more stressful life experiences such as poverty and unemployment, as well as fewer protective factors and supports. Adults with a history of insecure attachment are vulnerable to poor life outcomes including relationship difficulties and domestic violence. They may even be more at risk of substance abuse unless there are sufficient positive experiences to offset their insecure attachment history.

The direct impact of impaired bonding and attachment in early childhood varies. With severe emotional neglect, the impact can be devastating. Children without touch, stimulation and nurturing can lose the capacity to form meaningful relationships for the rest of their lives. Many children with some degree of impaired bonding and attachment end up with problems that range from mild interpersonal discomfort to profound social and emotional problems.

We must remember that the majority of attachment problems do not stem from abuse or neglect but are due to ignorance about child development. Many parents and caregivers have not been educated about the critical nature of the experiences of the first three years of life. They don't understand the crucial importance of nurturing and bonding experiences AND THEIR LONG TERM IMPACT. Researchers have repeatedly found that infants who are securely attached at one year become competent toddlers and preschoolers – being more co-operative, enthusiastic, and persistent in solving problems, more socially competent with peers and more confident.

CONSIDERATIONS FOR CHILD CAREGIVERS

In direct conflict with child rearing myths that babies will be spoiled if they're comforted when they cry, research indicates that that keeping an infant well regulated (not always out of control or aroused) is critical for the individual's future reaction to his/her environment. Sroufe¹⁴ says that while no baby is harmed by being temporarily aroused, being aroused all the time can become a problem. Research indicates that a child who is promptly comforted cries less rather than more.

As well as being there to comfort the child, the attachment person performs a social referencing function. In new situations, infants watch how their special person reacts and get clues as to whether the situation is safe or not. The attachment person can help the infant relate to new staff, situations, and changes in routine. This is relevant to the separation difficulties experienced by some children AND parents!

Sometimes a parent will be concerned that their infant will become attached to the Child Caregiver and that this will diminish the infant's relationship with the parent. This is not the case. In fact a relationship with one or more caring adults will enhance rather than detract from the infant's attachment to the parent. It becomes a model for the child of successful attachment relationships. If there are too many changes of carer (too many different patterns of relating) it can be confusing and inhibiting to the infant with an immature nervous system and a strange new world in which to live. One of the first essentials in developing relationships in the Child Care environment is to try to ensure that each infant has a 'special' caregiver with primary responsibility for responding to their needs.

ATTACHMENT: A LIFELONG COMMITMENT

While the specific attachment between infant and caregiver does not emerge until the second six months of life, it builds upon the history of interaction that precedes it. Just as relationships between adult partners are based on what they do together over time, so the infant-caregiver attachment is built upon all that is shared over the weeks and months of early childhood.

¹⁴ Egeland B and Erikson M (1999) Findings From the Parent Child Project and Implications From Early Intervention. Zero To Three Bulletin. 20(2)p3.

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The quality of the relationship depends on the entire history of care. If the infant experiences consistent, dependable care that is responsive to his signals and needs, he will develop an abiding confidence in care and trust in himself and others. This is what is meant by a secure attachment relationship.

Research has demonstrated the strength of the attachment relationship. Studies have shown that premature but otherwise healthy newborns, separated for an average of two weeks at birth, were just as likely as full-term infants to be securely attached by the end of the first year. Likewise, infants adopted in the first half year are as likely to be securely attached as infants raised from birth by their natural parents.

Finally, there is evidence that even when attachments are not secure at the end of the first year, they may yet change. Such 'anxious' attachments, as they are called, can become secure even in a 6 month period if the quality of care changes, which tends to occur when the parent's own life circumstances change for the better.

Yet if too much time passes without the opportunity to form a stable, supportive relationship, the child may have problems forming other relationships in the future. Children moved from place to place or who experience repeated or unresolved losses of parents are at serious risk for developmental problems, especially since it is more difficult to alter an insecure relationship than to build a secure relationship in the first place.

Studies about caregiver-infant relationships show that the most powerful component of a secure attachment is early, sensitive care for children. This is characterised by:

- Recognition that even the youngest infant can signal her needs and wishes.
- Accurate reading and interpretation of infant cues and signals.
- Letting the child's signals, rather than the parents needs or wishes, set the agenda.
- Consistency or predictability over time.

Of course no caregiver should or could jump at every little signal the baby gives; but the child's overall experience should be that her signals are effective in getting a response – that caregivers are available and willing to respond. In order to respond sensitively, a caregiver must understand the cues and signals of the child, be willing to respond, and have the emotional strength and social support necessary to sustain sensitivity over time.

WHAT CAN CAREGIVERS DO TO HELP?

Some children don't get the secure attachment that they need from within their home and may have ongoing difficulties forming connections with others. The absence of quality care early in life can make a growing child challenging to engage in positive interactions. This doesn't mean that children with insecure attachment have no hope of developing normal relationships. Clinical experience and lots of studies indicate that improvement can take place, but it is a long, difficult and frustrating process for caregivers and children. It may take many years of hard work to help repair the damage from only a few months of neglect in infancy.

In the Child Care environment, we encounter some children who have a history of insecure attachment. To form a relationship with them can be 'hard work'! In some cases they may try to drive us away – sometimes burning us out with their overwhelming neediness or locking us out with their self protective strategies of denial, avoidance or hostility¹⁵. We must ensure that we receive adequate support to enable us to slowly and gently overcome their deep-rooted barriers to connection. We can't afford to add insult to injury by reaching out and then pulling back when they prove too much for us!

Children growing up without good attachment experiences have deficits related to having to do their learning alone and not being able to rely on others. Any successful intervention must include two essential components:

- For at least a period of time, they must have caring 'company' as they grow and learn.
- Adults must actively help them learn to function in ways that work better.

Children learn in the context of important relationships and Child Care is an ideal place to foster these relationships, interactions and experiences. Attachment theory has enormous implications for out of home care. Foster care, family reunification programmes and Child Care must all ensure that children feel adult reliability from within their 'community' if not from a specific person. Child Care workers need to know the concepts of attachment and understand their own importance as part of a larger community that is committed to raising today's children.

Attachment is primary 'learning' that fortunate infants do early in life and easily utilise in subsequent tasks. It is learning that many take for granted. Attachment

¹⁵ This at times can also be expressed as overt aggression.

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INTERACTIVE PLAY FOR INFANTS AGES 0-3 MONTHS SUGGESTIONS FOR CAREGIVERS¹⁶

Activity	Reason/ Interaction Pattern
<p>Taking Turns Make cooing sounds/ smiles, then wait for baby's response - alternate between making sounds and waiting for infant to respond.</p>	<p>Turn taking. Language learning. Sense of self.</p>
<p>Imitation Games Poke tongue out then in and wait for baby to copy. Baby as Teacher Copy Baby's mouth movements</p>	<p>Communication patterns being established, particularly turn taking. Baby begins to see that his/her behaviour can have an effect on another.</p>
<p>What are you looking at? Watch baby's gaze (reflection on cornea) to see what she is looking at. Move her closer to object or move object to her for exploration. Comment and "speak for her".</p>	<p>Joint attention. Capitalising on interest in environment; beginnings of learning the pointing gesture; sensitivity to the infant's needs.</p>
<p>Kisses and Raspberries Game Indicate game by opening mouth. Blow raspberries/kisses on stomach/cheeks/neck. Draw back, make eye contact and smile. Repeat.</p>	<p>Building expectancy/making sense of the world. Baby begins to see predictability. Gains a sense of what is taking place.</p>
<p>Dance Play rhythmical music and move in time while holding infant close to body.</p>	<p>Infant stimulated kinaesthetically. Whole body bonding. Learning about rhythm.</p>
<p>Smiling Smile. When baby makes mouth movement show pleasure. By two months, baby will smile at objects/people they recognise.</p>	<p>Social/emotional. Smiling as communication. Smiles show affection/approval. Development of attachment and self-esteem.</p>
<p>Up! Up! Up! Let baby know she is about to be moved by saying "up, up, up" and put hands behind her shoulders and give a tickle.</p>	<p>Baby begins to understand when she is going to be moved – not sudden/unexpected motion. Language. Teaching of personal respect.</p>
<p>Singing Sing rhythmical songs to baby when held or during nappy changing.</p>	<p>Establish patterns and expectations about routines/sequences. Language development</p>
<p>Bicycles Rhythmically move arms and legs. Smile or vocalise at baby and observe response.</p>	<p>Playful interactions build trust.</p>

¹⁶ Adapted from Fleer M and Link P (1999) op.cit. p 14

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theory provides a starting point to help those children who haven't been able to learn security and trust through their early experiences during infancy, and so must learn slowly and with some pain and anxiety at a later age. If we have the time to think carefully about children's needs, we can make a difference. We must always ask ourselves – *'where is this child developmentally'* and then provide the support AT THAT LEVEL.

SUPPORT FOR CAREGIVERS

If you are having difficulties including all children in your care environment, consider discussing any issues and problems with your Regional Inclusion Support (SUPS) Team. They have a wealth of experience and are able to offer practical advice, suggestions and information about local resources. They can also help with information about referral procedures for children with additional needs. If you are unsure which Inclusion Support (SUPS) Team covers your service, contact RUCSN on (08) 9221 5616 for further details. Inclusion Support Teams and RUCSN can offer staff training if skill enhancement is required. Please telephone to discuss your requirements.

RECOMMENDED CHILD CARE SPECIFIC READING

Bernhardt, J (2000) **A Primary Caregiving System For Infants and Toddlers. Best For Everyone Involved.** *Young Children*, March 2000, pp74-80.

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