




WHY CHILDHOOD ATTACHMENT MATTERS: IMPLICATIONS FOR PERSONAL HAPPINESS, FAMILIES AND PUBLIC POLICY

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INTRODUCTION



Ask the average person on the street to describe a well-functioning adult, and you will hear him describe someone with high self-esteem, a well developed conscience and moral standards, someone who relates well with others, has strong family relationships and good friendships, and is well-motivated towards school, work, and personal goals. How does a child become such a well-functioning adult? Psychology does provide us with valuable information about what factors help people achieve this level of self-development and success in personal relationships. One particular factor stands out as crucial in laying the foundation for well-functioning adulthood: **Attachment**.

Attachment in the early years of life lays the foundation for personal security and relationships with others. Empirical research shows that attachment affects everything from a child's cognitive development and future achievement, to his ability to handle stress, to the quality of friendships throughout childhood and adolescence – even future adult relationships. When attachment goes awry, it predisposes a child to pathological psychological conditions, with all the pain, disorientation, and shattered relationships that accompany them.

Families, individuals, and society at large have a very real stake in maximizing good attachment outcomes for our children. This paper reviews the essential aspects of attachment theory, explores the wide-ranging effects of poor attachment, and closes with some suggestions to improve attachment outcomes through public policy initiatives.

ATTACHMENT DEFINED

Every child has physical and emotional needs that must be met; he is born “predisposed” to attach to his or her caregiver – the one most available to meet those needs. Attachment is a complex phenomenon that was authoritatively described by the psychologist John Bowlby. It includes a number of key notions which Bowlby enumerates as follows: “1.) A child is born with a predisposition to become attached to his or her caregivers; 2.) A child will organize his or her behavior and thinking in order to maintain these attachment relationships, which are key to his or her psychological and physical survival; 3.) A child will maintain such relationships at great cost to his or her own functioning; and 4.) Distortions in feeling and thinking that stem from early disturbances in attachment occur most often in response to the parents’ inability to meet the child’s needs for comfort, security, and emotional reassurance.”¹

Bowlby’s central hypothesis is that “patterns of seeking care and nurture and of expressing affect emerge as a function of the mother’s response to them. A child learns, from

¹ Slade, A., “Attachment Theory and Research”, Cassidy, J. & Shaver, P.R. (Eds.)(1999). *Handbook of Attachment: Theory, Research, and Clinical Applications*, New York, N.Y.: Guilford Press, at p. 575.

an early age, which responses will elicit care from the mothers and which will not.”² Mary Ainsworth, another psychologist, pioneered studies that showed that, the behavior of children when it comes to interpersonal relationships is predictable and lawfully related to the behavior of the mother during the first year of life. That is, patterns of behavior in attachment-relevant situations are a direct function of the mother-infant relationship.³

The infant’s primary need is to ensure nearness to those who care for him, particularly in times of fear, distress, or want. He has an inner drive to communicate that need, to maintain proximity to his mother, and to expect an appropriate response from her. This interplay between the child’s need and mother’s response is called his attachment system. Psychologist Jude Cassidy describes the process as this: “If the attachment system is intensely activated, contact with the parent may be necessary to terminate it. If it is moderately activated, the presence or soothing voice of the parent or even a familiar substitute caregiver may suffice. In either case, the infant is viewed as using the mother as a ‘safe haven’ to return to in times of trouble.”⁴ The response the child receives from caregivers, particularly his mother, creates expectations within him about what will happen whenever his attachment system is activated, i.e., whenever his primary needs demand attention.

From reviewing the literature, it becomes quite evident the importance of the first years of life, especially in the area of mother-child attachment process. In the 1990’s there

² Ibid. p. 578.

³ Ainsworth, M.D., Blehar, M.C., Waters, E., & Wall, S. (1978). *Patterns of Attachment*, Hillsdale, N.J.: Erlbaum.

⁴ Cassidy, J. “The Nature of the Child’s Ties”, Cassidy, J. & Shaver, P.R. (Eds.) (1999). *Handbook of Attachment” Theory, Research and Clinical Applications*, New York, N.Y.: Guilford Press, at p. 6

was a public debate within the popular media in the United States over the issue of the importance of the first years of life, of the role of parents in general in their children's development. Some books were published discounting the impact of early experience, or any parenting experience in shaping children's minds. These publications made these claims by dismissing the major contribution of attachment research to understanding the important part caregivers play in children's lives, especially in the early years. Neuropsychiatrist Daniel Siegel, points out several findings to the experiential role of relationships, rather than of genetic information, in determining attachment status. He emphasizes the importance of the first years and proposes that the brain structures that mediate social and emotional functioning begin to develop during this time in a manner that appears to be dependent upon interpersonal experience.⁵

INTERNAL WORKING MODELS OF ATTACHMENT

How is attachment formed? From these earliest experiences, the child creates "internal working models" which are representations in his mind about who he is, what others are like, and how he can expect to be treated by those who matter most to him. From an analytical standpoint these "working models of attachment contain: a.) autobiographical *memories* of social interactions, b.) *expectations* about self or others in interpersonal situations, c.) *goals* that guide one's responses in social situations, and d.) *strategies* aimed at

⁵ Siegel, D.J. "Toward an Interpersonal Neurobiology of the Developing Mind: Attachment Relationships, 'Mindsight', and Neural Integration," *Infant Mental Health Journal*, Vol. 22 (2001) at p. 70-7

attaining these goals and at regulating the distress produced by lack of goal attainment.”⁶ (emphasis added). This “internal schema of the self with the other, the self-with-attachment figure, provides him with a security enabling him to explore the world, have a sense of well-being, and to soothe himself in times of distress in the future.”⁷

Memories of repeated behaviors or patterns of behavior help create internal working models of attachment. These models, in turn produce expectations about self and others. In short, they teach the person either to expect the best or to expect the worst from those he loves. Siegel states that “for the first year of life, the infant has available an ‘implicit’ form of memory that includes emotional, behavioral, perceptual, and perhaps bodily (somatosensory) forms of memory.”⁸ “Implicit memory also includes the generalizations of repeated experiences, called ‘mental models’ or schema.”⁹ Siegel proposes ¹⁰that “the way that the brain readies itself for retrieval of certain memories in response to specific cues is also a part of implicit memory and is called ‘priming’. When implicit memories are activated, they do not have an internal sensation that something is being recalled. They merely influence our emotions, behaviors, or perceptions directly, in the here and now, without our awareness of their connection to some experience from the past.”¹¹

These internal working models affect the child even well into adulthood, forming a *template* for future relationships. While they are not deterministic, they are probabilistic –

⁶ Mikulincer, Mario. “Attachment Working Models and the Sense of Trust: An Exploration of Interaction, Goals and Affect Regulation.” *Journal of Personality and Social Psychology*, (1998) Vol 74, no 5, at p. 1210.

⁷ Siegel, D.J. “Interpersonal Neurobiology” at p. 69, citing Bowlby (1969)

⁸ *Ibid.* at p. 74

⁹ Johnson-Laird, P.N. (1983) *Mental Models: Towards a Cognitive Science of Language, Inference and Consciousness*. Cambridge, MA: Harvard University Press.

¹⁰ Siegel, D.J. “Interpersonal Neurobiology” at p. 74.

¹¹ *Ibid.* at p. 74

that is, these models set the child on a trajectory in terms of self-confidence, personal development, and future relationships. “The impact of current circumstances depends on the pattern of behavioral and emotional organization the child brings forward to that phase of development. Child and context are mutually transforming. Although... early experience has special significance, still it cannot be more important than later experience, and life in a changing environment should alter the quality of a child’s adaptation.”¹²

Bowlby posits that patterns of feelings, expectations, thoughts, and behaviors can change with experience. This position has been corroborated by Siegel who states: “Recent findings from neuroscience in fact suggest that the brain remains plastic, or open to continuing influences from the environment, throughout life.... The capacity for attachment classifications to change beyond the early years of life may be related to this ability of the brain to grow in response to experiences across our life times.”¹³ This trajectory can be affected or altered by future life events and relationships. Absent any major intervening factors, however, the internal working models of attachment set the general patterns of a child’s view of himself and future relationships.

Therefore, we must view the whole process as a dynamic one, in which what a child expects from future relationships reflects his actual experience in past relationships, particularly in terms of the “accessibility and responsiveness of attachment figures”¹⁴ Children inevitably “approach new situations with certain preconceptions, behavioral biases,

¹² Sroufe, L. A., Carlson, E.A., Levy, A.K., and Egeland, B., (1999) “Implications of Attachment Theory for Developmental Psychopathology. *Development and Psychopathology*, 11, 1-13.

¹³ Siegel, D.J., “Interpersonal Neurobiology” at p. 70

¹⁴ Sroufe, et al., “Implications for Attachment Theory,” at p. 48.

and interpretive tendencies. Thus context, even new circumstances and new arenas are not independent of the child's history."¹⁵

While "attachment" is a phenomenon experienced to some degree by almost everyone, the style of attachment will differ according to the quality of the relationships between the child and the caregiver. Cassidy states: "central to the concept of the attachment behavioral system is that the organization of a variety of attachment behaviors within the individual in response to internal and external cues is what is important."¹⁶ Psychologists have developed a classification system, based on observations about how the infant organizes those behaviors, to describe the strength and characteristics of this relationship. Attachments are categorized as either secure (the best), insecure/avoidant, insecure/resistant/anxious, or disorganized (the worst).¹⁷

Some of the factors that affect attachment include the child's temperament,¹⁸ and the temperament of the mother. Most important, however, is the mother's sensitivity,¹⁹

¹⁵ Ibid. at p. 48.

¹⁶ Cassidy, J., "The Nature of the Child's Ties", at p. 5.

¹⁷ Slade, A., "Attachment Theory and Research," at p. 579.

¹⁸ "The idea that temperament influences the attachment behavior of mothers is supported by data from human mother-child interactions. For example, we know that human newborns that show high orientation, low irritability, and optimal behavior organization are more likely to be classified as securely attached than other babies. Additionally, van den Boom (1989) has shown that infants with irritable or difficult temperaments are at greater risk for insecure attachments, but only if maternal attachment behavior (i.e. sensitivity) remains poor throughout the first year of life." Stansbury, K., "Attachment Temperament, and Adrenocortical Function in Infancy", *Extreme Fear, Shyness and Social Phobia*, Oxford University Press, N.Y. (1999) at p. 36.

¹⁹ "[S]ince the...relationship between maternal sensitivity and attachment security is only a moderate one, other factors must also play a role in the development of the attachment relationship. These factors may include mutuality, synchrony, stimulation, positive attitude, and emotional support. Their findings indicate that attachment security per se may not be the best predictor of Adrenocortical organization but that a combination of behaviors involved in creating a secure attachment might be relevant." Stansbury, K. "Attachment, Temperament, and Adrenocortical Function." At p. 40.

responsiveness to her child, and her ability to understand the mind of the child.²⁰ All of these factors taken together produce a “goodness of fit” between the child and the mother, which in turn affects whether the child will tend towards a secure or insecure attachment.

It is important to remember that the style of attachment does not reflect an immutable characteristic of the child. It is a concept meaningful only in the context of a specific relationship. In other words, “one child can have two attachment patterns that are each specific to a given parent and correlate with a feature of that parent.”²¹

Even though several studies have indicated that one infant can form different types of attachments to different caregivers, he or she will tend to have a principal attachment figure, a person who is sought in preference to others, above all other figures. Empirical evidence indicates that the most important attachment is the mother-infant attachment. Furthermore, findings from more than one investigation have suggested that when children have a secure attachment to one attachment figure and an insecure attachment to another, children whose secure attachment is to their mothers are more socially competent than children whose secure attachment is to other caregivers.²²

Psychologists studying the phenomenon of attachment have distinguished the following categories: secure and insecure attachments. I will examine next both styles of

²⁰ “The mother’s capacity to understand her child’s mental states, and her readiness to contemplate these in a coherent manner... are what create the context for a secure attachment relationship...[I]t is probably a vital aspect of empathic and sensitive mothering.” Slade, “Attachment Theory and Research,” at p. 581.

²¹ “This bond reflects “the attraction that one individual has for another individual.” Cassidy, J. “The Nature of the Child’s Ties,” at p. 12. See also, Sroufe, et al. “Implications of Attachment Theory,” at p. 44: “Attachment referred to a pattern of organized behavior within a relationship, not a trait infants had in varying quantity.”

²² Howes, C., Rodning, C., Galluzzo, D.C. & Myers, L. (1988). Attachment and child care: Relationships with mother and caregiver. *Early Childhood Research Quarterly*, 3, 403-416.

attachments and its effect on a number of factors relevant to the development of the child and interpersonal relationships.

SECURE ATTACHMENT

Secure attachment between infant and caregiver is considered optimal, not only for the infant's current well-being, but also for the future development of the child. "Numerous empirical findings indicate that the development of a secure attachment with caregiver(s) in the first two years of life is related to higher sociability with other adults and children, higher compliance with parents, and more effective emotional regulation."²³

Secure attachment has as its main component, an inner sense of trust and security between the child and the caregiver. Behind this inner sense of security according to researchers, is "trust that others are available and sensitively responsive..."²⁴ Moreover, it requires a sense of "trust in the self as lovable."²⁵ From his first interactions with his or her mother, the child develops an implicit sense of what to expect from those he or she loves, and this in turn affects his or her self-concept.²⁶ Bowlby states: "If, for instance, a child is loved and valued, that child will come to view himself or herself as lovable and valued."²⁷ Further, the child learns that he is free to express the range of emotions without compromising that

²³ Greenberg, M. T., "Attachment and Psychopathology in Childhood," Cassidy, J. & Shaver, P.R., (Eds.) (1999), *Handbook of Attachment: Theory, Research, and Clinical Applications*, New York, N.Y.: Guilford Press, at p. 469.

²⁴ Cassidy, J., "Truth, Lies, and Intimacy: An Attachment Perspective," *Attachment and Human Development*, Vol. 3, No 2, September 2001, at p. 123

²⁵ Ibid. at p. 124

²⁶ According to Bowlby, the internal working model of the attachment figure is "closely intertwined with the [Internal Working Model] of the self". Ibid.

²⁷ Ibid.

secure relationship. "When caregivers are emotionally accessible, responsive and expressive, infants learn that emotional states can be both tolerated and changed."²⁸

Biology appears to facilitate attachment as well through the release of the posterior pituitary peptide, oxytocin. "Oxytocin is related to the development of three important bonds: the infant's attachment to the mother, the maternal bond to the infant, and the adult sexual bond"²⁹ Researchers have shown that different levels of oxytocin are related to maternal behavior. "Administration of oxytocin to virgin female rats results in a sudden surge of maternal behavior; blocking oxytocin in new rat mothers interferes with maternal behavior"³⁰ Oxytocin, seems to be an expression at the hormonal level, of the psychological attachment and the child-mother bonding.

Numerous empirical research indicate the protective effects of secure attachment. I will mention the different areas that attachment has been proven to have beneficial effects:

1.) Positive Effect on Parental Relationships:

Children with secure attachment are more likely to have positive internal working models of themselves and others and thus may benefit from warmer relationships with their parents. Empirical research shows that "children with warm, contingent relations in early life are more likely to comply with parental controls and directives during toddlerhood and the

²⁸ Easterbrooks, M.A. Biesecker, G., & Lyons-Ruth, K., "Infancy Predictors of Emotional Availability in Middle Childhood: The Roles of Attachment Security and Maternal Depressive Symptomology," *Attachment & Human Development*, Vol 2, No 2, Sept. 2000, p, at p. 171.

²⁹ Cassidy, J. "Truth, Lies and Intimacy: An Attachment Perspective", at p. 136.

³⁰ Ibid. p.136-137

preschool years”³¹ Furthermore, according to researchers, “when a secure and trusting bond forms between parent and child, the parent reciprocally develops a favorable working model of the child – one that includes attributions of responsiveness, warmth, and trust, and this sets the stage for reciprocal and cooperative interactions”³² As a result, a secure child may be more easily disciplined and taught, leading to a more positive socialization experience.

2.) Protective Value Against Future Adverse Situations:

Secure attachment relationships may offer some protective value against the ill effects of adverse events later in life. For example, a secure child may withstand the trauma of divorce or death of a parent better than the insecurely attached child. “[I]n some cases secure early attachment may serve to protect the child from negative outcomes in spite of family disruption, breakdown of parental management, and so forth”³³

3.) Better Ability to Deal with Stress:

A securely attached child learns to cope with stress in a healthy way: “[S]ecure persons seem to learn to manage distress through the basic guidelines of the attachment system: acknowledgment of distress, engagement in constructive actions, and turning to others for support.”³⁴ Securely attached children learned early on that they could trust the caregiver to be a support to them under all circumstances. Early on they learned to count on significant others and to expect the best from them. As adults they have no inhibitions in

³¹ Greenberg, M.T., “Attachment and Psychopathology in Childhood”, at p. 483.

³² Ibid. at p. 482.

³³ Greenberg, M.T., “Attachment and Psychopathology in Childhood”, at p. 470

³⁴ Mikulincer M., “Attachment Working Models,” at p. 1211, citing Bowlby, J. (1988). *A Secure Base: Clinical Applications of Attachment Theory*. London: Routledge

seeking the support of others when needed, and for the most part, stress does not overwhelm them.

The attachment level of the child is not the only factor in determining the stress level. Rather, it is the interplay between temperament and attachment that seems most likely to affect the attachment process. This interplay is manifested at the hormonal level. “[C]hild temperament and parental attachment behaviors (sensitive caregiving...) are likely to interact in determining the hyperactivity of the adrenocortical function (usually marked by difficult, irritable, or extremely inhibited behavioral styles). [These] may become well regulated in the context of optimal attachment behaviors on the part of the mother, but will be at greater risk when combined with poor maternal behavior. Human newborns with high orientation, low irritability, and optimal behavior organization are significantly more likely to be classified as securely attached than other babies.”³⁵ Attachment style, in confluence with natural temperament and the general practices of the mother, combine to affect the child’s ability to absorb stress and manage his responses to it.

4.) Positive Effect on Cognitive Development:

Generally, children with secure attachment relationships are not likely to be smarter than insecurely attached children.³⁶ However, they are more likely to show cognitive gains and other positive effects related to school performance and emotional growth. A secure

³⁵ Stanbury, “Attachment, Temperament, and Adrenocortical Function,” at p. 37.

³⁶ Moss E., St-Laurent, D., “Attachment at School Age and Academic Performance,” *Developmental Psychology* (2001), Vol. 37, No 6, 863-874, at p. 870.

attached child is more easily motivated³⁷ in the school setting than one who is insecure. Further, the secure child is more likely to exhibit those characteristics that make success in the school environment more likely. "Security of attachment in infancy strongly predicted preschool characteristics of self-reliance, effective peer relationships (including empathy and engagement) and positive relationships with teachers."³⁸ The well-attached child is more likely to respond to positive motivators and to reflect an attitude more conducive to academic success. Later scholastic experience bears this out as well: "Attachment history is related to 'leadership', 'superior knowledge', 'perceptiveness' and 'friendship intimacy'"³⁹

5.) Positive Effect on Emotional Development:

The securely attached child is more likely to regulate emotions, particularly negative emotions, in a healthy manner, avoiding the toxic results that can occur from suppressed, unresolved or acted out emotions. "[T]he management of anxiety, anger, and sadness through the healthy use of secure-base figures and mature defenses is likely to be an important protective factor against various forms of psychopathology across the lifespan"⁴⁰

³⁷ Moss, "Attachment at School Age," at p. 870: "The lower mastery orientation of avoidant and dependent children... is consistent with the idea that the development of mastery motivation is influenced by activities with significant others that may enhance... components of... motivation."

³⁸ Collins, A.A., & Sroufe, L.A. (1999). "Capacity for Intimate Relationships: A Developmental Construction". In W. Furman, B.B. Brown, & C. Feiring (Eds.), *Contemporary Perspectives on Adolescent Romantic Relationships*, at p. 128

³⁹ Ibid. at p. 134

⁴⁰ Greenberg, M.T., "Attachment and Psychopathology in Childhood", at p. 470.

6.) Positive Social Development:

Secure attachment also fosters social well-being, a sense of competency, and appropriate independence. A child with a secure attachment usually manifests greater social skills and “social competence is related to lower perceived levels of loneliness.”⁴¹

7.) Positive Effect During Adolescence:

Adolescence is a time when children separate from their parents, embracing their own sense of themselves as individuals. While popular culture portrays adolescence as a time of teen rejection of their parents, in fact, the teens that are most successful in achieving a healthy individuation are those with the strongest relationships with their parents⁴². They more easily develop “a sense of self-worth and efficacy”⁴³ through parental support for their autonomy and well-being.⁴⁴

8.) Positive Effects on the Development of Intimacy and Later Relationships:

One of the most interesting findings to come out of attachment research is that the state of an infant’s attachment affects the person long after childhood is left behind. It affects his ability to have satisfactory relationships, including those with the opposite sex. Secure attachment facilitates the development of empathy for others – a necessary quality for true

⁴¹ Di Tommaso, E., Frannen-McNulty, C., Ross, OL, & Burgess, M., “Attachment Styles, Social Skills, and Loneliness in Young Adults,” *Personality and Individual Differences*, (2003), 35, at p. 303.

⁴² Di Tommaso, E., Franen-McNulty, C., Ross, L, & Burgess, M., “Attachments Styles, Social Skills, and Loneliness in Young Adults”. at p. 304

⁴³ Collins, A.A., & Sroufe, L.A., “Capacity for Intimate Relationships”, at p. 128.

⁴⁴ Allen, J., & Land, D., “Attachments in Adolescence”, In Cassidy, J. & Shaver, P.R. (Eds.) (1999) *Handbook of Attachment: Theory, Research, and Clinical Applications*, New York, N.Y.: Guilford Press, at p. 319: “Research increasingly shows that adolescent autonomy is most easily established not at the expense of attachment relationships with parents, but against a backdrop of secure relationships that are likely to endure well beyond adolescence.”

love and kindness towards others. Children learn empathy by being empathized with – by being understood, supported, and guided in expressing empathy for others. “[P]articipating in a relationship with an empathic, responsive caregiver affords learning the very nature of empathic relating.”⁴⁵ “Researchers have found impressive correlations between early caregiver-child relationships and childhood peer relationships and between both these earlier and later patterns of intimacy with friends in adolescence.”⁴⁶

According to Bowlby “there is a strong relationship between an individual’s experiences with his parents and his later capacity to make affectional bonds.”⁴⁷ By affectional bonds, Bowlby was referring to particular close “ties” in which the partner is important as a unique individual and interchangeable with no other.⁴⁸ “Attachment is a specific type of affectional bond that one person has to another from whom he or she attempts to derive security, such as the bond of an infant to a mother.”⁴⁹ Thus, barring major changes in the environment or the individual, the principal qualities of the infant-parent attachment (s) will be replicated in subsequent close relationships. Secure infants will subsequently form supportive nurturing close relationships, whereas insecure infants will form close relationships in which the giving of care, the receiving of care, or both are incomplete. Attachment strategies can be viewed as unconscious plans, guided by internal working models of relationships, which in turn guide cognitions and behaviors. “In sensitive caregiving environments, attachment strategies allow for relatively direct relation between

⁴⁵ Collins, A.A. & Sroufe, L.A., “Capacity for Intimate Relationships”, at p. 128.

⁴⁶ Ibid. at p. 127.

⁴⁷ Bowlby, J., *The Making and Breaking of Affectional Bonds*. (1979), London: Tavistok, p. 135.

⁴⁸ Ainsworth, M.D.S. “Attachments beyond Infancy”. *American Psychologist*. 44. 709-716.

⁴⁹ Berlin, L.J., Cassidy, J., “Relations among Relationships”. In Cassidy, j. & Shaver, P.R. *Handbook of Attachment: Theory, Research and Clinical Applications*. (1999): Guilford Press., at p. 188.

the activation of the attachment system and its output. In insensitive caregiving environments, the output of the attachment system must be manipulated to fit the particular demand of the caregiver.”⁵⁰

INSECURE ATTACHMENT

The insecurely attached children have negative working models that affect their day-to-day perceptions of current relationships. “Working models that compel people to doubt or question their self-worth in relationships... can selectively direct attention towards possible signs of abandonment, distort interpretations of recent events that actually increase the likelihood of being left, or bias memories from past relationships that accentuate the perceived likelihood of relationship loss.”⁵¹ As a result, the insecurely attached individual is more likely to ascribe negative motives or emotions to relationship partners. One of the main characteristics of attachment insecurity is the tendency to process attachment-relevant information in a biased, defensive, and often negative manner. Instead of seeing reality as it is, of evaluating or judging their partners according to what they factually say or do, insecurely attached individuals often monitor, encode, interpret, and remember the actions of their partners in ways that verify and sustain their negative working models.

⁵⁰ Berlin, L. J., & Cassidy, J., “Relations among Relationships”, at p. 689.

⁵¹ Simpson, J.A., Rholes, W. S., Campbell, L., Wilson, C., & Tran, S. (2002), “Adult Attachment the Transition to Parenthood, and Marital Well-Being”. In Noller, P. & Feeney, A. (Eds.) *Understanding Marriage: Developments in the Study of Couple Interaction*. New York: Cambridge University Press. Pa. 385-410.

THE CONNECTION BETWEEN ATTACHMENT AND PSYCHOPATHOLOGY

According to attachment theory, the child's "subsequent development is conceived as building upon as well as transforming what preceded... In this systemic, dynamic position, psychopathology is viewed as a complex, organic creation, not the simple sum of positive and negative experiences."⁵² Thus the connection between attachment and psychopathology is itself complex.

Attachment is related to psychopathology in several different ways. As a framework, attachment disorders may arise from 1.) the deprivation of any attachment relationship at all (for example, a child reared in an institution) 2.) the distortion of the attachment relationship as a result of "insensitivity, unresponsiveness, and often physical neglect and abuse" or 3.) the loss of an established attachment relationship.⁵³ Each of these factors influences the development of psychopathology, although the likelihood of any one outcome, or its severity, cannot be predicted with certainty.

Central to understanding the role of attachment relationships and psychopathology is the notion that insecure attachment is not likely to be the sole cause of psychopathology, "although it may increase its likelihood."⁵⁴ Risk factors that are related to insecure attachment often co-exist along with risk factors for many different disorders. These include

⁵² Sroufe, L. Alan, Elizabeth A. Carlson, Alissa K. Levy, and Byron Egeland, "Implications of Attachment Theory for Developmental Psychopathology," *Annual Progress in Child Psychiatry and Child Development*, at p. 48.

⁵³ Greenberg, M.T., "Attachment and Psychopathology," at p. 470, citing Bowlby.

⁵⁴ Greenberg, M.T., "Attachment and Psychopathology," at p. 472, He notes, however, that "this statement should be qualified in cases in which severe and continued maltreatment (especially physical abuse) accompany this insecurity."

“maternal psychiatric diagnosis,⁵⁵ ...the amount of life stress and family adversity experienced during a child’s infancy, ...maternal alcoholism and drug abuse, ...and marital satisfaction and parental social support satisfaction.”⁵⁶ Thus, poor attachment may elevate the risk of psychopathology when other risk factors are present. Conversely, secure attachment may serve as a buffer against the stresses of life.⁵⁷

Psychologists posit a theory of “multiple pathways” leading to and from psychological disorders. “That is, different combinations of risk factors may lead to the same disorder...In the most common childhood mental disorders, no single cause may be either necessary or sufficient...and the effect of a risk factor will depend on its timing and relation to other risk factors.”⁵⁸ Greenberg has identified four intersecting risk factors for psychopathology. These are:

1. Child characteristics (temperament, biological vulnerability, neurocognitive function)
2. Quality of early attachment relations
3. Parental management/socialization strategies
4. Family ecology (e.g. family life stress and trauma, family instrumental resources, intra-and extrafamilial social support)⁵⁹

⁵⁵ For example, maternal depression is linked to psychopathology, as is insecure attachment. However, the overlap and causal relationships between these factors are not fully clear. “[T]he family environments of children with a depressed parent are characterized by greater negative emotionality (sadness and irritability) and reduced positive emotionality ...among mothers and children...The present data suggest that maternal depression and insecure attachments do not necessarily go hand-in-hand, and that the implications of early insecure attachments are often stronger and of more consequence than are self-reports of depressive symptoms during a child’s infancy.” Easterbrook, “Infancy Predictors,” at p. 182.

⁵⁶ Greenberg, “Attachment and Psychology,” at p.478.

⁵⁷ Ibid. at p.470

⁵⁸ Ibid. at p. 472.

⁵⁹ Ibid. at p. 484.

Risk factor analysis takes into account several key ideas: the presence of one or two risk factors does not conclusively predict poor outcomes. However, there is a “rapidly increasing rate of disorder with additional risk factors.”⁶⁰ Moreover, risk factors carry greater weight at different points in the child’s life. “For example, secure attachment may be more important in early development, whereas cognitive ability and motivation may be more important in middle childhood, and parental norms regarding behavior may be most critical during adolescence.”⁶¹ Attachment is most likely to influence psychopathology either as a “contributory risk or protective factor” when it emerges “in the context of other risk factors that are part of the child and family ecology.”⁶² Risk factors may originate from the individual himself, his family circumstances, the neighborhood environment, his peers, or other societal influences.

While risk factors increase the likelihood that attachment difficulties will correlate with psychopathology, protective factors may influence the situation as well. Protective factors include: “characteristics of the individual (e.g. temperamental qualities and intelligence), ...the quality of the child’s relationships, and broader ecological factors such as high-quality schools, safe neighborhoods, and regulatory activities... Within the domain of the quality of the child’s social relations, the importance of secure attachment to parents . . . and of healthy relationships with peers...has been demonstrated.”⁶³

⁶⁰ Ibid. at p. 473.

⁶¹ Ibid. at p. 473.

⁶² Greenberg, M.T., “Attachment and Psychopathology,” at p. 472.

⁶³ Ibid. at p. 473

CONCLUSIONS: CULTURAL AND PUBLIC POLICY IMPLICATIONS

In general, psychological research strongly supports the significance of attachment relationships: they are crucial in laying the foundation for well-functioning children and adults. Without strong attachment relationships, a person's potential for personal happiness, future achievement, and strong interpersonal relationships as an adult are greatly diminished. Further, when these relationships are absent or distorted, they affect not only the individual but also his future family, his relationships, and even on his positive participation in society.

Strong attachments ideally arise from strong families. In fact, the securely attached person benefits from many strong attachments—not just in his relationship with his mother. This was the age-old benefit of extended family relationships. In the post-modern context, however, few families have the benefit of extended family nearby, many families no longer include both father and mother,⁶⁴ and even those families with both parents present suffer from the limited availability imposed by dual career schedules. What, then, can be done to strengthen the attachment relationships of children in the context of our culture?

While I am not involved in politics—and will leave policy details and political considerations to others more competent in those areas—let me offer some suggestions from a psychologist's viewpoint.

The most critical component to address the current situation is a paradigm shift: as a society, we need to change the implicit assumption that “children are resilient and adaptable” and therefore that their needs should not override adult preferences or desires. Children's legitimate needs must take priority over adult self-absorption and individualistic pursuits. As

⁶⁴ Maher, Bridget, Ed., *The Family Portrait: A Compilation of Data, Research, and Public Opinion on the Family*, Family Research Council, Washington, D.C., 2004. at p. 123 (“Between 1970 and 2002, the percentage of children living with a single parent increased from 11.9% to 27.3%”).

the more recent literature on divorce has shown, what can initially appear to be a benign situation can in fact be a slow-growing malignancy.⁶⁵ Today we confront an accelerating pace of life, a growing number of children being raised by surrogate care-givers, an increasingly high turnover rate in the number of adults who shuttle in and out of a child's life (not just day care workers and nannies, but divorced parents and their parent's cohabitation partners), and a growing number of children whose needs for secure attachment are not being met. Our paradigm shift must put children first.

This paradigm shift would bear fruit through two practical efforts: Education and Intervention. Our education efforts would aim to inform and motivate parents, doctors, childcare workers, court personnel, social workers, teachers, and counselors about the importance of facilitating secure attachment relationships for children. For those specifically working with children, we need to provide training in child development, attachment theory, emotions, and communication. Information, education, and training will go a long way in strengthening the relationships among those adults and the children in their care.

Specific educational ideas might include:

--Public education efforts aimed at promoting the value of motherhood and emphasizing that motherhood is more about relationships and less about tasks. The value of the mother at home is in how she loves rather than what she does.

--Public education and legislative efforts to promote more flexible work arrangements for parents, specifically mothers. To date these efforts have emphasized a woman's fulfillment and choices rather than imperatives for children.

-- Professional training for childcare workers, requiring education in child development and attachment theory, at least a two-year associate's degree course, salary increases and increased stature of child-care positions.

⁶⁵ See generally, Wallerstein, Judith and Sandra Blakeslee, *Second Chances: Men, Women, and Children a Decade After Divorce*, Ticknor and Fields, New York, N.Y. (1989); also Waite, Linda J. and Maggie Gallagher, *The Case For Marriage*, Doubleday, New York, N.Y. (2000).

--Legislative initiatives reflecting higher standards for credentialing and licensing child care workers, including stringent child-adult ratios in child care centers, especially for younger children; Licensing of child care workers would be tied to objective standards: tests on knowledge and implementation of material on child development.

--Continuing legal education courses for judges and family lawyers about attachment theory and its relationship to divorce and custody arrangements.

--Continuing medical education courses and courses in medical schools on attachment theory and its relationship to pediatrics, patient care, children with special medical needs, child psychiatry, and parenting practices.

--Parent education courses for new parents (offered in conjunction with childbirth education classes), which stress the importance of early attachment and its implications for parenting style, career plans, post-partum depression issues, and the importance of strong marital relations and social support

The second major effort must involve intervention: Research makes it clear

That poor attachment relationships can be improved when the mothers or care-givers are instructed and coached in specific skills and attitudes.

Specific Intervention efforts might include:

--Intervention efforts should aim at mothers or care-givers in high-risk populations. These are the groups that have other risk factors in their lives as well as poor attachment, making them most vulnerable to psychopathology, especially when attachment is inadequate. Intervention efforts can use existing delivery systems, including social service agencies and churches.

--Intervention efforts aimed at stay-at-home moms, particularly those who suffer from depression. Highlight the fact that proximity to the mother is not a positive thing for children when the mother is emotionally unavailable or unresponsive because of her own mental health situation. In addition, educate mothers on the power of strong marriages and strong social supports in decreasing incidence of maternal depression and increasing likelihood of secure attachment.

These measures, taken together, would make it more likely that all our children will experience strong, secure attachments with the adults in their lives. And society as a whole, not only these particular children, would benefit immensely.