

Attachment: the key to development

The English psychoanalyst John Bowlby is regarded as the founder of the Attachment Theory. Immediately after the Second World War, he was commissioned by the WHO (World Health Organisation) to examine the effect of separation on orphaned children living in homes and on children who had been evacuated when their fathers went to war.

Bowlby observed that small children react by crying, shouting, clinging and following in an unknown or threatening situation in the attempt to maintain proximity to a primary carer. Through crying, for example, the child wants to make the carer stay close by, and clinging to the trouser leg gives the child a feeling of security amongst strangers. Bowlby called this behaviour **attachment behaviour** and assumed that it is inborn. Attachment behaviour offers a small child protection through persons close to him in dangerous situations and is therefore important for survival.

Exploration behaviour, on the other hand, is what Bowlby calls the behaviour of small children when they feel safe, distance themselves from the carer and inquisitively explore their surroundings. Exploration behaviour is an important pre-requisite for learning and for the development of the child.

Attachment and exploration behaviour are interactive, and in both cases the carer serves as a secure base.

Strange Situations

One of the best known empirical researchers in the field is the American Mary Ainsworth.

In the 1960s, she went with her husband to Uganda and carried out the first longitudinal studies on the subject of mother-child interaction in infants and older children. Later she continued her systematic observation studies in Baltimore and developed a method of testing under laboratory conditions which, under the title "**Strange Situations**" became the norm for attachment research. Children are brought with their mothers into a playroom full of new toys and are observed in order to see which toys they play with, and for how long. At specific intervals the mothers leave the room for three minutes, during which time the children, who are now in a "strange situation", are watched to see if they carry on playing, play less, crawl into a corner, cry, run after their mother or bang on the door. This process is repeated twice before a stranger enters the room, creating a new situation in which the children's behaviour is once again closely observed.

The first result of these laboratory tests was the realisation that children explore their surroundings in a completely different manner according to whether their mother is present or not. The mother is the secure base which enables the child to develop its inquisitiveness. Bowlby and Ainsworth concluded that a very small child establishes an **inner working model**¹ with the primary carer with regard to attachment.

¹ Early socio-emotional interactive experiences which form the model for future relationships with trusted parties.

Types of Attachment

A second result was an opportune by-product which proved however to be more important: the variety of the children's reactions when their mother re-entered the room showed that there are different types of attachment which have differing effects on the children's behaviour. Mary Ainsworth went on to identify four different types of attachment:

- the secure-attached child
- the anxious-avoidant child
- the anxious-ambivalent child
- the anxious-disorganised child

The type of attachment forms the basis for later life, for the entire range of emotions, for behavioural patterns and for the ability to form, maintain and pass on a stable, strong inter-personal relationship/attachment.

In the German-speaking world, the psychologists **Karin and Klaus Grossmann** have made a notable contribution to the further research into the connection between early attachment experiences, the roles of the carers and the influence of attachments into old age. According to their findings, emotional security is the determining factor which arises out of a stable attachment. Whereas emotional security enriches life, emotional insecurity imposes restrictions. An emotionally secure person displays no or very little abnormal behaviour, endeavours together with the people close to him to meet the demands made on him, does not become disheartened and does not mask conflict.

These findings have meanwhile been confirmed and consolidated by scientific research. The neurobiologist **Gerald Hüther** evaluated the latest findings about the biological functioning of the brain and came to the conclusion that the neuronal circuit patterns which a person learns during early childhood development and imprints on his mind are dependant on the social experiences made during this important phase of life.

Manifestation of attachment disorders

The lack of a secure attachment causes constant stress in the child's brain which can lead to three basic types of reaction. The following symptoms appear during the first years of life from birth to pre-school age:

The child **withdraws** completely, is expressionless, apathetic and irresponsive to outside influences. Additionally these children tend towards infections, eat poorly and are underweight. The development of speech and personal cleanliness in particular is delayed. They do not take the initiative in establishing contact either with adults or with children.

The overactive child is nervous and restless from the start and cries a lot. Some have problems keeping their food down. Speech impediments may appear during the second and third years of life. During this phase, the children appear to be hectic and hyperactive and they forego the interim contact (feedback) with their carer. Most of the children who are later diagnosed with ADD (Attention Deficit Disorder) or ADHD (Attention Deficit-Hyperactivity Disorder) belong to this

group. They show distinct concentration deficits. Other children don't want to play with them because they don't abide by the rules. The child becomes an outsider. Attempts by parents or teachers to set limits are partially or wholly ignored. Parents and teachers are overwhelmed with the care of these children. The kindergarten frequently recommends a visit to the paediatrician and close ties to child and adolescent psychiatry often begin at this age.

Aggressive behaviour towards objects or people develops only after the first year of life. The systematic use of aggression in social situations can already be observed in some kindergarten children. These children are however mostly especially anxious and soon have their backs to the wall in situations which are new for them. It is not unusual for these children to still wet their beds at night.

The behavioural and developmental disorders of the early years intensify between **school age and puberty** if the attachment problems are not addressed. Increased anxiety, which becomes especially apparent in new situations and in the face of new demands, can then be observed in all of these children. They often suffer from sleep disturbances.

Children who have no ties whatsoever to an adult start to struggle through life on their own at this age. If a mentally-ill parent involves the child in their illness, particularly intense symptomatology arises additionally at this point. Symptoms include depression or personal soiling. Both blatantly aggressive as well as sexually-orientated behaviour may be due to the fact that the parents are only able to offer a "reduced identification model" because they themselves do not have more at their disposal. Parental behaviour is not infrequently the result of attachment disorders which they have experienced themselves.

With the **end of puberty**, personality development is no longer dependant on a carer but is rather the result of independent confrontation with the social and natural environment. Adolescents with an early attachment disorder lack the "foundations" for a stable personality development. This often manifests itself in intellectual deficits and the resulting learning and school problems. In many cases, the gulf between "big talk "and "the little child" becomes increasingly apparent.

Since "normal" corrective measures (sanctions, structuring or training models) are of no help to an adolescent in the majority of attachment disorders and counselling is also ineffectual, a psychiatric diagnosis is made to enable an effective drug therapy. Powerful neuroleptics and anti-depressants are used instead of the Ritalin used in childhood. They do not however solve the personality development problem.

Attachment disorders in fixed context

Let's not fool ourselves: you can never fully compensate for a missing secure attachment in early childhood. A tendency towards excessive anxiety, oversensitivity, attachment insecurity and a lack of independence in dealing with the social environment remains in children and in adults. However it is possible in most cases to avoid the worst, namely a life in prison or in a psychiatric unit.

Attachment disorders arising from a missing secure attachment in early childhood lead in certain respects to a standstill in self development. In order to redress this standstill the child, adolescent or adult must be offered an alternative secure attachment, or in the case of very small children, at least one parent must be sufficiently stabilised so that he can offer such an attachment.

Introducing an attachment figure

An attachment figure that is loving, sympathetic and available is an essential part of a secure attachment. This person must be stable, emotionally resilient and clearly "adult".

Children and adolescents must be taken back on an emotional level to early childhood, regardless of whether they are 7 or 17. The big talk which adolescents suffering from attachment disorders generally spout forth must not be allowed to irritate. The main form of communication for attachment development is gentle and sensitive body-contact. Initially it is helpful to use ritualised body-contact. The more senses can be appealed to in a gentle, pleasurable way, the more intense contact becomes. It must always be remembered, particularly with adolescents, that in an emotional context they are young children.

Setting limits

Limits and rules should be kept to a minimum during the first phase of attachment development. Rules and limits and an insistence on them being adhered to should only be introduced after 4-6 weeks when the basis for a secure attachment has been laid. The attachment figure plays the central role and must define the rules and limits, introduce them and himself "live" them. The child will accept them only if they are shown to be a gut feeling. The attachment develops further into a "secure attachment" only if the attachment figure doesn't let himself be talked around or upset. Children do not adopt the values, norms and rules of their social environment through any rational reasoning or through conditioning about success or failure but rather they adopt them through identification with their attachment figure.

Parental work

The natural parents are irreplaceable as identification figures. The key to solving the problem lies in proving to the child within and with the help of the new attachment that its parents are valuable and in systematically conveying this parental value. Therefore it is not the purpose or the aim of parental work in this case to manufacture parental attachment ability or to wade through an accumulation of familial baggage. The aim of parental work is to explore the "symbolic capital" within the family, to describe it and to make it available to the child. Making a photo album together about each parent's own natural family and adding stories about the people in the photos has proved to be a simple method which promises success. In choosing the information, attention should be paid to passing on the valuable, positive aspects of the family to the child.

Maturation

Once a secure attachment has been established, the maturation process takes place relatively quickly. In most cases, developmental progress can already be observed after six months. This can mean a considerable readjustment for the attachment figure who has perhaps just got used to accepting the child as an infant. The frequency and intensity of body-contact becomes less. Gut-feeling is slowly replaced by reason. The attachment figure should experience this maturation process together with the child and in so doing convey his own views and values.

The scientific findings about the attachment theory from which the methods described are derived are over 50 years old and have been repeatedly substantiated by research. It is remarkable how and why they have not only been forgotten but even suppressed in educational theory and psychology since the 1970s. They have gradually been rediscovered only in the last five years and the attachment theory has again regained the rightful place which in our opinion it deserves.

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