

# A SHORT INTRODUCTION

Children form significant, lifelong memories of their interactions with adults who enter their lives, including parents, grandparents, aunts and uncles, teachers, sporting coaches and so on. Those memories, and the experiences from which they derive, shape the beliefs children hold with respect to themselves, others and the world in which they live. In doing so, they also shape children's behaviour.

The way adults treat any generation of children shapes the way those children will, in turn, treat the next generation when they are adults. It follows that if we are seeking to create a more gentle, humanistic world we adults need to pause and reflect on how we interact with the current generation of children.

Some time ago I was returning to the Melbourne Central Business District on an overcrowded tram after a day at the Australian Formula One Grand Prix. People were packed into the tram like sardines in a can. Shoulder to shoulder they stood in the aisles, swaying and brushing against each other with every jerk and bump. In this environment of uncomfortable levels of physical closeness to strangers, eye contact is minimal, and conversation, when it exists, is brief and muted.

So it was that I could clearly hear in the carriage behind me a young girl of primary school age initiate a conversation with a complete stranger standing adjacent to her on the

tram. The child had apparently noticed that this stranger had spoken with a heavy accent and had summoned the courage to inquire after its origin. The stranger, who I later observed to be young and of European appearance, responded that her accent was Spanish. The child advised the young woman that she was learning Spanish. What followed over almost one hour was a child maintaining an animated and enthusiastic conversation about learning Spanish, to which the young woman responded with acceptance, warmth, patience and corresponding enthusiasm.

As a psychologist who has interacted with children over a long career, I could not help but be impressed, and touched, by the manner in which the young woman engaged with the child. It left me sure that this child would remember fondly the day she interacted with a real-life, Spanish-speaking adult, apart from her teacher. I thought immediately of what might be the legacy of this interaction for the child and what had been the young woman's own experiences of relating to adults when she was a child that had resulted in her warm, accepting and caring manner towards a previously unknown child.

I have included this story here as it reminds me that kindness should be at the heart of all of our endeavours when caring for and relating with children, for their sake and for the sake of generations to come.

Conventional wisdom tells us that if something walks like a duck and talks like a duck, it must be a duck. That is, if it *behaves* like a duck, it must be a duck. Once we have established that something is a duck, our knowledge and experience with ducks tells us what we can expect from the duck and how to relate to it. But what if it looks like a duck but *thinks* like a swan, because it became separated from its mother and father duck and was raised by a swan? Would our expectations regarding its behaviour still be valid? Would we, upon knowing the duck thought like a swan, relate to it as if it were a duck?

I wrote this book because I believe that it is not what children do but why they do it that is crucial to understanding them, relating effectively with them and, where required, intervening successfully with them. This distinction between what children do and why they do it is crucial to the accurate diagnosis of childhood mental disorders and their appropriate and effective treatment. In order to understand why children behave the way they do, one needs to know something of the ways in which they think and the historical circumstances that shaped the way they think.

In this book all who are involved with children in a caregiving role will be able to access information about how a child's early care experiences shape their character. In particular, the reader will be able to access information about the thought processes and preoccupations that give rise to perplexing and challenging behaviour and emotional displays in children who have an early history of inadequate and/or problematic care, as well as strategies to promote more helpful thoughts about self, other and the world. It is anticipated that having a better understanding of why children who have an attachment disorder behave the way they do will assist their caregivers to relate effectively and intervene successfully with them, so that these children may attain the fundamental precursors to a full and satisfying life: believing that the world is a safe place, that they are capable, that they are lovable and deserving of love, and that relationships with others are rewarding.

Within the book I make reference to one gender or other when exemplifying the concepts I am presenting. Unless I state otherwise, I do not intend for the reader to think that the concepts under discussion are gender-specific. Rather, I have generally referred to one gender or the other for ease of reading. Similarly, I would draw the reader's attention to the glossary at the end of this book. The glossary is included

to inform and clarify my own interpretation of various terms included in this book, and is reflective of my general endeavour to make the subject matter of the book accessible to the broadest audience possible. As such, it is not intended to be a glossary of professional terms; nor is it intended for professional use only. Rather, I anticipate that the glossary will assist in ensuring that all readers attain a full and satisfying understanding of my experiences and perspectives concerning Attachment and Attachment disorder.

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## PROLOGUE

# A TALE OF FOUR MICE

Once upon a time there were four mice.

The first mouse lived in a house that contained, along with furniture and other household goods and possessions, a button and a hole in the wall from which food was delivered. Each time the mouse pressed the button he would receive a tasty morsel of his favourite food. The mouse understood that when he was hungry all he had to do was press the button and food would arrive via the hole. The mouse took great comfort in the predictability of his access to food and only pressed the button when he was hungry.

The second mouse lived in a similar house, also containing a button and a hole in the wall from which food was delivered. Unfortunately, the button in his house was faulty and delivered food on an inconsistent basis when he pressed it, such that he might receive food via the hole on the first, fifth, seventh or even the eleventh time he pressed the button. This mouse learnt that he could not always rely on the button and that he had to press the button many times, even when he was not actually hungry, in order to ensure that he would have food. Even after his button was fixed he found it difficult to stop pressing it frequently and displayed a habit of storing up food.

The third mouse also lived in a similar house, containing a button and a hole in the wall from which food was to be delivered. However, the button in his house did not work at all. He soon learnt that he could not rely on the button and would have to develop other ways of gaining access to food. This belief, and his associated lack of trust in the button, persisted when he moved to a new home with a fully functioning button. He developed unconventional strategies to access food, such as stealing from his neighbour's house.

A fourth mouse was most unfortunate of all. In addition to presses of his button failing to result in the delivery of food, there was a malfunction with his underfloor heating, such that suddenly and without warning the floor would become electrified and he would receive a painful electric shock. In a further twist, the button that was supposed to result in the delivery of food when pressed became the means by which the electrification of the floor could be switched off. This mouse never strayed far from the button and focused intently on it, even when moved to another home where presses of the button consistently resulted in the delivery of food and the floor never became electrified.

## CHAPTER 1

# UNDERSTANDING ATTACHMENT AND THE INFLUENCE OF PARENTAL CARE

### WHAT IS ATTACHMENT?

‘Attachment’ is a term used to describe the dependency relationship children develop towards their primary caregivers. In ordinary circumstances, an infant’s emerging attachment to their primary caregivers begins to show during the latter half of their first year post-birth and develops progressively over the first four years. It is most readily observed when children are sick, injured, tired, anxious, hungry or thirsty, and at reunion after temporary separations.<sup>1, 2</sup>

Although early attachment research focused on the mother–infant dyad, it is now generally accepted that children form multiple attachment relationships. An ‘attachment figure’ is defined as someone who provides physical and emotional care, has continuity and consistency in the child’s life and an emotional investment in the child’s life.<sup>3</sup> This can include

parents (biological, foster, adopted), grandparents, siblings, aunts and uncles and alternate caregivers (e.g. child-care workers).

Given that children are able to form multiple attachments, the question has been asked as to which attachment relationship is most influential on children's developmental outcomes. The literature provides considerable support for an integrative model of attachment: that is, children's social–emotional development is best predicted by their network of attachment figures rather than by a single attachment relationship *per se*.<sup>4</sup>

## **WHAT ARE THE ORIGINS OF ATTACHMENT THEORY?**

Attachment Theory is the term used when referring to knowledge about attachment. Attachment Theory has developed across more than half a century in association with observations made of children interacting with their caregivers and associated scientific endeavour. It represents an integration of observation and scientific endeavour and reflections about this.

During the 1930s and 1940s psychoanalytically oriented clinicians in the United States and Europe were making observations of the ill effects on personality development of prolonged institutional care and frequent changes of mother-figure during infancy and early childhood. Among them was John Bowlby, a psychiatrist who, prior to receiving his medical training, studied developmental psychology.<sup>5</sup>

At this time the most popular thinking among psychoanalytically oriented clinicians was that infants' goal-directed behaviour was governed by two kinds of drive: primary and secondary. The alleviation of hunger and thirst was thought of as a primary drive and, therefore, as one of



the main determining factors in the infants' goal-directed behaviour. As such, infants were considered to form a close bond to their mother *because* she feeds them. Relational aspects of the infant–mother interaction (referred to as 'dependency') were considered to be secondary drives and, therefore, of secondary importance in the infant–mother bond.

Bowlby believed that this did not fit with his observations of institutionalised children. For if it were true, infants of one or two years of age would take readily to whomever fed them – simply being fed would be sufficient for the development of a close bond between infants and their primary caregiver – and this was not what was being observed. It was also inconsistent with emerging scientific evidence from animal studies, including the work of Harry Harlow.<sup>6</sup>

Harlow separated infant rhesus monkeys from their mothers within 6–12 hours of birth and raised them with the aid of two forms of 'mother surrogate'. One was shaped out of wire, whereas the second was shaped from wood and wrapped in towelling to make it soft. Both were warmed by an electric light globe positioned behind the mother surrogate. The main difference was softness. Infant rhesus monkeys were raised with the aid of the two mother surrogates in different combinations. In one combination, infant rhesus monkeys had access to both forms of mother surrogate, but only the wire mother surrogate fed it via an artificial teat from which it could nurse. In another combination, infant rhesus monkeys had access to both mother surrogates but were fed by the cloth-covered mother surrogate only. In both combinations, infant rhesus monkeys demonstrated a clear preference for the soft, cloth-covered mother surrogate, regardless of whether it fed them, spending up to 18 hours per day clinging to the soft mother surrogate. Similarly, when exposed to a fear-evoking situation or stimulus, the infant rhesus monkeys that were

raised with both forms of mother surrogate would rush to the soft mother surrogate for comfort, regardless of whether it fed them or not. In addition, Harlow's research demonstrated that those infant rhesus monkeys that spent the early weeks of their life without a soft mother surrogate that they could cling to showed marked disturbance in their emotions and behaviours, which was only ameliorated by the introduction of the soft mother surrogate. Further, all infant rhesus monkeys displayed an apparent attachment to a heated gauze pad placed in the bottom of their cage and became distressed when it was removed for cleaning. Harlow's research clearly demonstrated the pre-eminence of that most basic quality of the caregiving relationship, contact comfort, over physical nourishment in the development of the infant–mother bond.

Consistent with such contemporary challenges to the popular thinking among psychoanalytically oriented clinicians, Bowlby began to formulate a new theory that recognised the primary influence of relational variables in the development of the infant–mother relationship and of the relationship itself on the successful adaptation of the young child to life. Relying heavily on naturalistic observation, but also drawing on the results of scientific research, Bowlby developed what we now know as 'Attachment Theory'.

Among his associates at the Tavistock Clinic in London in the early 1950s was Mary Ainsworth. Her prior interest was in 'security theory', which proposed that infants and young children need to develop a secure dependence on their parents before launching into unfamiliar situations. Through observational studies of mothers and their infants in Uganda and the United States, and her later studies using an experiment called 'the strange situation' (which is discussed later in the chapter)<sup>7</sup>, Ainsworth made a significant contribution to the classification of different types of

attachment and the identification of the pivotal contribution of the mother's sensitivity to her infant in the development of attachment patterns.

## HOW DOES ATTACHMENT DEVELOP?

We like to think that our infant is instantly recognisable to us when they are born and so will we be to them within a short period of time. We experience great pleasure the first time they smile, often thinking that they are smiling at us in recognition and acknowledgement of their shared regard. This is not so far-fetched when we consider that amongst other species in the animal kingdom infants do recognise their mother very shortly after birth via a phenomenon called *imprinting*. As the name implies, some aspect of the mother is 'printed' in the mind of the infant, whether it be the unique pattern of the rump of the mother zebra or the plumage of the mother goose, such that the infant selectively orients to this individual for the satisfaction of its needs over all others. Unfortunately, there is no strong evidence yet to suggest that imprinting occurs in human infants.

Human infants are not born with attachments already made to their primary caregivers. This special relationship emerges over time and through a series of stages. Perhaps the most common model of attachment development, based on the work of John Bowlby<sup>8,9</sup> and Mary Ainsworth (and associates),<sup>10</sup> and summarised by Richard Delaney,<sup>11</sup> is the one illustrated in Table 1.1.