



The attachment relationship between child and parent

(Adapted from www.attachmentexperts.com)

What is Attachment?

Attachment is the deep and enduring connection established between a child and caregiver in the first several years of life. It profoundly influences every component of the human condition – mind, body, emotions, relationships and values. Attachment is not something that parents do to their children; rather, it is something that children and parents create together, in an ongoing reciprocal relationship. Attachment to a protective and loving caregiver who provides guidance and support is a basic human need, rooted in millions of years of evolution. There is an instinct to attach: babies instinctively reach out for the safety and security of the "secure base" with caregivers; parents instinctively protect and nurture their offspring. Attachment is a physiological, emotional, cognitive and social phenomenon. Instinctual attachment behaviors in the baby are activated by cues or signals from the caregiver (social releasers). Thus, the attachment process is defined as a "mutual regulatory system" – the baby and the caregiver influencing one another over time.

Beyond the basic function of secure attachment – providing safety and protection for the vulnerable young via closeness to a caregiver – there are several other important functions for children:

- Learn basic trust and reciprocity, which serves as a template for all future emotional relationships.
- Explore the environment with feelings of safety and security ("secure base"), which leads to healthy cognitive and social development.
- Develop the ability to self-regulate, which results in effective management of impulses and emotions.
- Create a foundation for the formation of identity, which includes a sense of competency, self-worth, and a balance between dependence and autonomy.
- Establish a prosocial moral framework, which involves empathy, compassion and conscience.
- Generate the core belief system, which comprises cognitive appraisals of self, caregivers, others, and life in general.
- Provide a defense against stress and trauma, which incorporates resourcefulness and resilience.

Children who begin their lives with the essential foundation of secure attachment fare better in all aspects of functioning as development unfolds. Numerous longitudinal studies have demonstrated that securely attached infants and toddlers do better over time in the following areas:

- Self-esteem

- Independence and autonomy
- Resilience in the face of adversity
- Ability to manage impulses and feelings
- Long-term friendships
- Relationships with parents, caregivers, and other authority figures
- Prosocial coping skills
- Trust, intimacy and affection
- Positive and hopeful belief systems about self, family and society
- Empathy, compassion and conscience
- Behavioral performance and academic success in school
- Promote secure attachment in their own children when they become adults

What is an Attachment Disorder?

More and more children are failing to develop secure attachments to loving, protective caregivers. These children are left without the most important foundation for healthy development. They are flooding our child welfare system with an overwhelming array of problems – emotional, behavioral, social, cognitive, developmental, physical and moral – and growing up to perpetuate the cycle with their own children. Research has shown that up to 80% of high risk families (abuse and neglect, poverty, substance abuse, domestic violence, history of maltreatment in parents' childhood, depression and other psychological disorders in parents) create severe attachment disorders in their children. Since there are one million substantiated cases of serious abuse and neglect in the U.S. each year, the statistics indicate that there are 800,000 children with severe attachment disorder coming to the attention of the child welfare system each year. This does not include thousands of children with attachment disorder adopted from other countries.

Disrupted and anxious attachment not only leads to emotional and social problems, but also results in biochemical consequences in the developing brain. Infants raised without loving touch and security have abnormally high levels of stress hormones, which can impair the growth and development of their brains and bodies. The neurobiological consequences of emotional neglect can leave children behaviorally disordered, depressed, apathetic, slow to learn, and prone to chronic illness. Compared to securely attached children, attachment disordered children are significantly more likely to be aggressive, disruptive and antisocial. Teenage boys, for example, who have experienced attachment difficulties early in life, are three times more likely to commit violent crimes. Disruption of attachment during the crucial first three years can lead to what has been called "affectionless psychopathy", the inability to form meaningful emotional relationships, coupled with chronic anger, poor impulse control, and a lack of remorse.

Attachment disorder is transmitted intergenerationally. Children lacking secure attachments with caregivers commonly grow up to be parents who are incapable of establishing this crucial foundation with their own children. Instead of following the instinct to protect, nurture and love their children, they abuse, neglect and abandon.

Children who begin their lives with compromised and disrupted attachment are at risk for serious problems as development unfolds:

- Low self-esteem
- Needy, clingy or pseudo-independent
- Decompensate when faced with stress and adversity



- Lack of self-control
- Unable to develop and maintain friendships
- Alienated from and oppositional with parents, caregivers, and other authority figures
- Antisocial attitudes and behaviors
- Aggression and violence
- Difficulty with genuine trust, intimacy and affection
- Negative, hopeless and pessimistic view of self, family and society
- Lack empathy, compassion and remorse
- Behavioral and academic problems at school
- Perpetuate the cycle of maltreatment and attachment disorder in their own children when they reach adulthood

Attachment Disorder: What you may see

Attachment disorder affects all aspect of a child's functioning. A child may display some combination of the following primary symptoms:

- **Behavior:** oppositional and defiant, impulsive, destructive, lie and steal, aggressive and abusive, hyperactive, self-destructive, cruel to animals, irresponsible, fire setting.
- **Emotions:** intense anger and temper, sad, depressed and hopeless, moody, fearful and anxious (although often hidden), irritable, inappropriate emotional reactions.
- **Thoughts:** negative beliefs about self, relationships, and life in general ("negative working model"), lack of cause-and-effect thinking, attention and learning problems.
- **Relationships:** lacks trust, controlling ("bossy"), manipulative, does not give or receive genuine affection and love, indiscriminately affectionate with strangers, unstable peer relationships, blames others for own mistakes or problems, victimizes others/victimised.
- **Physical:** poor hygiene, tactilely defensive, enuresis and encopresis, accident prone, high pain tolerance, genetic predispositions (e.g., depression, hyperactivity).
- **Moral/Spiritual:** lack of faith, compassion, remorse, meaning and other prosocial values, identification with evil and the dark side of life.

What Can Cause Attachment Disorder?

Listed below are situations and experiences that place children at high-risk for developing attachment disorders:

Parental/Caregiver Contributions:

- Abuse and/or neglect
- Ineffective and insensitive care
- Depression: unipolar, bipolar, postpartum
- Severe and/or chronic psychological disturbances: biological and/or emotional
- Teenage parenting
- Substance abuse
- Intergenerational attachment difficulties: unresolved family-of-origin issues, history of separation, loss, maltreatment
- Prolonged absence: prison, hospital, desertion

Child Contributions:

- Difficult temperament; lack of "fit" with parents or caregivers
- Premature birth



- Medical conditions; unrelieved pain (e.g., inner ear), colicky
- Hospitalizations: separation and loss
- Failure to thrive syndrome
- Congenital and/or biological problems: neurological impairment, fetal alcohol syndrome, in utero drug exposure, physical handicaps
- Genetic factors: family history of mental illness, depression, aggression, criminality, substance abuse, antisocial personality

Environmental Contributions:

- Poverty
- Violence: victim and/or witness
- Lack of support: absent father and extended kin, isolation, lack of services
- Multiple out-of-home placements: moves in foster care system, multiple caregivers
- High stress: marital conflict, family disorganization and chaos, violent community