

## Attachment Theory

*“What is believed to be essential for mental health is that an infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother substitute – one person who steadily ‘mothers’ him) in which both find satisfaction and enjoyment”. Bowlby 1953.*

The key is ‘a warm, intimate and continuous relationship’.

Bowlby concluded that it is the quality of early experiences in relationships with caregivers and the experiences of separation and loss of those relationships, that shape the self and the quality of later relationships in distinctive ways.

An important goal for children in the Looked After System is to make sense of the past and resolve their feelings about it. For this they need a lived experience of being understood, held in mind and cared for, so that a more secure and resilient sense of self can develop and be taken into the future.

### Proximity seeking and the significance of a secure base

#### Bowlby’s theory is an evolutionary one

- Infants are seen as having a biological drive to **seek proximity** to a protective adult.
- The goal of the drive is to feel **safe, secure and protected**.
- This leads to **proximity promoting attachment behaviours** which can attract attention positively such as calling/smiling or aversive attachment behaviours seeking soothing such as crying.
- Attachment behaviours are most in evidence when the infant is threatened, endangered, stressed.
- The caregiver needs to be **tuned in** to the signals of the infant and to respond in an accurate and timely fashion.
- The quality of the care giving system is key. There needs to be a **synchrony** between the two – a cycle of arousal and relaxation.
- The key to the cycle is the caregiver’s capacity to think about the child’s behaviour and to be interested in the child’s mind, **to respond by meeting the child’s needs and giving messages about the caregiver’s availability**.
- The child’s experience of having needs met and then of relaxation and well-being is a learning experience which shapes the child’s beliefs/expectations of the caregiver, confidence in the world and openness to express needs.

- If the caregiver's responses are predictable and accurate in meeting the infant's needs then the **child is not overwhelmed by anxiety or dangers, and faith in the attachment figure as a source of security is strengthened.**
- In the context of sensitive care giving, **the infant learns to trust and to wait for needs to be satisfied.**
- Over time, **the infant learns to manage a degree of anxiety and tolerate brief separation.** This is the beginning of a slow but essential process of learning to manage their own anxiety.
- The infant can then develop a capacity to use the attachment figure as a **secure base**, to be relied upon/called for/returned to, in times of stress.
- An infant who is free from anxiety, is free to explore the environment. The focus of thinking, feeling, activity, can be put into exploration. **The infant can learn they can have an effect on the environment (a sense of agency) from curiosity, interest and joy.**
- **Sociability beyond attachment figures, provides additional security, companionship and opportunities to learn**, through direct teaching, supported learning or modelling.

## **Mindfulness and the regulation of affect and behaviour**

At the centre of children's development is the child's ability to appropriately experience and express, but also regulate and manage their emotions. Attachment theory has been described as **a theory of affect regulation**. Children need to learn to recognise, name and distinguish between different feelings and to express them in behaviours which get their needs met. In particular, the capacity to acknowledge the possibility of mixed feelings is key to flexible thinking about emotions. Children can think about regulating emotion and behaviour. Children need **verbal and non-verbal scaffolding**.

- Children need to distinguish between intentional and accidental actions.
- The ability of the caregiver to think/reflect on her own, the child's or other people's feelings and behaviour, will help the child to do the same and to regulate his emotions and behaviours.
- Understanding other people have thoughts and feelings is essential for negotiating relationships. Without it, children can be overwhelmed and confused about their mind and the minds of others.

Children who are fostered/adopted need **a reflective commentary** to explore emotions and reflect on the minds of others.

## **Adaptation, mental representations and internal working models**

It is central to development that the child learns to adapt to the relationship environment and organise their behaviour. Mental representations are formed on the basis of experience, e.g. yummy porridge, funny daddy. **The mental representation of the caregiver begins to include the associated ideas and feelings about the caregiver.** The child whose signals and needs are consistently responded to, thinks of the parent/caregiver as available and loving, and of itself as effective, valued and loved. **Children manage a number of internal working models.** Most difficult of all for children is to adapt to the behaviour of a caregiver who is unpredictable and frightening.

## **Memory**

1. Procedural memory – a memory of experiences of a non-verbal kind or that happen at a pre-verbal stage. For example, feeling warm, safe and loved or feeling fear and anxiety. These exist at an entirely unconscious level, but have the power to reassure or disturb children for reasons they can't explain. They may not be able to link their ideas and behaviour to specific experiences/past relationships. They need fundamental experiences of care, predictability, love and safety, to change unconscious beliefs and expectations.
2. Auto-biographical memory – the more conscious lifestory we tell to ourselves and about ourselves.
  - (i) Episodic memory – These are selective key events which have some significance for us and our world. The meaning that becomes attached to these over time shapes the expectations we have of ourselves and others.
  - (ii) Semantic memory – This is the memory of language used to define the self and others. "My gran said I was stupid but I passed my exams and my maths teacher said I was good at maths".

When a child puts together memories into a narrative about himself, semantic and episodic memories get linked. Early memories of being referred to or treated as bad/worthless need to be countered to build a more realistic and positive sense of self. Difficult and troubling memories can continue to shape behaviour, surfacing at times of stress or challenge. Carers need to promote **the co-construction of new narratives.**

## **Developmental pathways: continuity and change in internal working models**

Our expectations and beliefs about ourselves and the world around us adapt over time. Different experiences/environments interact with the child's inner world in ways which can promote a change in the child's sense of self and self efficacy.

**There is always a degree of continuity and resistance to change in a child's inner models which can be self-fulfilling.** For example, an anxious child is alert to and sensitive about the rejection she fears and finds confirmation in her perceptions of others/environments. Troubled children with negative self-defeating models of self can trigger responses in others which confirm what can be a downward spiral. In this way, rejection is provoked and perpetuated. For example, imagine how the passive or fretful/angry baby can shape the responses of a caregiver.

Troubled children moving into care placements may be resistant to changing their model of caregivers. Their lack of trust and anxiety about survival may make them feel mistrusting and wanting to be in control. **The challenge for carers is to remain equally available, attuned and committed.**

## **Key stages of attachment formation and development**

The infant **forming an attachment** to the caregiver is seeking proximity, safety, protection and a secure base.

The caregiver **bonds with the infant** and this is about a sense of commitment, concern, responsibility and love for the child.

Even before the birth, **babies have unique characteristics which interact with environmental factors**, such as the good health of the mother or disease such as rubella or behaviour such as alcohol/drug misuse.

The process of attachment formation begins at birth. The infant is alert to the care it receives. **The child shapes the parent's behaviour and the parent shapes the child's behaviour.** When the caregiver responds to the child, mirroring their feelings while offering care and soothing, the child's feelings are acknowledged and then contained. In this way, **the co-regulation of emotions** comes into play.

By three months – the infant is targeting attachment behaviours to significant caregivers.

By six/seven months – infants show a clear attachment to significant caregivers, in ways which attract attention and concern, and sensitive caregivers tune in to the infant's communications and needs. Most significantly, the infant protests and shows distress and anxiety about being separated from their preferred caregiver. **An attachment hierarchy** begins to be evident at this stage with signs of anxiety about strangers. Securely attached infants/children build on preferred attachment relationships and become interested in **shared exploration** with toys, play and peers. Children use attachment figures as **a secure base**. These early interactions have an effect on brain physiology, generating the circuits that are responsible for affect regulation and stress recovery mechanisms.

Pre-school years are the time when children develop as individuals and as social beings. Physical development in holding, walking and running, alongside cognitive development in language, knowledge and ideas, become the basis by which children

understand themselves and others. Children whose thoughts, feelings and behaviour are understood by a caregiver, learn to understand their caregiver. They learn that demands are most likely to be met at one time than another. So there is an increased likelihood of negotiation and co-operation between the caregiver and the child, what Bowlby described as a **'goal corrected partnership.'**

From four/five years – children take their secure/insecure internal working models outside the family, notably into school. The balance between attachment and exploration remains important and impact on learning, behaviour and friendships. **The need for a secure base, stored mentally during the day and available in person at the beginning and end of it, is essential for successful coping.** A sensitive teacher or TA may provide the elements of a secure base in school and act as secondary attachment figures to help the child manage the challenges of school. At this stage, anxieties about separation and loss are joined by anxieties about self-esteem and peer relationships. Where children have a memory of a secure base and positive internal models, they are more able to face challenges and recover from setbacks and rejections. Insecure defensive strategies often include denying feelings, and/or becoming aggressive or sad.

In adolescence - young people move towards separation from attachment figures and independence. Securely attached children with high self-esteem and a sense of competence are most likely to successfully face the challenges of this stage. **Attachment figures are still very much needed to share in the stage specific task of enabling teenagers to regulate powerful emotions and develop a coherent, flexible model of self and others.** Attachment relationships in the family of origin persist and new attachments are made in friendships and in romantic relationships.

## **Dimensions of care giving**

These are dimensions rather than specific characteristics.

- **Being available – helping children to trust.**  
The child's anxieties are much lower if she/he knows the caregiver is available and accessible should the child need care and protection. This gives the child a secure base from which she/he can explore, play and learn.
- **Responding sensitively – helping children to manage feelings and behaviour.**  
Sensitive caregivers see the world from the child's point of view and treat the child with understanding, responding to their needs and feelings. Their responses which reduce anxiety, help the child to manage feelings and behaviour. They provide a scaffolding for experience which teaches the child to name feelings, reflect on them and think about managing strong feelings.
- **Accepting the child - building self-esteem.**  
Children who feel accepted and valued as a unique person with particular characteristics, strengths and difficulties develop balanced, realistic, positive self concepts and raised self-esteem.

- **Co-operative care giving – helping children to feel effective.**

Co-operative caregivers understand that children need care and assistance to assert themselves. They form a co-operative alliance with the child following the child's lead and supporting the choices they make. They provide safe boundaries within which behaviour can be negotiated and children can be successful and cope with failure.

- **Promoting family members – helping children to belong.**

Children need to grow up knowing they have a secure place within the family where they belong. Children need to learn that they have rights and responsibilities in relation to other family members. Feeling a part of the family is an important base for emotional and behavioural progress.

## **Attachment patterns**

1. **Secure** Secure attachment occurs when the child is cared for sensitively, has available, accessible and flexible caregivers, feels understood, accepted and valued, and is helped to make choices and be effective. The child builds on high self esteem, self efficacy and the capacity to think about and manage thoughts and feelings.
2. **Avoidant** When the caregiver finds it difficult to accept and respond to the infant's needs, the infant may find their demands are rejected and feelings minimised. The child learns to shut down feelings to avoid upsetting the caregiver and provoking rejection or intrusion. For the child, it is more comfortable to be self reliant and it makes it more likely the caregiver will stay close.
3. **Ambivalent** This is where the caregiver responds to the infant's demands in a sporadic, unpredictable and at times insensitive fashion, such that the child finds it difficult to achieve proximity in a reliable way. Care giving is uncertain and ineffective. The infant may resort to making almost constant demands to attract and keep the attention of the caregiver or become helpless in the absence of an effective strategy. Over time, the infant becomes a preoccupied, demanding, clingy but distrustful and resistant child.
4. **Disorganised** This is where the caregiver is rejecting, unpredictable and frightening. The caregivers abdicate their role and appear out of control and are hostile/helpless to protect the child. In the absence of a strategy to elicit care, the child displays confused and disorganised behaviours. They try to be controlling to give themselves some degree of safety, however, their anxiety and fear is unresolved and reappears at times of stress.

In using attachment theory and the ideas of attachment patterns in practice, the following distinctions need to be made:

## **Secure v insecure patterns of attachment**

Both secure and insecure attachment relationships develop in the context of a powerful drive for proximity, care and protection. It is the behaviour strategies and relationship patterns that emerge which are different.

## **Organised v disorganised patterns of insecure attachment.**

Avoidant and ambivalent insecure patterns are organised strategies which are, to an extent, effective. The avoidant child keeps the caregiver close by not demanding too much and the ambivalent child gets some attention by displaying feelings.

The disorganised infant lacks any strategy to manage the caregiver. When disorganised children start to develop controlling strategies – these are ways to stay safe rather than to achieve a relationship. Maltreated, disorganised children may show signs of dissociation and create distance rather than relationships.

**The way parents care for children affects brain development and the patterns of electro-chemistry.** For example, the early experiences of a child can determine whether they have lower or elevated levels of the hormone cortisol. This is the chemical that the body produces to prepare for fight or flight in the face of a threat. Kertes (2008).

If children feel constantly in danger of attack or rejection or being abandoned, eventually the system of cortisol production is shut down. A child may then have permanently low cortisol levels, blunted by an habituation to risk. This can lead to them, as adults, being depressed and unresponsive to their surroundings. Studies of maltreated children with abnormal low cortisol levels do indicate that levels can be changed by subsequent experiences. Children who had blunted responses to threat and low cortisol, all evidenced that better care raises cortisol levels.

Alternatively, if the childhood stress is more acute, with occasions of severe maltreatment, then cortisol levels can be jammed high. This may well be the case for children who are mistreated and hurt by parents and siblings, who witness extreme violence, and who are left in unfamiliar unsafe circumstances. This can lead to them, as adults, being quite hyper, with poor concentration, difficulties relaxing and likely to massively overact. The most extreme examples of severe maltreatment over a prolonged period, with exposure to violence, threats and abandonment and rejection, are hard to reverse. Adoption and good quality care may not normalise cortisol levels even years later.

## **Even less severe kinds of adversity have physical effects on neurology.**

- When toddlers are left in nurseries for long days, they may not appear stressed. However their cortisol levels rise during the day, to an extra high level in the afternoon, whereas the levels of children at home are normally dropping in the afternoon. The issue is not whether the carer is a biological

parent, but whether they are a familiar, responsive person providing individual attention. When small children are left with highly responsive carers with only one or two others to care for, their cortisol is normal.

- There can be problems for small children if their parents are physically present but emotionally absent. For example, if the parents are alcoholic, then when they are drunk: they are not tuned in to the child, they are prone to elevated excitation, irritability or semi-consciousness. Their children are likely to have high cortisol levels.
- Difficulties also arise if the parents are depressed. If a parent is despairing, she /he will not have the capacity to focus on the child. This kind of neglect in a child's early years creates a vulnerability to high cortisol when stressed in later life.

**The earlier and the more severe the maltreatment, the more profound is its effect.** Abnormal cortisol levels contribute to a wide variety of emotional problems such as ADHD, anxiety and depression, Manley (2001).

Extreme attachment related difficulties may be diagnosed as **an attachment disorder**. Two types are recognised

**Inhibited** is marked by hyper vigilance and fear as demonstrated by withdrawal and ambivalence.

**Disinhibited** is distinguished by indiscriminate friendliness and the absence of a selective attachment to a person who is sought for comfort.

There is no agreement as to the assessment and appropriate treatments for an attachment disorder. There are no quick fixes and change will be seen in small, incremental shifts in the child's thinking and behaviour. Parenting has to be targeted around actively resolving feelings about the past and building strengths for the present and the future.

## **School**

Children need to grow up knowing they have a secure place in a family, where their needs are met, where they learn about their rights and responsibilities in the family group, and on the basis of which they can explore, learn and become independent. It is on this basis, that skills and competencies develop that are necessary for success in school. These include:

- Secure self-esteem.
- The capacity to manage feelings.
- Accepting boundaries and rules in the classroom and in the playground
- Being able to wait, queue and turn take.
- Focussing on the task in hand and concentrating.
- Being prepared to try difficult tasks and risk failure.
- Accepting praise and criticism.



- Recognising the needs of others and the need to be helpful for the greater good.

These skills and competencies are necessary from very early on in education. It is worth considering how much more is expected of children and young people in secondary school. Children need to cope with:

- Expected independence from home, for example travelling unaccompanied by parents over a greater distance.
- A much larger school setting.
- A much larger group of peers where instead of the child being one of the oldest, she/he is in the group of the newest children, many of whom are unfamiliar to the child.
- As many as 6 changes of subjects, teachers, styles of teaching, and classroom settings each day.
- An increased volume of work and the need to organise subject specific resources/equipment, for example games kit, compass and ruler for Maths, dictionary for French and so on
- More independence of thought and work, evaluating what is taught and independent working on homework

All of this, is at a time of great personal upheaval, adolescence.

For children in the Looked After System or who have been adopted and who have not had “a warm, intimate and continuous relationship”, school can be a place where they underachieve, are seen as difficult, and where they either “switch off” or lash out. The challenge for teachers is to find ways to help them feel recognised and valued, to achieve their potential, and to develop emotionally and socially in a group setting. There are no simple solutions. What follows are some guidelines that are useful. In a secondary school, there would need to be a meeting of a child’s subject teachers, to ensure all are aware of the child’s difficulties and the guidelines for managing these.

- Staff need to be clear about the concerns for the child and how care plans are drawn up. **A key member of staff needs to attend Personal Education Plan (PEP) meetings** that are arranged to plan for the child’s education.
- **Build in time, space, and a nurturing adult** to listen to the child, enable them to express their feelings, reduce anxiety, and when the time is right reflect on their behaviour and discuss what has gone wrong, and plan joint strategies for coping.
- Establishing and maintaining **reliable, predictable routines** is helpful. Routines help the child to feel safe, they lower anxieties because what happens next is clear, and they reduce the likelihood that the child will over-react.
- While making mistakes is one way many children learn, for children who have been maltreated and who perceive the task in hand to be difficult, the likelihood is at best, they will be unwilling to try, and at worst, they will over-react in ways which confirm their low self-esteem and distract everyone.

Tasks set for the child need to be **appropriate to the child's age, stage, and abilities**, and set out in **finely-graded achievable steps**. Where a child knows the teacher will **praise effort** as well as achievement, anxieties may be lower. Many may also need **specific help to get started, prompts for guidance, a clear view of what is expected, and praise given in a way which suits the child**.

- **Anticipate vulnerable times** and provide planning and support. Vulnerable times may be the start of the day, unstructured times such as breaks/lunch times, lessons the child finds difficult, transitions between lessons.
- When the child is upset, overwhelmed, or difficult, it can be that remaining in the classroom is not the best option for the child or the other children or the teacher. **Identify a safe place for the child** where confrontation is less likely, where there can be safe supervision and nurturing.
- When the child needs a break from the tasks set or from the classroom, there needs to be resources for the child. **Concrete, rhythmic activities chosen with the child in mind can provide a short-term distraction** which allows all concerned to take time out. Activities can include: copying, colouring, decorating, doodle pads, music.
- It is important to involve all the staff dealing with the child in finding opportunities throughout the child's day to **provide positive noticing of the child's strengths and promoting progress**.
- The challenge for the adults is to hold in mind, explanations for the behaviour of the child and provide appropriate responses to avoid triggering more anxiety and negative self-esteem. **It can also be that there are competing explanations for the child's difficulties which need to be assessed and provided for**, for example, a child who underachieves because he/she is dyslexic, the dyslexia complicating a history of poor care, abuse, and moves of family placement and schools.
- **If the child has difficulties which are more than can be managed by the school, the school should refer as soon as possible to the education support agencies:** the Behaviour Support Service, the Educational Psychology Service, SENSS, etc.
- While the distress of children who have been maltreated is understandable, it doesn't mean that all teachers can cope with it all of the time. There needs to be **non-critical staff support** which staff can draw on, for their personal and professional needs.
- Where systems already exist in school, a child may be helped by having **support from a buddy or peer mentor**. This can be a less anxiety provoking role model and may be a basis for learning to make social relationships.

- **It is helpful to organise regular reliable links with the child's parent/carer** to ensure a positive working partnership on behalf of the child and to demonstrate to the child how adults can work together to prioritise education and the child's place in school. It is better to have one named member of staff who deals with the contact to avoid mixed messages.

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