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A SECURE BASE

THE IMPORTANCE OF ATTACHMENT

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TANGLED WEBS

Any of the cases in Tangled Webs would be relevant reading for this chapter. The relevant questions to ask are (in the case of children): What kind of messages are these children being given about their worth? What are they learning about the availability of others to help them when they are distressed? What are they learning about the reliability of others? What message are they getting about how best to get the most they can out of others? Cases you might like to look at are **Caitlin Smart (Dudley)** and **the Dudley/Harris family (Cases A and G)**, and **Tracey Green (Case J)**. Tracey is a social worker dealing with the Dudley/Harris family, so you could ask yourself how her experience might affect the way she sees them.



You can access Tangled Webs by visiting <https://study.sagepub.com/tangledwebs>

At the end of the previous chapter we looked at the development of Freud's ideas by object relations theorists. Attachment theory, the subject of this chapter, is an object relations theory *par excellence*. It is based on the proposition that the way we relate to others throughout our lives (subject-object relations, in other words) is shaped by our first relationship with our primary carer, who traditionally and still usually is the mother.

John Bowlby, who one might describe as the 'father' of attachment theory, was a psychoanalyst and a member of the British group of object relations theorists which also included Winnicott and Klein. His emphasis was very different from Klein's, however, and he was less interested in speculating about fantasies that go on in children's minds and more interested in developing a scientific approach that drew on verifiable, objective research on human and animal behaviour. Nevertheless, in modern attachment theory, which has developed from Bowlby's original ideas, you can still find ideas that owe a debt to Freud.

Attachment theory has been and continues to be very influential in the development of policy and professional practice. It has had its critics, but research in the rapidly developing field of neuroscience is now emphasising the crucial role that our early attachments play in the development of our brains and our cognitive and emotional functioning. It has been particularly important in fields where assessing parenting is a central issue. In Britain, for example, health visitors, social workers, teachers and others working with children and families are often involved in addressing questions such as the following. All of them are related to attachment:

- Are a child's needs being adequately met within this relationship?
- Can the relationship change?
- Would the damage done by disrupting this relationship be outweighed or not by the benefits of providing other more consistent carers?
- Could the child settle with new carers?
- If so, what therapeutic work would be needed to make that possible?
- Is the respite and support offered to a family by a shared care arrangement likely to be beneficial to relationships in that family?
- Does a child's rejection of their foster carers reflect a real problem with those particular carers, or is it the result of the child's difficulties with attachment that would be a problem in any relationship?

Writers such as Howe (1995, 2005), Berlin et al. (2005) and Juffer and Bakermans-Kranenberg (2008) use attachment theory as a reference point for developing and evaluating strategies for assessment and intervention in child care practice. And of course it is also vitally important in the field of fostering and adoption practice (Schofield and Beek, 2006; Golding, 2008).

In any of the caring professions – or indeed in life generally – you are certain to encounter many people who have problems with attachment. Attachment theorists argue that many other psychological problems actually have their roots in difficulties in early attachment relationships and that early attachment has strong links with mental health in adult life, the ability to form relationships, the ability to parent and the ability to deal with loss (see Chapter 7). And developments in neuroscience are shedding new light on the relationship between attachment and cognitive development (which we will discuss in Chapter 4).

The following activity may help you to gather your own thoughts on the subject:

Activity 3.1

- a Think of a child you know who seems to have some problems in relating with his/her parent(s) or carer(s). What is it that makes you think there is a problem? How does it affect the child?
- b Now think of an adult you know who seems to have difficulty with intimate relationships. What makes you think that there is a difficulty? What are your theories about what may have caused the difficulty in the first place?

Comments on Activity 3.1

- | | |
|---|--|
| <ul style="list-style-type: none"> a You may have mentioned that this child is reluctant to go to his/her carers, or seems anxious in their presence. Alternatively, you may have said that the child seems excessively clingy to his/her carers, and seems very anxious if separated from them at all. Or you may have said that the child appears to cling indiscriminately to any adult. Among the effects on the child, you may have noticed: poor concentration, difficulty in making friends, difficulty in judging social situations. b You may have mentioned an adult who seems to have difficulty in committing themselves, and is always ending relationships because they feel trapped. | <p>Or an adult who is unable to talk about their feelings with their partner – or seems to talk about them compulsively. Or perhaps someone who always seems to let themselves be abused and dominated in relationships, and can't seem to end them, no matter how unhappy they feel ... If you know anything about this adult's childhood, you will probably notice that their relationship with parents/carers was problematic in some way. There may have been neglect or abuse, or abandonment of some sort. Or the parents may have been excessively controlling or excessively protective.</p> |
|---|--|
-

We'll now have a look at Bowlby's contribution to thinking about these matters.

JOHN BOWLBY AND 'MATERNAL DEPRIVATION'

Although a trained psychoanalyst, and a member of the British psychoanalytic community, John Bowlby (1907–1990) was critical of those psychoanalysts who focused (in his view) too much on fantasies and imaginary fears, such as a small boy's supposed fear of castration by his father, as if there were not enough real dangers in the world. He thought Klein and the Kleinians in particular were excessively interested in children's fantasies about their parents, and suggested (in the paper which he presented to qualify as a full member of the Institute of Psychoanalysis) that it would be much more fruitful to look at their parents' real characters (Bowlby, 1940). Bowlby was interested in the *external* factors that influence a child's development.

Bowlby was also interested in reconciling the insights of psychoanalytic theory with ethology (the study of animal behaviour) and with verifiable, empirical research in general. However, he was part of the psychoanalytic community, and though his ideas are expressed in much more down-to-earth ‘common-sense’ terms than those of some other writers in the psychoanalytic tradition, they recognisably follow the same pattern. As in classical Freudian theory, Bowlby’s ideas included the concept of various unconscious strategies that come into play when needs can’t be met at different stages, including strategies such as splitting or excluding things from consciousness (Bowlby, 1997 [1969]: 32). Like Freud, he saw these strategies being carried into later life.

Bowlby’s particular interest was in the effects of separation of children from their parents. *Attachment, Separation and Loss* were the titles of the three volumes of his most famous work (Bowlby, 1997 [1969], 1998a [1973], 1998b [1980]). In 1950 he was asked by the World Health Organisation to carry out a study of children separated from their parents. (This was in the post-war context, when bereavement, evacuation, deportation and displacement had disrupted millions of families in Europe.) He looked at children separated from parents in various ways and interviewed disturbed adolescents and adults. He found a strong link between what he called ‘maternal deprivation’ and problems in adult life such as delinquency, mental illness and difficulties in parenting.

Bowlby’s definition of ‘maternal deprivation’, in his original thinking, included loss of the mother or separation from the mother, as well as things like neglectful or abusive mothering. Both the word ‘maternal’ and the word ‘deprivation’ are targets of criticism, the former because of its exclusive emphasis on the mother, as opposed to the father and other carers, the latter because it conflates several very different things. As attachment theory has developed, it has taken on board some of the criticisms in both these areas.

In addition to these studies on the long-term effects of maternal deprivation, Bowlby and his colleague James Robertson also looked at the short-term effects on children of separation from their mothers (see Robertson and Bowlby, 1952). They made a series of films which graphically and painfully capture the process, and which have helped to educate generations of childcare professionals and to change childcare practices (*A Two Year Old Goes to Hospital* 1952; *Young Children in Brief Separation* 1967–71). What they observed was that children went through several stages:

- 1 A stage of *protest*, including crying, screaming, trying to find the mother and so on.
- 2 A stage of *despair*, when the child becomes listless and apathetic.
- 3 A stage of *detachment*, when the child seems to lose interest in the missing parent and starts to become involved again in other activities, though this involvement may be quite superficial and unengaged.

This last stage seemed to Bowlby to be the result of defensive mechanisms coming into play which meant that the child *repressed* (to use the Freudian term: Bowlby also used the phrase *defensively excluded*) feelings of grief and anger. If they were never resolved in any way, could these painful, angry, distressing feelings lead to the long-term problems which his other research seemed to indicate were associated with so-called maternal deprivation?

As you will see, attachment theory tries to bring these different observations together into a coherent whole.

Bowlby and social reform

Bowlby's interest in this topic was not, however, primarily academic. He was passionate about the need of children for love and security and he was influential in bringing about many changes that we now take for granted. For example, parents in the 1950s and 1960s were routinely told not to visit their children in hospital, because 'it only upsets them'. Bowlby decided that this was nonsense. Children did not get more upset when their parents visited, they just felt safe enough to *show* how upset they already were. Bowlby was a key figure in bringing about a change towards the modern approach of encouraging parental contact. Likewise, he challenged what he called 'the astonishing practice' of separating mothers and babies immediately after birth which was common in the 1950s. He described this practice as a 'madness of Western society' which he hoped would never be copied by 'the so-called less developed countries' (Bowlby, 1990 [1953]: 180). It is, of course, no longer normal in the West.

THE BIOLOGICAL ORIGINS OF ATTACHMENT

A much-quoted comment of Bowlby's, made in 1951, was that 'mother love in infancy and childhood is as important for mental health as are vitamins and proteins for physical health' (Bowlby, 1951, cited by Rutter, 1981: 15). He saw the need for a close relationship – an attachment – between child and carer (and particularly *mother*) as being a basic biological need. And, like the rest of the object relations school, he didn't see this relationship as being important only insofar as it met basic primary needs: sexual needs and the need for food. He saw it as a need in its own right. We can easily observe, not only in humans, but also in other mammals, how strong the bond is between a mother and a child. Both mother and baby animals of many species become distressed and agitated if they are separated, and mother animals will often fight ferociously to prevent a baby being taken from them. Bowlby quoted, for example, the following vivid description from a piece of research in which baby monkeys were separated from their mothers for five-minute periods:

Separation of mother and infant monkeys is an extremely stressful experience for both mother and infant as well as for the attendants and for all other monkeys within sight or earshot of the experience. The mother becomes ferocious ... the infant's screams can be heard over almost the entire building. The mother struggles and attacks the separators. The baby clings tightly to the mother and to any object which it can grasp to avoid being held or removed by the attendant. With the baby gone the mother paces the cage continually ... bites at it and makes continual attempts to escape. The infant emits high-pitched screams intermittently and almost continuously for the whole period of the separation. (Jensen and Tolman, 1962, cited by Bowlby, 1998a [1973]: 85)

So both mother and baby monkey called to each other and signalled their distress, and the mother made frantic efforts to get back to the baby. These are examples of what Bowlby termed *attachment behaviour*, but attachment behaviour also includes behaviour by the child that has the effect of attracting the mother's interest in a positive way, such as smiling, and indeed *any*

behaviour that has the function of bringing mother and child together. And it is by observing the amount of attachment behaviour that we gain some sense of how strong an attachment exists. For instance, from the account just quoted of a baby monkey being separated from the mother, we conclude from the behaviour of both mother and baby that a strong attachment exists between the two. But it is important to note that a *strong* attachment is not necessarily the same thing as a *secure* attachment.

Attachment and animal experiments

Bowlby was interested in learning from animal experiments. But such experiments are controversial for two reasons: firstly, there is a question about *ethics*. Secondly, there is the question as to whether they are valid. Can information from animals tell us anything about human beings? The sociologist, Erica Burman, for example, emphatically rejects this (Burman, 1994: 87-9).

The most well-known animal experiments in the field of attachment were carried out by Harlow and his collaborators (Harlow, 1963). In one experiment, baby rhesus monkeys were separated from their mothers within 12 hours of birth and placed in cages with two types of surrogate mothers: one made of soft cloth and one made of wire. They found that the

babies preferred the cloth mother, spending their time cuddled up to it, even if the experimenters arranged things so that it was the wire mother that actually provided milk. Babies raised with these surrogate mothers, or with no mothers at all, grew up incapable of normal sexual or social behaviour, and were neglectful and abusive mothers to their own babies.

There must be serious ethical questions about such experiments, but there *do* seem to be striking parallels here with human experience. (Indeed the striking parallels with humans could be argued to be one compelling reason why these experiments should be regarded as unethical.)

Bowlby believed that attachment behaviour is innate, part of our 'nature', and he theorised that this behaviour had evolved for a specific reason. A baby (human or animal) needs to explore to learn about the world. It cannot permanently be physically in contact with its mother. But it also needs to retain some proximity to the mother, on whom it depends for food and protection. The effect of attachment behaviour is to act as a kind of invisible elastic, maintaining a link between mother and child. Too much separation, whether in terms of distance (too far away), or in terms of time (too long), increases the anxiety levels of mother and child and increases the amount of attachment behaviour. When closeness is restored, attachment behaviour can go into abeyance and other behaviours can be resumed. Attachment behaviour is about *homeostasis* (a term we will come back to in Chapter 8), which means maintaining a steady state.

The effects of this can be observed quite readily. If you are a parent, for example, you will probably be familiar with the scenario in which you are sitting in a room with your children

playing round you and you then decide to move to another room. After a period of time you find that your children have followed you. They may not necessarily want anything in particular from you, and they may well quietly resume their games when homeostasis has been re-established. For a more extreme example of attachment in action, you only need to consider the reactions of both parent and child when they accidentally lose one another in a busy street.

Parents, mothers, carers

You may have noticed that we sometimes use the word ‘mother’ to describe a child’s primary attachment figure, which was also Bowlby’s practice. In the case of some animals, there can be little doubt that the mother *is* the primary attachment figure (and indeed in some species, the males take no part in childrearing, and may not even have any way of knowing which are their own children). But, of course, children can and do have attachment figures other than the mother. And, even if the main attachment figure *is* the mother, they may well have other figures who are also important sources of protection and comfort. A criticism of attachment theory, as originally expounded by Bowlby, is that it makes the assumption that there has to be one single primary focus of attachment behaviour. In all cultures to some extent, and in some cultures to a great extent, childcare is of course a task that is *shared*, not only by mothers and fathers but also by grandparents, sisters, brothers, uncles, aunts and friends.

THE SECURE BASE AND ATTACHMENT BEHAVIOURAL SYSTEMS

One way of looking at attachment is that the attachment figure is a kind of emotional anchor, a source of security, or, in the expressive phrase coined by Bowlby’s collaborator Mary Ainsworth, a *secure base*. In the absence of the attachment figure, there is insecurity. Attachment behaviour is designed to restore the sense of security that comes from knowing that the secure base is there in case it is needed.

But on occasion the secure base will not be there. There will be unavoidable separations of one kind or another and there will also be occasions, more frequent and long-lasting for some children than others, when the mother or primary carer is physically there, but is not really available as a source of comfort, perhaps because she is preoccupied, or because she is angry with the child, or for some other reason, such as ill health, either physical or mental. Post-natal depression, for example, is estimated to affect 10–15 per cent of new mothers in the UK (Mind, 2013).

Children will adopt different behavioural strategies, depending on their circumstances, to obtain as much support as they can. Attachment behaviour is modified in the light of experience and each individual adopts a different repertoire of characteristic attachment behaviours. This repertoire, together with the response of the caregiver, Bowlby called an attachment *behavioural system* (Bowlby, 1997 [1969]: 304).

There are some children who grow up with no real sense of a secure base at all. Such children can be described as being in a state of *dissuagement*, a state of permanently having an unmet need (Heard and Lake, 1986: 434). This is an extremely difficult situation to be in, and the child will resort to various defensive manoeuvres in order to minimise separation anxiety and/or to try to obtain support. The idea of defences is of course a concept derived directly from the Freudian model and, like Freud, Bowlby did not see these defensive patterns as merely temporary behaviours. He saw them being internalised by degrees into what he called an internal *working model* of the world, which an individual carries with him into later life (Bowlby, 1997 [1969]: 110–13).

We hope you can see how these ideas lead outwards from what begins as a relatively straightforward idea about the biological origins of attachment, into a theory about how human personality develops, and how relationships in early childhood shape and influence behaviour and relationships throughout life.

The following three propositions, extracted from Bowlby's book *Separation* (1998a [1973]: 235), may help to clarify what we have just been discussing:

- 1 '... when an individual is confident that an attachment figure will be available to him whenever he desires, that person will be much less prone to either intense or chronic fear than will an individual who has no such confidence.'
- 2 '... confidence in the availability of an attachment figure, or lack of it, is built up slowly during the years of immaturity - infancy, childhood and adolescence - and ... whatever expectations are developed during those years tend to persist relatively unchanged throughout the rest of life.'
- 3 '... the varied expectations of the accessibility and responsiveness of attachment figures that different individuals develop during the years of immaturity are tolerably accurate reflections of the experiences those individuals have actually had.' [This last proposition, as Bowlby went on to say, was controversial in analytical circles because many psychoanalysts, such as Klein, put so much more stock on fantasy than on actual objective experience.]

We will return to these ideas later, in the discussion about *internal working models* and about *secure* and *insecure* attachment. The following activity is to give you an opportunity to think about how different patterns of relating to others can become established in childhood:

Activity 3.2

Think of three or four children, preferably of similar ages, from different families, and think about how they relate - or related - to their parents (or to their primary carers if these are not their parents).

Assuming that all children are seeking the reassurance that their carers are available to them for support, but that this is not equally available to all children all the time, what do you notice about the different ways in which these children gain their parents' attention? Can you see ways in which these children have adapted their attachment behaviour to meet the particular circumstances in which they find themselves?

Comments on Activity 3.2

The possibilities here are, of course, endless. The following are a few patterns which we have noticed:

- Some children learn that presenting symptoms of illness is a good way of attracting parental interest and attention. This is particularly so, of course, when parents are anxious about health. We have encountered children who have developed what seem like quite intractable health problems, which have consumed a good deal of their parents' time, yet which seem to disappear when the children are with other carers.
- Sometimes children of parents who are emotionally fragile can seem unusually 'grown-up', 'independent' and 'well-behaved'. Perhaps these are children who have learnt from experience not to make excessive demands on their parents, and they need to become like parents themselves in order to look after them?
- Some children, on the other hand, seem to subject their carers to an incessant barrage of demands as a way of reassuring themselves that their carers are available to them.
- Youngest children often continue to use 'cuteness' to attract positive attention at a much later stage than their older siblings did. ('Acting cute' is a form of attachment behaviour.) The older children in the family, faced with younger and 'cuter' rivals, have needed to develop other ways of getting parental attention.

We will return later to look in more detail at patterns established in childhood.

THE GROWTH OF ATTACHMENT

Unlike many animal species, human infants do not show obvious attachment behaviour from birth. But this does not mean that attachment is not developing from the very beginning of life. Attachment is a two-way process between baby and mother, and develops out of the interaction between them. Earlier, when we referred to Bowlby's description of research on monkey mothers and babies you will remember that the mothers' distress on separation was as great as that of the babies, and you may be able to draw on your own experience for examples of the close bond between parent and newborn baby.

We will now look at the stages in the development of attachment in childhood. If you look at the attachment literature, you will find some variation in the terms used and in the indicative ages given for each stage. One would expect, in any case, that there would be some differences between individuals in respect of the speed at which they develop. But, taking the ages as rough guidelines only, the following are the stages through which attachment is thought to develop. (The indicative ages which we have used here are from Howe et al., 1999: 19–21.)

1. Pre-attachment (0-2 months)

This stage is characterised by *undiscriminating social responsiveness*. At this stage babies enjoy social interaction. They are interested in human voices and human faces. But they can be left with different caregivers without seeming to be distressed. Experiments on monkeys carried out by Harlow (1963) and others in the 1960s and 1970s showed that very small baby monkeys could be separated from their mothers without causing any long-term difficulty, but that older babies separated from their mothers for the same period, showed long-term behavioural problems: this suggests that for monkeys too there is a pre-attachment stage. Also of relevance here are the findings of cognitive psychology, which we'll discuss in the next chapter. Piaget's model would suggest that at this very early age the baby would have no concept of the mother or carer as a separate individual with her own existence. At this stage the baby does not even know that objects exist when she is not looking at them. (According to Piaget the concept of 'object permanence' does not develop until about six months.) However, the newborn baby is most easily able to focus visually on objects which are at the same distance from him as the face of the person who is holding him and feeding him (Bowlby, 1997 [1969]: 327), so it is not surprising that this should quickly develop into a preference for this carer – usually the mother. If all goes well, her responses will be attuned to his cues – smiles, cries, babbling, arm and leg movements – and will set up the kind of mirroring process described in Chapter 2, which is the groundwork of a secure attachment.

2. Attachment-in-the-making (3-6 months)

We now see *discriminating* social responsiveness developing. Babies start to show different responses to different people. They respond more to familiar people than to strangers and they become increasingly focused on their main carer, smiling and babbling more when they are relating to her and being more easily comforted by her when distressed. The baby and his carer give each other feedback and become more attuned to each other, and the baby's mood, whether of pleasure or distress, is 'held' or regulated by the carer's response in the same way as she holds him physically in her arms.

3. Clear-cut attachment (7 months to 3 years)

During this stage a child will *actively seek proximity and contact* with his main carer whenever the distance between them becomes too great. And the child will display full-blown separation anxiety when the carer leaves the room. By this stage, of course, the child is learning to move independently, so he can take more control over the distance between himself and his carer. As well as becoming more active in seeking out the carer, the child will also become more active in maintaining contact. For example, the child will read the situation and alter his behaviour accordingly in order to optimise the response from the carer. (So we see *different* attachment behavioural systems developing, depending on circumstances, as discussed above in Activity 3.2.)

4. Reciprocal relationship (from 3 years)

As the child becomes more mobile and spends more time away from the carer, the pair enter a reciprocal state in which they share responsibility for maintaining equilibrium. Increasingly, a feeling of security can be maintained even during temporary separations – linked to cognitive developments which allow the child to think in more sophisticated terms about things like time and space, the reasons for a carer's absence and so on. (The child can feel that the carer is 'there for him', and hold her in mind even when she is not physically present.) Cognitive developments also allow the child to begin to be able to see things from the carer's point of view and to adjust behaviour accordingly, understanding that their carer also has goals and plans. The relationship becomes more of a partnership.

The description of the reciprocal relationship stage which we have just given does suppose that, by and large, the relationship between carer and child has gone well. Rather different patterns would otherwise emerge. Whatever pattern is established by this stage, though, will become the *internal working model* that the child will use as a standard to guide interactions with other people – and will carry on into the rest of his life. In adulthood, these attachment patterns have a profound effect on the way in which we choose and relate to our partners, and the attachments we make with our own children, and they with us.

INTERNAL WORKING MODELS

What differences in behaviour are noticeable between children who have a secure relationship with their carers and those who don't? Have a look at the following activity:

Activity 3.3

What characteristic behaviours might lead you to think that there was a secure relationship between a child and her carer? What behaviours would lead you to feel that the relationship was problematic?

The fact that children behave differently suggests that they have different ideas in their minds. What ideas might those be?

Comments on Activity 3.3

You may have described a secure relationship as being one in which a child goes easily to her carer, but seems confident enough of her carer's support to leave the carer's side and explore. A securely attached child has learnt the basic lesson of trust which you may remember Erikson saw as the first

developmental task (see Chapter 2). The child has the belief that the carer can be depended upon. You may also have mentioned eye contact, mutually rewarding physical contact and mutually rewarding verbal communication.

In the case of an insecure attachment, you may have thought either of clinginess or

(Continued)

(Continued)

the opposite: the child avoiding or ignoring the carer (or perhaps you may have thought of children who exhibit a strange combination of both of these). Some children seem to have the idea in their minds that there is no point in going to their carers for support - or that to do so might actually do more harm than good. Other children seem to see it as their job to look after their carers rather than the other way round, or to feel guilty about the burden they are to their carers. Such children may seem over-preoccupied with the carer, constantly watching the carer for approval, or constantly checking that the carer is okay.

You may have mentioned a lack of specificity about the relationship: the child treats other

adults just the same way as she treats the carer. You may have mentioned a lack of mutuality: eye contact, touch or verbal communication do not seem to be pleasurable or rewarding to either party.

Insecure children exhibit a number of different characteristic ways of behaving (different attachment behavioural systems). We will discuss different patterns of insecure attachment later on. For the purpose of the present discussion though, what we would like you to note is that children in different kinds of relationships (secure and insecure) appear to have different ideas in their minds about what they can expect from their carer, what is expected of them, and what is an appropriate way to behave.

We are thinking beings and our actions are based on ideas about the world that we carry in our minds, based on previous experience. We avoid fire and hot things, for example, because we have in our minds the idea that they can cause injury and pain. The same, Bowlby suggested, applied to attachment behaviour:

... each individual builds working models of the world, and of himself in it, with the aid of which he perceives events, forecasts the future, and constructs his plans. In the working model of the world that anyone builds, a key feature is his notion of who his attachment figures are, where they may be found, and how they may be expected to respond. Similarly, in the working model of the self that anyone builds, a key feature is his notion of how acceptable or unacceptable he himself is in the eyes of his attachment figures. (Bowlby, 1998a [1973]: 236)

As David Howe puts it, internal working models, contain '*expectations and beliefs* about (1) one's own and other people's behaviour; (2) the lovability, worthiness and acceptability of the self; and (3) the emotional availability and interest of others, and their ability to provide protection' (2011: 35. Original emphasis). A securely attached child will have a working model of the world in which she herself is worthy of love and attention, others are expected to be responsive and reliable (at least in the absence of evidence to the contrary) and relationships with others are seen as rewarding and fun. (This corresponds roughly with the idea of a child who has been 'mirrored' to in Winnicott's terminology, as discussed in the previous chapter.) But what about a child whose caregiver is unpredictable, unavailable or rejecting? In such circumstances, according to attachment theory, children develop a working model to help

them cope, as best they can, with a difficult situation. So the child will adjust her behaviour to get as many of her needs met as possible by making allowance for the parents' needs, behaviour and limitations. For instance, a child who gets more attention when poorly may begin to adopt a sick role, or a child whose parents fly into a rage when too many demands are made, may learn to pay close attention to her parents state of mind before asking for anything at all, and a child whose parents are simply too busy or preoccupied to notice the child's needs may learn to cope for herself as much as possible. Children will also use *defensive exclusion* (or 'denial' as Freud would have called it) to shut away from consciousness feelings or aspects of reality in order to help them manage their anxiety, and when this happens the resulting model is sometimes described as 'faulty' in the sense that it sacrifices the child's need for an accurate representation of reality in order to help the child cope in the present moment. For instance, children with grossly neglectful parents (like Jenny in Activity 2.2 in the last chapter) will think of all kinds of excuses for the neglect in order to protect themselves from concluding that their parents do not care about them. They may tell themselves that they deserve the neglect, or that they prefer things the way they are. Such models are sometimes described as 'faulty' but, while it is true that they may involve accepting what looks to an outsider like a very distorted reality, the word 'faulty' can be misleading. The important point to get hold of is that these models are functional. They are developed to make the best of a less than satisfactory situation, and in that sense are not faulty at all. Looking at this in evolutionary terms, James Chisholm notes that:

A mother who is stressed (often because she is struggling to secure resources or because she has little social support) is less attentive to her infant than a mother who is not stressed. As a result of her lack of attentiveness, her infant's HPA system [the hypothalamic-pituitary-adrenal system, which controls reactions to stress] will be repeatedly activated. Repeated activation of an infant's HPA system then 'in-forms' the infant that the environment is dangerous, and sets the infant on the developmental pathway that results in a fear system that is calibrated for a dangerous environment. As a result the individual will have a heightened awareness of danger, as well as a quicker reaction when danger is present. (Chisholm and Sieff, 2015: 167)

Winnicott's concept of a 'false self' (see previous chapter) is a similar idea to this notion of a working model developed to cope with adversity, and indeed this sort of idea is very much in the psychodynamic tradition. As we've seen, Freud saw defences coming into play to protect an individual against the anxiety that comes with needs not being met, and suggested that defensive mechanisms, once established, become part of our makeup, so that as we move into adult life, they continue to affect our behaviour, even though the original situation in which they developed may no longer apply. In the same way, as we form new attachments as we move through life, these will be affected by the working models we established in early childhood. In other words, adults who have internalised 'faulty' working models as children may continue to try to form relationships on the basis of a model which is not necessarily applicable to the new situation.

Of course working models can change over time, but this does not necessarily happen in a straightforward way. Foster-carers of children from neglectful and abusive environments,

for instance, soon find that offering a child the loving and safe environment that they have lacked, does not simply undo the behaviours and feelings that the child has brought with them from the past, which may persist for years, and even, to some extent, for a lifetime. There are a number of reasons for this, including neurological ones, but also reasons to do with the nature of working models themselves. For one thing, as Howe notes, 'there is a tendency for internal working models to become self-fulfilling and self-confirming as others react to our expectations of how we think they will behave' (2011: 36). We have probably all encountered shy people, for instance, whose fear that no one is interested in them results in behaviour that comes over as stand-offishness. As a result, people will tend to avoid them, thereby confirming the part of their working model that says 'I am not of interest to other people.' What is more, defensive exclusion may mean that models can't be updated in the light of new experience. For instance, if part of your working model is that you have told yourself that you don't need anything from other people, and have repressed your own needs from consciousness, then you may continue to act as if your needs did not exist. Working models may well also include *splitting* (see p. 29) to allow the co-existence of incompatible ideas. For example, 'My mum loves and cares for me very, very much' co-exists in the same mind as 'Unless I am very, very careful, my mother punishes me and tells me she never wanted me.' This prevents the development of a coherent sense of self. (People prone to splitting never know what they *really* think or who they *really* are.) Defensive exclusion may also remove the opportunity to process painful feelings, such as grief or anger, resulting in repressed feelings from the past which get in the way of present relationships.

MARY AINSWORTH'S ATTACHMENT CLASSIFICATION SYSTEM

Everyone's working model is unique, but attachments do fall into certain patterns. Mary Ainsworth, a collaborator of Bowlby, developed the Strange Situation Test and proposed a classification, based on these studies of mother and baby interactions, which included three categories of attachment: *secure*, *anxious-avoidant* and *anxious-ambivalent* (Ainsworth et al., 1978). A fourth category, *disorganised* attachment, has since been recognised and there are also some individuals who have not experienced any type of attachment at all who can be termed *non-attached*. So we now have five categories, as follows. We will now discuss these in turn, but the reader should note that we are simplifying here, and that other classifications of attachment, with additional categories, can be found in the literature.

Secure

The child shows a clear preference for the mother (or other primary carer) over others. The carer is sensitive to, and responds to, the child's attempts to communicate. The child is confident that the carer is available to give support and takes pleasure in the presence of the carer. The child shows distress on separation from the carer. On reunion they seek some reassurance, but then settle again. In adulthood, they are '*autonomous* in that they can reflect without too

much distortion, on their own thoughts, feelings and behaviour ... [and] behave non-defensively' (Howe, 2011: 81. Original emphasis).

Anxious-avoidant

This is also known as 'insecure-avoidant' (the word 'anxious' and the word 'insecure' are used interchangeably in this context) and one might describe it as the 'aloof' strategy. The child doesn't show much distress on separation from the carer and when she returns, the child ignores or avoids her. The child does not seek out physical contact and is watchful and wary around the carer. Her play is inhibited and she shows little discrimination between her carer and others, including strangers. This pattern emerges when the parent is insensitive to, or rejecting of, the child's needs. The child has therefore learnt to minimise needs for attachment (through defensive exclusion) in order to avoid rebuff. It is as if the child is saying: 'Who cares? I didn't want it anyway.'

David Howe writes that, 'for adults classified as avoidant, the tendency to downplay the importance of attachments and the anxiety felt in the context of close relationships remains characteristic', while 'vulnerability, emotional need, and feelings of anxiety are downplayed for fear that thinking about such matters might activate the attachment system, triggering reminders of past rejection' (2011: 107).

Anxious-ambivalent

Also called 'insecure-ambivalent' or 'resistant', this might be described as the 'clingy' strategy. The attachment is very visible but not secure. (This distinction sometimes confuses professionals assessing parent-child relationships, who may see the attachment as being 'strong' because it is so very visible). Here, the child is distressed on separation but does not settle down on reunion. The return of the carer is longed for, but when it comes it is not reassuring: the separation anxiety continues. The anxious-ambivalent child is frightened to go off and explore the world, because she is uncertain about whether the carer will be there when needed. This pattern is the result of a parenting style that is not consistently hostile or rejecting, but is inconsistent, and where parents are lacking in empathy for the child's needs. Not surprisingly a history of separations from parents, and threats of abandonment, are also associated with this strategy. The child may adopt all kinds of strategies to keep the attention of the carer. Role reversal may take place, for example, where the child cares for the caregiver, paying more attention to the caregiver's needs than her own. But at the same time the child is angry about the unreliability of the carer, though this anger may be defensively excluded, so that the child is not consciously aware of it.

As Howe notes, the adult version of ambivalence tends to be referred to as the '*anxious, preoccupied or entangled*' pattern (2011: 136. Original emphasis). For such adults 'persistent feelings of anxiety and doubt mean that distress and attachment behaviours tend to be displayed at maximum strength [which] results in behaviour that can be interpreted as immature, silly and over-the-top', and they have a 'great need for repeated reassurance... There is a pervasive fear that other people are not sufficiently interested in the self, that their love, availability and attention cannot be taken for granted' (2011: 136).

Disorganised

This occurs when the carer is viewed by the child as frightening (as in abusive situations) or as frightened (as for example when the carer is unable to protect the children, or is herself or himself an ongoing victim of abuse). Either way, the carer is not available as a source of comfort or reassurance, though the child has nowhere else to go. Indeed, in the case of abusive situations, the carer may simultaneously be the main *source* of danger or fear, *and* the only place to go for comfort. The relationship between Jenny and her mother Mandy described in Chapter 2 (Activity 2.2) is an example of this kind of situation, in which there is no ‘right’ response. Children exhibiting disorganised attachment may show a confused mixture of both ambivalent and avoidant responses (for example, seeking to be held, but then looking away and avoiding eye contact). Or they may simply ‘freeze’, showing neither positive nor negative reactions to separation and reunion. As Howe puts it:

Fear pervades the internal working models of disorganized children. It dysregulates their emotions, overwhelms their cognitive capacities, and damages their ability to develop an integrated state of mind with respect to all attachment matters... Frightening attachment-related information is kept out of mind. It cannot be integrated into the individual’s mental representation of experience. Therefore it is defensively excluded in so complete a way that traumatic memories and painful feelings are segregated and put out of conscious awareness... [so they] cannot be processed, analysed or reflected upon. (2011: 155)

Children with disorganised attachment tend to be heavily overrepresented in the workloads of childcare professionals, and it is disorganised attachment that is most likely to produce long-term behavioural and mental health problems in adulthood, so exploring this further has become the priority of research. Indeed Green and Goldwyn (2002: 840) conclude that, ‘there has been ... a shift of emphasis in attachment literature away from the importance of the distinction between attachment security/insecurity to that between attachment organisation/ disorganisation.’

Children whose attachment is disorganised will develop what Howe (2005) describes as ‘brittle behavioural strategies’ which seek to impose some control on their frighteningly out-of-control world, which means that (at least in situations of relatively low stress) their attachment behaviour is no longer completely disorganised. As these children grow up, these strategies may take many different forms. Behaviours such as compulsive self-reliance, compulsive compliance or compulsive caregiving seek to impose control on the self, and minimise dependence on caregivers, while controlling strategies such as aggression seek to coerce caregivers into meeting their needs. Addictive behaviours can also be seen as a way of meeting attachment needs; when a person has developed an internal working model in which other people cannot be relied on as a source of support or comfort, drugs or alcohol may become a substitute for human relationships (Flores, 2004). Or indeed another compulsive behaviour may take this role, such as comfort eating, gambling, or the use of pornography.

Children who show disorganised attachment are likely to have carers who have themselves been unable to resolve childhood experiences of loss and trauma (Main and Hesse, 1990). Intolerable feelings arising from these experiences are then triggered by the stresses that arise when they

become parents themselves, and they dissociate, going ‘mentally offline’ (Howe, 2011: 154) and no longer being able to respond appropriately to their children’s needs.

Incidentally, the use of the term ‘disorganised’ to describe this kind of attachment had been questioned by Crittenden (2008) and other recent researchers, on the basis that (a little like the concept of ‘faulty’ models), it is misleading. These authors see it as a highly functional and complex strategy for staying safe in circumstances where parenting is frequently chaotic and dangerous by adapting the attachment style to the demands and threats of the moment, alternating as necessary between compulsive anxious-avoidant and controlling anxious-ambivalent modes. For a summary of Crittenden’s Dynamic Maturational Model of attachment, including her attachment ‘wheel’, see her website (Family Relations Institute, 2011–2018).

Non-attached

This applies to children who have had no opportunity to form attachments of any kind. For example, it applies to children raised from an early age in some kind of institution, where, even if they are adequately fed and clothed and so on, they may have no opportunities to form personal relationships with carers. It may also apply in some cases to families where the carer is totally unavailable emotionally, as the result perhaps of mental illness. Non-attached children show serious problems in social relationships. They may show little preference for, or interest in, one person rather than another. They have difficulty in controlling their impulses. Their cognitive development may be impaired (Rutter, 1981).

Activity 3.4

- a Thinking about adults that you know (perhaps the ones you thought of in Activity 3.1), can you think of some whose way of relating to others could be described as anxious-avoidant and of some whose way of relating to others could be described as anxious-ambivalent?
- b If you would like to consider how your own childhood relationships affect your relationships now, one way to look at it would be to write down a list of messages that you characteristically received from your parents - positive (‘You are special’), negative (‘I’m too busy to attend to you’) or neutral. You can then consider how these messages have affected your characteristic stance in relation to other people. *Please note though that this can be surprisingly distressing. It may be best done as a structured and facilitated small group discussion with people you trust, when you can compare and contrast your responses with those of others.*

Comments on Activity 3.4

- a Most of us probably know people who are avoidant or ambivalent in relationships, sometimes to surprising extremes. If you are familiar with the childhood history of these people, you may well see, we suspect, that the parents were either rejecting or unresponsive (in the avoidant case) or inconsistent (in the ambivalent case).

(Continued)

(Continued)

- b If you decided to do the second part of the exercise, you will probably have noticed how powerful some of those parental messages are in terms of the emotional response they produce - and it may have struck you that these messages from your childhood do indeed affect the way you deal with the world now. One could argue that this is a demonstration of internal working models in action. (Parent message cards, incidentally, on which a large number of such messages are written out, one per card, can be used as a therapeutic tool: the idea being to sort them into two piles, those that apply and those that don't - or those that you would wish to pass on to your children - and those you would not.)
-

DEVELOPMENTS OF ATTACHMENT THEORY

Privation and deprivation

Research by Michael Rutter and others confirms Bowlby's original insistence on the importance of early life experiences on children's long-term psychological development. In a study published in 1998, Rutter and his collaborators in the English and Romanian Adoptees Study Team, found that gross early privation was a major cause of cognitive deficits among Romanian orphans adopted in the UK and concluded that 'psychological privation was probably a more important factor in this than nutritional deprivation' (Rutter et al., 1998: 465). But Rutter has pointed out that Bowlby's concept of 'maternal deprivation', as originally formulated, was a confusing one because it lumps together many different factors, and because the words 'maternal' and 'deprivation' are both somewhat misleading.

He argues that things such as cognitive delay and language delay in children from deprived backgrounds may be due to lack of *stimulation* in those environments. This is a different thing from the lack of emotional warmth, which research by Rutter and others confirms is linked to deviant and anti-social behaviour in later life. Emotional warmth and cognitive stimulation are different factors, and the lack of each of them has different effects, though in certain environments, both may be lacking.

Importantly, Rutter also argues that *privation* (that is to say, a chronic *lack*) rather than deprivation (that is, a specific *loss*) is what causes long-term psychological problems.

Loss of an attachment figure, although a major factor in the causation of short-term effects, seems of only minor importance with respect to long-term consequences ...

Indeed the evidence strongly suggests that most of the long-term consequences are due to privation or lack of some kind, rather than to any kind of loss. (Rutter, 1981: 121)

The 'maternal' part of 'maternal deprivation' is also questioned because it implies a unique importance to the mother. Modern attachment theory recognises that the primary attachment figure does not have to be the mother, and indeed that children can and do have a number of different attachment figures: 'The chief bond need not be with a biological parent, it need not be the chief caretaker and it need not be with a female' (Rutter, 1981: 127).

Recent developments in neuroscience

Rutter's work linked emotional and cognitive development, and the fast-developing area of neuroscience research is shedding more light on how the two areas are linked. Neuroscience is the study of the development of the brain, and how it operates with the rest of the nervous system to shape emotion, cognition and human behaviour. Technical developments such as brain scans have made new areas of information available, and work in this field of research is still progressing rapidly.

Findings from neuroscience research give strong support to the principles of attachment theory developed by Bowlby and his successors. A picture emerges of the critical importance of the first three years of life, when the right hemisphere of the brain is undergoing an explosion of development. The right brain operates in an intuitive, holistic fashion and is associated with unconscious processes, as opposed to the left brain, which develops later and is involved in the logical and linear functions that are necessary for the acquisition of language and the development of reasoning powers (Gerhardt, 2004: 36, 51). So it is the right brain that is involved in the processes of attachment, and dominates the first years of life, while the left brain becomes more important later.

The biology of the brain is too complicated to describe in detail here, but, briefly, what happens in the early period of rapid growth is that new pathways and connections (known as 'synapses') are made between different cells in the brain (neurons) and the nervous system. The speed at which the brain develops at the beginning of life is phenomenal – 'equivalent to a rate of 1.8 million new synapses *per second* between two months' gestation and two years after birth' (Eliot, 2001: 27, quoted by Balbernie, 2001: 240). However, only those connections which are reinforced by regular use will survive and develop, producing a system of established or 'hard-wired' neural pathways. And it would seem that attachment patterns are among the pathways that are established and reinforced in this way. Ainsworth argued that attachment is 'built into the nervous system in the course and as a result of the infant's experience with the mother' (Ainsworth, 1967: 429, quoted by Schore, 2000). The work of Schore and other neuroscientists has confirmed Ainsworth's view, and begun to explain, and continues to explore, the processes through which this takes place.

One area where neuroscience has given support to previous thinking about human development is the importance of eye contact and visual perception. Both attachment theory and Winnicott's concept of mirroring in object relations theory (see Chapter 2) recognise the importance of this in early infancy, and research evidence shows rapid change and development at about eight weeks in the part of the brain that processes visual information (Schore, 2001: 17). This sets the stage for a period of development characterised by rich visual communication and exchange, when an unconscious synchronisation takes place between carer and infant, and the infant learns to feel connected, held and secure. Genetics research is shedding more light on 'critical periods' like this in brain development. More is being discovered about the way in which certain genes throw switches in the brain to enable it to respond to environmental stimuli, which then makes possible the rapid neurological development which must take place in a very specific window of opportunity, as is the case with visual perception, which may not develop at all if this window is missed (Ridley, 2004: 163–7).

Schore (2000; Schore and Schore, 2008) describes attachment theory as a *regulatory* theory: the unconscious exchanges between the infant and his carers give him the means to begin to regulate the power of his feelings. If his carer is attuned to him, she will reflect back and amplify his pleasurable feelings (for instance by responding to his babbling with her own affectionate baby-talk) and soothe his unpleasurable feelings (for instance by cuddling and rocking him and making reassuring noises to him when he is crying and distressed). This is the very first step towards having another view of himself and his experience of the world, which will eventually enable him to 'mentalise' – a term coined by Peter Fonagy et al. (2002) and associated with the acquisition of a theory of mind (something we will discuss more fully in our next chapter).

Neuroscience points to a close connection between emotional and cognitive development: 'Research suggests that emotion operates as a central organising process within the brain' (Seigal, 1999: 4, quoted by Balbernie, 2001: 237). It also demonstrates just how complex the relationship between nature and nurture is, as a consensus emerges that the physical development of the human brain is designed to be moulded by the environment it encounters, particularly in the early years of life (Schore, 2001: 14).

Bowlby broke new ground by bringing together two previously separate disciplines: psychoanalysis and the study of animal behaviour. Present-day neuroscience continues in this multidisciplinary tradition as it develops its psychoneurobiological model of human development.

Attachment in later life

Bowlby's work focused on babies and young children, but present-day attachment theory takes a much longer view, and presents a case for the importance of an understanding of attachment across the whole lifecourse (Howe, 2011). We will find ourselves revisiting attachment theory in the later chapters of this book which deal with adolescence, adulthood, old age, bereavement and disability.

Increasingly, links are being made between disorganised attachment in children and the kinds of mental health problems which can occur in adulthood when these attachment issues are unresolved. These include personality disorders (Crittenden and Newman, 2010), eating disorders (Barone and Guiducci, 2009), drug and alcohol abuse (Schindler et al., 2005) and also post-traumatic stress disorder (Kobak et al., 2004). And the effect of these problems extends way beyond the individuals concerned, and poses questions of social and economic policy for the whole of society:

The behavioural and mental problems shown by the majority of those who have suffered early trauma and maltreatment point to the heavy cost, both social and material, that societies pay when children are raised in environments where stress, disadvantage, poverty, violence and neglect are endemic. (Howe, 2011: 196)

CRITICISMS OF ATTACHMENT THEORY

As we have noted, Rutter took issue with some of the earlier formulations of attachment theory. Both their emphasis on mothers and their claim that children were essentially 'monotropic' (forming a primary attachment to just one person) can be criticised from both a feminist and from a multicultural point of view.

We would suggest that not only mothers but also many fathers would object to the restricted roles to which Bowlby sometimes seems to consign them. However, those roles were seen as the norm in the immediate post-war period in which Bowlby was writing.

A number of feminist writers (for example, Burman, 1994) have criticised Bowlby for ‘tying women to the home’, by implying that if the mother leaves her child at all, this will result in long-term harm. In fact, it has been argued that one reason that Bowlby’s ideas became popular when they did is that they provided a rationale for taking women out of paid work following the war years when so many women had joined the industrial workforce, and expecting them to stay at home rather than compete for jobs with men returning from the war. Attachment theory could be used as a pretext for not providing good day-care facilities, for example, or for denying women an equal role with men in the workplace. From a multicultural point of view, one could also argue that the insistence on the monotropic mother–child bond has the effect of setting up the European/North American ‘nuclear family’ as the model for childrearing, ignoring the more communal approaches that are the norm in other parts of the world. In other words: attachment theory, in its original formulation, is distinctly ‘Eurocentric’. Even within the terms of Western culture, overemphasis on the monotropic mother–child bond seems to undervalue other relationships, such as those with the father, grandparents and siblings.

It can even be argued that if a child relies too exclusively on care from one person, her mother, this may in the long run itself be damaging, placing undue pressure on the mother which will itself harm the relationship if she is worn out, or bored, or becomes resentful of the child. And these days, unlike in the 1950s, it is very common, and frequently an economic necessity, for a mother to return to work in the first year after her baby’s birth.

However, although these criticisms can be made about attachment theory as originally formulated by Bowlby, it would be a mistake to discard Bowlby’s ideas about the importance of attachment, merely because his conception of what attachment might consist of was limited by the particular perspective of his own times.

Bowlby’s ideas were related to the ideas of other object relations theorists such as Winnicott, and also to the ideas of Freud himself. One lasting legacy of Freud seems to be an increased recognition of the deep emotional needs of young children and of the profound damage that can be done if these needs are ignored. Bowlby translated this insight into a theory which has proved to be something that can grow and develop in the light of new evidence, and into a practical concern which has been a major influence on public policy, and on the way we think about children and their needs.

CHAPTER SUMMARY

- In this chapter, we looked at John Bowlby’s ideas about the importance of early attachment for long-term psychological health.
- We considered his ideas about the biological origins of attachment and attachment behaviour.
- We looked at the stages in the development of attachment.
- We considered the idea of ‘internal working models’ - of self and others - learnt in early relationships and carried into later life.

- We looked at Mary Ainsworth's classification system for secure and insecure attachment (the latter being divided into anxious-avoidant and anxious-ambivalent - disorganised attachment and non-attachment are two additional categories).
- We considered developments of Bowlby's theory in work by Rutter and recent research in neuroscience.
- We looked at criticisms of attachment theory from feminist and multicultural points of view.

In this and the previous chapter we have been looking primarily at emotional development. In the next chapter we will move on to look at cognitive development: the development of thinking.

Tangled Webs

Since attachment theory is equally relevant to thinking about children's relationships and adult's relationships it should be applicable to every single case study in Tangled Webs. However, in some cases you have more information than in others about the individual's early history. At the beginning of this chapter we suggested the cases below to consider through the lens of attachment theory. Our more general advice would be that, rather than use attachment theory to try and 'diagnose' an attachment problem in terms of the five categories given above (which are very 'blunt instruments' given that each one applies to a large slice of the entire population), you should concentrate more on thinking (in the case of children) about what kind of internal working model they are likely to develop in their present circumstances. In other words: what expectations and beliefs are they likely to be building up about their own lovability and worth, and about the emotional availability and interest of others. In the case of adults, you might consider what kind of working model they seem to have internalised in their childhood.

Caitlin Smart (Dudley) and the Dudley/Harris family (Cases A and G). Caitlin, according to her teacher, is very quiet and withdrawn. She is also behind with schoolwork. Her mother is chronically depressed, with low self-esteem, and, when her partner Lee is away, will retire to bed pretty much all day, leaving the children to look after themselves. Caitlin's father, who she no longer lives with, was violent towards her mother. Lee, her current step-father figure puts her mother down and warns Caitlin and her sisters not to end up like her. He favours his son, and tells Caitlin he doesn't want her in the room when he's watching TV because she 'stinks of piss'. There are more details in the case studies, but it is clear that Caitlin has been given some pretty negative messages both about her own lovability and about the availability of others.

Tracey Green (Case J). Tracey is a social worker, and she appears in several case studies in her professional role, but if you look at her own history, she too has received many negative messages about her own worth and the availability of others. However, these have been offset by some more positive experiences. Her father abandoned her at a young age. She had a positive experience of being cared for by her grandmother, but this didn't last and she was removed from her grandmother in a rather traumatic way. Then (like Caitlin) she lived with a mother who was being violently abused by her partner, and for a time became a kind of protector of her younger sister. She returned to

her grandmother, but then had to come into care at the age of 8. However, the couple who fostered her proved to be stable and dependable carers, and in her teens she had some therapy to help her work through some of the more painful experiences in her life. Again, there is more material in the case study, but you will see that, over the years, she has been given very different messages about her own worth, the availability of others and their ability to protect herself and her siblings. To complicate things further, you will see she has also suffered many losses, both as a result of bereavement and of separation.



You can access Tangled Webs by visiting <https://study.sagepub.com/tangledwebs>

Further reading

Foundations of attachment theory

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- Holmes, J. (2014) *John Bowlby and Attachment Theory*, 2nd edn. London: Routledge.

General introductions to attachment theory and its application

- Howe, D. (1995) *Attachment Theory for Social Work Practice*. Basingstoke: Macmillan.
- Howe, D. (2005) *Child Abuse and Neglect: Attachment, Development and Intervention*. Basingstoke: Palgrave.
- Howe, D. (2011) *Attachment across the Lifecourse*. Basingstoke: Palgrave Macmillan.
- (The present authors have leaned particularly heavily on this last book, which is very useful for understanding how childhood attachment problems may play out in later life.)

Neuroscience and attachment

- Gerhardt, S. (2004) *Why Love Matters: How Affection Shapes a Baby's Brain*. Hove: Routledge.