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Impact of insecure attachment on children's social skill development

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Abstract

This paper focuses primarily on the importance of secure parent/child attachment to healthy development of children. Attachment theory is utilized to explain possible causes of pathological and anti-social behavior. In particular, it describes how insecure (both anxious and avoidant) attachments between parent (caretaker) and child may lead to angry, coercive, immature, withdrawn, or even suicidal behaviors in children. Parent/child attachment problems are linked to social skill deficits and problems in peer relationships. Implications for school psychologists and for future research are offered.

Impact of Insecure Attachment on
Children's Social Skill Development

A Research Paper

Submitted to the Faculty of the Graduate School

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by

Kimberly A. Conrad

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Abstract

This paper focuses primarily on the importance of secure parent/child attachment to healthy development of children. Attachment theory is utilized to explain possible causes of pathological and anti-social behavior. In particular, it describes how insecure (both anxious and avoidant) attachments between parent (caretaker) and child may lead to angry, coercive, immature, withdrawn, or even suicidal behaviors in children. Parent/child attachment problems are linked to social skill deficits and problems in peer relationships. Implications for school psychologists and for future research are offered.

Chapter I
Introduction

Too many children not *fitting in* socially are lashing out, hurting themselves and others. The ones most visible are those who use violence against other children. On April 20, 1999, America was shaken when two male students from Columbine High School, Colorado, shot as many classmates as they could before being cornered by police, and killing themselves. Possibly even harder to believe was when on Tuesday February 29, 2000, a six-year-old boy from Mount Morris Township, Michigan pulled a gun from his pants and shot a little girl to death in front of their horrified teacher and classmates at the Buell Elementary school.

Much less noticed are the children who are rejected by peers, ignored or possibly feared by teachers, and possibly end up on a path that may lead to a downward spiral into a life of social deviance and drug or alcohol abuse. These are the kids who may not fit in socially and who may cause trouble in school, many times beginning in the early elementary grades. Such children may not have developed healthy attachments with parents, and it affects them later in life.

The primary focus of this paper is on the potential deleterious effects of early negative attachments in general and their association with aggressive behavior. Theories of attachment such as Bowlby (1969) are reviewed along with empirical studies on infant attachment and the impact of insecure attachment on social skills development.

Statement of the Problem

Much research shows that insecure attachment has an impact on adaptive behavior. Insecure attachment, anxious and avoidant, may be at the root of negative social behaviors. The problem begins when children grow up in homes that do not promote or develop secure attachments. These children do not develop the social competency that will help them become successful in school, and later on in life.

Attachment theorists and researchers (e. g., Bowlby, 1969; Ainsworth, 1974) contend that the quality and consistency of parent-child relationships in the first few months of life are crucial for the formation of strong and positive parent-child attachments. The predictiblity and reliability of the attachment figure(s) will in large part determine the parent-child attachment relationships, which will affect later relationships. Infants whose parents provide quality care, warmth and closeness, and reassurance often develop a strong emotional bond with them. These infants can depend on their parents to be able and willing to respond to their signals when help is needed (Lamb, 1978). By contrast, infants who cannot rely on their attachment figures lack faith in the reliability and predictability of their attachment figures (Lamb, 1978). They are often worried about their parents' whereabouts, and their anxious behavior patterns can interfere with other adaptive behavior (Ainsworth, Bell, & Stayton, 1974). Insecurely-attached infants may become so engaged in assuring themselves that their attachment figures are close by, that their exploration and social interactions may be negatively affected (Lamb, 1978).

Insecure or anxious attachments are formed early in life. The condition, known as Reactive Attachment Disorder (RAD), is believed to be caused by a lack of physical and/or emotional caregiving (Lynch & Cicchetti, 1991). RAD is characterized by disturbed and developmentally inappropriate social relatedness that begins before five years of age. Evidence suggests that while maltreated children are more likely to exhibit insecure and confused patterns of relatedness, they do not necessarily develop a disorder of attachments (Lynch & Cicchetti, 1991). Infants with RAD are more likely to have caregivers who are depressed, isolated, or indifferent to the child's basic physical and social needs for comfort, stimulation, and affection (Erickson, 1998). Either detached or neglectful caregivers or repeated changes of the primary caregiver can prevent formation of stable attachments.

Significance of the Problem

In the United States, children and youth with serious emotional disturbance range between 11-26% of the general population (Bird et al., 1988) with approximately 3-6% considered seriously emotionally disturbed (Kauffman, 1993). Prevalence rates for Reactive Attachment Disorder is estimated at 1% of the general population (Zeanah & Emde, 1994). The problems these young people face have detrimental personal, social, and financial effects on the individuals and their families. These children are often identified in school or when they have trouble within their family or community. Although children are not usually identified until they reach school-age or until there are behavior problems, research shows that these problems have been linked to early parent-child interaction. According to Hartup (1985), the parent-child interaction is the context in which many competencies necessary for social interaction begin to develop. This

relationship provides the child many of the skills needed to establish relationships with other people, to develop language skills and to acquire the ability to control impulses. The parent-child relationship is a forerunner to other relationships.

Research by Erickson et al. (1985) suggested that children categorized as anxious/avoidant in infancy have particular difficulty in preschool regulating their feelings and behavior. Their behavior is hostile and impulsive, and they give up easily. Children categorized as anxious resistant in infancy have particular difficulty with self-confidence and distractions. They behave passively and do not pay attention easily to classroom activities. Severe anxiety or its threat, inhibits recognition of new experience and these anxiety provoking events get assimilated to schemata associated with earlier anxieties. This interference with learning could be one reason for correlations between measures of social competence and anxiety. For example, children whose attachments in infancy have been anxious have less competent peer relations in preschool than do children whose attachments have been secure (Erickson, Sroufe, & Egeland, 1985).

Although attachment theory has been largely substantiated by observations of infants and toddlers, evidence exists for its importance in developing social competence during the preschool years. Researchers (Lieberman, 1977; Sroufe, 1983) have reported that security of attachment can predict social competence in preschool. Children who were more securely attached as infants were ranked as having more friends and were nominated as being more popular in preschool. They were also more empathetic toward peer distress. On the other hand, children who were insecurely attached as infants were less responsive to peer distress in preschool (Sroufe, 1983). Likewise,

Lieberman (1977) has shown that peer competence was related to the mother-child relationship at home.

Pettit, Dodge, and Brown (1988), found a connection between mothers who had aggressive problem solving styles and their children receiving a low status ranking from their preschool peers. These children's social competence was lower due to limits in the child's repertoire of solutions to social problems. In general, being able to pick up the nuances within an interaction depends on prior experience with similar interaction. Adolescents and children whose scores are higher in use of aggressive conflict tactics manifest higher anxiety than do those whose scores are lower (Kashani, Deuser, & Reid, 1991). Anxiety could both hamper accurate social perception and stimulate dominant responses, which in the case of aggressive youngsters would be aggressive responses (Miller, 1989). Aggressive responses that might include hitting, pushing, or even using handguns. Aggressive children tend to have more enemies than friends and a child with enemies alone, for example, has less reason to find humor in being teased than a child with friends and enemies.

When compared with their securely-attached peers, insecurely-attached children do not get along as well with their agemates and teachers. Insecurely attached children have been found to avoid contact with peers (Bretherton & Waters, 1985). In other words, children who form anxious attachments are more likely than securely attached children to have difficulty in later interpersonal and social/emotional relationships.

Definition of terms:

* **Adaptive behavior**-performance of the daily activities that are required for social and personal sufficiency (Sparrow, Balla, & Cicchetti,

1984). The terms *social competence* and *social maturity* have been replaced by the modern term *adaptive behavior* (Kamphaus & Frick, 1996).

* **Achenbach behavior problem checklist**-a widely used measure of child behavior problems. Using it's subscales, clinicians and researchers calculate a score that indicates externalizing (aggressive, destructive, acting out) problems or internalizing (anxious, withdrawn, depressed, etc.) problems, and a profile that describes the problem behaviors.

* **Attachment**-an affectionate emotional bond between parent (or caregiver) and child, bonding them together in space, enduring over time, and having survival benefits (Bowlby, 1969). A process that develops gradually from the first moment of contact. As a stage of emotional development, it is stage five, lasting from nine to twelve months, a time when infants display an exclusive preoccupation with their primary caregivers (Stroufe, 1983).

* **Attachment behavior**-any form of behavior that results in a person attaining or retaining proximity to some other differentiated and preferred individual, usually conceived as stronger and/or wiser. Infant behaviors such as sucking, clinging, following, smiling, and crying tend to elicit protective responses from adult caregivers and bind the infant and caregiver to each other.

* **Attachment theory**-a theory of personality and social development, which is tied to direct observations and scientific analyses of data. Attachment theory integrates insights and data from four domains; ethology (animal behavior in the natural habitat), control systems theory (how elements in a system influence eachother), cognitive psychology (study of how people think), and psychoanalysis (study of

unconscious affective (emotional) and cognitive process and their effects on personality and behavior) (Colin, 1996).

   * **Insecure anxious/resistant**-upset by separation, cry more, respond negatively both to physical contact and to its cessation.
Insecure or anxious attachments are formed early in life.

   * **Insecure avoidant**-show little or no distress in the separation episodes, and avoid contact, proximity, or even interaction with the mother.

   * **Secure**-largest and normative group, explore actively, strongly attached to mother and desiring interactions with her.

   *****Reactive Attachment Disorder (RAD)**-a condition, believed to be caused by a lack of physical and/or emotional caregiving. RAD is characterized by disturbed and developmentally inappropriate social relatedness that begins before five years of age.

   * **social competence**-ability to organize one's personal and environmental resources to influence positive developmental outcomes. Confidence and security in social situations along with physical attractiveness are important as a factors of social competence.

   * **Strange Situation**-a procedure used by Ainsworth and associates to study infant/parent attachment. In the procedure, the caregiver and baby are brought into an observation room, that is well supplied by toys. The parent puts the baby down and sits on a chair. After three minutes, a female stranger enters and begins a conversation with the mother. The stranger then tries to play with the baby, and the mother quietly leaves the room but leaves her handbag on the chair to signal that she will return. The mother is gone for three minutes, and during this time the stranger

reacts to the infant either by giving comfort if it is protesting the parent's absence or by engaging it in play with the toys. Then the parent returns and the stranger leaves. After three minutes the parent leaves again; this time the infant is left alone in observation room. In the last six minutes of this standardized observation the stranger returns and again attempts to interact with the infant, after which the parent returns and the stranger departs. Throughout the 20-minute testing period, the infant's behaviors are observed and recorded by trained researchers (Ainsworth, 1974).

Limitations of the Paper

Some limitations of this literature review include the limited number of studies that investigate the relationship of infant attachments (anxious and avoidant), to behavior problems in school. One study that provides supporting data (Lewis et al. 1984), used in this paper, did not use proper procedure when using the Stange Situation.

Organization of the Paper

Chapter one presented the problem of insecure (anxious and avoidant) parent-child attachment, and its definition. Chapter two focuses on historical roots of attachment theory, and the causes, and consequences of insecure attachment. Chapter three provides a discussion and implications for future research.

Chapter II

Literature review

This chapter focuses on the precursors to attachment theory. It includes major ideas from several theorists, including John Bowlby and Mary Ainsworth as well as a case study of German war orphans relocated in Great Britan. Causes for insecure attachment are discussed as well as consequences that may occur due to insecure attachment.

Historical perspective

One of the basic tenets of attachment theory (Bowlby, 1969, 1973, 1980) is that early attachment relationships affect functioning throughout the lifespan. In the 1950's and 1960's, John Bowlby, a British psychoanalyst, developed attachment theory to account for phenomena in personality development and psychopathology that were not well recognized or explained by other psychoanalytic theories. Working in a child guidance clinic before World War II, Bowlby was struck by how often the early histories of apparently incorrigible juvenile thieves included severe disruptions in their relationships with their mother figures. He therefore focused research on the effects of the temporary separation of a child from his or her primary caretaker during the first five years of life (Colin, 1996).

In the early 1950's, two widely accepted theories offered explanations for the child's tie to the mother. Both were secondary-drive theories as psychoanalytic and social learning theorists alike proposed that the infant's relationship with the mother emerges because she feeds the infant (e.g., Freud, 1910, 1957; Sears, Maccoby, & Levin, 1957). When Bowlby (1969) was first developing attachment theory, he became aware of

evidence from animal studies that seriously called this perspective into question. Lorenz (1935) noted that infant geese became attached to parents that did not feed them, but became attached by virtue of being familiar to them (geese imprinting). Harlow (1958) observed that infant rhesus monkeys, in times of stress, preferred not the wire-mesh mother that provided food, but the cloth-covered mother that provided human contact. Because he found himself dissatisfied with traditional theories, Bowlby sought understanding through discussion with colleagues from evolutionary biology, developmental psychology, theology, cognitive science, and control systems theory (Bowlby, 1969; 1982). Cassidy & Shaver (1999) said that Bowlby drew upon all these fields to formulate the innovative proposition that the mechanisms underlying the infant's tie to the mother emerged as a result of evolutionary pressures. Bowlby believed this strong tie between mother and child did originally emerge as a result of evolutionary pressures and his ideas were presented and later elaborated in his trilogy, Attachment and Loss (1969, 1973, 1980)

Bowlby (1973) hypothesizes that attachment behavior forms an organized behavioral system. That is, a varied set of behaviors such as smiling, crying, visual following serve the single function of maintaining proximity to the caregiver. Bowlby sees attachment system as one of several interlocking behavioral systems, including exploration, caregiving, and sexual mating, designed to ensure survival. From the viewpoint of the outsider, the goal of the attachment system is to regulate behaviors designed to establish or maintain contact with an attachment figure; from the viewpoint of the attached person, the goal of the system is *felt security* (Feeney & Noller, 1996).

According to Colin (1996), contributions from ethology did not exclude psychoanalytic insights from the theory Bowlby was developing. On the contrary, attachment theory continues to share many important views with psychoanalytic theories. First, early adaptations have profound and long-lasting effects on the individual's personality, social relationships, thoughts, feelings, and behavior. Second, much of human motivation is unconscious. Third, development reflects a coherent underlying organization, even when surface manifestations in behavior change with age, state, and situation.

Bowlby (1988) proposed that early relationship experiences influence later experience by means of working models. According to his theory of attachment, the infant builds an initial model of its attachment figure and self, based on the treatment it receives from the attachment figure or caretaker. This model provides generalizations about the caretaker's past responses to the infant's needs for security, which create expectations for future responses by the caretaker when similar needs arise again. These expectations serve as guidelines for adapting to the caretaker because the infant learns to behave in anticipation of the caretaker's response; for example, by seeking proximity to the caretaker if the infant anticipates support and by distancing itself if the infant anticipates rejection. Expectations for support and rejection thereby are reinforced by the behavior of the infant. The behavior of the caretaker can, of course, change and lead to revision of the infant's expectations, which is indicated by the working model.

Attachment phases

Bowlby (1969) detailed four phases in the development of attachment; preattachment phase (0-3 months) in which the infant is interested in anyone; attachment-in-the-making phase (3-6 months) in which the relationship is forming between the baby and primary caregiver; clearcut attachment phase (6-12 months) in which the infant acquires person permanence (infant now can keep this person in mind, even when that person is absent) and it is in this stage where an infant will protest when caregiver leaves (separation distress); and goal-corrected partnership phase (12-24 months), which represents a more complex interplay of cognitive, social, and emotional behavior. The attachment between the infant and caregiver becomes much more complicated and the infant may initiate attempts to influence the attachment figure in fairly sophisticated ways.

Mary Ainsworth (1971) and her colleagues developed a method of studying attachment behaviors by observing the child with its parent, usually the mother, in specific situations. The Strange Situation method was used to study hundreds of children at varying ages. On the basis of their research, Ainsworth & associates identified three categories of attachment behavior: secure attachment (Type B) and two types of insecure attachment: avoidant (Type A) and resistant (Type C). The securely attached infant (Type B) uses the parents as a base of security in the Strange Situation. The resistant, insecurely attached infant (Type C) is more likely to seem anxious or distressed even when its parent is in the room. This type of infant has trouble using the parent as a secure base for exploration. The avoidant, insecure attachment (Type A) also reflects some difficulty

between parent and child. The infant seems to ignore the parent much of the time and does not use the parent as a secure base for exploration.

A few investigators have tested the hypothesized association between anxious attachment in infancy and behavior problems in preschool, kindergarten, and first grade. Four of the first to do so were Lewis, Feiring, McGuffog, and Jaskir (1984). They observed 113 white middle-class children in the separation-reunion procedure at age one, and asked the mothers to complete the Achenbach (1978) behavior problem checklist when the children were six years old. Lewis et al. (1984) reported that attachment classifications at age one helped to predict psycholpathology at age six in boys, but not in girls. For the sample as a whole, 18 percent of the 56 boys and 15 percent of the 56 girls had psycholpathology as defined by the Achenbach behavior problem checklist. Of the 20 anxiously attached boys, eight (40 percent) developed psychopathology; only two of the 36 securely attached boys (6 percent) did. Among boys judged to have anxious attachments, resistant attachments appeared to be a greater risk factor in developing psychopathology than avoidant attachments were. Of the boys classified as resistant, 60 percent showed serious behavioral problems five years later; of those classified as avoidant, 33 percent showed serious behavioral problems five years later.

Although the interactive scales and the A-B-C classification criteria from the Strange Situation were employed, the separation-reunion procedure Lewis et al. (1984) used was not the Strange Situation. Instead, it consisted of a period of free play, one 3-minute separation, and one 3-minute reunion. The episodes with the stranger and the second separation and reunion were

omitted. It seems likely that this could have led to misclassification of some of the children (Colin, 1996).

Results of Lewis et al. (1984) were not replicated by some follow up studies. These included Bates, Maslin, and Frankel (1985) who tested the hypothesis that anxious attachment in infancy would predict behavior problems in preschool. Apparently, mothers whose infants had been assessed in the Strange Situation at age 13 months, did not report more internalizing or externalizing behavior problems in anxiously attached children than in securely attached children at age three. However, in a later follow up with the same children, Bates and Bayles (1988) hypothesized that avoidant children would be likely to develop behavior problems involving angry, coercive behavior despite the appearance of being cool and aloof. They would be likely to develop interpersonal strategies of keeping emotionally distant from others and to employ these strategies systematically. Children with resistant attachments would be perceived as angry and would express this anger in disorganized, ambivalent ways. They might show aggression when frustrated, but would not systematically seek to coerce others.

Fundamental Aspects

The most fundamental aspect of attachment theory is its focus on the biological bases of attachment behavior (Bowlby, 1958, 1969; 1982). Attachment behavior has the predictable outcome of increasing proximity of the child to the attachment figure (usually the mother). Some attachment behaviors such as smiling and vocalizing are signaling behaviors that alert the mother to the child's interest in interaction, and thus serve to bring her to the child (Cassidy & Shaver, 1999). Attachment behaviors are

thought to be organized into an *attachment behavioral system.*
Bowlby (1969; 1982) borrowed the concept of the behavioral system from ethology to describe a species-specific system of behaviors that leads to certain predictable outcomes, which contribute to reproductive fitness.

<u>Case study</u>

A study (Freud & Dann, 1951) of six German-Jewish orphans, separated from their parents at an early age because of World War II and placed in an institution, tells how the children formed intense, protective attachments to each other while ignoring or being actively hostile to their adult caretakers. The children had lost their parents before the age of one, most commonly in gas chambers. When they were four, they arrived at Bulldog Banks, a small English country home that was now a nursery for war orphans. Their stay here was their first experience in an intimate, family type setting. At first, these children were uncontrollable, damaging furniture and toys. They ignored adults, but when angry, would spit, bite, and swear, often calling the adults *bloder echs* (stupid fools). However, their behavior toward each other, was a contrast to how they treated the adults. In one case, a caretaker accidentally knocked over one of the children, and two others threw bricks at her and called her names. The children resisted being separated from each other even for special treats like pony rides. When one of the children was ill, the others wanted to remain with her. They helped and shared with each other more than is normal for this age, and demonstrated little envy, jealousy, or competition with each other. When positive relations with adults began to be formed, they were made on the basis of group feelings and had none of the demanding, possessive attitudes often displayed by young children towards their own mothers. They began to include adults

in their group and to treat them in some ways as they treated each other. During their stay at Bulldog Banks, the intensity of the children's attachments to their surrogate mothers was never as intense as in normal mother-child relationships and never as binding as those to their peers.

Causes of Insecure Attachment

In this section, infant attachment phases are introduced, along with two major dimensions of attachment, cognitive-affective and behavioral. Also important in parent-child attachment is the role of individual experience, genetics, and parenting behavior.

Many factors contribute to insecure attachment. In the early 1950's, Bowlby and colleagues, observed a number of children between the ages of eighteen months and four years (Bowlby, 1969). They observed and reported that when a child is removed from the care of his mother-figure and all subordinate figures and also from his familiar enviromnent and is cared for instead in a strange place by a succession of unfamiliar people, the child will show a predictable sequence of behavior. This can be broken into three phases according to what attitude to his mother is dominant. They described these phases as Protest, Despair, and Detachment. These phases are explained next.

Infant Attachment Phases

Protest, which may begin immediately, or may be delayed, lasts for a few hours to a week or more. Behaviors include; loud crying, shaking his crib, throw himself around, look eagerly towards sight or sound which might be his missing mother. Despair comes next, and the child is still preoccupied with his missing mother, but behavior suggests increasing hopelessness. The active physical activity diminishes and he may cry monotonously or

intermittently. He becomes withdrawn and inactive, and make no demands on people in the environment. This seems to be a quiet, mourning which sometimes is presumed to indicate a diminution of distress. Because the child shows more interest in his surroundings, the detachment phase, which succeeds protest and despair, is often welcomed as a sign of recovery. The child no longer rejects the nurses; he accepts their care and the food and toys they bring, and may even smile and be sociable (Bowlby, 1982). To some, this change seems okay. However, when the mother visits we can see that all is not well, because he hardly responds and seems remote and apathetic. This listlessness seems to show that normal attachment is no longer apparent.

According to Bowlby (1982), the child experiencing a series of nurses, each of whom leaves him and so repeats for him the experience of the original loss of his mother, will in time act as if neither mothering nor contact with humans has much significance for him. After a series of upsets at losing several mother-figures to whom in turn he has given some trust and affection, he will gradually commit himself less and less to succeding figures and in time, will stop altogether attaching himself to anyone. He will become increasingly self-centered and instead of directing his desires and feelings towards people, will become preoccupied with material things such as sweets, toys, or food. A child living in an institution or hospital who has reached this state will no longer be upset when nurses change or leave. He will cease to show feelings when his parents come and go visiting day. He will appear cheerful and adapted to his unusual situation and apparently easy and unafraid of anyone. But this sociability is superficial, he appears to no longer care for anyone. This is what is meant by *detachment* . Features that seem to reduce the intensity of reaction are either the presence of a sibling,

even a young one (Heinicke and Westheimer, 1966) or care by a single mother-substitute, especially when the child has met her beforehand in the presence of his mother.

Two Major Dimensions of Attachment

Attachment theory and research have conceptualized attachment as dimensional in nature (Parkes and Stevenson-Hinde, 1982) and suggests that there are two major dimensions: (a) the cognitive-affective dimension of attachment defined as the underlying quality of affect toward attachment figures, and (b) the behavioral dimension of attachment defined as the utilization of these figures for support in times of stress and need.

The level of cognitive development plays an important role in the emergence of specific attachments. Before such responses can occur, the infant not only must be able to differentiate between mother and a stranger, but must be aware that people still exist when they are not visable. The child must have developed object permanence, or the knowledge that objects, including humans, have a continuous existence (Parkes and Stevenson-Hinde, 1982). Advances in the infant's cognitive development can also account, in part, for the gradual shift in the ways that attachment is expressed. Physical proximity becomes less important as the child develops, and hence departures tend to result in less upset in the older child. Children also are better able to understand the reasons for separation and can appreciate that separations are temporary.

Behavioral considerations to keep in mind include that stimulation and a sense of control over the environment seem to be the critical factors in development of early infant attachment. For example, in one study, infants were attached to adults who responded quickly to their demands and cries

and who spontaneously sought and initiated interactions with them (Schaffer & Emerson, 1964). Hence, when a relatively unstimulating mother, that is, one who tends to avoid contact with her infant except for routine physical care, is combined with an attentive, stimulating father, the child is more likely to form a paternal attachment despite the greater amount of routine contact with the mother.

Individual experience versus genetic contribution

According to Ainsworth (1989), specific manifestations of the attachment system are influenced by a range of factors, including individual experience, genetic constitution, and cultural influences. Out of these three factors, much of the research has focused on the first two.

Individual experience -traditional attachment theory acknowledges that the quality of infant-mother attachment depends on the initial biases that each partner brings to the relationship and on the direct influence that each exerts on the other (Bowlby, 1988). This theory places the behavior of the caregiver in the dominant role creating the attachment.

In Ainsworth's (1973) study, the avoidantly attached infants--that typically account for 20 percent of the infants in American samples shows little upset about their parent's absence. Upon reunion they avoid interaction with the parent and ignore the parent's bids for interaction. The mothers of these babies are insensitive to their infant's signals, rarely have close bodily contact, and instead of being affectionate, act in an angry and irritable way.

Genetic contribution- in contrast to the position taken by traditional attachment theorists, several investigators have proposed that individual differences in attachment quality stem from differences in infant characteristics (in addition to, or instead of, differences in caregiver

behavior). The effect of infant temperment on attachment has been investigated using various operational definitions of temperment; emotionality, fussiness or difficuly, irritability, activity level, proneness to distress, and sociability (Feeny &Noeller, 1996). The resulting empirical evidence is mixed; some researchers have found evidence for the effects of infant temperment (Miyake et al., 1985; Caulkins & Fox, 1992), whereas others have not (Egeland & Farber, 1984). The role of infant temperment in predicting attachment may depend on the measure of attachment used (Feeney & Noeller, 1996). Vaugn (1992) and colleagues suggest that different measures of attachment style vary in their overlap with measures of infant temperment. Specifically, they noted limited associations between infant temperment and Strange Situation assessments of attachment; by contrast, assessments that focus on the effectiveness of attachment behavior in daily functioning (e.g. Q sorts) show a wider range of correlates, including child temperment (Feeney & Noeller, 1996).

Individual experience versus genetic contribution-there are integrative studies that provide evidence that both maternal variables and infant temperment contribute to attachment security (Izard, Haynes, Chisholm, & Baak, 1991). There is also evidence that maternal behavior and infant temperment may jointly influence attachment security. For example, Crockenberg (1981) shows that neonatal irritability predicts insecure attachment at 12 months of age, but only for infants whose mothers were relatively unresponsive to their infant's crying at three months and who received little social support. Similarly, Mangelsdorf and colleages (Mangelsdorf et. al., 1990) found that attachment security at 13 months of age is predicted by the interaction between maternal personality and infant

proneness to distress. These findings support Bowlby's (1969, 1973, 1980) view that attachment patterns reflect the interaction between the child's personality, the family, and the wider social invironment (Feeney & Noeller,1996).

Parenting Behavior

Anxious attachments are likely to occur as a result of faulty mother-infant interactions in which mothers are unable or unwilling to respond to the specific emotional needs of their infants. Unresponsive mothers are likely to be depressed, isolated, or indifferent to the child's basic needs (Erickson, 1998). Researchers are only beginning to understand what aspects of parenting behavior may be affected by parental mental illness, and alcohol and drug abuse; one possibility is that they increase the rate of physical and psychological abuse. A substantial number of articles and books have documented the correlates of physical and sexual abuse on children's psychological functioning (Erickson, 1998). In addition to the physical consequences of abuse, a number of short-and long-term psychological correlates for the children have been found: aggression, social skills deficits, relationship problems, and affect (Wolfe, 1987). Parental depression may be associated with neglect and/or increases in negative interactions as the parents are more focused on their own psychological discomfort. Parental alcohol and substance abuse has been implicated as a risk factor in child psychopathology (Phares & Compas, 1992).

Mills and Rubin (1992) found in a longitudinal study that mothers of aggressive children in middle childhood perceive their children somewhat negatively. They examined beliefs of mothers of 5- and 9 - year-old children identified as socially withdrawn, aggressive, or average in social

competence. They found that mothers could not be distinguished from one another on the basis of their beliefs about how early children show skills in making and sharing possessions, how important these skills are, how stable they are, or how parents can promote them. However, mothers could be distinguished on the basis of their attributions about why children acquire or fail to acquire social skills, their beliefs about influence parents can have when their children have difficulties, and their causal attributions about, affective reactions to, and choices of strategies for correcting aggressive and socially withdrawn behavior.

Mothers of aggressive children differed from those of average children in several respects. Mothers of aggressive children of only age 5 were more likely than mothers of average children to attribute success in attaining friendships initiation and sharing skills to indirect external causes (e. g., opportunity to learn, exposure to positive models). Mothers of aggressive children of both ages 5 and 9 were more likely to blame unskilled behaviors (aggression and withdrawl) on traits in their children, and they were less suprised and puzzled about these behaviors that mothers of average children (Mills & Rubin, 1992).

Consequences of Insecure Attachment

Consequences of insecure infant/parent attachment have been serious and far reaching. Insecure attachment, anxious and avoidant, affect child development and possibly influence childhood psychopathology. Clinical researchers, however, feel much research needs to be done to prove a direct link between infant attachment to childhood psychopathology.

The primary attachment relationship between the parent and child has been theoretically linked to the intergenerational transmission of abuse and

the failure of these children to form subsequent relationships with others and their vulnerablility to additional developmental failures that rely to some extent on early attachment success (Erickson, Sroufe, & Egeland, 1985).

Many neglected children form insecure attachments with their caregivers (Crittenden, 1985, 1992; Egeland & Sroufe, 1981). Some neglected, insecurely attached children never learn strategies for engaging adults and for independently exploring their environments (Crittenden & Ainsworth, 1989). Crittendon (1992) found neglected, insecurely attached children to be more passive in interactions with their mother. In addition, these children were found to become increasingly angry and resistant from ages of 1 to 2 1/2 years. Neglected, insecurely attached children show dimensions of passivity and non-compliance that also extends to their peer domain. Hoffman-Plotkin and Twentyman (1984) found neglected children appeared to be more withdrawn in peer social interaction than either physically abused or control children.

Short term consequences

An insecurely-avoidantly attached child, rather than make direct pleas to the mother for assistance, support, and attention, will inhibit overt displays of negative affect to the mother. Instead, this child will occupy him/herself with tasks, such as playing with toys. This avoidance serves an adaptive function in reducing the liklihood of maternal rejection and angry interchanges that may lead to abuse, while still maintaining proximity to the mother (Crittendon, 1992). Although adaptive in the short term, such nonoptimal attachment may be most significant in terms of influencing a child's relationship formation with peers, future partners, and future offspring (Wolfe, et al. ,1995).

Long term consequences

 Long term consequences of attachment have been found in cognitive,

social, and emotional development. Insecurely attached children when

compared with securely attached children, do not get along as well with peers

and teachers. Insecurely attached children have been found to avoid contact

with peers (Bretherton & Waters, 1985). These children may become

socially rejected, and perhaps act out in disturbing ways, causing serious

problems for themselves and those around them.

Psychopathology

 The American Psychiatric Association recognized disturbances of

attachment in infancy that are severe enough to be viewed as

psychopathology. The Diagnostic and Statistical Manual of Mental Disorders

(APA, 1994) (DSM-IV) list criteria for identifying attachment disorders of

infancy. These disorders are characterized by abscence, disruption, or

distortion of the developmental sequences of attachment behaviors that

normally occur and that orient and tie the baby to his or her caregivers.

Emotional Effects of Insecure Attachment

 There are several forms of psychopathology related to attachment

disorder. One form is separation anxiety disorder. A symptom of separation

anxiety disorder is school refusal, a persistent, very anxious behavior that

prevents a child from attending school regularly. However, anxious or

inhibited behavior isn't neccessarily the result of early attachment problems.

Kagan (1989) suggested that such traits can be inborn and he found that 20

percent of human infants have the behavioral and physiological signs of

inhibited temperment at four months of age. He also found that up to 40

percent of four-month-olds have signs of a bold or fearless nature. These

tendencies often mellow with time, so that by age four only 10 percent of children are either fearful or reckless.

Social Effects of Insecure Attachment

Another form of psychopathology is conduct disorder. Children with conduct disorder exhibit many types of aggression. The strongest single predictor of deviant levels of hostile behavior toward peers in the classroom was earlier disorganized/disoriented attachment status, with 71% of hostile preschoolers classified as disorganized in their attachment relationships in infancy. Maternal psychosocial problems independently predicted hostile aggression in preschool and combined additively with infant attachment security in prediction (Lyons-Ruth, Alpern, & Repacholi, 1993)

Lyons-Ruth et. al. (1993) studied 62 low income families and examined the relations between maternal and infant measures that assessed mother-infant interaction, maternal psychosocial problems, infant cognitive development, and infant attachment security including disorganized/disoriented classification. Goals of the study included:

1) To evaluate the contribution of the disorganized attachment category to the prediction of teacher-rated behavior problems in preschool and kindergarten among a sample of infants at social risk.

2) To evaluate the longitudinal prediction available from three maternal risk indicators in infancy: maternal lack of involvement with the infant, maternal hostile intrusiveness, and the presence of serious maternal psychosocial problems. Psychosocial problems included depressive symptoms, child maltreatment, or a history of psychiatric hospitalization. They found ; the strongest predictor of earlier disorganized/disoriented attachment status was the deviant levels of hostile behavior displayed toward

peers in the classroom (71 % of hostile preschoolers classified as disorganized in attachment in infancy), maternal psychosocial problems independently predicted hostile aggression in preschool and combined additively with infant attachment security in prediction. Results from the study extend the findings of previous longitudinal work relating infant attachment security to later maladaptive social behavior with peers.

Hostile and aggressive children bully, threaten, or intimidate others. They may initiate physical fights, use a weapon, be physically cruel to people or animals, steal, or force someone into sexual activities. Aggressive children tend to attribute ambiguous provocations by a peer to the peer's hostility more often that do nonaggressive children and socially rejected children do worse at detecting group norms and behaving in group-oriented ways than do socially accepted ones (Dodge, 1986). When a child's aggressiveness, lying, noncompliance, stealing, and tantrums in response to limits, chronically exceed levels that are normal for that child's age, the child has crossed the boundry into psychopathology. According to Greenberg and Speltz (1988) the same parental behavior that influences attachment behavior in the preschool years also influences the risk of conduct disorders. Greenberg and Speltz believed that parents of children with severe conduct disorders are not good at developing joint goals and plans, and are also not good at tolerating their own or others' affective states or communicating about them. Some parents are too rigidly authoritarian, imposing their will on the child. Some are too permissive and fail to set limits that help to teach the child self-control. Behaviors commonly labeled as conduct problems can be viewed as strategies for gaining the attention of caregivers who are often unresponsive to the child's other signals.

Cognitive Effects of Insecure Attachment

Kessler (1966) suggested poor school performance may be viewed as a neurotic solution to an underlying conflict. Learning requires psychic energy; if much of the psychic energy is being utilized by intense feelings and motivations, then learning will be impaired. Causes that have been related to learning disabilities within a psychodynamic framework are poor parent-child relationships, inadequate self-concept, excessive failure, and inadequate early stimulation (Erickson, 1998).

Effects on Relationships

Bartholomew (1990), proposed that initial attachment behaviors are maintained due to the behavior they evoke from interaction partners. Bartholomew studies four forms of avoidance of intimacy within an attachment framework. In particular, the two following forms: a *fearful* style characterized by a conscious desire for social contact which is inhibited by fears of its consequences, and a *dismissing* style that is characterized by a defensive denial of the need or desire for greater social contact. According to Bartholomew, the social behavior of avoidant children is often confusing and suggests a deep distrust of others, and a failure to conform to social norms of reciprocity. This pattern is particularly self-defeating because it not only undermines the friendly approaches of others, it leads to social rejection that confirms the child's distrust.

According to Sroufe (1983a), whenever pre-school teachers become so frustrated that they wanted to isolate a child from the class, the object of their irritation had previously been classified as an avoidant infant. Affiliative behaviors evoke affiliativeness, and hostile behaviors result in distance. These behaviors help to form budding relationships. This early relationship

knowledge influences later relationship experience also because it affects perceptions of social encounters. Particlularly when intentions are ambiguous, they tend to be interpreted in accordance with previous experience (Duck, 1993). Thinking back on our own childhood experiences, we can probably come up with a time the class bully misinterpreted someone's inadvertant gesture and was promptly physically or verbally attacked.

Duck (1993) and other researchers suggested that working models of attachment are likely to be self-fulfilling because actions based on these models tend to produce consequences that reinforce them. For example, approaching new social contacts with a defensive attitude increases the likelihood of rejection, which in turn reinforces insecurity (Douglas & Atwill, 1988). Further, Sroufe (1988) suggested that, in forming new relationships, children actually seek to recreate the roles and interaction patterns that they learned in the context of early relationships, even if those relationships were exploitive or destructive. This reseacher observed this *learned pattern behavior* as an older brother, age ten, used physically abusive moves on his eight year old sister. When trying to get his sister to comply with his wishes, he pulled her head back by the hair and pinched her nose, keeping her body close to his body and repeating the words, *Take it back, take it back.* This behavior was a copy of what this boy had seen his physically abusive father do to his mother.

<u>Change in attachment style</u>

Longitudinal studies of socioeconomically disadvantaged families suggest that change in attachment style from infancy to childhood is related to family circumstances. Specifically, the families of children who change from

secure to insecure attachment are characterized by more severe life stresses. Those who change from insecure to secure attachment are frequently associated with the availability of an additional caregiver (Egeland & Sroufe, 1981). In addition, Lamb, et al. (1985) reported that temporal stability of attachment is high only when there is stability of family and care-taking circumstances; this conclusion is consistent with Bowlby's (1980) views on continuity and change in attachment behavior. Despite Bowlby's (1980) strong statements that resistant and avoidant attachments may serve as predictors of disturbed development, few researchers (e. g., Colin, 1996) appear to believe that an anxious attachment constitutes psychopathology. Attachment theorists, for example, expect anxious attachment to increase the risks of unhappiness, low self-esteem, maladaptive responses, and difficulty in interpersonal relationships. Nevertheless, Colin's (1996) review concluded that researchers tend to assume that most anxiously attached individuals remain within the normal range, free from psycholopathology.

Research (e. g., Sroufe, 1988; Duck, 1993) has shown that relationships with parents have an important influence on peer relationships. Parental supportiveness and warmth are associated with peer acceptance, and aversive parental discipline with peer rejection (Duck, 1993). Putallaz & Heflin (1986) demonstrated the former association in a study of first graders and mothers at play. Mothers who were positive, agreeable, and open about their opinions and feelings (with other mothers, as well as their children) had children who behaved similarly and were accorded high social status.

Chaper III

Implications for school psychologists and for future research

This research paper focused on infant attachment and its impact on childhood development of social skills. Much of the research has shown that insecure attachment has an impact on behavior. Insecure attachment, anxious and avoidant, is seen as the root of many negative social behaviors. The final chapter discusses resiliency in the hope that future research that can be linked to interventions.

Insecure Attachment

For males at least, insecure attachment at one year of age has recently been found to be associated with signs of maladjustment and behavior problems at six years of age (Lewis, et. al., 1984). Environmental events play a role as well in predicting later maladjustment. Boys who are both insecurely attached and who have a small network of friends are particularly vulnerable to later problems. A larger friendship network may serve to buffer the developing child in spite of poor family relationships. This study shows us the importance of attachment for later behavior, but also the way it affects the child's social relationship outside the family in long term prediction of the child's behavior.

According to Hayes (1997), if children are insecurely attached to their parents or caregivers, mental health professionals may experience strong resistance when attempting an intervention. In one case study she showed that an insecurely attached adolescent male client developed ways to close out most people who attempted to initiate helping relationships. He avoided everyone except those with whom he felt some trust based on long-term connections. For mental health professionals to reach clients in similar

circumstances, they need to collaborate with persons the client accepts and trusts. It may take extensive time and energy to build rapport with clients with attachment disorder (Hayes, 1997).

According to Duck (1993), prior experience of personal constraint, which is stored in the memory, is used to interpret current interaction. Children's expectations and interpretations of play have been found to be more strongly correlated with each other than either has been with actual play behavior. Kelly (1970), tells us that interpretations of social behavior are constructed out of expectations; and research has demonstrated the manifestation of these interpretations in behavior. For example, Adams-Webber (1979) summarized evidence that observers can identify accurately the personal constructs of interactors from samples of their social behavior and that predictions about a target person's behavior can be improved by having information about the target's personal constructs. Further research will be needed to link early prevention and intervention to the assessment of unhealthy personal constructs.

Resilience

The ongoing quality of children's relationships with others would be expected to relate to children's ability to cope with stress. Research demonstrated how the quality of children's attachments to their caregivers impacted their resilience, and was likely related to children's perceptions of themselves and their effectiveness, as well as their emotional regulation in relationships (Bridges & Grolnick, 1995). Further, the support and effectuality provided by secure attachments are thought to foster effective coping skills and intellectual and social competence. As stated earlier, Sroufe (1988) found that children who were classified as securely attached

evidenced more positive affect, persistence, and compliance as toddlers than did insecurely attached children. In addition, parental warmth and intimacy were associated with higher rates of children's talking to parents and problem-solving strategies for coping with parental negativity. Having more effective ways of dealing with social situations and having a better sense of self may enable a child to be successful in several settings.

Kobak and Sceery (1988) found that affect regulation and interpersonal relations of college students, as described by peers, could be predicted by their memories of parental relations. Those with memories of secure attachments were considered to be the most positive and resilient, those classified as dismissing of attachment the most hostile, and those classified as preoccupied with attachment the most anxious. Further research is needed to more adequately define the qualities that shape resiliency in young people. Bettleheim and Rosenfeld (1993) observed troubled children who bonded with caring adults in schools and mental health centers. School personnel could be alert to indicators of attachment disorder (American Psychiatric Association, 1994) and develop in-school support networks, especially at the elementary level. Increasing positive interactions through early systemic interventions is a step toward positive growth (Goldberg, 1991). Information about various practices and methods for developing these bonds needs further research.

Because systematic research on attachment disorders is a relatively new field, observations of children's verbal and non-verbal interactions with their parents may be a mental health providers most useful indicator of their attachment status (Goldberg, 1991). In addition, another major issue for mental health providers is whether or not their interventions can effectively

assist people who have attachment disorders to improve their interpersonal skills (Eagle, 1994). However, early intervention may support positive growth and help develop more healthy constructs.

Summary

Attachment theory is widely regarded as one of the most viable theories of personality development and intimate relationships ever proposed (Colin, 1996). Unlike any other similarly comprehensive theory, this theory has always been closely tied to objective observations of babies, children, and parents living their real lives in their natural social environments. According to Colin, attachment theory is beneficial because it is so well grounded in scientific observations, and because it offers such a rich framework for understanding and solving problems for human beings.

Parents who stimulate their infants-those who talk to, cuddle, and express warm positive emotions with their babies-generally have more responsive and socially competent children. Also, the more sensitive attention and stimulation the infant receives, the earlier and more accelerated will be its performance on tests of cognitive development (Belsky et al. , 1984) . Infants who were talked to frequently and had a great deal of social interaction with adults were more advanced mentally and showed more positive emotions than infants who were less involved with people. Belsky et al. 's (1984) research has shown that well attached infants and toddlers are more willing to comply with adult directives. A way of describing attachment is to say it is a quality relationship. When you really care for someone, they will be more likely to comply with your wishes, because they care about you and your feelings. If you desire better behavior from a child, work on building a better relationship with them.

Many factors are involved in parent-child attachment. Insecure attachment is affected by cognition and behaviors of both infant and parent, individual experience and genetic contribution. It is also strongly affected by caregivers who, for whatever reason are depressed, isolated, or indifferent to their children's needs. Babies are born with the behaviors necessary for attachment to occur, they smile, cling, suck, and coo. They are initiating a response which will lead to an interaction with their caretakers. If two way interaction doesn't occur, neither will the bonding between baby and caretaker. Secure attachment is the base on which healthy human relationships and stable mental health rests. Parent-child attachment is the *nurture* environment which affects child development. It is a widely shared concept that secure attachments lead to optimal outcomes for most children. Although there are several reasons why this bonding does not occur, parental neglect and indifference seems to be the most prevelant.

A healthy attachment to parents facilitates rather than stifles exploration, curiousity, and mastery of the social and physical environment. At the same time, early attachment increases the child's trust in other social relationships and permits the later development of mature affectional relationships with peers. In more than 30 years on research, Bowlby (1988) has found that an effective way to raise happy, healthy, self-reliant adolescents and young adults is to provide stable homes during their formative years. The need for consistent care and affection has been recognized across widely varied cultural and socioeconomic groups (Birengen, 1994).

Longitudinal studies aimed at specifying the links between early parent-infant interaction and later relationships in adolescence and adulthood would help us determine the long-term stability of these positive cognitive

and social efforts of an early secure attachment. Clearly, developmental history leaves its mark.

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