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EXECUTIVE INDEX

AN OVERVIEW OF ATTACHMENT THEORY

THE IMPORTANCE OF ATTACHMENT RELATIONSHIPS FOR INFANT MENTAL HEALTH

The relationship an infant has with their primary caregiver (in our society, this is usually the mother) has a profound impact on the infant's future development. It is now well recognised that experiences in the first weeks and months of life help shape the developing brain; the most important of these experiences is the relationship between the infant and their caregiver.

One of the earliest tasks of infancy is for the infant to be able to express and regulate their emotions; they learn to do this with the help of a sensitive and responsive caregiver. The foundation for their future mental health is based on this capacity for emotional regulation.

Secure attachment relationships that involve opportunities for play, everyday activities and sharing of emotions, facilitate optimal brain development and stimulate the infant's curiosity to explore and learn. The earliest family relationships are where infants learn how to interact and relate, and this has implications for their sense of connectedness to others and for future participation in society.

INFANTS SHOW ATTACHMENT BEHAVIOURS FROM BIRTH

Attachment behaviours are 'biologically wired' and important for the infant's survival; these behaviours include sucking, clinging, following (not letting their mother* out of sight or earshot), crying and smiling. These behaviours promote closeness between the infant and their parent – building their reciprocal relationship. An infant will evoke a parental response to ensure the parent remains close to their child. The attachment system is activated by anxiety or distress in the infant, something frightening or threatening in the environment, or the absence or movement away from the parent.

Research about infant memory, as well as observation of infant behaviour, has confirmed that infants display attachment behaviours from birth and that they prefer their mother. John Bowlby was the first to articulate the theory – attachment theory – that explained the devastating effects of separation from the primary caregiver on children's wellbeing and personality development.

ATTACHMENT AND EXPLORATION

Bowlby described attachment behaviours as complementary to exploration behaviours. When attachment behaviours are activated, for example by fear, then exploration behaviours shut down. When an infant is close to their parent, or feels safe or secure, attachment behaviours shut down and the infant is free to explore their environment.

Infants with a secure attachment relationship are freely able to move between their attachment figure – who provides a secure base – and the environment, which offers novelty and opportunity although at times can be frightening. Attachment behaviours are instinctual and not a learned behaviour.

*In this article discussions around the infant's relationship with their 'mother' is also applicable to the infant's relationship with their primary caregiver.

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4 INFANTS HAVE A HIERARCHY OF ATTACHMENT FIGURES

When an infant has a secure attachment relationship with their mother, they can then explore and form other relationships; most infants have formed several attachment relationships by four months of age. These attachment relationships (for example, with their father, extended family, nanny, family friends) are in a hierarchy. Infants may insist on being picked up by their mother when she is present, but are happy to be cared for by a substitute for a short time.

The features that distinguish an attachment relationship from a 'playmate' are that the adult interacts with the infant and responds readily to their signals. In the presence of the adult, the infant feels secure and protected from danger and will seek them when tired, hungry, ill or alarmed. However, the greater the threat to the child's sense of security (pain, illness, or fear of the environment) the more insistently they will ask for their mother.

5 SEPARATION

Infants can manage small chunks of time away from their primary caregiver provided they know the adult and sense them to be a source of safety and security. Infants react to prolonged separation initially with protest – clinging, crying, screaming and anxious searching behaviours. If the separation lasts too long, they move into despair becoming listless, showing no interest in surroundings, often refusing food, and shedding occasional tears. At this stage the infant is preoccupied with their mother but has lost hope of recovering her. The next stage of coping with prolonged separation is detachment, where the infant only interacts superficially with other people and becomes more invested in objects than relationships.

6 BUILDING A SECURE ATTACHMENT RELATIONSHIP — RESPONSIVITY AND SENSITIVITY

Maternal sensitivity to infant cues is important to allow an infant to develop the confidence that their mother will notice and respond to them. This sensitivity involves:

1. promptly noticing that the infant is communicating something
2. interpreting the cue, and
3. responding to and satisfying the infant's need.

Mothers cannot always magically know what their infant is communicating. However, it is important that the mother is emotionally available and they genuinely attempt to engage with and respond to their infant. There is a strong possibility that an *insecure* attachment relationship may develop if the infant's needs are only partially met (either rejected or ignored) or responded to inconsistently (including when the primary caregiver is overcautious, over-alert, or overstimulating).

7 QUALITY OF ATTACHMENT RELATIONSHIPS

The quality of the attachment *relationship* between an infant and their caregiver should not be confused with attachment *behaviours*. A child showing heightened attachment *behaviours* – crying, seeking, clinging – is not necessarily more strongly attached or loves their mother more, than another securely attached child. Any assessment of the attachment relationship needs to take into account the context in which the attachment behaviours are being demonstrated and whether there is a situation (internal distress or threatening environment) which has activated attachment behaviours and shut down exploratory behaviours.

Characteristics of sensitive maternal caregiving:

- Appropriate (congruent) affect
- Clarity of perception of and appropriate maternal responsiveness to infant cues
- Awareness of timing
- Flexibility (in attention and behaviour)
- Variety and creativity in modes of play
- Acceptance of infant
- Providing structure without being intrusive

8 INFANT-PARENT ATTACHMENT RELATIONSHIP STYLES

Most infant-parent attachment relationships can be classified as organised, although a small percentage are classified as disorganised (these will be discussed later). Infants in an *insecure* attachment relationship do not necessarily have an attachment disorder although they are at a greater risk for psychopathology

including behavioural problems, impulse control problems, conflict with caregivers, low self-esteem and problematic peer relationships. Infants may have a different attachment relationship style with different attachment figures.

- **Secure**

About 60% of infants have a *secure* attachment relationship with their mother. These infants are accustomed to sensitive caregiving and anticipate that their caregiver will be readily available to comfort and support them when they need it. They are able to freely go to their attachment figure or to explore the environment depending on their wishes and prevailing circumstances.

- **Insecure avoidant**

Infants with an *avoidant* attachment relationship with their mother – about 20% of infants – tend to be overly oriented to the environment and not confident that their mothers will positively respond to their attachment behaviours. Over time they learn to be dismissive of attachment issues, and do not show distress when separated.

- **Insecure ambivalent**

Infants with an *ambivalent* (sometimes called resistant) attachment relationship with their mother tend to cry on separation and approach their mother on reunion. However they resist comfort, are not easily soothed, and, unlike a child with a secure attachment, take a long time to settle and resume playing. About 10% of infants demonstrate an ambivalent attachment relationship.

Infants with an ambivalent attachment relationship style are preoccupied with their attachment figure. This is often a result of inconsistent care – at times the mother is sensitive and responsive, at other times she is harder to engage or so preoccupied with her own distress that she misreads the infant's attachment overtures. This preoccupation and ambivalence means that the infant is not free to explore the environment even when it is safe, as they are lacking a sense of secure base.

- **Disorganised attachment relationship**

Infants with a *disorganised* relationship style show behaviour typical of both avoidant and ambivalent attachment relationships. A *disorganised attachment* relationship style is usually evident in children who have suffered major trauma, including severe neglect or abuse. In fact it has been argued that the name 'disorganised attachment' is a misnomer. The name arose out of the observation that these infants showed a combination of avoidance and ambivalent responses to their primary caregivers and seek proximity to mothers in strange and disoriented ways. Their attachment behaviours are contradictory, for example they may express distress on separation and no distress on reunion, they may seek proximity with strangers, demonstrate stereotypical behaviour (dazed expression, sit and stare into space) and they show apprehension or direct fear of their parent or may freeze (no activity for 20-25 seconds).

It is hypothesised that these infants are struggling with a dilemma that cannot be resolved because their only available attachment figure and potential secure base is in fact the source of fear and harm. Parental behaviours that contribute to a disorganised infant-parent attachment relationship include severe distortions in communication of affect (maternal response), role/boundary confusion, fearful and disoriented behaviour, intrusive and hostile behaviour, or extreme withdrawal and lack of responsiveness.

ATTACHMENT DISORDERS

Attachment disorders are distortions in the infant-parent relationship that result in the infant's inability to experience their parent as emotionally available and a reliable protector from external danger or internal distress.

Framework for assessing the attachment relationship and indicators for concern.

Secure infant behaviour	Indicators for concern
Showing affection and seeking comfort from caregiver	• Avoidance of caregiver (sustained gaze avoidance, not responding to mother's voice) • Lack of affection to caregiver • Indiscriminate affection to strangers • Not seeking comfort when distressed • Not reaching for or approaching mother through vocalisation or crawling
Reliance on caregiver for help	• No reliance or excessive dependence on caregiver
Exploratory behaviour	• Failure to check with caregiver in unfamiliar setting • Systematic unwillingness to explore
Reunion responses	• Failure to re-establish contact with caregiver

IMPLICATIONS FOR PRACTICE

Understanding the importance of early infant/family relationships has implications for professionals working with families. Early relationships form the basis of an infant's early emotional health and development (including the stress response system), impact on cognitive development and learning and it is through these relationships that infants learn how to interact and relate to their peers and adults. This first relationship between an infant and their primary caregiver reverberates throughout their life span, influencing future relationships, one's sense of connectedness and future participation in society.

Providing appropriate support, care and education for new parents to form healthy attachment relationships with their infant is a key role for professionals who work with families.

Brigid Jordan BSW PhD

Social Work Department and Infant Mental Health Group, Royal Children's Hospital,
Department of Paediatrics,
The University of Melbourne
Murdoch Childrens Research Institute.

A complete list of **references** for both articles is available from the Centre for Community Child Health's website **www.rch.org/ccch** (click on 'Resources and Publications', then 'Child Health Newsletters').

The website contains many useful resources for child health nurses including:
• **Practice Resources** have been developed to help professionals working with children and families better understand issues and strategies on 11 topics, including settling and sleep, breastfeeding and eating behaviour. Each topic has an introduction, a summary of the latest research, and practical strategies.
• **Parent Fact Sheets** are written specifically for parents and cover a range of health, social and environmental topics including hygiene and infection control, music experiences and environmental sustainability. Selected sheets are also available in Arabic, Bosnian, Chinese, Croatian, Somali, Spanish, Turkish and Vietnamese.
• **Books, CD-ROMs and posters** are available online or by order.

THE ROLE OF THE CHILD AND FAMILY HEALTH NURSE IN SUPPORTING EARLY INFANT/PARENT ATTACHMENT

Child and family health nurses are well positioned to provide information, guidance and encouragement to parents in forming responsive and sensitive relationships with their babies. Research indicates that providing stable, responsive and nurturing relationships (attachment relationships) in the early years of life can prevent or even reverse the damaging effects of early life stress with lifelong benefits for learning, behaviour and health. Essentially, the role of the parent is one of being available, ready to respond when called upon, to encourage, perhaps to assist, but to intervene only when clearly necessary (Bowlby, 1988).

> "Secure attachment represents a child's fundamental trust in a primary caregiver, who can help her find a balance between behavioural activation and inhibition, differentiate her emotions, and regulate affect appropriately (Resch, in Papousek, 2008)."

WORKING WITH THE PARENTS OF A NEWBORN

- **The first meeting**

The first visit is often a nervous time for everyone; for the parents who are adjusting to their new role and for the nurse who is meeting the family for the first time. However, this first meeting is critical to the development of your relationship with the family. Although time may be restricted, it is important to use every opportunity to reinforce with the family the importance of their parenting role and development of early secure attachment.

Newborn babies have simple needs – love, warmth, food and to be kept dry. From the beginning it is essential to encourage mothers and fathers to respond sensitively to their baby's cries or cues so to help develop the relationship between the newborn and their parents.

> "Being *sensitive* means being 'tuned in' to the child's feelings, and able to read their cues. Being *responsive* means being psychologically available and able to respond to children's cues appropriately. Responsiveness and sensitivity are inter-related (Rolfe, 2004)."

A mother struggling to establish breastfeeding may need encouragement and practical assistance to persist in her efforts. A mother who has chosen to use artificial feeding, may need encouragement to hold her baby closely and to feel that it is fine to nurse her baby once the baby finishes the feed. Both mothers need to be encouraged to take time to delight and enjoy their newborns. Fathers are also important attachment figures – encourage new fathers to cuddle their baby and assist them to feel confident in handling their newborn.

- **Over the next few weeks**

Continuing to establish a rapport with the new mother and her baby is important and having the same clinician see the family is strongly recommended. Engaging the mother or carer in examination of the baby is a useful way of assessing their relationship and pointing out communication behaviours of the infant. Asking the mother how the baby likes to be handled highlights your recognition of the relationship between the mother and her baby.

It is key that at this visit you discuss 'crying' – the baby's way of communicating. Mothers can quickly lose confidence when faced with a crying baby who is difficult to settle. As professionals, we are aware that babies cry to tell us their many needs. However new parents are on a journey to learn to interpret their baby's needs and to develop the skills which help them meet their baby's needs. Normalising this learning experience as well as providing information and support is the key role of the child and family health nurse.

Social isolation affects many new mothers/parents. Extended family is often unavailable through work commitments, distance or relationship issues. Sometimes, the reverse occurs, with plenty of support available to the family and plenty of conflicting advice. 'They told me don't cuddle the baby or else you will spoil her!', is a common message relayed by new parents.

Again, your role is to support parents to make informed decisions regarding their baby's care and to reaffirm the important role they have in their

baby's life. This discussion provides another opportunity to talk with parents about secure infant/parent attachment.

- **Over the next few months**

During this time, there are two issues which impact on the development of early infant/parent attachment which may be addressed – maternal depression and sleep.

It is well established that maternal depression can have a significant and long lasting impact on the babies' brain development. While mothers and babies usually experience a balanced relationship with both positive and negative interactions, depressed mothers show very few positive interactions. One study found that depressed mothers were unresponsive or disengaged 40% of the time and the rest of the time they were angry and intrusive with their babies (Cohen et al. in Gerhardt, 2004).

It is important to identify those mothers at risk of a depressive illness. By engaging mothers in a respectful relationship, child health nurses can start to discuss more sensitive issues such as her emotional wellbeing or other mental health concerns. Use of a screening tool such as the Edinburgh Postnatal Depression Scale at the four or six week consultation may assist with early identification of postnatal depression, and also supports referral if necessary. Facilitating group work programs such as 'First Time Mothers', 'Getting to Know Your Baby' or an 'Early Bird' program may provide additional support and information for mothers and link them to other community based services.

Sleep is an issue that may warrant early discussion. Much parental worry over sleep is fuelled by books and articles about what babies *should* do to become a 'good sleeper'. Even adults have trouble sleeping and may have a complicated process or ritual of getting to sleep. Providing parents with information about sleep, including the knowledge that 'waking is an integral part of normal sleep at all ages (Largo et al in Papousek et al, 2008)' is a key role of the child and family health nurse.

Many parents struggle with crying at this age; it is useful for mothers to understand *why* their baby is crying. A child health nurse can help mothers identify when their baby is pausing in its cry to listen for her response or when it has moved on from this and is crying inconsolably. When visiting a mother during this time, it is also important for the child health nurse to recognise what is happening for the mother emotionally – a confident mother who is able to read her baby's cues, or who has a baby that gives clear cues will not be as emotionally upset by a crying baby. It is advisable to review the mothers settling methods and the routines she uses to comfort her baby. However, a mother who is at the point of exhaustion and frustration should be advised to walk away and calm herself before attending to her baby.

In summary, your early interactions with a mother and her baby are important for you to model and encourage secure attachment. Issues that impact on the development of early infant/parent attachment, including infant crying, sleep and maternal depression, should be addressed during these initial visits.

REFLECTION QUESTIONS

1. *Do you routinely discuss infant/parent attachment or bonding with new parents?*
2. *When talking about 'crying babies' with parents what is the key strategy to give parents if on occasions their baby is inconsolable?*

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