

Attachment 'theory' refers a psychological model, built upon various constructs, informed by the disciplines of ethnology, psychology, anthropology and biology, pertaining to the dynamics of interpersonal engagement of caregiver(s) and child. It is better considered a body of facts, discerned by way of various forms of research in the various disciplines noted above, rather than 'just a theory.' As Bowlby (1960) opined, attachment is a functional, adaptive process, borne of evolutionary pressures, that serves to facilitate the survival of the newborn and young organism. In this context, it's been observed that attachment is necessary not just for physical survival, but with humans, psychological survival. Ultimately, his work, which carried on for decades, and influenced not only developmental and clinical work, and has served as the foundation for our understanding of human attachment. As Bowlby detailed, attachment is critical, and cannot be considered in an either-or, attached or 'unattached' manner. It is a supremely complicated, bidirectional process, and herein, must not be considered as an event. As Bowlby (1979) noted:

"Many of the most intense of all human emotions arise during the formation, the maintenance, the disruption, and the renewal of affectional bonds. In terms of subjective experience, the formation of a bond is described as falling in love, maintaining a bond as loving someone, and losing a partner as grieving over someone. The threat of loss arouses anxiety. Actual loss causes sorrow. Both situations are likely to arouse anger. On the positive side, the unchallenged maintenance of a bond is experienced as a source of security and the renewal of a bond as a source of joy."

With the aforementioned in mind, note that it's been further established, that attachment is not restricted to biological parents and their children, or with respect to biological family. Attachment, insofar as it is an essential feature to the physical and psychological 'survival' – or at least, functional development – of a child, can and does occur with children and primary caretakers, such as foster parents, etc. As Fahlberg (1979) notes:

"Neither blood ties to the child nor sex of the primary caretaker seem to be as important as the relationship this person has to the child." This observation is supported by the article by John Pardeck (1984) entitled, "Multiple Placement of Foster Children." He concluded that many foster children develop important psychological ties to their foster parents that may be as strong as those with their birth parents.

Considerations regarding disrupted attachment –

While it is empirically and theoretically well-established that attachment is a functionally necessary aspect of human development, it is equally well-established, that disrupted, threatened and/or severed attachments typically result in trauma, and/or or some form of atypical development. The latter has been well-documented by numerous clinicians and researchers, including, Bowlby (1960), Ainsworth and Bowlby (1965), Carlson (1998), Steinhauer (1991), Taussig, Clyman, and Landsverk, to name only a few, and all of whom discuss the unfortunate consequences of attachment disruption. Further, as noted by Steinhauer (1991):

"The more continuity is disrupted, be it through multiple moves or through being left too long in limbo while wardship and future plans are being contested, the greater the risk of severe and lasting personality damage...Many juvenile court judges, lawyers, and even Children's Aid Society workers still do not fully appreciate how damaging it is for a child to be left in limbo while his case is adjourned again and again to suit the convenience of the parents or the legal system."

In the context of the observations noted above, it is important to note that multiple attachment losses, or sustained impermanence, can be significantly damaging. As Iwaniec and Higgins(2006) observed, disrupted attachment is associated with:

“Reduced capacity to form meaningful emotional bonds with others; development of a fragile sense of self with resultant interpersonal difficulties; tendency towards negative self-evaluation; dysfunctional cognitions; and an impaired repertoire of defenses and coping strategies.”

These challenges, we have found, are often long-lasting. Studies concerning pathogenesis and neurogenesis, as this relates to neural health and brain development, has demonstrated, using brain-imaging, that the human brain does not simply develop along a predicted path, but instead, develops by way of response, feedback loops with the environment; part-and-parcel of this, involves the child’s attachment experiences. As Conlan (1999) has noted, with this supported by numerous others:

“The fundamental characteristics of human consciousness and identity are that they are shaped and reshaped by a brain that is continually adapting to the world around us. Whether we’re reading or walking, dreaming or talking, the particular impulses and pathways of the brain’s billions of neurons are storing experiences, learning and unlearning, and creating us anew in the process.”

The research of numerous others support this construct, such as McEwen (2007) and Wotherspoon and Gough (2008), to name 2. This body of research indicates that brain development and growth, are highly influenced, essentially bidirectionally, by early social interaction (to include attachment processes). Inordinately stressful situations, such as attachment disruption and loss, trauma and neglect, have profound influence on how an individual develops over time and manages challenges. As McEwen (2007) observes:

“Early life experiences perhaps carry an even greater weight in terms of how an individual reacts to new situations. Early life physical and sexual abuse carries with it a life-long burden of behavioral and pathophysiological problems. Moreover, cold and uncaring families produce long-lasting emotional problems in children. Some of these effects are seen on brain structure and function and in the risk for later depression and post-traumatic stress disorder.”

The impact of attachment disruption is so well established as problematic and a potential health issue, that The American Academy of Pediatrics, has weighed in. Reports issued in 2000 and 2008 by the AAP provide the following warnings for practitioners:

2000; “Early Childhood, Adoption, and Dependent Care”

“During the first 3 to 4 years of life, the anatomic brain structures that govern personality traits, learning processes, and coping with stress and emotions are established, strengthened, and made permanent...The nerve connections and neurotransmitter networks that are forming during these critical years are influenced by negative environmental conditions...It is known that emotional and cognitive disruptions in the early lives of children have the potential to impair brain development... In terms of evolution, the cerebral cortex is the part of the brain that was last to appear and the part that is most quintessentially human. In addition to language and speech (e.g., reading, comprehension, writing), it is home to mathematical abilities. More important to decision makers such as judges, however, is the fact that the cortex is the home of conscience, abstract reasoning, empathy, compassion, moral development, and social skills.”

2008; “Understanding the Behavioral and Emotional Consequences of Child Abuse.”

“Once thought of as an enigmatic ‘black box,’ the brain is now seen as a complex of specialized, interactive organs, constantly developing through interaction with the environment and each other. Nowhere is this

development more dramatic than in the first 3 years of life as the young brain undergoes sweeping structural change as it senses and adapts to the environment in which it finds itself.”

The AAP concludes by noting that interruption of a child’s development through disruptions in attachments and separations is correlated with various, quite unfortunate consequences, in terms of atypical brain development, learning dysfunction, and social, emotional, behavioral problems.

In conclusion, while the human brain can be quite resilient, and children can sometimes adapt functionally in difficult situations, it is well-established that interrupting or severing bonded relationships is correlated with various forms of distress and ultimately, dysfunction. This is particularly true when children have had multiple losses and/or disrupted attachments, and/or have various forms of vulnerability, such as in utero insult (drug/alcohol exposure, poor prenatal care), have experienced neglect and/or abuse, and/or have learning, social/emotional/behavioral and/or self-regulation problems.

It is notable that attachment theory actually came about, with respect to human development, by way of evaluating and attempting to treat children *who had disrupted early relationships and attachment*. In this context, it is well-accepted in the clinical/scientific community that children need a sustained, secure base of protective, stable and engaging relationships for their ‘best chance’ at functional development. The development of the ‘psychological self,’ that being, the emerging sense-of-self, sentience, consciousness pertaining to self and others, is largely predicated on ‘object relations,’ Object Permanence and Object Constancy, constructs that pertain to a child’s ability to recognize significant others in a secure and stable process of relationship, and the neurobiological process of memory, affective engagement and well-being, and ultimately, recognition as to who and where a person belongs, experientially. This becomes a foundational feature to the development of an organized sense of who one is, and what others are functionally/appropriately for.

Attachment resources:

Ainsworth, M. and Bowlby, J. (1965). *Child Care and the Growth of Love*. London: Penguin Books.

Alberta Centre of Child Family and Community. Research publications.

American Academy of Pediatrics (Aap.org) – See Policy Statements

Bowlby, J. (1960). Grief and mourning in infancy and early childhood. *The Psychoanalytic Study of the Child*, VX, 3-39.

Bowlby, J. (1979). *The making and breaking of affectional bonds*. London: Tavistock Publications.

Carlson, E. (1998). A prospective longitudinal study of attachment disorganization/disorientation. *Child Development*, 69(4), 1107-1128.

Conlan, R. editor (1999). *States of Mind: New Discoveries About How Our Brains Make Us Who We are*. Wiley-Interscience

Fahlberg, V. (1994) *A Child’s Journey Through Placement*. London: British Agencies for Adoption and Fostering. (Chapter 1 (pp13-61) Attachment and Bonding).

McEwen, B.S. (2007). Physiology and neurobiology of stress and adaptation: central role of the brain. *Physiology Review*, Jul; 87(3): 873-904.

Iwaniec, D, Larkin, E. and Higgins, S. (2006). Research review: Risk and resilience in case of emotional abuse. *Child and Family Social Work*, Volume 11, Issue 1: 73-82.

Pardeck, J. *Child Abuse and Neglect: Theory, Research and Practice*

Steinhauer, P.D.(1991). Chapter 5: Assessment for parenting capacity In P.D. Steinhauer. *The Least Detrimental Alternative: A systematic guide to case planning and decision making for children in care.* (p. 76-109). Toronto: University of Toronto Press.

Taussig, H., Clyman, R. & Landsverk, J. (2001). Children who return home from foster care: a 6 year prospective study of behavioural outcomes in adolescence. *Pediatrics*, 108 (a), 10-16.

Wotherspoon, E. and Gough, P. (2008). Assessing emotional neglect in infants. CECW Information Sheet #59E. Toronto ON: University of Toronto, Faculty of Social Work.