

As Psychology: Attachment in first years of life.

The attachment system as a bio-social mechanism of homeostatic regulation

Attachment theory, developed by John Bowlby (Bowlby, 1969; Bowlby, 1973; Bowlby, 1980), postulates a universal human need to form close affectional bonds. At its core is the reciprocity of early relationships, which is a precondition of normal development probably in all mammals, including humans (Hofer, 1995). The attachment behaviours of the human infant (e.g. proximity seeking, smiling, clinging) are reciprocated by adult attachment behaviours (touching, holding, soothing) and these responses strengthen the attachment behaviour of the infant toward that particular adult. The activation of attachment behaviours depends on the infant's evaluation of a range of environmental signals which results in the subjective experience of security or insecurity. The experience of security is the goal of the attachment system, which is thus first and foremost a regulator of emotional experience (Sroufe, 1996). In this sense it lies at the heart of many forms of mental disorder and the entire psychotherapeutic enterprise.

None of us is born with the capacity to regulate our own emotional reactions. A dyadic regulatory system evolves where the infants' signals of moment to moment changes in their state that are understood and responded to by the caregiver thereby achieving their regulation. The infant learns that arousal in the presence of the caregiver will not lead to disorganisation beyond his coping capabilities. The caregiver will be there to re-establish equilibrium. In states of uncontrollable arousal, the infant will come to seek physical proximity to the caregiver in the hope of soothing and the recovery of homeostasis. The infant's behaviour by the end of the first year is purposeful, and apparently based on **specific** expectations. His past experiences with the caregiver are aggregated into representational systems which Bowlby (1973) termed 'internal working models'. Thus, the attachment system is an open bio-social homeostatic regulatory system.

Patterns of attachment in infancy

The second great pioneer of attachment theory, Mary Ainsworth (1969; 1985; Ainsworth, Blehar, Waters, & Wall, 1978), developed the well-known laboratory based procedure for observing infant's internal working models in action. Infants, briefly separated from their caregiver in a situation unfamiliar to them, show one of four patterns of behaviour. Infants classified as **Secure** explore readily in the presence of the primary caregiver, are anxious in the presence of the stranger and avoid her, are distressed by their caregivers' brief absence, rapidly seek contact with the caregiver afterwards, and are reassured by this. The infant returns to exploration. Some infants, who appear to be made less anxious by separation, may not seek proximity with the caregiver following separation, and may not prefer the caregiver over the stranger; these infants are designated '**Anxious/Avoidant**'. A third category, '**Anxious/Resistant**' infants show limited exploration and play, tend to be highly distressed by the separation, but have great difficulty in settling afterwards, showing struggling, stiffness, continued crying, or fuss in a passive way. The caregiver's presence or attempts at comforting fail to reassure, and the infant's anxiety and anger appear to prevent them from deriving comfort from proximity.

Secure infants' behaviour is based on the experience of well co-ordinated, sensitive interactions where the caregiver is rarely over-arousing and is able to restabilise the child's disorganising emotional responses. Therefore, they remain relatively organised in stressful situations. Negative emotions feel less threatening, and can be experienced as meaningful and communicative (Grossman, Grossmann, & Schwan, 1986; Sroufe, 1979; Sroufe, 1996).

Anxious/Avoidantly attached children are presumed to have had experiences where their emotional arousal was not restabilised by the caregiver, or where they were over aroused through intrusive parenting; therefore they **over-regulate** their affect and avoid situations that are likely to be distressing. Anxious/Resistantly attached children **under-regulate**, heightening their expression of distress possibly in an effort to elicit the expectable response

of the caregiver. There is a low threshold for threat, and the child becomes preoccupied with having contact with the caregiver, but frustrated even when it is available (Sroufe, 1996).

A fourth group of infants exhibits seemingly undirected behaviour, giving the impression of disorganisation and disorientation (Main & Solomon, 1990). Infants who manifest freezing, hand clapping, head-banging, the wish to escape the situation even in the presence of the caregiver, are referred to as '**Disorganised/Disoriented**'. It is generally held that for such infants the caregiver has served as a source of both fear and reassurance, thus arousal of the attachment behavioural system produces strong conflicting motivations. Not surprisingly, a history of severe neglect or physical or sexual abuse is often associated with this pattern (Cicchetti & Beeghly, 1987; Main & Hesse, 1990). I would like to consider this group in much greater detail, this afternoon.

The continuity of patterns of attachment

Bowlby proposed that internal working models of the self and others provide prototypes for all later relationships. Such models are relatively stable across the lifespan (Collins & Read, 1994). Early experiences of flexible access to feelings are regarded as formative by attachment theorists. The autonomous sense of self emerges fully from secure parent-infant relationships (Emde & Buchsbaum, 1990; Fonagy et al., 1995a; Lieberman & Pawl, 1990). Most importantly the increased control of the secure child permits him to move toward the ownership of inner experience, and toward understanding self and others as intentional beings whose behaviour is organised by mental states, thoughts, feelings, beliefs and desires (Fonagy et al., 1995a; Sroufe, 1990). Consistent with this, prospective longitudinal research has demonstrated that children with a history of secure attachment are independently rated as more resilient, self-reliant, socially oriented (Sroufe, 1983; Waters, Wippman, & Sroufe, 1979), empathic to distress (Kestenbaum, Farber, & Sroufe, 1989), with deeper relationships (Sroufe, 1983; Sroufe, Egeland, & Kreutzer, 1990).

In summary, the securely attached child perceives in the caregiver's reflective stance an image of himself as desiring and believing. He sees that the caregiver represents him as an intentional being, and this representation is internalised to form the self. "I think therefore I am" will not do as a psychological model of the birth of the self; "She thinks of me as thinking and therefore I exist as a thinker" perhaps comes closer to the truth. If the caregiver's reflective capacity has enabled her accurately to picture the child's intentional stance, then he will have the opportunity to "find himself in the other" as a mentalising individual. At the core of our selves is the representation of how we were seen. Our reflective capacity is thus a transgenerational acquisition. We think of others in terms of desires and beliefs because, and to the extent that, we were thought of as intentional beings. Only following this process of internalisation, can the development of awareness of mental states in oneself be generalised to others including the caregiver.

The theory of a transgenerational reflective function has these components: 1. We assume that the internalisation of second order representations of internal states depends upon the sensitive reflection of the caregiver and it offers the building blocks with which a reflective internal working model is constructed. 2. The gradual move from a teleological to an intentional stance is intrinsically linked to the child's experience of safety in exploring the caregiver's mind to ferret out the feelings and thoughts that might account for her behaviour. Needless to say, this is easiest and safest to do in the context of a secure attachment relationship. 3. The caregiver makes a further important contribution, perhaps most important at a somewhat later stage. Prototypically, while engaging in pretend play with the child, the caregiver simultaneously engages the child's internal world while retaining an external reality-based perspective. This is analogous to psychoanalytic discussions of the cognitive impact of the oedipal triad, where the shared reality of two people is suddenly experienced from the point of view of the third. The parents' engagement in the child's internal world moves the child beyond the conception of their mind as a replica of the external world.

These three components (the second-order representation of affect, the intentional representation of the caregiver and ultimately the intentional representation of the self) equip the child to confront a sometimes unduly harsh social reality. I shall go on to argue that the robust establishment of reflective function has a protective effect and, by contrast, its

relatively fragile status indexes a vulnerability to later trauma. Secure attachment and reflective function are, I believe, overlapping constructs and the vulnerability associated with insecure attachment lies primarily in the child's diffidence in conceiving of the world in terms of psychic rather than physical reality. Given trauma of sufficient intensity, even a secure bond may sometimes crumble and in the absence of psychosocial pressures, reflective function may offer only marginal developmental advantage. To understand severe personality disorder, as I hope we shall see, it is important we are attuned to our patient's capacity to use the language of mental states for self organisation as well as social understanding.