

This essay will discuss the influence of parent-infant attachment on the optimal development of a child and particularly how poor parenting techniques can affect and influence a child's growth to optimal development. This paper will specifically focus on journal articles research into psychosocial and emotional stages of children and will correlate poor parent-infant attachment to lack of achievement of milestones of development in children across subsequent developmental ages. This paper will also address strategies for parents to ensure good parent-infant attachment is achievable for all caregivers.

The subject of parent-infant attachment has been well studied since the original theory was first put forward by John Bowlby in 1951 (Bowlby, cited in Owusu-Bempah and Howitt, 1997) and there has been much research and study into parent-infant attachment during the subsequent years. Theiss and Travers (2006) point out that the development of attachment relationships in children and human beings appears to be innately programmed and this programming is called attachment theory. Owusu-Bempah and Howitt (1997) discuss attachment theory and explore this concept through discussion suggesting that children who fail to have positive and intimate relationships in early childhood may exhibit behaviours leading them to emotional struggles and difficulties in achieving optimal development. Optimal development is achieved by successful completion of all milestones across the ages of childhood through to adulthood. Theis and Travers (2006) assert that attachment behaviours are instinctual and children seek contact from birth with their caretaker and Berk (1997) points out that attachment behaviours are reassuring and are exhibited throughout life, giving one example of an adult phoning a significant other at a moment of difficulty, isolation or stress to assist to restabilise their view of self and the world. This attachment bond fosters security and self

actualisation throughout childhood, adolescence and adult life. Owusu-Bempah and Howitt (1997) suggests a strong parent-infant attachment is the basis of a child's belief system about the world and that securely attached people have realistic views about their world and modify their internal functioning appropriately based upon their experiences. Berk (1997) explores these stages and the process of successful attachment and discusses the stages as pre-attachment, attachment-in-the-making, clear cut attachment and formation of reciprocal attachment. The four stages once achieved coincide with milestones of autonomy at age 15 months as defined by theorist Erik Erikson when the child begins to explore the world.

Mayer, Anastaf & Clark (2006) point out that parent infant attachment is an important part of babies health and development. Babies behaviours that show infant attachment is developing successfully in the first three months includes baby learning to express emotions, learning to smile and coo, and communicating through crying and gestures.

By three months of age a child with good parent/infant attachment will have achieved social milestones of enjoying being touched and will smile and recognise its mother. A three month old is beginning to show signs of being ready to be interactive with its environment. Babies do not develop uniformly and subsequently have minimal fine and gross motor skills (Martini, 2006, p.1096). Good parent infant attachment ensures that developing needs of all areas are met through play and parents interacting with their babies through play, ensures stimulation of all areas of development including cognitive, social, emotional, motor and language skills. Poor parent attachment as outlined in Queensland Government Health website (2006) outlines the effects and behaviours of poor infant attachment. By progressing through these facts sheets and applying them to Piaget's milestones it can be seen that poor parent attachment results in a child with

deficits in many areas of development, especially cognitive, social and emotional milestones (Berk, 1997). These deficits can be seen in the interactions with their peers and social environment in early, middle and late childhood and have further implications to a child's development into adulthood. Theiss and Travers (2006) explore the concept of assimilation, accommodation and use and this model can be applied to both poor and good infant attachment. When applied to this cycle of growth, successful assimilation and accommodation leads to learned behaviours that will either assist in completion and progression of stages or will hold the child at that stage of development until successfully completed. When stages are not successfully completed, the child continually cycles through Theiss and Travers (2006) concept until a successful outcome of accommodation and use provides positive feedback to move forward successfully in this area of development. Good parenting skills leads to positive feedback and helps the children learn acceptable social and emotional behaviours.

Behaviours of poor parent attachment, also outlined by Mayer et.al (2006) include parent behaviours of not wanting to cuddle or hold baby, inability of parent to help baby fall asleep, and letting baby cry for long periods of time. Other feelings parents may experience include depression, not wanting to spend time with the baby or lack of confidence (Mayer et.al 2006). Behaviours exhibited by a baby experiencing poor parent attachment include baby not responding to soothing or comfort, crying for hours at a time, does not coo or respond when talked to and resists parents efforts to soothe or hold them (Queensland Health, 2006). The effect of poor parent infant attachment at this early stage can lead to parents pulling away emotionally from the child and a subsequent lack of language, social, emotional and motor feedback and opportunities for optimal development of the child. Immediately the child's needs are not met, the child learns not

to trust their environment as important developmental needs are not being met by the caregiver and the feedback is assimilated by the child leading to skewed patterns of cognition and behaviour. The baby is unable to progress through developmental stages unless physical and psychological needs are met (Allen & Marotz, 2003). Parent infant attachment is connected to emotional and social milestones and whilst other milestones of gross and fine motor skills, and nutritional needs may be being met and achieved, the milestones of social and emotional development will be met by crisis(Allen & Marotz, 2003). If good parent-infant attachment is not achieved and a child learns not to trust its environment, then problems of a psycho-social and emotional nature will emerge in the child. The child learns from its environment. This 'Learning Theory' was developed by B. F. Skinner who argued development was based on learning from positive and negative interactions (Allen & Marotz, 2003). Laws of behaviour further support child development theorists views by exploring the relationship between a stimulus and a response (Allen & Marotz, 2003). Behaviourists believe conditioning is how learning occurs and this supports Erikson's theory of trust versus mistrust and the spiralling stagnation and crisis that occurs if developmental milestones are not successfully achieve (Berger, 2001).

Berger (2001) asserts that trust is reinforced through baby having its needs met within a reasonable timeframe the child goes on to build autonomy. This author further clarifies that a child who experiences trust and security grows up into a confident adult, capable of engaging and exploring the world. Meins, Fernyhough, Fradley and Tuckey (2001) completed a study based on a key variable identified as reciprocal responsiveness. The key finding of this study was that secure attachment behaviours in infants was found to be noticeably more when parents interactions were sensitive, accepting, cooperative and

accessible. Meins et.al (2001) gathered observations of infant attachment based on infant vocalisations, infant gaze and change in direction. These authors achieved their aim of testing if more sensitive mothers are more likely too establish secure attachment relationships in their children. They also found that parents with predictive abilities to pre-empt their childs needs were more likely to have securely attached children. This research moves to address the reasons why sensitive responsiveness of parents assists in the development of self and relationship through out childhood development.

Owusu-Bempah and Howitt (1997) explore socio-genealogical connectedness and the attachment theory. Socio-genealogical connectedness is the extent to which a child identifies with biological parents. These authors put forward the notion that humans have a psychological urge to be connected to their biological roots and that inadequate knowledge destabilises children's emotional security and self-concept, leading to identity crisis in adolescence as defined by Erikson's stage of Identity verses Indentity confusion. Children in adolescence are trying to find out who they are and put importance on their role in the world while their self esteem is developing. Owusu-Bempah and Howitt (1997) acknowledge that a child's sense of continuity can be built by the whole community and that the felling of self-knowledge is partly culturally determined. These authors point out that divorce, abandonment and separation can be adverse on the psychological development of the child as the focus figure of the childs attachment is removed and either no longer easily accessible or available. Woodward and Ferguson's (2000) research into child attachment and parental separation supports Owusu-Bempah and Howitt's (1997) acknowledgment of the difficulties children of parental separation face when their attachment figure is removed or inaccessible.

Howe (2006, Iss.3) states that protection from danger is the goal of attachment systems and attachment is a behavioural control system that seeks proximity to a trusted caregiver. These behaviours are triggered when anxiety, confusion, feelings of abandonment or fear is experienced. For children to build a behavioural control system they build up a knowledge base of how others minds work and they relate these states to their own relationships and social interactions. Howe (2006, Iss.3) continues to explore attachment by discussing how if a child feels understood, then the child has a better understanding of self and others psychological workings. Carers who instill feelings of attunement with their children and who are responsive and sensitive to the needs of their children, Howe (2006, Iss.3) continues, are likely to feel securely attached , and a synergy of achieving all developmental milestones is undertaken. This author states that behaviours of children insecurely attached include dependency, vulnerability in self and others and this can make children anxious or avoidant. Avoidant children become self-contained but astute observers of others and their behaviours. Howe (2006, Iss.3) also explores the ambivalent child who maximises their distress and attachment behaviours in order to cope and adapt and increase chances of being noticed by the significant caregiver.

Disorganised attachment children suffer more complex impairments (Howe, 2006, Iss 3). These children experience dangers that are unpredictable in their significant care-giver and fear physical harm and abandonment. Howe (2006, Iss.3) discusses the children of this type of attachment disorder exhibit compulsive compliance, self-reliance, and coercion. Caregiving techniques include helping them to recognise, feel safe and acknowledge their emotions at a physiological and psychological level. It can be seen through Howe's (2006, Iss.3) research that caregiving skills are of obvious importance in

the successful achievement in a child of socialisation skills, self esteem, feelings of security and progression to successful adult independence.

McMahon, Barnett, Kowalenko & Tenant's (2006) research studied the effects of postnatal depression on infant attachment and found that depressed mothers were less likely to be attached but that this attachment was tempered by the maternal state of mind. Their research found that while there was a higher rate of poor-infant attachment in post natal mothers, that depression did not completely lead to failure of all children to parent attach. The authors found that Chronic or severe maternal depression had a high rate of poor parent attachment but they also found that caregiving skills exhibited by the parent could be linked to parents own experiences as a child and that poor parent-infant attachment was a generational parenting flaw. The authors concluded that it was not only depression in parents that may lead to poor parent-infant attachment but exposure to inappropriate parenting techniques and the presence of insecure attachment relationships in parents lives. A cycle was recognised of generational poor parent-infant attachment that continues into the next generation unless parents find new models of parenting techniques, to ensure in their children, attachment and successful development of self and self concept throughout childhood.

McMahon et.al (2006) concluded that the significance of maternal depression within the framework of intergenerational caregiving should be considered when examining the effects of parent-infant attachment, subsequent achievement of trust and autonomy and the development of self and the development of the child.

Green and Goldwyn (1999) assert that there is research to substantiate that disorganised attachments are linked to poor parenting associated with caregivers unresolved loss or trauma. This assertion is supported by others with similar research such as Steele, Steele & Johansson (2002) who studied the ante-natal period. Both of these authors research was collected over an eleven year period. They suggest that poor parent-infant attachment is a predictor of cognitive and social difficulties for the developing child. A child of poor parent-infant attachment, Green and Goldwyn (1999) clarify, who shows persistent disorganisation behaviours is characterised in early childhood by lack of social skills and poor interactional behaviours. Further to this, this authors research identified that parental state of mind and child disorganisations go hand in hand with poor parent-infant attachment. The conclusion was that a child becomes disorganised when they experience an alarming situation, with the caregiver as the source of alarm and the only solution. This contradiction provokes motivational conflict and a solution for the child is not easily recognised. Green and Goldwyn (1999) link unresolved caregivers states of mind, when nurturing and developing their child, to the crisis of poor parent -infant attachment and the subsequent crisis of emotional and social skills on optimal development of the child. These authors suggest that disorganised stress responses are caused by stressful parenting and poor parenting skills. This leads to poor cognitive, social and emotional skills in the developing child and difficulties during adolescence and later adulthood. Green and Goldwyn's (1999) research found that in adolescence, children with poor parent-infant attachment exhibited poor operational skills and self-esteem and confidence was low.

Developing children with unsuccessful attachment behaviours internalise problems and show poor social adjustment exhibited in social withdrawal, antisocial behaviours and anxiety throughout childhood (Green & Goldwyn, 1999). Green and Goldwyn (1999) contend that

“On the one hand, disorganisation seems to be associated with quite specific caregiving and infant behaviours; on the other it has rather broad developmental outcomes.” (Green & Goldwyn, 1999, p.840)

Green and Goldwyn (1999) suggest techniques of parent management aiming to improve sensitivity to the child and consistency of parenting skills as beneficial to the child by means of instilling self confidence and self esteem in the parent belief patterns of self. Howe (2006, Iss. 2) confirms this belief by suggesting co-ordinated services, reliable social support and good family harmony are instrumental in ensuring parents are able to instil good parent-infant attachment and subsequent assist their child to optimal development.

In summary, good parent-infant attachment has been shown to be instrumental in the development of psycho-social and emotional skills, and is an important milestone of achieving optimal development across the ages for growing children. Poor parent-infant attachment has been linked by many researchers to poor caregiving skills of the carer. It is directly through parents or caregivers interactions that a child learns to trust its environment. Sensitivity and provision for the needs of the child by the parent builds trust in the child and this is shown through behaviours of appropriate interactions with the environment and the child's main caregiver. A child with well formed parent-infant attachment behaviours continues to successfully develop and achieve milestones of growth across all developmental area. A child of a parent who is unable to meet the

needs of their infant or provide synchronicity of meeting needs in an appropriate time frame, will have difficulty trusting the environment and may develop social and emotional deficits through childhood, adolescence and adult life. By providing parental support in many and varied ways, the health system can assist caregivers in their role of successfully assisting a child to optimal development.

References:

Berger, K S 2001, *The Developing Person: Through Childhood and Adolescence*, 5th edn, Worth publishers, New York.

Berk, L E 1997, *Child Development* (Ed. 4) Boston, Allyn and Bacon.

Ferguson, D M & Woodward, L 2000, 'Timing of Parental Separation and Attachment to Parents in Adolescence: Results of a Prospective Study from Birth to Age 16', *Journal of Marriage and Family*, Vol.62, Iss. 1, pp. 162-174, (viewed Blackwell Synergy 10th September, 2006).

Green, J & Goldwyn, R 1999, 'Annotation: Attachment disorganisation and psychopathology: new findings in attachment research and their potential implications for developmental psychopathology in childhood', *Journal of Child Psychology and Psychiatry*, Vol. 40, Iss. 8, PP. 1147-1157, (viewed Blackwell synergy 6th September, 2006).

Howe, D 2006, 'Developmental Attachment Psychotherapy with Fostered and Adopted Children', *Child and Adolescent Mental Health*, Vol. 11, Iss.3, pp. 128-134, (viewed Blackwell Synergy, 6th September 2006).

Howe, D 2006, 'Disabled children, parent-child interaction and attachment', *Child and Family Social Work*, Vol.11, Iss. 2, pp. 95-106, (viewed 10th September, 2006).

Mayer, R Anastaf, J & Clark, E M 2006, 'What to expect and when to seek help: Social and emotional development in adolescence, Ages 11-21 years' and 'Social and emotional development in infancy, Ages Birth-12 months',
[Http://online.usc.edu.au/webapps/portal/frameset.jsp?tab=courses&url=/lan/common/course.pl?course_id=7884_1](http://online.usc.edu.au/webapps/portal/frameset.jsp?tab=courses&url=/lan/common/course.pl?course_id=7884_1)

Martini, F H 2006, 'Fundamentals of Anatomy and Physiology', 7th Edn, Pearson Education, San Francisco.

McMahon, C A Barnett, B Kowalenko, N M & Tennant, C C 2006, 'Maternal attachment state of mind moderates the impact of postnatal depression on infant attachment', *Journal of child psychology and psychiatry*, Vol. 47, Iss.7, pp. 660-669, (viewed Blackwell Synergy 6th September, 2006)<mk:@MSITStore:C:\Program Files\Microsoft>

<Office\OFFICE11\1033\wdmain11.chm::/html/wodecVaryHeadersAndFootersWithinADocument1.htm>

Meins, E Fernyhough, C Fradley, E & Tuckey, M 2001, 'Rethinking Maternal Sensitivity: Mothers' Comments on Infants' Mental Processes Predict Security of Attachment at 12 Months', *Journal of Child Psychology and psychiatry*, Vol. 42, Iss. 5, pp. 637-645, (viewed Blackwell Synergy 6th September, 2006)

Owusu-Bempah, J & Howitt, D 1997, 'Socio-genealogical connectedness, attachment theory, and childcare practice', *Child and Family Social Work*, Vol. 2, Iss. 4, PP. 199 - 207, (viewed Blackwell Synergy 6th September, 2006)

Queensland Government Health Website: 'Child Development Fact sheets',
<Http://www.health.qld.gov.au/child&youth/factsheets>

Theiss, K M and Travers, J F 2006, *Handbook of human Development for Health Care Professional*, Canada, Jones and Bartlett.