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Attachment and its Impact on Child Development: Comments on van IJzendoorn, Grossmann and Grossmann, and Hennighausen and Lyons-Ruth

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Introduction

More than 50 years ago, a British child psychiatrist named John Bowlby was commissioned by the World Health Organization to write a monograph about the mental- health needs of young children. Bowlby's conclusion was that "what is believed to be essential for mental health is that an infant and young child should experience a warm, intimate and continuous relationship with his mother (or mother substitute – or permanent mother substitute – one person who steadily mothers him) in which both find satisfaction and enjoyment."[1] Grossmann and Grossmann, van

IJzendoorn, and Hennighausen and Lyons-Ruth all review the current status of more than 35 years of research that has affirmed, refined and extended Bowlby's central thesis. In this commentary, we review the authors' interpretations of research, implications for policy, and highlight additional areas of emphasis.

Research and Conclusions

Several issues and conclusions are reviewed in the sections on attachment and its impact on child development:

(1) Individual differences in the organization of the young child's attachment behaviour expressed towards the caregiver have proven to be reasonably robust predictors of the child's subsequent psychosocial adaptation. An important question that has been the focus of empirical attention and debate concerns the degree to which individual differences in attachment are attributes of the child or are instead attributes of the child's relationship with a specific caregiver. van IJzendoorn concludes that it is "nurture" rather than "nature" that accounts for differences in attachment security. His hypothesis is well substantiated by the research he cites and is further supported by repeated findings that a child may have different attachment classifications with different caregivers.[2]

(2) If attachment patterns reflect relationship characteristics rather than traits in the child, one would expect that characteristics of dyadic interaction would be associated with patterns of attachment. The research cited by van IJzendoorn provides support for a causal role of parental sensitivity in the development of attachment security, though much less research has addressed the interactive patterns that precede avoidant and resistant attachment. Research reviewed by Hennighausen and Lyons-Ruth has also demonstrated that certain parental behaviours, such as withdrawal, negative-intrusive responses, role-confused responses, disoriented responses, frightened or frightening behaviours and affective communication errors, which include contradictory responses to infant signals, are likely to be more evident in the context of certain types of parental psychopathology, and have been documented to be associated with disorganized attachment.[3,4]

(3) A central tenet of attachment theory has been that early experiences between young children and their caregivers provide a model for intimate relationships in later life. Although this model is believed to be modifiable by subsequent experiences, the theory has posited a conservative tendency to resist change. These propositions suggest that in a stable caregiving environment,

one would expect to find stable patterns of attachment, but in environments characterized by significant changes, one would expect less stability. On balance, these assertions are supported by research, although results from four longitudinal studies of attachment from infancy to adulthood do not support a linear relationship,[5-8] as these studies do not uniformly demonstrate stability of attachment classifications from infancy to adulthood. They do, however, provide support for a relationship between life events and changes in attachment classifications. In the Grossmanns' work, negative life events and stresses were also found to compromise attachment security. Individuals whose attachment classifications changed from secure in infancy to insecure in adulthood were more likely to have experienced negative life events (such as divorce), and children who demonstrated insecure attachment in infancy were more likely to remain insecure if they experienced negative life events. Studies conducted and reviewed by Grossmann and Grossmann (this volume) have helped illuminate some of the complexities of developmental pathways.

(4) Hennighausen and Lyons-Ruth rightly emphasize the importance of disorganized attachment as a component of the study of childhood psychopathology. Although the secure vs. insecure attachment distinction has some predictive validity, disorganized attachment has far better documented links with specific types of psychopathology than do other types of insecurity.[4,9] Still, much less is understood about the mechanisms through which disorganized attachment affects the expression of psychopathology in the child, and whether it is a specific contributor or a more general marker for psychopathology in general. Hennighausen and Lyons-Ruth's emphasis that interventions with families most at risk for having children with disorganized attachments have shown promise when they are home-based, intensive and long-lasting is a particularly important point.

Additional Issues

What is missing from these contributions is a consideration of attachment in more extreme populations, such as maltreated or severely deprived young children. In contrast to the developmental perspective that considers the quality of a young child's attachment to a caregiver as a risk or protective factor for the development of psychopathology, the clinical tradition considers that attachments may be so disturbed as to constitute an already established disorder. Reactive attachment disorder (RAD) describes a constellation of aberrant attachment behaviours and other social behavioural anomalies that are believed to result from "pathogenic care."[10] Two clinical patterns have been described:

(a) An emotionally withdrawn/inhibited pattern, in which the child exhibits limited or absent initiation or response to social interactions with caregivers, and a variety of aberrant social behaviours, such as inhibited, hyper-vigilant or highly ambivalent reactions; and (b) an indiscriminately social/disinhibited pattern, in which the child exhibits lack of expectable selectivity in seeking comfort, support and nurturance, with lack of social reticence with unfamiliar adults and a willingness to “go off” with strangers.

Although the systematic study of attachment disorders is quite recent, these disorders have been described for more than half a century. From a handful of recent studies, it seems clear that signs of attachment disorders are rare to non-existent in low-risk samples,[11-13] increased in higher-risk samples,[14,15] and readily identifiable in maltreated[16] and institutionalized samples.[12,13] Interestingly, the emotionally withdrawn/inhibited type of RAD is readily apparent in young children living in institutions and in young children when they are first placed in foster care for maltreatment, but it is rarely evident in samples of children adopted out of institutions.[11,17] In contrast, the indiscriminately social/disinhibited type of RAD is discernable in maltreated,[16] institutionalized[12,13,18] and post-institutionalized children[11,13,17,19-20]

Clearly, there is a need to understand how clinical and developmental perspectives on attachment interrelate. Some initial suggestions that secure, insecure, disorganized and disordered attachments could be arrayed on a spectrum of healthy to unhealthy adaptation[21] or that disorganized attachment itself should be considered an attachment disorder have not been supported by research to date. Instead, the picture that is beginning to emerge is that the clinical and developmental perspectives on disturbed attachments offer different ways of understanding disturbances of attachment.

Implications for the Policy and Services

The propensity for human infants to form attachments to their caregivers and for caregivers to be drawn to care for human infants appears to be hard-wired. Thus, disturbances of attachment become evident when various factors within the parent, within the child or within the larger caregiving contexts interfere with a species-typical capacity to form attachments.

All three contributors describe implications for policy. van IJzendoorn emphasizes that policies should be developed to encourage parental sensitivity in the infancy period. Grossmann and Grossmann further emphasize the importance of the parent-child attachment relationship in older

children and adolescents, and by implication, interventions with families should not only focus on the early childhood period but rather be aimed at providing consistent support and assistance throughout the child's development. Finally, Hennighausen and Lyons-Ruth rightly emphasize that early intervention for infants and toddlers with disorganized attachment will likely reduce the need for more expensive interventions once psychopathology has emerged.

No doubt all of the contributors would agree that we already know enough to identify children at risk for disturbances of attachment and its associated psychopathology. Nonetheless, preventive interventions, perhaps even before the child is born, have enormous potential to alter the behavioural and developmental trajectories that may befall children born into multi-risk families. The contributors further assert that policy and practice should focus on the early identification of parent-child relationship difficulties in hopes of providing services that may ameliorate the risk for the development of later psychopathology.

Policies should identify the means by which families can access consistent parenting and psychological support throughout the lifetime of their child. Primary health-care providers and child-care professionals are two groups that have contact with most families of children and adolescents. How these professionals may best support the needs of parents and which interventions are most beneficial to enhance parental sensitivity and infant attachment remains a matter of debate. A recent meta-analysis of early childhood interventions asserted that brief interventions (<5 sessions) focusing on increasing maternal sensitivity and enhancing infant attachment security were more effective than long-term intervention.[23] In contrast, Hennighausen and Lyons-Ruth cited evidence that disorganized attachment responds best to home-based, intensive and long-term interventions. In other words, from a health-promotion perspective (promoting secure attachments), shorter and more focused interventions may be preferable, but from a risk- reduction perspective (reducing disorganized attachment), longer and more intensive interventions may be necessary. Challenges that remain are demonstrating valid approaches to identifying different levels of risk in families and cost-effective interventions to optimize later developmental and behavioural outcomes for young children.

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