



NATP
NATIONAL ASSOCIATION
OF THERAPEUTIC PARENTS



Centre of Excellence in
CHILD TRAUMA

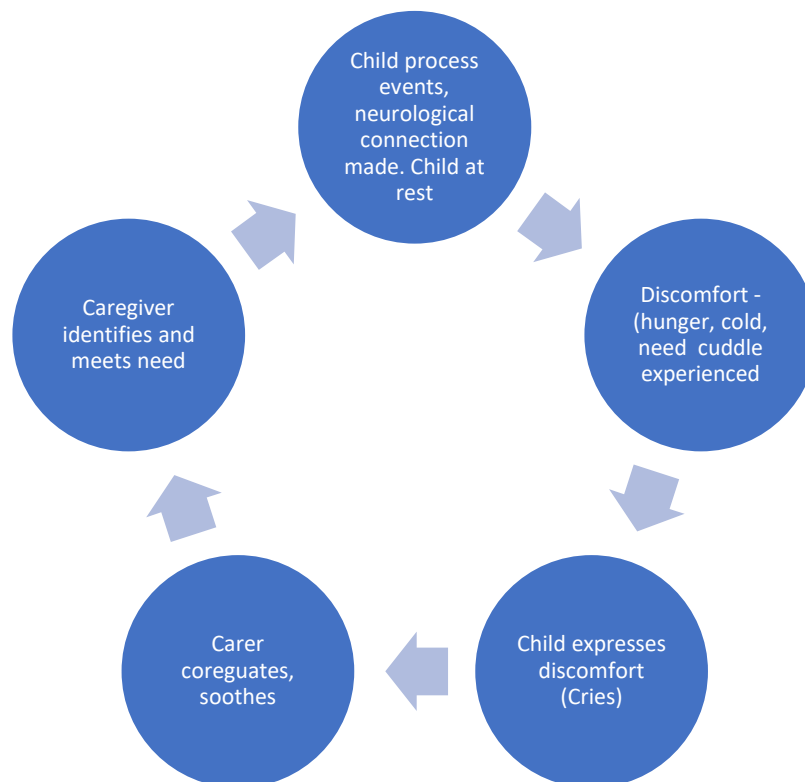
Attachment

Attachment theory was first proposed by John Bowlby who had worked as a Psychiatrist in a Child Guidance Clinic in London. The theory suggests that the nurturing and reciprocal bond between a caregiver and a child is essential for growth of emotional and social ability.

“Attachment is a deep and enduring emotional bond that connects one person to another across time”.

Our understanding of the importance of a strong attachment to a responsive caregiver has evolved considerably over the 60 years since this theory was first proposed, and with the emergence of neurodevelopmental knowledge, we now have a greater understanding of the incredible importance of what seems like a simple cycle.

Healthy Attachment Cycle



1. The child experiences discomfort – They are cold, wet, lonely, hungry, bored or scared. (The world is, after all, a big unfamiliar place which is confusingly full of multiple sensory stimuli)
2. The child expresses their discomfort in the only way they can and cries. For the child, they are expressing a survival need which they are unable to fulfil for themselves. Human babies are completely vulnerable and dependant at birth. Their life depends on their caregivers and so discomfort is perceived by their brain as a threat to their existence.
3. The caregiver responds to the baby's distress. The first thing that happens is that the child is picked up and calmed by the co-regulation, physical contact and soothing noises of the caregiver. This is a very empathic response.
4. The caregiver identifies what the issue is, and feeds/changes/cuddles/plays with the baby. Both baby and caregiver experience pleasure in their interaction whether calming or relaxing and this is conveyed by tone of voice, eye contact, facial expression, etc.
5. The baby returns to a resting state and processes (unconsciously). A neurological pathway is established with the prefrontal cortex which records this interaction and forms part of the baby's emerging knowledge and understanding of their own unique experience of the world.

From this we can extrapolate the following:

Baby's emerging experience of the world: Caring, safe, loving, welcoming stable, fun and consistent – predictable.

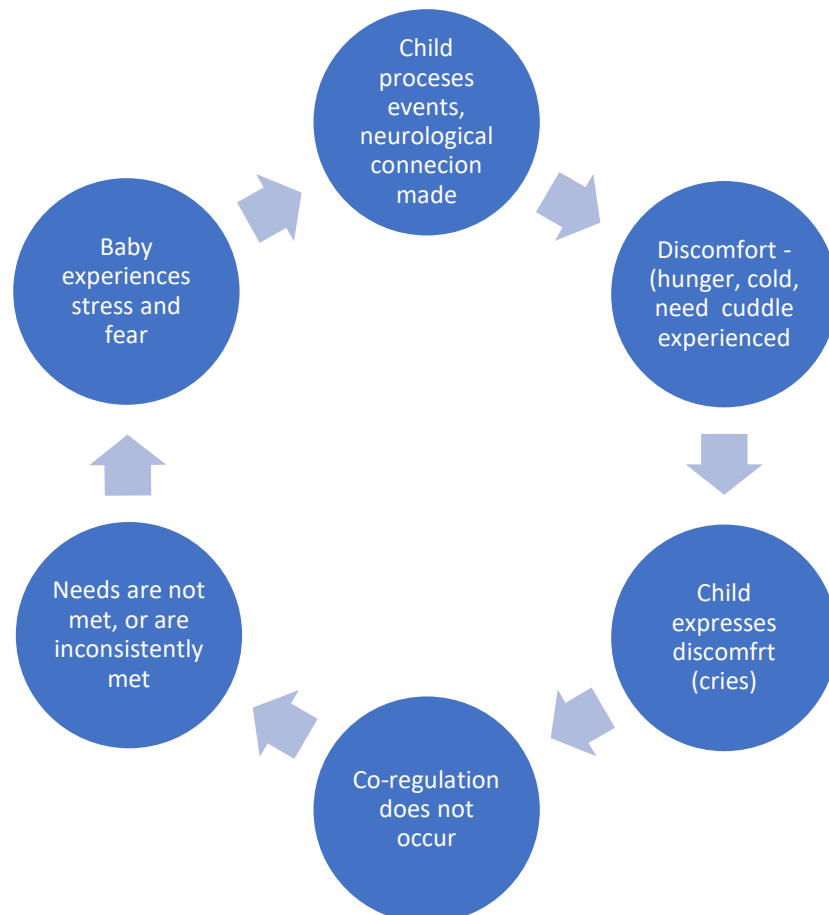
Baby's sense of caregivers and adults: Safe, comforting, trustworthy

Baby's sense of self – Loved, wanted, beautiful, engaging, worthwhile, important, confident, self-esteem

Where there has been a positive attachment experience, needs are perceived as being met by the individual, they are confident in the provision of physiological and safety needs and have been able to engage in a loving reciprocal relationship that has enabled them to build an expectation based on a loving context. They have a core knowledge that their needs will be met, enabling them to be resilient and tolerant if they are occasionally hungry, cold, upset, have an argument, etc. They are able to manage social interactions and make connections readily. Their experience of the world as accommodating means that they can take risks are able to bear the disappointment of being wrong and explore different avenues. These individuals will be able to embrace a challenge whether this is academic, physical or emotional.

Deficient or Unhealthy Attachment Cycle

1. The child experiences discomfort – They are cold, wet, lonely, hungry, bored or scared. (The world is, after all, a big unfamiliar place which is confusingly full of multiple sensory stimuli)
2. The child expresses their discomfort in the only way they can and cries. For the child, they are expressing a survival need which they are unable to fulfil for



themselves. Human babies are completely vulnerable and dependant at birth. Their life depends on their caregivers and so discomfort is perceived by their brain as a threat to their existence.

3. Caregiver fails to soothe and co-regulate, or shows angry response, or gives inconsistent response, leading to stress, confusion and fear for the baby.
4. Needs are not met, are inconsistently met, or are inadequately met. Baby does not have the wonderful experience of joyfulness in their caregivers presence, and does not have that experience mirrored back to them, or this is inconsistent leading to stress and anxiety.
5. Baby's experience is inconsistent and is frequently stressful.
6. Processing occurs and neurological pathways established which again informs the baby's emerging sense of themselves, adults and the world.

In this instance, we can extrapolate a different set of outcomes for the child:

Baby's emerging experience of the world: Unsafe, lack of love, hostile, dangerous, need to fight to survive, inconsistent, unpredictable or predictably dangerous.

Baby's sense of caregivers and adults: Unsafe, unpredictable, untrustworthy

Baby's sense of self – Unloved, unwanted, Horrible, bad, important, no confidence, low or absent self-esteem

Where there has been an insufficient, absent or disengaged attachment or other developmental trauma, the individual will be focussed on getting survival needs met. The stress created by this existence will also disrupt the healthy development of the brain. This individual may filter most of his experience via fear of being unable to survive in this hostile environment. It will be hard to connect and engage with others. The individual may have issues with their self-esteem as well as finding it hard to trust or maintain a positive outlook. In this case, the executive function is largely shut down, or dependant on information that will feed into adaptive responses based in fear and presenting possibly as anger or withdrawal that will reinforce the fearful outlook of the individual. Resilience, trust and hope may well be alien emotions. This individual will be resistant to and fearful of change, and will need to have patience and repeated positive messages to enable them to rewire and move past the block caused by their developmental trauma.

This situation may be further compounded by multiple placements and placement breakdowns and lack of understanding by professionals who perceive that the child's needs are now met, without considering that it will take time, commitment and patience on the part of the care giver and repeated consistent positive messages to enable the traumatised child to develop a more positive mindset.

For additional information, see the following:

Sue Gerhardt – Why Love Matters

Margot Sunderland – The Science of Parenting

John Bowlby – A Secure Base

<http://www.attachmenttraumanetwork.org/understanding-attachment/healthy-attachment/>

<https://www.verywell.com/what-is-attachment-theory-2795337>

<http://www.simplypsychology.org/simplypsychology.org-attachment.pdf>

