

Good Enough Moms & Dads: Separating Fact from Fiction about Parent-Child Attachment

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Why is attachment so important?

Research has shown that the quality of attachment between a baby and his or her primary caregiver(s) is a powerful influence on what that child comes to expect in relationships and, therefore, on how that child feels and behaves in relation to other adults and peers. Children who have a secure attachment as one-year-olds are more likely at later ages to be confident, cooperative, caring, and able to manage their emotions and impulses in an acceptable way.

How does attachment develop?

Attachment typically develops gradually over the first year of a child’s life and is the product of repeated interactions between the baby and the caregiver. When the baby gives a cue or signal, such as a cry, outstretched arms, or a smile, and the caregiver responds warmly, gently and sensitively, the baby begins to feel secure. The baby is learning, “I can count on this person to meet my needs. And, even though I don’t have words yet, I can tell this person what I need and feel confident that I will be heard.”

How do I know if the attachment between my child and me is secure?

There are two main signs that an attachment is secure: 1) the baby readily turns to you at times of distress and finds comfort in your arms or in your gentle reassurance; 2) the baby uses you as a “secure base” from which to venture out and explore the environment, periodically touching base with you to renew confidence.

What does an “insecure attachment” look like?

That depends on the particular pattern of insensitive care the child experienced. A child who has experienced extremely unpredictable, erratic care will become anxious and hypervigilant, unable to venture out and explore for fear that no one will be there to help or support him. (Attachment researchers call that pattern “anxious resistant.”) A child whose parent is distant and chronically unresponsive usually will shut down and act as if he doesn’t need the parent – often not looking upset when the parent leaves him and avoiding contact when the parent returns. Called “anxious-avoidant,” that pattern is linked to later patterns of aggressive, noncompliant behavior and a lack of empathy. Attachment researchers also have identified something called “disorganized attachment,” which often is seen in babies whose parents are threatening or frightening in their behavior toward the child. These children seem at a loss as to how to approach their parent or seek the comfort or attention they need. (Where do you turn for comfort at times of distress when the very person who is supposed to be your source of comfort is also the one causing the distress?)

If I am employed outside the home will that make it hard for my baby and me to build a secure attachment?

Although many people express strong opinions about this, research shows that whether or not a mom (or dad) is employed outside the home – and whether the baby attends out-of-home childcare or not – has little influence on the quality of the parent-child attachment. What does predict quality of attachment is how sensitive and responsive (emotionally available) the parent is in attending to the baby's cues. Of course, if a parent is highly stressed by his or her job – or has to be away for such long periods of time that there are few opportunities for parent-baby time – that certainly could compromise the quality of parent-child attachment.

Is it necessary to follow the practice of “attachment parenting” (e.g. co-sleeping, breastfeeding, wearing the baby in a sling) in order to have a secure attachment?

“Attachment parenting” has become a popular movement in recent years, but attachment research offers no evidence that such an approach is necessary for a good, secure attachment to develop. Certainly breastfeeding has many benefits. And babies often love being held (or “worn”) close to a loving parent. But, beyond being warm and sensitive in responding to a baby's cues, there is no clear prescription for a secure attachment and there is room for a range of acceptable choices about sleeping, feeding, and how and how much to hold a baby. Parents need to figure out together the arrangement that will allow them to feel the most rested and relaxed so that they can be emotionally available to love and enjoy their baby.

What if things didn't go very well between my baby and me and now my child is 4 or 5 years old? What can I do to make up for what we missed in the early months and years of life?

If your baby didn't learn to feel secure in the first year or two of life – perhaps because you were depressed or had a great deal of stress in your life or just didn't have the knowledge you needed to help you meet your baby's needs – it's not too late for you to help your child become more secure. But it may take more time and special effort now that your child is older. You will need to provide very reliable love and comfort to your child, make time to play and explore together in a way that follows your child's natural interests and curiosity, and create predictable rituals around bedtime, meals, and other daily tasks as a way of helping your child develop trust. Do and say things that let your child know you were “holding him in your mind” even when you were away – for example, bringing him a small surprise when you return from an outing with a friend or calling him to say good night if he sleeps over at grandma's house. If you see signs that your child is not making friends or developing the confidence and independence that is typical for a child his age, you may want to go together to a psychologist who specializes in parent-child relationships just to be sure you're doing what you can to help him develop the emotional security he needs.

What if my own parents were not able to provide a secure attachment for me – or maybe even abused or neglected me? What can I do to avoid repeating those same patterns with my child?

Attachment research offers encouraging news for parents who have a poor relationship history. Studies show that what is most important is how we have come to think about our past relationships. Denying or dismissing the painful things that happened in our childhood only increases the risk of passing on the pain to the next generation. What needs to happen instead is something I call “looking back, moving forward,” which includes these steps: 1) face the things that were painful; 2) acknowledge that those things still influence you, especially at times of stress (for example, after a rough day at work or a nasty argument with your spouse, you may hear your mother's voice coming out of your mouth, saying hurtful things to your child you swore you'd never say); 3) intentionally choose the things you want to

pass on to your child and the things you want to leave behind – and talk about those choices with your spouse, a trusted friend, or a therapist who can help you monitor how it’s going between you and your child; 4) muster all the available resources you need to help you live out those choices, including good information about child development and positive parenting, as well as a strong emotional support system for yourself.

With multiple births (twins, triplets, etc.), is it still possible to build a secure attachment with each baby?

Because babies don’t need constant, close individual attention, it definitely is possible to build a secure attachment with multiples (although parents are likely to be more tired than those who only have one baby!). Parents of multiples are likely to learn to use more “distal interaction,” which just means, for example, looking across the room and smiling and talking or singing for one baby while holding and feeding another. And they can get very creative in trying to make sure that babies get a prompt enough response when their cues say they need to be fed or changed or put to bed. Of course another kind of attachment also is developing between or among the babies themselves, and that also can play a very important part in their development.

I’m quite sure my daughter and I had a secure attachment when she was a baby and she always turned first to me when she needed comfort. But now she’s 2-and-a-half and she gets very negative with me when I tell her to put her toys away or get ready for bed, and she always seems to prefer her dad over me. Does this mean we have developed an attachment problem?

No, it means you have a 2-and-a-half-year-old! It’s typical for a toddler to need to push away from the person who was the number one attachment figure (usually, but not always, the mom). Your daughter is working now on the big developmental task of establishing her autonomy or independence, and she needs to show you she has a mind of her own (e.g. saying “no” or refusing to put her toys away). (Of course, you need to set limits when she does that – a topic for another day.) After being so close to you as a baby that you almost were one person (and in her mind, you were), she now is showing that she is a separate person. It is wonderful for her that she has another parent to move toward at those times when she needs to move away from you. In the months and years to come, she’ll figure out (with your help) the best way to strike a balance between her strong connection to both of her parents and her need to establish some age-appropriate independence. And throughout her childhood and even into adulthood, she will continue to look to you as a secure base she returns to for comfort and encouragement as she meets the challenges of life.

My husband and I have strong disagreements about how to handle our baby’s crying. He thinks we need to let the baby “cry it out” so he doesn’t get spoiled, but I think the baby’s telling us he needs something and we should try to figure out what it is. What does attachment research suggest about that?

The “spoiling myth,” as I call it, is still around even though attachment research shows that, when a baby’s cries have been responded to consistently and sensitively, the baby cries less by the end of the first year of life and is more independent and cooperative during the preschool years and beyond. (Isn’t that the opposite of how we would describe a “spoiled” child?) Based on that research, most child development experts don’t advise parents to let a young baby cry for more than a few minutes. But that doesn’t mean that a parent has to run over and pick a baby up every time he or she makes a peep. Instead, assuming the baby doesn’t need to be fed or changed, parents can put a gentle hand on the baby’s tummy, speak in a soft voice, swaddle the baby, or play soothing music near the baby – just a few of the things that will help the baby gradually learn ways to settle him- or herself.

We adopted a 3-month-old baby from a foreign orphanage and, because we hear a lot about attachment problems among adopted children, we wonder if we are likely to have those problems.

The earlier a baby is placed in an adoptive home, the less likely that there will be attachment problems stemming from the child's experience in the orphanage. And three months is still very young in attachment terms. The story can be quite different for a child who was at least a year old at the time of adoption, although, even then, with predictable, sensitive, responsive care a child usually will develop a secure attachment with the adoptive parent(s). (The older a child is at the time of adoption, especially if he or she received very unreliable care prior to the adoption, the more difficult the attachment issues are likely to be.)

Sometimes, however, a younger baby may have difficulty developing a secure attachment (or otherwise developing as expected) because of other problems that have not been identified or have been kept from the adoptive family. For example, a baby who was malnourished or exposed to toxic substances prenatally may have neurological damage that interferes with various aspects of development, including attachment. So it is wise to get as much information as possible about the baby's history prior to adoption and also to work closely with a pediatrician to monitor the baby's development and seek help as early as possible if there are signs that development is not proceeding as expected. (Note: the University of Minnesota has an International Adoption Clinic in the Department of Pediatrics, which can be an excellent resource for families adopting children from abroad.)