PART 1

CHILDHOOD IN THE EARLY YEARS

Over the following three chapters, we shall consider the baby and the very young toddler. We shall discuss how relationships between the child and the child's carers are hugely important for the child's present and future development. The formation of attachment patterns and the development of affectional bonds are discussed in Chapter 1; the importance of a positive balance of care provision, based on Erikson's Life Cycle Theory, is discussed in Chapter 2; and the significance of meeting a child's emotional needs for dependence and consistency, based on Object Relations Theory, is discussed in Chapter 3.

1 ATTACHMENT – BONDING AND BRAIN DEVELOPMENT

An understanding of attachment theory and behaviour is absolutely essential for effective social work practice. This chapter will look at the work of Bowlby, Ainsworth and more recent theorists to understand the foundations of attachment and identify the various styles of attachment.

The chapter will begin by clarifying the concept of bond formation and will explain how this differs from attachment theory, before going on to look at the basic concepts of attachment and why they are so useful within social work and social care practice.

It is important that any worker understands what a secure attachment should consist of, so focus will be given to this attachment style to begin with, before going on to look at the insecure attachment styles, namely anxious/ambivalence, avoidance, and disorganised. Examples will be given to illustrate some of the typical behaviours exhibited within each style.

The chapter will then look at recent developments in neuroscience which recognise the importance of attachment styles on brain development. Throughout the concluding sections, links will be made to social work practice to demonstrate how this knowledge can be used within assessment and interventions.

By the end of the chapter the reader should:

- Know the difference between 'bonding' and 'attachment'
- Understand how relationship-building begins
- Appreciate the importance of a secure attachment style
- Know the difference between the three insecure attachment styles
- Recognise the potential for neurobiological impact
- Begin to think about how to apply this knowledge in practice

BONDING

'Bonding' is a general term used to describe the process of forming an emotional connection with another person. As human beings, we will form many bonds with many people throughout our lifetime, and from the moment that we are born we begin the first of these bonding processes with our mothers. In maternity wards all across the country, the first experience of the outside world that a baby will encounter is skin-on-skin contact as the midwife encourages the mother to place the newborn across her chest so that the baby can hear the comforting sounds of her heartbeat. But this was not always the case in maternity hospitals – even in the mid-1980s, the practice of skin-on-skin contact to encourage bonding at birth was seen as a radical move (Brody, 1983) – and 20 years previously, babies were wrapped in swaddling cloth and placed in cots as soon as they were born.

There is now a realisation that bonding with a baby begins long before the skin-on-skin experience. From the moment a pregnancy is discovered, the bonding process is initiated – parents will begin to develop hopes and wishes for the developing child, they may possibly give the 'bump' a name, and an emotional connection begins. The bonding process can be affected by a number of factors, including the mental and physical health of the parents, the development of the fetus, how much planning there was in the pregnancy, and even how active the fetus is in the womb and its response to external stimulus.

Critical Thinking

In essence bonding is the first relationship with the developing child and makes up the foundation blocks for attachment. In 'normal', healthy relationships, the bonding process has a good chance of developing in an appropriate manner, but some pregnant mothers and their partners might not be able to bond in a straightforward way.

- How might bonding be affected with mothers who are going to put their child up for adoption when it is born?
- How might the lack of pre-natal bonding affect foster carers and adoptive parents?

When the child is born, it is not concerned with bonding to form an emotional bond, it is simply looking to survive, and to do that, nature has provided the newborn with innate responses to seek out the person holding them, turning their head towards the face of the person and seeking with their blurry vision (Christiano, 2008). Later, the developing infant will also equate bonding with the psychological feeling of

security and protection, and for approximately the first eight weeks of life a baby will experiment with various facial expressions, verbal gurgles and crying to attract the attention of their caregivers. Often, these facial expressions are reinforced through the act of mirroring.

LEARNING THROUGH MIRRORING

'Mirroring' is the process of reflecting back to a child so that they can learn about the nature of their behaviour and the impact it has on other people. Winnicott (1971) identified the concept of mirroring when he wrote about the importance of affirming need in a child. Within a caring relationship, the verbal and non-verbal cues given off by a child will be picked up by the carer and an appropriate response will be given – if a child smiles, the response is usually a smile back; if the child cries the response will be to comfort, either by giving food, giving affection or changing a dirty nappy. By meeting the need of the child in an appropriate manner, the primary carer will be letting the child know that they exist, they are worthy of attention and that their actions result in a reaction from the carer – from this, the child learns about their actions through observation, much like looking at a reflection, hence 'mirroring'.

When mirroring is a positive experience, this will impact on identity formation and the developing infant gains a sense of their 'true self' (Becket and Taylor, 2010). However, if mirroring is inadequate and the needs of the infant are not met, or even ignored, then a 'false self' can also develop. This false self is a form of defence mechanism which pushes the unpleasant feelings associated with unmet need into the unconscious, and the infant becomes preoccupied with trying to guess how the primary carer is going to act.

Critical Thinking

Mirroring is a natural phenomenon which occurs between infant and primary carer and is a vital part of learning for the child. A number of factors can impact on the mirroring process and, for mirroring to be effective, the primary caregiver must be emotionally available. Consider how mirroring might be affected by the following issues:

- Mental health issues
- Substance use issues
- Relationship issues

Discuss what other issues might impact on the mirroring process.

Winnicot (1971) also recognised that no parent or caregiver could meet a child's needs 100 per cent of the time, but he did suggest that parenting had to be 'good enough'. If mirroring is done empathically, then a parent should be trying to see the world from the perspective of the developing infant while affirming emotional expressions. They can also help the child to understand the names of the emotions, and to reassure the infant that these are normal feelings to be experiencing. It is also never too late to begin the mirroring process, with patience, explanation and affirmation; a child will be able to adjust perceptions of themselves based on feedback from the mirroring process. Where a child might think that they are 'stupid' because they cannot immediately master a task, mirroring appropriately can help them understand that a task is difficult and will take time to master, thus normalising emotions.

Defence Mechanisms

Reference will be made throughout the book to defence mechanisms. The term, 'defence mechanism' has become part of everyday language: this psychological expression stems from the work of Sigmund Freud, who believed that the behaviour and action of every human being is influenced by a biological drive, but that humans ultimately want to maintain a homeostasis. This desire for homeostasis is influenced by the three-way struggle between the 'id', 'ego' and 'superego'.

The id relates to the unconscious part of the mind. Primitive needs drive actions (such as hunger, safety, shelter) and will impact on behaviour. It is here that unpleasant memories and emotions are suppressed, and which can also impact on behaviour. We can view the id as defining our 'nature'.

The superego works for the id and tries to meet the needs of it by using morals and values to acceptably satisfy it. An individual learns how to act appropriately through interaction with family and friends, as well as the wider society, and we can view the superego as our 'nurture'.

The ego is the mediator between the id and the superego, but ultimately works to protect the id. If the superego is unable to satisfy the id, then the ego has to deal with the consequences. A common outcome of an upset homeostasis is the emotion of 'anxiety' and it is up to the ego to manage this, often by deploying 'defence mechanisms'. Common defence mechanisms include:

Repression – 'forgetting' unpleasant memories by pushing them out of the conscious mind. These repressed memories are at risk of surfacing at a later date through emotions and behaviours, and can be directed at people who have nothing to do with the original cause of the memory.

Splitting – when dealing with contradictory emotions, a person might begin to see others as 'all good' or 'all bad' and compartmentalise relationships into these categories. If needs are met, then the relationship is good. If needs are not met, the relationship is bad.

Projection – characteristics of the self are externalised and attached to another person. This helps to remove unwanted personality traits from the unconscious by viewing other people as at fault.

Sublimation – satisfying the needs of the id with a substitute object, for example by using sports to deal with aggressive thoughts.

Displacement/Transference – strong emotions are directed to an alternative object or person, not the one who originally created the emotion.

Rationalisation – failing to recognise the true cause of actions and behaviours and justifying them through more acceptable reasons.

Denial – the mind refuses to acknowledge the reality of the situation because the truth is too painful to handle.

Regression – reverting to an earlier stage of development because the mind feels happier there. Behaviours and actions will manifest which are suggestive of an earlier developmental stage.

ATTACHMENT – WHY IS IT IMPORTANT?

Human beings are social animals, and to function within a society we need the ability to form relationships to build bonds. We cannot avoid forming relationships – relationships are forced on us from the moment we are born, but it is the quality of these relationships that can dictate so much behaviour, and explain so many of our actions and reactions to situations.

Whereas bonding is concerned with the emotional tie between the child and the primary caregiver, attachment focuses on the quality of the relationship as a result of this emotional bond.

Knowledge of attachment theory underpins assessment and can assist social workers in recognising risk and protective factors for young children. Attachment theory can help us understand why some children cling to their carers while others confidently settle with anybody who shows an interest in them. The theory can also help us understand why parents react to their children in certain ways, and can also explain marital fit, reactions to loss and change, and how clients might adapt within the therapeutic relationship offered from a social work service. Howe and Campling (1995) also highlight the importance of recognising attachment patterns within our own behaviour in order to help us understand other people's behaviour which can, at times, appear to be unpredictable and inexplicable, and warn that failure to comprehend attachment theory within relationships places the worker in danger of cutting themselves off from key elements of practice.

In the 1950s, John Bowlby (2008) proposed that the quality of the affectional bond between a child and their primary caregiver had a profound psychological impact which lasted for life. He explained that a child needs security while they develop; the more secure the child feels, the safer they will feel to explore the surrounding environment and consequently learn and develop in a positive

manner – when the quality of the secure base is affected, the feeling of safety that the child needs is also affected. Bowlby (1969) identified three areas in which a developing child interpreted the environment: first, the child forms ideas of how the physical world behaves; next they learn about how their mother and significant others behave within this physical world; and, finally, they learn about how they are expected to behave. The combination of these three elements means that the child will establish an opinion on how each should interact with the others, and Bowlby referred to this as the 'internal working model'. Early critiques of Bowlby's work stated that he was too focused on blaming the mothers for poor attachment styles, but studies on attachment theory since the 1960s have placed emphasis on the carers, rather than the mother.

Fahlberg (2012) identified the concepts of 'arousal-relaxation' and 'positive-interaction' which she describes as exchanges between the child and the primary caregiver. The quality of these interactions will have a direct impact on the attachment relationship. If the caregiver is correctly attuned to the signals given off by the child, then appropriate responses will be given to behaviours such as crying, smiling and other forms of body language.

Attachment theory recognises that a child will form an attachment with a person who interacts with them, despite the quality of the interaction. Attachment relationships are not solely based on who feeds and changes the child, but also on who communicates with the child through daily interactions and play. Even if a child feels ignored, unwanted or even at risk, an attachment will be formed. Mary Ainsworth et al. (2014) further developed Bowlby's ideas by looking at insecurities that the child experiences when the secure base does not provide a high level of safety and security. She developed an experiment called the 'Strange Situation', wherein she looked at the reactions of a child when the primary carer was present, then when they were absent and the child was left with a stranger, and then when the primary carer returned (see box below). This resulted in a classification system for attachment styles: 'secure', 'anxious/ambivalent', 'avoidant' and 'disorganised' (which was later added by Main and Solomon, 1986).

Summary of Ainsworth et. al's (2014) 'Strange Situation'

Ainsworth observed that infants would naturally try to seek out the security of their primary attachment figure (which is usually the mother) at times of fear, stress or uncertainty. She devised an experiment to look at the infant's reactions to strangers that consisted of seven steps:

1. Mother and child play together in a room filled with toys.
2. A stranger enters the room (usually a researcher), talks to the mother, and attempts to interact with the child, too.

3. At a given signal, the mother then exits the room, leaving her child and the stranger together. The stranger continues interacting with the child.
4. The mother re-enters the room and the stranger departs. The mother will comfort the child.
5. The mother will again leave the room, leaving the child alone with the toys.
6. The stranger enters the room and tries to comfort the child (if required). If possible, the stranger will leave the room again.
7. The mother returns (and the stranger leaves if still there) and continues to interact with her child.

From the reaction of the child, the attachment classifications of 'secure', 'anxious/ambivalent', 'avoidant' and 'disorganised' have been arrived at. These are explained below.

Before looking at the specific attachment styles, it is important to consider when attachments form in relation to the development of a child. Schaffer and Emerson (1964) conducted a longitudinal study, observing the attachment behaviour of 60 babies over an eighteen-month period. They proposed that for the first two to three months, a child will demonstrate indiscriminate attachments as behaviours are designed to illicit the attention of potential caregivers. This stage is often referred to as 'pre-attachment' and suggests that babies can be left in the care of a variety of people without causing distress to the infant, as long as basic needs are met.

From the age of around three months, the infant will become a bit more discerning in its preference for proximity to the primary carer. It can begin to recognise familiar and unfamiliar people and may show more of a response towards the primary caregivers and demonstrate this in body language, such as following with their eyes and clinging to the carer.

At six months old, attachment becomes more clear-cut and the infant has strong preferences towards particular people. These preferences are based on feelings of security, protection and comfort, and behaviour is geared towards obtaining these. Behaviour is also dictated by obtaining proximity with the primary carer and the infant will protest when the primary carer leaves (separation anxiety) and will also show signs of distress around strangers. The infant should now begin exploring the environment on the understanding that they can return to the secure base of the primary carer to seek comfort.

After nine months of age, the infant will have formed multiple attachments and will be showing signs of increased independence, and by around two years old, attachment styles should be evident as the child now views the primary carer as a separate person and has formed a relationship accordingly.

WHAT IS SECURE?

Social work and social care places an emphasis on facilitating change for the better. Within attachment theory, the best situation that can be hoped for is that a child will experience a secure attachment.

Ainsworth et al. (2014) observed that a securely attached infant will happily explore their environment but will always return to the primary carer when feeling upset or scared. The infant will get distressed when the primary carer leaves the room (and the infant is left with the stranger), but will be easily comforted when the primary carer returns and will express happy emotions and be comfortable being in physical contact with the carer. In their experiment, they observed that some infants were able to be comforted by the stranger but showed a definite preference for the primary carer. The main characteristic of a securely attached infant is that it will seek comfort from the primary carer and express preference for being in close proximity with the carer.

A secure attachment means that the child is able to express itself appropriately without fear of being reprimanded and without having to supress any needs they may have. If a child can freely express itself, then this is a sign that the carer is allowing the child to have age-appropriate autonomy and it is able to explore the environment, knowing that it can return to the carer when they need to. It means that there is a healthy sense of independence between carer and infant and suggests that communication from the carer is sensitive, warm and appropriate, and that there is a sense of fun in the relationship.

From small observations into attachment styles we can get a considerable insight into the caring relationship. If an attachment is secure, then we can assume that there is a healthy secure base for the child to explore from, the child has a strong sense of trust in themselves and others (see Chapter 2), and that this will facilitate the building of resilience in later life (see Chapter 12).

Professionals using attachment theory need to understand this ideal as this is what we can encourage parents and carers to work towards. If communication is supportive, warm and consistent, if there is a healthy sense of trust and autonomy, and if the carer is available when needed, then attachment should be secure.

Case Study

Karen

A social worker went on a home visit to see a foster carer who had been looking after Karen, a 15-month-old girl, since she was 8 months old. Karen had been removed from her mother due to issues of neglect. She had been settling in well with the foster family, but this was only the second visit from this particular social worker.

The social worker and foster carer sat in the living room while Karen crawled around on a play mat, occasionally pulling herself up to her feet and toddling

around for a few short steps. During the meeting, the foster carer left the room to get some drinks from the kitchen. While out, Karen began to become unsettled and started to babble in an agitated manner, eventually bursting into tears. The social worker picked up Karen to give her a cuddle but Karen wriggled in her arms. The foster carer came back through and the social worker handed Karen to her. Karen buried her face into the foster carer's neck who spoke softly to her and stroked her back and Karen eventually stopped crying. After a couple of minutes, the foster carer placed Karen back onto the play mat and she continued to interact with her toys.

From this brief incident, the social worker thought about the 'Strange Situation' experiment and ascertained that Karen was displaying a healthy, secure attachment with the foster carer.

WHAT IS ANXIOUS/AMBIVALENT?

Within the 'Strange Situation' experiment, some children exhibited an unusual reaction when they were reunited with their primary carer. When the primary carer initially left the room, the infant became distressed. The stranger was unable to comfort the infant, but even when the carer returned to reassure the infant, the infant still did not calm down and seemed to exhibit anger and frustration towards the carer. It was further noted that even before the carer left the room, the infant showed little interest in exploring the environment and playing with toys and always seemed to be keeping a close eye on the carer to make sure they were in close contact. Towards the end of the experiment, the infant showed virtually no desire to return to playing with the toys and remained anxious about the fact that the carer might depart again.

When a child displays an 'anxious/ambivalent' attachment style (also known as 'resistant/ambivalent'), we can assume that the care they are receiving is inconsistent. The child has learned that there is no predictable pattern for receiving attention from the carer, and instead they must remain focused on the emotional availability of the carer and make a bid for attention when appropriate. Sometimes, the carer will be able to respond appropriately to the needs of the child, but at other times they may respond by ignoring or shouting at the child for expressing need, therefore the child is never quite sure what response they will get. Fonagy (2003) describes the anxious/ambivalent child as being clingy and Gerhardt (2006) attributes this to the fact that the child, instead of supressing emotions, carries these emotions close to the surface so that they can engage with them at short notice to attract attention from the carer. These emotional outbursts tend to seem exaggerated but are simply a strategy that the child has developed for engaging with the carer. As a result, an anxious/ambivalent child does not properly learn to regulate these emotions and relies on others to manage these outbursts, resulting in a low sense of trust in themselves, but in a high sense of trust in others, leading to 'learned helplessness'.

It is not unusual for attachment styles to be repeated throughout families, and often a child's attachment style can be an indicator of the parents'/carers' own experience of being raised, too – this being simply a case of history repeating itself. If the carer carries an anxious/ambivalent attachment style into adulthood (see Chapters 4 and 7 for more detail), then it is likely that they will be needy and preoccupied with how other people view them. This will be transferred into the parenting role and the parent may get an unconscious reward from feeling needed by a desperate child.

As Winnicott (1971) pointed out, parenting should be 'good enough' and there will inevitably be situations where a parent/carer cannot be 100 per cent attentive to the needs of a child, but with anxious/ambivalent children the care is consistently unpredictable. Within social work, we might see this in a number of service user groups. If a service user has an addiction to a substance or behaviour, this might make them unavailable (both physically and emotionally) for periods of the day/week. If someone has a number of caring responsibilities, it might mean that they are not always available for the child and may be preoccupied with other demands on them. Therefore, it is important that we do not view carers who foster anxious/ambivalent styles as 'bad'. Obviously, a secure attachment is the ideal, but an anxious/ambivalent style is simply a survival strategy that the child has adopted to ensure that they can attract a response when available, and, quite often, in later childhood, the child exhibits a 'parenting' role towards the carer as a means of fostering interaction (Byng-Hall, 1998).

To assist a move from anxious/ambivalence towards a secure style, the carer should be encouraged to think about their communication styles with the child. Attachment is reliant on the quality of time spent, not just the quantity of time, so carers should be encouraged to set aside time where they give the child their full attention, spend time explaining things to the child, help them identify feelings and emotions (through mirroring verbally and non-verbally), but also to be aware of times when they are emotionally unavailable and recognise this within themselves so that they can attempt to protect the child from any negative effects of this.

WHAT IS AVOIDANT?

Where anxious/ambivalent children are unsure about the consistency of the relationship with their carer, avoidant children are more definite in their assessment and realise that the carer is emotionally unavailable for most of the time and cannot really be relied on to meet their needs.

Ainsworth et al. (2014) observed that avoidant children (also known as 'detached/avoidant') showed no distress when the carer left during the 'Strange Situation' experiment, they showed no preference between the carer and the stranger, no emotion when the carer returned after separation, and remained engaged with their toys throughout the experiment. In some instances, the child would actually avoid interaction with the carer on return and gazed elsewhere so as not to make eye contact.

An avoidant child has learned that it is not a good idea to express need. This might be because it results in an adverse reaction from the carer – possibly upsetting or angering them – and the child feels that it is better to supress need in order to protect the carer from adverse emotions. As a result, an avoidant child may appear calm and controlled from the outside, but internally the child is dealing with accelerated heart rates and feelings of anxiety which they would usually seek assistance from the carer to correct and return them to the comfort zone, but as they learn that this is not going to be forthcoming from the carer they try to supress these feelings (Gerhardt, 2006).

In later chapters, we will look at how psychoanalytic theories sit alongside other theories used in social work such as psychological and sociological perspectives, but at this stage it is important to consider the impact of society on attachment theory. Certain societies and cultures encourage independence in children from a very early age (which is not the same as 'autonomy' – see Chapter 2), others might place more importance on material possessions and prefer to spend free time engaged with their latest piece of technology rather than play with the child, while many also have to place careers at the forefront of daily routines which means that when they return home they are exhausted and the child may possibly be in bed already – all may impact on the quality of time spent with a child and the focus of attention when with the child. These three scenarios are offered up, not as a criticism of parenting, but as recognition that we are products of the societies we live in and will impact on how we form relationships. In the UK, statutory maternity leave will cover 52 weeks, which starts when a woman leaves work before birth – this means that many parents have to place their children in nursery placements as early as nine months old in order to return to work and are therefore reliant on the nursery staff to develop the attachment style throughout the day – compare this to other European countries such as Finland, Germany and Poland who offer statutory maternity leave until the child is three years old.

Critical Thinking

Emotional connection underpins the quality of the attachment relationship, but our emotions can be affected by numerous factors. Consider how emotions (and the consequent attachment relationship) will be affected by the following factors:

- Mental health issues
- Size of family/number of siblings
- Parental relationship issues
- Substance use

From your own experience of being parented, can you think of any other significant factors you faced when growing up that impacted on the emotional connection between you and your parental figures?

Perry (2001) recognises 'dissociative adaptations' in avoidant children, wherein a child will give up attempting to gain attention from their primary caregiver because of the continued absence of appropriate attention and will in turn disengage from the external world and begin to live within their internal fantasies, often described as 'daydreaming'. Avoidant children will also lose themselves in play more readily than secure children, but with continued absence of emotional engagement with the primary carer, the child may become rebellious and develop low self-image and self-esteem as they feel that they are not worthy of their carers' attention.

Similarly, as with anxious/ambivalent children, the avoidant attachment style should not be seen as 'bad' – it is merely a survival strategy for the child and may get them through life quite successfully. Certainly, an avoidant child will grow up with a lot of trust in themselves, but very little trust in other people and may view need in others as a weakness.

WHAT IS DISORGANISED?

Of all the insecure attachment styles, disorganised attachment causes most concern. Identifying definitive characteristics of this style is difficult due to the unpredictable nature of the reactions that a child might display if they have a disorganised attachment. At the core of attachment theory, as with the majority of psychoanalytic theories, is *anxiety*, and the manner in which we address anxiety is learned through our interactions with other people. Anxious/ambivalent styles and avoidant styles are strategies which a child develops to deal with anxiety, but with disorganised attachment there is no clear strategy for dealing with anxiety and, as a result, this builds and builds within the child. This can be attributed to the reaction that the child receives from the primary carer when expressing need.

If the reaction that a child receives from the primary carer is completely unpredictable, extreme, violent or illogical, the child will struggle to identify a need with an outcome as there is no continuity. One moment they might get a hug when displaying certain behaviour, the next they might get struck for the same action. The detached attachment style suggests extreme fluctuations of behaviour from the caregiver but is not always a predictor of violence or abuse – Shemmings and Shemmings (2011) state that it can predict maltreatment, but may not necessarily correlate with it. Crittenden (2008) believes that not all parents who have been abused themselves (and consequently developed a detached attachment) go on to be abusers, suggesting that 70 per cent will not harm their own children, but 30 per cent have the potential to do so and this is why detached attachment styles deserve so much focus within social work.

Reactions that a child might exhibit within an experiment like the 'Strange Situation' are often termed as 'bizarre'. The child might freeze, roll into a ball,

express distress when being comforted, or cling while leaning away from the carer with the rest of their body. There is no consistency to the reactions and this goes hand in hand with the internal workings of the child who does not know which action to employ for a safe reaction.

As well as signifying abuse, exhibition of a detached attachment can also signify depression or emotional disturbance within the carer and may be linked to traumatic events in the carer's life which have not been appropriately dealt with (such as loss, death or abuse – see Chapter 12). As a result, the carer is unable to provide the basic needs of protection and safety for the child – the child seeks safety, but the very person it should feel safe with is also the person who is creating a feeling of danger and distress in the child – the natural instincts are to run away to a place of safety, but this place of safety is causing the harm. It may be that the carer is disconnected from the experience of providing care and may be frightened by the experience and responsibility. There may be transference (see 'defence mechanisms' in the box at the beginning of this chapter) onto the infant and hostile feelings may be directed towards it. Carers may also be unable to see things from the infant's point of view and use their own logic to interpret an infant's actions – it is not unusual for carers who experience this to state that they feel that their child hates them. Young infants need to feel safe and have not developed the ability to recognise complex emotions like hate, but the logical reasoning of this is lost within the illogical chain of reactions caused by a detached attachment style; to the carer, their belief that the infant hates them is very real, and the result is that the reaction that the carer has towards the child's needs can be unpredictable and cause the infant to experience 'fright without solution' (Hesse and Main, 2006). As a result, the developing infant will have a low sense of trust in itself, and a low sense of trust in others, too.

HOW DOES THIS AFFECT THE BRAIN?

Recent developments in neuroscience now recognise the importance of attachment theory on brain development in young children. Obviously, we do not expect social workers to be experts in neurobiology, but there are some concepts that help our understanding of the importance of attachment theory within our professional practice. It is now recognised that the brain develops in a neurosequential manner and that the experiences we have as we are growing up help the brain to mature and neurological connections to be made so that we can rationally deal with issues as we face them (Gaskill and Perry, 2012).

At the top of the brain stem, we find the limbic area of the brain and this is the part that is responsible for arousal and emotions within the body. It is also the area that manages our basic instincts, in particular the 'fight or flight' response. This is regulated by the sympathetic and parasympathetic nervous system that will release cortisol into the body to regulate brain and body functioning

to increase or decrease breathing and heart rates, to relax or tense muscles and to manage our internal organs. When functioning normally, the sympathetic system produces cortisol to help us when aroused or stressed and respond quickly, and the parasympathetic system will help us at times when the body is at rest and aid feelings of being soothed. Babies cannot soothe themselves, so they learn from the responses of their carers – if a baby cries because of feelings of anxiousness, the normal response will be for the carer to hug, kiss and verbally soothe the baby – the sympathetic system will be calmed by the parasympathetic system, cortisol will tell the body that everything is safe, and the baby will relax (as with a secure attachment style). However, if the baby is not taught how to calm down and left in a state of high arousal, then the sympathetic system keeps producing cortisol that tells the body that quick actions are required and the baby cannot relax (as with the insecure attachment styles) (Bernard and Dozier, 2010). This system also has a built-in self-defence mechanism – if the sympathetic system is becoming overwhelmed by the production of cortisol, then the parasympathetic system will flood the brain with chemicals to immediately relax the system, but as a result the body freezes, a reaction familiar to some of the 'bizarre' responses seen in a disorganised attachment.

Learning from the primary carer also assists the development of the cortex, which is the area of the brain that facilitates our understanding of the outside world and, in particular, the development of the prefrontal cortex and the orbito-frontal cortex located behind our foreheads. As infants, the right side of the brain develops significantly as it is responsible for visualisation, aesthetic appreciation, creativity, intuition and holistic thinking. The orbito-frontal cortex makes complex links with the right side of the brain and helps us to manage our emotional responses and ensure that they are appropriate in any given situation. This part of the brain is not something that nature develops itself, it has to be nurtured and will not actually mature until around three years old – if ignored, the orbito-frontal cortex will not develop and higher social capacities, such as thinking, reasoning, and empathising, are lost (Schore, 2000; Schore, 2001; Gerhardt, 2006).

Self-regulation is learned through feedback from others, and the sympathetic and parasympathetic system is only one of many systems within our biological make-up that depends on equilibrium (Gerhardt, 2006). Certainly, social learning theory comes into play here, but clearly the impact of poor attachment extends beyond behaviour and has a significant biological impact, so we need to recognise the importance of the psychoanalytic impact on the developing child and the consequent impact on biology. The long-term consequences of poor attachment and the disequilibrium of the chemical balance within our brains can be linked to an inability to form logical summations to emotional responses, which can lead to poor mental health and a negative effect on the internal organs leading to poor physical health.

HOW DOES THIS HELP SOCIAL WORK?

In this section, we have introduced the reader to the basic concepts of attachment theory and how observations at an early stage can lead to the identification of relationship issues and the ability to address these. The secure attachment style is the ideal and, chances are, if social work intervention is required within a children and family setting, a secure attachment will be absent from the family environment, but knowledge of this style can inform the worker about what the ideal should be and can assist in the work they undertake. As we explore attachment across the lifespan in future chapters, it will also become apparent that the worker themselves can offer that secure base that has been absent in the family environment.

Assessment tools within social work now incorporate questions based on ascertaining attachment styles, and knowledge of the insecure attachment styles can also inform interventions. We have looked at the 'Strange Situation' experiment but as children get older, more tools become available to identify attachment styles. Use of a stem story is not uncommon, wherein social workers will start a story and ask the child to say what happens next. The story will build in intensity and the purpose is to ascertain how the child reacts to stress and anxiety, and how they view their familial relationships. Workers may also use a semi-structured interview as the child gets older and, once defined, a knowledge of attachment theory can assist work with carers to give them information about what they are doing, the effect this is having on the child, and how they may relate differently. Potentially, a little bit of information for the carers at this stage can stave off serious problems in the future.

Knowledge of the impact on trust is also useful when delivering interventions. If a child is avoidant, they will have a high sense of trust in themselves and low trust in others, so the social worker is going to have to overcome this obstacle by employing tactics within the intervention to let the child feel that they are the master of the task and that the social worker is learning from them. A consideration of control within the intervention for anxious/ambivalent children is also important as they have a low sense of trust in themselves and a high one in others, which can lead to 'learned helplessness', therefore attention must be constant but not domineering and the social worker must reassure the child that they are being kept in mind at all times. Outlining boundaries and routines is important in all cases. Continuity and predictability becomes increasingly important for disorganised children as they will have a low sense of self-worth and may react in extreme ways to the slightest provocation. Exploring feelings and emotions is advisable but this will only be successful if the social worker builds up a relationship of trust and security with the child.

It is important to stress that attachment styles can change over time. As we get older, we become involved in many more relationships and we learn to adapt through these interactions, but our first relationships are so crucial in giving us the ability to engage appropriately in these future relationships, and also for our brains to comprehend the world around us.