

Attachment Problems

Subtle and Not-So-Subtle Signs

By Arthur Becker-Weidman, PhD

Attachment is fundamental to healthy development, normal personality, and the capacity to form healthy and authentic emotional relationships. How can you determine whether your child has attachment issues that require attention? What is normal behavior, and what are the signs of attachment issues? If you've adopted an infant, will you see attachment problems develop? These and other related questions are often at the forefront of adoptive parents' minds.

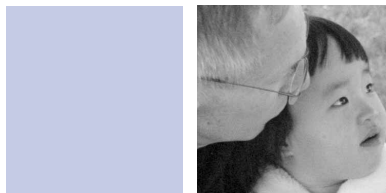
Attachment is the base of emotional health, social relationships, and one's worldview. The ability to trust and form reciprocal relationships affected the emotional health, security, and safety of the child, as well as the child's development and future inter-personal relationships. The ability to regulate emotions, have a conscience, and experience empathy all require secure attachment. Healthy brain development is built on a secure attachment relationship.

Children who are adopted after the age of six months are at risk for attachment problems. Normal attachment develops during the child's first two to three years of life. Problems with the mother-child relationship during that time, an orphanage experience, or breaks in the consistent caregiver-child relationship, all interfere with the normal development of a healthy and secure attachment. There are wide ranges of attachment difficulties that result in varying degrees of emotional disturbance in the child. One thing is certain; if an infant's needs are not met consistently in a loving, nurturing way, attachment will not occur normally and this underlying problem will manifest itself in a variety of symptoms.

When the first-year-of-life attachment-cycle is undermined and the child's needs are not met, and normal socializing shame is not resolved, mistrust begins to define the perspective of the child and attachment problems result. The cycle can become broken for many reasons:

- Multiple disruptions in care giving
- Post-partum depression causing an emotionally unavailable mother
- Hospitalization of the child causing separation from the parent and/or unrelieved pain. For example, stays in a NICU or repeated hospitalizations during infancy.
- Parents who are attachment disordered, leading to neglect, abuse (physical/sexual/verbal), or inappropriate parental responses not leading to a secure/predictable relationship
- Genetic factors.
- Pervasive developmental disorders
- Caregivers whose own needs are not met, leading to lack of awareness of infants needs

The child may develop mistrust, impeding effective attachment behavior. The developmental stages following these first three years continue to be distorted and/or retarded, and common symptoms emerge. Although I am listing several common symptoms it is very important to realize that when you are trying to parent a child with attachment difficulties you must focus on the cause of the behaviors and not on the symptoms or surface behaviors. It is the cause or motivation for the behaviors that must be



your focus...otherwise you are like a doctor who treats a cough without figuring out whether the cough is caused by TB, an allergy, the flu, or lung cancer.

Not-So-Subtle Signs of Attachment Problems:

- Superficially engaging and charming behavior, phoniness
- Avoidance of eye contact
- Indiscriminate affection with strangers
- Lack of affection on parental terms
- Destructiveness to self, others, and material things
- Cruelty to animals
- Crazy lying (lying in the face of the obvious)
- Poor impulse control
- Learning lags
- Lack of cause/effect thinking
- Lack of conscience
- Abnormal eating patterns
- Poor peer relationships
- Preoccupation with fire and/or gore
- Persistent nonsense questions and chatter indicating a need to control
- Inappropriate clinginess and demanding behavior
- Abnormal speech patterns
- Inappropriate sexuality

The Underlying Causes of These Various Symptoms

The cause is some break in the early attachment relationship that results in difficulties trusting others. The child experiences a fear of close authentic emotional relationships because early maltreatment or other difficulties has ‘taught’ the child that adults are not trustworthy, and that the child is unloved and unlovable. Fundamentally, the cause is a developmental delay. The child may be chronologically six, ten, or fifteen, but developmentally these children are much younger. It is often useful to consider, ‘at what age would this behavior be normal?’ Frequently you will find that the child’s behavior would be normal for a toddler. Chronic maltreatment (abuse or neglect) or other disruptions to the normal attachment relationship cause:

1. Fear of intimacy
2. Overwhelming feelings of shame. (Not guilt...shame causes you to want to hide and not be seen. So, for example, some children’s chronic lying can be seen as a manifestation of this pervasive sense of shame. What is a lie, but another way to hide?)
3. Chronic feelings of being unloved
4. Chronic feelings of being unlovable
5. A distorted view of self, other, and relationships based on past maltreatment
6. Lack of trust
7. Feeling that nothing the child does can make a difference; which translates to low motivation and poor academic performance
8. A core sense of being bad
9. Difficulty asking for help
10. Difficulty relying on others in a cooperative and collaborative manner

So how does one distinguish the difference between a child who ‘looks’ attached and a child who really is making a healthy, secure attachment?

This question becomes important for adoptive families because some adopted children will form an almost immediate dependency bond to their adoptive parents. To mistake this as secure and healthy attachment can lead to many problems down the road. Just because a child calls someone ‘Mom’ or ‘Dad’, snuggles, cuddles, and says,



“I love you”, does not mean that the child is attached or even attaching. Saying, “I love you”, and knowing what that really feels like, can be two different things. Attachment is a process. It takes time. The key to its formation is trust, and trust becomes secure only after repeated testing. Generally attachment develops during the first two to three years of life. The child learns that he or she is loved and can love in return. The parents give love and learn that the child loves them. The child learns to trust that his needs will be met in a consistent and nurturing manner. The child learns that he ‘belongs’ to his family and they to him. It is through these elements that a child learns how to love, and how to accept love.

Older adopted children need time to make adjustments to their new surroundings. They need to become familiar with their caregivers, friends, relatives, neighbors, teachers, and others with whom they will have repeated contact. They need to learn the ins and outs of new household routines and adapt to living in a new physical environment. Some children have cultural or language hurdles to overcome. Until most of these tasks have been accomplished, they may not be able to relax enough to allow the work of attachment to begin. In the meantime, behavioral problems related to insecurity and lack of attachment, as well as to other events in the child’s past, may start to surface. Some start to get labels, like “manipulative,” “superficial,” or “sneaky”. On the inside, this child is filled with anxiety, fear, grief, loss, and often a profound sense of being bad, defective, and unlovable. The child has not developed the self-esteem that comes with feeling like a valued, contributing, member of a family. The child cares little about pleasing others since his relationships with them are quite superficial.

When are problems first apparent?

Children who have experienced physical or sexual abuse, physical or psychological neglect, or orphanage life, will begin to show difficulties as young as six-months of age. For example, the signs of difficulties for an infant include the following:

- Weak crying response or rageful and/or constant whining; inability to be comforted
- Tactile defensiveness
- Poor clinging and extreme resistance to cuddling; seems stiff as a board
- Poor sucking response
- Poor eye contact, lack of tracking
- No reciprocal smile response
- Indifference to others
- Failure to respond with recognition to parents.
- Delayed physical motor skill development milestones (creeping, crawling, sitting, etc.)
- Flaccid muscle tone

What are the Subtle Signs of attachment problems?

Gail tells her seven-year-old daughter, Sally, to pick up the napkin Sally has dropped. As Sally crosses her arms a sad and angry pout darkens her face. Gail says, “Sally, I told you to pick up the napkin and throw it away.” Sally stomps over to the napkin, picks it up, and throws it away. Crying and whining, Sally stands with her back to Gail. Sally, angry and unhappy, is exhibiting one of the subtle signs of attachment sensitivity that nearly all children adopted after six-months demonstrate.

Attachment is an interpersonal, interactive process that results in a child feeling safe, secure, and able to develop healthy, emotionally meaningful relationships. The process requires a sensitive, responsive parent who is capable of emotional engagement and participation in contingent collaborative communication (responsive communication) at nonverbal and verbal levels. The parent’s ability to respond to the child’s emotional state is what will prevent attachment sensitivities from becoming problems of a more severe nature.

Subtle signs of attachment issues:

- Sensitivity to rejection and to disruptions in the normally attuned connection between mother and child
- Avoiding comfort when the child’s feelings are hurt, although the child will turn to the parent for comfort when physically hurt
- Difficulty discussing angry feelings or hurt feelings



Online support groups can be accessed through these websites:

Attach-China-International

www.attach-china.org

(not just for China adoptions)

Attachment Disorder Network

www.radzebra.org

Older Child Adoption

www.olderchildadoption.com

Attachment Disorder Site

www.attachmentdisorder.net

ATTACH

www.attach.org

Child Trauma Academy

www.childtrauma.org

Trauma Center

www.traumacenter.org

- Over-valuing looks, appearances, and clothes
- Sleep disturbances. Not wanting to sleep alone
- Precocious independence (a level of independence that is more frequently seen in slightly older children)
- Reticence and anxiety about changes
- Picking at scabs and sores
- Secretiveness
- Difficulty tolerating correction or criticism

Internationally adopted children experience at least two significant changes during the first few months of life that can have a profound impact on later development and security:

Birth mother to orphanage or foster care, and then orphanage to adoptive home.

We know from extensive research that prenatal, post-natal, and subsequent experiences create lasting impressions on a child. During the first few minutes, days, and weeks of life, the infant clearly recognizes the birth mother's voice, smell, and taste. Changes in caregivers are disruptive. The new caregivers look different, smell different, sound different, taste different. In the orphanage there are often many care givers but no one special caregiver. Adoption brings with it a whole new,

strange, and initially frightening world. These moves and disruptions have profound effects on a child's emotional, interpersonal, cognitive, and behavioral development. The longer a child is in alternate care, the more these subtle signs become pervasive.

There are effective ways for a parent to help his or her child. Parents and the right parenting are vital to preventing subtle signs from becoming anything more than sensitivities. Parenting consistently with clear and firm limits is essential. Discipline should be enforced with an attitude of sensitive and responsive empathy, acceptance, curiosity, love, and playfulness ("PLACE"). This provides the most healing and protective way to correct a child.

As Sally walks away to pout, Gail comes up behind her, scoops her up, and begins rocking her gently while crooning in Sally's ear. Gail sings songs and tells Sally she loves her and understands Sally is angry at being told what to do. Gail expresses sadness that Sally is so unhappy. At first Sally resists a bit, but she soon calms down and listens as Gail tells her how much she loves Sally. Sally is sensitive to feelings of rejection and abandonment that are evoked by her mother's displeasure, so Gail brings Sally closer to reassure Sally non-verbally. It is by experience that the subtle signs are addressed and managed. Nonverbal experience is much more powerful than verbal experience since most of the subtle signs have their origin in nonverbal experience and non-verbal memory.

Finally, Sally eventually did what she was asked to do and was praised for doing what was expected. In this manner, Sally experiences acceptance of who she is while becoming socialized. These types of behaviors or interactions do not constitute a mental illness or Reactive Attachment Disorder. They are subtle signs of attachment sensitivities. So, what can you do?

Maintain Attunement. The most important thing you can do is maintain an attuned emotionally close and positive relationship with your child even when your child is being nasty or pushing your buttons...it is at those times that the child most needs to feel loved and loveable, even if the behavior is unacceptable. Create a connection with your child and then discipline.

Physical Closeness. Bringing the child in close is better than allowing the child to be alone or isolate him or her self.

Verbalize. Talk for the child. Put words to what the child is feeling. This allows the child to feel understood by you, maintains a connection, and helps assuage the fear of rejection and abandonment. It also helps the child become self-aware, models verbal behavior, and facilitates a sense of emotional attunement between parent and child.



Provide Ready Food. Don't make food a battle. A child who steals food or hoards food usually has sound emotional reasons for this. Providing the child with food so that your child experiences you as provider is often the solution. Put a bowl of fruit in the child's room (be sure to keep it filled!) In some instances, I've recommended that the parents provide the child with a fanny pack and keep it stocked with snacks. This usually quickly ends hoarding and stealing of food.

Encourage Dependence. For the child who is overly independent, doing for the child and not encouraging precocious independence is helpful. So, making a game of brushing your six-year old's teeth, dressing your seven-year-old, or playing at feeding a nine-year-old, are all ways to demonstrate that you will care for the child. Keeping it playful and light, allows the child to experience what the child needs and helps eliminate hurtful battles.

Time-In Rather Than Time-out. When your child is becoming dysregulated, they need you to regulate their emotions. You do that by reflecting the child's emotions back to the child; putting into words what you think the child may be feeling. In this manner you demonstrate that you can accept what the child is feeling, that feelings can be tolerated and discussed; even if the behavior will be disciplined at a later time. Remember; first connect with your child, then discipline.

Reduce shame. Avoid shaming parenting methods and interactions that might be harsh or punitive. If the child is already experiencing too much shame, increasing that will only be destructive to the child and your relationship with your child. You set the emotional tone for the relationship, so keeping things positive is important. An example: your seven year old has just screamed "I hate you," because you said it's time to go to bed. I'd start by reflecting the child's feelings back to the child as you walk the child to bed with your arm around the child, "Boy, you are really mad that you have to go to bed now." "You sure don't want to go to bed now." "I wonder what you think is making me send you to bed now?" "Maybe you think I'm being mean?"

Through this sort of dialogue you are demonstrating your acceptance of the child's feelings and your interest in the child's thinking and feeling...you are showing the child how to reflect on one's inner life.

These subtle signs are important reminders that our children have ongoing sensitivities that as parents we must address. Responsive and sensitive communication is essential. Attachment is a function of reciprocal communication; attachment does not reside in the child alone. It is very important for the parent to manage and facilitate this attuned connection within a framework of clear limits and boundaries, natural consequences, and firm, loving discipline.

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These articles have been originally published in
Adoption Parenting: Creating a Toolbox, Building Connections published by EMK Press.

This 520 page parenting book is a tapestry of contributions from over
100 adoptive parents, adoption experts, birth parents, and parents who have become experts to parent
the children who have come to them. It is available from

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Warren, NJ 07059

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