

Attachment Relationship between Youth

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Abstract – The author wants to stage about the attachment relationship between young children, and their parents and about the roots of this relationship in the parents' own attachment experiences. What is attachment? For the moment, we will speak about children as being attached, if they have a tendency to seek proximity to and contact with a specific caregiver in times of distress, illness and tiredness (Bowlby, 1984). The emergence of attachments in the first year of life will be described, as well as the determinants of individual differences in attachment. The consequences of infant attachments will be discussed in relation to longitudinal attachment studies from infancy to adulthood. Attachment is a major developmental milestone in the child's life and it will remain an important issue throughout the life-span. The development of attachment can be described in two ways. First, a global description can be given of the phases in which attachment develops as a species-specific phenomenon. Second, attachment can be described by looking at individual differences within this species-specific development. In this article the author had tried to examine infants' social and emotional relationships. Infants form strong bond with caregivers very early in life. They come to know, become attached to, and show a desire to be with a small very select group of people in their lives. The wonderful emotional bonds formed with infants are among the greatest rewards of parenting or care giving. These strong bonds also pose challenges. Babies who are abused or neglected, who do not have caregivers that respond to their needs, or who for other reasons have come to doubt the trustworthiness of the world will not resolve this emotional conflict in a positive way. They may be impaired from entering into relationships with others and may be wary of new situations or people. They may be unable to advance to later stages of psychosocial development, and so are more likely to suffer mental health problems later in life.

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INTRODUCTION

The Second World War caused the separation of parents and their children on a massive scale. Families were torn apart because of the bombardments of civilian targets, the insatiable need for the army to draft new men and the threat from Germany. In London, the psychotherapists Dorothy Hurling ham and Anna Freud-the daughter of the famous Viennese psychiatrist Sigmund Freud-set up the so-called Hampstead Nurseries: several shelters for children between age zero and age ten who had lost their parents because of the war-either temporarily or for good.

Burling hum and Freud poignantly describe the sufferings of these young children, who often pined away from grief for the loss of the attachment relationship with their parents, despite the fact that they received high quality care. Take, for example, Dell, an active little girl aged two and a half years. When first brought by her mother, she soon started playing and did not really notice her mother leaving. However, half an hour later Dell suddenly realized what had happened and walked around the house in despair to find her mother. Her bright cheer and activity disappeared and she became a different child.

She was not able to connect to one of the professional caregivers and after a couple of weeks she treated her parents as any other visitors.

Towards the end of the 1950s result from ethological studies became available that challenged the traditional views. Ethnology is the science of animal and human behavior. Harlow (1958) did historically important experiments with young rhesus monkeys that have been separated from their biological parents at birth. Instead of their real parents the monkeys were provided with 'surrogate' mothers made from wire mesh. Some surrogate mothers were covered with soft furry cloth; others remained somewhat macabre wire skeletons. The young monkeys were fed through a bottle that could be mounted on both 'mothers.' In one of the experiments eight monkeys grew up with two kinds of surrogate mothers.

Probably first by smell and then by sight the baby develops preference for one or a few caregivers-the phase of orienting and signaling. During this *second phase*, the baby adapts to a limited number of caregivers (and vice versa of course) to which attachment behavior is preferentially directed. Attachment behavior such as crying can also be more easily stopped by these specific caregivers. Nevertheless, the preference for the regular caregivers

is limited. In principle, with sufficient effort everybody should be able to take the role of the preferred caregiver.

In phase three it is difficult to delay gratification of the infant's need for security and proximity; infants are still too 'egocentric' in the Piagetian sense to be aware of the fact that their caregivers may have other plans, plans that do not necessarily involve them. Children enter the phase of the **goal-corrected partnership** when they can imagine plans and perceptions in the caregiver and fit their own plans and activities according to these (Marvin et al., 1977). This *fourth phase* has been less heavily researched, but there is the notion that from about three years of age (much earlier according to Main et al., 1985) children develop a so-called **working model**, a mental representation of their attachment relationships that influences attachment behaviour in an abstract way. Attachment behaviour has undergone transformation from primitive crying to the verbal communication of relatively complex affective messages. Bowlby (1973) hypothesized that the working model stemming from this phase could influence later attachment relationships (see below).

This vignette shows the strength of early attachments. It also illustrates that bonds are bidirectional. Parents are as fearful of separating from their infants as their infants are about being separated from their parents.

ATTACHMENT FORMATION:

A critical part of achieving trust, from Erikson's view, is the ability of babies to come to know and bond with caregivers. Forming an emotional bond with others in infancy is called **attachment**. In his classic work on infants, John Bowlby (1969) described attachment as a bidirectional process in which babies and parents (or other caregivers) make contact with each other in ways that lead to emotional bonds. Babies perform social behaviors-smiling, making eye contact, cooing-that capture adults' attention and elicit strong feelings of caring and concern. Caregivers respond to these behaviors with warmth and social contact. Thus, babies and significant adults become attached to one another.

SEPARATION ANXIETY AND STRANGER ANXIETY

Between 6 and 8 months of age, babies show **stranger anxiety**, a fear of unfamiliar persons that often results in great upset. The following story highlights the problems that occur during this period:

After 6 months of age, babies begin to show **separation anxiety**, a fear of being separated from caregivers. They show upset when their parents leave them. Sometimes only a brief departure to another room will trigger distress. Separation anxiety is very familiar to caregivers who work with infants and

toddlers. The first days of school can be challenging when lots of new babies are enrolled.

TYPES OF ATTACHMENT:

Using this technique, Ainsworth discovered that several types of attachment exist. These are summarized in Table 9-1. Babies can be categorized as demonstrating either secure attachment or insecure attachment. Roughly 70% of babies in the United States form secure attachments (Ainsworth et al., 1978; van Ijzendoorn & Kroonenberg, 1988). A securely attached baby will play happily with toys during the mother's presence in a strange situation. Upon her departure, the baby may cry, but the reunion will be a happy one. The baby may hug or cling to the mother for a time. But will quickly stop crying.

Attachment Type	Description
Secure	Plays happily within a strange play setting, if a parent is present. May cry when the parent leaves the room, but will greet the parent joyously at their reunion.
Insecure/avoidant	May or may not cry at a parent's departure from a strange play area. Ignores and even moves away from the parent when he or she returns.
Insecure/ambivalent	May show great upset when a parent leaves a strange play area. Continues to be inconsolable when the parent returns. Will alternate between desperate clinging and angry rejection during the reunion.

Attachment, as determined by Ainsworth's strange situation paradigm, appears to affect development in later childhood. Securely attached infants tend to be more friendly and competent and to have more positive views of themselves in later childhood (Sroufe, 1985). In contrast, insecure/avoidant babies tend to become more aggressive, more impulsive, and less cooperative (M.F. Erikson, Sroufe, & Egeland, 1985; Turner, 1993). Insecure/ambivalent infants tend to become timid, dependent, and whiny in later childhood (Sroufe, Fox, & Pancake, 1983). They are also more inhibited in their exploration and play with peers (Cassidy & Berlin, 1994). In the elementary years, they are more likely to be identified as having social and emotional problems.

CULTURAL VARIATION IN INFANT ATTACHMENT:

The high rates of insecure/avoidant attachment in German communities could be the result of cultural values and socialization practices as well (Harwood et al., 1995). Norht German mothers are found to engage in independence training in which children at a young age are encouraged to separate and closeness and dependence are discouraged. It is understandable, then, that babies of these cultural groups would be more likely to ignore mothers upon reunion in the strange situation procedure.

Caution must be used, then, in relying on separation and reunion behaviors to measure attachments. More culturally sensitive methods of observing infant-caregiver bonds may be needed.

Parenting behaviors influence attachment formation. The two examples that follow show contrasting styles in parent interactions. Which style is more likely to support strong emotional bonds?

• EXAMPLE – 1

As a woman in a small village in India works in the garden outside home, her 4-month-old granddaughter sleeps in a basket nearby. The baby awakes and begins to cry. The grandmother scoops the baby up, hugs and comforts her, then straps the baby to a sling across her abdomen. She then returns to her grading, stooping over the vegetable and pulling weeds in a rhythmic motion. The baby falls asleep, cradled securely against her grandmother, gently rocking with her movements.

• EXAMPLE – 2

A mother in a city in Kenya has just acquired a crib for her 5 month-old son. Enthused about what she perceives to be a modern European child care method, she places her sleeping baby in the crib in his room and leaves to ranger and anxiety. No one is in the home to comfort him. Even when the mother returns home, she does not respond to her baby's series she wishes to train her baby to stay in the crib while she does her work.

Warm, physical contact is a separate dimension of parenting. Nurturing parents spend lots of time in physical contact with their babies, holding them, bouncing them, playing with them, or simply gazing into their eyes. The grandmother in Example 1 manages to provide warm, physical contact while continuing with her work. When she straps her granddaughter close to her body, the baby falls immediately back to sleep.

Child care providers and teachers must remember that the attachment behaviors valued in their own families may be different from those of families they work with. Great care must be taken not to misinterpret cultural expressions of warmth or responsiveness. A parent may respond to a baby's signals with rough-and-tumble play or humor. Warm contact may include being carried in a backspace or being bounced on a knee. Some attachment behaviors may be delivered without a great deal of affection or enthusiasm, but these are effective parenting interactions, nonetheless.

INTERVENTIONS THAT AFFECT ATTACHMENT:

What can be done when insecure attachments begin to form? Can professionals intervene with high-risk groups (e.g., depressed mothers) to enhance infant-parent relationships? As I mentioned, one problem with the idea of attachment intervention is that different cultures have different ways of securing infant bonds. A responding behavior in one culture may not be effective in another. In such cases, efforts to teach specific parenting behaviors may be fruitless.

These concerns have been borne out in research. In a program designed to teach high-risk mothers attachment-related interactions, a curriculum of games and activities was implemented-related interactions, a curriculum of games and activities was implements during home visits and classes at a child development center (Spiker, Ferguson, & Brooks-Gunn, 1993). The effects of the intervention were minimal, though positive. However, white parents showed more positive outcomes than African-American parents. It may be that the procedures and parenting techniques being taught were geared primarily to the dominant Euro-American culture.

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