

# How Children Develop their Attachment Ability

## Relating to Trauma: Insights That May Help Adoptive Parents

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This article will describe briefly the four main types of attachment. Some early trauma can result in a life-long inability to regulate emotions. This situation can particularly be present with adopted children. We will also present hopes on how to recover from early trauma.

The concept of attachment relates to the relationship that takes place between an infant and the primary caregiver (usually the mother, but not necessarily). The attachment, although involved in the stage of the fetus, really happens between birth and 12 months of age. The baby needs to receive before he can give. Jesus loved us first. As the child grows, he will see life through the lens of the attachment patterns that s/he developed in the First year of his/her life. The self-image is largely formed as the primary caregiver's joy of being with him/her is transmitted to the child's brain. In his book "The Complete Guide to Living With Men," James Wilder, a Christian Psychologist explains four main types of attachment based on scientific research by Dr. Allan Shore.

The secure attachment bond is characterized by a synchronization between the mother and the child. It is considered that 66% of the children have a secure attachment. A healthy mother synchronizes with her child. As the child looks at the mom and the healthy mother meets that look, it creates an imprint from the mother's brain joy center into the child's brain pleasure center. When the child looks away for a time of rest after the fullness of the excitement created in such a connection, the healthy mom also looks away and allows the child to get the needed rest. They synchronize together, alternating between periods of rest-quiet and periods of arousal.

There are 30% of the children with insecure attachment divided into two subtypes. The avoidant/dismissive attachment happens when the mother, the main caregiver, fails to respond to the child in need to bond. The child's heart races and thoughts get confused when the most important human being in his/her life is not responding. The physiological joy-pleasure center, the nucleus accumbens, can only be satisfied in the presence of the mom looking at the child with joy. The child who is being denied this strong need feels like s/he "will die"; s/he falls into turmoil and anguish when his/her signals are not reciprocated. This will create a di-synchronized and insecure mindset. The child cannot distinguish between "you-cannot-bond-with-me" and "you-don't-love-me-so-I-must-be-unlovable." Lonely and afraid, this child, then later as an adult, will learn to mask the attachment pain, pretending that everything is "fine." This attachment pattern will often lead to addictions.

The ambivalent/distracted attachment develops when the primary caregiver, the mother, imposes her mental state and emotional needs onto her child. For example, when the child needs a time of rest and quiet, she will desperately try to draw the child's attention on her, picking her/him up as she is driven by her own need of feeling accepted. From the outside, it seems that the mother and the child have a good connection. However, they do not synchronize: When the child needs to be quiet, she gets him excited. The child learns to be available to mom's desire. This child becomes vigilant and does not know how to quiet himself. This child, then later as an adult, becomes stuck, not knowing the difference between a time to bond from a time to quiet him/ herself.

The disorganized attachment bond happens in 3% of the children when the primary care-giver causes terror as well as affection in the child. This child never knows what to expect nor how to recognize if bonding will be safe or scary. If the parent is scared, fearful or/and easily angered, the child's brain is being imprinted with fear. The child's relationship lens is tinted with fright. Approximately 1% of the children develop very disrupted attachment patterns. This type often degenerates into mental disorder later in life.

We all have had imperfect parents and with God's grace and meaningful relationships in our lives; we learn to forgive and mature in the character of Christ. Unfortunately, some children have more disruption and trauma than others, making the adjustment to relationships very challenging. Adopted children may have been severely abused or neglected, having possibly been born in a neglected orphanage or from drugs abusers or left alone for several days without changing the diapers. However, other circumstances may also be very traumatic for children, despite very secure healthy relationships from the parents. Some children have chronic ear infections or/and colic; others have medical procedures, like a necessary surgery. In the first year of life, the infant cannot distinguish between "you-cause-my-pain" or "you-cannot-take-my-pain-away-when-you-should -provide-peace-and-safety-for-me," from "I-need-this-surgery-that-will-make-me-feel-better." Chronic pain in the first year of life can make the child feel abused and/or neglected.

Neurologically, traumatized children have different parts of the brain underdeveloped which greatly impact learning skills and attention span. Non-traumatized children store all their memories in both side of the brain, but traumatized children store their negative memories in the right side of the brain and the positive ones in the left side of the brain. Also, the "highway" between the right to the left brain, called the corpus callosum, is underdeveloped in traumatized children as well as the mid-brain. The mid-brain carries many functions: the control of impulses, the ability to settle down after being stimulated, the capacity to control the emotions. However, the amygdali, acting as the alarm system of the brain, is found to be overdeveloped creating overly reactive behaviour.

We have chosen two main areas of intervention to present here: one addressing the psychological-spiritual dynamic and the other addressing the neurological domain. As we mentioned, the child's brain imprints the primary caregiver's mindset. The parents who are conscious of their own insecure attachment patterns and are willing to search for a resolution, will be better equipped to establish secure attachment pattern in the child and/or repair some shattered relationships. There may be a need for outside help of a knowledgeable and wise counsellor, based on biblical concepts. Read and access good teaching on the subject of "Parenting Inside Out," by Daniel Siegel, will encourage a pursuit of honesty in parents leading to develop their own secure attachment patterns and intervene with grace. The reality that "God loves the world so much that..." is so profound that when someone grasp its power, healing happens. The Holy Spirit is the Comforter who heals the broken-hearted. Play therapy is another intervention that can also be very useful for children and adults because it uses non-verbal expression for issues that happened in the first year of life, before the language was established.

A large number of children carry limitations in their learning and attention patterns as neurological consequences of attachment issues. A neurodevelopmental approach has proven to be very useful as it uses movements based on primitive reflexes. These reflexes are God's design to activate the brain through movements. The mother does not have to teach the child to crawl, but when it does not happen,

an educated mom will see to have her child go through these necessary steps even later than the first year of life. This approach can be administered by a professional who takes charge of your child or can also be done at home by the parents. The limitation of this intervention resides in the child's willingness to cooperate. It is important to realize that the interventions that can be useful for 96% of the children will not necessarily work for children that have been severely traumatized. Parents will need to pursue their research in finding resources through the web and the different associations dealing with severely traumatized children.

This article is a summary of a workshop aiming at helping parents understand the different attachment patterns that are shaping the child's self-image. A person's "attachment lens," mainly imprinted in the first year of life, influence all areas of life including learning and attention span. To be sure, home-schooling starts at birth; some would even say before birth. Hopefully this article has provided parents with insights to better understand issues that affect everyone's life.

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### **Resources**

The Complete Guide to Living with Men, 2004, by Dr. E. James Wilder, published by Shepherd's House Inc, [www.lifemodel.org](http://www.lifemodel.org)

Parenting Traumatized Children, The Parents'Book on Attachment Disorders, 2005

Children who Shock and Surprise, 2001 both books By Elizabeth Randolph, RFR Publications, 2001 [www.lizrandolph.net](http://www.lizrandolph.net)

Adoptive Parents: visit internet on Attachment Disorders