



# SALEM Digest

Autumn 2002 • Topics of interest to friends of Salem Christian Mental Health Association

## attachment disorder

Maureen Jones

*Your nine-month-old child screams and clings to you when her grandparents come to visit, and attempt to hold her. She is their first grandchild and they are very upset. Now you are worried—is something wrong with your parenting? Or wrong with your child? On the other hand, your neighbour recently adopted a little girl from China and she has charmed everyone. She runs excitedly to anyone who walks into the house, lifting her arms to be picked up. Her grandparents are thrilled that they can take her to the park, or their home, even overnight, without her ever crying.*

You can be assured that your nine-month old child is perfectly normal. It is the other child who has a problem. Her behaviour is indicative of an attachment disorder. In order to understand this, first we need to look at attachment itself. Attachment is a process; it does not happen overnight. Experts state that a healthy attachment develops gradually over the first three to five years of a child's life. The frequent demands to meet the basic physical needs of infants and toddlers create a wealth of opportunities for interactions from which attachments readily develop. Attachment behaviour by a parent or consistent caregiver to meet the needs of a child, especially when either hurt, sick, or upset, results in a reciprocal attachment to that parent or caregiver. The way this is done may be different in different families or cultures, but as long as there is a consistent response to the child's needs in a caring manner, a healthy attachment will develop. The attachment grows when both the child and the caregiver experience their relationship as

emotionally gratifying. The child comes to perceive the caregiver as a source of joy, loving warmth, as well as relief from pain. Through this process, a child is given the



most basic gift necessary to all future healthy emotional growth; the gift of a feeling of safety, security and trust in the world.

Normal attachment, with responsive parents, happens in stages in a child's early life. It begins at birth as the child's needs are met, and the child begins to recognize the face, sounds and even smell of the person meeting his needs. The baby does not yet differentiate himself fully from the primary parent, but develops

feelings of connection, or *affective attunement*, with this person who responds so readily to his actions and expressions. Louise Kaplan describes the mother-infant dance as a reciprocal dialogue, which is the bold heartbeat of human existence.

The next stage is the most critical period for attachment (usually between eight and eighteen months of age). Expressions of feelings of interest, excitement and joy are at their peaks, which also stimulate the same feelings in the caregiver. As well as this, the child's brain has now developed enough to start to understand that he is separate from his loving parent, and this causes fear as he adjusts to this. He also readily recognises that other people, less well known, are *not* his beloved caregiver. Therefore, it is perfectly normal, in fact expected, that a child will "make strange," during this period. It is thus important that other relatives, or friends, witnessing this with a child and parent, react positively, and celebrate the fact that the child is

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## Executive Corner

Rev. Al Dreise

*Salem Christian Mental Health Association is an association of people committed to provide Christian treatment, care, and comfort to the mentally and emotionally distressed (Charter, February 7, 1963).*

Since 1990 Salem has partnered with 16 agencies in developing mental health services.

This is the third year that Salem is involved with *Homestead Christian Care* to develop support and residential care for persons and families facing a major psychiatric illness.

Developments include the acquisition in downtown Hamilton of a 34-unit apartment building and *Wentworth Place*, a residential care facility for psychiatric patients who require long-term care.

Salem is quite dependent on you the reader-donor for funding *Partnership Programs*. Our target this year is \$32,000.

### Resource Directory:

Dan Postma, a third year Redeemer University College student has been updating Salem's Resource Directory which provides information on Christian mental health and counselling services in Ontario. The directory will be web-based at [www.salem.on.ca](http://www.salem.on.ca) and at [www.christiancounsellingdirectory.ca](http://www.christiancounsellingdirectory.ca) If you know of a Christian agency, counsellor or therapist to add to our directory, please email [dan@salem.on.ca](mailto:dan@salem.on.ca) or send the information to Salem's office.



Rev. Al Dreise

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**Rev. Albert Dreise,  
Executive Director**

“  
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You are invited to

# SALEM's Annual Dinner Meeting

to be held in the Music Room of  
**Calvin Christian School**  
547 West Fifth Avenue, Hamilton, Ontario

**Thursday November 14, 2002  
at 6:30 p.m.**

Speaker: Mr. Bill MacPhee  
**Living with Schizophrenia**

\$15.00 per person

\$25.00 per couple

Reservations required by November 6, 2002

Tel: 905-528-0353

e-mail: [salem@salem.on.ca](mailto:salem@salem.on.ca)

## Counselling News

Salem has entered into a new partnership with the Mountainview Christian Reformed Church of Grimsby to provide counselling at the church location. Judy Cook will be available Tuesday mornings, and Salem has also contracted with Esko

Vasainen, a family therapist living in Grimsby to provide counselling Tuesday afternoons and evenings, also at the Mountainview Christian Reformed Church.

To book an appointment with either Judy or Esko, call Nienke at the main office in Hamilton at 905-528-0353.

### attachment disorder

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developing such a healthy attachment, the foundation of future healthy emotional growth. It will be only a few months, and the child, with the secure foundation, will be able to transfer the attachment feelings and behaviour to others who care for him. The child's first relationship with a primary caregiver sets the stage for his future relationships.

Once the child is through this, he starts to develop a

more mature attachment. The beloved parent can place limits on him, not always meeting his perceived needs, which actually helps him differentiate himself as a person; he is still attached, but able to develop on his own too. The stronger the attachment system has developed (the child feels safe, protected, lacks stress) the more the exploration system will develop (the child can play, explore, learn, knowing he has a safe base to return to).

## What is an Attachment Disorder?

Children who have not developed a good, secure attachment in the first three years of life, are at risk for an attachment disorder. This may be for the following reasons:

- **Multiple caregivers** who do not meet his needs consistently, or with the same emotional feelings a primary caregiver brings.
- **A child's genetic temperament.** Some children are easier for others to love as their disposition is more responsive to others. A child with a sunny, happy nature is easier to satisfy than one with a very placid nature who shows less response, or one with a more anxious, high-strung nature who is harder to please. Attachment forms more readily if the temperament of the child fits with the temperament of the parent; they can relate better to each other.
- **Family adversity.** If there are many stresses in a family, the parent will be less available to recognize and meet a child's needs on a consistent basis. The child will be neglected.
- **Parenting Styles.** The more reciprocal a parent is, the better to form attachments in a comforting, nurturing way. Needs are met in a loving, educative style, rather than grudgingly, with anger, resentment or coercion. Parents who are self-involved and needy themselves will not respond to a child's needs for comfort, but will look to comfort themselves.
- **Parental perceptions.** How a parent perceives a child's behaviour determines how well a child's needs will be met. For example, if parents believe a child is just a crybaby, or that you can *spoil* an infant by too much attention, the expressed needs will be punished or ignored. The child may resemble a partner or other family member who the parent really dislikes, or the child may have handicaps the parent feels uncomfortable with.
- **Child's organic or neurological condition.** For example, a baby born to a drug-addicted mother will undergo the pain of withdrawal after birth, and likely be unresponsive to attempts to nurture. In turn, a parent may become less desirous of trying to meet the child's needs, because of the inability to satisfy the child.
- **Maltreatment.** In an abusive family, nurturing may be nonexistent. Parent-child interactions are painful, scary and violent. Childcare is chaotic, unpredictable and rejecting.  
The combination of mixed messages and lack of trust and security leads to the most severe type of disorder, or disorganised attachment.

**There are different types of attachment disorders, with different causes. They are:**

### • Insecure-anxious attachment

The child receives inconsistent/unpredictable responses from the parent who is often too tied up with her own needs. The child then tries desperately to find out what he must do to get the response he craves but never gets, preventing an inner sense of security.

This child will cry intensely when his caregiver leaves him, but will still be clingy and crying when she returns. He learns to have intense emotional outbursts, and as he grows, emotions will continue to be impulsive and intense, and they, rather than his thought patterns will rule his actions.

### • Insecure-avoidant attachment

The child has few experiences of *attachment* with a caregiver. His cries/movements elicit little response, so he does not relate emotionally with anyone. This is the type of child like the little girl mentioned at the beginning, who will go with anyone without a problem. She likely experienced multiple caregivers in an orphanage who only cared for a group of children on schedule, rather than as needed.

Expressions coming from this child will have little depth, as she has learned that adults really do not meet her needs. She will have a *fake smile* and may at times prefer to withdraw into solitary activities, as objects become more important than people do.

### • Disorganised attachment

The child's needs are met in a conflicted way at times, combined with hurting the child at other times. The child still becomes attached to this person, who is very powerful in his life, but it is most unhealthy.



### Beginnings

[www.beginnings.ca](http://www.beginnings.ca)

**Counselling and Adoption Services**  
1 Young Street, Suite 308, Hamilton  
ON L8N 1T8 905-528-6665  
email: [info@beginnings.ca](mailto:info@beginnings.ca)

*In the conviction that life is a gift from God, Beginnings provides supportive services related to pregnancy and adoption.*

## Symptoms of Attachment Disorder in a child

The child has not developed basic trust, so behaviours develop aimed at keeping others at a distance. The behaviours could include:

- poor eye contact
- withdraws physically or emotionally from others
- chronically anxious; possessive and clingy
- aggressive/hyperactive; actions to keep others away
- shows indiscriminate affection; indicates no one person is more important than anyone else to the child
- over-competency; insists on doing everything himself all the time rather than needing parents
- lack of self-awareness; aware of environment but not of own body; may overreact until sick, or not react to things that usually cause pain
- delayed conscience development; has never learned to care about others, since never felt cared for herself, thus lying and stealing happens with no apparent understanding of this as a problem
- major social problems; great difficulty learning to build and maintain relationships of any sort; real friendships are rare; needs to control others/ demands affection but not able to reciprocate
- poor self-esteem; sees self as undeserving, feels unlovable

## IF YOUR CHILD'S BEHAVIOR WORRIES YOU or IF YOUR RELATIONSHIP WITH YOUR CHILD IS IN TROUBLE

call

### Salem Christian Counselling Services

at 905-528-0353 to book an appointment with

#### BETTY J.B. BROUWER, M.Sc.

Certified Child Psychotherapist and Play Therapist  
Registered member of the Canadian Art Therapy Association

CONFIDENTIALITY ASSURED

## Help for children with Attachment Disorders

*Any child can relearn attachment at any age, if caregivers are committed to the process. The attachment formation may never be as strong and healthy as it could have been if developed in infancy, but some degree of attachment is still possible.*

- Caregivers need to think of the child as an infant emotionally, and respond particularly when the child is distressed, ill or physically hurt.
    - They must be consistent and available emotionally and physically, and freely give comfort when asked.
    - The child must be fully accepted and appreciated as he is, so that each *baby step* in attachment formation can be celebrated.
    - The child must be told he has "permission to love" and this must often be repeated.
    - The parent needs to use gentle skin contact in a non-threatening manner as long as the child responds positively. This gentle touching and talking as if to an infant could incorporate rocking in a chair together, reading stories, singing, feeding.
  - Playing together; excitement, movement, fun, stimulates attachment energy.
  - Keeping the child close even when disciplining; e.g. time-outs need to be in the same room as the caregiver.
  - Talking to the child about feelings and modelling them.
- The main requirement to help a child recover from an attachment disorder is time and permanence. Attachment will take many years to develop in a child who has never developed a healthy attachment. If this begins at age 3, there may be a change at age 6; if it begins at age 8, it may take until age 16. The child desperately needs parents who will fully and permanently commit to him, so that the child will eventually feel safe and loved, and start to love in return.



### Maureen Jones, B.A., R.S.W.

*Maureen is the Executive Director of Beginnings Counselling and Adoptive Services. Previously she worked as a social worker and supervisor in a Children's Aid Society, involved mainly with foster care and adoption of older children. She is presently an Adoption Practitioner, approved by the Ontario Ministry of Community, Family & Children's Services, as well as a trainer of social workers for the Ontario Association of Children's Aid Societies.*