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**mothering**  
INSPIRING NATURAL FAMILIES SINCE 1976®

| by Lauren Lindsey Porter

# attachment theory in everyday life

Learning to love is  
a matter of neurobiology.  
And it begins with meeting  
babies' basic needs.

## Most parents are seekers.

We are committed to discovering what is best for our babies, and to raising our children in a way that fosters their highest potential and gives them the greatest experience of love. It is now clear from decades of research in the fields of attachment theory, child development, psychology, physiology, and neurobiology that attachment parenting holds the keys to optimal child and family well-being. But achieving that optimal well-being does require an authentic understanding of what attachment is, how it is created, and what this means for real life.





## THE STORY OF ATTACHMENT

Attachment is the way we relate to the important people in our lives.<sup>1</sup> It is a key element of psychological and emotional well-being, and forms our views about love and connection. In many ways, attachment is the umbrella under which all other development occurs. The way we attach to others guides the quality of our relationships, how we see the world, and the tone and depth of our lives.<sup>2</sup> Our attachment style and patterns are grounded in our first experiences, namely those primary relationships of our first years of life.<sup>3</sup> All babies attach to their caregivers, regardless of parenting choice or style. In a very real sense, all parents practice attachment parenting: Attachment is always taking place, and all parenting is a central component of the creation of attachment. It is a question of what *kind* of attachment we're talking about, and how healthy that bond is.

Without bonding, babies fail to thrive,<sup>4</sup> or even risk death.<sup>5</sup> Attachment is a biological necessity that stems from the reliance of immature infants on their caregivers for protection, advantage, and basic survival.<sup>6</sup> Attachment security in infancy is associated with healthy, mutually satisfying relationships, optimal cognitive functioning, and emotional and behavioral management later in life.<sup>7</sup>

Secure attachment relationships are marked by a mutual bond in which the mother or other caregiver shapes infant development through her interactions and relationship with her child.<sup>8</sup> These relationships allow for the formation of an “internal working model” that functions as a template by which babies can gauge their own emotions and those of others.<sup>9</sup> The hallmarks of attachment security are availability, responsiveness, and sensitivity;<sup>10</sup> hence, it is not just the presence of the parent, but the quality of the parental response, and the parent’s emotional availability and sensitivity to the baby’s communication, that form the heart of a child’s security.<sup>11</sup> When a baby is cared for in this wholly sensitive way, a secure relationship will likely develop and form a foundation of health to underpin the child’s entire life.

Parents of securely attached children have the ability to make themselves available to their child for comfort and support when she needs them (called a *safe haven*), and to allow her the freedom to follow her curiosity and explore her world in safe ways when she is ready to (called a *secure base*).<sup>12</sup> This secure relationship gives the child confidence that someone will be available to help her when she needs it. She develops a model of other people as dependable, and of

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herself as deserving of loving care. These models of the self and of others form the foundation of health that the securely attached baby will carry with her for life.<sup>13</sup>

However, if a child experiences care that is inconsistent, unpredictable, cold, hostile, or scary, he is likely to develop an attachment that is insecure.<sup>14</sup> Caregivers of insecurely attached children are typically uncomfortable with either too much closeness and neediness or too much distance and independence. Being insecurely attached to a caregiver as a baby means that a child has developed an expectation that the important people in his life will not be reliably and dependably available to him in times of need. The insecurely attached baby grows into a child—and then an adult—with fewer resources for managing his own emotions and his relationships with other people. Unlike a secure child, the insecure child cannot easily identify, understand, tolerate, or communicate his feelings, which leaves him vulnerable to a host of psychological difficulties. Being an insecurely attached baby is a risk factor for social and emotional problems throughout a person's life, including depression, anxiety, aggression, and addiction, as well as a host of medical ailments.

Babies who have an attuned, sensitive, and responsive caregiver more skillfully and joyfully negotiate the world. They are happier, less stressed, more engaged; they recover more quickly from fearful or upsetting experiences; and they are more confident and relaxed in social situations. The fear that responding to a baby's every need will reinforce needy behavior and produce dependence is a myth; in fact, the opposite is true. Research shows that children who are consistently soothed and comforted and whose emotional needs are dependably met are the ones who emerge with the stability and independence we seek to promote.<sup>15</sup>

### ATTACHMENT AT WORK

How does a child get to that place of security—the safe haven and secure base that together ensure a secure attachment? It involves those three key

elements: proximity, sensitivity, and responsiveness.<sup>16</sup> This is the heart of how attachment works in your life.

The first step, **proximity**, is common sense: It is being there. Babies—and all humans—need face-to-face connection in order to thrive. Like birds who need to learn songs beak to beak, we learn and grow in relationship to others. This is especially true of babies who are dependent on their loving relationships to keep them safe, which makes proximity a natural first step to healthy attachment between a child and her loved one.

The next step is **sensitivity**: the ability to read and respond to the cues and communications from your baby. On the one hand, this is the stuff of maternal instinct and the mutual getting-to-know-you process that evolves between baby and mother.





Learning your baby's likes and dislikes, reading cues before they are obvious to others, knowing a look in your baby's eyes or an intonation of a cry—all are aspects of sensitivity. Other aspects include being able to allow your child age-appropriate exploration of the world without interference, and knowing the difference between a baby who wants to do something on his own and one who wants help. Sensitivity can be an arena where our personal histories unwittingly undermine our ability to form secure attachments.

According to data, roughly 65 percent of us have secure attachment styles, which also means that about a third of us do not.<sup>17</sup> This is not about judgment or accusation. We are able to give only what we have been given, or what we've learned to give through healing. So many of us, like our parents before us, have unexplored limitations and struggles within relationships. Our relationships with our children intensify those struggles, bringing to consciousness all that we've remained unaware of but that is still painful and unresolved in our life.<sup>18</sup>

Imagine this scenario: You are near a mother whose baby is crying when the mother says something like "She's just trying to manipulate me" or "She's spoiled" or "She's a bad girl." You may be aghast and wonder how a mother could be so insensitive. Yet in most cases this is not a process of awareness. This mother believes she is making an accurate assessment of who that baby is—filtered, of course, through the mother's own internal working model. Every parent faces this challenge to sensitivity, though some of us are less hampered by past constraints, and some of us have insensitive moments that aren't as obvious as others. The key is to ask yourself: Are you perceiving things from your baby's point of view, or are you reacting to your own internal noise or feelings?

The last step is **responsiveness**. This is the follow-through: Can we respond to the signals

we pick up? This is where bad advice, external interference, and mainstream guidance often get in our way. Many strategies for parenting found in books, television programs, websites, and family lore guide parents toward establishing control, routine, and maintenance of power, with many specifically asking parents to ignore sensitive communication, and to tune out instead of respond. It is not enough to be sensitive, then refuse to respond. Naturally, there will be times when responsiveness is impossible or temporarily on hold. We may have to put the baby down to answer the phone, or the baby may wake crying while we are in the shower. However, these sorts of nonresponsive situations are not patterns of relating, and it is the overall patterns that we focus on.

### THE STORY OF THE BRAIN

One of the most potent ways that we have come to know that sensitive, responsive relationships lead to attachment security and ongoing health throughout life is through the study of the human brain. In the last 20 to 30 years, huge advances in neurology have been made that have taught us the vital importance of early relationships and how our genetic potential is shaped by our early experiences.<sup>19</sup> In years gone by, academics argued about nature vs. nurture, wondering which made us who we are. Now we know that it is both. A combination of genes and experience, unfolding in complex and unique ways, creates whom we grow to become. The human brain is unlike any other organ in the body. While other organs are fully formed at birth, the human brain adds 70 percent of its structure after birth.<sup>20</sup> Hence our genetic potential is expressed via our experiences.<sup>21</sup>

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on the brain,<sup>22</sup> and it enhances brain growth and development of brain systems that support attachment, emotional regulation, and problem solving.<sup>23</sup> Babies who experience soothing touch, comforting warmth, repeated experiences of calming when distressed, a sustained positive emotional state, and homeostatic balance when tired, hungry, or overstimulated, grow to develop healthy emotional functioning, brain growth, and self-esteem.<sup>24</sup> On the other hand, we know that babies who experience neglect or abuse in early life are at risk for mental illness, behavioral disturbances, cognitive impairment, and brain damage.<sup>25, 26</sup> Because infancy is dedicated to an explosion in brain growth and neural connection, the first three years are widely considered the most critical period of neurological development.<sup>27-29</sup>

### THE ROLE OF EMOTION

Much of this early vulnerability and potential have to do with the way the developing brain and body learn to understand and manage stress. When babies are in close proximity to their mothers and when their needs are responded to with attuned sensitivity, babies remain regulated.<sup>30</sup> In other words, their minds and emotions sustain a state of equilibrium or calm. Babies are not born with an ability to independently regulate their physiological or emotional states, but rely instead on a caregiver to do this with and for them.<sup>31</sup> We are all familiar with the need to place a newborn on the mother's chest to assist the baby with maintaining body temperature. This is due to the baby's inability to regulate its own body temperature without assistance. Other aspects of regulation, such as heart rate, cortisol levels, and digestion, are also regulated within the context of this ongoing relationship with the mother.<sup>32</sup> These "hidden regulators" are the physiological mechanisms that keep babies in homeostasis and form the foundation of future self-regulation.<sup>33</sup>

Emotional regulation is the same. Babies need assistance in managing their emotions so that they don't become overwhelmed. Whether it's fear, sadness, surprise, or excitement, babies can quickly succumb to emotional intensity, and are especially vulnerable to fear—they possess vast amounts of neural circuitry to analyze fear, but few that assist them in feeling good.<sup>34</sup> Imagine this: Your baby is asleep in his crib and you are reading a book. Suddenly, the car next door backfires loudly, startling both of you. You, through your understanding of what the noise was, are able to settle your mind and body immediately. Your baby, however, cannot be calmed by mere words or even time. Usually, maternal intuition kicks in right away—you go to your baby, and cuddle and soothe him until he can settle back down.

Calming down, or being able to be calmed down, after feeling emotionally overwhelmed demands a relationship. Thus it is critical that babies be helped to maintain emotional balance, and to return to a regulated state when out of balance. This need persists into the toddler years and beyond.<sup>35</sup> When dysregulated or out of equilibrium, babies are vulnerable to the deleterious effects of stress.<sup>36</sup>

Stress is the emotional and physical impact our bodies experience as we adjust to challenge. For babies, the most potent forms of stress are those that threaten their social self, their connections to the mother or caregivers.<sup>37</sup> The ability to handle stress is formed by our early experiences.<sup>38</sup> Subjection to repeated, frequent, ongoing, or intense stressors leaves a baby prone not only to the negative effects of that experience, but to a trajectory of future vulnerability to stressful events. Typically, crying is the only way an infant has of communicating stress. With adults, the "fight or flight" response mobilizes our bodies to handle difficult or potentially

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overwhelming situations; for a baby, “fight or flight” works only if someone comes to fight for or flee with them.<sup>39</sup> Hence, leaving them to cry only increases their stress levels, teaches them they cannot rely on their caregivers for assistance, and opens them to the cycle of hyperarousal and dissociation.

When babies experience this sort of persistent or intense stress, they enter the cycle of hyperarousal and dissociation that accompanies stressful events.<sup>40</sup> The initial stage of the stress cycle is one of hyperarousal, the “startle” reaction to a threat. This engages the sympathetic nervous system, which increases the heart rate, blood pressure, and respiration.

Distress at this stage is usually expressed by crying, which progresses to screaming. The brain attempts to mediate this by increasing levels of major stress hormones, elevating the brain’s levels of adrenaline, noradrenaline, and dopamine. This triggers in the developing brain a hypermetabolic state—a state of hyperarousal in which the metabolism is speeded up and other functions are slowed or halted.<sup>41</sup>

However, stress hormones are protective mechanisms intended to be used only for short periods of time, to assist the body in surviving a dangerous situation. Prolonged periods spent in this state of heightened stress are damaging. Additionally, prolonged exposure to stress induces increased levels of thyroid hormones and vasopressin,<sup>42</sup> a hypothalamic neuropeptide that is activated in response to unsafe or challenging environments.<sup>43</sup> It is also associated with nausea and vomiting, which may explain why many babies throw up after extended crying.<sup>44</sup>

The second, later-forming reaction to stress is dissociation. At this point, the baby disengages from external stimuli and retreats to an internal world. This involves numbing, avoidance, compliance, and lack of reaction.<sup>45</sup> This second phase occurs in the face of a stressful situation in which the baby feels both hopeless and helpless.<sup>46</sup> The infant tries to repair the disequilibrium but cannot, and so disengages, becomes inhibited, and strives to avoid attention in an effort to become “unseen.”<sup>47</sup> This metabolic shutting-down is a passive state in response to an unbearable



situation and is the opposite of hyperarousal. In biological terms, it is the same process that allows us to retreat from overwhelming situations in order to heal wounds and fill depleted resources. However, as a response to caregiver misattunement and nonresponsiveness, it is devastating, and the effects of even short periods of dissociation can be profound.<sup>48</sup> In this state, pain-numbing endogenous opiates and behavior-inhibiting stress hormones such as cortisol are elevated. Blood pressure decreases, as does heart rate, despite the continued circulation of adrenaline.<sup>49</sup> This ultimate survival strategy allows the baby to maintain basic homeostasis.<sup>50</sup>

When babies are in distress, their brains are at the mercy of these states. This means that all their regulatory resources must be devoted to trying to reorganize and regain equilibrium.<sup>51</sup> These kinds of biochemical alterations in a rapidly developing brain can have lasting consequences. In the infant, “states become traits”; in other words, the effects of early relational traumas become part of the structure of the forming personality.<sup>52</sup> This is all taking place at a time when the brain is at its maximum vulnerability to influences and

stimuli. Hence, while this stress reaction is going on, the infant brain must devote all its resources to managing the stress, and forfeits potential opportunities for learning during these critical periods of brain development.<sup>53</sup> Chronic shifts into this cycle can cause brain impairment and, sometimes, permanent damage.<sup>54</sup>

### MOTHERING AS BRAIN BUILDING

While all this hard science is very complex, the implications for parents and babies are more straightforward. Nurturing touch, warm interaction, loving play, and sensitive comfort are at the heart of healthy brain development, secure attachment, and optimal child development. In simple terms, mothering is brain building. How we respond to our babies' needs around sleep, feeding, separations, play, and other day-to-day subtleties may go unnoticed or undervalued, but this endless cycle of mothering is what the science is actually talking about. It is not about flash cards or fancy gadgets or advice from a book. It is about following your heart, listening to your child, and deepening your love.

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For example, eye contact and gazing between a mother and baby are associated with a mutually reinforcing cycle of pleasurable sensations from hormones cascading in both their bodies.<sup>55, 56</sup> A similar reaction occurs with skin-to-skin contact in things like infant massage and holding a baby,<sup>57</sup> which, like eye contact, produce “love hormones.” One such substance is oxytocin, a peptide hormone important for the creation of positive emotions and healthy social connections. Oxytocin inhibits the negative impact of stress and increases the healing rate of wounds. It is essential for bonding and feeling good in relationships.<sup>58</sup>

The wisdom of attachment parenting is represented in the research. In fact, how a child is mothered can literally change the child's genetic profile. In studies of rats (from whom we learn a great deal), the most powerful

predictor of how a baby rat will grow up to treat her own children is how she is mothered. If a pup born to an abusive mother is cross-fostered and raised by a nurturing mother—who can transmit only her parenting style, not her genes—the baby will grow up to nurture her own pups.<sup>59</sup> This is called epigenetics, and is evidence of how an environment can cause genes to behave differently even though the genes themselves are not altered.<sup>60</sup>

Another way to look at this is to examine how those care moments of mothering affect the way a baby's body behaves. A recent study looked at how mother-baby interactions at bath time were impacted by a mother's responses to her baby. When a baby is removed from the bath, he experiences a rise in cortisol, most likely due to the mild stress of being removed from warm, soothing water to the chill of the air and the process of being diapered and dressed. However, how fast the baby's body recovers from the stress—in other words, how quickly the cortisol levels return to normal—is directly related to the mother's sensitivity. The more sensitive, soothing, and responsive the mother, the more quickly the baby returns to equilibrium.<sup>61</sup>

We know that, over time, elevated cortisol levels add up to changes in brain chemistry in the hypothalamic-pituitary-adrenal (HPA) axis, and affect how a person is able to handle stress in the future.<sup>62</sup> It is believed that this baseline functioning is largely set by six months of age.<sup>63</sup> Hence, all those tasks and interactions of motherhood, a day full of which might make you feel you've “gotten nothing done” because you've been in the cycle of care, are the heart and soul of the best brain building possible. Which is just another way of looking at the best way to build relationship, love, and attachment.

### MOTHERING AT THE BREAST

Breastfeeding sets up a mother and baby for optimal bonding and attuned communication. In an optimal breastfeeding relationship,



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mother and baby “talk” to each other almost constantly. Because a newborn baby needs to feed often and around the clock, mother and baby stay in close contact. Breastfeeding promotes eye contact and skin-to-skin contact, both of which are inherent in the breastfeeding experience. Through breastfeeding, a mother learns her baby’s cues and signs for hunger, as well as other needs for closeness that are often met through the breastfeeding experience. By feeding on demand, a mother not only establishes an adequate milk supply but also teaches her baby that she will sensitively and effectively respond to the baby’s fluctuating needs. Through that awareness she sets the stage for her baby’s ability to feel fully nurtured and secure. Over time, this intense need will lessen as her baby moves toward greater and greater independence, but the foundation of understanding and communication between mother and child will remain. This is correlated with research that finds that breastfeeding mothers are more sensitive, and shows a link between attachment security and breastfeeding.<sup>64</sup>

### WHY NIGHTTIME INTERACTION MATTERS

Nighttime interaction plays an equally important role in the development of secure attachment. There is perhaps no aspect of new parenthood as fraught with confusion and stress as infant sleep. Mothers are often judged by how “well” their babies sleep, and, in the haze of fatigue, they often wonder how they should be encouraging sleep. In infancy, sleep has distinct patterns and features different from those of adult sleep. Sleeping “like a baby” does not mean long stretches of deep, uninterrupted sleep; instead, it means shorter sleep cycles, a significant amount of time spent in rapid-eye-movement (REM) sleep, delayed establishment of a circadian (24-hour) rhythm,<sup>65</sup> and a sleep mechanism that isn’t fully formed until between three years old<sup>66</sup> and five years old.<sup>67</sup>

Night waking in infancy is not a bad thing, especially from the point of view of survival, optimal development, and emotional connection. Night waking appears to serve several protective, reparative, and attachment functions. Infants enter REM sleep first, have shorter sleep cycles, and spend much greater amounts of time in light/REM sleep;<sup>68</sup> by thus spending less time in deep sleep, they get greater brain stimulation,<sup>69,70</sup> and more access to breastmilk and maternal presence.<sup>71</sup>

Because our western culture strongly favors independence, it is natural to look for advice to increase the amount of time our babies spend asleep. Many sources of advice on this front advocate sleep training. However, sleep training overlooks a baby’s psychological and physiological well-being, addressing instead a baby’s behavioral repertoire and using behavior-change interventions to effect change. Babies are unable to make sense of a parent who is attentive at certain times of the day but unresponsive at sleep times. Attachment research shows that this sort of inconsistent or unresponsive care is associated with insecure attachment.<sup>72</sup> Additionally, neurological studies show that the pain of emotional separation registers the same way as does physical pain.<sup>73</sup> The pain a baby experiences at being left alone to cry is clearly quite intense.

When children express distress but are met with nonresponsiveness or rejection, they learn to divert the expression of their basic needs in order to preserve some sort of connection, and thus lose authentic communication with their parent.<sup>74</sup> It is therefore by meeting our babies’ needs that they learn healthy independence, including sleep independence. In fact, research shows that mothers who cosleep are not only more aware of and responsive to their infants’ needs,<sup>75</sup> but also that babies who have coslept regularly have the greatest levels of self-reliance and social independence.<sup>76</sup>

## THE HISTORY WE BRING

Having children changes our lives forever. It opens our world to new hopes and dreams, new fears and struggles. At the same time, it can unlock the unfinished business and difficult experiences of our early lives. Becoming a parent reawakens in us our own experiences of being parented, and can evoke feelings and memories both joyful and painful. The new and inspiring information surveyed in this article can allow us to tune in to our compassionate hearts and mother our babies as they deserve. Just like a mama rat mothering her pups with a healing paradigm of love, we, too, can break the intergenerational cycles of our pasts by mothering our babies in new ways.

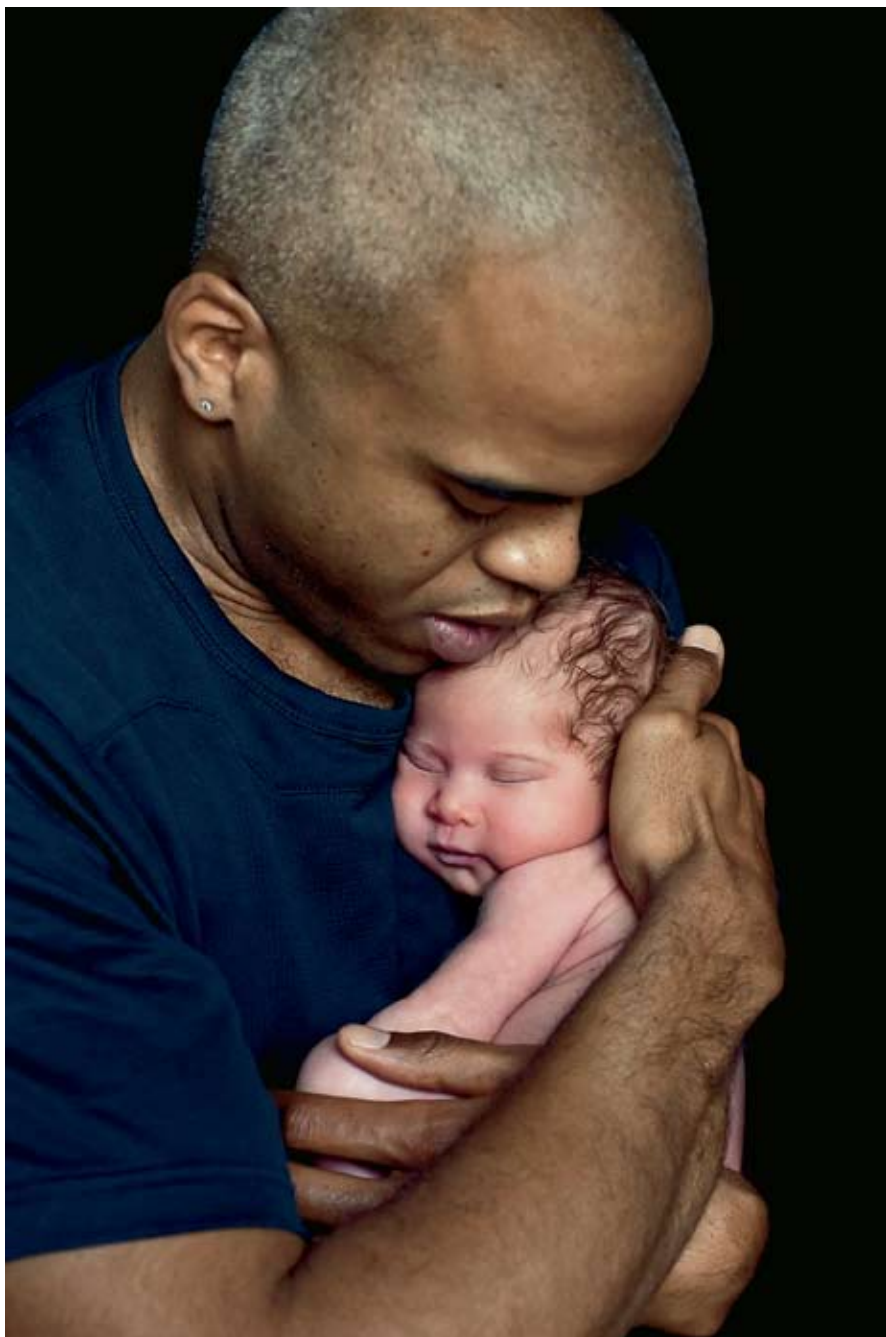
One of the most intriguing findings of more than three decades of research into attachment parenting is that secure attachment in a baby is strongly related to his primary caregivers' own emotional health.<sup>77</sup> One hallmark of emotional health in parents is the ability to deeply understand themselves and their own early life experiences. This ability may not come naturally to everyone, but it can be learned and strengthened. Learning about the components of optimal parenting and healthy attachment can often evoke sadness. We are faced with the disappointing awareness that our growing up may have included experiences that were not in our best interest. At the same time, as we learn more about what children need, we may feel guilty about how we have interacted with our own children.

It is important to understand that most of the issues we faced in our own early years are parts of a pattern many generations long. We are not responsible for the messages we received. However, those messages shape the way we form attachments, and most often we are unaware of their power. It is by gaining new awareness that things can begin to change. We can't change the



past, but we *can* change what we do now. When we do this, we build on a foundation of positive events from our past, and join that with new ways of being that enhance our ability to form healthy attachments.

While healthy attachment can be challenging, it is the most worthwhile goal. The decades of science and research available to us are clear: Healthy attachment, via attuned parenting, equips human beings for resilience, success, and emotional, psychological, and physiological well-being.<sup>78-82</sup> Contrary to popular misconception, it is by our nurturing of our children and meeting their needs that they grow into strong, compassionate, and independent people. We can trust our hearts and follow our children's lead. They will take us where we need to go.



## Healthy attachment,

via attuned parenting, equips human beings for resilience, success, and emotional, psychological, and physiological well-being.

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