On the Failure to Attach

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I was three-years-old when my small family was ambushed by a band of Arabs. My father was killed, and my mother was carried away to a hospital and was not to return for years. Having physically survived, I was sent to a nearby kibbutz for foster care and was placed with a group of children my age. Everyone was sympathetic and kind, but I would not be consoled. My world had ended: I had lost my beloved father and mother, and nothing mattered to me. I was alone in the world. I mimicked the other kids as I went through the motions of day-to-day living, but, afraid and alienated, I felt estranged from everyone around me.

Three years later, when my mother came back for me, it was too late. She too, meant nothing to me. She was just another person with whom I obediently went to live a different, but equally meaningless, life. I was still terrified and alone, with no one to confide in. I tried my best to pretend I was just like other kids, but I wasn't. I was so handicapped by my fear and isolation that during grade school I was thought to be retarded, so after the eighth grade I was taken out of school and put to work.

As an adult, I continued to pretend normalcy. With great effort I was able to catch up on my schooling, and obtain a higher education. I married but was unable to sustain the marriage and a few years later divorced, leaving behind two wonderful sons. In deep despair, I entered psychotherapy and overcame the terrible effects of my unfortunate past. I remarried and, finally able to function at full capacity, have been leading a good, decent, and productive life since.

During therapy, I became fascinated by the workings of the mind. I took the necessary training, became a therapist, and devoted the next 25 years, perhaps not surprisingly, to studying and treating the effects on the child of abandonment at infancy. I soon discovered to my astonishment that, dramatic as my case was, I was luckier than countless millions who, with seemingly less traumatic histories, suffered from the same condition but were injured far more seriously and had no effective therapy to help them.

What made their experiences different and their prospects so hopeless? They all were injured in their infancy. I was already three years old at abandonment, and this was a great advantage.

Attachment Deficit

Emotional injury in the first three years can occur as a result of obvious situations. Here are examples drawn from the early lives of some of my patients:

- One man, as an infant, was separated from his mother and hospitalized for three weeks when he was 11 months old. His mother was allowed only at visiting time.
- One woman was born to an alcoholic, disinterested mother
- Another woman's mother lost her husband just before she gave birth and, in her grief, kept her baby, emotionally, at arm's length
- A man was born prematurely and was placed in an incubator for several weeks
- One woman was born to a mother overwhelmed with many other small children and a chronically ill, out-of work husband.

Not all babies necessarily become damaged because of these kinds of deprivations; we only know of the many who do. But it doesn't necessarily take catastrophes to cause permanent emotional injury. As you will soon read, many suffer even when everything seems to be fine.

Researchers in human attachment who surveyed the American population have found that as many as 40 percent exhibit "insecure attachment style;" that is, they are unable to attain a secure attachment with anyone. For the sake of convenience, I have been calling this inability "attachment deficit." Little known, and largely unrecognized by the therapeutic community, attachment deficit is a problem of epidemic proportion in our present culture.

More than half of those with attachment deficit have "avoidant attachment style;" that is, they are uncomfortable being close to others and find it difficult to trust them. Their overriding world view can be summarized as: "I don't need anyone; I can do it all myself!" The others exhibit "ambivalent attachment style." They see other people as being reluctant to get close, are worried that others don't really care about them, and are often viewed by others as clingy and manipulative. Their lament is, "nobody cares about me."

A teenage girl with attachment deficit once said to me, "I don't like depending or being beholden to anybody. I can't believe people enjoy me and my company. I always feel that I'm a burden."

People with attachment deficit feel unloved and uncared for and believe they are unlovable. By contrast, those with secure attachment are comfortable depending on others, find it easy to trust and get close to others, and have a strong sense that they belong with others and with their communities.

Adults with attachment deficit may have serious marriage problems, feel empty and lonely, have problem kids and grapple with other family troubles. In addition, many also suffer from substance abuse, behavioral addictions, eating disorders, anxiety, and depression. Some become antisocial: in extreme cases, they may commit violent crimes or even become serial killers.

Children with secure attachment style are motivated to belong and to cooperate because they want their parents' approval and are willing to do what is expected of them to receive it. But those with attachment deficit, already feeling unloved and unlovable, have nothing to lose by

displeasing parents and other authority figures. They manifest their attachment deficit in disturbing behaviors, ranging from lethargy to hyperactivity or from clinginess to reclusiveness. Many are defiant and oppositional, and some are truly uncontrollable and destructive. These children are often diagnosed as hyperactive, manic-depressive, impulsive, oppositional, or with attention deficit disorder and are medicated to make their behaviors more manageable. Meanwhile, their core problem attachment deficit remains unknown and goes untreated.

In spite of the enormous number of people affected by this condition and the substantial amount of available research, little is known about attachment deficit among either the general public or the therapeutic community. Consequently, this condition is usually misdiagnosed and improperly treated.

The Detachment

Almost everyone has heard of the Rumanian Orphans Syndrome, the wasting away of infants as a result of insufficient human contact. This syndrome was not new to researchers. Dr. Rene Spitz, a noted European early child psychiatrist, found that many infants in orphanages, who also lacked sufficient human contact, eventually wasted away and died. The "illness" these dying babies suffered from was called marasmus. A later researcher, Dr. John Bowby, who dedicated his life's work to the study of attachment in children, observed, in the 40s, toddlers in English hospitals who were left there for a week or more without their mothers. He found that many lost all interest in people and became concentrated on sweets and toys instead. Many of those who did seem friendly toward the medical staff barely acknowledged their mothers upon their mothers' return--a lack of interest that too often proved permanent.

A dramatic example of such detachment is the case of Ted Kaczynski, the so-called Unabomber. In an interview, Wanda Kaczynski, the Unabomber's mother, discussed what she thought was the source of her son's troubles:

INTERVIEWER: How did this all begin?

> MRS. KACZYNSKI: I used to pick him up out of the crib and he would be bouncing around and he would nuzzle his head in my neck and chortle and gurgle and pull my hair. He was a bundle of joy.
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> VOICE-OVER: But when Ted was nine months old, he suffered a painful and dangerous case of hives. He was hospitalized for a week.
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> MRS. KACZYNSKI: In those days they did not allow you to stay with your child. I remember how he'd grab the bars of the crib in this hospital, and he'd scream and hold

out his arms and I'd have to go out the door. When I finally came back to take him home, what they handed me was not this bounding, joyous baby, but a little rag doll that look at me, that was slumped over, was completely limp.

VOICE OVER: Wanda feels that marked the beginning of a lifelong pattern of withdrawal for Ted, a pattern what continued after David was born when Ted was seven. She remembers Ted as apart, aloof, alone.

INTERVIEWER: Wasn't he always going upstairs and closing the door?

MRS. KACZYNSKI: Yes. And if he heard cars driving up he'd say, "Oh, there is so and so." He'd say, "Don't call me down. I don't want to see them." He'd go upstairs.

INTERVIEWER: some of your neighbors have said that they can't remember that he ever smiled or that he ever laughed.

MRS. KACZYNSKI: Yes, this is true. He became a very sober sort of child.

The Importance of "Tuning in"

Some of my attachment deficit patients had histories of early abandonments, but many didn't seem to have an obvious reason for these symptoms. From the life stories my patients and their families recounted to me, I found that infants, often detach from their mothers for subtler reasons: Even if the mother is physically available, the *quality* of her contact with her infant determines the degree of the infant's attachment. A necessary requisite for the infant to securely attach is for the mother to be emotionally available and in tune with the infant. I am reminded of a mother's story about being in the shower when she heard her baby girl crying. The mother soon finished her shower, but by the time she went to the baby, she found her lying silently in her crib with her head turned toward the wall. Only after some coaxing did the baby become responsive to her again.

From my research and from working with patients, I've concluded that each incident of lack of attunement by the mother leads to a bit of temporary detachment by the infant. An accumulation of these experiences, day in and day out, can lead to a permanent rift.

When the infant detaches from the mother, it doesn't mean that the mother has ceased to exist for it; the infant is still dependent on the mother for its physical survival. But once detached, the infant takes its mother for granted and exploits her for its own needs without returning to her much in the way of recognition, affection, or cooperation. The loving bond is gone; it's a business deal now.

The Consequence of Detachment

Detachment presents a special problem for the growing infant. Normally, when infants begin to move away from their mothers, what makes it possible for them to remain away for a while is their growing ability to remember or internalize the mother. At first, this memory soon begins to fade. Infants then turn around and rush back to their mothers to "refuel" before venturing out again. In time, toddlers attain the ability to remember their mothers permanently (this ability is called "object constancy" in psychoanalysis) and can tolerate being away from her for longer and longer periods without undue anxiety.

But the detached infant has not had the chance to internalize the mother. When the mother is out of sight, she is out mind. So, without having the memory of the mother's presence, how can the child feel secure enough to begin to move away from her and explore the world? Insecurely attached toddlers solve this problem in one of two ways: In the first, they decide, "I don't need her; I can do it all by myself," and substituting themselves for the mother, proceed to explore the environment on their own. These avoidantly-attached toddlers must be watched closely, as they are liable to wander, unaware, into dangerous situations or walk away with strangers without even glancing back toward their mothers. In the second strategy, toddlers cling and whine and refuse to move away from their mothers. Because of the mothers' negative reactions to either of these responses, these toddlers form a worldview that they maintain for life that nobody cares for them. Hence, the pleading motto of the ambivalently-attached adult: "Why don't you love me?"

It is quite common today for many mothers to be absent for long periods of time during the first three years of their children's lives. Some mothers put their careers or their personal fulfillment first, while others may have to go to work to help sustain the family, leaving their children with other caregivers. Whether the absence is necessary and justified or not makes, of course, absolutely no difference to the abandoned infant. A troubled teen, defiant, uncooperative, friendless and expelled from school after school, whose mother was away from him for too long for the sake of family survival, and a troubled teen whose mother was away getting beauty treatments, are no different when I see them in my office years later.

But many mothers who do stay with their infants are unable to be sufficiently in tune with them, for a variety of reasons. If there is another baby very close in age, the mother may subconsciously or consciously feel she can attach to only one. The one she doesn't choose has a mother who has emotionally abandoned him. (Of course, when babies are born close together in age, the mother can be aware of this potential pitfall, overcome it, and successfully bond with both the older and younger infant. The same applies to all the potential pitfalls described in this article.)

Mothers may suffer from postpartum depression or from mental illness, have drug or alcohol addictions, be trapped in harmful marriages, or suffer attachment deficit themselves. Some failures in attunement may not be the mother's fault: the infant may suffer from colic or have

other painful medical problems or the mother is simply a poor match, having a temperament that is so different from that of the baby.

Both the self-sufficient toddlers with avoidant attachment style and the clingy ones with ambivalent attachment style grow up to suffer the terrible consequence of detachment from the mother. Because they failed to internalize their mothers, these infants are left with a void where there should be a sense of their mother's presence. The child (and, later, the adult) experiences this void as an intolerable emptiness. Children soon become compelled to distract themselves from this terrible emptiness by engaging in behaviors that cause great difficulties for those around them, behaviors that often lead to diagnoses of oppositional defiant disorder (ODD) reactive attachment disorder (RAD), and sometimes erroneously, attention deficit, hyperactivity disorder (ADHD) bipolar disorder, and anxiety for which they are medicated, often to no avail in the longer run.

When these children grow up, the gaping sense of emptiness remains, but they now have a varied way to avoid, distract themselves from, or fill up that void temporarily by medicating themselves with alcohol and other drugs, or engaging in compulsive, self-destructive behaviors. At the very extreme, some with attachment deficit turn to the distracting excitement of crime or violence.

Six Things All Babies Need

For newborns looking out from their hospital cribs, life has no limits; all things are possible. But it's up to their parents to make that happen. Whether they know it or not, these parents are looking at the chance of a lifetime, a short three-year opportunity to help their babies gain a foundation that will enable them to reach their potential. Child development and psychological researchers all agree that the first three years of life are the most crucial and that, unless children are given the right kind of experiences at this young age, they will never be able to make the most out of life. First and most important is for babies to experience the kind of reliable dependency that will enable them to be securely attached; they need to have as strong a bond as possible with one person--the mother. To accomplish such bonding, babies need six things.

Continuity of experience. The baby was carried in the mother's womb and knows the sound and feel of her voice, her body. If it continues to be cared for properly by the same person until reaching the age of three, when object constancy has been attained, the child will have gained the foundation of reliable dependency from which to begin healthy separation from the mother. A break in the baby's continuity of experience, through a surrogate caregiver, for example, will be experienced by the baby as abandonment and can have grave consequences.

Attunement: Attunement is the ability to sense the inner life of the baby; to experience what they baby experiences, and to respond to the baby accordingly. Mothers usually have the desire to "be with" or to "join in," sharing in the baby's joy, sadness, or discomfort. When a mother is able to do that, the baby feels complete. But when attunement is missing, the baby

feels alone and uncared for. Being in tune with a baby is an act of true sacrifice, a sacrifice most mothers are happy to make. Many mothers, however, are either not willing or not capable of making this sacrifice, as terrible as the consequences to the baby can be.

Touch: Although it seems like a simple thing, touch is critical to a child's development. For baby who doesn't yet understand language, touch is how if first knows it exists, that it's wanted and loved. Touch is a source of comfort and reassurance in a strange environment. The baby needs to be held and rocked and talked to and looked at when fed. It has been scientifically proven again and again that touch helps premature infants grow faster, become calmer, and develop better. Babies who are massaged daily develop movement early, sleep more soundly, and are less likely to suffer from colic. Without sufficient touch, children can't develop properly.

A stable environment: A stable environment gives the baby the emotional security he needs, especially when he begins to explore. Stability is accomplished by minimizing change in routine and in the physical arrangements. It is also accomplished by having a stable emotional climate at home; that is, no scary outburst of rage or violent fighting among family member and no extreme noises or movements.

Admiration: T. Berry Brazelton, M.D., a renowned Harvard psychiatrist, said, "I always can tell by eight months which kids expect to succeed and which ones expect to fail. The ones that expect to fail never hear 'You're great! That was wonderful!' They already have problems like learning or others disabilities." The baby needs to see admiration in his mother's eye, and to hear it in her voice. Admiration is so important that those who didn't receive enough of it as infant yearn for it and seek it for the rest of their lives, sometimes in unhealthy ways. But those who received enough of it, early enough, grow to feel good about themselves and the attitude of others toward them.

Interaction: The baby isn't able to communicate verbally, but communication with its environment begins even before birth. The mother, in advanced pregnancy, can tell the fetus's mood, and the fetus's movements often are reflection of the mother's mood. After birth, the baby is able to communicate its states of mind by different kinds of crying, by smiling, or by gurgling, all signals for the mother to understand and respond to. The mother also, naturally and instinctively, mirrors the baby's states of mind, thus, by looking at the mother's face, the baby discovers who he is.

What's A Mother To Do?

Some researchers have called the urge to have a baby a form of temporary insanity. The mother must WANT to sacrifice her own needs in favor of the baby's! And, as every mother knows, those needs can be overwhelming.

There are optimal conditions under which proper boding is likely to take place.

The baby should be born to a man and woman who are fully committed to the marriage and who have had good parenting role models themselves. Their home must be a home where it is safe to bring the baby. And ideally, there is a supportive and helpful bunch of relatives, friends, and/or neighbors, who provide a safety net in hard times. The mother must be a permanent presence for the first three years. No substitute, except occasionally, when necessary. Even the father cannot replace the mother for a baby.

A baby born to a mother who doesn't meet some of these requisites is at a risk of joining those 40 percent with attachment deficit.

Of course, not always is it possible for the mother to provide for all the baby's needs. For example, when the mother becomes ill. In such cases, a best substitute should be attempted; a willing grandmother or a loving attendant in a day care center, keeping in mind that the baby is at risk, even with the best substitute. A substitute would be preferable also in cases where the mother is chronically uninterested, depressed, addicted, or too self-centered and immature to put another human being first.

Some mothers fear that if they are too attentive to the baby, the baby will become spoiled. This could not be further from the truth. Starting with Dr. John Bowlby, it has been accepted that children become spoiled or overly dependent not because their wants were catered to, but because of anxiety over the accessibility and responsiveness of an inconsistent caregiver.

Conclusion

If parents would be aware of the long-term repercussions of their actions, especially during the first three years of their baby's life, they could save themselves much grief in later years. Here are quotes from the words of mothers of two patients of mine.

"When we found out I was pregnant, we bought a house, so we would have more room. The mortgage was a big pressure, so I said I would go to work for just one year. When Sara was born, I knew this in six weeks I would start a new full time job with a long commute. Therefore I sort warned myself, 'Don't get too attached.' Now she is sixteen years old, the money I earned is long gone, but I have a commute again. I'm bringing Sara to you for therapy, trying to undo the effects of my absence. For the first six weeks, I was emotionally absent, and then for a full year I was absent in every way. How I regret my foolishness! If only I had known, we could have stayed in the small apartment!"

And this from the mother of another patient of mine.

"It was the opportunity of a lifetime: two free tickets to Paris, all expenses paid, for two weeks. The only problem was our ten-month –old son. My son and I were very close, as a matter of fact; I was still nursing him twice a day. But my husband convinced me we should go

and leave him with either one of two willing and loving grandmothers. "He's almost done nursing, anyway!" and "It's only two weeks!" and "Think he can't survive without you?" and finally I succumbed. I cried a lot on the plane, but soon snapped out of it and actually enjoyed myself some. But the worst part was that my little boy was angry at me when we came back, and stayed angry for so long I don't even know when or if he'll ever forgave me. He is 30 year-old now, but unable to relate to people. Marriage is about as viable a possibility for him as a moonwalk."

Two weeks or two months, even a year, are brief period of time for an adult who reads clocks and calendars. But adults need to bear in mind that it is quite different for a baby. Decisions regarding mother-baby separation during the first three years of life must never be made lightly, but rather with consideration of possible long-term consequences.

At every seminar I conduct on attachment deficit, someone, invariably a woman, stands up and asks, "So how long can a mother safely be away from her baby every day? Three hours? Four? A half-hour?" She tries to pin me down to a specific length of time, some formula which will provide some freedom for the mother while guaranteeing immunity to the baby. My answer, which is usually less than satisfactory to the questioner, is, "A properly attuned mother will know how long is too long."

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