

Some effects of attachment disturbance on child behaviour

Julie Drury-Hudson

Internal working models of self and others and expectations of early relationships formed from early attachment experiences strongly influence the ways in which the child relates to others and the world. Infants whose early emotional needs have not been adequately met may come to view the world as comfortless and unpredictable and develop relationships that are marked by anxiety or detachment.

This paper presents some of the foundations of attachment theory and case examples are used to illustrate the ways in which children develop anxious or detached patterns of attachment. Attachment difficulties, together with environmental influences, are thought to be a genesis of later behavioural problems such as poor impulse control, aggression, prolonged emotional dependency and extreme difficulty in relating to other children.

Much of the impetus to examine childhood relationships has come from John Bowlby's (1969) interest in the child's early attachment to the mother figure. His discussion of attachment encompasses both the function of the bond that exists between the primary caretaker and child in a evolutionary context, and its importance in the development of the individual. Ainsworth et al (1974) have defined attachment as an affectional tie that a person forms between themselves and another. It is a tie that binds and endures over time, and in infants, involves behaviour such as following, clinging and approaching, and signalling behaviours such as smiling, crying and calling which are directed at promoting proximity or contact with the attachment figure (p.100).

While attachment builds on early behaviour and response the attachment system itself does not become fully organised until sometime during the second half of the first year. Behaviour within the first few months becomes increasingly preferentially directed toward discriminated persons, so that during the second six months these proximity and interaction promoting behaviours are integrated into a coherent system organised around a particular figure or figures. It is the focusing of this system itself does not become fully organised until sometime during the second half of the first year. Behaviour within the first few months becomes increasingly

preferentially directed toward discriminated persons, so that during the second six months these proximity and interaction promoting behaviours are integrated into a coherent system organised around a particular figure or figures. It is the focusing of this system with respect to a small hierarchy of familiar figures and its resistance to re-programming that Bowlby defines as attachment.

There is abundant evidence that almost every child habitually prefers one person, usually his mother figure, to whom to go when distressed but that, in her absence, he will make do with someone else whom he knows well. On these occasions children show a clear hierarchy of preference ... (Bowlby 1988 p.28)

Bowlby conceptualised attachment as a goal corrected control system driven by the need for security. The system's set goal is to regulate behaviours designed to maintain or obtain proximity to and contact with an attachment figure. The mere knowledge that an attachment figure is available and responsive produces a pervasive feeling of security and so encourages the person to value and continue the relationship (Bowlby 1982 p.168).

Attachment to persons and places and fear of the novel and strange, according to Bowlby, form part of a group of behavioural systems whose function is to maintain a relatively steady state between an individual and his or her environment. This homeostatic function balances the child's propensity for exploration

which takes the child away from the attachment figure, and the experience of fear or stress which pulls the child back toward the figure of attachment and safety. The relative safety or danger of a situation and an attachment figure's availability and responsiveness are not evaluated anew every time but through continual transactions with the world of persons and objects, the child constructs increasingly complex internal working models of that world and significant persons in it including the self (Bowlby 1969). Main et al (1985) have defined internal working models of attachment as:

...a set of conscious and unconscious rules for the organisation of information relevant to attachment and for obtaining or limiting access to that information, that is, to information relevant to attachment related experiences, feelings and ideations. (p.67)

The internal working model is a mental representation of an aspect of the world, others, self or relationships of special relevance to the individual. This initial representation is not static but is rather an active construction of behaviour or thoughts that can be reconstructed into new meanings. Bowlby, (1980) considers that reconstructions of early internal working models, once organised, tend to operate outside of conscious awareness and therefore are resistant to dramatic change. However, in order to remain serviceable internal working models of attachment figures must be revised, especially in childhood, when development occurs at a rapid rate. As a child's affective cognitive

Julie Drury-Hudson,
6 Vitana Court, Craigmore, SA, 5114

understanding develops, internal models of self, others and the physical world increases in sophistication. Hence, behaviours regulated by the attachment system may change substantially over time, even though the basic inter relationships among the component systems remain unaltered (Bretherton 1985). As children become better able to assess the intentions and motives of attachment figures, as they acquire improved coping skills and learn to make better appraisals of what is dangerous, attachment behaviour becomes more subtle. To older children, the power of the attachment system is therefore highly visible only in stressful situations. The waning of attachment behaviour does not, however, imply the waning of the attachment system. Loss of a principal attachment figure and attachment to new principal figures is perhaps more difficult in the later pre-school years than in infancy even though attachment behaviour is much more obvious at earlier ages.

Ainsworth's (1970) 'strange situation' experiments have been used in hundreds of studies to document both the individual nature of reunion behaviour and to demonstrate how attachment behaviour can be indicative of the quality of care received. In the strange situation experiment it was noticed, that after a brief absence by the parent, some infants responded to reunion with the parent by seeking proximity and contact and then gradually returning to play. These infants were classified as securely attached. However, other infants react to reunion by actively avoiding or ignoring the parents, by turning or moving away, and others showed anger and resistance to the parent and an inability to be comforted. These individual differences provided the basis for the classification of infants as secure, insecure-avoidant and insecure-ambivalent in terms of 'strange situation' behaviour.

In investigating the effects of major separations on older children Robertson and Robertson (1971) has shown that major separations from parents at this age can alter the child's behaviour towards the parent once reunited. Children who had previously been classified as securely attached and had enjoyed harmonious interaction with the parent before major separation often exhibited insecure behaviours such as anger or avoidance toward the

parent following the return home. Major separations, therefore, seemed responsible for a change in the organisation of behaviour toward the parent and to changes in the child's internal working model in the absence of interaction.

The securely attached child with positive expectations of him or her self and others, is more likely to approach the world with confidence and when faced with potentially alarming situations is likely to tackle them effectively or to seek help in doing so.

Further experiments by Ainsworth et al (1971) have demonstrated that mothers of securely attached infants were more responsive to their infants in the home situation than mothers of insecure infants. Experiments such as these support the view that differing responses in reunion behaviour may be related to different experiences in interaction with the parent. Thus different experiences may lead to the formation of different internal working models which in turn may influence behaviour in other settings. The main characteristics of internal working models therefore can be summarised as follows: internal working models are mental representations that include affective as well as cognitive components and are therefore integral components of behavioural systems. Such models are formed out of generalised event representations. Thus infants whose attempts to gain proximity to a caregiver are consistently accepted will develop different internal working models of relationships than infants whose attempts to gain proximity are consistently thwarted or are met with a high degree of unpredictability. Internal working models of relationships therefore provide rules and rule systems for the direction of behaviour and the felt appraisal of experience.

Internal working models of self and others and expectations of relationships formed from early attachment experiences strongly influence the

ways in which the child relates to others, approaches the environment and resolves critical issues in later stages of development. In Bowlby's words:

A person who has formed a secure attachment is likely to possess a representational model of attachment figure(s) as being available, responsive and helpful and a complimentary model of himself is as at least a potentially lovable and valuable person. (Bowlby 1980 p.242)

The securely attached child with positive expectations of him or her self and others is more likely to approach the world with confidence and when faced with potentially alarming situations is likely to tackle them effectively or to seek help in doing so. In contrast, infants whose emotional needs have not been adequately met may come to view the world as comfortless and unpredictable and respond by anxious, avoidant or aggressive behaviour. Bowlby preposes that disturbances of the attachment relationship are the main causes of psychopathology in that they firstly render the child less able to cope with later adverse experiences and secondly, increase the likelihood that the child will behave in such a way as to bring about more adverse experiences.

Developmental theorists such as Erikson (1963) have emphasised that the resolution of crises or issues during earlier developmental stages paves the way for optimal adaption during subsequent periods. For example, infants who have successfully negotiated issues of trust are better prepared to move forward to more autonomous functioning, and successful negotiation of autonomy provides the child with increasing confidence in taking the initiative to extend his or her social and physical boundaries. Beginning with attachment issues in infancy, the successful negotiation of each developmental period influences the child's developing thoughts, behaviour and sense of self, setting the stage for how the child adapts to the developmental tasks of the next period. In Erikson's words:

In describing the growth and crises of the human person as a series of alternative attitudes such as trust vs mistrust, we take recourse to the term a 'sense of', although like a 'sense of health' or a 'sense of being unwell', such senses pervade surface and depth, conscious and the unconscious. They are, then, at the same time, ways of experiencing accessible to introspection; ways of behaving, observable by others, and unconscious inner-states... (p.251)



The effects of negotiation of each developmental stage applies not only to optimal levels of functioning but to maladaptive ones as well. Thus, pronounced difficulties with regard to impulse control, aggression and other antisocial behaviours, prolonged emotional dependency and extreme difficulty in relating to other children may be linked to adaptational failures during critical periods for the development of attachment and autonomy (Erikson, Sroufe & Egeland 1985). In his review of the literature of the time, Rutter (1972) concluded that disorders of conduct, personality, language and cognition were all found to occur in children with disturbances in their early family life.

Sroufe (1983) found that children who exhibited anxious-avoidant patterns of attachment in infancy were described by teachers as hostile, socially isolated and disconnected in the pre-school setting. Later work by Erikson, Sroufe and Egeland (1985) supported these findings but also noted that some anxiously attached children performed competently in the pre-school setting whereas some of the infants previously classified as securely attached exhibited behaviour problems in pre-school. In these cases changes in the quality of

care and support over time had occurred and this partly accounted for these findings. Where securely attached children developed behaviour problems, there was a pattern of inadequate maternal care and support at subsequent stages of development, and where anxiously attached children became well functioning by pre-school their mothers had become more sensitive and responsive to the special needs of their children at later stages of development. This study provides some evidence that changing life circumstances can significantly effect outcomes for the child. Life stresses for example, may lead to beneficial or detrimental reorganisations of the attachment relationship. Sroufe (1979), in studying a large sample of poor children from birth to four and a half years of age, noticed that in contrast to children from middle class families:

...these children experience noticeably fluctuating environmental circumstances, with life situations changing markedly both toward and away from stability. There are changes in residency, parent's job status, health, education, substitute care, parent's drug dependency, and most importantly, living group membership. People move out and they move in. Separations are common.

(p.838)

Sroufe concluded that these fluctuating circumstances appeared to be linked to the child's adaptation and the quality of attachment was related to changing life events. For example, whereas forty eight out of fifty (96%) of middle class infants had the same attachment classification at twelve and eighteen months, only sixty two out of one hundred (62%) were similarly classified and mothers of infants changing from an insecure to a secure attachment relationship reported a significantly greater reduction in stressful life events than did mothers of infants changing from a secure to an insecure attachment. Studies of maltreated infants have also found that when circumstances occurred that challenged the quality of care provided to the infant, buffers such as supportive networks of family and friends and the availability of additional carers or day care facilities reduced the negative effects of temporary disruptions in the caregiving environment.

Apart from the history of attachment experiences and environmental influences, Kaplan et al (1985) also demonstrated a relationship between the mother's own experiences, ideas and feelings surrounding attachment and early infant security of attachment. Parents rated as insecure in relation to their own attachment experiences dismissed attachment relationships as being of little concern, value or influence. These were frequently the parents of the insecure-avoidant infants in the sample. Parents who still exhibited dependency in relation to their own parents often had children who exhibited insecure-ambivalent behaviour and parents who had experienced a loss or death of an attachment figure while young frequently were the parents of the insecure-disorganised infants in this sample. DeLozier (1982) found that the reported childhood of abusing mothers differed from that of non-abusing mothers in the far greater incidence of threat of separation or termination of caretaking.

It appears therefore that the quality of attachment represents neither enduring or transient influences alone but rather incorporates a multiplicity of factors that need to be considered in combination with one another in order to account for and adequately explain the process whereby a specific developmental outcome may be achieved. The quality

of parenting received; the child's own temperament; the type and length of previous separation experiences; the outcome of the negotiation of significant developmental tasks; the presence or absence of positive environmental influences; and the parent's own experiences as a child all interact to produce the child's internal working model of self in relation to others. The factors influence both the nature and quality of attachments between parent and child and lay the foundation for the child's behaviour in other social settings.

Loss of principal attachment figures in infancy and childhood is thought to be a major influence in the genesis of later behavioural difficulties.

Loss of principal attachment figures in infancy and childhood is thought to be a major influence in the genesis of later behavioural difficulties. Children who have suffered major disruptions to attachments may be affected in a variety of ways. For example, the child's subsequent attachments are likely to be more anxious and less trusting. Repeated losses intensify this process, therefore, the child who not only experiences multiple separations from his or her family, but is also placed in a number of foster homes or is passed around from relation to relation, may be at greater risk of suffering long-term effect. Both the quality of the relationship before the loss and the number of losses or separations, as well as the quality of caretaking experienced, may be enduring factors in the emergence of attachment disorders in children. Single (1987) states that the two most common forms of attachment disorder in children who have previously formed attachments, are anxious or insecure attachment and detachment.

Anxious attachment

Anxious attachment refers to those children who display more intense and more frequent attachment behaviour when this is not appropriate to their age or to the situation. Anxious attachment may develop as a result of:

- the parent figure being unresponsive, rejecting or inconsistent;

- the parent figure threatening to abandon the child or send the child away;
- the parent figure threatening to commit suicide or kill the other parent or child;
- the parent figure inducing guilt in the child by blaming him or her for their illness or impending death;
- parental hostility toward the child masked by overprotection;
- multiple loss or separation from parents in infancy or childhood.

Anxious attachment implies an inability to trust in the presence or availability of the principal attachment figure and behaviour is therefore directed at attempting to keep the attachment figure in close proximity. This poses great difficulties in the acquisition of other developmental tasks, especially those to do with relationships outside of the family. Anxious attachment is a chronic rather than transient condition which may become incorporated into the personality. The child may therefore later present with a variety of symptoms including phobic behaviour, school refusal, sleeping problems, poor peer relationships, and individuation/separation problems in adolescence.

Case study one

(fictional names are used throughout)

Simon is a six and a half year old boy who came into foster care as a result of his mother, Julie, saying that she was unable to cope any longer with his behaviour. Julie became pregnant with Simon when she was fourteen years old. She stated that she had had mixed feelings when she became pregnant as, while she wanted to keep the baby, she also recognised that she would need a great deal of help in order to do so. Julie described her pregnancy as being normal and Simon's father also attended the birth. Simon was reportedly born in good condition and ate and fed well. He was breast fed for the first two months.

Julie stated that Simon's father was physically abusive toward her and pushed her and threw objects at her even while she was holding the baby. He left when Simon was eight months old but returned six months later, threatening to kill her.

When Simon was twelve months old, he was hospitalised for Giardia. Julie stated that Simon's developmental steps were normal except in the area

of speech where he talked too quickly and had poor articulation. During toilet training, Simon refused bowel training, wiping his faeces on the walls and emptying his bowels anywhere. Half way through his toilet training, Julie began a new relationship.

When Simon was 2½ years of age, his sister was born. Simon initially got on well with his sister, but when aged four, stopped playing with her and became spiteful towards her, taking her toys and hitting her. Just prior to Simon's fourth birthday, his step father had left.

At four years of age, Simon was treated at hospital for accidental ingestion of Duromine tablets. Julie described Simon as needing constant reassurance, and, when questioned, admitted that she did 'sneak off' a couple of times when Simon was young. At five years of age, Simon was admitted to hospital as a result of his father dousing him in petrol and poking him in the back with a screwdriver. Allegations were also made that the father had threatened to shoot Simon.

Psychological testing of Simon was difficult due to his disruptive behaviour, but the following extract in relation to his free play is particularly interesting.

In his play with the doll's house, Simon's talk included phrases such as 'Pow! You are going to get locked up'. 'Suffer, suffer, suffer, suffer.' 'You are going to be dead.' When asked to describe what was happening Simon stated 'He's getting drowned.' Simon also said 'I'm going to kill the baby. Babies like to be killed.'

Simon was expelled from school on his first day after only attending for one hour because he attempted to stab another child. Once home, he attempted to hang himself with his shoe laces.

In six months Simon had experienced six emergency foster placements..

Simon's life has been characterised by instability including, six placements, at least three father figures, and violence. He had witnessed violent behaviour between his parents, and had been victimised and threatened by his fathers. Julie found it difficult to cope with Simon's behaviour and admitted to having 'sneaked away' on several occasions when he was young.

As a result of these circumstances Simon was anxiously attached to his

mother and afraid of abandonment. This insecurity was exhibited in terms of his intense jealousy towards his sister, his poor behaviour, his inability to adjust to a normal school situation, and his intense depression expressed in suicidal behaviour.

Detachment

The second, common form of attachment disorder is detachment, which is an inability to form attachments with others. It is different from Rutter's (1979) concept of **affectionless psychopathy** or what Single (1987) refers to as **primary attachment disorder**, in that attachments have previously been formed. Detachment usually arises out of multiple losses or separations during the first few years. With each loss or separation, the quality of the child's attachment deteriorates. The trauma of these losses is thought to be so overwhelming that the child mobilises detachment as a defence mechanism in order to protect him or herself from future pain. The child who becomes detached loses the ability to make specific and intimate relationships with other people. The child sees one adult as being readily substituted for another, as long as the adult continues to fulfil the child's primary needs. Adults in the child's life lose their value as attachment objects and therefore the child may show no distress at the loss of a caretaker.

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The detached child may present confidently and charmingly but there is little depth in his or her relationships. As social aspects of the child's personality, such as the modification of aggressive drives, the development of a conscience, and an ability to show concern and empathy for others, are all mediated through the close relationship a child develops with his or her attachment figures, the absence of such a

relationship may result in the ability to develop these attributes being severely inhibited. Thus the detached child may be at risk of developing major behavioural and psychiatric problems in later life.

Some of the clinical features to be found in detached children may include;

- inability to discriminate in relationships resulting in over familiar behaviour with strangers and adults,
- little reaction to loss or separation,
- superficial early intensity in relationships which may be seductive or manipulative in nature,
- a preoccupation with food or material possessions,
- precocious independence and self sufficiency,
- insensitivity to the needs of others.

Some of the long-term effects of detachment include:

- Severe impairment in relationships with others.

People may form only superficial relationships with others, going from one relationship to the next depending on immediate need satisfaction. Detachment may be one possible explanation for parent's desertion of their children.

- Difficulties in parenting.

The detached person's narcissism and inability to empathise with others may result in a parent's inability to put a child's needs above one's own or in being able to identify the hurt or distress of children in abusive situations.

- Exploitation of others.

An inability to develop a conscience may lead to participation in anti-social behaviours and the exploitation of others.

- Poor impulse control and low tolerance for frustration which may continue into later life and result in failure to learn modification of aggressive impulses or to deal with anger in relation to loss.

Case study two

(fictional names have been used)

David is an eight year old boy who came into foster care as a result of repeated requests by his mother, Lisa, for the permanent placement of her child. Lisa stated that she was unable to cope with David's behaviour any longer.

The Department for Family and Community Services (FACS) had also

received several reports regarding Lisa's physical and emotional abuse of David. When David was two years of age, FACS received notification from a child care centre that he was bleeding from his left tear duct. He was taken to hospital where the bleeding was diagnosed as resulting from trauma. The doctor also noted old bruising on the shoulder blades and lower back which was consistent with non-accidental injury. A second report of physical abuse involving bruising was received when David was three years old and concerns regarding emotional abuse were raised when he was six years of age.

Since the age of six months, David has been receiving regular respite care for two days per fortnight as a result of his mother's inability to cope with him. By the time he came into permanent care, David had experienced sixty respite placements, many of them with different carers, and eleven foster care placements ranging in length from one week to six months.

When interviewed about David, Lisa described him as uncontrollable. She stated that she thought he hated her and deliberately tried to get back at her when punished.

David was born prematurely and spent two months in hospital before coming home. Lisa described him as a hyperactive child who was always on the go and whose behaviour was characterised by high levels of frustration and impatience.

Lisa stated that she herself came from a background of physical violence and that her relationship with David's father had also been extremely violent. She had separated from the father when David was two years of age and the family had moved frequently in order to escape his pursuit of them.

Lisa felt that her own mother's rejection of David may have been a contributing factor in his behaviour difficulties. David's maternal grandmother would not call him by his name or nurse him before he was four years of age.

Developmental, psychological and paediatric assessments of David revealed that he was a child of above average intelligence, handicapped by emotional difficulties. He scored in the high average range for mental ability, but experienced emotional problems in the area of poor

impulse control. Family relations testing suggested a high denial of feelings with a high number of egocentric responses.

David's behaviour resulted in a number of foster placement breakdowns. Foster parents described his behaviour as deliberately annoying, such as wetting the bed on purpose, dismantling household furniture and appliances, playing with fire, temper tantrums, aggressive and violent outbursts and aggressive and non-compliant behaviour at school. David would also hoard food or raid the fridge at night and throw food around the room.

Both foster parent's reports and psychological testing suggested that David was a child who was unable to form real attachments. He believed that no one loved him and accepted matter-of-factly that people other than his natural family would supply his day-to-day care. When foster placements broke down, David reportedly left the placement with little expression of feeling or emotion and appeared to quickly adjust to his new placement. His behaviour both at home and at school showed poor impulse control and lack of awareness of the effects of his behaviour on other people or an understanding of the consequences of his actions. Foster parents stated that on the surface David seemed to be affectionate, but that this affection was frequently manipulative and had little real depth or emotion attached to it.

David is an example of a detached child. A history of poor parenting, abuse, and multiple placements have affected this child's ability to develop attachments or to develop an awareness of the effect of his behaviour on others. He had reached the point where he believed that he was unlovable and that he would continue to have his physical needs met by a variety of different care givers.

Conclusion

These two case studies together demonstrate the issues involved in anxious attachment and detachment and underline the multiplicity of factors which need to be considered in combination to account for the outcomes of disturbances applying to the attachment process. In the view of the writer, the concept of attachment and the phenomena described in this paper - the con-

struction and reconstruction of internal working models relating to the child's perception of the world and relationships within it - has utility for the practitioner endeavouring to understand the behaviour of some troubled children. ♦

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