Parent Child Attachment and the Adolescent Parent: Implications for Intervention

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INTRODUCTION

Since Charles Critteron instigated the effort to provide formal assistance to pregnant adolescents in the late 1880s, many types of services with a variety of emphases have been provided for adolescent parents and their children. One of the first services offered this population was residential care for young women during their pregnancies. In the 1940s, pregnant adolescents were encouraged to allow their children to be adopted (Child Welfare League of America, 1984). Today, programs are responding to the fact that ninety percent of young women who give birth choose to raise their babies themselves (Wasserman, 1980). As a result of this trend away from adoption, social service agencies, health and school-related programs, as well as others are focusing on helping adolescents with the challenges of parenting and family life. Assisting an adolescent parent in how to care for an infant, finish school, or get a job are examples of the types of services that have developed for this population (Child Welfare League of America, 1984).

Programs designed to help adolescents parent effectively reflect a generally accepted idea that finds its roots in attachment theory. A tenet of this theory is that "all children need a stable and continuous relationship with a nurturant person or persons in order to develop physically, socially, emotionally, intellectually, and morally" (Hess, 1982, p. 46). In other words, all children need to form at least one successful attachment to another person for optimal development. The importance of such a relationship, coupled with the
increasing prevalence of adolescent parenthood makes attachment theory something with which the social work profession must deal when considering services for this population. It is the intention of this discussion to: (1) summarize the process of attachment, (2) consider the implications of attachment for both parents and children, (3) address the adolescent parent's readiness to foster an attachment relationship, and (4) present an intervention strategy designed to assist adolescent parents and their children in developing a successful attachment.

THE PROCESS OF ATTACHMENT

Attachment develops between infants and their primary caregivers as they interact with one another. Attachment is primarily formed during a child's infancy and toddlerhood; however, Klaus and Kennel (1976) assert that the parent-child bond may begin during pregnancy and is enhanced by the birth process. They also propose that the first hours of parent-child interaction constitute a "sensitive period" for the development of attachment (Klaus and Kennel, 1976, p. 50). While other researchers agree that these first hours may be an especially good time for parent-child attachment to begin, most contend that a successful bond represents the culmination of the interaction between parent and child which takes place from birth through the child's eighteenth to twenty-fourth month (Ainsworth, 1964, Rode, et al., 1981, Schaffer, 1977).

Regardless of when interaction begins, the activities of caregiving provide the forum in which attachment develops. Ainsworth (1964) has identified four stages of attachment formation through which a parent and child progress. In the first stage, the infant
uses behaviors such as visual tracking, sucking, crying, or smiling to promote contact with others in order to meet the infant’s physical and/or emotional needs. The infant, however, uses these behaviors without distinguishing between familiar and unfamiliar caregivers. This stage lasts through the infant’s first two to three months of life.

The second phase of the attachment process lasts through the infant’s sixth month. Similar behaviors are used by the infant, but in preferential response to one or more familiar caregivers. The infant may smile at the sight of a known adult, for example, and cry when that person is gone.

It is in the third stage, however, that a child is “most involved in developing an attachment with an adult” (Newman and Newman, 1984, p. 119). In this phase, which lasts from six months through two years of age, a child’s physical, cognitive, and emotional development come together in a way that allows for significant strengthening of the attachment relationship. The physical development that allows a child to scoot, crawl, and later walk enables the child to physically move to an attachment figure. The child is able to take the initiative in securing physical contact with a selected individual. Cognitively, a child of this age develops object permanence, the concept that people and objects continue to exist when they are not in sight. This provides the motivation to seek an attachment figure who has left the room, for example. Furthermore, a child of this age has the emotional development to understand the separateness of self from others; this allows the child to form the specific “affectional tie” with another that is best described by attachment theory (Lamb, et al., 1985, p. 16).
Finally, a fourth phase develops during a child's third year and beyond during which a variety of behaviors are used in compelling an attachment figure to meet a child's continuing need for physical and emotional closeness.

Throughout the course of the attachment process, three conditions, continuity, stability, and mutuality, are crucial to the development of the bond between parent and child (Hess, 1982). Continuity involves the availability of the caregiver and the predictability with which that caregiver responds to his/her child. Attachment is contingent on a caregiver who is readily available to respond in a dependable manner to the signals of the infant (Ainsworth, 1964).

The second influence on attachment is stability, described by Hess (1982) as a "lack of serious environmental change or stress in the context of the parent-child relationship and the support of the parent-child relationship by external sources" (p. 47). Social, economic, political, and cultural forces are among the external sources of stress or support that affect the parent-child bond. Unfortunately, adolescent parents, already vulnerable because of their status as adolescents, are more likely to experience the stress, rather than the support of these external forces.

Although many other adolescent parents experience the same problems, a black adolescent mother is probably most susceptible to stresses in these four areas. Socially, this young woman will achieve a lower educational level and have a larger family earlier than those in her peer group who postpone childbearing (Moore, et al., 1981).

In addition, she is likely to spend at least some time as a female-head-of-household. Even older, well-educated women who are
single parents find it difficult to support their families (Moore and Burt, 1982). Economically, then, this adolescent and her children are likely to experience the stress of inadequate financial resources, along with poor housing and health care.

Finally, given her status as a minority, a female, and an adolescent, this mother's political clout will be minimal. According to Dobbs Butts (1981), programs to assist her will be low on political agendas because her plight is a symptom of our culture's racism, sexism, and classism. Taken together, these social, economic, political, and cultural forces threaten the stability of the environment present for parent and child. Ultimately this can "have a negative effect on interaction and eventually on the quality of attachment between mother and child" (Vaughn, et al., 1979).

Mutuality is the third, and perhaps the most central influence on attachment formation. The concept of mutuality captures the reciprocal nature of the attachment process in which both the parent and infant have a role. The role of the infant is to communicate his/her needs through signals such as those mentioned earlier in conjunction with stages one and two of the attachment process. The responsibility of the parent is to learn to interpret these cues and respond appropriately (Illsley Clarke, 1981). As the two play their respective roles, they develop a pattern of mutual interaction. If parent and child do not develop this sense of mutuality, the result can be a poor quality attachment characterized by an infant who is resistant to an attachment figure's attempts at contact, and a caregiver who has difficulty coordinating responses to the infant's needs (Waters, et al., 1980). As discussed in the next section, the
infant whose attachment relationship is lacking may become an adult who has difficulty forming meaningful relationships.

THE IMPORTANCE OF ATTACHMENT FOR PARENTS AND CHILDREN

The development of an attachment relationship has important implications for the well-being of both parents and children. The establishment of a comfortable style of interacting, one of the precursors of attachment, adds to the parent's sense of competence and success as a caregiver (Korner, 1974). This sense of competence affects the parent's caregiving practices and enhances the ongoing attachment relationship between parent and child (Ainsworth, 1964). In addition, the fact that a lack of attachment between parent and child has been correlated with child abuse is also illustrative of the importance of attachment (Condron, 1987).

The formation of an attachment to one or more significant others also has far-reaching implications for children's development, ranging on a continuum from physical survival to optimal emotional maturation. According to ethological theorists, the signaling behaviors of infancy which facilitate the attachment process have developed due to the vulnerability of infants and the necessity of promoting contact with an adult who can provide care (Lamb, et al., 1985). The attachment process, then, is successful in the most basic sense if it leads to the contact with a caregiver that is necessary for an infant's physical survival (Ainsworth, 1964).

In addition to physical survival, a secure attachment with a parent figure is essential in fostering the exploratory behavior that is an element of a child's cognitive maturation. As an infant comes to trust the strength of his/her attachment, the infant gains the
confidence to explore beyond the security of a parent’s side. This active investigation of the environment is essential to the infant’s intellectual development (Rutter, 1979).

Finally, the attachment between parent and infant serves as a model for the child’s future intimate relationships. If attachment does not occur, an "inability to establish and to maintain deep...interpersonal relations" can be the result (Ainsworth, 1964, p. 53). On the other hand, a positive attachment relationship lays the groundwork for the development of successful intimate relationships later in life (Newman and Newman, 1984).

THE ADOLESCENT PARENT’S CAPACITY FOR FOSTERING ATTACHMENT

Clearly, there are many adolescent parents and children who successfully negotiate the phases of attachment and form a strong bond with one another. As a whole, however, these parent-child dyads may be high-risk for difficulty in establishing a successful attachment. As indicated, there are many external stressors for adolescent parents that detract from the attachment process. In addition, adolescent parents may be prone to styles of caregiving that hinder attachment.

Ainsworth (1964) used a sensitivity-insensitivity continuum to describe the ways parents interact with their infants, and other researchers have used this scale as well. Sensitivity involves the degree to which parents are able to tune in to their infant’s signals, interpret them, and respond appropriately (Schaffer, 1977). It describes a parent’s ability "to see things from the baby’s point of view--an empathic ability which rests...upon the [parent’s] developing beyond egocentricity" (Ainsworth, 1964, p. 82). Feldman and Nash (1986) also include "ego strength and maturity" as traits associated
with sensitive parenting (p. 219). Parents with these qualities tend to not only respond appropriately to the needs of their infants, but do so in a nurturing, affectionate, or playful manner. In fact, some researchers believe the manner of response is more important to attachment than the specific act of caregiving (Schaffer, 1977).

Insensitivity, on the other hand, is used to describe parents who are unable to develop a mutually satisfying style of interaction with their infants. The insensitive parent tends "to distort the implications of her baby's communications, interpreting them in light of her own wishes" (Schaffer, 1977, p. 81-82). This parent may fail to respond to an infant's cues, or may do so in a harsh, rejecting, or apathetic way.

While parents of all ages can fall on either end of the sensitivity-insensitivity continuum, adolescent parents may tend toward a style of caregiving that could be labeled insensitive. This lack of sensitivity can be the result of a number of factors including stressors already noted, the adolescent's developmental level, emotional needs, and knowledge about parenting an infant.

As stated, parents considered insensitive tend to be low in ego strength and maturity. Certainly, many adolescent parents could be described in these terms, primarily due to the fact that they are still "negotiating the developmental tasks of adolescence" (Brooks-Gunn and Furstenberg, 1986, p. 240). Adolescents tend to be self-involved, a universal response to the changes taking place in their bodies during this developmental stage (Newman and Newman, 1984). This self-involvement, however, may make it difficult for adolescents to empathize with an infant's needs and respond in a
caring manner to meet those needs. As noted, the inability to empathize with the needs of an infant is considered one of the qualities of an insensitive parent.

Relatedly, the adolescent is at a developmental stage that calls for role experimentation (Newman and Newman, 1984). Adolescents typically try out a variety of roles during this time and it may be difficult to integrate this role-trial-and-error with the permanent and demanding role of parent.

Teenage girls who become pregnant are often described as trying to satisfy their own unmet emotional needs by having a baby (Committee on Adolescence, 1986). Older women are certainly also capable of having children to fulfill similar needs. In either case, it seems that these mothers' personal needs might preclude the "orientation away from one's own needs...and toward the needs of others" that is associated with sensitivity in parents (Feldman and Nash, 1986, p. 230).

Finally, a lack of knowledge about caregiving practices has also been associated with less sensitive parenting. Adolescent parents may have an incomplete understanding of the physical needs of their infants, and are especially prone to lack knowledge about the emotional and developmental needs of their children. According to the Child Welfare League of America (1984), most teenage parents have very little understanding of "child development, and therefore do not understand the needs of their children" (p. 48). Miller (1984) also found adolescent parents to be limited in their knowledge about caregiving, particularly about those caregiving practices which promote cognitive, language, and social development. For example,
adolescent parents are less likely to vocalize to their infants and are more passive during face-to-face interaction with their infants. These tendencies not only affect the child’s development in the areas mentioned above, but to the degree that they characterize the interaction between parent and child, may also affect the developing attachment (Brooks-Gunn and Furstenberg, 1986).

Since successful development of some level of attachment is nearly universal, whether an adolescent parent is able to respond to his/her infant in a sensitive or insensitive manner will primarily affect the quality of the attachment that develops between them. The sensitive parent tends to foster a secure attachment with his/her infant, while parents who tend to have an insensitive interactional style have babies who display lower quality attachments (Schaffer, 1977). A secure attachment reflects the infant’s confidence in his/her caregiver and is associated with positive qualities later in the child’s life. Securely attached infants use their parents as a base from which they can actively engage their environment. In addition, they are soothed by the presence of their caregiver, both in the company of strangers and following separation from their attachment figure (Newman and Newman, 1984).

The attachments of lower quality associated with insensitive parenting can be divided into two categories. The first includes anxious-avoidant infants who are less active in exploring their environment, tend to react in a similar fashion to both parents and strangers, and who may actively "avert gaze and avoid or ignore" their caregiver when reunited following separation (Vaughn, et al., 1979, p. 972).
Anxious-resistant infants comprise the second category. Like the former group, these infants tend not to actively investigate their surroundings. When near a stranger, these infants are not readily soothed by the presence of a parent. They are also not easily soothed when reunited with an attachment figure following separation. Their reaction can even include active resistance to their caregiver's attempts to comfort them (Vaughn, et al., 1979).

In summary, due to their developmental level, emotional needs, and lack of knowledge about child care, adolescent parents may be prone toward an insensitive parenting style. Parental insensitivity has been found to be related to lower quality attachment between parents and infants. Some researchers have found this to have negative implications for children as they mature.

INTERVENTION THOUGHTS

Given the importance attachment holds for parents and children and the difficulty in establishing a secure attachment for which adolescent parents and their children may be prone, it is the contention of this paper that attachment theory must be an integral part of programs designed to serve this population.

As stated previously, some methods of intervention for adolescent parents and their children may be loosely based on ideas that are associated with attachment theory; however, most do not explicitly attempt to enhance parent-child attachment. For example, a program that teaches adolescent parents how to care for their infants takes into consideration the idea that infants need parents who are able to respond appropriately to their infant's needs. This is certainly a tenet of attachment theory. As indicated earlier, however, the
specific acts of caregiving are only one facet of the parent’s role in the attachment process. The manner in which the parent performs these tasks, whether warm or harsh, playful or detached, has a powerful influence on the developing attachment. A program that teaches skills only might miss this important nuance of parent-child interaction.

"Susan" and her infant provide a case in point. A mother in late adolescence, Susan did not make eye contact with her infant, hold her child, or appear to respond to her baby’s occasional vocalizations during an extended conversation with this writer held in the company of Susan’s infant. During the course of another conversation with Susan, she stated that her baby cried frequently and she felt unable to soothe her.

After an overnight separation, Susan briefly looked at her baby, but did not pick up the child. This seemed particularly striking in light of the fact that the infant had become ill during their time apart. Collateral information revealed that in a separate incident, Susan left her infant in the care of a stranger in a public place in order to attend to personal business.

While these incidents seemed to indicate that the attachment relationship between Susan and her infant was lacking, it was not due to a lack of parenting skills per se. In fact, Susan was able to give a detailed account of a feeding schedule that was appropriate for her infant’s age and special needs. She also seemed adept at other parenting skills such as changing and bathing her baby. Rather than a lack of skill, then, Susan’s developmental and emotional needs, as well as other stressors in her life seemed to preclude the kind of warm, comforting, and involved parental posture associated with
sensitive parenting and a secure attachment. Clearly, an intervention method which directly addresses attachment is needed to adequately meet the needs of this parent-child dyad.

The writings of McBroom (1970) provide a useful framework for just such an intervention method. Here, socialization theory is presented as a basis for assisting clients "whose lifestyles are at issue as they face new demands associated with changes in the self and altered relationships in their social networks" (McBroom, 1970, p. 316). The experience of adolescent parenthood certainly creates these kinds of demands and changes.

Socialization theory visualizes the worker in the role of "socializing agent" assisting the client in "internalizing new expectations, developing new self-conceptions, observing, participating, and taking roles" (McBroom, 1970, p. 319). The tasks of the worker include teaching and modeling appropriate acts and attitudes for the client within the boundaries of a nurturant relationship.

Three types of socialization are presented by McBroom. "Compensatory socialization" describes socialization that is necessary because of lack of opportunity to learn a specific role at the usual developmental point (McBroom, 1970, p. 319). The demands of premature parenting among adolescents, who have often not yet had a chance to develop many of the characteristics associated with effective parenting and attachment, make adolescent parents like Susan prime candidates for this mode of intervention.

Parents and Babies is an Indianapolis-based program that has been serving adolescent parents and their children since 1982 (Whyde, 1988,
While this program’s goal is to lower the infant mortality rate by teaching parenting skills, its use of a mentoring concept makes it a useful model for the implementation of compensatory socialization for the purpose of enhancing attachment among adolescent parents and their children.

Like Parents and Babies, adolescent parents would be paired with a mentor who is an older, more experienced parent. The mentors would act as the socializing agents discussed above in treatment of the adolescent’s tendency toward insensitive parenting. Meetings could be scheduled between all the participants on a weekly basis. In addition, mentors would be encouraged to have contact with their partners outside of the formal meetings.

Since knowledge of caregiving practices can be one area of difficulty, the mentor could offer instruction in caregiving practices, as needed by his/her particular partner. In addition to instruction in the overt skills of parenting, the mentor could model the manner with which he/she approaches an interaction with an infant. As this is done, the adolescent parent will be able to add the mentor’s sense of warmth or playfulness to his/her own style of interaction. With a client like Susan, this acquisition will be more central to the developing parent-child attachment than learning the actual skills. Whatever the needs of a particular client, however, “attitudes, as well as discreet acts” can be addressed (McBroom, 1970, p. 319).

Mere modeling of positive styles of interaction, however, will not adequately deal with the needs of adolescent parents and their children. The real issue behind Susan’s and other adolescent parents’
inability to be sensitive to their infants involves their own unmet emotional needs. It is here, that the "warm, affectionate, nurturant relationship" envisioned by McBroom (1970) will be most needed between mentor and adolescent (p. 343). By fostering this type of relationship, the mentors can address these needs of the adolescents, giving them the emotional strength to respond to both the physical and emotional needs of their infants.

Still, much of the hindrance to positive attachment relationships between adolescents and their children is a result of outside stressors. To address this, some of the weekly sessions could be devoted to such things as helping the parents continue their educations or find employment. It would probably be most helpful to allow the adolescents to choose topics about which they would most like to learn. Individual mentors may also be able to help lessen the stressors that are particular to his/her partner. In Susan's case, a lack of adequate housing is a significant source of stress for her and her baby. Her mentor might be able to help her look for a new apartment, for example.

In the end, the actual content of the meetings or the nature of the relationships between adolescents and their mentors may not differ much from what is experienced through Parents and Babies. The fact that the explicit goal of the program is to enhance parent-child attachment, however, will help ensure that this crucial relationship will develop to the benefit of both parent and child.
Reference List


