The Unbonded Child

Understanding Reactive Attachment Disorder

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Reactive Attachment Disorder (designated RAD except in quotations) is caused by a lack of bonding between a young child and his primary care-giver, which causes serious relationship difficulties for the child later in life. In order to better understand the child with RAD, we need to define attachment, look at how attachments are formed, understand what a sense of attachment provides for a child, examine what the results are if an attachment bond does not form and notice some of the difficulties that the unattached child may experience.

Attachment Defined

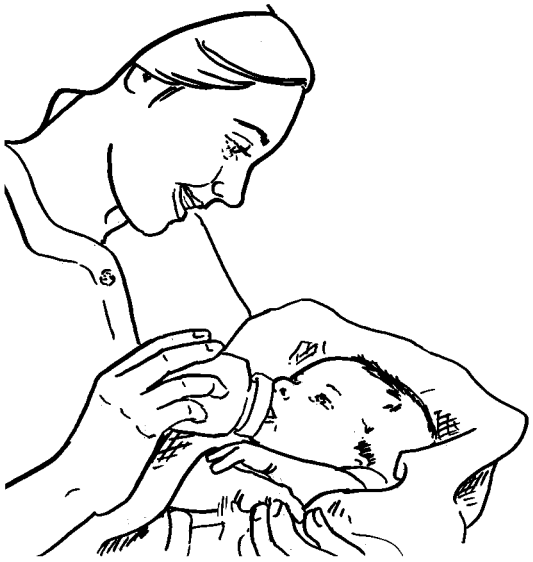
The term for the relationship that develops through the bonding process between the primary care-giver and the child is commonly referred to as "attachment." Attachment has been defined as "a reciprocal, enduring, emotional and physical affiliation between a child and a care-giver" (James 2).

Attachment is a bond of trust that develops slowly between a child and his primary care-giver. It begins to be formed even before the child is born. The crucial time period for the development of attachment is from conception to twenty-six months of age. Attachment is normally completely formed in the first five years of life and is **difficult to form after six years of age.**

The mother, as the child's primary care-giver, makes the most significant impact on the child and the quality of the attachment during the first year of life. M. D. S. Ainsworth and her coworkers emphasized this contribution in a study done in 1974. "They found four characteristics of maternal behaviour that are significantly related to the quality of the interactions: sensitivity, acceptance, cooperation, and accessibility" (Wittig 327).

The bond of trust known as attachment is formed in three different ways. These are the arousal-relaxation cycle, the positive interaction cycle and positive claiming behaviours.

The arousal-relaxation cycle begins when the child feels a need. The child expresses the need, usually by crying. The mother then satisfies the child's felt need and the child is quieted. This cycle builds trust, security and attachment in the child as he feels that his needs are important. The child feels that his expression of need will be heard and that the primary care-giver will meet his needs (Fahlberg 33).



The second way in which the attachment bond is formed is through the positive interaction cycle. The positive interaction cycle consists of the parent initiating positive interaction with the child and the child giving a positive response (37). This

may be simply the primary care-giver talking to the child while touching it, and the child responding with a smile.

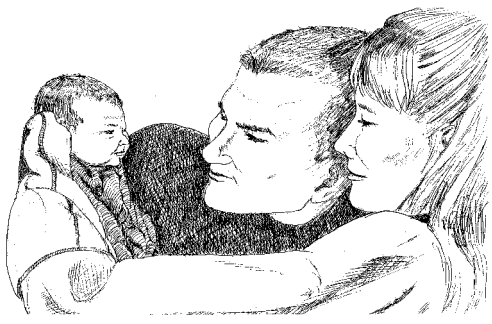
The third way attachments are formed is through positive claiming behaviour (37). Positive claiming behaviours are behaviours that communicate to the child that he and the primary care-giver belong to one another. Through the process of positive claiming behaviours the child develops a healthy sense of the family group he belongs to as "we," and others outside that group as "they." This creates a sense of belonging and a positive feeling of identification.

The Importance of Attachment

Attachment is crucial for the normal development of a child. Eileen Pasztor and Maureen Leighton, in their book Helping Children and *Youths Develop Positive Attachments*, say, "Children must be attached. They simply must. They cannot develop normally without being attached to one adult over a period of time because their whole sense of safety, their whole sense of the world, their whole sense of learning, depend on it" (9).

The forming of attachment provides a sense of identity for the child. It provides a sense of where home is and creates a feeling of belonging. The early forming of attachment is tremendously important in order for the child to experience normal development and for him to grow into a responsible and loving adult who knows how to give and receive love in the context of family relationships.

Beverly James, in her book entitled *Handbook for Treatment of Attachment-Trauma Problems in Children*, tells us that "the mission of the primary attachment person is threefold, and each mission bears its own message. As a protector: everything will be OK. I'll take care of you, set limits, keep you safe. As a provider: I'm the source of food, love, shelter, excitement, soothing and play. As a guide: This is who you are and who I am. This is how the world works" (2). The child who experiences attachment feels secure in his relationship with his primary caregiver. He knows that he will be protected, provided for and have a sense of who he is and how the world around him works.



There are occasions in which an attachment bond between the child and the primary care-giver does not form. There are many reasons why a stable attachment may not form in this crucial relationship. Maternal feelings of ambivalence toward the pregnancy, a traumatic prenatal experience or prenatal exposure to drugs and/or alcohol may cause an attachment to be weak or not to form at all (Reactive Attachment Disorder 3, 4). A young or inexperienced mother with poor parenting skills may not know how to interact appropriately with her child. A mother who is addicted to alcohol or drugs will find it difficult to form an attachment with her child. The mother who suffers from depression after the birth of her child may not be able to form an attachment. The death of, or separation from, the primary care-giver, or frequent moves and foster care placements, will hinder the development of stable attachments. The results are devastating for the child, the primary care-giver, the family and society.

When Attachment Does Not Form

When a child does not form an attachment with an adult, he may develop a number of symptoms which have become known as "Reactive Attachment Disorder." This disorder has been included by the American Psychiatric Association in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). It is described as "markedly disturbed and developmentally inappropriate social relatedness in most contexts, beginning before age 5 years" (118).

Lisa Riley, writing for the Attachment Center of Georgia, describes RAD as a relationship disorder. "Reactive Attachment Disorder is a relationship disorder. Children with Reactive Attachment Disorder, or severe attachment issues, can create chaos in the family system and influence the vulnerabilities and pain in each family member. Much of the child's angry, manipulative, and rejecting behaviour is directed toward the primary care-giver" (1).

The child with RAD may direct angry and rejecting behaviours toward the mother, if she is the primary care-giver, but at the same time may be very warm and loving with the father or other

members of the family. The angry and rejecting behaviour is directed toward the primary care-giver, because it is the failure of an attachment to form between the child and the primary care-giver that causes RAD.

The child who has developed RAD has, in his early development, never learned to trust anyone to hear his expression of his needs and to respond by meeting his needs. When the arousal-relaxation cycle is broken, it is often replaced by a cycle of abuse. The abuse cycle is described in the article "Reactive Attachment Disorder:"

> "The child's need raises his emotions to a high state of rage. But in this home, perhaps the mother responds by yelling to the child, 'Shut up!' Still in a rage, the child is finally quieted by the mother slapping the child. At the height of his emotional state he has learned that his needs are fulfilled by abuse. Abuse has replaced loving care and become his means of gratification.... He has learned to trust himself and no one else. He has also learned that he has the power to arouse anger in others, and he can cause them to act in anger. Given time, he will become a master of control, manipulation, and anger" (9).

The child with RAD then feels that it is dangerous to be dependent on anyone else. He attempts to control his own world. He does not trust anyone to be his protector, provider or guide. In contrast to the attached child, who feels protected and provided for and has a sense of who he is and how the world works, the unattached child has a real sense that he is standing alone and that he needs to fight against the world around him to see that his own needs are met. In the core of his emotions he feels intense rage rather than the trust that an attached child feels.

This child, through negligent or abusive parenting, comes to believe that the people who are supposed to love him and care for him are never there to care for his needs. He begins to view his world as a very dangerous place. He truly believes that if he does not take care of himself he may die. These beliefs which are established by the child as an infant are referred to by Elizabeth Randolph as "baby beliefs." According to Randolph, these baby beliefs are stored in the brain as sensory experiences and are associated with the feelings of rage (12). Later in life, sounds, smells or touches may trigger reactions of rage in the child with RAD.

These baby beliefs have an influence on the thinking and actions of the child with RAD. He becomes a person who thinks illogically and lives with feelings of rage daily. This inner rage can come to the surface over minor instances that would not seem to be threatening to the normally developed child. The child with RAD becomes a child who rejects those who would be providers, protectors and guides for him. This results in a child who is left with serious relationship difficulties throughout life.

Problems of the RAD Child

Understanding the belief system of children with RAD helps us understand and anticipate the difficulties they will tend to face in life. The child with RAD experiences problems in many areas of life. He faces psychological and behavioural problems, cognitive problems and developmental problems (Fahlberg 53). He finds it difficult, if not impossible, to function normally in many areas of life.

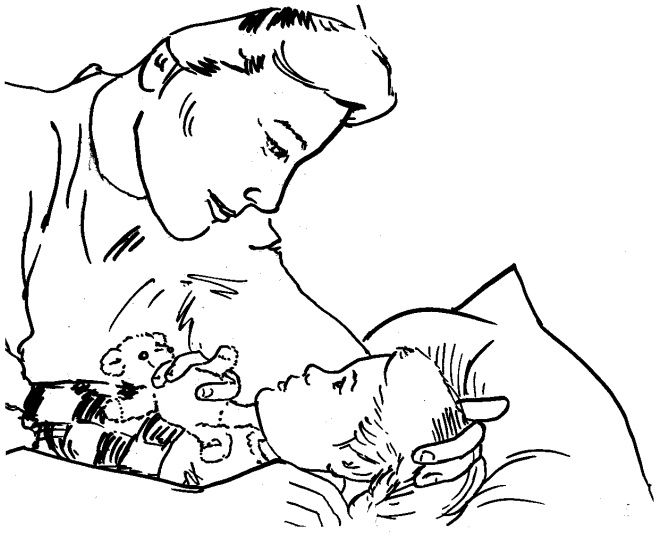
First and perhaps most significant are the psychological and behavioural problems. One of the most significant effects of RAD is the failure to experience the normal development of a conscience. Children with attachment problems may engage in aggressive or cruel behaviour and not feel any remorse or anxiety. They seem to have no sense of how their actions may cause pain or hurt in others. They show little or no guilt when they have broken the rules.

Many children with attachment problems become pathological liars and may even tell a lie when it seems to serve no practical purpose. They find it difficult to accept blame for their own actions and often project the blame onto people around them. A child who develops normally will have developed a functioning conscience by six years of age. He will have an internal sense of right and wrong.

Cathy Helding describes the child with a lack of conscience development.

> "An unattached child is a danger to himself and society. He has no sense of belonging to anyone, nor anyone to him.... Since his ability to form a conscience depends on being able to take the standards and values of important others (hopefully his parents), he lives by his whims and unchecked impulses. He does whatever he feels like with no regard for others. He is unable to feel remorse for wrong-doing, mainly because he is unable to internalize right and wrong" (1).

The lack of conscience development makes it difficult for the unattached child to control his impulses. He does not comprehend normal cause-and-effect thinking. He has not developed a conscience that warns him before he does something that will have negative consequences in his life. He lives moment by moment, doing whatever he wants to do, and then often expresses intense rage when faced with consequences for his actions.



Another psychological problem the child with RAD has is that he has not developed a healthy sense of self. He respects no one, including himself (Reactive Attachment Disorder 18). This lack of a proper view of self causes the child not to trust anyone to take his feelings or views into consideration. He cannot believe that anyone else will respond to his needs with caring, nurturing behaviour. This belief was most likely developed through repeated cycles of abuse or neglect in his first year of life.

This lack of a healthy sense of self causes many emotional problems. The child with RAD has real trouble knowing what he is feeling. He finds it very difficult to express his feelings appropriately. The negative emotions such as anger, sadness and frustration are especially difficult for him to put into words and express at an appropriate level (Fahlberg 53).

Because of this lack of a sense of self it is very difficult for the child with RAD to develop and maintain positive interpersonal relationships. The need to be in control at all times causes the child to be very bossy in relationships with others. There also tends to be very little understanding of how his own actions affect the feelings of others. The child may be excessively inhibited in some social interactions and then may show attachment behaviours with complete strangers. A child with a normally developed attachment will tend to stay close to parents in a public setting and show a healthy shyness around complete strangers. The child with RAD may approach complete strangers and announce his intentions to go home with them and live in their home.

A second category of problems for the child with RAD is cognitive problems. These difficulties in being able to think in normal ways have a tremendous impact on the life of the child. It is hard for the child to think in terms of basic cause and effect. What others consider to be logical thinking is incomprehensible to the unattached child. He often seems to have confused thought processes. He may hit another child and injure him but then be quite angry and surprised when he is disciplined for this inappropriate behaviour.

The child with RAD often seems to have an undeveloped sense of time. He experiences real trouble in thinking ahead and anticipating what might happen. This is revealed in his lack of ability to comprehend cause-and-effect thinking. He generally lives in the present and seems quite incapable of thinking about the future or predicting future events based on present realities. In much of his early life he did not experience a logical response to the expression of his needs. This

abuse or neglect in his early life seems to impair his ability to think logically and anticipate how others may respond to his actions.

A child with a normal sense of attachment will tend to grasp the concept that if he does something nice or helpful to someone, he can expect the same type of behaviour in return. The child with RAD does not generally understand that his own actions affect the response he gets from others.

This lack of ability to conceptualize time also makes it hard for the child to delay gratification. He lives in the present. What he sees, he has. Only the present is real. What is promised in the future may or may not become reality. He knows what he wants and he wants it now. It is difficult for him to work toward a goal. He finds it hard to plan ahead and anticipate how what he is doing now will lead him to accomplish what he wants at some time in the future.

The normally developed child will be able to accumulate points toward a reward for positive behaviour. The child with RAD cannot wait for rewards. If there is not instant response to positive behaviour, he loses interest. For example, a parent may promise the child that if he keeps his room clean for five days he will get to go out for ice cream. This may be an almost impossible goal for the child with RAD. He may do a great job for two or three days but then abandon the behaviour even though he seems to the parent to be close to reaching the goal. This child, later in life, is the type of young person who will drop out of high school halfway through grade 12 or quit university one semester short of completing his degree.

There is a third category of problems for the child with RAD. The challenges the child faces in psychological, behavioural and cognitive areas result in his delayed development of physical life skills.

A primary area of delayed development is in verbal expression. The child with RAD has trouble not only with knowing what he is thinking but also with putting his thoughts into words. He actually has trouble with abstract thinking of any kind. He lives in the realm of the present and tangible, the world that he can see and feel. Because he has difficulty with abstract concepts, he naturally has difficulty expressing them verbally. A normally developed child will be able to explain why he is feeling angry. The child with RAD may have intense feelings of rage but not be able to identify the source of those feelings. He may, quite honestly, not be aware of what specific event triggered his temper tantrum.

Many children with RAD also experience difficulty with auditory processing. They may find it difficult to process what they are hearing and to respond in a manner appropriate with what they have just heard. As a result, the failure to respond to the directions given by a parent may not be merely a refusal to be controlled by someone else but may be instead an inability to process auditory input. The normally developed child will respond to verbal instructions from a parent. He will have a natural desire not to hurt the feelings of the parent and will want to please him. The child with RAD may not be able to comprehend instructions or information based on the emotions or wishes of another person. He does not understand his own feelings and may find it difficult to respond to the feelings he hears expressed by others.

Another area of delayed development can be in the area of fine motor skills. The child with RAD may find it difficult to think through the process of how to do tasks that would be considered normal for other children of the same age. He may be slower than others in his age group in developing such skills as dressing and feeding himself, tying his shoes or completing similar tasks that have several steps and require some dexterity.

Lastly, the child may experience delayed personal and social skills. His personal, emotional

and relational skills may be several years behind his chronological age. He may, more typically, respond to others as a child of a younger age would respond. He may find it difficult to share his toys with his friends. He may become angry when others will not do things the way he wants to do them or play the games he wants to play. This type of behaviour, which would be considered normal from ages two through four, may be common up to eight or nine years of age in the child with RAD.

Conclusion

All of these difficulties result in the child with RAD being disadvantaged in almost every area of life. The forming of stable attachments at an early age is crucial for the normal development of the child. In his book Facilitating Developmental Attachment, Daniel Hughes describes the importance of a parent and child establishing a meaningful attachment.

> "It is a tragedy for children not to have a meaningful attachment to their parent.... This is a necessity if they are to be able to proceed with the developmental tasks of childhood, within the matrix of love and commitment that enables them to flourish and that can serve as a model for other attachments in later years. It is also necessary to provide these children with permanent attachments so that as adults they will always have a place to go home to, and to parents who cherish them. Adults who achieve no such relationships...then wander the world, experiencing and causing pain and despair" (33).

The effects of RAD are complex and have a devastating effect on the person who suffers from them. The forming of a stable, meaningful attachment is crucial not only for the normal experience of childhood development but also for the development of adults who are able to give and receive love. These adults will then be able to experience meaningful relationships and form attachments with their own children and others. They will be people who will live meaningful lives, experiencing and causing healing and hope rather than pain and despair.

By understanding attachment, how attachments are formed, what attachment provides for a child, and the results and difficulties in the life of a child who has no sense of attachment, we can be better prepared to move into the lives of these children and assist them in forming attachment as adolescents and teenagers.

Nancy Thomas, a Christian authority on attachment problems, recommends the following resources at her web site, www.attachment.org/reading.htm.

Facilitating Developmental Attachment by Daniel Hughes, Jason Aronson Inc., 1997.

Building the Bonds of Attachment: Awakening love in Deeply Troubled Children by Daniel A. Hughes, Jason Aronson Inc., 1999.

Attachment Trauma and Healing by Levy and Orlans, CWLA Publishing, 1998.

When Love is Not Enough by Nancy Thomas, 1997 Families by Design, P.O. Box 2812, Glenwood Springs, CO 81602, Phone 970-984-2222.

Give Them Roots, Then Let Them Fly: Understanding Attachment Therapy by Carole A. McKelvey, MA, Attachment Center at Evergreen, Phone 303-674-1910.

Can This Child Be Saved? by Foster Cline, M.D. & Kathy Heldin. Bookmasters, 1-800-247-6553
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