Attachment Style in Adults who Failed to Thrive as Children: Outcomes of a 20 Year Follow-up Study of Factors Influencing Maintenance or Change in Attachment Style

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Summary

A group of children identified as non-organic failure-to-thrive between 1977 and 1980 were investigated, assessed and provided with social work intervention and treatment. Those children and their families have been followed up for the last 20 years. The current paper examines the stability of an internal working model in a sample of individuals who had failed to thrive as children, by comparing each individual’s adult attachment style with their childhood attachment to their mother. In this sample, several cases showed changes from insecure to secure attachment styles. Possible reasons are discussed for positive and negative changes, as well as cases when there was no change in attachment style. These include the effectiveness of intervention in addition to changes in life circumstances. The findings suggest that when appropriate support and intervention is provided, or when different circumstances or relationships are experienced, internal working models can change.

Introduction

Attachment

Early theorists such as Bowlby suggested that a child’s attachment to the primary care-giver at an early age influences their subsequent interactions and relationships
with others. The infant continually monitors the accessibility of one or a few protective, older ‘attachment figures’ (usually biological relatives such as the mother) and then approaches these individuals for security and protection in times of danger and alarm (Bowlby, 1988). Apart from providing comfort and protection, such individuals also act as a secure base from which the infant can explore the environment. These attachments are thought to be formed by the age of seven or eight months to only a few people. It is believed that virtually all infants (even those who get limited care and attention) become attached to at least one familiar figure (Main, 1996).

Ainsworth et al. (1978) described three types of attachment-responses in infancy by studying how infants coped with the stress of being left alone by their mother in strange situations. Children have been categorized as either secure, avoidant, or anxious/ambivalent (Ainsworth, 1982). A fourth category of disorganized/disoriented type has also been identified by Main and Solomon (1990).

Bowlby theorized that these childhood attachments could have long-term effects such as influencing how a person interacts with significant others and also how they experience and cope with stressful situations (Cooper et al., 1998). It is thought that a child’s early attachment to the primary care-giver allows him or her to build up certain expectations in the form of an internalized representation or working model of relationships in general. These early experiences are thought to provide expectations as to how reliable other people are in times of distress: they also influence the development of a child’s self-esteem and feelings of being worthy of love (Stern, 1985; Sroufe and Fleeson, 1986; Bretherton, 1990; Rosenstein and Horowitz, 1996; Mikulincer, 1997). Some theorists, however, have questioned whether the notion of internal working models is too general to be testable (Rutter, 1995; Hinde, 1988) and whether infants younger than one year of age would have the cognitive abilities needed to represent both sides of a relationship in order to construe this type of model. Hinde (1988) stated that the concepts still remain rather too general to be readily susceptible to critical testing and validation.

Attachment patterns have been linked to different ways of exploring the world and influencing interpersonal interactions and relationships. For example, infants classified as secure in their second year later have been found to be rated by their nursery-school teachers as being more popular, having more initiative, being higher in self-esteem, being less aggressive, and being social leaders compared with their peers who were classified as insecure (Sroufe, 1983). At 11 years of age these secure infants were seen as more socially competent, self-confident, and higher in self-esteem (Elicker et al., 1992).

Clarke and Clarke (1999) demonstrated that development is a series of linkages in which characteristics in each period have a probability of linking with those in another period, but such probabilities are not certainties and deflections for better or worse are possible, but always within limits imposed by generic, constitutional and social trajectories.

Equally there is no agreement regarding validity of the Ainsworth Strange Situation Test. Some studies show that the Strange Situation attachment classifications are reliable and predictive during early childhood, (Main and Cassidy, 1988; Wartner et al., 1994). These studies suggest that attachment styles show continuity over time,
but it must be remembered that they represent ‘normal’ populations of children and not a clinical sample. Numerous studies, on the other hand, identified limitations in these procedures (Lamb et al., 1984; Messer, 1999; Sutton, 1994).

Feeney and Noller (1996) pointed to several factors which may contribute to the attachment stability. Internal working models may be self-perpetuating, as people tend to select environments that are consistent with their beliefs about themselves and process information which is in line with existing belief-systems. Equally, internal working models may be self-fulfilling as people who believe that no one cares about them may approach people defensively, which in turn makes others less likely to respond in a caring way.

There are several possibilities which may result in changes of internal working models over time. When differences occur these are often associated with changes in the type of care children experience (Melhuish, 1993). Some findings suggest that providing support for parents with more difficult infants can result in secure patterns of attachment (Crockenberg, 1981). Other factors contributing to change include significant life-events or changes in relationships which may be both positive and negative. For example, experiencing a satisfactory intimate relationship may make an insecure working model more secure, but, conversely experiencing an insecure relationship may make a previously secure working model more insecure (Howe, 1995). Rutter (1989) argues that constancies and changes are common especially at life transitions where psychological changes are likely to occur, for example getting married, becoming a parent. Relationships may provide compensation or ‘buffering’ for other negative experiences that can compensate for another individual’s hostility (Iwaniec, 1995). Schaffer and Emerson (1964) found that although the mother was the main attachment figure, children also formed attachments to fathers, grandparents and other adults, so children might be emotionally compensated by being cared for and given attention by another person other than their mother. During adolescence, attachment behaviour may become increasingly directed towards peers rather than parents, although parents are generally not completely displaced as attachment figures during this period. By early adulthood, most people settle on a single romantic partner who will serve as a primary attachment figure, possibly for years thereafter (Cooper et al., 1998). The internal working model may also change when an individual is able to make sense of previous attachment patterns for example through therapeutic interventions (Clarke and Clarke, 1999; Rutter, 1989, 1995).

Strong claims have been made about how insecurity in a person’s attachment relationship with parents in early childhood influences subsequent relationships in adult life (Rutter, 1995; Messer, 1999). As a result several adult attachment scales have been designed to test the idea that attachment patterns developed by one year of age persist into adulthood (Bartholemew and Horowitz, 1991; Griffin and Bartholomew, 1994a, 1994b; Stein et al., 1998).

Hazan and Shaver (1987) suggested that Ainsworth’s three types of attachment in childhood could be observed in adolescent and adult romantic and marital relationships. They developed a simple questionnaire to measure this behaviour. Hazan and Shaver (1994) identified insecure attachment in adults as characterized by a lack of self-disclosure; undue jealousy in close relationships; feelings of loneliness even
when involved in relationships; reluctance to make a commitment in relationships; difficulty in making relationships in a new setting; and a tendency to view partners as insufficiently attentive. At times of stress, securely attached individuals perceive that they have more available support from friends and family: they are also able to seek more social support (Ognibene and Collins, 1998).

In extreme cases, such as persistent neglect and abuse, the attachment between the care-giver and the infant may have far-reaching consequences, possibly lasting even into adulthood. Some psychoanalysts, for example, see psychological disorders as reflecting an internalization of adverse attachment experiences, both current and past, particularly those that undermine self-reliance and feelings of security (Sable, 1997). The effects of poor attachment can also be seen early in childhood. One such group of children is that identified as non-organic failure-to-thrive.

Non-organic Failure-to-thrive

The term non-organic failure-to-thrive is applied to children whose failure to grow according to norms is due to psychosocial problems in their environment rather than as a result of any medical problem. Their weight, height, head circumference, and general psychosocial development are significantly below age-related norms and their well-being causes concern. Although still identified primarily by physical growth measures, it is now recognized that failure-to-thrive (FTT) goes beyond the physical: it is a symptom with many causes which may be organic or psychosocial, or a mixture of both. Failure-to-thrive is normally diagnosed within the first two years of life, although its effects and progress can be observed much later in life. The physical appearance and behaviour of children who are FTT are striking, as shown in Figure 1. Children who are FTT as infants are found to be at high risk for developmental delays, personality problems, abuse and even death. The effects of early malnutrition may be extensive given the rapid period of growth, particularly brain growth, which occurs during the first five years of life. Non-organic FTT is associated with inadequate nutrition for normal growth, acute feeding difficulties, disturbed mother-child interaction and relationship, insecure attachment, family dysfunctioning and poverty (e.g. Iwaniec et al., 1985a; Frank and Zeisel, 1988; Drotar, 1991).

Serious interactional problems have been observed between FTT children and their mothers (Herbert and Iwaniec, 1979; Skuse, 1989; Hanks and Hobbs, 1993; Raynor and Rudolf, 1996). These difficulties tend to be especially apparent during the feeding process (Iwaniec, 1983; Skuse, 1993; Hampton, 1996). The consequence of these poor-quality interactions was thought to be that the child either ate less, was fed less, or was unable to benefit adequately from food provided because of emotional upset (Spinner and Siegel, 1987).

Several studies have shown that FTT children are more likely to show insecure attachment. For example, Ward et al. (1992) found that children diagnosed as organic or non-organic FTT had higher rates of insecure attachment than controls:
**Failure to thrive**
Child falls below expected norms for the chronological age in weight, often in height and head circumference

**Physical appearance**
Small, thin, wasted body, thin arms and legs, enlarged stomach, thin, wispy, dull and falling hair, dark circles around the eyes

**Characteristic features**
- frequent eating problems
- vomiting, heaving
- refusal to chew and swallow
- diarrhoea
- frequent colds and infections

**Insecure or avoidant attachment**
Tense when in the mother’s company; does not show interest and pleasure with the mother or carer; does not show distress when mother leaves or is too clingy

**Development retardation**
- motor development
- language development
- social development
- intellectual development
- emotional development
- cognitive development

**Psychological description and behaviour**
- sadness, withdrawal and detachment
- expressionless face
- general lethargy
- tearful
- frequent whining
- minimal or no smiling
- diminished vocalisations
- staring blankly at people or objects
- lack of cuddliness
- unresponsiveness
- passive or overactivity

**Problematic behaviour**
- whining and crying
- restlessness
- irritability
- apprehensiveness
- anxiety
- resistance to socialisation
- poor sleeping pattern
- feeding and eating problems

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**Figure 1.** Profile of children with non-organic failure to thrive
64 per cent vs. 36 per cent. Crittenden (1987) found that among FTT children, abused and neglected by their parents and referred to protective services, 92 per cent were insecurely attached compared with 33 per cent of controls. Iwaniec (1983) found that non-organic FTT children were significantly more likely to be insecurely attached compared to either organic FTT children or a matched control population of children ($p = 0.01$).

Non-organic FTT children have been described as apathetic, passive, irritable, having poor appetites, histories of feeding problems and an inability to interact with their physical and emotional environments (Bullard et al., 1967; Krieger and Sargent, 1967; Powell and Low, 1983). These characteristics may make it difficult for carers to interact with these children and to enjoy them. Observed immobility and hypersensitivity to tactile stimuli in many of the non-organic FTT children may also cause problems in interactions and relationships (Barbero, 1982). If interactions between the care-giver and the infant are already strained, for example because of feeding difficulties, an adverse reaction to the care-giver’s touch may be interpreted as rejection and this may make a bad situation even worse (Mathisen et al., 1989).

An important issue is to establish whether these characteristics precede or are a result of FTT (Spinner and Siegel, 1987). It is the old chicken-and-egg story: what comes first?

Since problems in attachment have been identified as important factors in non-organic FTT cases, many treatment interventions have focused on improving parent-child interactions and relationships (e.g. Iwaniec, 1983, 1991; Iwaniec et al., 1985b, Hampton, 1996; Hanks and Hobbs, 1993). However, there is no clear-cut consensus as to how these children and families fare in the long term since in the current literature the longest follow-up study available on non-organic FTT is of 13 years duration (Oates et al., 1984). These researchers found that behavioural consequences of ambivalent or avoidant attachment tended to include aggressive behaviour in older children, severe feeding problems, and cognitive and learning deficits (Hufton and Oates, 1977). There have been no long-term studies carried out on the attachment styles of adults who failed to thrive as children.

The research reported in this paper is a 20-year follow-up of individuals who had failed to thrive in childhood. The results from the initial investigation (Iwaniec et al., 1985a, 1985b) indicated several problem areas: mother–child feeding difficulties; disturbed mother–child interaction and relationship; insecure patterns of attachment (either avoidant or anxious/ambivalent); maternal anxiety, low self-esteem, depression and poor self-control; conduct problems (notably coercive or non-compliant behaviour) in the children; also, in some of them, emotional problems such as fear, depressive reactions or severe inhibitions. At a more macro-level, the families of FTT children were more disadvantaged in socio-economic conditions in the homes, with their parents experiencing significantly more acute disharmony in marital relationships adversely affecting family functioning. Comparison of the index group with two contrast groups revealed statistically significant differences in all these areas. All these children received intervention/treatment to resolve presenting problems which, according to parents’ evaluations and independent assessors, had significantly contributed to improvement in children’s growths and development, and
better relationships between children and parents. Help was also provided by paediatricians, GPs and health visitors during initial stages of investigations and interventions.

**Methodology**

In total, 44 non-organic FTT children were classified as either secure, avoidant or anxious-ambivalent using the Strange Situation Test (Ainsworth et al., 1978). Each child’s case was examined, and depending on their individual needs a care-plan was drawn up incorporating a range of therapeutic methods based on psychodynamic and cognitive/behavioural theories (these techniques are described in Iwaniec, 1983, 1991, 1995, 1997; Iwaniec et al., 1985b): thus intervention was tailor-made for each family based on assessed needs (see Figure 2).

The first stage after referral was crisis intervention which included the provision of day-care or respite services. Practical help regarding economic matters, allowances (such as Welfare Rights), and so on was provided. Counselling for the parents, both personal and developmental, was given where required. This involved cognitive restructuring and marital work when necessary.

The therapeutic part of the treatment of non-organic FTT cases normally involved five stages:

1. resolving feeding difficulties and improving feeding style (e.g. by modifying maternal behaviour and responses during the act of feeding);
2. attachment work: deliberately and in a planned fashion increasing positive interactions and decreasing negative interactions between mother and child (and indeed between other members of the family where relevant); for example, play-sessions to improve communication and joint activity, exposure to physical ‘togetherness’ by story-reading while sitting the child on the lap and holding them close; touching, kissing, speaking softly and encouragingly;
3. intensifying of mother–child interactions;
4. some older children with a long history of FTT present behavioural problems: these were dealt with once the ‘emotional arousal’ in the family (especially between mother and child) improved;
5. group work for mothers of FTT children.

In a small number of cases it was necessary to remove the child from the home environment, for example through care orders and placement in foster homes, or adoption (after attempts to resolve problems in the community failed).

Thirty-one of the 44 original sample of non-organic FTT children agreed to take part in the follow-up study approximately 20 years after initial testing. There was attrition of 13 of the former participants in the sample either because they could not be traced or were unwilling to participate. The data from these 13 cases are excluded from the current analysis of childhood attachment as adult attachment scores were not available for comparison. The remaining sample consisted of 16 males and 15
females, with a mean age of 21.6 years (range 20–28). The Attachment Style Classi-
fication questionnaire was used to provide a secure, avoidant or anxious/ambivalent
adult attachment style (Hazan and Shaver, 1987). Five of the participants were semi-
literate and four had considerable difficulties in literacy. In these cases the investig-
ator read the statements aloud and recorded the participant’s responses. Semi-
structured interviews were also carried out to examine current relationships with
family, ability to build and maintain relationships and memories of childhood.

Results

Comparison of the childhood and adult attachment classifications produced some
interesting results. There were differences observed in the style of attachments of
the children who failed to thrive. In total, 14 of the 31 children were classified as
secure, nine as anxious/ambivalent, and eight as avoidant. The picture is slightly
Attachment Style in Adults who Failed to Thrive as Children

There is an increase in secure attachment from 14 individuals in childhood to 22 in adulthood. There is a marked decrease of anxious/ambivalent style from nine children to only one in adulthood. The number of clients falling into the avoidant category remains the same (eight) for both children and adults. It needs to be noted, however, that they are not always the same individuals who were classified as avoidant in childhood. Analysis of Chi Square shows that there is a significant relationship between the type of attachment observed in the children using the Strange Situation Test and the subsequent classification of the adults using the Attachment Style Classification questionnaire (Kendall’s Tau b, \( p = 0.046 \)).

It is of interest to point out which individuals became securely attached as adults when previously they had shown insecure patterns of attachment. A summary of the changes can be seen in Table 1.

- The majority of children who had been classified as secure were also seen as secure in adulthood (13 individuals). Most children classified as secure were younger children at the time of the referral. All these children were wanted pregnancies. Eleven were classified as temperamentally easy (Carey Temperamental Test), and only two were slow to warm up. Easy babies are thought to be predisposed to be more placid, positive in moods, easy to instruct, not intensive in reactions and happy.

- Only one person who was secure in childhood was avoidant as an adult. This participant had several traumatic events throughout childhood including her father’s suicide. Although she had remained in the home throughout the intervention, there was inconsistent improvement in the emotional environment experienced there. This client has also been diagnosed as suffering from mental illness.
Most of the sample who had been avoidant as children were also avoidant as adults (five out of eight individuals).

Three previously avoidant individuals were classified as secure adults. In two of these cases the children were removed from the home environment and placed in long-term foster homes in which they remained all the time. In the third case there was a dramatic change in home circumstances when the mother left the children’s father and established a very positive relationship with a new partner. In essence, each of these children experienced a new and emotionally much-improved environment, either by being physically removed to a foster home or by the home atmosphere changing dramatically.

There is more variation in the group that had been anxious/ambivalent as children. Only one individual was classified as anxious/ambivalent as both child and adult. Two individuals showed a change from being anxious ambivalent children to avoidant as adults.

However, the majority of people showed a change from being anxious/ambivalent children to secure adults (six individuals). One of these children was adopted at a very early age and three children were fostered out long term. One child remained in the home environment and showed improvement when her mother’s new partner moved in (as above). The other two children remained in the home environment throughout intervention.

Discussion

In this study, twenty years passed between the initial measurement of the child’s style of attachment and the adult classification attachment style. As Fahlberg (1994) notes, ‘A child’s developmental progress is the result of the individual’s unique intermix of genetic endowment, temperament and life experiences’. Many things

<table>
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<th>Change from child to adult Classification</th>
<th>Frequency</th>
<th>Percentage of total sample</th>
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have happened in the lives of these individuals during the last 20 years. Each person was classified as suffering from non-organic FTT and subsequently received treatment and intervention. They also had their own particular life experiences which are bound to have influenced their development and attachment patterns. Many of them as children suffered from developmental delays and behavioural problems. Human interaction and social behaviour are complex: how we interact with others effects how they interact with us and vice versa. This contributes greatly to the way people feel about themselves and the way they build and maintain relationships with others.

In light of this, how predictive should the childhood behaviour of this sample of non-organic FTT individuals be of their adult attachments? If there are changes, to what should we attribute them? There are several possibilities including:

1. natural changes in attachment patterns;
2. the intervention;
3. change in quality of parenting;
4. temperamental factors and cognitive abilities;
5. other unidentified factors.

The aim of the crisis intervention was to minimize stress on parents. Intervention with FTT children and their families proved to be beneficial and effective in eliminating or reducing stress levels which directly or indirectly affected parental reactions towards the FTT child and consequently the child’s reaction to the care-giver. We can argue that responding to people’s immediate needs and dealing with crises (ranging from housing, economic, childcare through to personal factors) provided the necessary help and support for the parents and consequently the child. There is substantial evidence from various research projects on FTT (Drotar, 1991; Hanks and Hobbs, 1993; Hampton, 1996) that when support for struggling families is provided, they tend to overcome major difficulties and children begin to grow and develop appropriately for their developmental age. Equally, relationships between parents and children have been improved to satisfactory levels. In the current study, there is some evidence (Iwaniec, 1995) that the intervention and treatment provided for those families and children over a period of time improved the quality and quantity of relationships and interactions between parents and infants. Interventions such as obtaining Care Orders where there was no improvement at home and placing children in caring and stable foster homes, and in two cases being adopted, proved to be stabilizing and wholly helpful strategies. It needs to be noted that these children stayed in one foster home all the time they were in care and had extensive contacts after leaving care. Those individuals were able to develop secure attachments both with their foster or adoptive parents and later with their romantic partners. We can argue that early and appropriate intervention can help to provide bases for developing secure and meaningful attachment and trust to their parents and other significant people such as daily minders, nursery nurses and foster or adoptive parents. Help was also provided by paediatricians, health visitors and GPs, but major interventions were of a psychosocial nature.

How does this relate to the idea of cognitive schemas and the idea that experience
can change the internal working model? Tizard and Hodges (1978) studied children who, from the first weeks of life, were cared for by many people in an institution and adopted at a later age (between two and seven years). At four and eight years most parents reported that the adopted children were attached to them, suggesting that attachments can be developed even if there is not a constant carer during the early years: however, these children also had a tendency to be over-friendly and affectionate to strangers. At age 16 many of these children did show satisfactory relationships with their parents, but they were also less popular with their peers as well as being more quarrelsome and bullying.

Clarke and Clarke (1992, 1999) argued convincingly that probabilities for developmental changes, both positive and negative, are influenced by biological trajectory, the social environment trajectory, interactions and transactions, and chance events. The life path of each individual is the result of combined interaction of all four influences emerging during development. There is ample evidence to suggest that people’s early experiences, even if they are of an extremely damaging nature, can be overcome if radical remedial action takes place and emotional stability and security is provided (Messer, 1999; Clarke and Clarke, 1999; Rutter, 1995). The results of this study support the above mentioned findings and suggest that attachment style is not static and changes are probable. These changes appear to be influenced by many factors. We will come to discuss them later.

Some theorists of development have suggested that over the course of adulthood there is a natural process of re-evaluating relationships with others in response to key life events or changes in circumstances (Diehl et al., 1998). For example, by becoming a parent for the first time, a person may reach a new or deeper understanding of their relationship with their own parents. This may result in a more integrated understanding of self and others, the outcome of which may be a different evaluation of their attachment relationships, a changed evaluation of their family of origin, or both. With this idea in mind we would like to present details of two of the cases as possible examples of how change in attachment styles can occur.

The first individual, ‘Thomas’, was severely emotionally abused by his mother until the age of 11, and had little contact and no relationship with her until his own child was born when he was 22 years old. He was able to reappraise the complexity of his relationship with his mother over the years, and becoming a parent himself was able to understand difficulties with child-rearing:

I never thought I would want to see or have anything to do with my mother again. She was always hitting and screaming at me. I was much happier when I went to live with my father and his new wife. Now that I have a baby I know how tough it is to cope when she cries or does not want to eat. I must have been a difficult child to look after and she found it hard to look after me. Mind you I would never hit my baby, but I understand my mother, she must have been under a lot of pressure. What is gone is gone, she helps a lot now.

The second individual, ‘Peter’, was sexually abused by his stepfather from toddler age until he was five years of age. He gradually recovered from those damaging experiences and rebuilt his trust in people after his mother left her husband and provided a healing environment in which emotional recovery was possible: his
attachment style changed from anxious/ambivalent to secure. At the time of referral (seven years of age), the stepfather was no longer in contact with the child, but Peter suffered from severe behavioural and developmental problems and was very emotionally disturbed. After the stepfather left, mother and child undertook therapy: Peter was very bright at school and once the environment became caring and predictable, he began to relax, communicate, show affection and to feel comfortable in the company of other men. Major improvements were seen by the time he attended secondary school. He established a close romantic relationship, got married at 22 years of age and became a loving father at 23 years of age.

It should also be noted that there may be a tendency to view some attachment patterns as ‘better’ than others. In our culture there is often an assumption that ‘secure’ attachment is the ideal, whereas other cultures may promote different styles of attachment as the norm. In Germany, for example, there are higher proportions of avoidant children, perhaps because of independence being valued in this culture (Grossman et al., 1985). In Japan, young infants are not normally separated from their mothers. Consequently the infants find the Strange Situation very stressful and their behaviour is very different to that observed in studies of other cultures (Miyake et al., 1985). In view of the evidence that babies show different temperamental characteristics (Thomas et al., 1977; Graham et al., 1973) which tend to persist and studies showing the clear effect of cultural patterns upon childhood responses to strange situations, Sutton (1994) suggests caution when making diagnoses based on one Strange Situation Test. Many of the characteristics of each of the attachment types may change in acceptability if a slightly different label is used, for example, independence or ability to ‘stand on one’s own two feet’ compared to avoidance or active rejection of other people’s help.

Intergenerational aspects of attachment are of interest since the mothers of non-organic FTT children are also more likely to exhibit insecure patterns of attachment. For example, Benoit et al. (1989) compared the attachment behaviour of 25 mother–child pairs of FTT children with the same number of normally growing infants while in hospital. Results showed that 96 per cent of mothers of FTT infants were insecure with respect to attachment (Adult Attachment Interview) compared to 60 per cent of the control-group mothers. Lack of resolution of mourning over the loss of a loved one was found in 52 per cent of FTT mothers compared to 32 per cent of mothers of the control group. Mothers of FTT children had little support from families and marital relationships were less satisfactory. Iwaniec et al. (1985a) used The Bonding Questionnaire to examine the attachment of mothers to their non-organic FTT children and found it to be problematic in 57 per cent of the cases. Inadequate support and poor marital relationships were evident as well as either anxious or hostile relationships between mother and children. Interestingly it may be possible to identify patterns of attachment between a mother and her child even before the child is born. Fonagy et al. (1991) found that mothers’ prenatal reports of their own relationships with their mothers predict the security of attachment their children will have to them. The authors are currently investigating the attachment
of offspring to parents who as children were failing to thrive. This long-term research suggests that when the right help and intervention is given or, when life circumstances are improved, people are able to change by reappraising their feelings and position, and feel more secure in the relationships with people that matter.

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