“Emotional development is the foundation for the study of individual adaptation and psychopathology.”

-- Sroufe (1996)
Functions of Emotions

- Emotions as tools for survival
  - Example: fight or flight

- Powerful motivators of behavior
  - Our conscience is a driving force behind our behavior

- Help us to communicate
  - Nonverbal communication; infant attachment

- Enhance cognitive functioning and overall mental health
Development of Emotional Regulation

• The strategies and behaviors we use to moderate our emotional experiences in order to meet the demands of different situations or to achieve our goals

• **Synchrony**: a temporal coordination of nonverbal behaviors – mutual gazing; copying infant’s behaviors

• Social referencing: infants can read their mother’s emotions

• Still face paradigm:  
  [https://www.youtube.com/watch?v=apzXGEbZht0](https://www.youtube.com/watch?v=apzXGEbZht0)
Attachment

- What is attachment?
- How does security factor in?
- How do fear and anxiety factor in?
Attachment Behaviors

• What attachment behaviors do infants display?
Attachment

• Early experiences with a primary caregiver helps the children form their first representations of the self, of others, and of relationships

• Attachment theorists:
  • Freud
  • Harlow
  • Erikson
  • Bowlby
  • Ainsworth
Freud vs. Harlow on Attachment

• How did Freud account for attachment?

• What did Harlow find with his research on monkeys?
Attachment

• The more responsive the caregiver is, the more secure the emerging attachment

*** Remember Erikson’s first stage

• The more secure the attachment, the more effective the caregiver is as a secure base from which the child can explore
Erikson

Stage 1 – infancy (birth to 12/18 months)

- **Trust vs. Mistrust:** the infant must form a loving relationship with caregiver
  - **Attachment** = the enduring, affectionate tie that binds one person to another
  - **Signs of Attachment**
    - Attempts to maintain contact with caregiver
    - **Separation anxiety** (peaks around 14-18 months)
    - Goes to person when distressed
    - More easily soothed by that person
    - **Stranger anxiety** (7-12 months – schemas for familiar faces)
Attachment system serves 3 purposes:

1. **Proximity maintenance** (wanting to be physically close to the attachment figure)
2. **Secure base** (provision of a secure and dependable base for the child to explore the world)
3. **Safe haven** (caregiver as a source of comfort when distressed)
Attachment involves the development of mental representations of the self and that of the attachment object.

The *more* responsive the parenting $\rightarrow$ the more likely that the infant’s self-representation is one that is valuable and self-reliant.

The *less* responsive (or more rejecting) the parenting $\rightarrow$ the more likely that the infant’s self-representation is one that is less worthy and incompetent.
Ainsworth: Attachment Quality

- Using the strange-situation test, 3 different types of attachment quality were identified:
  1. Securely attached
  2. Insecurely attached – anxious ambivalent
  3. Insecurely attached - avoidant
Securely Attached

- Infant uses mother as a secure base from which to explore the world
- Distressed when mother leaves, and are comforted and happy when she returns
Insecurely Attached – Anxious Ambivalent

- Infant shows signs of intense distress when mother leaves, but may act angry or both approach and resist (ambivalent), and/or respond listlessly when mother returns.

- Infant rarely returns to exploration after separation
Insecurely Attached – Avoidant

- Infant shows no sign of distress when separated, and shows little interest when mother returns
Insecurely Attached – Disorganized Disoriented

- Show both an inclination to approach the mother when stressed and a tendency to avoid her when she approaches
- This pattern has been associated with frightening and/or abusive parental behavior
Influences on Attachment Quality: Maternal Care

• 2 categories of adverse or insensitive maternal care:
  1. **Intrusive**: a pattern of overstimulation marked by parental display of heightened anger, irritability, coerciveness, and poorly timed responsiveness
  2. **Neglectful**: a pattern of understimulation marked by reduced eye contact, infrequent holding, nonresponsiveness, less positive and more negative affect, neglectful
Child’s Role in Attachment: Temperament

- Infant temperament can affect the caregiver, making it easier or harder for a parent to be responsive and sensitive
  - Difficult babies → highly reactive and irritable
  - Easy babies → more placid, positive, and predictable
  - Slow-to-warm-up babies → more fearful and wary, but less reactive and irritable

- Parents can adjust to infants’ temperament to improve goodness of fit
Cross-Cultural Influences on Attachment

- The relationship between maternal sensitivity and attachment security has been replicated across cultures in most studies.

- The specifics of what constitutes sensitive care may vary somewhat from culture to culture and the ways maternal insensitivity is expressed might differ across cultures.
Application: Exploring Attachment Quality

• In teams read each case scenario and identify the appropriate attachment category
  • Securely Attached
  • Anxious Ambivalent
  • Avoidant
  • Disorganized-Disoriented

• Make note of evidence that supports the classification
A teen mother, age 16, and her 8-month-old daughter were videotaped in a free-play session. As Erica plays with a busy box, Ms. Jones leans back against the wall and says, “I’m not going to bother you.” Erica picks up an inflated ball, which her mother peremptorily takes away from her. Then her mother points to colors on the ball, saying, “Can you say ‘red’?” while Erica struggles to get the ball. As Erica crawls onto her mother’s leg, she says, “Get off me.” The infant guidance worker suggests, “Maybe she’s trying to get close to you.” The mother responds, “No, she’s trying to get over here without going around.” Erica does not look at her mother, and her face appears impassive throughout the session. Erica knocks over a toy telephone and her mother says, “No! You know better.” The worker asks, “Do you think she knows better?” and Ms. Jones answers, “Yes.” The worker persists: “What is she supposed to know better about?” “Lots of things, like crying for nothing, or beating on stuff.” The worker says, “When 8-month-old babies beat on stuff, they’re just trying to make noise.” Ms. Jones stands up and insists, “Not this little girl. She’s destructive.” Ms. Jones moves to a corner of the room at a distance from her daughter. Erica does not react to her mother’s leaving her side and continues to play with the telephone. Several times her mother calls her to come across the room. Erica looks at her without expression and continues to play. Ms. Jones says, “Bad baby,” then goes back and tries to engage her by demonstrating how to press the levers on the busy box. Instead of imitating her mother, Erica puts her fingers in her mouth. Her mother roughly pulls them out. Erica begins to cry and turns away from her mother, who says, “Hey, what’s your problem?” The worker asks, “Does she ever just like to be cuddled?” Erica’s mother says, “No, not really — maybe when she’s sleepy.” “Do you hold her then?” “Nope, I give her a bottle and lay her down and shut out the light.” The worker says, “You know, it feels pretty good to be held.” Ms. Jones responds with a dismissive laugh, turns away from the worker, and holds up a mirror to Erica, “Want to see the ugly baby?” Then she picks up Erica and puts her at the top of the playroom slide. She says, “Go down!” and laughs when Erica looks apprehensive. Then she helps her slide down. The worker says, “It looked like she was scared.” Ms. Jones replies, “It shouldn’t have scared her.” (Adapted from Davies, 2011)
Kelly was observed in three settings: my clinic office, the family’s apartment, and the child care center. During the first part of the office visit Ms. Keeney’s mood was upbeat, and she spoke and played with Kelly in an animated way. Kelly appeared happy about her mother’s responsiveness. As they played together with a toy house, Ms. Keeney put a mother and baby in bed together, and Kelly laughed happily. When Ms. Keeney suggested putting the baby in the playpen, Kelly’s affect became solemn. Ms. Keeney put the baby in the playpen and said that it was time for her nap. Kelly became distressed, whining irritably, jerking away from her mother, and crawling behind a chair. A moment later, she began playing peek-a-boo, and Ms. Keeney joined in. Then she asked Kelly if she was sleepy and went over to hug her, but Kelly pulled away from her angrily. After repeated observations of their interaction, I realized that this first observation had contained some important themes in their attachment. They could enjoy each other. Kelly was delighted when her mother played with her. However, when her mother introduced themes of disengagement into the play by suggesting that the baby be put in the playpen for a nap, Kelly withdrew from the joint play and became fussy. She reengaged her mother with peek-a-boo, but became angry and fussy again when Ms. Keeney suggested that she might be sleepy. The pattern of their interactions indicated that Kelly wanted her mother’s attention and that Ms. Keeney tended to set limits on how much she would respond to Kelly’s bids for attention. Kelly became irritable but kept trying to engage her mother. Kelly was both intensely focused on the attachment and angry because she expected rejection and lack of attunement. (Adapted from Davies, 2011)
Application: Case #3 – Andrew

Andrew was observed in a scenario that his teachers said was occurring daily. While Andrew’s mother talked with a teacher as she was dropping him off, he watched her alertly with a tight, tense expression. When his mother said goodbye, he grabbed her around the legs and began to cry angrily. She disengaged from his grasp and passed him to the teacher, who tried to comfort him by holding him. He cried louder as his mother left, then pushed the teacher away and lay on the floor in a full-blown tantrum. After 2 minutes, he went to his cubby and sat morosely, sucking the hem of his security blanket. Ten minutes later he searched out his favorite teacher and then shadowed her, staying as close to her as possible throughout the morning. His behavior was also notable for what it did not include — active play and involvement with other children. (Adapted from Davies, 2011)
Application: Case #4 – Rafael

Rafael, an 8 year-old European American boy, was referred for therapy due to physical aggression, hour-long temper tantrums that included screaming, kicking and throwing objects and night terrors. His pre-adoptive parents reported that Rafael exhibited poor relational qualities and little self-control. He rarely made eye contact with others, attempted to monopolize parental attention, especially when they were engaged in other activities, demanded constant satisfaction of concrete needs, but showed little ability to share inner thoughts or feelings. With peers, he was bossy, controlling and often angry. As detailed by his Department of Social Services (DSS) worker, Rafael’s early history was one of severe neglect. Sexual and physical abuse were not reported, but given the chaotic environment in which he lived, could not be ruled out. His birth mother was described as cognitively and emotionally limited, with a history of childhood sexual abuse and later illegal drug use. At the time of Rafael’s removal, she appeared overwhelmed by the demands of childrearing and maintaining a home. The apartment in which they lived was filthy and cluttered, food was sparse and a constant flow of men and women, perhaps connected to her drug use, filtered through the house. Rafael was at times left with other caretakers, some of whom were only casual acquaintances of the mother, for periods of up to a month. DSS involvement began when Rafael began preschool at Head Start at age 3. The school noted that Rafael appeared unkempt, often arrived ravenously hungry, exhibited clingy behaviors towards the staff, acted aggressively towards other children and had trouble maintaining focus on activities. The DSS worker noted that interactions between Rafael and his mother were awkward. When Rafael was upset, mother tended to ignore his screams and cries to the extent that the worker wondered if mother dissociated. Eventually, his piercing cries would rouse her and she would respond in an angry manner, telling him to “shut up” or go to his room. During one such incident, the worker observed Rafael clinging to his mother, to which she responded by pushing him harshly away. Services were provided to mother to help her with parenting, but she did not follow through. Rafael was removed from his birth mother at age 4 and subsequently lived in five separate foster homes before placement in the current pre-adoptive home 6 months prior to the start of treatment. While some of those placements offered good quality of care, some housed so many children that Rafael got little attention, acted out vigorously and was asked to leave. Placement lengths varied from 1 month to 1 year. The longest placement ended because of parental divorce.

When observed during play, Rafael appeared cognitively intact with an ability to understand and answer questions, although he often ignored the communications of others. He could play symbolically, but his play was often disrupted by terrifying creatures and events, at which times he would either leave those toys and find others or become physically agitated, himself. At other times, he simply appeared distracted by other toys or sounds from outside the office. At one point, as Rafael created a scene of a child being chased by a monster, the therapist suggested that the child might feel safer and less scared if a mother or father doll came to help and she provided him with the doll. He responded by telling the therapist to be quiet. At another point in the play, Rafael’s behavior became agitated and he threw the doll out of the dollhouse. (Adapted from Zilberstein & Messer, 2007)
Application: Case #5 – Luis

Luis, a 5-month-old boy, and his mother were observed at their home during play. Luis was placed on an activity mat happily swinging his arms to grab for toys that dangled above him. Luis’ mom remained by his side, engaging in conversation with Luis and narrating his actions. She frequently smiled at Luis, and Luis often laughed and gurgled in response to his mother’s attention. At one point, Luis began to fuss. His mother picked him up and held him to her chest while soothing him. She determined he was hungry and immediately began nursing him. While feeding, Luis lovingly gazed at his mother as she stroked the top of his head. Upon finishing, Luis’ mother placed him back down on his play mat and briefly walked away. Luis became upset at this separation but was easily soothed when his mother returned.
Discussion Questions

• Consider your own emotional development and attachment in early childhood.

• How do Erikson’s, Bowlby’s, and Ainsworth’s theories apply to your own developmental experiences?