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Hidden in Plain Sight

*The Critical Importance
of Secure Attachment*

> If you set out to describe a baby, you will find you are describing a baby and *someone*.
> —DONALD W. WINNICOTT (1964/1987)

> You think because you understand one you will also comprehend two, because one and one make two. But to truly understand two, you must first comprehend "and."
> —SUFI WISDOM SAYING

A dark-haired woman, perhaps age 25, sits on a couch with her legs crossed, watching her 3-year-old daughter play with a stacking toy about 15 feet away. She has just returned to the room after an absence of a few brief minutes, and seeing her daughter methodically loading the different-shaped rings onto the post, she immediately starts issuing quiet, matter-of-fact instructions, interspersed with questions: "What color is that one?" and "What shape is the blue one?" and even "Where is the hexagon?"

The little girl scrambles around on the rug, following her mother's lead, but she doesn't turn around to face her. After a few minutes she picks up a doctor's kit, takes it over to her mother, and tries to climb up on her lap. Mom gently nudges the little girl back toward the floor, saying "You haven't stacked all the rings yet. Look at that one . . . and that one!" Her daughter dutifully returns to the stacking toy and adds another ring. Then she picks up the doctor's kit and goes back to her mother. This time she makes it onto her lap, where she examines her ear until Mom again points

out that she hasn't finished reassembling all the pieces of the stacking toy. The little girl ignores her prompt and tries to capture her mother's interest as she uses the toy stethoscope to listen to her heart. The mother doesn't look at the little girl but out at the rug and scattered toy parts. Finally the little girl slides down her mother's legs and returns to the toy, where she turns her back on Mom again and finishes putting the rings on the rod where they belong.

Casual observation would label this a typical interaction between an average young mother and preschool child. But this was not a spontaneous moment in the lives of a woman and her daughter. Laura and Ashley had just participated in Mary Ainsworth's widely lauded "Strange Situation" research protocol, designed to reveal attachment patterns between young children and their caregivers. This articulate young woman, clearly devoted to her daughter, had sought help because she wanted more "parenting tips." Although she believed she was already an "excellent mother," she thought it could not hurt to find out more from those who knew "everything about parenting." Laura joined a Circle of Security (COS) group led by one of us, and 12 weeks into the 20-week intervention she watched the video of the interaction just described. She had seen this clip before, at the beginning of the program, and said it showed her how cute her daughter was and allowed her to see details she didn't usually see. This time, watching the video was bringing her slowly to tears. As her face crumpled and she looked down at her lap, she said, "I wasted all that time pushing her away when all she wanted to do was cuddle with me."

What Laura was seeing was what had been invisible to her in the past: the all-important "and" between her and her little girl. Encoded in this unremarkable mother–daughter exchange were remarkable truths about the critical role of primary caregiver relationships in children's psychological development. Yet due to the "mind-blindness" that blocks us from seeing what we cannot tolerate (Shanker, 2004), Laura could not perceive those truths while interacting with her little girl. She could not see that there are moments to provide comfort and moments to encourage exploration—and that children's needs shift between them hundreds of times in a single day. She could not see that parents are often more comfortable meeting one need than the other. She did not know that parents' comfort or discomfort in answering their children's needs is strongly influenced by how their own childhood needs were met or unmet. And she could not see that even very young children learn what makes their caregivers uncomfortable and will use a confounding range of behaviors (what we call "miscues") to hide

their need for those things in an attempt to maintain their connection with the caregiver.

The COS intervention and the graphic designed around it are intended to help caregivers increase their awareness of their children's needs and whether their own responses meet those needs. With increased awareness parents can expand their moment-to-moment parenting choices where needed. In this shift from mind-blindness to seeing what is hidden in plain sight lies the potential to break the stranglehold of problematic attachment patterns, passed from one generation to the next, that can compromise healthy relationships throughout a child's lifespan.

THE EVOLUTION OF THE CIRCLE OF SECURITY: A PERFECT STORM

The development of the COS is a story of four clinicians finding themselves happily at the confluence of "atmospheric conditions" that created the perfect storm. First there was emerging clarity that early intervention for children was necessary and viable. Concurrently, the importance of relationships in human health and development was becoming better established, and the internal world of infants and adults was being revealed. Meanwhile, extensive research was establishing the foundational role of attachment in all of the above.

The Need for Early Intervention

• *The field of infant mental health gained weight and maturity from advocacy organizations like Zero to Three and the interest of psychiatrists and continued to grow throughout the 1980s and 1990s* (J. Cassidy, personal communication, May 13, 2011).

• *The field of developmental psychopathology emerged*. During the mid-1980s scientists started to make a conscious effort to ask "What can normal development tell us about psychopathology, and what can psychopathology tell us about development?" (C. H. Zeanah, personal communication, May 17, 2011).

While these developments were brewing everywhere from the lab to the living room, we saw the need to focus on early intervention every day in our work with adults who demonstrated how much happens early that continues to impact individuals in later life. Observing parents acting out

the pain from their childhood in a manner that inflicted pain on their children confirmed the centrality of early childhood experience. This held true in everything we had seen since the 1970s in counseling homeless adults, with foster parenting, and in family and individual therapy settings. And the rapidly growing field of infant mental health was now showing without a doubt that the mental health of the youngest children, even infants, was observable and measurable and therefore had potential to be a target for intervention and prevention. But *how* to intervene early? Exactly *how* could we keep the developing mind of the youngest children on an adaptive track to prevent adult problems from germinating?

The Need for Early Intervention to Focus on Relationships

The infant–parent relationship is emerging as the target of most intervention and prevention efforts in infant mental health.
              —Charles H. Zeanah, Julie A. Larrieu, Sheryl S. Heller,
                  and Jean Valliere (2000, p. 222)

Our clinical experience also confirmed the primary tenet of family therapy that a person's behavior problems are rooted in the context of family relationships. This was especially clear when children were removed from chaotic families and placed in high-quality foster homes. The children would blossom, and their problematic behavior would diminish to the point that child protective services would assume the children's problems were solved and send them back to their chaotic families. The problematic behaviors would quickly reemerge.

The framework of family therapy provided many answers. But there were gaps in this therapeutic perspective. Although Salvador Minuchin stated that history is always present in the moment (Minuchin, 1980), and as early as the 1950s Murray Bowen began to explore the influence families of origin have on current relationships, the family therapy field in general paid little attention to internal experience separate from context.

The Need for Early Intervention to Focus on Internal Working Models

• *Selma Fraiberg's landmark 1975 paper "Ghosts in the Nursery" looked at the transgenerational effects of trauma on infants and 30 years later gave rise to Alicia Lieberman's counterpart "Angels in the Nursery," which explored the beneficial effects of good parent–child relationships.*

• *Following the work of many other developmental scientists such as Louis Sander, Daniel Stern, starting with his 1985 book* The Interpersonal World of the Infant, *suggested that caregiving relationships could alter the course of a child's development and future ability to form healthy, adaptive relationships.* No longer was a child's developmental fate viewed as sealed by key events that shaped personality according to old "red thread" and developmental arrest psychoanalytic ideas.

• *The Adult Attachment Interview (AAI) became a critical technological breakthrough that offered a standardized tool for looking at parents' working models (Main & Goldwyn, 1984; George, Kaplan, & Main, 1984).* The principles and information generated by the AAI were of great interest to clinicians because they made it possible for the internal working models of adults to be studied and coded (C. H. Zeanah, personal communication, May 17, 2011).

• *In an article published in 1985 entitled "Security in Infancy, Childhood, and Adulthood," Main, Kaplan, and Cassidy reported that the AAI coding categories for parents were strongly associated with the corresponding attachment categories for their children.* This represented a "major turning point for the direction of the field" (Hesse, 1999, p. 395). Attachment theory shifted the primary focus from the child's or the caregiver's behavior to incorporating the quality of attachment-oriented representations in the mind of the parent and the way these representations predicted the child's attachment behaviors (Main, Kaplan, & Cassidy, 1985).

It was clear from both research and our clinical work that parents were carrying personality traits from one situation to another, which suggested that there was more at play than their current context. It was also clear that when a child was "acting out," the explanation was rarely, according to the popular perspective of the day, a simple matter of behavioral reinforcement. It wasn't just that Dad gives his son what he wants when Junior screams loudly enough, and therefore Junior screams loudly all the time. Children's behaviors seemed to be more than immediate statements about the quality of the interactional family system in which they lived, and they did not appear to be meaningless reflexes that had been shaped by rewards and punishments as the behaviorists believed. Rather, children's behavior is guided by instincts. In effect, behavior is a way children communicate their innate needs. Problem behaviors seemed to emerge when parents chronically failed to meet those needs.

In clinical practice we witnessed children exhibiting clear needs for comfort that were ignored by loving mothers, who nonetheless had the best interests of their children as their top priority. We also watched parents insist on cuddling children who were eagerly reaching out to explore their surroundings. In spite of their best intentions, parents still were not meeting the needs of their children. It was as if we were seeing an invisible puppeteer manipulating the behaviors in every interaction between struggling parents and children.

The desire to understand this "man behind the curtain" and incorporate that understanding into an early intervention led three of us to pursue additional psychoanalytical training. It began when one of us brought James Masterson to Spokane in 1985 to present a workshop for the Spokane Community Mental Health Center's 200-person staff and the professional community. What we learned resonated so strongly with our clinical observations that in 1986 two of us began studying in a distance training program run by the Masterson Institute and received postgraduate certification in psychoanalytic psychotherapy.

Masterson's view of developmental object relations theory gave us hope that psychoanalysis would provide a key to early intervention. But psychoanalysis was still rooted in "red thread" and developmental-arrest theories that did not mesh with our observation that parental dysfunction has its roots in infancy and that the conditions supporting the dysfunction tend to be stable throughout childhood and into adulthood. The idea of personality developing throughout childhood in response to persistent themes offered more explanatory power than the idea of personality being the product of a single event that changed everything thereafter or the product of what had happened at a particular critical age.

During a weeklong seminar in 1989, which turned out to be an important stepping stone in the development of the COS, Daniel Stern answered repeated questions about his view of the theory of developmental arrest with the same answer: that it was a constrictive and limited view of infant development that failed to fully consider the validity of the child's internal experience at a very young age. During our training with the Masterson Institute, another perspective solidified our interest in the importance of internal experience, that of attachment theory.

The Need to Intervene in Attachments

• *Twenty years after Mary Ainsworth discovered the patterns of attachment she named secure, anxious–avoidant, and anxious–ambivalent,*

Mary Main and Judith Solomon added a disorganized/disoriented attachment classification (Main & Solomon, 1986, 1990). This addition brought attachment theory one large step closer to the clinical world, where it could make a difference to children who had been mistreated or whose parents were struggling with mental illness and other significant problems (Solomon & George, 2011; C. H. Zeanah, personal communication, May 17, 2011).

• *In 1989, we were introduced to the work of Susan McDonough, who uses video technology with difficult-to-engage families.* Her highly successful brief psychotherapy model employing video review with parents to support positive interactions with their children opened our thinking to the validity of creating a personalized video-based approach.

• *Filming became a less expensive process.* It might seem strange that a technological advance driven mainly by its entertainment value could pave the way for a clinical leap forward. But the fact that VCRs quickly gained favor with consumers forced the development of cheaper equipment and facilitated observational research (J. Cassidy, personal communication, May 13, 2011).

• *In 1990, Robert Karen's* Atlantic *article called "Becoming Attached" translated the dry concepts of child development into tangible concepts expressed in everyday language.* The expanded book version published 4 years later (1994) captivated readers with its history of attachment theory presented in an engaging nonfiction form, complete with heated debates, rivalries, and eureka moments of discovery. For the first time, attachment theory became known to a large segment of the general public.

• *In 1993, the three of us in Spokane were introduced to Jude Cassidy, an attachment theorist and researcher who would become our most influential resource and guide as we ventured further into understanding attachment theory.* Through her guidance in weekly phone conversations for the first 2 years and with consistent contact to this day, the theory and science of attachment came into focus for us.

Attachment theory supplies an overarching structure to our understanding of the need to intervene early with both family relationships and internal working models. It brought specificity into our understanding of the importance and function of relationships. It confirmed our sense that behavior is instinctual rather than reflexive and thus has meaning, that children are responding to persistent themes rather than to specific events

or developmental arrests, and that their behavioral responses are goal-directed adaptations designed to maintain attachment. This attachment instinct was never captured more poignantly than by Judith Viorst (1986) in *Necessary Losses,* where she told the painful yet true story of a baby who was severely burned:

> A young boy lies in a hospital bed. He is frightened and in pain. Burns cover 40 percent of his small body. Someone has doused him with alcohol and then, unimaginably, has set him on fire.
> He cries for his mother.
> His mother has set him on fire.
> It doesn't seem to matter what kind of mother a child has lost, or how perilous it may be to dwell in her presence. It doesn't matter whether she hurts or hugs. Separation from mother is worse than being in her arms when the bombs are exploding. Separation from mother is sometimes worse than being with her when she is the bomb.
> For the presence of mother—our mother—stands for safety. Fear of her loss is the earliest terror we know. (p. 22)

In this agonizing story, Viorst is summarizing, from a slightly different angle, the fundamental theme from attachment theory upon which the COS work is founded. Relationship—with a primary caregiver in our earliest months and years—isn't merely important; it is an emotional requirement. Finding a way to stay in relationship—be it considered positive or negative, secure or insecure—isn't a convenient "add-on," chosen if it feels suitable or expedient and disregarded if not. Whether from the work of Harry Harlow (with monkeys who preferred a cloth "mother" to the metal one that provided food), John Bowlby, and Mary Ainsworth or the horrifying description of the child and parent Viorst presents, relationship emerges as an emotional necessity every bit as critical as oxygen is physically.

Attachment theory did not, however, merely confirm the importance of that bond. It also provided a framework, exactly as John Bowlby had envisioned, for intervening early in the lives of children. Attachments help children create what he called internal working models of themselves and the people in their closest relationships. Secure attachments would carry children along a healthy developmental path and into adulthood. With secure internal working models, they could thrive in relationship and form the same secure bonds with their own children. It might very well help break the cycle of psychological challenges that are often perpetuated across generations.

A BRIEF HISTORY OF ATTACHMENT THEORY

As early as 1940, based on his volunteer work with maladapted children, John Bowlby was promulgating a revolutionary view that children's relationships with their caregivers played an important role in mental health. Bowlby's theory departed sharply from Freudian theories that children are motivated intrapsychically by two primary drives, sex and aggression, and the struggle to resolve the Oedipus complex. In 1944 Bowlby published a study called "Forty-Four Juvenile Thieves." In that study he reported that the most disturbed delinquents in his sample all had a significant history of separation from their mothers. Findings such as these launched Bowlby on a lifelong inquiry into the nature of children's attachment to their primary caregivers.

So radical were Bowlby's ideas that when he began his work on attachment, he found that "of papers written for European or American journals between 1920 and 1940, only twenty-seven of them looked at the correlation between maternal care and mental health" (Blum, 2002). Since then thousands of papers have been written on attachment, starting with Bowlby's own widely read *Maternal Care and Mental Health,* first published by the World Health Organization in 1951 (a monograph that sold 400,000 copies!). There he made the groundbreaking, empirically based statement that for a child to be mentally healthy "the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment" (Bowlby & Ainsworth, 1951, p. 11; Bretherton, 1992).

This idea was opposed by child care experts of the mid-20th century, such as physicians, psychoanalysts, and social learning theorists. From a medical perspective, an emerging understanding of the necessity of hygiene led Luther Emmett Holt (1855–1924), the premier pediatrician of his time, to suggest that adults should avoid contact with children, even affectionate touch and especially kissing. From a child psychology perspective, Dr. John B. Watson (1878–1985), the father of American behaviorism, suggested that hugging and coddling infants would harm psychological health and that children could be ruined for life by "overhandling" for even a few days. He went on to say that "mother love is a dangerous instrument" (Blum, 2002, p. 37). In Freud's view, continuing to rely on a parent was a sign of being overly dependent.

Enter Mary Ainsworth, who happened to answer an ad seeking a researcher to work with John Bowlby in investigating how separation

from the mother in early childhood affected the development of a child's personality. Ainsworth brought to the job her own interest in the importance of secure dependence on parents to a child's developing autonomy, as well as impressive experience with methodology. She worked with Bowlby during the 1950s while Bowlby set about building a theory regarding the importance of a child's attachment to his or her primary caregiver. While Ainsworth largely agreed with the direction of Bowlby's thinking, she had doubts about how ethology (such as theories about imprinting) could explain a child's need for his or her mother. In another happy accident, she gained the opportunity to seek empirical evidence for the relevance of ethological concepts (along with those from developmental psychology and other fields from which Bowlby was drawing) when she and her husband relocated to Uganda in 1953. Observing mothers and babies in naturalistic settings, she found herself gathering data that eventually supported a theory that had not yet been formulated and would not be presented to the world until 5 years later. Ainsworth's observations led her to classify infants as securely attached, insecurely attached, or unattached, but she also noticed a correlation that became the foundation of the COS intervention: *The most securely attached infants—those who were generally content, easily soothed when upset, and willing to explore when with their mothers—had mothers who were most sensitive to the infants' signals about what they needed.*

John Bowlby spent the next decade writing his influential trilogy of books on attachment, loss, and separation, building a foundation for attachment theory that "would spawn one of the broadest, most profound, and most creative lines of research in the 20th century (and now the 21st century)" (Cassidy & Shaver, 2008, p. xi). Meanwhile, Mary Ainsworth undertook another major naturalistic study of mothers and babies in Baltimore, where she recruited expectant mothers and then observed the mother–child bonds until just past the baby's first birthday. Bob Marvin, then an undergraduate, worked on this project. By the beginning of the 1970s, Ainsworth had also devised the groundbreaking research instrument called the Strange Situation, which is a key vehicle through which COS videos of mother–child interactions are made. The Strange Situation, described more fully in Part II of this book, allows researchers to observe the nature of attachment between a caregiver and baby or young child via brief separations and reunions. When Ainsworth applied it in her Baltimore study, she found that separations generally triggered anticipated reactions from the children (distress, less exploratory play). What surprised her, however, was the reactions of some of the children upon their mothers'

return. Some children—even though they had shown that they wanted their mother when she was out of the room—did not exhibit relief and joy when she came back. Some acted aggressively toward her, hitting or kicking her. Others turned their back or otherwise showed disinterest. Even more exciting to Ainsworth was that these reactions correlated with more discordant mother–child relationships in the same dyads at home.

From this work Ainsworth derived more specific attachment classifications: secure (distressed during separation, readily comforted upon reunion, and soon ready to resume active exploration), ambivalent/resistant insecure (the hitters), and avoidant insecure (the cool customers).[1] So compelling was the Strange Situation as a research method and so revelatory were these attachment classifications that the entire direction of the new field of attachment theory seemed to take a detour toward research and away from the clinical application that Bowlby favored, and even from what could be learned in naturalistic settings such as in Ainsworth's Uganda and Baltimore studies.

By the 1980s, thousands of studies of attachment via the Strange Situation had cemented the validity of attachment classifications and their behavioral manifestation in caregiver–child interactions, and they had begun to inspire further studies attempting to find correlations between attachment problems and emotional problems displayed by children as they matured. Attachment theory thus gained more and more credence in the broader field of developmental psychology. Still, the focus was almost exclusively on research, even though Bowlby himself returned during the 1980s to his earlier priority of developing attachment theory as an intervention, exploring how it could be applied in psychotherapy. It took the development of the other "atmospheric conditions" previously enumerated to build excitement about the viability of early intervention—and, in turn, to lay the groundwork for the conceptualization of the COS.

As a result of this confluence of events, by the early 1990s the implications of attachment theory were being explored in ever-widening circles—from different cultural perspectives; between other dyads (two adults, siblings, father and child); longitudinally; in links to the development of psychopathology; and, of greatest relevance to the eventual development of the COS, transgenerationally.

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[1]Various labels have been used to describe these attachment patterns over the years. As noted earlier in this chapter, a fourth classification—disorganized—was later proposed by Mary Main and embraced by Mary Ainsworth. These patterns will be discussed in full in Chapter 4.

THE GATHERING "CLOUDS" FORM A CIRCLE

Attachment theory crystallizes the fact that children have essential needs not just for food and shelter but for emotional warmth, comfort, self-esteem, and the development of autonomy and a sense that the world of people is a positive place. Attachment theory confirms that it is not one moment or one problem that lays the foundation for later psychological health or the lack thereof; it is the transgenerational transmission of a caregiver's state of mind through 10,000 events each day that the child adapts to and builds a strategy to address. In other words, to understand a child, one must understand a parent and a child. The quality of the attachment between the primary caregiver and the child serves as the "and" that can help us comprehend "two" and thus help "one."

Attachment theory clarifies that avoid/approach strategies in adults are rooted in their upbringing. It shows how easily those avoid/approach strategies in parents become entangled with their growing child's needs to move closer for comfort and safety and to confidently move away to explore the world. How those procedurally ingrained strategies surface in a caregiver's behavior and influence the caregiver's response to a child's needs for closeness or exploration illuminates why well-intentioned parents often give children what they don't need. Attachment theory shows how easily we can be fooled by a young child's miscues when a child believes that what he really needs will be intolerable to the parent.

A shared desire to understand the context that shaped and organized the symptoms with which families were struggling—the essential focus of family therapy—was the initial drive for the work that would produce the COS. We were convinced of the powerful role that attachment patterns play in shaping families and determining the emotional health of the child. But how could we make abstract, sophisticated attachment theory and research accessible so that it could be applied in clinical settings to help the parents who were dealing with overwhelming problems?

After a decade of evolving quietly, the COS was suddenly launched after a phone call in 1998. The three of us in Spokane—Bert Powell, Glen Cooper, and Kent Hoffman—had been consulting with our local Head Start program for years. We had begun to introduce ideas that we were developing with Bob Marvin from the University of Virginia about applying attachment theory to practice. The Spokane Head Start director's administrative assistant came across a U.S. Department of Health and Human Services (USDHHS) University–Head Start Partnership Grant application.

She went to the director, Patt Earley, and said, "Isn't this what we are doing, and if so, why aren't we being funded for it?" The director brought us the grant application and asked the same question. We then called Bob and asked if the University of Virginia was interested in being a university partner with Spokane Head Start. Through the process of writing the grant application, the COS intervention took shape, and when the grant was received it underwent the first research trial. The COS has continued to evolve at a frantic pace ever since.

Our fundamental goal was and is to intervene early so as to prevent adult problems from taking root in early childhood, by changing the quality of the caregiver–child relationship. The medium for making a difference in this relationship is making a change in parents. But we know from the research on adult attachment that working with parents' state of mind with regard to attachment is more important than just changing parents' behavior, because a change in behavior may not change parents' underlying relationship strategies. As attachment theory reveals, a change in parents leads to a change in children because children are intensely motivated to adapt, for better or worse, to parents' relationship strategies in an attempt to maintain the connection so important to their security, growth, and survival. We knew that in order for parents to change, we needed to address the defenses that, according to psychoanalytic concepts, were likely behind parents' difficulties in meeting the needs of their children. And we knew we could use videos of the dyads in the Strange Situation to engage parents in reflective dialogue about their own strategies, especially patterns of interacting with their child that neither fulfilled the child's needs nor served the parents' goals to do their best for their children.

The optimal route to a change in parents' state of mind was reflective dialogue within the therapeutic relationship, the process by which the client experiences with the therapist what the therapist hopes the child will experience with the client. Every aspect of the COS is based on the contention that the nature of the relationship is a change agent—or, as Jeree Pawl has said so aptly, "Do unto others as you would have others do unto others" (Pawl & St. John, 1998). Family therapy emphasized the importance of parallel process in which therapists provided for the parents what the parents needed to give to their child to create the desired change. From Donald Winnicott's "holding environment" to Heinz Kohut's emphasis on empathy, mirroring, and "transmuting internalizations," psychoanalysis postulated that if the client does not feel the presence and genuine concern of the clinician, nothing seems to change. All of us had seen these truths

borne out in long- and shorter-term therapies well before we started working with very young children and their parents.

We now had the medium for early intervention (the parents' positive intentionality), a tool to help parents see what was usually hidden in plain sight (video), an instrument to help us understand a parent's state of mind and attachment struggles (a modification of the AAI and the Strange Situation), and a conduit for facilitating difficult but desired change (a relationship with a concerned and supportive therapist). What we lacked was a way to show parents—including very young, disadvantaged, undereducated parents—what their children need from them. What we needed was a map of children's attachment needs.

The COS graphic is what we arrived at (see Figure 1.1). It took us more than 10 years to get to this diagram, through frequent discussion, consultation with experts in attachment and object relations theory, and much drafting and redrafting in response to what we continually learned in clinical practice. The graphic crystallized in our designing and redesigning so that ultimately it was a simple representation of the reciprocal relationship between the safe haven and secure base needs of children.

The intervention we proposed studying in the USDHHS University–Head Start Partnership Grant involved showing caregivers carefully chosen and edited videos of their interactions with their children in the Strange Situation and encouraging them to:

- Increase their sensitivity and appropriate responsiveness to the child's signals relevant to the child's moving away to explore and moving back for comfort and soothing.
- Increase their ability to reflect on their own and the child's behavior, thoughts, and feelings regarding their attachment–caregiving interactions.
- Reflect on experiences in their own histories that affect their current caregiving patterns.

In November 1998 the four of us began work together, with training in conducting the Strange Situation provided by Bob Marvin, and by January of 1999 we had recruited and assessed 18 parents to begin three 20-week group interventions involving weekly 75-minute meetings with a psychotherapist to review the edited videos of interactions recorded during a preintervention assessment. The therapist led psychoeducational and therapeutic discussions aimed at helping the parents achieve the preceding
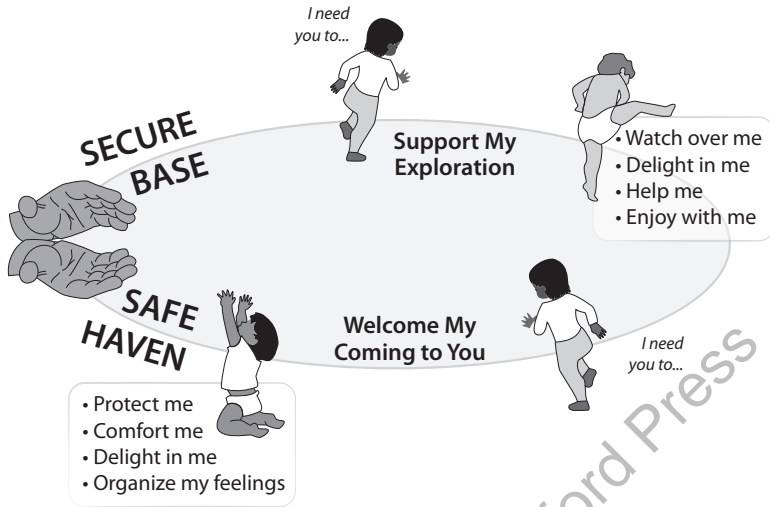
FIGURE 1.1. Circle of Security: Parent attending to the child's needs. Copyright 1998 by Cooper, Hoffman, Marvin, and Powell.

three goals, and at the end of the 20 weeks parent–child interactions were recorded again to show parents what had changed in their relationship with the child through the intervention. The attachment patterns were scored and the data analyzed following the 3-year grant period with 75 dyads.

HOW THE CIRCLE OF SECURITY PROMOTES ATTACHMENT

The study funded by our Head Start research grant was able to show that attachment between primary caregivers and children could be improved with an intervention. When we began the research, we had hoped to find that dyads scored as disorganized, the most problematic type of attachment, would be able to move to insecure (avoidant and ambivalent), but we were amazed to see many families had moved all the way to secure. Once all 75 participating dyads had been scored at the end of the study, only 25% of the dyads were classified as disorganized, compared to 60% preintervention. Only 46% of the dyads were classified insecure, as opposed to 80% before the 20-week program. But what did these outcomes mean for the future of these families?

It would not be an exaggeration to say that in our view these outcomes

are at the heart of meeting the needs of growing children. We're defined by security whether we have it or not. Intimate connections hold the key to healthy development, adult self-confidence, fulfilling love, and much, much more. Attachment ranks as a basic necessity for infants along with food and water. Until this fact is fully appreciated, it is difficult to even begin to intervene on behalf of infants.

To put it simply, the COS promotes secure attachment between children and their primary caregivers—whether they be parents, grandparents, foster parents, or someone else who is number one on the child's list of go-to adults—by targeting the caregivers. Attachment is plastic. Even parents from the most insecure, threatening backgrounds can "earn" security—through secure relationships formed later in life, through the self-reflection processes that create new internal working models and override childhood insecurity. The same plasticity accrues to their children: when parents change the way they respond to their child's needs for care and confidence, a child whose attachment to the parent was insecure or even disorganized can be transformed.

The caregiver is the key, and we believe the COS is effective because it taps the innate desire of parents to do their best for their children. The COS intervention is not about telling bad parents that they are parenting badly. It is a celebration of parents. It is an opportunity for beleaguered, overwhelmed, perplexed parents, especially those fighting the odds of undereducation, poverty, abuse or neglect, lack of social support, even marginalization, to become the parents they wish they had had. We have seen the highest-risk parents with the fewest resources—15-year-old homeless mothers, mothers who are incarcerated, parents with histories of drug abuse, domestic violence, physical and sexual abuse, child protection services involvement, and so forth—exhibit positive intentionality toward their children when they become parents. Perhaps they are still looking for that face that babies seek from the moment of birth and are hoping to find it as a reflection of themselves in their own baby's eyes.

Most of all, the success of the COS flows from the parents' capacity for reflective functioning, the ability to reflect on their experience and the experience of their children. Parents' narratives about their experiences need to be coherent enough so they can develop the reflective functioning necessary to observe and come to understand their interactions with their child through the lens of attachment behaviors. They need to be able, with psychoeducation, therapist counseling, and the support of other caregivers in the group, to understand not only their child's cues but also the child's

miscues. We have been amazed at parents' courageous willingness to see where they do not meet their child's needs as well as where they do. COS has not only helped them finally see what is hidden in plain sight but is able to change their reflective capacity so they can see their interactions with their child and their child's overarching need and love for them as they never have before.

The COS intervention seems to get through to the majority of participants mainly because it taps an innate longing that is as natural and irresistible for parents as it is for the babies who depend on them. When the stage is set adroitly, with video clips chosen carefully to highlight what parents do right as well as one thing—what we call the "linchpin"—that they are doing "wrong" in responding to their child's needs, the videos seem to reach parents through their deep love for and desire to do right by their child. The intervention focuses not on techniques, as is still prevalent in many approaches, but on state of mind.

What makes a difference is parents making an empathic shift toward their children and gaining a deep understanding of the immutable bond between parent and child. For parents who may have learned not to expect love and acceptance, the COS reveals that in every interaction their child is saying to them, "You are so beautiful to me." Once they truly understand the profound depth of their child's love and need for them, how to behave almost seems to follow naturally.

WHY IS THE CIRCLE OF SECURITY INTERVENTION SO IMPORTANT?

What's done to children, they will do to society.
                    —ATTRIBUTED TO KARL MENNINGER

Secure attachment in early childhood does not simply improve the odds of intimate connections and gratifying friendships in adulthood, although evidence is mounting that it does do that. But the benefits of secure attachment hardly end there. Beginning in the 1990s, one group of researchers came up with a model to help explain early behavior problems that included quality of attachment relationships among four risk factors (Greenberg, Speltz, & DeKlyen, 1993; Greenberg, Speltz, DeKlyen, & Jones, 2001). While a single domain of the four factors generally did not predict the development of disorders among children, when two domains were analyzed, secure attachment was shown to be protective in the presence of high

infant negativity, whereas insecure attachment did predict later behavioral problems. When using the two domains of insecure attachment and high-risk parenting combined with a third domain of either multiproblem family ecology or high infant negativity, the probability of predicting high problem behavior in the child increased (Keller, Spieker, & Gilchrist, 2005). (See Box 1.1.)

Although insecure attachment has not been seen to clearly predict later disorders, especially in the absence of problems in other domains that affect the child's life, disorganized attachment is predictive of problems. According to van IJzendoorn, Schuengel, and Bakermans-Kranenburg (1999), disorganized attachment is associated with psychopathological outcomes such as:

- Increased problems with aggression in school-age children.
- Difficulty calming after stressful events.
- Elevated risk of dissociative symptoms in adolescence.
- Difficulties in emotion regulation.
- Academic problems.
- Lower self-esteem.
- Rejection by peers.

Even insecure attachment during infancy can lead to poorly controlled behavior, anger, and poor relationships with peers by the preschool years and later (Carlson & Sroufe, 1995; Sroufe, Egeland, Carlson, & Collins, 2005).

On the protective side, the attachment behavioral system—whereby a child does what is needed to initiate or maintain closeness with the caregiver—has been described as a kind of psychological immune system in its role of buffering the effects of psychological stressors (Lyons-Ruth et al., 1998). Fifty years of research has shown that children who are more securely attached:

- Enjoy more happiness with their parents.
- Feel less anger at their parents.
- Get along better with friends.
- Have stronger friendships.
- Are able to solve problems with friends.
- Have better relationships with brothers and sisters.
- Have higher self-esteem.
- Know that most problems will have an answer.
- Trust that good things will come their way.

BOX 1.1. ATTACHMENT THROUGHOUT HISTORY

Anecdotally people have been drawing connections between the quality of early attachment with caregivers and subsequent development—and even survival—perhaps since the beginning of recorded history:

Roman emperor Frederick II, attempting to discover during the 13th century whether children not taught another language would naturally speak the language God taught to Adam and Eve, instructed caregivers for a group of infants to take care of them but not speak or gesture. According to a monk who chronicled the experiment, "But he laboured in vain, for the children could not live without clappings of the hands, and gestures, and gladness of countenance, and blandishments" (Coulton, 1906).

Deborah Blum, in her book *Love at Goon Park* (2002), cites several studies showing that, even with good hygiene and care, foundlings deprived of attachment to a primary caregiver died at an alarming rate: 30% of the children in 10 foundling homes in 1931, and 23 out of 88 in a foundling home in 1945, compared to no deaths among children who had access to their mothers by attending a large, chaotic nursery school for children whose mothers were in prison.

In 1952, James Robertson, in conjunction with John Bowlby, filmed a 2-year-old who was in the hospital for 10 days with a herniated navel, whose parents visited roughly every other day for half an hour (as was typical in that era). The child was filmed every morning at the same time, and the film showed that, deprived of maternal care, the child went from bubbly and sparkly to angry, wetting the bed, throwing toys, and finally becoming despondent. Over the 10-day hospital stay the child just wilted. This film changed hospital policy all over England, allowing parents much more "visiting time" with their sick children.

- Trust the people they love.
- Know how to be kind to those around them.

Through watching video clips and learning about attachment theory in group sessions during the COS intervention, Laura could eventually see that Ashley's attempt to get on her lap was not only an expression of her daughter's need for comfort after the separation but also a question about whether she would be available to her little girl when she needed her. She could see that she tended to offer her daughter teaching and encouragement to explore regardless of what Ashley needed because that was what Laura was comfortable providing. She could see that her daughter's turning her back to her—and even attempting to "bribe" her into cuddling by bringing along an educational toy—was Ashley's way of trying desperately to give her mother what she thought *she* needed so that she would stay with

her. Eventually, Laura was able to pull together the pieces of her childhood attachment to her own parents to understand how those patterns had been playing out—again, hidden in plain sight—in the way she interacted with her daughter.

At the end of the 20-week COS intervention, 3-year-old Ashley was assessed via the Strange Situation again and scored secure. She was now able to use her mom as a safe haven when she was upset and as a secure base from which to explore. When asked what was most rewarding and most difficult about participating in the intervention, Laura said the most rewarding thing was knowing how much Ashley needed her even if she acted so independent. The most difficult was seeing herself push her daughter away. In response to friends and family who asked her what she had gotten out of the COS, she said, "It's very eye-opening, but this is not something you can explain. You can't explain how to read a look on your kid's face or a rise in her voice or her body language. You can't explain how to read those things to someone."