The Handbook of Counselling Children and Young People

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Child Development and Attachment

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This chapter includes:

- Developmental theory
- The role of the primary caregiver in supporting development
- Attachment
- Implications for counselling

Introduction

In this chapter we outline some theories about children's development, and the role of the primary caregiver (and other adults) in supporting children's development.

We then summarise the development of attachment theory and outline findings in relation to the theory as proposed by Bowlby (2005). In so doing we recall that the origins of attachment theory lie in cognitive psychology. We also note the role of two behaviours relating to the development of attachment: exploratory behaviours associated with cognitive, social and communicational development; and caregiving associated with parental availability, responsiveness and intervention. These are, as we discuss later, also crucial characteristics of therapists.
Regarding exploratory behaviours, we acknowledge the importance of the work of theorists and researchers such as Vygotsky, Bruner and Wood (see Wood, 1998) in describing how parents scaffolding their child’s play facilitate exploration and the development of physical, social and communicational skills. Discussing this, we note the dialogic nature of these interactions (Gratier and Trevarthen, 2007). Thus, according to attachment theory, with appropriate contingent parental interaction, the child will develop a representation of herself as able to help herself and as worthy of receiving help when necessary (Bowlby, 1977a; Thompson, 2000).

Before considering these theories in detail we offer a brief introduction to issues arising from child development studies. Child development psychology is complex, and as ideas about childhood and children have shifted, the emphasis on development in childhood has itself been criticised. The notion of the child as the ‘unfinished’ version of the adult has been questioned and attention has shifted to development across the life course (Spiel, 2009).

### Child Development: A Critical Overview

Developmental psychology has, over time, included a range of theoretical positions. Historically, these have differed regarding the emphasis placed upon physical, psychological and social factors implicated in the process of development. Historically, too, emphasis has been on studying the child objectively with minimal attention to the child’s subjective experience (Hogan, 2005). Current thinking tends to reflect the dynamic relationship between factors implicated in children’s development. Development may be seen as a dynamic process of interactions between innate biological (the cortex, for instance) and psychological factors (such as temperament), and influences such as caregiver responsiveness (Sameroff, 2009). Such complexity and reflexivity is reflected in newer theoretical positions such as neuroconstructivism. While emphasising the importance of neural structures for our understanding of cognition, neuroconstructivists argue that the developmental trajectory results from interactions between biological and environmental factors that shape and constrain emerging neural structures (Westerman et al., 2010).

While development can, therefore, be understood as a process of dynamic transaction between multiple factors, a number of other findings have emerged from recent research in developmental psychology. We identify those that we consider of particular relevance for those therapeutically involved in work with children who have experienced difficulty or trauma in their lives. It is important to emphasise links between these findings and associated philosophical and methodological debates. The findings include the following:
• The role of experience in neurodevelopmental plasticity (Goswami, 2004; Van Ijzendoorn and Juffer, 2006). Although research suggests certain experiences can lead to long-term difficulty, the possibility of catch-up is recognised.

• The primary need for significant relationships (Bråten, 1998; Linell, 2007; Trevarthen, 2001). Early developmental theorists like Freud considered relationship to be a means of satisfying basic biological need. Increasingly the importance of relationship as a primary need has been recognised in research demonstrating the role of intersubjectivity and the attunement of the young infant to the other (Meltzoff and Moore, 1998; Newson and Newson, 1975; Trevarthen and Aitken, 2001). Research on motivation led Deci and Ryan (2000), for instance, to conclude that relatedness is fundamental to human psychological well-being.

• Understanding the environment within which the child develops as a complex ecosystem. Bronfenbrenner (1979) theorised that children develop within nested systems. Microsystems include the people and organisations within which the child has most immediate contact, such as family, peer group or school class. The mesosystem refers to the interface between aspects of the microsystem such as the interactions between a child's parents and teachers. The exosystem involves the wider community and the systems which directly or indirectly affect the child such as parental workplace or local neighbourhood. Finally, the macrosystem involves culture, ideology and legal systems. The relationships between these systems are transactional, as is that of the child and the various systems.

• Linked to ecosystemic understanding is the need to recognise cultural diversity (Dasen and Mishra, 2000; Kağıtçıbaşi, 1996). Developmental psychology has been criticised for relying on European and American-based research, and there have been calls for a more inclusive approach to the discipline (Marfo et al., 2011). This is of particular importance given this book's purpose. Research looking at children's emotional reactions suggests differences between cultural groups' responses to difficult situations (Cole et al., 2002). While it seems to be the case that all children develop attachment behaviours, there is evidence (Göncü et al., 2012) that the meaning and salience of these behaviours may be culturally specific, and have implications for counsellors and therapists. There is debate about how psychologists respond to cultural diversity. On one side of the philosophical and methodological divide is the cross-cultural comparative or etic approach. On the other lies cultural-psychology or emic approaches (Dasen and Mishra, 2000). The Turkish developmental psychologist Kağıtçıbaşi (1996), for example, has taken a mediating position due to concerns that uncritical approaches to cultural relativism might lead to failure to intervene in the lives of children whose development is being compromised by adversity. She has suggested a synthesis of etic and emic approaches to inform the development of contextually sensitive interventions (Kağıtçıbaşi, 1996). This requires collaboration with those positioned within cultures and avoiding culturally imperialistic interventions. Spiel (2009) identified Kağıtçıbaşi’s work as an example of how discussion may be re-focused on positive cross-cultural development.
The development of strength-based theories of development (Lerner et al., 2005). This is based on the ideas of neuroplasticity noted above. Lerner et al. have studied the development of competence, confidence, connection, character and caring through appropriate programmes of activity and social policy. Their focus is upon the contextual appropriateness of interventions, with sensitivity to cultural diversity.

It is also important to recognise that the development of young people is an emotive topic. The factors contributing to ‘good’ and ‘bad’ outcomes for children and the implications of these outcomes for wider society are fiercely debated within the media – as was evident during the aftermath of the UK 2011 riots (Channel4News, 2011). Ideologically-driven sound bites often reflect notions of development based on outdated, linear models of causality. Contemporary theories of child development can help by countering and reframing these. This is also important to those involved in therapeutic work who attempt to support the well-being and attunement of children, young people and their families.

Following this broad introduction to the field of child development we now turn to specific theories and consider their role in explaining cognitive and social-emotional development.

**Theories of Children’s Cognitive Development**

We see daily the range and diversity of evidence of how children and young people develop physically, psychologically and socially. We may also see a range of parental behaviours toward children. These range from appearing to embrace warmth of care and support, to those seeming to engender anxiety, wariness, frustration or hostility. Thus we may witness how we consciously (or less consciously) shape the way babies are handled, how children learn from adults and each other, and how culturally we manage the processes of development into adulthood.

Some of the mechanisms that support children and young people’s development are undoubtedly biological and genetic (Fonagy and Target, 2002; Schore and Schore, 2008) and the importance of these for the understanding of attachment is becoming clearer (see, for instance, Galbally et al., 2011). Although we do not underestimate the salience of the biological and physical factors that affect development, we will not deal with these extensively here. The present context demands attention to the sociocultural factors shaping the way we interrelate and interact with children’s development.

We have already indicated that the history of developmental psychology involves a range of theoretical perspectives that reflect differing emphases. These have ranged across varying paradigms. In the early 20th century much research was associated with the psychoanalytical work of Freud and his followers (most notably his daughter Anna
and Melanie Klein). Their work was an attempt to understand the impact of underlying *instinctual, emotional and intra-psychic factors* on children's development. One of Klein's insights was in recognising that children’s play was a means to communicate feelings and instincts that, at an early age, children were otherwise unable to communicate. Of significance for later in this chapter, when we consider attachment theory in detail, is Anna Freud’s belief that, in the psychoanalysis of children, the analyst represents and takes on aspects of the role of a parent (Freud, 1946; Keinanen, 1997).

However, in a deliberate reaction to the subjective, intra-personal nature of the psychoanalytical perspective, the work of psychologists such as Watson and Skinner was devoted to the development of psychology as an objective science. In that paradigm studies were carried out to establish how children’s *behaviour* might be ‘conditioned’ or moulded – as had been evidenced in animal studies. Skinner proposed that children's learning would be significantly enhanced through the application of appropriate reinforcements (Skinner, 1968). Thus, specific behaviours (for example reading words correctly) may be reinforced by a smile from the parent. These ideas were adapted by Bandura to form the basis of his social learning theory (Bandura, 1977). In Bandura’s view children learn by observing and imitating behaviours which, if appropriate, are then reinforced by significant others. On the basis of this feedback, children develop a belief in their ‘self-efficacy’ (Bandura, 2001).

Such theories have helped inform work with children. However, they have been criticised for their objectification of children. They have also been regarded as both underplaying children’s own agency and contribution to their development, as well as ignoring how exploring their environments enables children to construct knowledge and understanding (Gillman et al., 1997; Hogan, 2005; Radin, 1991).

Our understanding of children’s *cognitive development* has been greatly influenced by the work of Piaget and of Vygotsky. While their work has been of significance in its own right, we also suggest it is important to consider these (and other) theories here, since the way children's thinking develops and how adults understand that process of development play a major part in shaping the relationships between carers and children. It is, however, important to recognise that while Piaget’s work provided illumination of the development of children’s cognition through a series of stages, this story is incomplete. Children develop through interaction with their biological selves and the physical, social and cultural world (Wood, 1998). Understanding of this came from Vygotsky (1962), whose work demonstrated how adults in communicating aspects of the cultural context influenced the development of children's thinking.

Piaget’s work is still important for its insights into children’s perceptions and how we may conceptualise children’s development. It has little to say, however, about how or why children develop as they do. Piaget (1953) charted the development of children’s thinking as a series of stages. In the earliest stage (from birth to two years), in which children use their senses and motor abilities, Piaget held that children explore reflexively...
and do not consciously ‘think’. However, they do show different reactions in differing situations – for example ‘stilling’ when the caregiver approaches; beginning to show they ‘understand’ that although out of sight, objects still exist – though challenge is emerging (see Kagan, 2008). It is in the next ‘preoperational’ stage (from around two to seven years of age) that children start to form mental representations and label these using words. During this stage they start to show they can see things from another’s perspective and distinguish between animate and inanimate objects. As they progress, their ability to think logically and to formulate abstract thoughts develops. Piaget found that between seven and 11, children began to realise the logical nature of operations and classifications. More recent research, however, has suggested that these abilities do not necessarily emerge spontaneously but arise in association with certain cultural and contextual factors (see Donaldson, 1978; Maynard and Greenfield, 2003). Through creative adaptations to Piaget’s methods and attention to how tasks were communicated, Donaldson, for instance, was able to demonstrate young children’s ability to perform cognitive tasks earlier than predicted by Piaget, so long as the context was meaningful. Such work showed that the way tasks were constructed and communicated could be critical in determining children’s success or failure. Cross-cultural research has reinforced the importance of this by demonstrating that rates of cognitive development can vary across cultures, dependent on cultural and environmental factors (Dasen and Mishra, 2000). While Piaget’s work provided a framework for viewing the development of children’s cognitive abilities and provided the concept of ‘readiness’, the work of Vygotsky has enabled greater understanding of the tools (including language and cultural heritage) that mediate development.

Vygotsky (1962) differed significantly from Piaget in his concepts and methods by showing the importance of communication as a crucial factor and providing clues about how children progress in their development. Thus, Vygotsky considered that when talking to themselves (in their ‘self-talk’) children used language as a tool to help them overcome problems (Vygotsky, 1978; Winsler et al., 2006). In the ‘zone of proximal development’ (Vygotsky’s term), while a child may be unable to succeed with a task or problem on their own, with the help of someone more expert (a child or adult), the child could be more successful. Vygotsky suggested that when acting on her own, the child may be heard commentating on her activity, expressing both curiosity and puzzlement – essentially to herself. With her parent it was possible to see how the child’s self-talk became a dialogue with a more expert other. This other, if sufficiently skilful, could help ‘scaffold’ the child’s problem-solving of a task confronting her (Keen, 2011; Wood et al., 1976). Through such skilful (spontaneous and contingent) verbal and non-verbal intervention, the parent, in dialogue with her young child, also facilitates the development of intersubjectivity and synchrony (Newson and Newson, 1975; Trevarthen, 2011). Through such processes adults help regulate children’s active and purposeful exploratory engagement with their surroundings (David et al., 2012;...
Sroufe, 2005). With the reassurance and guidance of such ‘scaffolding’ the child may feel safer in exploring and, almost literally, extending their grasp to take on new challenges. Thus, the child’s exploratory play can be seen to be reciprocated by their carer’s behaviour. It is with this theoretical basis that we now turn to a consideration of the role of ‘attachment’.

**Attachment Theory**

Attachment theory describes and predicts the dynamic effects of long-term relationships between humans. Most especially the theory deals with the relationship between the ‘primary caregiver’ and child from birth through childhood. The theory provides a means of understanding the way that we form strong emotional bonds with particular others and the distress that may ensue when these bonds are disrupted.

In developing the theory of attachment, Bowlby (1977a, 1977b) was heavily influenced by two quite disparate sets of observations: first, the work of clinicians who, in the 1930s and 1940s, had observed the consequences for children of institutionalisation and disruption of stable parenting; second, the ethological studies of Konrad Lorenz (Ainsworth and Bowlby, 1991; Lorenz, 2002). Lorenz had noticed the instinctual behaviour, imprinting, that emerged spontaneously in many animal species between mother and offspring. Counter to prevailing theory, this appeared unrelated to feeding (Lorenz, 2002).

Although acknowledging inheritance from psychoanalytic and behavioural theories, Bowlby (1977a) was at pains to differentiate the instinctual nature of the attachment bond from the drives and reinforcements postulated by those other theories. Attachment behaviour was conceived as

… any form of behaviour that results in a person attaining or retaining proximity to some other differentiated individual, who is usually conceived as stronger/wiser. While especially evident during early childhood, attachment theory is held to characterise human beings from the cradle to the grave. (Bowlby, 1977a: 203)

However, in combining ideas from psychoanalytic, cognitive, biological and ethological approaches, Bowlby provided a clearly delineated conceptual framework (Bowlby, 1977a) for testable hypotheses in relation to children’s development and mental health. This has led to many detailed studies confirming significant relationships between attachment and, for instance, the development of children’s behaviour (Fearon et al., 2010), or later anxiety disorders (Esbjørn et al., 2012). However, it is important, as Thompson (2008) cautioned, to avoid taking a view that ‘attachment’ can account for all aspects of later development. It is clear, as Fonagy and Target (2002: 328) stated:
Attachment relationships are formative because they facilitate the development of the brain's major self-regulatory mechanisms, which allow the individual to perform effectively in society [but] they offer no guarantee the individual will achieve this, and they can place powerful limits on the individual's chances of coping with major adversity.

We also note a high probability that adverse circumstances, such as poor socioeconomic conditions, may prove the foundation for a circularity of perpetuating, if not deteriorating, patterns of poor attachment and adult mental health problems (Stansfeld et al., 2008). It is thus important to understand how patterns of attachment are established and what may be done to enhance these proactively, or at least therapeutically.

The infant's attachment bond starts to form at birth (Zeanah et al., 2011), if not earlier (Rackett and Holmes, 2010; Walsh, 2010). The young child develops selective attachments with a small number of adults who are most closely involved in her care (Rutter, 1995). The key caregivers have a critical, responsive, role throughout the first year to 18 months of the child's life (Fonagy and Target, 2002; Thompson, 2000). As we noted above, this is effected through the ongoing processes of contingent and synchronous dialogue between caregiver and baby (Bowlby, 1977a; Fonagy and Target, 2002; Newson and Newson, 1975). The provision of early and sensitive care by key caregivers is one factor in supporting secure attachment (that serves to control distress and facilitate the development of neural self-regulatory mechanisms). This helps provide foundations in adulthood of secure relationships and social behaviour (Crespi, 2011; Fonagy and Target, 2002; Johnson et al., 2010), though this has been disputed by Rutter et al. (2009). However, it is also evident that levels of caregiver affect are in a reciprocal relationship with children's own emotional security (Murray et al., 1999). In less fortunate circumstances, if the crucial caregiver role is not fulfilled, the child may not develop a sense of security and confidence in exploration and socialisation. There is evidence to indicate that inconsistent care in infancy may be predictive of certain outcomes in adulthood. It has been suggested that resultant attachment styles can be conceptualised on two dimensions: attachment-related anxiety and avoidance (Mikulincer et al., 2013). The first relates to doubts about self-worth and that others will not provide support when needed; attachment-related avoidance, in contrast, relates to distrust of others' motives and goodwill, causing behavioural and emotional detachment. Those who are either highly anxious or avoidant – or both – may 'suffer from attachment insecurities, self-related worries, and distrust of others' goodwill and responsiveness in times of need' (Mikulincer et al., 2013: 607). However, according to Bowlby (2005), attachment behaviours, such as seeking support, may be evident throughout life (see also Ainsworth, 1989). Bowlby (2005) also maintained it is possible to experience relationships later in life that provide a sense of secure attachment. (As we discuss below, this may be seen as an integral component of therapeutic relationships.) There is also some encouraging evidence that intervention in schools and early
years settings may help counteract initially unfavourable factors (Kennedy et al., 2010; MacKay et al., 2010; Roggman et al., 2009).

Despite the importance of attachment to the development of the young child it is important to emphasise, however, that attachment does not provide a comprehensive explanation for all social relationships and behaviour, and that other factors need to be considered (Rutter et al., 2009).

**Discussion and Synthesis: The Implications for Counselling**

As we have shown, children's development may be conceptualised and studied within a range of paradigms. We now bring these ideas together to provide a possible foundation for professional work with parents and their children.

It is evident that children's development and long-term well-being are the product of genetic, biological and environmental (including parental) factors. Therapeutic involvement is unlikely to be sought before a child is born. It is more likely to revolve around the relationship formed with parents and the relationship they have with their children. Within that nexus, the first and most crucial relationship is that between caregiver and infant. The security of well-formed attachment, and the implicit contingent regulation of emotions and exploratory play that should be found, forms the basis for the child's social, cognitive and communicational development (Meins and Russell, 1997; Thompson, 2000; Trevarthen and Aitken, 2001). It is within the unconscious, instinctual dialogue between caregiver and baby that begins at birth and develops and changes over time that the infant develops. This relationship provides a safe environment in which the infant can develop the confidence to explore, and the caregiver can develop the confidence to provide care and support. In turn, that reciprocal, attuned, relationship forms the basis of further development from which emerges the child's increasing physical and oral communication (Bowlby, 1977a, 2005; Vygotsky, 1962). Gradually and contingently, the child's oral utterances and physical gestures are guided, reinforced and commented on by the caregiver (Keen, 2011; Wood et al., 1976).

Just as the child has to explore to develop and the primary caregiver has to be ‘available and responsive as and when wanted, [and be able] to intervene judiciously should the child or older person who is being cared for be heading for trouble’ (Bowlby, 1977a: 204), so does the therapist need to provide attuned interaction with her client (Bowlby, 2005: 159; Mallinckrodt, 2010; Mikulincer et al., 2013). As Bowlby (2005: 172) also maintained, ‘The therapist strives to be reliable, attentive, empathic and sympathetically responsive to his patient’s exploration, and also to encourage his patient to explore the world of his thoughts, feelings and actions.’ These are qualities to be found in the counselling relationship, however brief.
It is also worth considering the relationships children have with significant others such as grandparents and siblings, as these may offer support through periods of transition or trauma (Lussier et al., 2002). Furthermore, Dunn (2004) summarised evidence that relationships with peers can provide support through transition. Dunn considered that relationships with parents can affect peer relationships but importantly also demonstrated that relationships with peers can influence a child’s relationship with her parents. It is therefore important to assess the quality of the child’s relational network in considering any form of intervention. There is evidence that some difficulties require work to be conducted with the child or young person and their family (Fonagy et al., 2002).

Therapeutic endeavours are not without risk. For example, some who seek counselling will also be seeking security and attachment. If, as may happen, the client experiences yet another failure to form a secure attachment (perhaps because the therapeutic sessions are prematurely curtailed), she may place even less trust in any other relationship – personal or therapeutic. This may be particularly problematic in direct therapeutic work with children and young people (Allen, 2011). For children who show clear signs of insecure or disordered attachment it is, therefore, considered more appropriate to work with the primary carer first, before then working with the carer and young person together (Allen, 2011).

Conclusion

In this chapter we have given an overview of current notions about children's development and the development of attachment bonds. In our synthesis of these ideas we have considered what these ideas might imply for those, such as school counsellors, who engage in therapeutic work with children and young people.

The findings from research are informative. In relation to the formation of attachment bonds, most salient is the evidence from developmental psychology that has given insight into the importance of contingency, availability, synchrony and dialogue. In the absence of at least some of these features in an infant's development, attachment bonds may be impaired. Likewise, the presence of parental warmth, care and support that enable the child to explore and learn is critical for development.

Therefore, rather than predicate the purpose of this chapter as a foundation for therapeutic intervention, it would be better, we think, to be pre-emptive. Thus, as Fonagy and Target (2002: 328) have said:

The target for early intervention becomes clear: no child should be deprived, through lack of adequate support in his earliest relationships, of the opportunity to develop his interpersonal, interpretative capacity to a level that will enable him to tackle the adversities that life is likely to bring him.
However, in the same vein we can conclude that understanding that children and young people’s development is facilitated by appropriate care and attachments is important for those responsible for the provision of help for anyone whose early life was adversely affected.

**Case Study  Lise**

Lise’s mother, Sara, 23, is a single parent. Lise is six and her only child. It seems Sara never speaks about Lise’s father. In school Lise is said to be quiet and withdrawn. Her class teacher is concerned because she appears rather isolated from her peers and sometimes wets herself. Her attainments in school are said to be well below the average of her class. Her drawings of people, for instance, are very simple; her understanding and use of language is said to be more like a much younger child.

**Summary**

In this chapter we examined:

- Current notions on children and young people’s development
- Development of attachment bonds and primary carers
- A synthesis of the above ideas and how they are relevant to counsellors
- Findings from research

**Reflective Questions**

1. In your work do you notice children or young people forming an ‘attachment’ with you? If so, what do you notice and how do you respond?
2. In considering work with children or young people, how important is it for you to also explore the relationship their parents or carers might have with you?
3. Which of the theories about children’s cognitive development have greatest resonance for you in your practice? What do you see as the theory’s strengths and how do you see the theory at play in your work?
4. What parental behaviours might you seek to encourage and how?
5. What do you find most helpful when engaging in work with adolescents and how might the ideas in this chapter influence your future practice?
There are no specific answers to the questions – you are asked to reflect and use your own experiences.

**Learning Activities**

Read the case study: Lise. The school would like your help.

1. What hypotheses do you already have?
   - What is the basis of these?
   - In these, can you differentiate between the effects of factors that might relate to ‘development’ and those that might relate to ‘attachment bonds’ and, if so, how?

2. What other information would you like to have?
   - How would that affect your hypothesising?

3. In relation to the case details (above), who else would you like to meet, and why?

4. What rationale can you provide for what you might do next?

**Further Reading**


**Online Resources**

The MindEd e-learning resource CM 5: Developmental Themes in Children and Young People could be useful, especially: CM 5.1 – Becoming Independent; CM 5.2 – Developing Relationships; CM 5.3 – Developing Sexuality.