

EDUCATION AND DYSFUNCTIONAL ATTACHMENT

A CLASH OF BELIEF SYSTEMS

It is generally recognised that the majority of children in Out of Home Care experience some kind of Educational difficulty, many while having advanced self care and survival skills are described as having mild or borderline developmental delay or at least some level of Learning Difficulty, often in language development, or behavioural problems that affect their ability to learn. It is the hypothesis of this paper that this could be due to the clash between dysfunctional attachment development and the behavioural management techniques commonly used in the school setting.

The basis of secure attachment is the acquired knowledge that caregivers can be trusted to be available when needed, interested in what the child is doing and willing to provide safety and protection. In a securely attached child there is a balance between attachment and exploration or learning. They are able to trust care givers to be there when they are needed and this leaves them free to explore their world and to take risks in the knowledge that if anything goes wrong the caregiver will be able to handle it and protect the child.

The child with an Avoidant Attachment Pattern sees the world quite differently. In his world he has learned to do it on his own. He is not confident that his carer is interested in what he is doing and has learned that it is better to keep his feelings to himself. For this child the world is a dangerous place where he needs to be in control if he is to be safe. This is a child who is busy, the child

version of a “workaholic”. He knows that if he keeps busy he can distract himself from feelings of distress and his need to relate to his caregiver.

The child with an Ambivalent Attachment Pattern doesn't know whether she's coming or going. This child is not willing to move away from the caregiver to explore the world because she is not sure that caregivers will be there when she comes back or is in need of help. Their experience says that caregivers are there when everything is going all right but not capable of managing the situation when the child is distressed. This child stays close not because she wants to but because she needs to and she still cannot trust her caregiver to be there when she's needed in fact this child often becomes the caregiver for the parental figure and can completely reject any offer of care.

When children go to school the caregiver in their lives becomes the classroom teacher who will now direct their activities for about ½ of their waking life. It would be surprising if a child's attachment pattern did not impact on this relationship and its purpose, learning, both academic and social. Fortunately the majority of children have at least fairly secure attachment patterns so the education system has developed the expectation that using this relationship between teacher and child will ensure the best educational results especially in the early years of schooling. Teachers rely on the children's desire to be liked and to please their caregiver, that they will trust the teacher to care about them, keep them safe and to be the “all wise grown-up” and secure in this relationship will be confident enough to explore and learn.

When a child with a dysfunctional attachment pattern comes to school this basic premise does not apply. These are children who have learned that

adults cannot be trusted to care for you and keep you safe. These are children who have learned as part of their survival behaviour that they need to be in control - the child with an avoidant pattern because the world not safe and the child with the ambivalent pattern because adults are unpredictable and unreliable. The education system is designed, for very good reasons, for the teacher to be the one who is in control. The battle-lines are drawn before the child walks in the door and often before the first few weeks of school are over they have been labelled as the “difficult ones” by the teachers and by the other children as the “naughty ones” and this perception can continue through out their entire school career.

Liberman and Pawl (1988) in summarising the clinical work of Faiberg describe the symptoms of “nonattachment” as showing impairment in three major areas: interpersonal relationships, cognitive functioning, impulse control and the regulation of aggression. (Facilitating Developmental Attachment, p29 Daniel A Hughes). It is not difficult to recognise the problems that a child with these symptoms will encounter in the average classroom.

This is a child who doesn't understand the rules of the social game he is required to play, has impaired language skills, so is less able to explain what is happening for him, a lack of empathy, so is unable to understand what is causing the behaviour of others and is likely to respond to the frustration he encounters by responding with impulsive aggression, which will lead him to be seen as violent and possibly dangerous.

When the child tries to use the skills he has learned to survive in his home environment by trying to take control of the situation, ignoring the emotions of

himself and others and, when frustrated, venting the emotional pressure by hyperactive or aggressive acting out behaviour, the system moves into control methods that are effective with “normal” children. The child is firmly corrected and told that his/her behaviour is unacceptable, thus engaging a healthy shame and desire to avoid it and to earn the teacher’s praise in future. However the child with weak attachment has not learned that shame and rejection will be followed by reconciliation. He has learned shame is followed by rejection not of his behaviour but of himself and this will be the belief on which he will act. Here is another adult who is rejecting him. It is hardly surprising that the likely response will not be one of compliance but one of anger and further rebellion.

Anger and rebellion are not generally tolerated in the classroom and frequently the response is to isolate the child by giving them Time-out, sometimes by having to sit on “the naughty chair”. For a child who is angry and rebellious because he thinks he is being rejected. This behaviour management technique only reinforces his belief that shame is followed by rejection. He now has even more reason to believe that he is “bad” and that others think so too.

It is likely that the child and his/her teacher have moved into a familiar conflict cycle. The child reacts to a stressful situation by trying to take control, usually with what is considered inappropriate behaviour. The teacher is then placed in a stressful situation to which she responds by trying to control the child. The child reacts to this attempt at control by becoming more stressed even fearful and escalates his behaviour and the teacher feels forced to become more

controlling. Once they are caught in this dynamic, escalation of the situation is almost inevitable and for this child the classroom has become a place not of exploration and learning but one of frustration, fear and restriction.

These children don't respond to praise and rewards which demonstrate approval in the classroom situation because their greatest fear is becoming attached to someone. Their experience has taught them that caring relationships are painful and unrewarding. They don't understand their own emotional reactions let alone those of others so the more the relationship develops the more confused they become and the more frightened. Teachers are generally people who like children and want to be liked by them. They are used to children reacting positively to their overtures and, when the child doesn't, they simply try harder to “reach” them. The child who is withdrawn is encouraged to participate, to be part of the group. Children with a secure attachment pattern even if they are shy by nature respond to this. Children with insecure attachment literally find being part of the group unbearable and will do just about anything to be removed from it. Paradoxically when this happens it once again repeats the pattern of rejection of which they are so fearful.

Strange as it may seem the old-fashioned teaching methods of large classes and “chalk and talk” lessons were probably more suitable for these children because children were not expected to have a personal relationship with their teacher and they did not need social skills to participate in lessons. The regimented one size fits all regime suited them because it did not require them to relate on an individual level. Discipline was also on the basis of “this

is the punishment for this misdemeanour” and was exactly the same no matter the circumstances. The child knew that if he did x then y would be the punishment no matter who you were or why you did it, so it was more difficult to interpret the punishment as being a reaction to who you were.

There will not, nor should there be, a return to the teaching methods of the past. The challenge is how to help children with attachment difficulties cope with a system which is unintentionally designed to tap into their greatest fears so that we don't add to their already great burden the additional stigma of not coping at school.

The first thing we need to accept is that attachment patterns are difficult to change and there is little likelihood of being able to address them in a classroom setting. However teachers are capable of providing for individual differences within the classroom setting and this is really just another kind of learning disability and needs to be recognised as such. These children can be engaged in a learning relationship but it needs to be on their terms. This does not mean that the teacher hands over classroom control and allows the child to do what they like. It means respecting the child's differences and allowing them the right to make choices, even if it is the choice between conforming in a certain way and enduring a certain unpleasant outcome. They still need to be given the choice *before* the event.

There is a vast difference, especially for these children, between making the choice to refuse and enduring the expected results of that choice and to refuse then be rebuked and punished. In the first case they can feel in control of the situation. In the second they are not in control of what happens to them.

It is important to remember that these children rarely have the ability to make the connection between their actions and other people’s responses to them. For these children people’s responses are a result not of what they do but of who they are. Therefore punishment is because the adult does not like who they are and has no connection with what they did.

Most children enjoy effusive praise but these children don’t believe that it is sincere or that it will last. They protect themselves from the let down by rejecting the praise. So standard strategies like reward stickers are not often very successful because they have no impact on the child’s inner sense of self as negative. These children need something much more concrete that connects with their basic survival needs for food, shelter and safety. These children respond more to rewards of food, credit points towards something they want (be prepared for a relapse in the behaviour once they get it) or “get out of jail” tickets. These children are focused on surviving. Therefore they are only interested in their own wants and needs. Impressing others rarely enters the equation unless they want something from them.

These children are not selfish. They are totally focused on what they believe they need to survive. They do not ignore the needs of others and the effect they have on others. They are simply unaware of others’ needs and reactive responses. They focus on what they need or want and set out to get it irrespective of the impact on those around them. They have no understanding of the feelings of others and this means that they lack empathy and remorse when their actions hurt people. They are also often hyper-vigilant and react to imagined threat instinctively and often violently. These children are often

accused of attacking people for no reason, particularly in situations where they are physically crowded such as line-up or assembly. This could be a result of this hyper-vigilance. The average child who is pushed accidentally will recognise this and not feel threatened but the traumatised child who is pushed reacts, before the push is processed, to defend himself from the perceived threat. This is usually interpreted as the child being aggressively violent and the child faces the extreme level of the disciplinary process.

I am not condoning the child's violent reaction but suggesting that prevention may be better than cure. The school needs to, once again, make allowances for these children's emotional disability and to be vigilant about situations which they may interpret as threatening and set up strategies which avoid them, for example being the last in the line so that the child has more personal space available or sitting near the teacher where the situation can be closely monitored and intervention quickly enacted if required.

Teachers in general are a very creative and innovative group when they are faced with a child with learning disability but they need to know that the child has one and its effect on the child's ability to learn. They need information about Dysfunctional Attachment and its effect on children so that they can recognise it as a disability not as simply inappropriate behaviour. No one would punish a child in a wheel chair for not being able to jump and these children should not be punished for being unable to connect emotionally with others nor should their ability to learn be predicated on it. Other ways must be found for them to manage the classroom situation.

These children need structure which is constant and repetitive, although they will fight against it and try to impose the chaos that they expect and have learned to understand. They need to know in advance what the results of their actions will be and these consequences need to be imposed in a way that is completely unemotional and so the child can see that they made the choice and that it was not imposed upon them. Shame should not be used as a management tool because these children will not see it as related to the act but to the self. They need to learn to see their actions as separate from self and consequences as attached to the act.

They have not learned to “read” the emotions of others as the “normal” child does in infancy. So they should not be expected to understand how another person is feeling until they have been taught how to “read”, at least on a cognitive level, these signals. Consequences need to be explained on the basis of you did this action to that child and the consequence of that action is this because your action hurt this child. Rather than you hurt this child and so I am going to do this. This is especially important if it is the child’s feelings which have been hurt because they, in all likelihood, will not be aware of it.

Our Education system is based on the belief that children want a relationship with the adults in their lives, that this relationship makes them feel safe and valued. This will lead them to have the confidence to explore and learn because they can trust adults to know what is best and to guide them. The behaviour of children with Dysfunctional Attachment is based on the belief that adults will not value them or keep them safe. They believe that the only way to be safe enough to explore and learn is to be in control of themselves

and the adults in their lives. Children should not be expected to manage this clash of beliefs. It is up to the adults in their lives to justify our belief by managing it for them.

REFERENCES:

Leiberman, A., and Pawl, J (1988) Clinical Applications of Attachment Theory.
In *Clinical Implications of Attachment*. Hillsdale, NJ: Lawrence Erlbaum.

Hughes, D. (1997) *Facilitating Developmental Attachment*. Jason Aronson,
London.