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Attachment: Indicators from Caregivers and Toddlers – Implications for Adult Treatment

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The story of a human being does not start at five years or two, or at six months, but starts at birth – and before birth if you like; and each baby is from the start a person, and needs to be known by someone (Winnicott, 1964, p. 86).

Introduction

Attachment issues form a foundation for what underlies the difficulties many adults struggle to overcome. In private practice, clinicians observe the effects of disrupted attachment in the lives of clients and bear witness to the difficult and lengthy healing process necessary for them to establish mature, adult relational patterns. These clients did not experience an "affectional tie" (Ainsworth, 1969) with a significant someone in their childhood world or an "affective bond" (J. Bowlby, 1958) between self and other, nor were they securely held against mother's skin to feel her heart beat and to hear her breathe (Winnicott, 2002). Their experiences were of crying in frustration, clinging to nothing, following and smiling but receiving no response in return, and suckling from nothingness. Their overwhelming sense of hopelessness and despair stems from these unmet attachment needs because a child's tie to the mother/caregiver is disrupted through experiences of separation, deprivation, and bereavement (J. Bowlby, 1958; Bretherton, 1985).

The antecedents to the formation of a secure or insecure attachment base with an attachment figure and how attachment behaviors (or lack thereof) are triggered in an individual is unique to each person. However, it does seem consistent from a therapeutic point of view, that clients who report having serious relationship difficulties also report a distant, cold, rejecting, and/or neglectful mother/caregiver, a mother without sensitivity and attunement (Harris, 2003; Winnicott, 1993). They also report that no other significant individual in their immediate childhood environment met protective and nurturance needs either. Certainly the lack of maternal sensitivity toward these clients when they were children plays a part in the relationship problems that plague their adult lives (Ainsworth, 1967, 1969; Ainsworth & Bell, 1970; Ainsworth, Blehar, Waters, & Wall, 1978; Anna Freud Centre, n.d.; Sroufe, Fox, & Pancake, 1983; Winnicott, 1993). Others factors can impact adult relationship issues but attachment is the focus and concentration of this study.

It is important to educate future clinical social workers in the foundations of human experience. That includes attachment theory because, as Bowlby (1977) states, "Attachment theory is a way of… explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression and emotional detachment, to which unwilling separation and loss give rise" (p. 201). These are fundamental treatment issues in clinical social work practice for which students must be prepared. Attachment theory also complements developmental theories, theories of personality development, and family systems theory typically taught in the human behavior in the social environment curricula. The durable, "internal working models" of relationships (J. Bowlby, 1982) develop through the experience of the mother-infant/child attachment relationship, affecting the child's security, trust, and functioning in all other relationships throughout life. This has life-long implications for the individual. It has life-span implications for the social worker.

These clinical experiences and hypotheses formed the basis of the research objectives. Other significant influences came from the early roots of attachment theory and research. Bowlby (1958) and Winnicott (1957) utilized the term *enjoyment* in definitions of attachment. Bowlby

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portrayed infants as competent, curious, and fully engaged with their caregivers and the environment (Waters, Crowell, Elliott, Corcoran, & Treboux, 2002). Ainsworth (1967) focused on the *pleasurable* mother-infant relationship followed by development of the concept of the *secure base* in the attachment relationship. In addition, the earliest research activities were field observation techniques (Ainsworth, 1967; Bretherton, 1985). Therefore, this study aimed to return to the basic principles of attachment theory, to enjoyment and pleasure in the attachment relationship, to the secure base function of behavior, and to field observation.

Research Questions

The first question then is: What are the observable indicators of a positive, healthy attachment relationship between women caregivers and toddlers? It is assumed that attachment behavior and attachment theory are stable over time and that present indicators are similar to the earliest field observations (Ainsworth, 1967). The second question is: What happens in the space between a woman caregiver and a young child? Winnicott (1971) postulated that the transitional space between mother and infant/child is where the relationship occurs. He conceived of that transitional space as psychic space. The space that exists between people is also visible, measurable, and usable space that can serve the function of dynamic and purposeful interaction. And finally, the third question is: What are the implications of the indicators of a positive, healthy attachment relationship in treatment settings? Understanding elements of what creates positive, healthy attachment relationships can offer valuable information in clinical settings to aid in emotional, developmental, and attachment reparation. If those indicators, extrapolated from caregiver/mother-infant/child attachment relationships, can be utilized for benefit in therapeutic treatment, then the principles can be taught in a social work clinical curriculum.

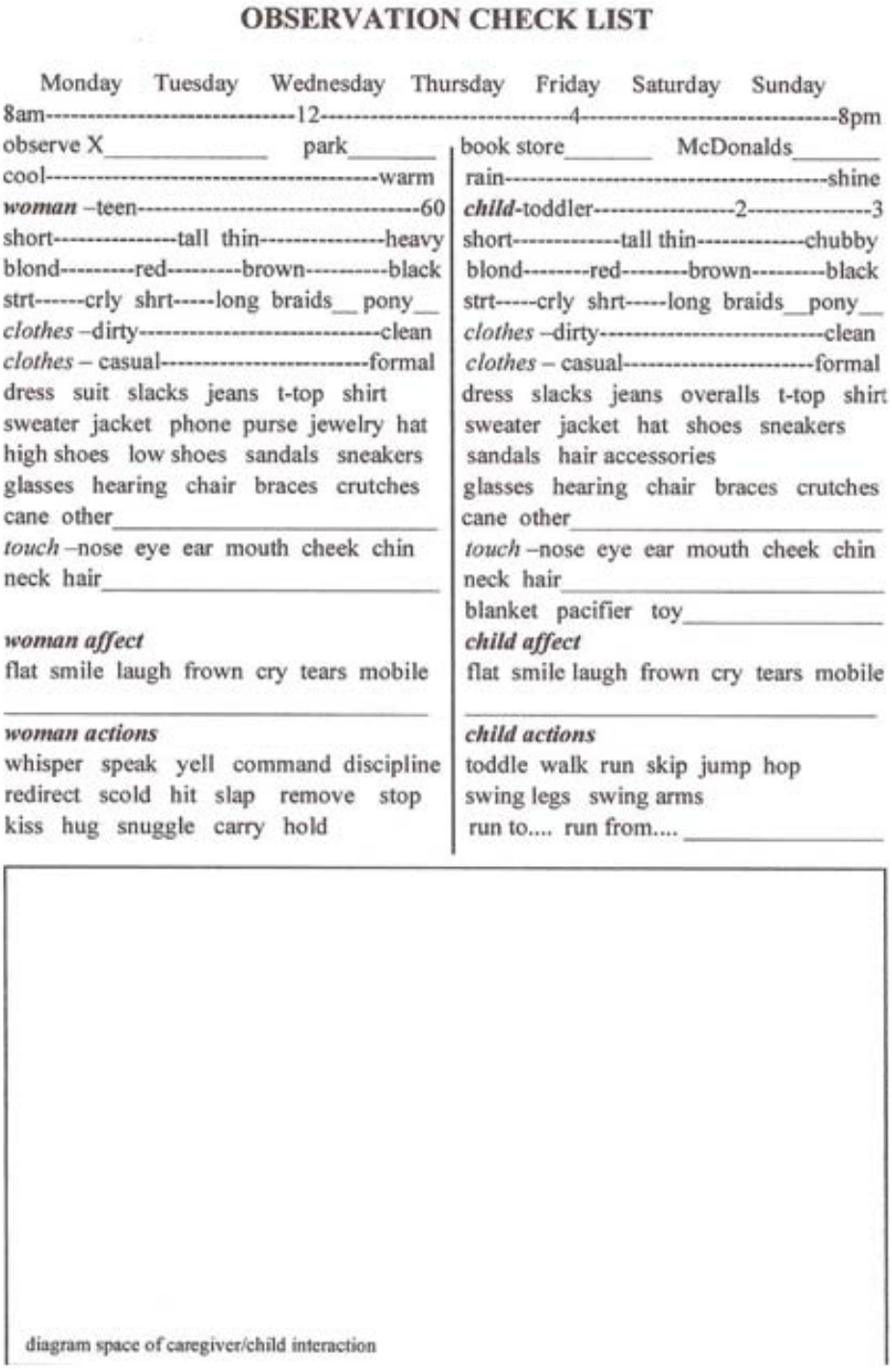
Study Purpose

This observational study was designed to focus on indicators of healthy and pleasurable attachment and attachment behaviors between women caregivers and young toddlers in natural environments. It was carried out in London, Great Britain, public parks and spaces. It was hypothesized that observable elements of healthy attachment could be documented and coded just as early researchers observed and coded attachment signaling behaviors for example, clinging, smiling, crying, and following (Ainsworth, 1967; Ainsworth & Bell, 1970; Ainsworth, Blehar, Waters, & Wall 1978; J. Bowlby, 1958, 1982; Seifer & Schiller, 1995). However, in order to categorize elements of positive, healthy attachment relationships to extrapolate meaning into the therapeutic venue, subject selection was purposely biased toward playful, interactive, and positively engaged women caregivers and toddlers.

A second purpose of the study was to test and modify an *Observation Check List* (OCL) created by the researcher for use in the field as a shorthand aide to note taking and data sorting. This method evolved from work as a play therapist, where a similar tool was created as a session observation and process reporting tool. From that idea, and with a similar purpose in mind, the OCL was created as a tool for field observation. It is a shorthand method developed to maximize the observation and make the process more efficient because taking notes can be tedious when done for long minutes over many observations. It was hypothesized that the shorthand tool would minimize interruption of visual contact with the caregiver-toddler during observation and maximize data gathering.

The OCL (see Figure 1) has place markers to circle the day of the week, kind of weather, time of day, male, female, general appearance of woman and child, affects like smile, laugh, frown, scold, and actions like hug, hold hands, and snuggle. The OCL includes a rectangle drawing box so that sketches of the space where the interactions occur can be recorded. This drawing box was designed to help answer the study question of what happens in the space between a woman caregiver and toddler. (Sample sketches can be seen in Figures 2 and 3.) And finally, lined pages are included for writing field notes or for jotting

Figure 1: The Observation Check List.



OBSERVATION CHECK LIST

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

8am----------12----------4----------8pm

observe X_____ park_____

cool----------warm

woman –teen----------60

short----------tall thin----------heavy

blond---------red---------brown---------black

strt------crly shrt-----long braids__ pony__

clothes –dirty----------clean

clothes – casual----------formal

dress suit slacks jeans t-top shirt

sweater jacket phone purse jewelry hat

high shoes low shoes sandals sneakers

glasses hearing chair braces crutches

cane other_____

touch –nose eye ear mouth cheek chin

neck hair_____

woman affect

flat smile laugh frown cry tears mobile

_____

woman actions

whisper speak yell command discipline

redirect scold hit slap remove stop

kiss hug snuggle carry hold

book store_____ McDonalds_____

rain----------shine

child-toddler----------2----------3

short----------tall thin----------chubby

blond--------red--------brown---------black

strt-----crly shrt-----long braids__pony__

clothes –dirty----------clean

clothes – casual----------formal

dress slacks jeans overalls t-top shirt

sweater jacket hat shoes sneakers

sandals hair accessories

glasses hearing chair braces crutches

cane other_____

touch –nose eye ear mouth cheek chin

neck hair_____

blanket pacifier toy_____

child affect

flat smile laugh frown cry tears mobile

_____

child actions

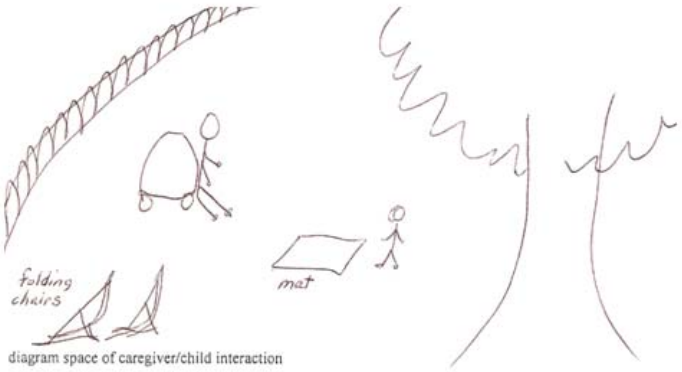
toddle walk run skip jump hop

swing legs swing arms

run to.... run from.... _____

diagram space of caregiver/child interaction

Figure 2: OCL Diagram of Caregiver-Toddler Interaction in Natural Environment.



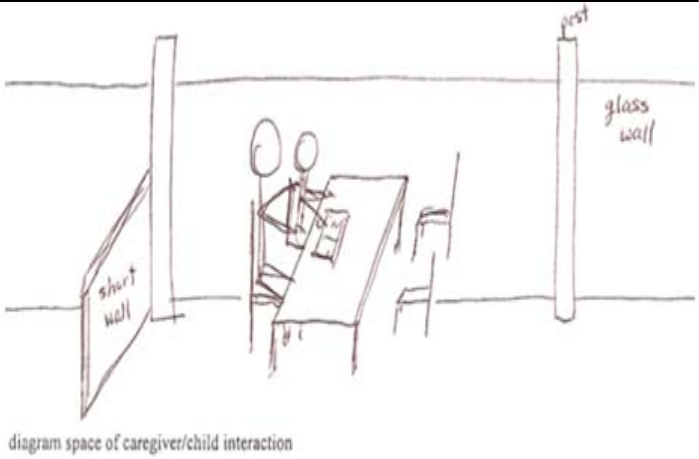
thoughts, feelings, and interpretations.

Literature Review and Theoretical Framework

Attachment theory was developed by John Bowlby (1958, 1982, 1988) fifty years ago, in part, as an alternative to psychoanalytic theory to explain why separation caused anxiety in young children, to explain the similarities between childhood and adult loss and mourning, to explain the process of defenses in the human psyche, and to explain the mechanisms of social behavior from infancy that affect and influence the development of the personality along a continuum from healthy to debilitating (Barnett & Vondra, 1999; Bretherton, 1985; Cristóbal, 2003; Waters, Crowell, Elliott, Corcoran, & Treboux, 2002). Bowlby did not intend that the attachment concept substitute for social bonds or be attributed to all aspects of the parent-child relationship. He intended that the roles of attachment figure and playmate be conceptually distinct. When a child feels stress, distress, or fear, s/he seeks an attachment figure for safety, protection, and regulation. However, when a child is happy, content, and playful, s/he seeks a playmate.

Attachment theory is a perspective on the secure base functions of close relationships that operate to promote child development, personality development, and affect regulation. The theory assumes that maternal sensitivity, responsiveness, and attunement are major factors in a child's attachment to her/his mother or attachment figure (Ainsworth, 1967, 1969). Attachment theory also presupposes evolutionary biological necessity. The needs of infants and small children are not variable; they are inherent and unalterable (Winnicott, 1964). Attachment behaviors must exist and be reciprocated for the infant to survive both physically and psychically.

Figure 3: OCL Diagram of Caregiver-Toddler Interaction in Human-Built Environment.



Unless there are powerful inbuilt responses which ensure that the infant evokes maternal care and remains in close proximity to his mother throughout the years of childhood he will die. The instinctual responses… serve the function of binding the child to mother and contribute

> *to the reciprocal dynamic of binding mother to child (J. Bowlby, 1958, p. 369).*

Attachment theorists define the term attachment individually and independently but the similarities are striking, including the concepts of proximity, specificity, and necessity. "'Attachment' refers to an affectional tie that one person (or animal) forms to another specific individual" (Ainsworth, 1969, p. 971). Attachment refers to the *relationship*… the affective bond between infant and caregiver" (Sroufe, Fox, & Pancake, 1983, p. 1616).

Several distinctions of attachment theory are mentioned here. Dependence and attachment are separate and different constructs (J. Bowlby, 1958, 1977). Attachment relationships are permanent and irreplaceable (Barnett & Vondra, 1999). Attachment behavior is heightened in situations perceived as threatening but attachment itself is not necessarily strengthened (Ainsworth, 1969). Attachment behavior, especially when strongly activated by stress or distress, is incompatible with exploratory behavior. A distressed child seeks comfort, not stimulation and exploration. Following a prolonged absence from the maternal or primary attachment figure, attachment behavior may diminish or even disappear, but the attachment itself is not necessarily diminished, a particularly relevant concept in therapeutic relationships. Attachment relationships vary widely across mother-infant/child pairs (Ainsworth & Bell, 1970). Stress occurs from sudden or prolonged separation from the attachment figure and permanent loss causes grief and mourning (Barnett & Vondra, 1999; J. Bowlby, 1977).

Attachment is a broad and complicated concept with multiple layers of meanings and interpretations. No single definition or set of constructs can contain all of the significant elements of attachment as a concept. However, one vitally important foundational observation must be stated: attachment, regardless of the definition, exists in a context of relationship. Without the contextual relationship, attachment has no meaning. It is critical to synthesize the existing definitions and make a systematic attempt to operationalize the term "attachment." Therefore, for the purposes of this paper, with an emphasis on implications for clinical practice, the author developed a conceptual model of the attachment construct by components: physical security, behavioral, psychic, affective, and kinesthetic/tactile all in the context of relationship.

Attachment has a *physical security component*. The secure base is defined as the *attachment figure*. This attachment figure must be present and available to the infant/child. A particular and substantial someone must exist, and have a specific location, to whom the child can attach. Attachment has a solid human context within time, space, and situations (Posada, Gao, Wu, et al., 1995; Waters & Cummings, 2000). "Without adequate environmental reliability the personal growth of a child can't take place" (Winnicott, 1993, p. 99).

Attachment has a *behavioral component*. The instinctive attachment behaviors "serve to create the attachment bond, protect the child from fear and harm, and assist in the safe exploration of the world" (Porter, 2003, p. 2). Attachment behaviors serve different functions. Signaling behaviors alert the caregiver that the infant desires interaction. Aversive behaviors trigger a quick maternal response to provide problem solving or protection and safety. And active behaviors promote proximity to the mother and secure base (Ainsworth, 1967; Ainsworth & Bell, 1970; Ainsworth, Blehar, Waters, & Wall, 1978; J. Bowlby, 1958, 1977, 1982; Seifer & Schiller, 1995).

Attachment has a *psychic component.* Attachment is "the psychological availability of a caregiver as a source of safety and comfort in times of child distress" (Barnett & Vondra, 1999, p. 5), "the inferred internal bonds that form between infants and their caregivers" (Seifer & Schiller, 1995, p. 147). Another aspect is the caregiver's own mental representation of attachment, her own internal working models experienced and developed in infancy and childhood (Harris, 2003). The psychic component, the knowing and trusting

of the *other*, grows developmentally from the physical security of the secure base.

Attachment has an *affective component.* Ainsworth (1969) used the term *affectional tie* to describe the bond that forms between two specific individuals, a mother and her infant. Bowlby (1958) spoke of the attachment relationship as a reflection of pleasure and enjoyment: smiling, laughing, clapping, happiness, and love. The security of the attachment relationship also provides a space for affective reactions to stress and fear: crying, clinging, anger, and frustration. A full range of emotional affect and "the foundation of emotional regulation is also established within the context of the attachment relationship" (Sroufe, 2003, p. 205).

Attachment has a *kinesthetic/tactile component* (J. Bowlby, 1958). Attachment develops through body contact between caregiver and infant/child demonstrated in caresses and touches (Cristóbal, 2003). "You [mother] just adapt the pressure of your arms to the baby's needs, and you move slightly, and you perhaps make sounds. The baby feels you breathing. There is warmth that comes from your breath and your skin, and the baby finds your holding to be good" (Winnicott, 2002, p. 21). Gazing, touching, holding, rocking, stroking, and nuzzling are examples of kinesthetic and tactile body contact.

Attachment exists in context, in the *context of relationship.* "Whoever is caring for a child must know that child and must work on the basis of a personal living relationship with that child" (Winnicott, 1993, p. 99). Attachment is defined as an enduring relationship between a young child and her/his mother (Ainsworth, Blehar, Waters, & Wall, 1978). Attachment is the foundation of all relationships influencing "all subsequent relationships through to adulthood. Attachment includes the process whereby such a relationship develops" (Anna Freud Centre, n.d.). Attachment, first and foremost, exists in the context of relationship. All other definitions or systems of understanding must stand upon that principle.

Method

The research method utilized in the study was naturalistic-ethnographic observation. The OCL was used to help guide the field-note process in the observation, to diagram the environmental space created by the woman, and to sketch the dyadic interaction.

The constant comparison method was used to guide the coding process and emergent themes (Echevarria-Doan, & Tubbs, 2005; Richards, 2005; Wolcott, 1990). Each new case was compared to previously analyzed cases. The study was strengthened by triangulation: observations, sketches and diagrams, and reflection. It is believed that the drawings and diagrams can be used to illustrate not only the natural and built environmental features of the interaction, but the manifest and latent expressions of the relationship.

Naturalistic qualitative research methods stand upon interpretive techniques utilized to understand the meanings behind phenomena that naturally occur in the social world (Riessman, 1994). This method was prescribed by the research questions. Naturalistic observation allows the observer/researcher to view what occurs naturally in the environmental and relational context and focus on particular phenomena of interest, in this case, indicators of positive, healthy attachment relationships. The distinction between *observer* and *participant* can be subtle and influential in field observation even when the study has been designed as observational research. As an observer of dyads in parks, the researcher participates in the activities and enjoyment of the park and is, therefore, subject to the same conditions of the environment and may overlook potentially valuable sources of data (Richards, 2005). Taking notes, interpreting and analyzing notes, and constantly comparing against previous data are time-consuming processes (Agar, 1996; Echevarria-Doan, & Tubbs, 2005; Richards, 2005). However, there are many benefits of direct observation. Direct observation precludes participation in the observed context, assumes a detached perspective, can be more focused, and is typically less time-consuming than participant observation. These factors mean that the direct observation is much less obtrusive and, therefore, less likely to impact the interactional behavior of the dyad,

which might change or alter the phenomena being observed.

Subject Selection

Women are primary caregivers, though not the only caregivers, of children, and women as mothers (in tandem with their infant/child) are typically the objects of attachment research studies and are, therefore, the identified subjects in the study. Women caregiver-toddler dyads, though randomly observed in public places, were specifically chosen for observation when elements of pleasure and play were evident in the dyadic relationship. This was based upon Bowlby's (1958, 1982) early theoretical formulation that the attachment relationship was an emotional and affective bond that reflected the enjoyment and the attraction that one individual had for another individual. Subject selection was purposely biased toward playful, interactive, and positively engaged women caregivers and toddlers.

The observations, lasting anywhere from 10-45 minutes, were completed in public parks and spaces in London, England. London was chosen for its convenience (the researcher was living in London for the summer), diverse population, and sheer numbers of people and places for women caregivers with infants and children to be ob-

Table 1: Categories of Attachment Indicators in Attachment Relationships

Reciprocity and Mutuality	Proximity	Verbal Exchange	Affective Features	Physical Affection	Physical Activity/Play
reading-listening	sit knee to knee	screeching happily	smiling	arm round child	climbing
pull on w-lifts c	walk side x side	oohh and aahh	wistfulness	pull mom's leg	wandering
give food-accepts	sit together	protests w request	concentration	plays with c feet	swinging arms
action-imitation	run away- back	jabbering to w	waving	smoothing	chasing squirrel
speak-respond	directly behind c	w calls c back	indulgent	lotion kissing	playing w/ ball
leave-follow	leans toward c	ma, ma, ma	laughing	snuggling	drop & kick ball
hiding-finding	swivels to face c	name object-repeat	crying	hugging	swinging arms
looking-finding	hand in hand	w calls c back	clapping	holding	turn in circles
washes child	facing each other	uh oh	following	fall in mom's lap	clapping hands
child washes self	laying together	says bye/waves	giggling	patting child	splashing water
c counts-w claps	wander-return	teaching/modeling	scared	touching	play objects
laughing together	running ahead	chatter together	relaxation	crawl over mom	climbing in/out
run toward other	dragging behind	gentle reprimand	freedom	holding hands	crawling
w calls-c turns	hiding in bushes	gibberish together	frustration	twirling child	bouncing
chatter together	hovers over c	giggling together	rejection	hold c on lap	master balance
move in tandem	touch distance	mom said "no"	patience	tousle c hair	chasing pigeons
play together	runs after c	groaning	delight	holding/rocking	running
jabber in tandem	stoops to c	come, come	playful	taking pictures	falling
offering/accepting	c limits distance	counting	watchful	carrying in arms	rolling
eating together	walk-hold hands	call child's name	protection	run hand in hand	picking flowers
holding-taking	c stands over w	directions	competence	swinging c	rocking
offering-reaching	child sits on lap	jabber back/forth	engagement	cuddling	swinging
mutual touching	c looks for w	laughing together	encourage	tuck c in stroller	exploring
feed bird together	c in mom's arms	mimic each other	kindness	stroke back, arm	playing airplane
both cheering c	moves c - safety	whisper together	adventurous	swaying into w	playing dolls
	following child	cheering together	calmness	holding tight	swaying

served. Four locations were selected intentionally: Regent's Park, St. James' Park, Hyde Park, and Leicester Square. The three parks have open green spaces, sports areas, hedged gardens, bodies of water, walking paths, and eateries, and both fixed and movable seating. Leicester Square is much smaller and enclosed but a notable gathering place. Observations were conducted in each setting on different days of the week at different times of the day. The observations were done randomly based on chance encounters with women-toddler dyads in public spaces.

Data Collection

The original sample estimate was for 25 observations. However, when 19 observations were completed, the observer believed a level of saturation useful to the original intent of the study had been reached. No new or unusual physical features, affective components, or play behaviors were demonstrated. Each dyad was unique and a pleasure to observe, but no new data were being collected.

Data were collected in three ways. First, a sketch was made of the caregiver-toddler dyad in the natural and human-made environment where the observation occurred. This was done first so that the sketch and diagram were as objective as possible, to minimize observational bias. Second, field notes were written as quickly and as thoroughly as possible during the observations and for the full 10-45 minutes. Sketches and notes were drawn and written on the OCL. And third, , reflexive thoughts and comments were written in a personal journal at the end of each day's field observations.

Data Analysis

Data analysis was done in a three-part, inductive process established in the constant-comparative method (Echevarria-Doan, & Tubbs, 2005; Richards, 2005; Wolcott, 1990). The decision was made to begin with case analysis rather than cross-case analysis. First, each observation was evaluated independently for themes. A line-by-line and word-by-word analysis was performed. In this process, primary patterns in the data were identified and coded. Each successive case was compared to previously analyzed cases. This process generated codes of spatial, behavioral, and affective data.

Second, from the identified codes, major categories or themes emerged. As themes emerged, the observations were examined a second and third time for examples of those themes and any additional emergent characteristics or themes. Category generation from qualitative data has a subjective basis. In this case, category generation may have been influenced by the researcher's inferences from the data, initial research questions, theoretical perspective, interpretation, and previous experience and knowledge.

Third, two colleagues were recruited to code three representative observations to establish coding reliability. Each colleague took the same three observations and independently coded those observations, line-by-line and word-by-word, and created independent lists of emergent themes. The two colleagues created category lists very similar to each other, which were in turn similar to the original categories listed by the researcher. With the added information and a three-way collegial debriefing conversation, the categories were finalized at the end of the third level of coding. Table 1 highlights the six categories and provides a sample of the completed coding.

Interpretations and Conclusions

Nineteen woman-toddler dyads were observed for an average of 20.3 minutes. The observations included 11 boys and 8 girls with an estimated age range of 12-24 months (5 children around 12 months; 6 children around 18 months; and 8 children around 24 months). Six indicators of healthy and pleasurable attachment and attachment behaviors between women caregivers and young toddlers evolved from the coding process: reciprocity and mutuality, proximity, verbal exchange, affective features, physical affection, and physical activity and play. These indicators demonstrate key principles of attachment theory. All of the dyadic observations included elements in every coded category indicating that the relationship

demonstrated a full range of positive, healthy attachment behavior.

Reciprocity is a hallmark feature of relationship presuming two participants where one initiates and the other receives. In the observations this typical behavior was demonstrated by the caregiver reading as the toddler listened, the toddler hiding and the woman finding, or one of the dyad performing an action (kicking a ball toward the other) and the other imitating (kicking the ball back). In these observational instances reciprocity foreshadows the give and take, the reciprocity, of a mature relationship. The caregiver models culturally appropriate social and relational skills. In this scenario, as a child offers to the caregiver and the caregiver responds adequately, the child begins to learn self-confidence and self-efficacy because her/his *offerings* are acceptable to the recipient, her/his caregiver and attachment figure (Moustakas, 1992).

Mutuality manifests in the shared experience or expression of the relationship. In the observations this was expressed by eating together, moving in tandem, laughing and jabbering together, and mutual touching. Mutuality is not a separate category from reciprocity but an extension of the feature. Mutuality is the fulfillment of reciprocity as teaching leads to togetherness. The caregiver both feeds herself (modeling behavior) and feeds the child (both sustenance and nurturance). The child accepts the food (building trust), begins to feed the caregiver (mimicking), and eventually participates in the mutuality of eating together. The toddler learns to trust that her/his needs will be met. The ability to trust in the presence of the other leads to a mitigation of existential isolation (Buber, 1965) and solidifies the development of the secure base function of the attachment relationship (J. Bowlby, 1988).

Reciprocity and mutuality include physical, verbal, and affective features, which means that some aspects of this construct cross categories. The physical feature includes walking, eating, and playing together and the offering and receiving of food and gifts that can be initiated by either the caregiver or the toddler. The verbal feature includes jabbering in tandem or a pattern of speaking and responding. Naming objects and repeating the name is a mimic game initiated by the caregiver and crosses between categories of verbal exchange and play. Affective features, which crossed all categories, were added to reciprocity and mutuality when caregiver and toddler expressed pleasure together in laughing, giggling, or cheering. Otherwise, when the child or caregiver smiled, laughed, or giggled independently it was coded in the affective features category, for example, when a caregiver smiled while watching the toddler from a distance or the toddler giggled while chasing a squirrel.

The category of *proximity* was demonstrated in the observations through the dynamic tension of the physical connectedness and distance exhibited by a woman caregiver-toddler dyad. For example, all of the dyads maintained close physical contact during part of the observation. They sat knee-to-knee, walked side-by-side or hand-in-hand, lay on the grass together, or the child climbed on the caregiver, sat on her lap, or was held in her arms. As the physical contact was broken, the caregiver typically exhibited hovering, standing over, leaning in, stooping down, and watching behaviors. When the toddler ran away, hid from, or wandered off it triggered a different set of behaviors in the caregiver, for example, following, running after, and finding. Caregiver behavior flowed effortlessly between contact, alertness, and active containment. The toddlers, by contrast, exhibited behaviors of connection (hugging caregiver) and exploration (wandering away).

The proximity feature of the observation related to the practicing sub-phase of separation-individuation (Mahler, Pine, & Bergman, 1975) and to the secure base function of the attachment relationship (Ainsworth, 1969; J. Bowlby, 1988). The toddler used the caregiver as a home base resembling a game of “tag.” S/he touched, sat upon, or lay on the caregiver before wandering or running away from the woman only to return again in a short period of time. Some toddlers ran ahead or alternatively dragged behind but always within a prescribed distance that was specific to

the caregiver-toddler dyad. Sometimes the caregiver established the perimeter with boundaries and verbal calling or command. Sometimes the toddler self-limited the distance s/he wandered from the home base. Often the distance was negotiated between the pair.

Negotiating distance led directly to *verbal exchange*. The caregiver called the child's name or said "no" or "stop" and the child responded, sometimes with words although most often with groaning, gibberish, or screeching because the majority of children observed were very young toddlers with limited language. Sometimes there was a call from the caregiver for the child to return, or to notice a potential danger. Another form of verbal exchange between the pair was a spontaneous outburst of laughing or giggling in response to engagement in physical activity and play. Reciprocity occurred when a caregiver named objects (tree, pond, duck, or book) and the child mimicked the words.

The anticipated attachment indicators of enjoyment and pleasure (Ainsworth, 1967; J. Bowlby, 1958, 1988; Winnicott, 1957) were demonstrated in the *affective features* of smiling, laughing, giggling, waving, clapping, watching, and following. Some of the subtle affective features displayed by the caregiver were indulgence, patience, encouragement, kindness, calmness, and responsiveness. The subtle features exhibited by the child were concentration, freedom, frustration, delight, competence, and adventurousness. The shared affective features included relaxation, playfulness, happiness, and delight. These affective labels were subject to interpretation of the nuance in the attachment relationship between the woman caregiver and the toddler but studies demonstrate reliability of visual indicators of affective states (Martin & Clore, 2001).

Physical affection was another anticipated sign of attachment organization indicative of enjoyment and pleasure. Physical affection was demonstrated in the couple by hugging, kissing, snuggling, cuddling, rocking, holding hands, touching, and carrying. When a toddler tugged on her/his caregiver's leg and was lifted into her arms to be snuggled or carried, this was an example of a toddler's way of signaling a desire for closer contact with the caregiver. The child initiated this action, but the caregiver's positive response indicated a heightened level of attunement and sensitivity to the child's needs in the moment (Ainsworth, 1967, 1969; Hsu & Fogel, 2003).

Physical activity and play was the last category included but stands out as integral to positive, healthy attachment relationships between women caregivers and toddlers. A child must be in a reciprocal, mutual, proximate relationship in an affective environment of safety and freedom to engage in play. Without those aspects of the attachment relationship, a child's engagement with the environment is restricted (Axline, 1969).

In all of these observations, toddler play was free and spontaneous. The caregiver provided minimal props or toys for the child. In two cases, a ball was introduced, in one case a doll was found in a stroller, and in one case a wading pool was brought to the park. In all other cases the toddler improvised with the environment: climbing in and out of folding chairs, chasing pigeons, squirrels, or other children, and finding, collecting, dropping, and throwing stones or sticks. Other evidence of sheer physical delight in self included swinging arms and legs, swaying or rocking back and forth, twirling round and round, rolling in the grass, bouncing up and down, and running to and from. "Research shows that the capacity to create joy, elation, interest, and excitement together with [the] baby is a key to early healthy development and lifelong physical and mental health. Thus, the focus…. recognizes the central importance of happiness and joy" (Porter, 2003, p. 7).

Another fundamental component that emerged from the observational study concerned the caregiver use of environmental space. Caregivers naturally created spaces, even in huge wide-open parks, that contained their child as they played and set the stage for a relaxed interaction that optimized the child's exploration of the world and the relationship with the caregiver. Women were incredibly resourceful with both natural and hu-

man-made boundaries in the environment to contain their child, for example, fencing, hedges, benches, gates, a border of trees, tables, chairs, strollers, and their own body placement relative to the external markers to contain the child. The similarity of those created spaces across women was remarkably consistent (Winnicott, 1964). They typically maintained the original contrived containment setting to maximize child safety and caregiver relaxation while, at the same time, providing a flexible area for the child to explore. The distance a toddler wandered from a caregiver was not very different by child whether the space was restricted or wide open. In parks or open spaces, the child maintained contact within roughly a 20-yard radius.

The use of environmental space related directly to the attachment feature of proximity. Women arranged the space to curtail the youngster and prevent personal harm to or loss of the child. Women used their bodies as the secure base, setting themselves as the center (though not necessarily the geographic center) of the space, creating a womb-like environmental chamber for the child in which they were safe to explore but within easy reach or sight of their secure base. This holding environment (Winnicott, 1971) supported the proximity and elasticity of the relationship, which offered the child an opportunity to go and come back, leave and return as they practiced separation and individuation (Mahler, Pine, & Bergman, 1975). These securely attached toddlers were able to use the attachment figure as a secure base for exploration of the environment and as a safe haven to which to return for reassurance (Bretherton, 1985).

> *If the attachment figure has acknowledged the infant's needs for comfort and protection while simultaneously respecting the infant's need for independent exploration of the environment, the child is likely to develop an internal working model of self as valued and reliable. Conversely, if the parent has frequently rejected the infant's bids for comfort or for exploration, the child is likely to construct an internal working model of self as unworthy or incompetent (p. 782).*

Aspects of positive, healthy woman caregiver-young child interactions reflected features known to promote healthy child development (Berk, 2007; J. Bowlby, 1982; Bretherton, 1985). Mutual and reciprocal relationship building happened in the space. A gentle but steady introduction of the world to the child occurred (Winnicott, 1964). The supportive stance of the caregiver offered a secure base for the child. The teaching and modeling of the caregiver offered the toddler an opportunity to practice, master, and succeed at competency skills within the frame of the attachment relationship. This kind of caregiver-child interaction, in developmental terms, would help to instill autonomy in the child and build self-confidence and self-esteem. In the process of these interactional exchanges the child would learn social skills, build internal regulatory systems for behavior and affect, and increase competency skills (Bandura, 1977; Matas, Arend, & Sroufe, 1978; Waters, Hamilton, & Weinfield, 2000).

Attachment theory had its beginning in biological behavior predicated on evolutionary survival and adaptedness (J. Bowlby, 1958, 1975, 1982). These evolutionary and biological behaviors as instincts caused the child to seek the attachment figure in times of distress or danger and served as protective and survival mechanisms (Ainsworth, 1967, 1969). Attachment behavior was determined to be predictable and worked to increase the proximity of the infant to the mother or attachment figure (Cassidy, 1999).

Attachment behaviors served different functions. Signaling behaviors -- such as smiling, waving, vocalizing, calling, and laughing -- alerted the caregiver that the infant desired interaction and wooed the mother to the child. This was demonstrated in the observations by the reciprocal, verbal, and physical affection categories.

> *Child toddled to caregiver; looked/gazed at caregiver; lifted own shirt and giggled; pointed to own belly; giggled again; care-*

giver sat up on her feet; child stood in front of caregiver; faced each other; toddler pulled own shirt back down; caregiver and child giggled together (Observation #13).

Aversive behaviors like crying, kicking, and screaming triggered a quick maternal response to terminate the infant's or child's problem or provided protection and safety. Caregivers demonstrated alertness to potential dangers the environment could present to the child. They anticipated harm and reacted quickly in dangerous circumstances to provide protection.

Child indicated desire to throw bread in water fountain; pigeons in fountain; caregiver lifted child; stood child on edge of fountain lip; caregiver stretched far to hold child in place; caregiver never let go of child; other pigeons flew to fountain; abruptly child showed fear by pulling back; caregiver reacted immediately; swung child down onto the grass a safe distance from fountain; caregiver held child's hand (Observation #15).

Active behaviors, such as approaching, holding, touching, and following, took the child to closer proximity with the mother and secure base. The behaviors demonstrated the relationship and interconnectedness, the system of attachment, between the infant/child and the mother/attachment figure with the ultimate goal of protection.

Caregiver turned to easily watch toddler; child ran to her, turned in circles, and fell in her lap; caregiver held child up; caregiver sat child down and patted his head; toddler laid his head in caregiver's lap; child climbed onto caregiver; caregiver snuggled child (Observation #2).

Applicability of Study Findings to Practice Settings

One premise of the study is that it is possible to gain an understanding of the nature and dynamics of attachment relationships to inform clinical thinking and intervention (Cristóbal, 2003; Slade, 1999). The six indicators of healthy and pleasurable attachment and attachment behaviors between women caregivers and toddlers and the caregiver use of environmental space can be used to validate, enhance, and inform attachment work with clients. Attachment behavior indicators in conjunction with Winnicott's (1971) construction of the holding environment and transitional space relate directly to adult treatment and specifically to the therapist-client alliance and attachment relationship (Diamond, et al., 2003).

The positively engaged caregiver-toddler dyads observed in this study demonstrated positive attachment behaviors, highlighted attachment relationships, and reinforced the concept of the secure base. This indicates that the purpose of the enclosed space created by the caregiver was to protect the *child* not the *relationship*. The boundaries of the natural and built environment strengthened and utilized by the caregiver were designed to enhance the patterns of the attachment relationship and the child's exploration of the external environment. These boundaries offer a safe arena in which the child can practice separation and individuation (Mahler, Pine, & Bergman, 1975) with the inviolate security of the visible secure base of the caregiver. Everything about the pattern and place of the observations powerfully portrayed positively engaged, nurtured, and attuned attachment relationships between caregivers and toddlers.

In a similar manner, the therapist is responsible for the space in which treatment occurs, but for an opposite reason. In attachment work, the therapist must create a safe holding environment (Winnicott, 1971) and secure base (J. Bowlby, 1958, 1977, 1982) for the client that prevents harm or loss because an attachment relationship *does not yet exist* either in the client's past or within the present therapeutic environment. And just as dyads remain in the same created place, treatment should occur in a continuous, steady, created space to maximize safety, familiarity, and consistency. This creates a flexible area for the client to explore their internal historical landscape

similar to a toddler exploring the environmental landscape.

In both the caregiver-toddler scenario and the clinician-client scenario, the holding environment enhances the relationship. The contained space allows the clinician to relax and be fully present with the client in the therapeutic alliance and attachment relationship (Diamond, et al., 2003) in a similar way that the caregiver is able to relax and be fully present with the toddler in the attachment relationship. This maximizes availability, sensitivity, and empathic attunement (Ainsworth, 1967, 1969; Ainsworth & Bell, 1970). The relaxed interaction in conjunction with an optimal attachment relationship allows the therapist to provide a space or secure base for the client to examine and repair historic attachment figures and relationships and to forge a new attachment relationship with the therapist that fosters new patterns of positive and healthy reciprocal, mutual, and proximate relationships with others (J. Bowlby, 1977; Cortina & Marrone, 2003; Harris, 2003).

A feature related to the transitional space is the dynamic tension between connectedness and distance. Proximity in the therapeutic relationship means creating optimal closeness without triggering symbiosis or dependence. Connectedness, boundaries, and distance are typically of particular difficulty for clients who have experienced attachment disruptions that have led to trust issues and fear of abandonment. The therapist helps prescribe the space and distance until the client is able to self-regulate optimal distance and connection in healthy mutual relationships.

It is the accessibility, the sensitivity, and the responsiveness of the mother or primary caregiver (the principal attachment figure) that typically determines whether a child, or adult, exists in a state of security, anxiety, or distress (S. R. Bowlby, 2004). Therefore, in treatment, the clinician, in concert with the client, must be able to develop and maintain an attachment relationship, utilizing the characteristics of accessibility, sensitivity, attunement, and responsiveness to further the exploration of other significant attachment relationships (Diamond, et al., 2003). This helps the client forge a link between the historic attachment figures (mothers and other caregivers) and present adult attachment figures (therapist, lover, relatives, and friends). In adult reparative work, the therapist must, with great sensitivity and care, balance being both the internal representation of the maternal caregiver and the external therapist/stranger. The therapist utilizes her/himself as a temporary attachment figure for the client (J. Bowlby, 1975; Diamond, et al., 2003).

When behavioral indicators of positive, healthy attachment relationships can be firmly established and then modified appropriately for therapeutic environments, clinicians can be trained in attachment reparation protocols. This would mean that a client in collaboration with a trusted clinician could moderate retroactively disrupted childhood attachment and actually find, understand, and utilize the attachment benefits underlying the original attachments. If those original attachments were weak, it would be possible, in the present therapeutic relationship, to strengthen the original maternal connection/bond in the internal representations or object relations. This could offer access to the positive affectional tie for the client (Harris, 2003).

Trustworthiness

Trustworthiness was addressed in several ways within the study. An audit trail was created and maintained throughout the study process that included literature review, hypotheses building, method selection, the Institutional Review Board process, data gathering procedures, reflexive writing, coding procedures, and data analysis. The study was designed for maximum data gathering ability with minimal bias that utilized extensive field notes, sketches and diagrams-, and reflexive writing. And data analysis was strengthened with external coders and peer debriefing.

Study Limitations

Field observation has obvious strengths. First and foremost, the goal is to observe rather than interpret behavior. This serves to limit interpretation and bias related to theoretical framework and

personal experience. On the other hand, field observation has limitations. The nature of the study-- the observation process-- precludes meaning attribution by the subjects involved because subjects are not included directly. The features of attachment delineated here are subject to cultural expectations of the researcher, even though the study was placed in a multicultural setting. Peer debriefing acts as a control against theme bias, but the field notes, already collected, came from one perspective, and that perspective may have been clouded by both theoretical orientation and clinical practice experience.

In retrospect, photographs would have been valuable in the data collection process. It may be that the sketches of the environmental space and position of the dyad within that space were subject to researcher bias because the theoretical framework might precipitate expectable behavior of caregiver-toddler dyads. Photographs might prove invaluable as both a source of information and triangulation. The objective photograph could served as a foil to the subjective sketch, capturing the relationship of the dyad at one point in time, highlighting the indicators of positive, healthy attachment.

The study focused on a relatively small sample and that sample was selectively biased toward women as caregivers and then dyads who demonstrated pleasure and enjoyment in their relationship. Those criteria met the goals of the study and corroborated early field research on attachment behavior but the criteria do not reflect the diverse population of individuals currently associated with child caregiving. The focus on women as caregivers obviously eliminated men from the study. The study findings are a tentative beginning to understanding the therapist-client attachment relationship separate from the alliance, and attachment reparation protocols in therapeutic treatment. But it may be presumed that men and women react differently and uniquely both to attachment disruptions and therapeutic treatment.

Conclusion

The observable indicators of a positive, healthy attachment relationship between women caregivers and toddlers were identified as reciprocity and mutuality, proximity, verbal exchange, affective features, physical affection, and physical activity and play. These indicators are consistent with the basic principles of attachment theory. But they are also consistent with play therapy and filial therapy principles, family systems theory, social learning theories, developmental stage theories, and psychodynamic models of treatment intervention, all of which are addressed in clinical social work education. The six indicators of positive, healthy attachment relationships provide categories for social work educators to consider in clinical education and training, and for clinicians to consider in treatment settings.

The sketches/diagrams demonstrate that caregivers use environmental space to support the secure base functions of the maternal-infant/child attachment relationship. These two outcomes -- attachment indicators and use of environmental space -- have implications in clinical practice, not only with children but also with adults who did not have healthy, positive attachment relationships early in their lives. And since early attachment relationships set the stage for all future relationships, the implications of attachment research across the life span and across social systems are remarkable. These are foundation elements of social work education - the life span and transitions of individuals and families in the social environment.

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