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**A psychotherapeutic exploration of the connection between early
childhood attachment and developing communication skills.**

**Thesis submitted in partial fulfilment of the requirements of the
Higher Diploma in Counselling and Psychotherapy**

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Abstract

The purpose of this dissertation was to explore the effect of early childhood attachment on communication skills, and to reflect on and investigate this from a psychotherapeutic perspective.

Firstly, early attachment theories were studied and discussed in order to gain an understanding of attachment in childhood and its importance for the development of the child. The different styles of attachment were discussed to gain an understanding of their implications on the cognitively developing child. Secondly, modern attachment theories that focus on the neurobiological affects of attachment on brain development were examined. Theorists that have written extensively about the biological implications of attachment believe that brain development is directly linked with it. Thirdly, existing studies that have been carried out which look at children's communication abilities and their link with parent-infant relationships were examined, in which connections between a child's communication and attachment style have been made. Studies of children with Reactive Attachment Disorder [RAD] and Autism Spectrum Disorder [ASD] were also discussed, and similarities between both conditions were apparent.

Early childhood relationships impact upon the way in which we learn to communicate, both verbally and non-verbally, as these skills are dependent upon an interaction with another person. Where this interaction, or attachment, is not present in a secure state, the impact of this on communication was explored, and consequences on communication skills were uncovered. From a psychotherapeutic perspective, early interventions on children exhibiting communication difficulties, such as parent-infant psychotherapy, were found to have positive results. The way in

which attachment can be worked on in psychotherapy in adulthood was focused upon, as a therapist can become a corrective figure of attachment in adulthood. Further studies on the impact of parent-infant psychotherapy on infants exhibiting early signs of autism was suggested, as was a longitudinal study of children with diagnoses of both RAD and ASD to determine if there is a long-term link between both conditions. A longitudinal study of adults working through attachment issues in psychotherapy was also recommended in order to measure the corrective experience of psychotherapy on attachment.

CHAPTER ONE: INTRODUCTION

Throughout this dissertation, the link between attachment and communication will be explored in order to determine if attachment can have a direct impact on communication capabilities. Investigations will be made into traditional and modern attachment theory in order to gain a greater understanding of how attachment may impact development. The methodology of this dissertation will be library-based research using databases such as PsycARTICLES, psycINFO and JSTOR.

Established and traditional attachment theories of John Bowlby (1969, 1988) and Mary Ainsworth (1988) will be explored in Chapter One. John Bowlby's (1988) attachment theory maintains that the relationship between a child and their mother, or primary care giver, influences the child's development greatly. Patterns of attachment style are repeated in adolescence and adulthood, and the ways in which this can be worked on in psychotherapy will be reflected upon in Chapter Two.

Modern attachment theories that consider the neurobiological influence of attachment, from Allan Shore and Daniel J. Siegel will be examined, and their relevance in the practice of psychotherapy will be considered. The importance of neurobiology and development, and the connection between this and attachment, will be determined in order to gain a deeper understanding of the ways in which attachment can affect brain development. Shore (2013) maintains that the development of the right side of the brain, the side concerned with the unconscious mind accessed by non-verbal communication, matures in dependence with a maturation bond: with attachment. Both Shore (2013) and Siegel (2001) write about how attachment and right-to-right

brain communication can be used by the therapist to help the client access and process difficulties of past attachment bonds in order to heal.

Existing studies on the link between, and effect of, attachment and communication and language skills will also be explored in Chapter two.

This investigation into establishing a link between attachment and communication will provide understanding of the effects of insecure or broken attachment on cognitive development. There are similarities in the manifestation of insecure or avoidant attachments styles on communication skills and development in children with attachment difficulties, and those on the autistic spectrum. These parallels in communication development will be examined in order to ascertain if a link can be made between attachment and autism, and whether or not this area warrants further study.

This understanding will be informative for psychotherapists that may be working with children or adults with communication difficulties or effects, due to childhood attachment. Using existing studies and traditional and modern attachment theory, the way in which psychotherapy can assist clients with attachment difficulties will be established.

CHAPTER TWO: ESTABLISHED ATTACHMENT THEORIES

In this chapter, early and established attachment theories will be looked at in order to establish what attachment is, and to relate this to cognitive development.

The neurobiological theories of attachment, also referred to as modern attachment theory, will be discussed in order to gain an insight into the possible relationship between attachment, development and communication.

Established attachment theories

Attachment theory is associated with, and its development is accredited to, John Bowlby (1969) and Mary Ainsworth (1978). Bowlby (1969) considered ecological, developmental psychological and psychoanalytical theories to formulate his own preliminary theory of attachment. Studies with animals on the effects of maternal deprivation had led theorists to believe that an infant would seek close proximity, or attach to their mother to seek out food. Bowlby's (1988) theory of attachment endeavoured to go beyond a child's instinctual reactions to a primary caregiver, and he attempted to use it to explain attachment behaviour and other attachments that people form throughout their life. He believed that attachment behaviour was behaviour in which a person would actively seek to keep in close proximity to another individual, or a caregiver, that they perceive to be more competent at surviving in the world (p.29). Central ideas of his attachment theory are that of separation anxiety and defensive processes. Separation anxiety can result in interdependent relationships between mother and child or severe fears of abandonment, which can result in high levels of both anger and anxiety; all of which have strong implications on attachment styles in adulthood. Defensive processes can result in attachment behaviour where children, and then adults, are emotionally disconnected (Bowlby, 1988, p.34-37).

Ainsworth (1978) helped to expand upon and further develop Bowlby's theory of attachment. By carrying out studies on one year olds, called the 'Strange Situation', her work identified three specific attachment styles: secure, anxious-avoidant and anxious-ambivalent (Ainsworth, Blehar, Waters & Wall, 1978). Home observations formed a part of the investigation and there the mother-infant relationship was studied. It was perceived that the mothers of infants that were securely attached were more responsive to their child's signals than with the other two attachment styles, and concluded that the behaviour of the caregiver had a direct implication of the attachment style of the child. Ainsworth (1980) wrote that those that were securely attached as one year olds went on to perform better than those who had anxiously-avoidant or anxiously-ambivalent attachment styles in tests that examined their developmental and language abilities. Ainsworth put forward the view that the attachment style that an infant has towards their mother at one years of age has an obvious impact on their development, both cognitively and emotionally (p.936/937). Ainsworth introduced the concept of a 'secure base', which a child would have in a securely attached relationship, a base from which they would feel safe to explore the world and to return to again. Bowlby (1988) expanded upon this and felt that attachment behaviour was based on the need for this secure base, and for a safe base or a safe relationship with a parent or caregiver. Bowlby (1988) believed that a child's internal model of self was built up from the ways in which their mother communicates and acts towards them during the first years of life, and that this then becomes recognised cognitive structures (p.146).

Attachment and cognitive development

There are varying theories on the cognitive development of children, with two key theorists that differ greatly, Jean Piaget and Lev Vygotsky.

Piaget (1973) outlined this theory of cognitive development in children, which he felt occurred in four different stages; the sensorimotor period from birth to the age of two; the preoperational thought period from age two to seven years; the concrete operational stage from age seven to eleven and the formal operations stage from eleven to fifteen. Piaget believed that children develop cognitively by themselves through a built-in instinctual nature and his stages were hierarchical. He believed that a child would pass through the stages without the assistance of caregivers or others.

Vygotsky's (1980) theory of cognitive develop seems to reflect the ideas of both Ainsworth and Bowlby more closely. His theory of development focused more on the social interactions and support given to the developing child and believed that the infant develops through communicating with, and the interrelationship with, caregivers and those around them. Therefore it seems rational that attachment style and behaviour would impact on this communication and social interaction. The more secure the attachment style, the more parent-infant communication will be present and integral. Piaget (1997) emphasised peer interaction during the stages of development, rather than adult-child interaction, and attachment behaviour may also impact on the quality of a child's interaction with others, stemming from a child's own internal pattern of attachment.

From discussing the early attachment theory and the possible link between it and cognitive development, the development of the brain will be focused on to gain a more in-depth understanding of the possible impact of attachment on neurobiological development.

Neurobiology of attachment - How does attachment affect the brain?

While Bowlby (1988) and Ainsworth (1970) believed that attachment behaviour was based on the necessity for a secure base, Allan Shore (2014) believed that attachment went beyond this and was responsible for the development of the right side of the brain. Shore's (2014) modern theory of attachment puts forward the hypothesis that an infant's developing right brain, which is the area that is responsible for the emotional self and non-verbal communication, is directly influenced by right-to-right brain communication and regulating relations with its mother. The right side of the brain is also concerned with the unconscious mind, which can influence the left hemisphere's language capabilities. In the securely attached relationship, the primary caregiver communicates with the child non-verbally by recognising and evaluating the child's non-verbal expressions. Through these interactions, the mother is maintaining the development of the infant's central and autonomic nervous system (Shore, 2014, pp.2/3). Shore supposes that attachment directly affects the child's neurophysiological development of their right brain. In the same manner in which secure attachment can aid the development of the right brain, attachment trauma can also affect this development. Attachment trauma resulting from insecure early relationships is engraved into the cortical-subcortical systems of the right hemisphere, and these emotions are retrieved unconsciously at other times of stress (Shore, 2014, p.4).

This theory is echoed throughout Daniel J. Siegel's (2012) theory of attachment.

He also believed that the development of the right brain was influenced by attachment, and that the function of the right brain included the ability to read social and emotional cues from others. He believed that the language through which the right brain communicates is non-verbal, but no less important than the verbal communication of the brain's left hemisphere (Siegel, 1999, p.181).

Attachment and communication

Both Shore (2014) and Siegel (1999) marry neuroscience with attachment theory to show the impact of attachment on the developing brain, and both believe that this impacts the communicative properties of the right side of the brain by affecting non-verbal communication.

Shore believes that the model of attachment that an infant has with its mother is internalised and while an infant first depends on another to regulate their emotions, during infancy they begin to regulate their own emotional states through their neurophysiological development. The attachment between a mother and infant is strongly based upon communication, both verbal and non-verbal, and when a child is in the pre-speech stage of development non-verbal communication is key. Reading faces and understanding expressions from the body are the earliest forms of communication and a child needs to have their communicative needs met in order to develop (Shore, 2014, p.4).

Siegel (1999) inferred that the core of attachment was dependant upon a parent's sensitivity to a child's signals, and that free-flowing parent-infant communication is at

the centre of this. Collaborative communication between a parent and child results in securely attached infants. Siegel reports that early attachment can influence the emotional states and cognitive functioning of children (Siegel, 1999, p.84/177). Early communication between a child and caregiver is made up of responses to non-verbal signals. As a child does not yet have the use of language, their communication is made up of sounds, body movements and facial expressions. Much like their own level of communicating, these are also the communications that they understand from the caregiver.

Siegel (1999) asserts that adults that have experienced insecure attachments in childhood will have a dismissive attitude towards attachment in adulthood. They are likely to form avoidant attachments with their own children where they will not be sensitive to a child's signals or emotional needs. As attachment affects the right side of the brain, which is linked to the unconscious and self-regulation, they may also not recognise their own emotional needs (p.117). Shore (2010) also discusses the manner in which early attachment can affect self-regulation throughout a lifetime, and the relationship between these ideals and how they relate to the field of psychotherapy, and their implications for the work of the therapist, will be discussed in greater detail.

CHAPTER THREE: DATA REVIEW

Existing studies exploring attachment and communication

Barwick et al (2004) explored the relationship between the development of infants' communication skills and the maternal-infant relationship by carrying out a study of ninety-six infants, 46 of who were from an 'at-risk' environment where they were seeking mental-health support (Barwick et al, 2004). The infants taking part in the study were aged between 10 and 30 months and the areas tested were developmental abilities, the psychopathology of maternal care, the prelinguistic and linguistic capabilities of the infants and the attachment style present. The prelinguistic abilities were determined by the mother-infant interactions whereas the linguistic competence was assessed by the age of the infant only (Barwick et al, 2004). When a child reaches 9 months old they start to use preverbal communication in the form of gestures, movements and sounds, and this communication is intentional in motivation. At 13 months old this progresses to the point where specific words are used to communicate deliberately and by the age of 2, where their communicative development is normal, this progresses further where infants use of language and signals is ever developing, and they can convey their thoughts and can control interactions with another. At age 3, an infant can use language to express emotions and feelings, can structure grammar and speak about the past and future (Barwick et al, 2004). These stages of communication are based on an infant developing at a normal communicative rate where a child is supported cognitively, in an environment where they are receiving attention, parent-infant verbal communication and support. These factors of support then depend on the quality of the infant-mother relationship and the quality of attachment, and this study investigated the link between these.

While this study found that infants that were not obtaining mental health services had higher levels of verbal and preverbal skills, those that were attending the clinic were in the normal range of development in these areas, if not slightly below the rates of the others. What is assumed here is that the attachment level between a primary caregiver may be interrupted if they have mental health issues. It may have been valid to follow up with these children at a later stage, as what may appear to be a small difference in early childhood could become a big difference later in their developing years. The prelinguistic and linguistic skills between insecurely attached infants and those that were securely attached proved to be at the same level of development, but this study does show that communication skills of children of mothers seeking mental health assistance are weaker than those that were not (Barwick et al, 2004).

Murray and Yingling (2000) studied focused on infants aged 24 months and examined the relationship between attachment, home stimulation and language aptitude in 58 children (Murray & Yingling, 2000). The study was of a mixed sample of medically high and low risk infants, and the effect of a secure attachment on the language development of the children was the overall aim of the investigation. Their findings showed that both secure attachment, accompanied with cognitive stimulation and structure at home, resulted in greater competency in the receptive language, or the child's ability to understand language that they hear or read (Murray & Yingling, 2000). Children from stimulating homes, that were recognised as being securely attached (using Mary Ainsworth's *Strange Situation* method), had a higher level of language receptiveness than children who were insecurely attached and from an unstimulating home environment. Of those infants studied, those who were securely

attached had higher expressive language abilities than those who were not, without the stimulation of the home environment impacting on this. A secure attachment is consistent in both the receptive language and expressive language results, which suggests that a supportive, emotionally regulated environment is key to expressive development, rather than a solely stimulating environment. This study shows that for language development, it is important that social and intellectual areas are stimulated in order for children to progress. However, the role of fathers was not measured in this study, and this position may have been significant to look at, as the mother is not always the primary caregiver of the child.

Bowlby (1969) describes that children from around 3 months of age onwards are more attached to their mother than any other person in their lives, and they show this by following their mother with their eyes, smiling and vocalising at her more eagerly than at anyone else (Bowlby, 1969, p.199). This was not the case with the 6-month-old baby that presented, with her parents, to Miriam Voran (2013) for psychotherapeutic treatment. In her paper, Voran gives an account of infant-parent psychotherapy carried out with both the child and her parents, and she poses the question of whether the child would have developed autism had the treatment not been availed of. The child had no special smile for her mother, even after separation for a day, looked at her parents blankly or avoided their gaze, and was comfortable in their arms. The home environment was stressful, argumentative and anxious due to the problems between parents and child (Voran, 2013, p.3).

From working with the parents over a six-month period, the infant improved extremely and was able to begin to bond and react to her parents in both a receptive

and expressive manner. The infant, Voran (2013) describes, had been exhibiting signs usually associated with children who go on to develop autism, such as avoiding visual interaction, staring away blankly and being inconsolable, but as her parents were able to bond and regulate her emotions, this dissipated. On a home visit, the therapist also noticed how over stimulating the home environment was, with multiple radios and televisions at loud volumes, which would drown out any parent-infant speak. The home environment also was stressful from the parents arguing about the child's condition, and as this situation was improved the child's engagement with her parents grew (Voran, 2013, p.12). Although Voran makes the case that autistic and attachment difficulties are different from each other, they do share some origins in behaviours and she stresses that a diagnosis of autism should not be given until the reaction of the infant in question to intervening therapy is assessed (Voran, 2013, p.14). Her treatment was successful due to the parents involvement in the emotional work with their daughter, and indeed on their own emotions and relationship, and this strengthened their parenting capacities and bond with their child. This study does allude to the importance of the parents' role in child development, especially in terms of attachment and bonding with an infant.

The child was able first to seek out human contact from the therapist, then her father and finally her mother, and this could also make the case for the therapist becoming a figure of attachment. By encouraging parent-infant interactions, reducing over-stimulation in the home and making the parents more aware of the child's emotional needs, the child's defences fell and she began to develop as a normal infant.

Discussion of these studies and therapeutic treatment

The therapeutic treatment described by Voran (2013) was unique in that it allowed an early intervention with an infant of only 6 months old, so how can therapy help where an early intervention has not been possible?

Bowlby (1969) describes the ways in which a therapist can bring attachment theory into the therapeutic setting in five distinct ways: the first by providing the client with a secure base from which they can look at relationships or painful experiences from both the past and the present in a supportive environment with a person that they can trust. From this secure base they can explore and communicate feelings where they may not have felt safe to do so in the past. On joining the client on this journey, the therapist can then invite the client to explore his current relationships and any unconscious feelings that he may be bringing into these relationships that may cause them to fall apart. The role of the therapist of a figure of attachment comes into the third way in which a therapist may assist a client, by encouraging them to explore the client-therapist relationship, helping the client to investigate the interpretations, feelings and expectations of past attachment figures that they will undoubtedly repeat and bring into this relationship. This step will also enable the client to look at the current emotions they are experiencing and how they relate to feelings towards their figure of attachment from childhood, and allow the client to confront and process them now in the present. These may be feelings that the clients have never been able to communicate or even allowed themselves to think before, and powerful emotions may surface. The therapist's role is then to empower the client to acknowledge that the thoughts that they have of themselves and towards others may stem from past experiences with caregivers, and are not applicable in their present lives.

Understanding where these thoughts and feelings originate may help him/her to realise what they are bringing into their present lives and relationships (Bowlby, 1969, p.157/158).

Shore (2013) takes a more neurological stance on the therapist's role regarding attachment, and speaks about how the therapist can make use of non-verbal communication in order to engage the client's right side of the brain. The right side of the brain is the side involved with the unconscious mind, and its maturation is dependent on an "attachment bond of emotional communication between the infant and primary caregiver" (Shore, 2013, p.2).

Although the left side of the brain is concerned with language, communication occurs on a non verbal level from right-brain to right-brain within the therapeutic alliance, and much can be measured and learned about the client's experience of attachment from being attune to this communication; measuring the transference and counter transference and non verbal cues (Shore, 2013, p.7). Siegel (2001) believes that when attachment is insecure, the left and right sides of the brain do not work together in relationships and, in general, life. Shore (2010) suggests that it is the right side of the brain that is imperative and dominant within the change process in psychotherapy. Therapists can ease the client's growth by 'being' with them empathically, and tracking their non-verbal communication and modifying their own somatic and body movements to synchronize with that of their clients', therefore synchronizing with the client's internal state and facilitating this growth. Reading non-verbal communication such as facial expressions, tone of voice and the rate and strength of responses, and responding to this in a non-verbal manner allows the client to feel understood and

accepted. In this way Shore believes that right-to-right side communication in therapy, from moment to moment, allows ‘self-state sharing’ which is an essential part of psychotherapy (Shore, 2013, p.5). In this style, distress caused by attachment difficulties can be assessed and processed more readily.

Sonkin (2005) places great importance on the therapists’ attunement to their own internal experiences. In the same manner in which regulation occurs between a mother and child, regulation also occurs within the therapeutic relationship. Non-verbal communication will be picked up and interpreted and this is a two-way process. The more secure and integrated that a therapist is within himself or herself, the more able they will be to help the client achieve the same state of being (Sonkin, 2005, p.75).

A possible link between attachment and autism

Sadiq et al. (2012) investigated the use of social language in children aged 5-8 years old, with Reactive Attachment Disorder [RAD] and Autism Spectrum Disorders [ASD], in order to establish a link between both disorders. Their study also included children who were developing typically. They found that while the social deficiencies in those with RAD differed from those with ASD, they were just as severe. While the symptoms of both disorders differ, there are many overlaps between the two, and children with RAD experience similar levels of impairment in areas like social language and social relatedness, as children with ASD.

Moran (2010) is a child psychologist with Child and Adolescent Mental Health Services [CAMHS] in England, and has written about the problem with misdiagnosis

of children with attachment difficulties and those on the Autistic spectrum. On paper, children may appear to be on the autistic spectrum as they exhibiting such issues like problems with pragmatic language, the ability to regulate their emotions, social engagement and a need for routine. It was only on further investigation of some children that emotional trauma and unstable early relationships were found in their developing years, which could account for these issues. Voran's (2013) account of infant-parent psychotherapeutic treatment with a 6-month-old infant describes the child as displaying signs of autism; being disengaged, avoiding eye and physical contact, displaying signs of distress and anxiety and a fascination with shapes, so much so that the family's paediatrician thought it possible that the child may be showing early signs of autism. Had the psychotherapy not been successful, or the treatment not been sought, would the child have developed autism or would she eventually have been misdiagnosed with autism?

There seems to be a lack of studies on children with RAD, or attachment difficulties, past the age of 8 years old, and it would be beneficial to carry out such studies to discover whether there is a connection between older children and adolescents with attachment difficulties with those on the autistic spectrum. Certainly, the practice of parent-infant psychotherapy is a key area for further investigation with infants exhibiting early signs of autism.

CHAPTER FOUR: CONCLUSION

The purpose of this dissertation was to explore the link between attachment and communication. From discussing traditional modern attachment theory, connections were made between attachment and communication by considering the impact that attachment could have on the cognitive development of infants. Bowlby (1969) and Ainsworth (1978) were of the belief that a child's development was dependent upon a secure attachment style, where they would have a secure base in order to explore the world at a normal development level. What is evident from their theories is that the attachment style that a child experiences in early life impacts on attachment behaviours throughout their lives.

Shore (2014) and Siegel (1999) married neurobiology with attachment theory and their studies show how attachment can affect the neurobiological development of the infant, namely the development of the right hemisphere of the brain. This is the area concerned with non-verbal communication. Shore identified the non-verbal and methods of early communication that an infant has, signalling through their body, making sounds and facial expressions. These are also methods of communication that they first learn to understand from a caregiver.

The studies that were discussed in the review of the data in Chapter Two, from Barwick et al. (2004) and Murray and Yingling (2000), highlight the importance of the mother-infant relationship on a child's emerging communication and language skills, and how these skills are influenced by home stimulation. The role of fathers was not taken into account in either of these studies, and this is an area that may be valid for further research.

Shore (2014) and Siegel (2012) also merged modern attachment theory into theory of attachment in psychotherapy and identified the corrective attachment experiences that are possible in therapy when the therapist is conscious of their client's non-verbal communications and is able to connect with their clients from right-brain to right-brain. Bowlby (1988) also put forward theories of how a therapist could become a corrective figure of attachment, and what can be gleaned from these three therapists theories is the idea that early attached experiences can be modified through psychotherapy so that patterns are not repeated throughout their lives as they experience new relationships.

Voran's (2013) account of parent-infant psychotherapy dealt with the issue of attachment as it was occurring, where the theorists above refer to corrective experiences in later life. The practice of parent-infant psychotherapy with an infant so young facilitated remarkable results in the child's development and relationship with her parents. More importantly, it seemed to have corrected the pre-autistic symptoms that the child was exhibiting. This account of therapy posed many important questions, if the therapy had not taken place, would that infant have progressed to develop autism? There is considerable evidence to suggest that this may have been the case.

The link between RAD and Autism was also looked at, and both disorders share many characteristic and symptoms in terms of pragmatic language and communication, to the point that misdiagnosis can occur.

Suggested areas for further study:

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition [DSM V] diagnostic criteria for Autism Spectrum Disorder [ASD] is similar to that for Reactive Attachment Disorder [RAD] in many of its characteristics, although the criteria for RAD does specify a difference between both disorders. The diagnostic boundaries for RAD seem to be a little unrestricted and there is an overlap between it and other disorders, such as Attention Deficit Hyperactivity Disorder [ADHD]. There are notable similarities in the social and communication difficulties experienced by ASD and RAD, and attachment is a common symptom of both disorders. Because the boundaries for RAD are flexible, it would be worthwhile to investigate the links between both disorders more closely, to see if RAD and ASD should come under the same diagnostic criteria of attachment disorders. While there have been many studies carried out on young children with both disorders, it would be beneficial to carry out longitudinal studies with children with both ASD and RAD to investigate similarities and connections between the disorders in adolescence.

An investigation of the effect of parent-infant psychotherapy on infants that exhibit early signs of autism would prove very constructive. A longitudinal study comparing early intervention using parent-infant psychotherapy with those infants that display signs of autism, with children that use other methods or no interventions, could have valuable implications for the field of autism and its possible treatment.

A long-term study on adults presenting with attachment difficulties as they begin psychotherapy would also be insightful to determine the corrective experience that psychotherapy can have on attachment patterns in their adult lives. Bowlby, Shore

and Siegel express a strong belief in their writings that psychotherapy can benefit this process of change, and that there is much that a psychotherapist can do within the setting to facilitate this growth. Where early intervention such as parent-infant psychotherapy is not possible or has not occurred, these theorists are of the belief that corrective experiences can happen in adulthood.

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