

Infant, Child, and Youth Attachment Development Milestones Across Childhood:

Moral Development



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Introduction to Part I

Tiny babies are born into the world helpless, fragile, and dependent. They flail tiny little appendages and whimper, wail, and scream their needs with booming voices that squeeze through tiny little mouths and lips. For most infants, their needs for comfort and sustenance are matched by the volume of their cries for attention. Parents naturally respond to the tiny wailing babies, picking them up as they kick and punch their teeny tiny little hands and feet. After changing them, parents hold their little babies close to their hearts in spite of the infant's continued wailing, kicking, and punching. The natural parental response to the baby's cries and contortions is to cuddle, rock, walk, and sing.

Unless you are a parent who confuses the baby's discomfort from gas or a dirty diaper with dislike. These parents are more likely to pull away from crying kicking babies, fearing that the child hates them. A mother who confuses her newborn's writhing and wailing as disdain for the parent is likely to become overwhelmed, anxious, and depressed. An experienced parent is often able to pick up the crying baby and find a way to provide comfort within a few minutes, as the frustrated parent watches on with watery eyes.

Bonding and Attachment Development

Sometimes this disconnect between the infant and the parent is the result of factors of the infant. Infantile Colic is a condition that can cause considerable gastrointestinal distress to the baby, causing prolonged bouts of crying that can interfere with both parent and infant sleep and quality bonding time. Other challenges of the infant may include a neurodevelopmental disorder that impairs the ability of the infant to engage in meaningful facial and emotional recognition; Autism Spectrum Disorder is one example of a neurodevelopmental disorder. Other challenges of the infant include a medical condition or prolonged hospitalization.

The disconnect between parent and infant may alternately be the result of factors related to the parent. Illness, substance use disorder, mental health disorder, disability, developmental disorder, injury, hospitalization, incarceration or legal issues, deportation, deployment, divorce, traveling, working long hours or multiple jobs, and death are all examples of factors of the parent. Any factors that interfere with quality bonding and interaction of infant and parent can substantively interfere with the attachment developmental process of the infant.

While the focus of this text is on moral developmental delays in children with disordered attachment, the reality is that all developmental domains are interconnected. Children are complex beings who develop social, emotional, cognitive, moral and ethical, behavioral, self-regulatory, and attachment capacities simultaneously. While interventions may target one or two specific areas of development, children must develop along all these lines in order to become whole. As a result, this text will include the other developmental domains – social, emotional, intellectual or cognitive, behavioral, self-regulatory – while focusing on the primary areas of moral, ethical, and attachment development.

Moral and Ethical Development

Kohlberg was a psychologist who proposed that young children evolve through levels and stages of moral and emotional development, with the first being the pre-conventional level of moral development. In this stage, children first determine if an action is good or bad based on external factors such as punishment and consequence. Children approaching this first stage of the pre-conventional level typically determine just how bad an action is based on the seriousness of the punishment assigned by parents, teachers, and caregivers.

Consider the example in which child A accidentally lost her cellphone and was given an entire day of timeout in her room while child B intentionally destroyed his math textbook and was given an hour of timeout in his room. A child in the first stage of the pre-conventional level is likely to decide that accidentally losing the cell phone was a much worse infraction than intentionally destroying a textbook because child A received a harsher punishment. Adults and more mature children, on the other hand, would understand that accidentally losing something is not morally wrong, only unfortunate; while intentionally destroying a textbook is morally wrong, in spite of child B receiving a brief period of punishment for the infraction.

Clearly, a child or youth who failed to develop through this early way of reasoning would face serious challenges in life, potentially being challenged every day by a lack of socially acceptable moral reasoning. This would be reflected in continuous poor moral choices without any sign of moral reasoning, and begins to explain the confounding and frustrating behaviors and lack of moral reasoning often exhibited by children with a disruption in attachment development that is paired with an interruption in moral development.

The stakes are even more challenging for children and youth with disordered attachment who also failed to develop through the second stage of Kohlberg's pre-conventional level. This

stage involves determining the goodness or rightness of an action or thing according to the extent of self-pleasure or self-gain it generates. An example would be a child who helps a neighbor take out the trash to gain the neighbor's support in seeking permission from a parent for an upcoming event. The young person did help with the trash, but did so for purely personal gain without consideration for the goodness of the action to benefit the neighbor. Many young people with disordered attachment are caught up in a rip tide of self-pleasure seeking that produces what appears to be amoral, harmful, and selfish behaviors, but is often a simple sign of developmental delay in the area of moral and emotional development.

Youth who are challenged with the pre-conventional level move through the day seeking pleasure, which makes sense for children who lived through trauma, abuse, neglect, or some other significant loss or deprivation. Of the many types of situations that can contribute to disruption of attachment development, thereby impacting moral development of the child, neglect can produce the most long-lasting and unfortunately durable results. Infants and children of severe neglect are simply left to their own devices, and lack the rich interaction and brain stimulation that helps the brain develop neural networks that support caring, compassion, trust, emotional processing, self-regulation, and empathy. As a result, children of severe neglect often exhibit strange behaviors and boundaries that are a sign of a brain that has not grown in areas associated with morality, compassion, empathy, lawfulness, and caring.

Intersection of Attachment and Moral Development

Children of profound neglect lived through days, weeks, and sometimes months without human warmth, kindness, and compassion. They are relatively immune to current ministrations of care and kindness, instead moving through the day with stealth in search of the next opportunity for self-pleasure. This stage of moral development, when paired with disordered attachment development, can produce the most challenging and sometimes heinous behaviors of children.

Here is how this looks in the real world – harsh and unforgiving from the perspective of the child. For example, an infant might have been left in a playpen, car seat, or empty room for hours and days on end with only minimal care. A parent with mental illness, substance use disorder, or serious illness may only attend to the child enough to maintain life.

Children saved from such abysmal neglect become more animalistic in their efforts to achieve self-pleasure. Clearly, an infant or small child must learn to forage through trash, seek distractions that are afforded by the meager items in the immediate environment, and take advantage of all opportunities to secure enjoyment, nourishment, attention, and comfort. In many ways, children of extreme abuse, neglect, trauma, or adverse or tragic circumstances are similar to children who are raised by animals. These children lack awareness of proper social behavior, common human decency, and the concepts of empathy and compassion.

Instead, these children must seek out and find their own sustenance and distraction. As a result, they did not learn to be held and comforted as an infant or young child. So they may be reluctant to accept comfort. Many reject cuddling, eye gaze, or playing with another person. Instead, they focus on the behaviors that emerged as self-protective strategies during their

periods of isolation or suffering. Primarily, these strategies revolve around the child's seeking pleasure and reward any way the environment will allow.

Children with significant attachment developmental delay or disorder who are stuck in the pleasure-seeking mode tend to create chaos wherever they go. Sometimes their willful acts of pleasure seeking are obvious; some children learn complex deceptive strategies to seem innocent ... until you turn your back. Yet the feigned innocence cannot hide the harm often perpetrated by these developmentally sidetracked children.

Much like a tornado leaves behind a path of destruction, children with attachment disorder who are also stuck in the self-pleasing stage of moral development leave behind a trail of chaos and suffering. Children with these dual developmental challenges can be seen ravaging classrooms, terrorizing peers, harming pets, and stealing, lying, and cheating to benefit from some pleasure, distraction, or excitement. Most typically developed humans are challenged to even understand what these children are doing, much less identify the root causes of the maladapted behaviors and cognition.

The only hope for these fragile and often reckless children is a carefully orchestrated intervention that follows the child across all settings. Parents, teachers, therapists, and interventionists must practice similar strategies with common goals in order to help these fragile children regain lost opportunities for attachment, moral, and ethical development. Long term, integrated, and differential responses are required in order to reframe the child's thinking and reactions.

Understanding Delay of Moral Development

These pleasure and reward seeking infants, toddlers, and children may engage in a wide variety of self-stimulating and self-pleasing behaviors that wreak havoc on siblings, parents, peers, families, classrooms, and communities. Some of the morally undeveloped pleasure seeking behaviors may involve one or more of the following:

- Lying, Cheating, Deception
- Stealing
- Destruction of Property
- Harm to Animals
- Harm to Humans
- Self-Harming Behaviors
- Unlawful Behaviors

This list of potential behaviors is serious, but lacks the intensity that is often inherent in the self-pleasure seeking efforts of children of disordered attachment and maladapted moral development. The intensity of the behaviors may be linked to the intensity, frequency, or duration of the early neglect and deprivation; but the cause and effect are not set in stone. What is true is a profound sense of children who are stuck in a never-ending haze of pleasure-seeking stealth, without a shred of authentic consideration of the moral implications of their actions.

Now, these children may cognitively learn the rules. If you ask them what they did wrong, they may be able to say *I stole*, or *I hurt my sister*. What they are not able to do is feel real empathy or compassion for another person or living creature ... and use that sense of empathy to stop themselves from acting out the harmful or destructive pleasure-seeking behavior.

Moral Developmental Delay in Action

A significant challenge for parents, teachers, and caretakers of these children is that they can act innocent. They may seem wide eyed and pure as the driven snow as they adamantly deny stealing strawberries, while red strawberry juice is running down their chin and hands. Older and more cognitively loaded children may develop complex strategies for deception, and better hide their amoral actions.

Yet a ray of hope exists in a theory proposed by Lev Vygotsky called Scaffolding in the Zone of Proximal Development. Vygotsky noticed that infants, children, and youth are capable of making great developmental strides when supported – or scaffolded – by an individual with greater insight in a theoretical zone of ability that is just out of reach of the young person. The Zone of Proximal Development is that potential area for developmental learning and growth that is just out of reach of the child, but that is attainable when a learned other provides the proper scaffolding. Research indicates that children can be Scaffolded in the Zone of Proximal Development for academic, behavioral, cognitive, social, emotional, and moral capacities.

Children with disordered attachment can find the greatest support for growing beyond the limitations of their situations when properly Scaffolded in their respective Zones of Proximal Development by parents, educators, and helping professionals. Discussion of the types of amoral behaviors of children with disordered attachment who are in the self-pleasure seeking phase of moral development fail to articulate the extreme distress caused to those who are in the child's proximity. Following are some vignettes that begin to describe the bizarre and disturbing types of behavior that can become common to children with attachment disorder who are stuck in pleasure-seeking mode.

1) June took what she wanted. Having lived through food deprivation as an infant and toddler, she had developed a keen sense of how and where to find food, especially sweet treats. Living with her adoptive family, she took her baby brother's food; she stole candy, snacks, and food from classmates; she shoplifted food items at stores; she picked up discarded pieces of candy or sweets that were on the floor or in trash cans at the mall or in restaurants and put them in her mouth to see if they were still good to eat. And June lied about it – over and over again. She was so seemingly innocent as she denied stealing from others that she often caused classmates and peers to be punished for stealing things that June had taken. June especially enjoyed when a classmate or her little brother would be chastised or punished for something she had stolen and eaten. Overtime, her stealing and lying behaviors become so sophisticated that her teachers had to use a video camera to monitor her activities. At home, June's parents had to keep locks on the refrigerator and kitchen cabinets to prevent her from getting up at night and eating entire boxes of treats.

2) Chris had suffered through many days of being locked in his room as an infant, which led him to discover the pleasure of playing with his feces. The first time it happened was an accident; his diaper had not been changed for an entire day, causing the contents of the diaper to leak out the sides. Eventually, the diaper had become so filled with urine that the diaper itself burst, spilling out the gushy contents of the liquid-absorbing medium that makes disposable diapers to absorbent. Chris, having few toys and no adult interaction for a day at a time,

found the mushy gushy poop and wet diaper filling to be great fun. He would squeeze the diaper contents through his fingers, like a child would squeeze play dough in a fist until it leaked out in ribbons in all the gaps. Over time, the play became more sophisticated, as Chris learned to use poop as an artistic medium. Over time, Chris discovered that poop play produced multiple levels of pleasure and entertainment: He enjoyed squeezing warm poop through his fingers, then he loved creating artwork on walls and furniture, then enjoying the look of upset and dismay of his parents or teachers when they discovered his creations. The entire poop play experience produced great waves in stimulation and entertainment that saved Chris from boredom several times each week.

3) Sam had never suffered lack of sustenance but had lived through intense cruelty and emotional disregard from both parents, without any comfort or compassion for his many lonely hours of emotional suffering and despair. When he attempted to ask for help from another adult in the family, he was punished for telling family secrets. So it was a great surprise to Sam when he suddenly felt a sense of pleasure and great relief from his built-up sadness, loneliness, and despair when he hit his cousin. The first time was an accident; Sam and his cousin both wanted the same toy, and Sam swatted his cousin's hand away to grab the toy. He had been surprised when his cousin began to cry from being hit, and thought it was amusing. When his aunt came in a few moments later, Sam instinctively lied about what had happened, telling his aunt that his little cousin had tried to hurt him and Sam had pushed her away. Again, Sam felt waves of pleasure as his aunt

accepted his story, chastising the little girl for being aggressive with Sam. Over time, Sam began to experiment with new ways of hurting other children and lying about it. The more he made a child cry, the more pleasure he derived; the more he could get another child to be punished, the more excitement he enjoyed. In time, Sam's need to get pleasure from hurting peers was greater than his access to other children, so he experimented with hurting insects, spiders, animals, and eventually adults. In school, Sam had to be placed in a self-contained classroom with only a few classmates so his teacher could properly monitor him; nevertheless, Sam still managed to hurt his classmates and teacher whenever possible. Eventually, Sam was diagnosed with Conduct Disorder and placed in an alternative school for children with emotional and behavioral disorder where he routinely engaged in violence with classmates and teachers.

4) Sheila had been sexually abused by a family member since infancy, and considered this type of touch and interaction to be a regular part of her life. As with all children, Sheila enjoyed dramatic play and acting out situations of everyday life in her playtime with peers in daycare. Along with her peers, Sheila pretended to cook in the play kitchen like her grandmother, drive a toy bus like her bus driver, build pretend houses like her father, stack books on a shelf like her mother the librarian, and touch other children's private parts like her sexual abuser. At first, Sheila was not aware of any social taboos associated with touching private parts; but after the first time her teacher yelled when she caught her playing with a classmate's genitals, Sheila learned to hide this type of play.

Over time, Sheila learned ways to pretend she was doing something innocent, like bending over to pick up a pencil she had intentionally dropped, in order to allow her to touch a peer's private parts. Her deceptions became so sophisticated that Sheila was banned from all the preschools in her area; when she entered Kindergarten, her constant sexual acting out caused her to be placed in a self-contained classroom with another one other student who was in a wheelchair. As a result, Sheila never received therapy for her sexual acting out compulsions as her placement in a self-contained classroom blocked her access to other children. By second grade, the school decided to return Sheila to the mainstream classroom as no additional instances of sexual misconduct had been documented in school. Within her first week of second grade, Sheila had molested five other children. At that time, Sheila was permanently placed in an alternative school with peers with a wide spectrum of emotional and behavioral disturbance, where she learned a host of other abusive behaviors that she found self-stimulating. Sheila's parents never learned about their child's early sexual abuse experiences, and had no idea how their sweet little girl could have turned into such a monster. By age twelve, Sheila was heavily medicated to contain her abusive behaviors, which had now extended to neighborhood children, animals, and internet friends. By age fourteen, Sheila was remanded to a juvenile justice detention center where she remained until she aged out of the system.

These vignettes are singular examples of complex and heart wrenching behaviors of children of disordered moral and attachment development. The solution is to implement a cohesive, comprehensive, and integrated social, emotional, moral, behavioral, self-regulatory, and attachment development intervention. The goal of such an intervention is to help the child acquire new information, skills, and behaviors that are consistent with desirable socioemotional, moral, ethical, and attachment development.