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Social work with a family in the light of the formation of the emotional bond between the child and parents

Abstract: This article discusses the formation of the emotional bonds between mother and child as well as between different people. These bonds are created with other people throughout their lives, and they are the basis for the proper emotional and social functioning. It is this relationship's basis, which we experienced with our mother as a child. The social worker must educate young mothers and the entire family in order to shape a correct relationship with the child. The author of the article refers to the Bowlby's theory, she discusses the characteristics of regular emotional bond, the phases of its formation, and at the end, the author places the observation sheet of the formation of the emotional bond in a therapeutic process in the case of children at early-school age intended to be used by the therapist and the observation sheet of the formation of the emotional bond in a therapeutic process in the case of children at early-school age intended to be used by parents.

Keywords: emotional bond, attachment, the therapy of the emotional bond of a child, a sense of safety, the phases of the development of attachment in accordance with the opinion of Bowlby, a social worker, social work in the family, the observation sheet of the formation of the emotional bond in a therapeutic process

Social work with the family affects numerous aspects of it. Frequently, a worker assists in the provision of care not only for elderly individuals, but they also support parents in the establishing and forming of bonds with a young child, in particular, in the case of mothers who themselves experienced a disorderly bond

with their parents in the course of their childhood. Therefore, not only does social help consist in providing a tangible support, but also in solving of the various problems of life. That is true for different families, and, in particular, these in which the parents suffer, or in which one of them does, from a mental illness, or that parent's (those parents) level of an intellectual development is lower than the average one. Most frequently, those families are the dysfunctional ones. The families in question infrequently take advantage of the assistance of a psychologist and of regular psychotherapy the objective of which is solving problems. In many cases, that role becomes the responsibility of a social worker. Problems are accumulated after the birth of children, whereas a social worker provides support for that family, serving as a source of instruction, or advice, in the scope of the provision of care for a young child. In the scope of the psychomotor development of a child, apart from standard care in the form of feeding and maintaining hygiene, it is important to establish the emotional bond and to form the attachment between the child and the caregiver. In accordance with the opinion of J. Bowlby¹, attachment is a deep emotional bond formed since the first moments of life between the child and the mother based upon biological mechanism and instinct. In turn, H. Schaffer² defines attachment as a long-time connection between the child and the particular individual. The major features of that bond are as follows:

- 1) Selectivity, which means the distinguishing of a particular individual in the manner and in the scope not occurring in the case of another individual;
- 2) Seeking a physical propinquity;
- 3) Comfort and a sense of safety resulting from attaining propinquity;
- 4) Separation anxiety, manifesting itself in the case of the breaking of the bond and making it impossible to attain propinquity;

In certain families, a social worker has to make parents aware of the importance of that problem, and observe the contacts of the mother and the father with the child, and also to assist in establishing intimate relationships between the parent and the child. The formation of an attachment, and the quality of that, in the first year of life is an important factor supporting or disturbing the correct development of the personality, and the adaptation of the child. A social worker

¹ M. Czub, *Znaczenie wczesnych więzi dla rozwoju emocjonalnego dziecka*, „Forum Oświatowe” 2003, 2/29.

² L. Sadowska, M. Mysłek, A. Gruna-Ożarowska, *Dynamizm rozwoju dziecka w świetle plastyczności ośrodkowego układu nerwowego*, in: *Neurofizjologiczne metody usprawniania dzieci z zaburzeniami rozwoju*, L. Sadowska (ed.), Wrocław 2006.

should, therefore, assist the parents in the formation of an appropriate bond between them and the child, make the former aware of the significance of presence at home, an intimate contact, hugging and stroking the infant. That problem is important; therefore, it is worth devoting some attention to.

And so, the American, German and British research indicates a major influence exerted by the formation of an attachment to the caregiver upon the self-esteem, the mechanism of the maintaining of an emotional balance, attitude to other individuals, empathy, dependence upon adult individuals and a cognitive development³.

The more recent sources report that the formation of the propinquity between the mother and the child, and reacting to each and every need of the child, crying or calling, and, *ipso facto*, forming a sense of safety, is a foundation of a correct emotional and social development. Neurobiologists go even further and express the opinion that love shapes the brain. In the ambience of love and propinquity between the mother and the child, a larger number of connections are created in the brain, which becomes more plastic, which, in the future, will bring forth the ample fruit of a greater intellectual potential, the enhanced sense of safety and willingness to make attempts to deal with difficult problems which are the part and parcel of our lives⁴.

One of the first significant studies devoted to attachment was that which was conducted by J. Bowlby. It was that researcher as well that described the phases of attachment, and formulated the theory upon the basis of which many views concerning that issue have been formulated. He defined attachment as an instinctive and based upon biological mechanisms deep emotional bond which is formed between the child and the caregiver since the first days of life. The formation of the attachment or the emotional bond results, therefore, from the innate mechanisms of a human nature, and that formation takes place throughout the first three years of life. An attachment behavior develops, in accordance with the opinion of Bowlby, in four phases⁵.

- **the first phase** lasts since the birth until between 8th and 12th week of life. Immediately after the birth, the infant sends in the direction of their environment signals which are to evoke an attachment behavior towards the

³ M. Czub, *Znaczenie...*, op. cit.

⁴ S. Gerhardt, *Znaczenie miłości. Jak uczucia wpływają na rozwój mózgu*, Kraków 2010; C. Grzywaniak, *Dojrzałość neuropsychologiczna do szkolnego uczenia się dzieci sześć- i siedmioletnich*. Kraków 2013.

⁵ M. Czub, *Znaczenie...*, op. cit., p. 36–37.

infant, and all the needs of the child are to be satisfied by the caregiver. In that period, the first patterns and relationships between the caregiver and the child, and a kind of caring behaviors, are formed.

- **the second phase** lasts since 3rd until 6th month of life. The infant starts to take over ever greater part of control over relationships with the caregiver. A preference for receiving care in a determined manner is formed. The child starts to differentiate between their favorite caregiver and the other ones, and direct an attachment behavior in their direction. That is the period in which the foundations of different attachment strategies, which means the establishing of relationships with other people, are formed. That, in turn, exerts influence upon a further social and emotional functioning.
- **the third phase** is commenced since 7th, and it lasts until 30th month of life. In that phase, the child consolidates their attachment to the caregiver and actively maintains propinquity with them by means of the development of motor and communication skills. The child shows joy when the caregiver is nearby, or sadness and anxiety when the caregiver is departing. The child follows their caregiver and treats them as a safe haven. In the case of separation, separation anxiety appears.
- **the fourth phase** – the final one, commencing in mid-3th year of life, and relevant to the formation of partner relationships between the child and the caregiver. The child slowly starts to gain insight into the feelings and motives of their caregiver, which makes it possible for the child to develop more complex reactions. Attachment behaviors undergo developmental changes, and the child starts to be capable of functioning coherently in the presence of other people.

In his further treatises, Bowlby claimed that attachment behaviors, and, therefore, the formation of the emotional bond, accompany a human being throughout their entire life, and that they are the foundation of a correct emotional and social functioning. He described them as ‘each and every form of behavior the effect of which is attaining or maintaining by a given individual propinquity in relation to another individual distinguished and preferred’⁶. In the further periods of their life, the child is more and more independent of the mother, and attachment behaviors start to be manifested in relation to their peers, and, yet later on, to teachers. Peers manifest mutual positive emotions towards each other, and the emotional bond, different in terms of quality from the bond with the mother,

⁶ M. Czub, *Znaczenie...*, op. cit., p. 33, 11.

starts to be forming between them. If the emotional bond is not fully formed between the child and the caregiver, that fact makes it impossible to satisfy the need for affective affinity, and becomes the cause of serious emotional disturbances. That, in turn, causes an incorrect functioning in society. The cause of the establishing of a weak emotional bond is an excessively infrequent contact between the mother and the child, which means, that so-called missing mother syndrome occurs, or that the contact in question is an incorrect one. Frequently, that problem is found to occur in the case of mothers suffering from depression, or other mental illnesses, and also such whose level of intelligence is lower than average.

Emotional bond which is formed between human beings originates from the innate mechanisms of trust. That means that a human being has an innate need for a bond. Those innate mechanisms make it possible for the bond between the mother and the child since the moment of birth to be formed. That bond is the strongest one, and it makes it possible for the child to survive the period in which the child needs constant care. That bond is a original one, and upon the basis of it as of a matrix, the child is capable of the forming of bonds with other individuals. As it is formulated by Elżbieta Greszta⁷, the repertoire of behaviors initiating and maintaining the emotional bond in the case of adult individuals is a modified and enriched continuation of the child's behaviors. That deep emotional bond between the mother and the child results from an extended period of providing care for the offspring. Attachment behaviors determine the survival of a child and form an intimate relationship. Further one, we will come across those elements, and certain transformed forms of that bond, in other personal relationships, for example, as a gesture of hugging, comforting, calming down, stroking, shaking hands, physical contact together with a visual and verbal one, tangible and intangible tokens of fondness, and also the physical expression of feelings. That fact is confirmed by various scientific studies which indicate that in an intimate emotional bond there occurs the exchange of information and thoughts, that mutual help and support, both verbal and non-verbal, are provided, that feelings are revealed⁸[9]. It could be claimed that the original bond between the mother and the child is a matrix, in accordance with which the further bonds are formed. In accordance with the opinion of R. Zazzo⁹, emotional bonds fulfill a fundamental role in the social relationships of an individual, make it possible for individuals to join themselves forming couples, and also groups having similar interests

⁷ E. Greszta, *Więź emocjonalna i sposoby jej badania*, „Psychologia Wychowawcza”, issue 1 (2000).

⁸ W. Kozłowski, *Jak mierzyć miłość?*, „Przegląd Psychologiczny”, issue 2 (1998).

⁹ R. Zazzo, *Przywiązanie. Ujęcie interdyscyplinarne*, Warszawa 1978.

and dispositions, whereas E. Greszta¹⁰ says that ‘... the behaviors specific for the emotional bond – depending upon the situation – fulfill initiating, strengthening or maintaining function, or, alternatively, the expansive one. That same behavior may have different functions, for example, a conversation may initiate a bond, or it may also be the expression of it. That experience to the one with which therapists are acquainted’. An acclaimed psychiatrist, A. Kępiński¹¹, draws attention to that fact as well. In the situation in which another individual starts to speak about their experiences, joys and problems, the establishing of an intimate contact occurs. Revealing oneself has a function strengthening the bond. A major feature of that is a mutual emotional acceptance. The individuals who have established a bond feel that bond, and feel that they accepted and understood.

In life, bonds are established with various people with whom a child, or an adult individual, has been in contact for an extended period of time, whereas a social worker who has been visiting a family, sometimes for several years, establishes a bond as well. That bond may be close and cordial, providing an emotional support. Throughout their life, a child establishes various bonds, for example, with a caregiver in crèche, further on, with a teacher in nursery school or school, and also, if such a need has arisen, with a therapist. In terms of quality, a bond of the child and a teacher or a therapist is different. The emotional bond between the child and the therapist has a special function. It consists in the provision of support for a child, in the opening and showing the new possibilities of development, encouraging and increasing self-confidence, and also in teaching the child an appropriate behavior. By means of systematic meetings with the child, a therapist exerts influence not only with the use of a therapeutic method or specific techniques, but upon personality as well. That aspect of therapy is a very important one, and sometimes it even becomes the most important of all. S. Krotochwil, an acclaimed Czech psychotherapist, is of the opinion that in every single therapeutic process, a therapist exerts influence with the use of their own personality, and also uses psychological measures. Among those, he included: word, facial expressions, refraining from speaking, an emotional bond and learning¹². By means of the formation of a nice atmosphere, acceptance and understanding, an emotional

¹⁰ E. Greszta, *Więź...*, op.cit., p. 59.

¹¹ A. Kępiński, *Psychopatologia nerwic*, Warszawa 1972; A. Kępiński, *Poznanie chorego*, Warszawa 1978.

¹² A. Kokoszka, *Wprowadzenie do psychoterapii*, Kraków 1993; R. Kotlarz, *Rola uczuć w kształtowaniu osobowości dziecka*, „Z doświadczeń pedagoga”, issue 3–4/2000; M. Eibl-Eibesfeldt, *Miłość i nienawiść*, Warszawa 1987.

bond is formed. It may be said that a correctly conducted pedagogical or psychological therapy releases the emotional bond which supports a child. It makes one more courageous and forms a sense of safety.

It is also what happens in a therapeutic process with the application of exercises supporting the psychomotor development of children at early-school, and school, age experiencing emotional difficulties and learning difficulties when the objective of the therapy is emotional development, and also the development of perceptive-motor functions participating in learning. Most frequently, a therapist plans the therapy for an extended period of time, no shorter than 10 months, assuming that one sessions per week will be held. In the course of the meetings, a therapist creates a pleasant, peaceful atmosphere, and accepts the child as it is. The therapist refrains from judging, supports and provides support, stimulating the child to complete homework assignments and to work systematically. The entire conversation in the course of the meeting is adjusted to the mental abilities of the child, and to its ability to gain insight into their own emotional problems. The therapist talks to the child about school, colleagues (male and/or female ones), about the child's interests and other important issues. The child does their best, and the therapist accepts that fact, and also motivates the child to complete the tasks better and better. The result of the correctly-conducted therapy is gaining of a better emotional balance, improvement in the process of learning, and also in the general functioning of the child. In the course of an extended period of conducting the therapy, the emotional bond between the child and the therapist who supports the child, provides a sense of safety and shows various paths of development, is established.

The results of a pedagogical therapy may be investigated with the use of various pedagogical tests, whereas it is more difficult to investigate the psychological result of it. And is it possible to investigate the existence of the emotional bond between the therapist and the child, and the influence exerted by it upon the process of learning and the mental development of the child? The analysis of the literature gives rise to the answer that such a bond exerts a positive influence upon achieving appropriate therapeutic effects. The authoress of this treatise proposes two observation sheets of the formation of the emotional bond in a therapeutic process in the case of children at early-school age intended to be used by the therapist, and also for parents. Those sheets may be used after some time has been spent attending the therapeutic sessions, the number of which may not be smaller than approximately 6 meetings. Those will help in diagnosing, whether in the process of therapy the emotional bond has been formed. Obtaining certain

number of positive answers to the questions which have been set suggests that such a bond has been formed, and that it is helpful in the achievement of an appropriate therapeutic effect.

Observation sheet of the formation of the emotional bond in a therapeutic process in the case of children at early-school age intended to be used by the therapist¹³

- 1) Does the child maintain a visual contact in the course of the therapy?
- 2) Is the child serene in the course of the therapy?
- 3) Does it come across as a peaceful, free of stress and internal strains?
- 4) Does it arrive for therapy with ease and content?
- 5) Does it answer questions without inhibitions and in full sentences?
- 6) Does the child willingly undertake performing exercises set by the therapist?
- 7) Does the child say anything spontaneously to the therapist, for example, does it talk about the events in their life, about school?
- 8) Does it have a spontaneous approach to the therapist?
- 9) Does the child try to stay near the therapist in the course of the therapy?
- 10) Does it boast of anything, or does it try to gain recognition, and also to become noticed?
- 11) Does the child have favorite exercises, and is the child willing to perform them?
- 12) Has the child ever given the therapist anything which was made by the child themselves, for example a drawing, a cut-out, or some other manual works?

Observation sheet of the formation of the emotional bond in a therapeutic process in the case of children at early-school age intended to be used by parents¹⁴

- 1) Does the child attend the therapy willingly?
- 2) Does the child express verbally positive opinions about the therapy?
- 3) Does the child express verbally positive opinions about the therapist?
- 4) Is the child content when leaving the ward after the session?

¹³ C. Grzywniak, *Rola pracownika socjalnego w uświadamianiu ważności przywiązania w rozwoju dziecka*, Kraków 2012.

¹⁴ Ibidem.

- 5) Does the child sometimes draw anything for the therapist, or makes small gifts for them?
- 6) Is the child serene in the course of travelling for the therapy, for example, does it hums or jumps?
- 7) Is the child in good mood while returning?
- 8) Is the child capable of concentrating upon a task for an extended period of time?
- 9) Has motivation for learning increased in the case of the child?
- 10) Can the child cope better with the problem because of which the therapy was commenced?
- 11) Is the child more serene and autonomous in their actions?
- 12) Is it possible to notice positive changes in the process of learning, for example, that the child has started to write more neatly, read more fluently, or has become better at understanding read texts?
- 13) Has anything changed in contacts with female and male colleagues?

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