

Technology and the Threat to Secure Attachments:

What Play Therapists Need to Consider

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CLINICAL

EDITOR'S COMMENTS:

Play therapists can help parents understand the risks of their own or their children's excessive technology use and suggest setting appropriate appropriate limits around it.

As mental health professionals, play therapists are keenly aware of the constructs of Bowlby's (1958, 1959, 1960, 1988) original attachment theory, upon which Ainsworth, Blehar, Waters, and Wall (1978) expounded. Attachment theory recognizes that connections created in utero and during the earliest stages of life indelibly shape our lives, remain prominent throughout the human experience (Schoore & Schoore, 2012), and have the potential to impact neural synapses that wire the brain for connection (Badenoch, 2008; Schoore, 2012). Secure attachments positively affect children's mental health in many ways, including the ability to develop close and empathetic relationships with others.

Sensory and relational face-to-face experiences contribute to children's formulation of an internal working model that prompts later social and emotional competencies (Schoore, 2012; Small & Vorgan 2008). Parental sensitivity to children's signals (e.g., soothing a crying child with rocking, returning a smile once the child has made eye contact, initiating a game of peek-a-boo or patty-cake with a curious child) is crucial for social-emotional and cognitive development (Bernier, Carlson, & Whipple, 2010). In a longitudinal study, Schoenmaker, Juffer, van IJzendoorn, Linting, van der Voort, and Bakersman-Kranenburg (2015) found a remarkable continuity of maternal sensitivity to children's signals from infancy to 14 years of age among 190 adoptees, suggesting that early sensitivity shapes adult attachment representations.

In a movement labeled "modern" attachment theory, Schoore and Schoore (2012) proposed expanding Bowlby's original theory to include research on brain development, wherein "secure attachment relationships are essential for creating a right brain self that can regulate its own internal states and external relationships" (p. 44). Parent and infant/child

attachment interactions are critical to the development of structural right brain neurobiological systems involved in emotion processing, stress modulation, self-regulation, and therefore the functional origins of the bodily-based implicit self (Schoore, 2012). Thus, early attuned "first-play" or "pre-symbolic" playful interactions between a parent and an infant have the capability of becoming a major organizer toward the establishment of secure attachments and healthy brain development (Courtney, Velasquez, & Bakai Toth, 2017). Brown (2009) posited that this type of joyful union between parent and infant "synchroniz[es] the neural activity in the right cortex of the brain" (p. 82), the relational side of the brain, for children and their parents.

Technology: A New Threat to Developing Secure Attachments

To estimate the significance of technology in daily life and its threat to developing secure attachments, one must first understand how digital technology affects relationships. Technology can come between parents and their infants or children. Time spent with media decreases time spent doing other activities. Parents focused on technology may pay less attention to their infants and children, which may interfere with the attachment relationship (Aiken, 2016). Kirkorian, Pempek, Murphy, Schmidt, and Anderson (2009) found that even when parents and children spend time together, background television negatively affects the quantity and quality of interactions between them. Television viewing by young children is characterized by less frequent interactions with parents (Vandewater, Bickham, & Lee, 2006). In the presence of a television, researchers have found parents to be less attentive and less engaged, to spend less time speaking to their children, and to speak to them in shorter sentences (Christakis, 2009; Kirkorian et al., 2009).

Additionally, parents who use technology to multi-task diminish their own productivity and become more inattentive to those around them (Small & Vorgan 2008). Radesky et al. (2014) found that parents often ignored children's need for attention because they were already engaged with a mobile device. Fidler, Zack, and Barr (2010) similarly concluded that parents' increased television use resulted in children spending large amounts of time alone and less time interacting with caregivers. This negatively impacted the ongoing attachment and bonding process between parent and child, resulting in a life-long impairment in emotional, cognitive, and social development (Fidler et al., 2010).

The Technology Concern is Two-Fold

The cyber concern is two-fold, wherein potential parent addiction to technological devices and infant sustained contact with similar devices may independently and cumulatively affect attachment. First, cell phones are highly addictive. Eadicicco (2015) cited Deloitte survey findings that adults check their phones about 50 times a day, with 18 to 24 year olds averaging 74 checks per day, 25 to 34 year olds 50 times per day, and 35 to 44 year olds 35 times per day. Physiologically, impulsively checking when the device rings or buzzes rewards the human body through the release of dopamine (Ritvo, 2012). This drive stems from the evolutionary roots of humans' need to seek and forage for survival (Aiken, 2016), and from our innate sense of curiosity. So, people are biologically reinforced to relate to their devices. For parents, the urge to engage with their devices competes with the innate evolutionary programming meant to connect them with their baby, impeding tasks such as making eye contact, talking and singing, providing nurturing touch, and engaging in first-play activities.

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The second issue relates to infants' frequent and sustained contact with electronic devices. Birken et al. (2012) indicated that too much screen time may lead to speech delays. The World Health Organization (2014) raised additional concerns about infant/child exposure to the radiation emitted from mobile phones. Moreover, professionals are troubled that devices are being used as child pacifiers (e.g., Goldberg, 2010). Kabali (2015) found that by age 1, more than one-third of babies had touched or scrolled the screen of a mobile device and that by age 2, over half had scrolled screens, watched a television show on the device, played video games, or used an application. Aiken (2016) highlighted how easy mobile devices are for children to use and explained how a parenting fallacy that children must always be occupied may reinforce this practice.

The tablet is now ubiquitous as a “toy” for toddlers... and parents often marvel at the swiftness with which their child learns to swipe a touchscreen. So simple, so easy, it seems almost intuitive. These devices, as well as mobile phones, have become a gamechanger in terms of screen time for children. Unlike a desktop or laptop, a tablet can be used by any child who is old enough to point a digit. The fundamental problem, I believe, is that modern perception (or misconception) that children need to be kept busy and occupied at all times. (p. 101)

Play therapists recognize that attuned, interactive, nurturing parent-infant/child play experiences are central to a child's social-emotional development. Excessive screen media use by adults and young children can interrupt these essential affective exchanges, thereby interfering with crucial learning processes (Zilberstein, 2015). Diminishing opportunities for in-person interactions ultimately can interfere with secure attachment formation or other vital developmental learning tasks. Aiken (2016) highlighted how electronic media may impede babies' capacity to learn and develop social and problem-solving skills.

If a baby spends too much time simply being cyber-stimulated and not connecting to the real world—with real people, real pets, real toys, and real objects—it could impair other important pre-academic skills such as empathy, social abilities, and problem-solving. These are things primarily learned by exploring the natural environment and using the imagination to spend time in unstructured, creative play. (p. 99)

Play therapists can take preventive or remedial stances in informing parents of secure attachment processes and helping them to form strong attachment bonds with their infants and children through interactive, nurturing parent-infant/child play activities.

How Can Play Therapists Address These Issues?

The Canadian Paediatric Society (2017) provided an excellent list of questions that play therapists can easily use with parents of young children, adapted and expounded upon here to include in an initial intake session.

1. What kind of screens are in your home (e.g., television, tablet, computer, smartphone, child toys, other)? Which does your child use? How long are they permitted to use these devices (per day, per week)?
2. Is watching television or programs/movies on other devices a shared family activity? What do you watch with your child? What does your child watch alone?
3. Does anyone in the family use screens during mealtimes?
4. Does your child use any kind of screen before bedtime? How long before bedtime?
5. Does your child use any kind of screen in the morning or before school? How long is s/he permitted to do so?
6. Is there a television or computer in your child's bedroom? Is your child permitted to take mobile devices into the bedroom?
7. Does your family have rules or guidelines for screen use that everyone understands and shares?

8. How is children's or parents' use of technology perceived in the family (e.g., a potential resource for learning, a potential stress or barrier to the relationship, etc.)? Is children's or parents' use of technology ever a source of conflict (e.g., between parents and children or between parents and other family members or caregivers)? If so, how often and in what ways?

“ **Play therapists can help parents benefit from insights into how media is used in the home environment.** ”

These questions can help play therapists understand family attitudes and behaviors concerning technology use. The answers could spur the development of additional treatment objectives for the parent-child relationship or the provision of specific psychoeducational information on developmentally appropriate limits for children's technology use. Play therapists can further recommend suggestions published by the American Academy of Pediatrics (AAP, 2016) to help parents make more informed decisions about how to keep technology use within moderate limits for them and their children. The AAP (2016) advised:

- For children younger than 18 months: Avoid use of screen media other than video-chatting, for instance, to facilitate communication with significant others.
- For children 18 to 24 months old: Any digital media should consist of high-quality programming, and parents should watch it with their children to help them understand what they are seeing.
- For children 2 to 5 years old: Limit screen use to 1 hour per day of high-quality programming. Parents should co-view media with children to help them understand what they are seeing and apply it to the world around them.

Furthermore, play therapists can raise parental awareness of how the distraction of technology can interfere with meaningful parent-child interactions and can lead to increased behavioral disruptions in children (McDaniel & Radesky, 2017) or disputes between children and parents. They can help parents implement specific steps to change their and their children's behavioral patterns. For example, question 4 addresses mealtimes, and parents can set device boundaries and turn off mobile devices during mealtimes to privilege interpersonal dialogue around the table.

Digital technology can promote parent-child bonding when used sparingly and appropriately. Children learn from passive or interactive media when caregivers co-view and teach them about the content, and repeat this teaching through daily interactions (McDaniel & Radesky 2017). Questions 2 and 3 address how digital play may effectively bring a parent into a child's world; for example, a child taking photos or videos on a device, then showing these to the parent, or the parent and child audio recording/illustrating stories together could be ways of facilitating their interaction and bond (McDaniel & Radesky, 2017).

Conclusion

Technology offers access to information and a means of social connection, but it can also impede one's ability to physically connect with others. Although, technology and social media can be both educational and helpful, excessive use by parents and/or children interferes with healthy child and relationship development (Aiken, 2016). Play therapists can help parents benefit from insights into how media is used in the home environment. Having an awareness of the role that technology plays in the parents' life will help them to understand how their utilization may enhance or impede their attachment processes with their child(ren). This awareness helps parents to make informed decisions when implementing parenting policies around their and their children's technology use. Play therapists can also support the parent-child relationship by encouraging parents to purposefully schedule times during the day for playful interaction and time together in nature to limit their children's and infants' engagement with devices. Parents are their children's "first" playmate, and they are therefore critical to their children's healthy development. Infants need live "FaceTime" with their parents to grow healthy and secure attachment relationships (Brody, 1997; Schore, 2012).

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