**Nurturing Secure Attachment: Insights into Infant Development with Prof. Mark Tomlinson S5|EP123**

If you are wondering about things like attachment, controlled crying, how to foster secure attachment in your little one, and just to make sure that you kind of set them up for life of being resilient and being able to really learn well and function well in our world, you do not want to miss this episode. Today we're diving deep into the world of infant development with Professor Mark Tomlinson. He's a leading researcher from the Institute of Life Course Health Research at the Department of Health in the Faculty of Medicine at Stellenbosch University.

And in this episode, we really tackle some of these more pressing and crucial and complex questions that every parent faces. We'll go a little deep into the concept of secure attachment, what it is, how we foster it, and why it's really foundational for your child's future well-being. And then we're going to navigate the often controversial approaches to things like sleep training, and specifically discussing controlled crying, and then obviously attachment parenting as well.

We'll try and understand the pros and cons of each of these methods. And then we're also going to have a look at why making mistakes is so important. So if you feel like you're failing some of the time parents, you are on a good track and we're going to talk about why that is so.

So stay tuned as we unpack these topics and we'll provide you with amazing insights and guidance to support you on your journey. Welcome to Sense by Meg Fora, the podcast that's brought to you by ParentSense, the app that takes guesswork out of parenting. If you're a new parent, then you are in good company.

Your host Meg Fora is a well-known OT, infant specialist, and the author of eight parenting books. Each week, we're going to spend time with new mums and dads just like you to chat about the week's wins, the challenges, and the questions of the moment. Subscribe to the podcast, download the ParentSense app, and catch Meg here every week to make the most of that first year of your little one's life.

And now meet your host. Welcome back, mums and dads. I am Meg Fora, and this is Sense by Meg Fora.

And I am delighted to have you here with me this week. And this week is a particularly fabulous episode. It's an episode that I have been wanting to do for many, many years, because I'm going to be chatting with Mark Tomlinson.

He's a professor at Stellenbosch University in the Institute for Life Course Health Research, which is in the Department of Global Health in the Faculty of Medicine. And Mark and I have worked together many years ago, actually, and have both shared a real fascination and passion for the relationship between mums and babies and where that goes long term. So I'm really, really excited about this conversation with him.

Mark is a psychologist, a husband, a dad, and he has two adolescent sons. So a lot of what he put into practice in the early years, he's now seeing through as a parent of teenagers. So there's probably quite a bit of context there.

He has worked in the area of child health and youth care for many, many years, for over three decades. He is unfathomably curious. And I think that that is amazing.

That is probably one of the most important things we can impart to our curiosity. So Mark, I get to feed my curiosity today and welcome you here onto the podcast. Thank you for joining me.

Thanks so much. Really super. So, I mean, you and I went back many years of kind of looking at mother and infants and how important that relationship is.

And the majority of the audience who we're talking to today are probably mothers. So tell us a little bit about the importance of that relationship, that mother-infant dyad, as we call it. Thanks, Meg.

Yeah. I mean, it's probably the first, obviously the first and most central relationship in an infant's and child's life. It's the infants are born.

There's a saying that they should have been four trimesters of pregnancy, that in fact, the first three months of life, at least, are the fourth trimester. So infants, as everyone knows, are born pretty helpless. And without that relationship, without a caring other, they would quite literally die.

And for many years, I think the idea was, and it probably originated, went back to Freud and some of his ideas around feeding and various things is that somehow the job of a parent was to keep them alive, keep them dry, keep them fed. But that's probably where it ended. And the last 50, 60 years have really, really shown us and obviously mothers, fathers, caregivers throughout history have always known that it was more than that.

But kind of in the academic literature and research took a few thousand years to catch up. And it really is in the last 50, 60 years where we really now know the kind of the importance of this early relationship for attachment, for social emotional health, and for a whole lot of things. Absolutely.

I mean, I often talk on this podcast about primary maternal preoccupation, because the moms that I interview come on and they say, I think my baby might be the most beautiful in the world. And I'm absolutely obsessed with her. And I can't believe that nobody else is stopping me in the street to tell me how incredible my baby is.

And I always say, that's such an important part of early parenting. Can you give us a little bit of insight into that journey of attachment, which starts with primary maternal preoccupation and what comes next? Well, I mean, I would actually probably take it a little bit earlier than that, because I do, I think attachment starts during pregnancy. I think that's the process.

I think, you know, I remember probably, hopefully, mostly because of who I am, but certainly because of the research I did and the way I was, you know, kind of trained as a child clinical psychologist. But, you know, I read prodigiously to my first born while he was in the womb. So, you know, and it was good for me.

It was good for my relationship with my wife. And I, I think it's, that's part of the early attachment. You're starting to build representations of the new baby.

And it's obviously different for each child, but certainly for a first baby, you know, it's like, there's like, what are you expecting? What are you, you know, you don't know. And so I think those early parts of the, throughout the pregnancy, that imagining of this baby, imagining what's going to happen, the plans one makes, the talking to the sort of the, you know, the way that, you know, kind of like, you know, the mom, the dad will kind of hold the tummy and the kicking and all the things that happen. I think that's where the relationship actually starts.

And in some ways it's very much obviously a one way relationship at that starting. And we know that if there are problems there, you know, moms have got some mental health difficulties or living in conditions of huge adversity that does have an impact on that. And that can play itself out in the, in the months and the years after the baby's born.

So I would say it starts there and then it is, it's that, that preoccupation. It's, you know, babies are, you know, babies are cute and pretty much all babies are cute. You know, it's no accident that the cutest aliens in movies are modeled on babies.

You know, it's a big head, big eyes, you know, those are, you know, and, and part of that is about literally at an evolutionary level, those, those sort of like the, the, the, the signs or the triggers, the, you know, kind of getting, getting the mother to and the, and, and other caregivers, of course, to, to bond, to want to care for this incredibly cute, gorgeous, you know, creature. And then it's slowly over time, you know, the idea is I've always not liked, quite liked the term bonding because, and of course it's fine. It's a, it's a perfectly fine term.

But I suppose I, I see bonding as much more of a, it's almost like it happens now and then it's done. Whereas attachment is, is much more of a process and unfolding over time. And we know that it can actually change.

So somebody with a secure attachment, you know, over a number of years, things can change and it can become an insecure attachment. So these things happen, but it's a slow developing of, of a relationship. And key in that is the process of emotional, mutual, and self-regulation.

So an infant at the beginning is just, is in a sense, it's, it's, it's, it's learning unbelievably from the world, right from the get-go. But it's also the world is quite confusing. There's lots of feelings, there's, you know, hunger, there may be pain, you know, there's colic, there are various things happening.

And the infant very much so in the first weeks and months doesn't quite know what to do with that, of course. And the job of a, of a, of a, of a mom, of a dad is to, to absolutely regulate for the baby. That's what you're doing.

You're swaddling, you're holding, you're singing, you're putting them down to sleep when they need, you're helping them do that. All those things, you're feeding them when they're hungry, all those things, it's very much a, it's not, I don't want to use it, it's not one way because it's always bi-directional once the baby's born. But a lot of the actual regulation is the parent doing it for the baby.

And then the unfolding happens is slowly the infant starting to, to learn some of their own regulation. And the parent then starts doing it more with them. And that we would say is maybe mutual regulation.

And then over time, that then becomes much more of a, a self-regulation. And as you said at the beginning, I've got adolescent sons, one does quite a lot of regulation right through adolescence and sometimes into early, into early adulthood. It doesn't quite stop, but, but there's, there's increasing self-regulation of infants, then children, and then adolescents over time.

Absolutely. And you know, it's one of those conundrums. I always say to moms, it's, it's one of our biggest conundrums as, as new parents, because we want our little one to stay little for as long as possible.

We want them to, you know, be small and cuddly and, and need us. And, and, and we want to do all these things for them. And yet there's a piece of us that knows that every single day we're moving them towards independence.

And specifically the independence of being able to self-regulate their sleep, their feeding, their mood, their emotions, and later on their attention and, and behavioral regulation and so on. So, you know, it is this journey towards it. And I think one of the things, if I'm thinking with the head of a, of a mom right now, who's listening is, you know, you, you get these different theories on, on how, how much responsibility each of us should be taking.

So for instance, we hear the story that, you know, we should co-sleep with our little ones for as long as possible, breastfeed them for as long as possible and soothe them at every opportunity and never leave them to cry. And then that is positioned on social media as the opposite, as well as you know, you're going to spoil your baby. You're going to make a rod for your own back.

You're going to be permanently regulating for them. How do we do that dance as a mom? How do we start to, you know, how much can we start to hand over to our little ones? I mean, the first thing I would say is that, that when any, anybody ever tells you that there's only one way of doing it, doing, doing something, they're lying. And remember that because also at the end of the day is ultimately your relationship with your infant, with your child is your relationship with your infant and your child and none other or any other relationship is identical.

So nobody can tell you that controlled crying for every child is the correct thing or an absolutely terrible thing in all situations. It has to be seen in some context. The way I've often thought about this, and this actually comes from some research.

So some research that a Dutch researcher did on attachment. So in academic research on attachment, we have this thing called the which is essentially a laboratory test, which you do with caregivers, moms, usually moms and children, babies from about 12 to 18 months. And I'm not going to go into the details of it, but you come out at the end with like a child that's securely attached or a child that's insecurely attached in a variety of ways.

And, you know, I, we can put links into the show notes if people want to read more about this, but it's a very interesting and well-validated measure. So this Dutch researcher did some research in the Netherlands using cameras at night with babies. And the hypothesis was that the caregivers that when a baby cried got there the quickest to in a sense, stop them crying to, you know, and that sort of thing.

All the ones that were never getting to the, to the, to the children would have the insecurity with the ones who never got there would be insecurely attached. And the ones who they got there the fastest would be the most insecurely attached. That was the, that was the hypothesis.

And what they found was, was much more interesting. They found that some of the moms that got there fairly fast, a lot of the time, a little bit slower, some of the time, and sometimes when they were like absolutely shattered, it really took them a long time, actually were the ones that had the securely attached children. The ones who never got there insecurely, that hypothesis turned out, but the ones that got there every single time, very quickly.

And sometimes because any, any, any parent of a child of a baby knows that you get to know the baby. And, and if you're close enough, you can hear them stirring slightly and you're terrified, you want to sleep or whatever. You get there almost before they start crying.

That in fact, those parents, those children, and this is very broad generalization also had insecurely attached children later. And so I think for me, what that says is that what happens as well is again, with a baby, if you know your baby well enough, you can lying in bed, you hear them stirring, you wait, they stir, they cry, you go. The next time you hear them stirring, they stir, you wait, they stir a little bit, you wait.

And guess what they do in that moment, they self-soothe and they go back to sleep. By not getting there that fast, that time, you allowed them a learning experience. And I think that's profound.

It's about being good enough. It's not being about perfect. And it's about sometimes also, and this is really important for parents.

Sometimes it's really important to get it wrong. That's part of this journey. That's part of this relationship.

Like anyone who tells me that they're in as adults in a, in a perfect marriage, you know, you just know they're heading for some kind of divorce down the line. No such thing. We all have our quirks.

We make mistakes. We get what we do with mistakes. We make restitution and we repair them.

That's what this is about. So good enough, get it wrong. Sometimes it's fine.

Get it right. Most of the time. And that of course, I think is really one of the secrets behind co-regulation.

Because by letting your little one fail, well you, you failing sometimes and letting your little one have to have some sort of repair. And as you say, restoration, they learn, you know, about the real world as well. And about, you know, the fact that the world's not going to always serve it up perfectly for them.

Totally. Totally. So this development of self-regulation is absolutely fascinating.

I think some parents won't really understand the full concept. Can you give us kind of a little overview of what self-regulation is and what we're aiming for and how long it takes to develop and, and kind of the normal trajectory. This episode is brought to us by ParentSense, the all-in-one baby and parenting app that helps you make the most of your baby's first year.

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Can you give us kind of a little overview of what self-regulation is and what we're aiming for and how long it takes to develop and, and kind of the normal trajectory. Yeah. Look, yeah, I think they're, they're different.

They're probably different views on it. I mean, my, my, my understanding of it is, is again, it's this movement from parental regulation to mutual regulation to increasing levels of up and down self-regulation over time. There's not a, there's not a, a period when it kind of, it's achieved.

Like it's, in fact, if you think about self-regulation ultimately is that, you know, full disclosure, I struggle a little bit with, you know, my, my 15 year old in the car, like just shakes his head a lot and puts his hands in his head. I've got a little bit of road rage. I don't, I don't get violent.

I don't, you know, but you know, I shout and I get very, very annoyed. That's, that's a problem with self-regulation. You know, I know other people, you know, and there's a couple of times where I've done that shouting thing and the other person who could legitimately shout back at me, I've looked at a couple of their faces and you just see them in that moment, you realize, oh my Lord, how, how brilliant are they at self-regulation? Because they're looking at you and there's a little bit of a smile and they go on with their day, you know? And so the idea that somehow we ever achieve perfect self-regulation, I think is a little bit of a myth.

All of us have moments, events, situations, but the, but the idea is, is that you're able to firstly know and know an emotion, track an emotion, now understand what's, what's, what's actually happening. And again, if you go back to, to early infancy is that, is that young, young, young infants and young children, for example, don't have such a good sense of that. That's part of their journey.

They, they, you know, they feel something, they, they learning to name it. Is it, is that rage? Is that happiness? Is that they, they kind of, oh, this is a good feeling. I quite like this feeling.

Parents, good caregivers who doing it well enough, good enough, you know, we'll name it for them. We'll, we'll give them feedback. We'll speak to them about the emotion.

I've noticed that when you do that or when I do this, this makes you feel that. And then the child can go, no, you're wrong, but that's okay. That's the process of, of learning.

And through that process, we then, you know, we kind of developed this ability to, to, to self-regulate and it's, I think it's linked quite closely also to things like attention, for example, the capacity to self-regulate some of your emotions and attend are key skills that are needed when young children, for example, go to school, the capacity to sit in a, in a, in a chair at a, at a table in front of a teacher for, you know, at the age of five or six is, is, is not a small task, you know? And so these things evolve over time and depending on the feedback you get from your environment, then, you know, you'll learn more and more about what's acceptable, what's not. And in many cases in certain environments, you know, we, I live in Cape Town, we have a, you know, a gang problem in many areas, you know, and sometimes having an explosive temper, having an explosive lack of love is actually quite a good thing to survive in a particular environment. It may not always be a bad thing.

In another environment, that's the worst thing you could possibly do where you need to actually be much more measured and self-regulated. Very interesting. So we've mentioned two things already that are kind of the outcome of good self-regulation.

One was sleep, which we spoke about in early infancy. You've spoken about another one of, of being attention and, and being able to sit in a classroom as an older child. I know that you're involved in some very interesting longitudinal studies.

One of which is you told me just now is 19 years of, that you've been tracking this cohort. Have you looked at the outcome of self-regulation? Have you measured early kind of situations in their life and looked longitudinally at where this goes and kind of what, what, what it really codes for or what it preps little ones for? So unfortunately, not as much as I would have liked sort of my, my interest in and understanding of, of the importance of regulation came, came a little late, you know, but having said that the, the cohort that you speak about that we, we, we've, we've completed now and we don't have any funding to further, to further, you know, go on, but that we followed for 19 years. And that was where we did actually use the strain situation that, that, that laboratory task that I spoke about to measure attachment.

So we have attachment data on, you know, on all those children from, from when they were 18 months. And then in fact, when they were 17, we then had, we'd followed them throughout this whole period. So from when they were, when, when they were babies all the way to, in fact, when their moms were pregnant, all the way to 17.

And then what we did, it was a randomized control trial. We then did another intervention. There was an intervention early in the first thousand days.

And then we did another intervention at 17 as, as adolescents. And some of the, those, those data are still being analyzed, you know, and so we're looking to see whether, whether as a, if you, if you have a secure attachment at 18 months, does that then predict school functioning? Does that predict whether you get into more fights with, with your peers, you know? So, so for example, we know that like, if you've got a secure attachment and you're in a school, some good research on this. So you're securely attached and you're in a school playground, playground, for example, or in the, in the corridor and someone bumps into you.

A securely attached seven, eight year old, what they're likely to do is go, sorry. And the other person is also, it was also say, sorry. And then people move on.

With some, some forms of insecure attachment, what actually happens is that you, what, what, what we would call is mis, misattribute intent. So the bump isn't an accident. The, the, the insecurely attached child might go, why did you do that? You're trying to piss me off.

You're trying to make me mad, trying to, you know? And so these kinds of things have their tentacles throughout, you know, throughout life in, and I think it's important to say in, in very complex ways, it's, it's not utterly deterministic, you know, a secure attachment to 12 months does not mean, insecure attachment to 12 months doesn't mean that you're going to do badly at school. That's, that's the last thing we say, but they have these interesting tentacles and the way it works out probably is in the real world is that if you are always misattributing intent, guess what's going to happen? It becomes less about the insecure attachment that makes you misattribute intent, but then about this endless examples of interactions with peers that are slightly negative. You slightly, now you don't have a good friendship.

You, you lose a friend, you get into some more fights, you get a little bit more excluded. And so these things, the ripples of those events become the thing that, that, that makes you may perhaps a little bit more isolated, a little bit more angry because you don't have friends, a little bit more likely to get into another bigger fight. And you can, you can just see where I'm going with that.

And so it's not, it's not a neat thing like insecure attachment causes this problem at age 17, but this complex kind of life course way of all these little events and the cascades that happen as, as a result. Very interesting. So I think, I mean, piecing that together, you know, parents would want their children to have secure attachment and they're going to be quite important things that they need in order to do that.

We spoke about responding fairly consistently early on, having a good primary caregiver who is responsive. What other, I mean, I mean, if you had to think about it like a new mom who's sitting with you now and you say, look, you, you know, you, you're preparing for this journey of parenthood. You're going to have a goal towards having secure attachment with your little one, because we know how, you know, the long-term consequences of that.

What would be kind of five things that you would say to her that she should be really just conscious of as she parents her little one? I mean, I mean, I'm going to start with a story that happened to me. So, you know, because I've done a lot of this research that people will ask me for advice and I actually very often just don't do it because it, because it, you know, you can like this work for me and try it if you want, you know, and so a very close colleague of mine was pregnant. She's had two children subsequently, but when she was pregnant with her first child, she came to me and said, like, what advice would you, would you give me? And, and I can remember where I was sitting at the time, a coffee shop just up the road.

And I said to her, so these are the two things I'd say to you. The first is that when things are going really well, enjoy them because that'll change. And when things are going really badly, have faith because that'll also change.

So that's the one piece of advice. And the second, and she was pregnant at the time, I said, speak to somebody that you really trust. And, and, and, and of course you may trust your partner, but that's not really who I'm talking about.

Somebody who's slightly a step away that you give permission now that you're pregnant, that in the first six months of life, for example, is there allowed to come to you no matter how angry you are about them saying it to say, I don't think you're okay. Give that person the permission now, because we know that many, many caregivers, particularly moms, but fathers as well, will, will, will develop, you know, very high levels of anxiety, depression in many cases. And the couple it's very often very difficult to see and particularly for the person there.

And, and so maybe it's a mother, maybe it's a mother-in-law, maybe it's a grandmother, maybe it's a friend that can be the person that says to you, you're actually not doing so good here. You need some help. So do that as preventive.

So, so that, that, and she then came back to me and said, that was incredibly helpful. Those, those two, two pieces of advice. If I was to try and give others, it would be, you know, trust your relationship with your child is that, that things that even if things are really bad at the beginning this, this doesn't mean that the future is cast in stone, that, that things can change and you can change and you can repair things, make things better.

And children are incredibly, incredibly malleable. And, and that actually is a really a word of hope for parents who have adopted children, because very often you don't know their journey ahead of you coming along. So do you, I mean, let's say a child had a terribly adverse pregnancy.

So there was poverty potentially, which we know is a massive risk factor, but maybe there was also violence, toxic stress, relationship stress. And so baby had a really, really bad start in life. And then I'll come into a relationship, maybe when they're two months old with somebody who really is going to be their primary caregiver and have this maybe, you know, primary maternal preoccupation or this obsessional love with them.

Is that enough? And can, and can it mitigate the risk that they started with? So there's two parts to that. One is, kind of, is it enough, just obsessive love for the child? And I might say to that, if I was being absolutely honest, I might say that in itself may not be enough, that you may have to do a lot of other things, but that it absolutely fundamentally will mitigate it enormously. So that would be clear.

But the idea, I'll just use a story from my life. My 15-year-old son, I had very quite severe verbal and motor dyspraxia as a child. So as a very young child, as a toddler, and he was adored.

He had the most perfect pregnancy from diet, everything was absolutely ideal. We realized at about the age of 17 months that the words weren't happening. And because we're privileged, because we're lucky, we put him, he was in speech therapy twice a week for like four years, was in remedial school.

He's now completely mainstream doing really well. Now, would I be able to honestly say that my adoration of him would have been enough, that he'd be now functioning perfectly at, very well at 15 without all the remedial input? My gut says no. But boy, did it have a massive role in it.

He is, he would be off at like age of four, hardly talking, and he'd walk up in a restaurant to the waiter and ask for something, you know, as he was incredibly independent, never been ashamed or whatever. And the waiter would very sweetly come back and say, can you tell me what he was telling me? And we would modulate that. So our relationship with him and adoration was key, but he also needed other stuff.

So it's, you know, so yeah. But, you know, but again, even then, you know, there are ways to mitigate those other kinds of things in other ways, you know, through lots of talking with other caregivers and then broader networks, you know. So, so yeah, so I, it's, it's very complicated.

But it's, I think when you say the word hope, I do think that's really, really important. It's kind of, it's almost, it's almost never too late to, to, to repair, make restitution, you know, all those kinds of things. Yeah.

Amazing. Very, very interesting, Mark. It has been stunning chatting to you.

I wanted to, just before you go, ask you, because you're at the forefront of research and we, I don't get to often tap into somebody like that. What are the current areas of research that you think are going to hold, like really are going to be really interesting going forward and that you've got your eye on? So something I'm doing, not, not direct research, but I'm fascinated with is, is, and I think there's a, somebody who maybe you could try and get onto a podcast called Alison Gopnik. I don't know if you've heard of her.

American, American psychologist, written some wonderful books, wrote a lovely book called The Gardener and the Carpenter. She writes about infants and she, in fact, one of the talks that I did, you know, with you, with you many years ago, I stole the title from a book of hers, Infants as Little Scientists. And she's very interested in, in what infants and children can teach us about artificial intelligence and what's happening, you know, and so maybe to end off, and there was a quote I wanted to talk about.

So many of you will know about ChatGPT, of course, and Sam Altman, the guy from OpenAI who, who started this. And I was doing a conference presentation three weeks ago in Scotland, and I used this quote at the beginning, and this is from him. So Sam Altman talking, he says, they, meaning infants, take years to learn anything interesting.

If artificial intelligence researchers were developing an algorithm and stumbled across the one for a human baby, they'd get bored watching it, decide it wasn't working and shut it down. So you can't get somebody, it's one of the most stupid things I've ever heard anyone say about anything. I was about to say.

You know, and so, but, but they, but there's, there's the moment is that, is that, is that we, we're not in an era of artificial intelligence. Alice and Gopnik will talk about that. In fact, what we're in is in the, in the, in the era of sort of large correlational models.

And because that's all that's happening, they're not intelligent, but they'll get there potentially, but if they really want to get there, they're going to have to learn from babies. I think that's that maybe end with that. Yeah, yeah, absolutely.

I mean, I couldn't agree more. I cannot believe that quote from him. It is probably the least insightful thing I've ever heard somebody stutter in my life.

It's just, it's just so not true. And anybody who's a parent, which he obviously isn't yet, and maybe he will take that back one day when he has a child, will know that your little one is a little scientist every single day. They are absolutely incredible.

And it's that curiosity that, that kind of triggers all of those little connections. That's amazing. Yeah, absolutely.

Mark, thank you so much for your time. It has been wonderful chatting. And yeah, good luck with your research.

I know that you've, you've got a lot more to do in your life with, with mapping out where the human, how the human develops. So thank you very much. Thanks so much for the opportunity.

Thanks to everyone who joined us. We will see you the same time next week. Until then, download ParentSense app and take the guesswork out of parenting.