Prolonged infancy and attachment security:

Comparative case analysis of children with

intellectual disability from India

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Abstract

People with intellectual disability possess poor relationship skills and lack attachment relationships. Research has shown that this low relationship building ability is evident right from birth in the interactions with the mother. The present study addresses these two arguments through case study method. 11 children with intellectual disability from a special school at Mangalore, South India were the participants. With the purpose of developing close relationship, the researcher interacted with the participants for an academic year (10 months). The interactions resulted in close relationships for both. Interviews were conducted with mothers, and other significant people to find out the relationship histories. The analyses of the data revealed that children with intellectual disability are able to develop attachment relationship. The prolonged infancy of children with intellectual disability from developmental delays provides more space for infant-mother interaction. The relationship orientation and the inheritance right in Indian culture fostered the attachment relationship during prolonged infancy stage for the participants under study. The relationship building ability of children with intellectual disability is as par as any other normal developing individual, provided with an opportunity for sensitive interaction.

Key words: Prolonged infancy, infant-mother attachment, hierarchical relationship in India, intellectual disability

Introduction

The scanty literature on the relationships of people with intellectual disability[i] has

shown that they are not capable of developing close relationships. Of the available studies,

very little is known about infant-mother attachment about this marginal section of the

society. The existing literature has argued that children with intellectual disability do not

develop attachment with their mothers. The major attachment theories focus on

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cognition as the fundamental element for attachment, but children with intellectual disability are low in cognitive skills and therefore social skills. The paper argues that beyond cognition and emotion, the contexts and opportunities shape attachment relationship. Therefore, children with intellectual disability are also capable of developing attachment relationships. The present study conducted in India, culturally different from Western countries, addresses the importance of cultural factors in developing close relationships among children with intellectual disability.

The paper is divided into three sections. The first section examines the theoretical and empirical grounding of the study of attachment relationships in general and with people with intellectual disability. The second section deals with the methodology, and the third section discusses the main findings and conclusions of the study.

The nature of Relationship

Satisfaction and happiness derived from social interaction, especially that of intimate relationships is the corner stone for personal growth and human development. The present study focuses on this interrelationship of interaction and intimate relationships to explain the relationships of children with intellectual disability. At the behavioural level, a relationship involves a series of interactions between two individuals, each interaction being relatively limited in duration but affected by past interactions between the same individuals and affecting future ones. But a relationship can persist in the absence of interactions, and involves also subjective aspects-including especially memories of past interactions and expectations of future ones, which have both cognitive and affective aspects (Hinde, 1988: 1). Therefore, relationship is a series of interactions between two persons through verbal and non-verbal exchanges over a period of time in 'mutuality' (Hinde, 1997) However, in the process of self-exchanges, a common meaning is created between the persons. This process begins in the family.

Family is a system, where a number of dyadic relationships take place: mother-child, father-child, and sibling-sibling. The relationship inside the family influence each

other are important. Parents and children relate to each other on many dimensions (eg. love, authority, dependence) and in many kinds of interaction (involving care, control, instruction, companionship) (Radke-Yarrow, Richters, & Wilson, 1988). For children, parents are the most important individuals while speaking of the social setting of relationship. The role of parents in teaching about relationships is undisputed. Parents act in the roles of designer (arranger of a play setting), mediator (initiating and relating the child to new peers in relationship and situations), supervisor (direct advising and observing) and consultant (clarifying the doubts) to modify the ways in which children relate with others (Ladd, LeSieur, & Profilet, 1993; Pettit & Mize, 1993). Establishing a good relationship essentially means acquiring certain behaviour skills and patterns that can be used for reciprocating meaningfully to the other in the relationship, which largely depends on the intensity of infant-mother attachment formed in the early years.

Infant-mother attachment

The existing theories of attachment are largely based on cognition and emotion. Though this paper is focussing on how the contexts shape relationships, it is important to understand the theories based on cognition before detailing the effects of contexts.

According to the evolutionary perspective of attachment theory (Bowlby, 1969), human beings are innately equipped with attachment and care giving behavioural systems, among other important behavioural systems. A behavioural system is a species-universal, innate neural program that organizes an individual's behaviour in ways that serve an important survival or reproductive function (Belsky, 1999). The behavioural systems themselves are believed to develop within the infant as a result of his interaction with his environment of evolutionary adaptedness and especially of his interaction with the principal figure in that environment, namely, his mother (Bowlby, 1969). According to Bowlby, the function of the attachment behavioural system is to protect a person from danger by assuring that he/she maintains proximity to caring and supportive others (attachment figures). The

function of the care giving system is to respond to requests for help and provide protection, support, and relief in times of adversity. Gillath et al (2005) emphasis that the operation of the care giving system is most evident in the emotional and behavioural reactions of parents to their young offspring's signals of need or distress, but it is also considered to be the locus and foundation of empathy and compassion in all situations where one person reacts to another person's pain, need, or distress.

Interaction of the infants with their primary caretakers (or attachment figures) largely determines the attachment patterns of the child. The dimension of care taking behaviour that seems to be related most strongly to infant attachment patterns is sensitivity to the infants' signals (Ainsworth, Blehar, Waters, & Wall, 1978). Children formulate 'working models' or internal representations from these experiences of interaction. These working models are dynamic cognitive structures that guide expectations about relationships and interpretation of the relationships (Bowlby, 1973: 204). Experience with people who are understanding, trustworthy, and responsive to one's needs will lead to positive views of others, whereas relationships with people who are unresponsive and rejecting will lead to negative views of others. Most crucial is the fact of how child learns to rely on attachment figures for security and support (Bartholomew, 1993). Ainsworth et al (1978) have identified three distinct patterns of infant attachment: secure, ambivalent, and avoidant. *Secure* infants perceive caretakers as reliable sources of security and protection. On the other hand, the infants showing *ambivalent* attachment patterns show ambivalent behaviour towards the caretaker when distressed. Finally, infants showing *avoidant* patterns of attachment actively avoid contact with the caretaker when distressed. Thus, both ambivalent and avoidant infants fail to use their caretakers to gain security when distressed. Besides, both groups of insecure infants show deficits in using their attachment figures as a secure base for exploration.

The pattern of child-rearing and infant-mother attachment differs in India that of the Western countries due to the cultural variation.

Infant-mother attachment in Indian culture

Infant-mother attachment in Indian culture cannot be explained without explaining the hierarchical structure of relationships in Hindu[ii] India. From a psychological perspective there are two types of hierarchical relationships in India (Roland, 1982). The first type is the formal structure of hierarchical relationships, most frequently described in the social science literature. Relationship governed by the qualities of the person is the second type of hierarchical relationship. The formal structure of hierarchical relationship is based on the age and sex of the person as seen in Indian Hindu joint families[iii] (Kakar, 1978). Traditionally, the Hindu joint family is patriarchal in nature with the eldest male member as the head, holding the position of authority[iv] (Karve, 1953). In this structural type of hierarchical relationships, the person lower in status shows deference, with varying degrees of differences between the inner feelings of the person and overt attitudes and behaviour (Roland, 1982). In this situation, the person depends on "many external 'watchmen' to patrol his activities and especially his relationships in all the social hierarchies" (Kakar, 1978: 135). This results in a heightened dependency on external authority figures (Kakar, 1978).

Child rearing in traditional Indian families also follows this formal structure of hierarchical pattern. There are two major arguments on child rearing in Indian traditional families: Traditional psychoanalytic studies (Carstairs, 1967; (Kakar, 1978; Roland, 1988) focus only on the interaction between the child and its mother to explain the pattern of child rearing in joint families. The mother is the one and only central figure in rearing a child, and a prolonged closeness results in close attachment for both on one side, and prepares the child for a joint family life rather than an independent life on the other side. However, Kurtz, (1992), an anthropologist, emphasises that the group is the

primary player in the psychological growth of the Hindu child. The Hindu mother, even though gratifies the physical needs of the children, maintains an emotional distance from the children (Kurtz, 1992). In Hindu custom, if there is no cry for the breast, a mother ought not to pay attention to her child in her mother-in-law's presence. Thus Hindu mother by her emotional non-responsiveness pushes her child into the arms of the in-law-women, especially mother-in-law. Pushing the children into the familial orbit is the basic process of becoming a member of the joint family (Kurtz, 1992). Roland (1988) argues that this is a process through which the child is becoming an integral part of the family by developing a 'we-self', instead of an individual ego. In other words, close attachment with the family members occurs.

Both viewpoints dealt with the mediocre role of formal hierarchical structure in the infant-mother relationships of traditional Indian families. The communication pattern within an Indian relationship, the nonverbal and verbal, and the affective and cognitive (Roland, 1982) affects the nature and intensity of infant-mother attachment. Although an affective component is always present in the relationship, the overt communication is always deference by the one lower in the hierarchy (Roland, 1982). Psychoanalysts see this deference in terms of close proximity and the resultant intimacy between the mother and the child. Whereas for Kurtz, the inner feelings of the mother is sacrificed by pushing the child into the hands of the authority figure in the relationship and staying away from the child. However, both views have consensus on the intensity of attachment relationship developed in the child and the importance of home environment in infant-mother attachment and infant-family attachment in traditional joint families. In a study on an Indian sample of 100 infants (12-24 months old) and their mothers Agrawal and Gulati (2005) found that patterns of infant-mother attachment are highly dependent on the quality of home environment. This stream of hierarchical relationship occurs in people with intellectual disability in India.

Infant-mother attachment and intellectual disability

In India, studies done in the field of intellectual disability are primarily focussing on diagnosis and intervention of various kinds. The relationships of this marginal section of the society are under studied in India. Therefore, the paper provides literature primarily from the West to talk about relationships of people with intellectual disability.

Research on relationships has repeatedly shown that people with intellectual disability are lonely and lack friends (Guralnick, Goffman, & Hammond, 1996; Moore & Carey, 2005; Richardson & Ritchie, 1989; Wall, 1998). The reasons vary from personal factors coupled with the state of intellectual disability to the social impact of this condition. Research suggests that early attachment is highly predictive of later relationships in people with intellectual disability (Clegg & Sheard, 2002; Wall, 1998). The comparatively poor ability of people with intellectual disability to identify their social competence and to make friends is also argued to be a causal factor (Luftig, 1989). The above points of view focus directly on the condition of intellectual disability. Firth and Rapley (1990) offer a different explanation other than personal skills. They point out that the low expectations of others often lead to people with intellectual disability being denied the opportunities that enable others to learn about relationship.

In contrast to the above-mentioned studies, some other studies have shown that people with intellectual disability do not lack handicapped friends, although they may lack non-handicapped friends. These findings emphasise the relationship-building ability of people with intellectual disability. D. Atkinson (1986), while studying the friendships of people with intellectual disability, found that persons who had handicapped friends were twice the number of persons who had non-handicapped friends. The observations of Field (1996) and Knox & Hickson (2001) also support the finding about the relationship-building ability of people with intellectual disability. These researchers have argued that the experience of close relationships has long been recognised as an important element for a satisfying life for people with intellectual disability. A quality friendship may even decrease the inappropriate behaviours in people with intellectual disability (Amado, 1993).

The above discussion on the relationship building ability of people with intellectual disability is controversial, but a consensus could be observed on attachment security. Attachment security of children with intellectual disability is very important as far as the general behavior and development of these children are concerned. Vaughan et al (1994) have observed an overrepresentation of disorganized attachment among children with Down syndrome. In his argument, Wall (1998) describes that people with intellectual disability are possibly more likely to have experienced poor attachment to their parents. L. Atkinson et al., (1999) has pointed out a close association between maternal sensitivity and attachment security among children with Down syndrome. In a meta-analytic study, Van IJzendoorn, Goldberg, Kroonenberg, & Frenkel (1992) showed that children with a developmental delay and with autism were significantly more likely than children from normative samples to be classified as insecure (especially avoidant). Studies also reveal that not having attachment security may have detrimental effects even in children with intellectual disability. Buckley, (2002) pointed out in families where parents have found it difficult to bond with the baby with intellectual disability, more stress and more behaviour difficulties reported. The inappropriate friendliness, clinging behaviour and obsessional relationships, which some people with intellectual disability display, could be an indication of poor attachment (Clegg & Lansdall-Welfare, 1995).

A distinguishing characteristic of the above discussions is the fact that most of the studies described are done in the West, where individualistic living is predominant. Since the context is an important element in shaping attachment relationships (Hinde, 1995), the situation in other countries may be different. In India, there are no available studies on the relationship building ability of children with intellectual disability. Therefore, the present study aims to find out the relationships of people with intellectual disability. The research questions formulated are:

(i)   Are children with intellectual disability capable of developing attachment relationships?

(ii)   What is the nature of relationship between children with intellectual disability
         and their mother?

Method

Case study method was employed. The first research question is answered by examining whether participants are able to develop close relationship with the researcher. The study of relationship histories of the participants provided the understanding of the nature of relationship between the participants and the mother.

Participants and procedure

Eleven participants with intellectual disability from a special school situated at Mangalore, South India were selected through purposive sampling. The criterion for the selection was the intensity of support (Luckasson et al., 2002), where the selected participants required a minimum level of support. The rationale behind this decision was to avoid interference from a full-time carer between the interactions of the participants and the researcher. Formal consent from the school principal was sought for the study and for the selection of the participants. Consent from all the parents were also taken after the selection of the participants. Apart from the intensity of support, each participant differed from each other. However, eight of the participants were offspring of daily wageworkers and the other three of office workers. A brief description of each participant is given in Table 1.

Table 1: Details of the participants

Participants	Age	Details
Faizal*	13	Faizal lives with his parents and six siblings. He is the youngest child in a 12-sibling family. Faizal exhibited challenging behaviours, which irritated his parents, siblings, teachers, and peers. Faizal's challenging behaviour is clearly connected to an insecure attachment.
Nithin	8	Nithin is the elder of two children. His parents and teachers expect him to perform beyond his abilities. Nithin's relationship history shows that he was unhappy with this demand made by the significant people in his life. However, he has a good relationship with his parents.
Radhika	11	Radhika is a lonely girl. She lives with her father and three elder sisters, but she does not have a close relationship with them. She lost her mother at the age of five. Her relationship history reveals that Radhika's loneliness is closely linked with the loss of an attachment relationship and with her failure to replace the lost relationship.
Rahul	14	Rahul is a socially withdrawn boy. He lives in a traditional joint family of 11 members. His grandmother ill-treats him for being a child with intellectual disability. But he is very close to his mother and elder brother. The negative response of the grandmother seems to be the major reason for Rahul's social inhibitions, as evidenced from his relationship history.
Seema	10	Seema is a sociable girl, who makes friends easily. She lives with her mother and brother. Seema lost her father when she was six years old. Her relationship history accounts for her close relationship with her mother and brother.
Naveen	16	Naveen is a shy boy, but welcomes strangers with a smile. He has few close relationships both at home and at school. He lives with his parents, elder brother, elder sister, and younger brother. Naveen's relationship history reveals a close connection between his shyness and his relationship-building style.
Bhavya	8	Bhavya is a sociable and talented girl, who takes the lead in social situations. She lives with her parents and elder brother. She has close relationships in the family and at school. Bhavya's relationship history shows that she is extremely happy in all her relationships.
Rajeev	14	Rajeev is the second child of his parents. He maintains good relationships with his parents, siblings, and friends. He does not hesitate to initiate a new interaction. His relationship history shows that he is happy in his relationships.
Navaz	14	Navaz considers himself different from the other children. He tries to play a dominant role in his interactions at school. He never takes the lead in building relationships, but expects others to approach him. Navaz was moved from mainstream to special school a year back. He does not seem to be happy with his present status in the special school.
Vinaya	8	Vinaya has a few health-related conditions, and hence she has been given various services in the school. She maintains a hostile attitude towards her teachers and service providers, but she is friendly with a few of her peers and has a close relationship with her parents. Her relationship history reveals her dislike of the service providers.
Stanley	12	Stanley takes the lead role in building relationships. He has good relationships with his parents and brother. He is deeply attached to his class teacher. Stanley's desire to build more relationships has led him to initiate relationships.

*The names are pseudonyms

Participant observation was the primary method of data collection, which provided ample room for the researcher to interact with the participants, on the one hand, and to observe them, on the other hand. The interactions took place in different settings of the school (classroom, snack and lunch time, school bus, leisure time, sports and cultural activities). The guiding principles in this process of relationship building were unconditional positive regard for and acceptance of the participants. Every participant had complete freedom to lead every interaction, whether it was one-to-one or group. The study continued for 10 months, i.e. one academic year. During this period, each participant could develop a close relationship with the researcher. The data from participant observation were recorded in the form of field notes and daily records. The crucial factors were noted in the field, while the overall activities were written down in the evening.

Interviews were conducted with parents, siblings, teachers, service providers (physiotherapists, social workers, vocational teachers), carers, office staff, school drivers, and in some cases neighbours to study the networks of relationships of each of the participants from time to time. Parents, teachers, carers and service providers were specifically instructed to report behavioural changes of the participants during the study period. Apart from this, series of in-depth interviews were conducted with the mothers of all the participants. Radhika's father and siblings were interviewed to meet this objective. Interviews were recorded at the time of interview and on certain occasions after the interview according to the feasibility of the situation.

The field notes, daily records, and interview transcripts formed the data for the present study. The data were subjected to analysis. Initially, documents were created for each participant. Free codes were developed from each document and then categories were established to identify the gradual process of relationship building on one hand, and the intimacy of child-mother relationship.

Discussion

Relationship building ability of children with intellectual disability

The initial behaviour, change in behaviour and intensity in the new dyadic relationship were taken as the markers to evaluate the newly developed relationship between the participants and the researcher (Mathew & Sasidharan, 2008). Inviting and resisting were the initial behaviours. Those who welcomed the new relationships were classified as inviters, whereas those who did not welcome were described as resistors. Therefore, Seema, Bhavya, Rajeev, Naveen, and Stanley were inviters, and Faizal, Rahul, Navaz, Radhika, Nithin, and Vinaya were described as resistors. The initial behaviour in this new dyadic relationship was directly related to their relationship histories. Table 1 shows that the relationship histories of the inviters were pleasant and happy, while those of the resistors were unhappy. Faizal, Radhika, and Rahul had problems stemming from familial relationships, whereas Nithin, Vinaya, and Navaz experienced difficulties in school relationships (see Table 1).

'Resisting' stood as a barrier to develop relationship and the removal of the same was essential to move forward. A sensitive interaction, which provided maternal sensitivity, sibling and peer satisfaction, could make the resistors feel comfortable in the new relationship. Along with this, the participants were given the lead role in the interaction. The consequences were extraordinary. All 11 participants could engage in a close relationship with the researcher. However, the intensity of the newly developed relationship depended very much on the relationship histories of the participants. Apart from Faizal and Radhika, none of the participants remained in the dyadic relationship. They made use of the dyadic relationship to wider their networks in the school. But, Faizal and Radhika tried to remain in the dyadic bond. Among the resistors, Faizal and Radhika had more problems with their earlier relationships (see Table 1), especially at home. Faizal's challenging behaviour and Radhika's loneliness were the result of insecure

attachments. As the bond strengthened, there were remarkable differences with the behaviours of both (Mathew, 2006).

The initial behaviour and the intensity in the new dyadic relationship are sound points to argue that people with intellectual disability also develop working models of relationship (Bowlby, 1973) like any other normal developing individual. The positive and negative schema of relationship possibly resulted in approaching and repulsing in the new relationship (Mathew & Sasidharan, 2008). This may also be considered in line with the arguments of Wall (1998) and Clegg & Sheard (2002) that later relationship in people with intellectual disability depends largely on their early attachment. However, due to a sensitive interaction in accordance with the needs of the participants, inviters could retain their positive schema of relationship and resistors could change their negative schema to positive ones (Mathew, 2006). When the contexts were re-designed according to their needs, children with intellectual disability also could develop strong relationships. Being born and brought up in a protective relationship-oriented culture, the participants under study longed for attachment relationships and the study revealed that they have the capacity to build up strong relationships. Through this finding, I argue that if adequate environments were provided, people with intellectual disability in any culture would possibly develop close relationships.

Child-mother relationship among children with intellectual disability

Power-dependence relationships

'Power-dependence' is the general nature of relationship observed between mother and participants in the present study. Of course, a parent's position is an acknowledged source of power in relation to her/his children, while the child's greater dependency is complementary to the parent's positional authority (Perlman, Siddiqui, Ram, & Ross, 2000). Unlike the Western countries, the positional power of the parents is much more powerful in Indian society due to its formal structure of hierarchical relationship (Roland, 1982), where the power is primarily used for 'protection' of the lower ones in the

hierarchy. Consequently, for people with intellectual disability, the Indian culture fosters power-dependence style of relationship. The protective nature resulting from the positional power and the subsequent dependence among the participants reflected the intensity in the relationship. The following incident from Seema's life is an example from the part of children under study.

On the eve of Seema's birthday, I reminded her of the importance of celebrating her birthday. She was also asked to bring chocolates to school to ensure her active participation in the celebrations. Her first response to this was, "I'll ask my mother". For some or the other reasons (mostly financial), she brought chocolates two days later.

Seema's dependence on her mother is evident in the above incident. Seema, being a lower status one in the familial hierarchy, couldn't think of taking a decision without asking the higher authority. Seema's internalisation of her mother's power is a distinguishable element here. Her first response to the researcher's request was to ask her mother and she happily agreed to the mother's decision to give out chocolates after two days. When intellectual disability is an additional condition to the prevailing hierarchical relationship system, the protective nature of the head of the family increases, so also the dependence of the child with disability. If Seema was a normal developing child, she could have thought of other options or grumble at her mother for not sending chocolates on time. In this power-dependence communication, the interviews revealed that both Seema and mother received satisfaction. Therefore, arguably, the style of interaction exists between children with intellectual disability and their mother in traditional hierarchical society reflects a reciprocal bond. However, imposing power may not always gratifying unless coupled with love, care and protection.

Rahul lived in a joint family (see Table 1). Rahul's grandmother interpreted his condition as 'Karma[v]*' and refrained from childcare. More over, she punished (physically and mentally) Rahul for some or the other reasons. Being the female authority of the family, she was never been questioned for her activities; nevertheless the rest of the family members (except his mother and brother) joined her.*

Rahul's father ran a night mobile snack shop and was not involved in the familial interpersonal chemistry.

The attachment security of the offspring in traditional joint family is ensured through the development of 'we-self' and the resultant close intimacy relationship with the family members (Roland, 2002). Grandmothers contribute as equally as the mothers to child care in traditional joint families (Kurtz, 1992), especially in families with disabled children (Peshawaria et al., 1995). Since Rahuls' grandmother's behaviour was in contrast to the expected support of a traditional grandmother, his mother took the sole responsibility to look after Rahul. However, being the female authority of the family, the grandmother also controlled Rahul's behaviour and Rahul reacted aggressively to her. Meanwhile, Rahul happily accorded with his mothers' decisions. Power without love and care if exerted, children with intellectual disability also retort. Contradicting emotional responses were seen in Rahul towards the two authority figures; attachment to mother and resentment to grandmother.

Although this power-dependence interaction is one of the many dimensions in normal parent-child relationship (Radke-Yarrow et al., 1988), children with intellectual disability rely on parents more than usual (mostly life long) for their existence. As happens in any normal developing children, the dependence is functional in the beginning (Bowlby, 1969) even in children with intellectual disability. However, in normal developing children, the functional reference to dependence gives way to emotional dependence (Bowlby, 1969), and later independence (both emotional and functional). This transference from dependence to independence does not occur in children with intellectual disability, instead, they remain dependent, both functionally and emotionally. Accordingly, the parents become more protective, especially in Indian culture. From the relationship perspective, it could be said that a surreptitious agreement about the kind of relationship (Duck, 1995) comes in force between children with intellectual disability and their parents. Possibly the agreement talked about the expectations concerning each other's behaviour in the future (Sroufe & Fleeson, 1988), where the children with

intellectual disability remain under the care of their parents (or a significant adult) throughout their life.

This pattern of power-dependence interaction could be observed with all the children in the study. The given 'childhood status' of the participants was an additional rationale from the parent's side to be over protective. Because the family is the primary care taker for a person with intellectual disability in India (Peshawaria, et al., 1995), the submission to the familial authority is not unnatural. In the present study, parents and siblings considered the care of the participants as an inherited right. Even though a number of deficit-based services in India focus on functional independence, the hierarchical structure in India doesn't endorse individual living. Contrary to this, the Western countries promote individual living for people with disabilities who meet basic self-help skills. This may be a major contributing factor for the difference in relationship styles between Indian and Western people with intellectual disability (Mathew, 2006). Since mothers are the primary caretakers of children, the exchanges with mothers could be more. Most of the mothers interviewed in the study said there was committed and prolonged interaction with their child with intellectual disability. Apparently, the participants seemed to perceive this authority of the mother as satisfying (Hinde, 1995), and the relationship moved forward in this fashion.

Prolonged infancy

The developmental records reported that Rajeev's motor and sensory developments were delayed. He could sit at the age of 18 months (one and half years), stand at 24 months (two years) and walk at 30 months (two and a half years). He spoke his first words at three years old.

While normal developing children attain milestones at the expected age, for e.g., walk at 12 months, Rajeev walked at 30 months. The delay for a period of 18 months provided Rajeev the opportunity to receive the same kind of infant level interactions from the mother. The developmental records and interviews with mothers showed that all participants in the present study had developmental delays. This may be considered as a

general pattern providing long-lasting mother-child interaction of the kind in infancy stage. Therefore, I would call this delay in development as '*prolonged infancy*'[vi] in the present study.

The extensive interactions in the prolonged infancy stage, coupled with over protection and control from the mother, is the foundation for power-dependence relationships among the participants under study. Rajeev's mother said she cared Rajeev more than usual during his early days. She also said, "*even now I care more for Rajeev than my other three children*". Similar responses were observed with other mothers too. Nithin's mother reported though the signals were less and responses were slow, she still remembers that he responded to her stimulations. Therefore, the mother-child interaction during this prolonged infancy stage is the consequences of mutual sharing and influences. A rather slow pattern, but exactly the same kind of sensitive mutual interaction Bowlby (1969) talked about normal developing children. For children with intellectual disability, this level interaction continues, sometimes life long, whereas for normal developing children passing of infancy and childhood put an end to this.

In the present study, despite the fact that the age range of the participants varied from 8-16 years, none exhibited age appropriate behaviours, but childlike behaviours. Childlike behaviour to depend mother for security was a major characteristic among children with intellectual disability under study. The traditional Indian culture also fostered this dependency nature of relationship. As I mentioned above, during this period, an untold agreement takes place between child with intellectual disability and mother. Therefore, even though the child acquires the basic developmental milestones (for example, sitting, standing, walking) the parents in a traditional Indian community find it difficult to agree that the child would do something of her/his own. Mostly, the same pattern of communication continues further, which reflects the attachment relationship to each other.

Attachment security and prolonged infancy

The attachment between the child with intellectual disability and the mother could be well explained from the evolutionary and interactional perspective of attachment theory (Bowlby, 1969), and the hierarchical structure of relationships exists in India. Since human beings are innately equipped with attachment and care giving behavioural systems (Bowlby, 1969), we have all the reason to think that due to the condition of intellectual disability (helplessness aroused from the condition) the child maintains proximity to the mother, whereas the mother responds to the child's needs. In the traditional system, the helplessness of a member of the community leave the authority figure much more protective. Both conditions require mother's proximity to her child with intellectual disability.

Researchers have argued that parents, especially mothers, undergo a series of emotional stages from denial to acceptance after a diagnosis of disability has been done (Peshawaria et al., 1998). This was a common phenomenon in the present study. Vinaya's mother was extremely shocked to know Vinaya's condition. The interviews made known that the child rearing process was mixed with intense ambivalent emotions from the mother. One side was comprised of negative emotions (for example, anger, fear, guilt and disappointment (Peshawaria et al., 1998), whereas the other side was filled with positive emotions (for example, love, care and affection) (Bowlby, 1969). By travelling through mixed emotional stages she could finally accept her child's condition and Vinaya could reciprocate, but slowly. Therefore, I would consider the acceptance stage as a reflection of the attachment of the mother towards her child with disability. The outcome of the slow responsiveness was a prolonged interaction between both. The prolonged infancy period was of assistance to her to compensate her rather slow sensitivity to the mother. Thus, through this long rotation of mutual interaction, Vinaya developed a secure attachment with mother.

Although this was the general pattern observed in the present study, Faizal does not fit into this blueprint. His mother refrained from looking after Faizal due to financial

constraints of the family. Most of the time, Faizal was left alone in his early years and later on when he started walking around he was tied to the window of his house while his parents and siblings went for work. Faizal's relationship history revealed that he lacked a kind and sensitive interaction and therefore never developed attachment relationships. The consequences of insecure attachments in Faizal were that of challenging behaviours (Clegg & Sheard, 2002). A close dyadic relationship (Faizal-researcher) could bring down the challenging behaviours. This throws the importance of sensitive interactions in the prolonged infancy stage to develop attachment security.

As I mentioned earlier, when the mother introjects the child's vulnerability she takes the responsibility to protect the child by providing more care. Therefore, I argue that this is a clear reflection of the attachment relationship between the mother and the child with intellectual disability. In the present study, except Faizal and Radhika (lost her mother at the age of five), all the other children interacted freely and happily with their mother. This interaction was a reflection of their attachment security with mothers. The authority of the mother evolved during the prolonged infancy stage; seem to have resulted in attachment security for participants under study. This is the best explanation I can abstract for the close relationship of the participants (Rahul, Bhavya, Naveen, Rajeev, Stanley, Seema, Navaz, Vinaya and Nithin) with their mother. By stating this, I disagree with the general notion that children with intellectual disability do not develop attachment security in their early years (see Wall, 1998).

Conclusion

The present study does not aim to generalize the capacity of people with intellectual disability to develop close relationships even in a relationship-oriented country like India. However, it points to the conditionality of developing attachment relationship under adequate circumstances. The interactions if designed according to the needs of children with intellectual disability, and coupled with maternal sensitivity, sibling

satisfaction and peer satisfaction may result in close relationships. These three elements are very crucial for a developing personality in general and especially for children with intellectual disability to build up attachment security. Generally, people with intellectual disability lack opportunities, which are inevitable for them to have close relationships.

A second conclusion drawn from the study is the intensity of relationship between children with intellectual disability and their mother. 'Prolonged infancy' stage is a characteristic of children with intellectual disability. The attachment behavioural systems and the nature of hierarchical relationship in India result in a prolonged sensitive level interaction between children with intellectual disability and mother. Therefore, the interactions in the prolonged infancy stage are capable of developing attachment security in the children. Lack of sensitive interaction, as it happens in the practices of service-oriented interventions, in this stage results in insecure attachment. The study points that rather than ability, lack of opportunities pose as a major barrier for insecure attachments in people with intellectual disability.

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[i] Intellectual disability is a "disability characterized by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18" (Luckasson et al., 2002, p.13). At the global level, intellectual disability, mental deficiency, mental sub normality, mental handicap, mental

retardation, cognitive disability, learning disability, learning difficulty, general learning disorder and mentally challenged are used to refer to the same condition. However, in the present study, the term, "intellectual disability" is used.

[ii] Although India is known as a secular country since independence, Hinduism, one of the ancient religions of the world, still remains the foremost religion in the country. 83% Indians are Hindus. Later, though a number of other religions formed, all of these have a strong integration to the Hindu religion and culture. Therefore, while talking about traditional Indian culture, the Hindu culture or Hindu India comes into focus.

[iii] The joint family system or the multi-generational household has always been an integral part of the Indian culture. This household includes kinfolk of three to four generations living together, i.e., a father and his sons and dependents, or a set of brothers with their sons and dependents. These members live under one roof, eat the food cooked at one hearth, hold property in common, share a common income, and participate in common family worship (Karve, 1953).

[iv] A cultural explanation of this power relationship could be observed in Ramanujan's (1999) description of the Indian Oedipus. Unlike the Freudian Oedipus, the Indian Oedipus is submissive, where the parent exercises power over children. 'Perunthachan's story' and 'Yayathi's story' are typical examples of this power relationship. While 'Perunthachan attacks his son, Puru (Yayathi's son) sacrifices his youth for the father. In both the stories the sons yield to the power of their fathers. Ramanujan (1999: 126) has portrayed this power paradigm with a reverse direction of the original Greek Oedipus complex.

[v] The beliefs in the laws of Karma, is strong in traditional Indian Hindu families. 'Karma', literally means, 'deed' or 'act', and more broadly name the Universal principle of cause and effect. The doctrine of karma states that one's state in this life is the result of actions in past incarnations.

[vi] This terminology has similarities with Kakar's (1978) use of the term 'prolonged childhood' for the prolonged interaction between a child and its mother in Hindu joint families. Kakar holds the view that the prolonged interaction with the mother leaves the child unprepared for independent activity.