

Children's Bioethics, Theory of Attachment, and P4C

Florin Lobont

Department of Philosophy and Communication Sciences
West University of Timisoara, Romania

Abstract

Starting with a brief analysis of the main theories of children's rights to culture and cultural rights and their entailments in the realm of biomedical practices as culture, the study sketches a critique of these views on children as universally-dependent and separate individuals unable to make autonomous biomedical decisions for themselves. As a sound alternative, the study puts forward the ethics of care which redefines children's rights in terms of autonomy-in-relation, socio-cultural milieu, and cultural identity. In support of this tenet, the essay brings forward reputed research results associated with the attachment theory that show how an individual's current relational experience is deeply dependent on his/her belief systems, which are significantly shaped by the primary caretakers, and contribute essentially to the structuring of their future social interactions. Further, the study calls for the extension of this view to the socio-cultural level as a grounding for understanding society as built on relational selves, rather than on individual separate(d) subjects. The last section describes briefly the Philosophy for Children, a mind competency enhancement set of practices that significantly increases the chances to attain a more autonomous-in-relations identity in children and young people.

Keywords

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I. Introduction

The study's core argument is built on the ideas of children's rights to culture and cultural rights, on biomedical practices *as* culture, as well as

on a number of conceptualizations of children's status,¹ and represents a critique of the views which regard them as universally dependent and separate individuals intrinsically unable to make autonomous biomedical decisions for themselves. The conventional, mainstream perspectives on children's rights, i.e. the will/power and the interest theories, overlook the life experiences of children as individuals existing *hic et nunc* (not as not-yet-actualized projections of future adults) and undergoing the process of developing their autonomy.

The feminist relational perspective, or the ethic of care, comes up with a sound alternative, which redefines children's rights in terms of relations, socio-cultural milieu, and cultural identity. Even though it has not solved all difficulties entailed by the resulting concept of autonomy-in-relation in the biomedical sphere of bodily interventions, it casts aside the conventional dichotomies like the adult/child one that compel scholars and policy makers to deny suitable space for children's expression of opinions and active participation.

Although the implications of this theory in the spheres of medical interventions and cultural identity do not and cannot find solutions to all possible biomedical conflicts, the approach it puts forward is arguably better suited to the contemporary humanistic philosophies of equality, dignity, and respect for diversity.

As a counterargument to these traditional perspectives, the study brings forth the importance of children's relation webs in general, of those defining attachment in particular, in the make-up of individuals from the earliest stages in life. In this respect, reputed attachment theory research shows how an individual's current relational experience is deeply linked to one's belief systems, which are formed in one's family of origin.

The attainment of a more autonomous-in-relations identity in children and young people (and thus, in future adults) requires a fundamental shift in children's views on knowledge, change, body, community, diversity, initiative, environment, and other related realities. Although only via a short introductory glimpse, the study closes by briefly suggesting that one of the recent interactive mind competencies,

¹ By "children" I will refer to the persons between the ages of 3 and 18, or, in case of countries where the law gives people the right to decide on their bodily intervention from the age of 16 (like in Hungary) or another age, I will implicitly consider that age as the upper limit of their childhood.

and emotional intelligence, training practices, namely Philosophy for Children (P4C), increases significantly the chances of producing these changes.

II. Some particularities of children's bioethics

The existence of a deep connection between the society members' physical bodies and cultural identity was observed and studied by scientists, including anthropologists and sociologists, who viewed the body as one of the keystones of society and a crucial building block of individual and collective identities.

One of the founders of sociology, Emile Durkheim, examined the body's use as a first site of "imagined community," and a source of the society through bodily practices (as parts of the sacred rituals), which he aptly described as "generators of social symbolism," a process through which collective emotional energies "create a [solidary] space for social life in which groups become conscious of themselves." As a conclusion, he wrote that "without the body, there can be no life and society" [1].

As Maya Sabatello justly noted, the link between body, society, and culture is most visible in case of children. Children represent the first *locus* of enculturation, the process by which individual members of a group absorb – to a great extent at subliminal level – the cultural and identity configuration of their community as their own [2] (p. 8). "Parental and others' bodily practices provide a model for children of how to relate to the world in the most basic forms—gestures, facial expressions, way of walking, postures, etc.—which children imitate and adopt as their own. In times of illness and sickness alike, children acquire the reasoning and means of healing that are used by their care givers, as these are perceived as simple acts of survival" [2] (p. 9).

One would have no difficulty understanding that many bodily-related customs of various cultures have placed – and still place – children in a particularly vulnerable situation. Children depend fundamentally on adults for survival, and this has culturally founded the conceptualization of the child-adult rapport in terms of power relations that rule children out as decision makers. This has determined a downgrading of children to an inferior status in their families and communities, which often leads to disregarding their opinions when expressed [3] (p. 5). Despite this, children are simultaneously viewed as

bearers of significant power, given the concern of cultures to pass on their traditions from generation to generation, which spotlight children as the main custodians of the cultures' future. For the sake of culture's survival, communities have devised practices of inculcating in children strong commitment to the respective culture. However, observes Sabatello,

this mutual dependency is particularly critical in the context of health-related and bodily practices. While some healing and cultural bodily practices may be harmless and mainly symbolic, others may be injurious and detrimental to the children's health. Yet, as the youngest members of the community and its cultural proprietors, children may nevertheless be exposed to either without the ability to protect themselves and regardless of the potential injurious effects of the custom [2] (p. 10).

Despite the importance given to children as gatekeepers of their group culture's survival, the most common mindset across cultures (even if the threshold of maturity differs to some extent in various cultural settings) denies them the capability of making choices for themselves (including the health-related bodily practices) due to their alleged lack of necessary wisdom and entrusts adults, especially parents, with this task [4] (p. 477).

Western societies have also developed norms and practices that try to establish when parents are the most suitable decision makers on behalf of their child (situations considered as dominant) and when they might not act in their children's best interest, situations in which states should resort to their power as *parens patriae* to intervene.

III. Autonomy-in-relation in children's bioethics

The ongoing question of children's rights existence and grounds commenced way before the "children's rights revolution." The debates around it focus mainly on the function of "rights" in relation to children and has as main opponents the traditional "power/will" theorists and the "interest" advocates.

The traditional opponents, who follow the Western human rights tradition, consider a right the "power that a person possesses to control

or claim or do something" [4] (p. 19)]. In order to be a rights holder, a person needs to have a certain level of competency (i.e, rationality combined with a minimum level of agency), that is, of rational and autonomous decision capacity on their own behalf [5] (p. 101).

Although from this perspective, children's bioethical rights are not denied, in case of very young children, but also more generally in that of children viewed as a subgroup, children are attributed neither individual will, nor the capacity of rational decision making, and, consequently are denied any ability to exercise rights. As Onora O'Neil justly comments on the implications of these accounts, children are thus universally, unavoidably, and naturally dependent on their carers, who practically have power over their lives. Thus, the power/will theory deductively nullifies children's status of rights bearers. [6.] (p. 39).

At the other end of the spectrum, the interest theorists construct their argument on the idea of children's inherent moral worth in order to justify their moral and juridical condition as right holders. In short, the argument states that as children's moral rights are equal to those of adults, justifying the denial of their positive rights becomes hardly sustainable [2] (p. 165). According to T. D. Campbell, the crux of the interest theorists' argument is that essentially the rights concern first of all the "normative defense and furtherance of interests," regardless of the person(s) in question's capacity or incapacity of rational decisions. Consequently, as children fall into this category as bearers of interests, they are also bearers of rights [8] (p. 5).

When it comes to children's bioethics, both perspectives are limited for a number of reasons, the main one being that

the evolution of others' duties and responsibilities (whether grounded in the child's interests and rights or in adults' obligations) is inherently contingent on the child's relationships with others and can thus have no meaning if taken, explored, and codified in the abstract or in isolation... Neither [view] actually captures the more complex lived experiences of children *as children* nor the informal and mutual relationships in which children are involved with and which provide them the *legal* organization of their daily lives [2] (p. 168).

Yet, precisely the web of multiple informal socio-legal structures where children live make up the *locus* where they receive their sources of attachment and relationships with the people around them – especially with their caregivers and with those children care for – that thus provides the setting for their development. The interactions and relationships of these milieus, in which children develop their autonomy and cultural identity, represent both an integral part and a prerequisite to the child’s exercise of their rights and freedoms. “It is within these semilegal orders where children internalize and negotiate their cultural background in the process of constructing their identities—and hence also their duties and rights” [2] (p. 169).

Arguably, a sound alternative to the above contestable theories is offered by the feminist discourse on rights. Its core tenet is the idea that individuals develop within certain relational configurations and stresses the contextual interdependency and responsibilities. Based on this assumption, these theorists call for a debate on rights in light of these relationships.

The “relational theory of rights,” which during the last three decades or so has become known in literature as the “feminist ethic of care” [e.g. 9, 10, 11], has established itself as the main alternative to the conventional human rights approach. It is grounded on the thought of Carol Gilligan, a feminist social scientist who challenges the assumptions of differences between the sexes as foundations for considering a person a rights’ bearer through their rationality and autonomous decision-making capacity [2] (p. 169). According to the feminists who deal with the topic, this view rests on a distorted perspective on society, understood as consisting of detached, insulated individuals, in which one can only reach their own autonomy “by erecting a wall (of rights) between the individual and those around him” [12] (p. 12). The relational theory promoters’ alternative tenet is that human beings are essentially interdependent, which makes autonomy possible only via relationships. These scholars also powerfully question the way in which the conventional discourse on human rights places reason and rational decision-making capacities at the foundation of granting rights. Such an outlook

subjects the essence of humanity to reason and to the capacity “to analyze and calculate, to induce and deduce” although it is not the whole, nor even the paramount, of it.

Instead, much greater attention needs to be given to contextual responsibilities, emotions, and other intuitive characteristics of human nature [13 quoted in 2] (p. 170).

Doing away with the conventional view on adults (basically males) as bearers of rights through authority, power and status, the relational perspective concentrates on the emotional and intuitive sides of relationships. As a *locus* of the latter's expression, the advocates of this approach designate the domestic (mostly feminine) private realm, epitomized by the concept of care – by far more adequate to children's condition [14] (p. 88).

In conclusion, children's rights are viewed rather as a matter of relationships and (moral) responsibilities than as a matter formal rules. This links children's rights to their informal and contextualized environment rather than to the abstract normative realm. Thus, this focus on relations as the main way to one's exercise and the realization of rights leaves behind the Western view of a world defined by dichotomies: female/male, child/adult, I/the "other," private/public, normal/abnormal, culture/individual, a.s.o. "As such, the relational approach opens a discussion on children of all ages as active participants and as citizens of the world" [2] (p. 170).

In the particular case of children's bioethics, the relational perspective has the notable advantage of overcoming difficulties inherent to dominant approaches such as principlism with its doctrine of informed consent - completely premised on the concept of rational decision making made by independent individuals. Based on the person's (defined mainly as a separate individual rather than an interdependent, connected, relational subject) inherent dignity and moral worth, children's rights to exercising informed consent under the Children's Convention [15] is inescapably restricted. Furthermore, there are no *expressis verbis* references to the child's informed consent in the Children's Convention, the European Conventions on Biomedicine or other international legal codes, which implies that children do not have this right. Even more illustratively, in the Convention on Human Rights and Biomedicine that specifically requires informed consent for any biomedical intervention, the assumption with regard to children is that they are "persons not able to consent," that right being conferred to the child's representative or guardian authorized by law, even if the child's opinion should be given a hearing as it is worth "taking it into

consideration as an increasingly determining factor in proportion to his or her age and degree of maturity” [16].

Even though when given supportive environment and communication, children way below the age of ten have proven capable of giving a rationalized informed consent regarding their own bodily interventions, issues comparable to that of adults [17] (p. 190) only adults – i.e. parents, legal guardians, community, courts, and health care professionals – are the ones making the “right” biomedical choice on their behalf.

In case of children, applying the ethic of care with its emphasis on moral responsibilities leaves aside the biomedical conflict that opposes the child’s guardian(s) to the medical professional, or the former’s *fulfilment* duties to the state’s *enforcement* attributes, and encourages all actors to join forces in finding and providing the best care available; this approach also gives the child’s voice a hearing. Owing to its essentially relational character, it also favours the contextualization of bodily practices by genuinely prioritizing the assessment of risks and benefits for the child in question.

Assuming that the society’s moral fabric is built on relational selves possessing extended social brains rather than individual separate(d) subjects, the relational approach views the child’s guardian(s) and carers as the best experts on the child(ren) they care for and thus the bodily practices on their child have higher chances to be genuinely interested in the mental consequences and gains for their child(ren) via their sense of communitarian belonging and identity. In conclusion, writes Sabatello,

Considering the indisputable connection between the body, society, and culture, and between these and the individual and his or her identity, children’s bioethical rights cannot be seriously discussed by excluding their sociocultural sources of influence, but rather by acknowledging and involving their autonomy-in-relations with these webs around them [2] (p. 174).

In the same line of thought, Leora Bilsky convincingly argues in favour of viewing children’s development as intrinsically influenced by their communities, which calls for the need to create “an explicit space for children’s autonomy *as* identity” [17] (p. 145). Particularly relevant for children’s bioethics, the relational approach creates the context for

defining the criteria of autonomy regarding bodily interventions taking into account the intertwining of the group's and the individual's sense of identity via the webs of relations relevant for children's lives. This framework facilitates children's own voices in defining their autonomy and rights. Thus, the understanding of autonomy qua identity as far as children's bioethics is concerned rests on the paramount importance of relations, intuitions, and emotions that prevails over a traditional individualist discourse on rights. As a consequence, "a conceptualization of the entire discourse on children's bioethics needs to recognize the relational experiences of children, their dependency, and their attachments to both individuals and collectives who constitute their communities of reference" [14] (p. 91). And, in the end, these attributes need to be defined as components of the child's cultural identity.

IV. The attachment styles and their role in structuring children's relational identity

The above insights into the relational essence of children's autonomy according to the feminist relational ethics (or ethics of care) can arguably be strengthened by a few brief references to recent developments in psychological theories of attachment [18]. Our hope is that, if extended beyond the child – primary care givers realm, on cultural-relational level, the findings of the attachment theory can stand as a powerful argument against the individualist discourse on rights and its bioethical consequences. According to the attachment theory, the individual's life is essentially structured by the attachment style s/he was exposed to in early infancy and childhood. The theory's main representative, John Bowlby [19, 20] clearly stated that one of the essential components of attachment style is *the internal working models*. They are internalized on the basis of the quality of the child's experience of their primary attachment figure and will be employed in future significant relationships. In what follows I will briefly highlight the specific of the reality internalized by children, for each of the attachment styles described in the literature.

Therefore, being constituted early in a warm and responsive relationship with the significant adult, *secure attachment* acts as a protective factor for children [21]. Specifically, s/he internalizes her/his self-confidence and the ability to adapt to new and challenging

situations, using the parent as secure base from which to explore the environment freely, without interruptions caused by anger or fear (Grossman, Grossman & Zimmerman, 1999, as cited in [21]).

Other studies present the current relational experience as being related to one's belief systems, which are formed in one's family of origin, and tend to be strongly and consistently reinforced after having been internalized during an extremely vulnerable period of life [22], when a child is most impressionable. In that early life context, parents and other primary caretakers appear to have a powerful influence on the development of children's belief systems [22].

According to Bowen [23], children who reached maturity may tend to imitate their parents' interaction within their own marriages and current families. Bowen also cautioned that mere exposure to individual and family functioning does not adequately explain the intergenerational transmission process, as the actual transmission process was often inconsistent and occurred at an emotional level [24].

At the same time, more studies linked perceived parental models to the attachment style [25, 26], because this is also structured in childhood, during the early experience with the caregiver. In this context, multilevel modeling results indicated that memories of childhood emotional abuse reported by students and their partners who acted as subjects in these case-studies were significantly associated with attachment strategies, as well as with romantic relationship quality. Findings supported hypothesized mediation effects of attachment anxiety and avoidance on couple interaction and satisfaction [27].

As stated above, Dattilio's research strongly suggests that belief systems are deeply rooted in experiences acquired during early childhood family life. Due to this profound grounding these systems proved very resistant to change through psychotherapy or other personal development programmes aiming to counter their dysfunctional effects [22].

Insecure attachment styles occur when the parent is unable to calm the child, due to his or her emotional unavailability or inability of decoding the child's needs. Here we are talking about the *ambivalent* (or *anxious/resistant*) style and the *avoidant* style [28, 29]. If the parent is unpredictable and inconsistent in their responses to the child's needs, the latter cannot rely on the availability of the attachment figure and will develop an *ambivalent* attachment. These children will manifest a

low degree of independence in exploring the environment, due to anxiety of being away from the parent [21]. Rejective or hostile answers, as well as parental indifference lead to the development of an *avoidant* attachment style in children. The child can learn to avoid others and deny their own needs, and thus appear independent. But this is only the result of the fact that s/he has not learned to depend on others [28, 29].

More recent research [29] has shown that *disorganized/disoriented* attachment style appears in children subjected to abuse or neglect by the parent. These children are hypersensitive to abuse and appear disoriented or confused in the presence of their parent. They express a combination of strategies specific to the ambivalent and rejective styles, having moments when they try to please the parent, immediately followed by moments when they show anger or rejection towards him/her.

Back to internal working models [30] related to attachment styles, I need to stress that they are constantly reviewed and updated. Therefore, their impact on the psychosocial functioning of a child of a certain age may depend on the security of the representations developed within that period [31].

Children's early representations of their own experiences, of others and of the nature of relationships is outlined in the context of the discourse *shared with others* [32, 33]. In this respect, the influence of the main care giver upon the child's attachment structure works in two ways: through the quality of the care given, and through the interpretation of events offered during discussions with children. The security or insecurity of children's representations of relational experiences are thus generated and maintained [31]. In this context, parents' behaviour has been identified by a number of researches as the link variable between adult attachment and child attachment, securely attached children having sensitive mothers who respond promptly to their needs [3, 20].

The anxiety dimension of attachment within the couple relationship bears on the negative internal model about the self and the world [30; 35], causing partners to worry that their partner might abandon them, to become over-clinging, having the feeling they love their partner more than the partner loves them. Individuals exhibiting a high level of anxiety as adult attachment dimension need assurances from their partners that they are important and loved. The attachment theory, and

the theoretical perspectives on intergenerational transmission of attachment show a repetitive pattern of attachment across generations: the attachment style in adulthood is manifested both in the couple relationships and in the romantic relationships that adults establish [36], and in the relationship with their child [37]. Concurrently, the research conducted by Mikulincer and Shaver, shows that people with anxious attachment to relationships, worried not to be abandoned by the loved ones, will adopt “hyperactive attachment strategies, being active, kind, persistent in trying to obtain love and support” [38] (p. 33).

The implication of the above account of attachment styles is that they set the individual’s attitudinal and relational blueprints in the society at large. Extended, beyond the child-primary care givers realm, at cultural-relational level, these findings reinforce the argument that the society’s moral fabric is built on relational selves possessing extended social brains rather than on individual separate(d) subjects. Our suggestion is that coupling the attachment theory with the relational-cultural identity approach(es) helps both the understanding of the relational core of the person’s identity and possible background roots of various dysfunctions manifested by individuals within their social-cultural environments.

V. Philosophy for children as enhancer of social- and cultural-relational competences

The attainment of a more autonomous-in-relations identity of children and young people requires a fundamental shift in children’s views on knowledge, change, body, community, diversity, initiative, environment, and other related realities. In our opinion, one of the recent interactive mind competencies and emotional intelligence training practices, namely Philosophy for Children (P4C), increases significantly the chances of producing these changes e.g. [39] (p. 379); [40]. At the end of a survey of a large number of research-based studies of P4C outcomes, K. J. Topping and S. Trickey conclude:

Ten studies [of] P4C [results] in primary and high schools met the stringent criteria for inclusion, measuring outcomes by norm-referenced tests of reading, reasoning, cognitive ability, and other curriculum-related abilities, by measures of self-esteem and child behaviour, and by child and

teacher questionnaires. All studies showed [...] a consistent [...] positive effect for P4C on a wide range of outcome measures [41] (p. 379).

Although presented below only as a short introductory glimpse, P4C's merits are summarized simply as a preliminary opening to the study of its prospective contributions to the development of the social- and cultural-relational competences and identity awareness in children.

P4C is more than a simple sum of programs of stimulating and fostering thinking abilities. In fact, it comprises a complex of specific resources and methods of tapping into and encouraging children's curiosity and natural propensity toward interconnectivity, helping them in their search for meaning, stimulates and develops their intellectual courage and helps them rigorously develop skills that enable them to make correct judgments in their day-to-day lives, but also stimulate and enhance empathy, compassion, acceptance and tolerance. In the countries where this type of skill training is already becoming a tradition, the visible result is an increasing number of assertive young people, capable to relate to knowledge in a critically-constructive way, to articulate and conceptualize their ideas and think independently and innovatively, to be tolerant toward others' ideas and beliefs, and to work within groups of likeminded people. A description of such achievements of the P4C programs in New Zealand reads:

Doing philosophy in a community of inquiry gives all students a "voice" as well as teaching them appropriate ways to express themselves and to have their contributions heard. The voices of all students are encouraged and included in classroom dialogue. A range of co-operative skills [including] ... listening to each other; thinking about and building on each other's ideas; respecting everyone's ideas..., create a space in which students can interact with both gentleness and rigor. This in turn allows students to hear, appreciate and challenge each other's thoughts and perspectives, and often leads to a new valuing of classmates [42].

The Philosophy for Children's central educational tool is the community of enquiry, a structure that can play a crucial role in "combating what is perceived to be a drift in society to the idea that

opinions can't be judged and don't need to be justified" [43]. This type of community is a group of people united in the examination of an area of common interest via a process of dialogue-based enquiry. This type of community represents "a context for discussion wherein participants are challenged to justify their opinions regularly" [43]. The community of enquiry "aims at understanding the issues in question or the beliefs of other participants. Argument is seen as a collaborative effort to come to the best answer to a question" [43]. Facilitators specialized in P4C develop their class towards becoming a community of inquiry by some straightforward practices. In order to explain them, these practices are generally organized in four categories: encourage questioning, develop concepts, encourage dialogue and argument, and work for reasonableness [43]. Moreover, all four Cs of P4C's interconnected types of thinking, namely caring, collaborative, critical and creative, also include a strong and deep social skill component which encourages, cultivates and structures the social attitudes that define the relational side of children's selves.

However, the Philosophy for Children's founder, Matthew Lipman, strongly believes that the main confronting views on social learning oppose the reflective model to the standard model on the ground that the main aim of the former is the autonomy of the learner, instead of their dependency on, or reproduction of, the teaching authority figures. Yet, the independent reflective thinker has nothing in common with a "self-sufficient cognitive macho ... protected by an umbrella of invincibly powerful arguments" [44] (p. 25). Instead, they are deeply social and communal. The reflective model's objective is "to articulate the friction-causing differences in the community, develop arguments in support of the competing claims, and then, through deliberation, achieve an understanding of the larger picture that will permit more objective judgment" [44] (p. 25).

According to Lipman, P4C's mission is "to help children learn how to think for themselves," via "improvement of reasoning ability; development of creativity; personal and interpersonal growth; and development of ethical understanding" [45] (p. 53, 78). Children can be helped to identify these ideas and concerns in specially written stories, as well in traditional stories, novels, or movies for children. During the philosophy for children classes, such themes are subjected to investigation procedures within the community of enquiry that resort to

instruments of philosophical reasoning and imaginative exploration under the guidance of a teacher whose role is to stimulate children to think cooperatively and assume responsibility for their learning.

A community of enquiry is based on a collaborative knowledge creation concept founded on a community of philosophical enquiry theory which actively engages collectively and interconnectedly those concerned with a particular issue. As a conclusion repeatedly drawn in the studies on P4C's impact on children's social skills, D. Spiteri correctly summarizes the fact that, owing to their profound dialogic critique and internalizing reconstruction of knowledge, the communities of enquiry essentially contribute to the enhancement of intercultural and intersubjective sensitivity [46].

VI. Conclusion

By challenging the dominant views on children's rights, i.e. the will/power and the interest theories - especially their biomedical implications, the relational theory of rights exposes these traditional/conventional views' overlooking of life experiences of children as present individuals whose identities and autonomy are essentially defined by their relational and attachment contexts. As main resources, the above argument appealed to the feminist ethic of care, the theory of attachment and philosophy for children, in order to call for a reconceptualization of the entire discourse on children's bioethics, based on the integration of the relational experiences of children (including their intuitional and emotional underpinnings) as building blocks of their identity, instead of individualism. Individualism is criticized mainly for its misrepresented perspective on society, understood as consisting of detached, insulated individuals, in which one can reach their own autonomy.

As a counterargument to these traditional perspectives, the study brings forth the importance of children's relation webs in general, of those defining attachment in particular, in the make-up of individuals from the earliest stages in life. In this respect, reputed attachment theory research shows how an individual's current relational experience is deeply linked to one's belief systems, which are formed in one's family of origin. They tend to be very strongly and consistently reinforced after being internalized during an extremely vulnerable period of life, when a child is most impressionable. Parents and other

primary caretakers have a powerful influence on the development of children's belief systems, which contribute essentially to the structuring of their future social interaction via the children's relational selves. Extended at cultural and relational levels, these findings reinforce the argument that the society's moral fabric is built on relational selves possessing extended social brains, rather than on individual separate(d) subjects.

As a suggested educational intervention strategy aiming to enhance in children both the autonomy-in-relation and the awareness of their cultural and relational identities, the philosophy for children's four Cs, namely caring, collaborative, critical and creative thinking, include a strong and deep social skill component which encourages, cultivates and structures the social attitudes that define the relational side of children's identities.

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