

Foundations of Attachment

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Objectives

- Define “attachment” using Bowlby’s conceptualization
- Describe development of attachment through the first few years of life
- Describe attachment classifications
- Discuss implications for future development

Origins of Attachment Theory

- Recognition of effects of adverse caregiving environments on infant development
- Robertsons and Rene Spitz--"hospitalism"-1940's
- Ethological studies
- John Bowlby
 - 14 Juvenile Thieves
 - Attachment one of four behavioral control systems that serve to motivate infant behavior

Attachment

- “...a strong disposition to seek proximity to and contact with a specific figure and to do so in certain situations, notably when frightened, tired or ill.” (Bowlby, 1969/1982, p. 371.)

Bowlby's Theory:

- The attachment system
 - motivates the infant to seek proximity to the attachment figure
 - the internal goal of the infant is **felt security**
 - “activated” during times of distress

Bowlby's Theory:

- The other systems include:
 - Exploratory system --motivates exploration of the external world
 - Affiliative system --motivates the infant to be with others
 - Fear/wariness system—motivates the infant to monitor safety and danger

Important Points

- Attachment and exploratory systems have been most studied
- Attachment and exploratory systems work together:
 - when attachment system is activated, the infant seeks proximity to the caregiver
 - exploration goes down or is minimized

Attachment exploration balance

activated



attachment



exploration



deactivated

Important Definitions

- *Attachment behaviors*
 - Infant signaling and approach behaviors that promote proximity to caregiver
- *Bonds*
 - Feelings of closeness of between two people in a relationship--not the same thing as “attachment”

Important definitions, cont'd:

- *Attachment relationship* –
 - Infant seeks comfort from specific caregiver (s), who provides nurturance and availability *when infant is distressed*
- *Attachment system:*
 - Bowlby's conceptualization of behavioral control that motivates infant to seek proximity to the caregiver, and results in "felt security"



Development of Attachment

Prenatal Expectations: Developing Affiliative Feelings for Baby

- For most women, feeling “connected” to the baby grows as pregnancy progresses
- A substantial minority (~ 20%) feel a strong bonding in the first trimester

During pregnancy...



- Mothers' bonding to infant greater than fathers' throughout pregnancy
- By one month after birth, should have experienced feelings of love for baby

Pre-attachment: 0-2 Months

Orientation/Limited Discrimination

- Newborns are “wired for feelings and ready to learn”
- Physical characteristics of babyishness attract caregivers
- Infant’s ability to discriminate caregivers is limited by cognitive immaturity

Pre-attachment: Birth -2 months

- At birth/first few days of life, infants can recognize mother's (and father's) voice, mother's smell
- Limited ability to signal, but
- Infant capable of showing engagement and disengagement cues at birth

Pre-attachment: Birth -2 months

- Caregiver's ability to recognize, regulate, and respond sensitively to infant states and cues lays early ground work for the development of
 - emotion regulation for the child
 - the attachment relationship between mother and child

Discrimination/Limited Preference: 2-7 Months

- “Attachment-in-the-making”
 - Social smile appears by 6-8 weeks
 - The infant is social with many people
 - May interact differently with familiar people, but does not express strong preferences
 - Can be comforted by a variety of people

Preferred Attachment: 7-12 Months

- Infant shows a clear preference for a small number of caregivers
- Turns to a specific caregiver(s) in times of distress
- “Focused” attachment becomes evident:
 - stranger anxiety
 - separation anxiety
 - development of “felt security”
 - development of trust (versus mistrust)

Secure Base and Safe Haven: 12-20 Months

- Secure base:
 - Physical proximity to caregiver provides physical safety *and*
 - Promotes an internal feeling of security in infant
 - Allows the infant to venture away from the caregiver and explore

12-20 Months cont'd:

- Safe haven-
 - Caregiver physically and “emotionally available” to provide comfort and nurturance for child;
 - Often seen when child is exploring, gets distressed, and returns to parent for reassurance or comfort

Goal-Corrected Partnership: 20-36 months

- “No!”
- Beginning of empathy
- Increased appreciation of conflicting goals and of the need to negotiate
- Balance between autonomous functioning and healthy dependence

Attachment: 4-5 years

Goal-Corrected Partnership

- Child and parent mutually form and modify goals and plans for relating
- Child can intentionally consider parent's behavior before acting
- Child can inhibit own behavior
- Cooperation is hallmark

“Working Model” of Attachment

- *Working model*- an abstraction of related memories and generalized event representations
- Consists of representations of self, other, and relationships, including feelings, beliefs, expectations, behaviors, attentional strategies, and memories
- Formed during the first year of life through the myriad of daily interactions between caregiver and child

Working Model of Attachment

- Initially accommodates to new information
- Once formed, maintains pattern of organization
- Guides processing of new information so model is confirmed and maintained
- Infant seeks out and recreates interactional patterns in other relationships, thus
- New social partners are selected in terms of working model of relationships



Attachment Classifications

Strange Situation Procedure

- Episode 1 Explain procedure
- Episode 2 Mother and child
- Episode 3 Stranger, mother and child
- Episode 4 Stranger and child
- *Episode 5 Mother and child*
- Episode 6 Child alone
- Episode 7 Stranger and child
- *Episode 8 Mother and child*

Classifications of Behavior in Strange Situation

Infants

- Secure
- Avoidant
- Resistant
- Disorganized

Preschoolers

- Secure
- Avoidant
- Dependent
- Disorganized/Controlling
- Insecure Other

Attachment Classifications

- Classifications describe interaction patterns
- Cannot discern attachment classifications before developmental age of 10 months
- *Risk and protective factors--NOT psychopathology*
- Organized classifications associated with better outcomes than disorganized

Attachment Classifications

- Organized
 - Secure
 - Insecure avoidant
 - Insecure resistant/ambivalent
- Disorganized

Secure Attachment

- Infant knows caregiver is available to provide comfort
- Infant uses caregiver as secure base from which to explore environment
- After separation or distress, infant seeks contact with caregiver (safe haven)

Secure Attachment

- Direct expression of negative affect
- Clear approach to caregiver and expectation of comfort
- Settled by caregiver's attempts to soothe
- 55-65% in low risk samples

Secure Attachment

- Caregiver is:
 - Warm
 - Sensitively attuned to child's physical *and* emotional needs
 - Consistent
 - Quick to respond to infant's cries

Insecure Avoidant Attachment

- Infant shows little or no distress at separation
- Is physiologically aroused but actively inhibits the impulse to seek comfort on reunion or when distressed
- Implicit claim of strength, independence, normalcy

Insecure Avoidant Attachment

- Either minimal reaction during reunion or active avoidance of caregiver during reunion; e.g., focuses attention on toys
- May be angry or indifferent to caregiver and unresponsive to being held
- May be affiliative (social) towards stranger
- 15-20% in low risk samples

Insecure Avoidant Attachment

- Caregiver:
 - Often is emotionally unavailable or rejecting
 - Dislikes “neediness”
 - May want/applaud independence

Insecure Resistant (Ambivalent) Attachment

- Infant
 - protests loudly at separation
 - resists being comforted upon reunion
 - is clingy, demanding, and often angry
 - shows limited exploration
- These behaviors suggest the infant is ambivalent about caregiver being a reliable, “safe haven” and “secure base”

Resistant (Ambivalent) Attachment

- Unable to be soothed by caregiver
- Either passively overwhelmed or angrily preoccupied by caregiver
- *Hyper-activation* of attachment system
- 5-10% in low risk samples

Insecure Resistant Attachment

- Caregiver is:
 - Unpredictable or chaotic
 - Often attentive but out of synch with infant
 - Often tuned in to own and also infant's fear

Risks for developing insecure attachment:

- Multiple psychosocial stressors
- Maternal depression
- Parental conflict/partner violence
- Parent's own attachment experiences
- Abuse/neglect
- Trauma
- Substance abuse

Disorganized Attachment

- Infant displays interrupted, confused, or incomplete strategies for obtaining comfort from the caregiver, such as:
 - Disordered sequences of behavior (approach then dazed avoidance)
 - Simultaneous contradictory behaviors (marked gaze aversion during approach)
 - Stereotyped, repetitive gestures
 - Self-harm in presence of caregiver

Disorganized Attachment

- Freezing or stilling
- Obvious fear of caregiver
- Attachment behavior to stranger rather than caregiver upon reunion with caregiver
- Depressed or “flat” facial expressions

Disorganized Attachment

- Caregiver is more likely than other types to:
 - Have unresolved losses
 - Have experienced trauma
 - Have substance abuse/dependence
 - Have bipolar affective disorder
 - Maltreat infant

Prevalence of Disorganized Attachment

- 15% in low risk samples
- 24-82% in high-risk samples
- The classification most associated with risk for psychopathology/poor outcomes later
- More likely in maltreated infants and toddlers than in non-maltreated peers

Attachment and Later Development

- **Secure infants at ages 3 - 5:**
 - Have more advanced social skills than insecure infants
 - Are more empathic and responsive
 - Have higher levels of social pretend play
 - Use better and more direct communication
 - Have high self-esteem, a wide range of emotions

Attachment and Later Development

- **Secure infants at age 10:**
 - Have reliable, trustworthy friendships
 - If differences exist, are more advanced cognitively than insecure infants
 - Use more complexity in problem-solving
 - Are more curious and creative
 - Set higher standards for own performance

Attachment and Later Development

- **Insecure/Avoidant infants at age 2:**
 - Smile and share less with caregivers
 - Are more angry, aggressive, and non-compliant with caregivers compared to secure infants
 - Do not seek assistance with frustrating tasks
 - Use less direct communication
 - Are overly friendly to strangers

Attachment and Later Development

- **Insecure/Avoidant infants at ages 3 - 5:**
 - Are more dependent on teachers than secure infants
 - Require much guidance and discipline
 - Are likely to be victims and/or victimizers
 - Demonstrate emotional isolation, lack of empathy, angry and hostile behavior

Attachment and Later Development

- **Insecure/Avoidant infants at age 10:**
 - Have fewer friends, are disliked by peers
 - Do not ask for assistance when stressed
 - Ignore others
 - Use negative biases in evaluating others
 - Are equal to secure infants in cognitive skill but have lower frustration tolerance and more negative affect

Attachment and Later Development

- **Insecure/Resistant infants at age 2:**
 - Have more behavior and impulse control problems than other groups
 - Have more conflicts and struggles with caregiver
 - Have more serious problems relating to peers

Attachment and Later Development

- **Insecure/Resistant infants at ages 3 - 5:**
 - Receive more positive responses than avoidant but are more antagonistic and disruptive than avoidant
 - Are easily victimized due to wanting contact but being unskilled socially
 - Are immature and overwhelmed when anxious

Attachment and Later Development

- **Insecure/resistant infants at age 10:**
 - Are unable to name friends
 - Are inappropriately affectionate with strangers
 - Have poor interpersonal understanding
 - Are less persistent and enthusiastic in problem-solving than secure and avoidant
 - Are more angry, frustrated and needy

Attachment and Later Development

- **Disorganized infants most likely of all types:**
 - To be in role-reversed relationships
 - To have clinically significant behavior problems

Important Points

- Attachment quality is *relationship specific*
- Infant can have “secure” attachment with one caregiver, “insecure” or disorganized with another
- Secure attachment with one caregiver a protective factor when insecure or disorganized with another

Points for further discussion

- It is rare for a child to have no attachment
 - Children with autism and their parents can be classified for attachment quality, including secure
- Attachment is one aspect of the parent-infant relationship
- It is possible to assess and intervene to enhance quality of relationship between parent and infant