



## Attachment Part One: The dance of relationship

This is the first feature of a multi-part series on the concept of attachment by Dr. Susan Goldberg, an internationally recognized researcher in the area of attachment. Over the course of her long career at The Hospital for Sick Children, she has published numerous articles and books in this field.



*By Susan Goldberg, PhD*

As parents, we want to protect our children from harm. In our role as protectors we tend to think of the obvious provisions of food, warmth, and protection from illness and danger.

But what if we consider safety from the child's perspective? For a child, a very real sense of danger can be brought about by situations that seem innocuous to an adult. In response to perceived threat, a distressed infant or child will

naturally express his or her need for comfort and security. The way in which a parent responds to such signals teaches a child about the predictability and safety of his or her world. With time, children learn whether they can count on a parent to provide comfort and security. This, in turn, affects their expectations that the world is either a safe or dangerous place to be.

Research in the field of attachment suggests that a child's sense of safety and security is as important to emotional and social well-being as actual safety is to physical well-being. The development of a sense of protection is directly related to the quality of the infant-parent relationship. Empirical research over the past three decades has confirmed our intuition about the critical importance of early relationships, and how a parent's role as an attachment figure might be one of the more important factors for a child's future emotional well-being.

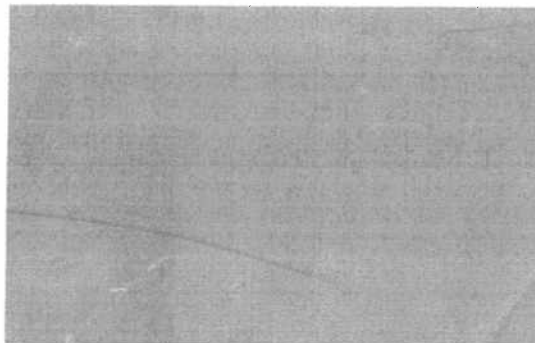
### Attachment versus bonding

People tend to be familiar with the notion of bonding but less so with the idea of attachment. In fact, the two are quite different. The term bonding refers primarily to the emotional bonds that form between parents and their children, initially as a result of the events surrounding birth and delivery. By contrast, attachment theory focuses on the child's feelings towards the parent.

Attachment involves two components in the infant-parent relationship: the child's need for protection and comfort, and the parent's provision of timely and appropriate care in response to these needs.

Attachment behaviours occur when an infant is emotionally distressed, physically hurt, or ill. In response to a threat to

#### What is Attachment?



safety a child will stop his or her activity and seek close contact with caregivers. Attachment behaviours also include efforts to maintain contact with the caregiver by, for example, clinging to caregivers or sitting on their lap, and any other behaviours that signal needs for comfort, such as crying.

Think of the process of attachment as a kind of dance between infant and parent. In other words, attachment is not solely concerned with a caregiver's behaviour toward an infant. How the infant signals and responds to the caregiver is a critical part of the process. The infant's signal is responded to in a particular way by the parent, which in turn is interpreted by the child. Depending on the nature of the parent's response, the infant modifies his or her behaviour. Very early on infants learn how to manage their distress or regulate their emotions depending on their caregiver's responses.



Babies need a special person called an "attachment figure" to make them feel safe and secure. This will be very important in shaping how they relate to other people in the future.

Thus, in this complex dance, different styles of attachment develop. Infants learn to expect certain responses from their caregivers based on the reactions of their caregivers over time. By the end of the first year of life, a child's expectations or internal working models of relationships with caregivers are established and may prove difficult to change.

### Origins of attachment theory

Attachment theory has its origins in a number of sources. In the 1940s, children raised in orphanages were found to exhibit unusual social and emotional behaviour. Other researchers observed the behaviour of animals in natural and laboratory settings. Many animals demonstrate preferential behaviour toward a figure they are exposed to during a critical period soon after birth. Infant monkeys raised with surrogate mothers, wire frames with bottles to provide milk or covered with terrycloth to provide comfort, spent more time with the terrycloth surrogate, showing that importance of pleasant, tactile sensation – affection — was more important than food. Although all monkeys showed abnormal social behaviour in later development, those with wire frame surrogates only were worse off.

These studies and observations formed the basis of later theories of attachment. John Bowlby, a British child psychiatrist, was the first to put forth a formal theory of attachment. Mary Ainsworth expanded and confirmed many of Bowlby's ideas by observing infant-parent interactions in the field, and in a laboratory setting.

### Attachment styles

Ainsworth developed the strange situation paradigm, a laboratory method used to measure the quality of attachment between caregiver and child. This procedure involves several separations and reunions between an infant or young child from a caregiver or a friendly stranger. The way the infant behaves at reunion with the caregiver is the main indicator of the quality of attachment.

From this simple but very powerful naturalistic experiment, Ainsworth identified three general attachment patterns. A secure pattern involves a positive response on the part of the child during reunion with the parent. The majority of children fall into this category. In contrast, an avoidant child does not seem to be bothered by a parent's absence and will often snub the parent on reunion. A resistant attachment style is characterized by infant distress upon separation and the child's reluctance to explore his or her environment even in the presence of the parent. The resistant child also does not respond to the parent's attempts at soothing. A fourth category was later added for children who seem to have no strategy for coping with separation or reunion. These children are considered to be disorganized with respect to attachment.

Parents who are consistently available, sensitive to their child's signals, and receptive and accepting of the child's distress tend to have securely attached children. Parents of insecurely attached children tend to be less responsive to their children's signs of distress and need for comfort and protection. These parents are unavailable either physically, psychologically or emotionally or tend to be insensitive or unpredictable in their parenting style.

When a parent does not respond appropriately to a child's need for comfort, it is not necessarily the fault of the parent. There are instances when a parent, because of their own grief or needs, simply is not capable of being sensitive to his or her infant's needs in a particular situation. Other parents simply are not able to read a child's signals and thus respond inappropriately.

These four major infant attachment patterns have been shown to be independent of a child's temperament. In other words, attachment style concerns the relationship between the child and caregiver rather than the personality of either. This means that a child might show insecure attachment with one caregiver and secure attachment with another.

#### Tips on How to Respond to Your Baby



▶▶▶ MOVIE ▶▶▶

There are many things you can do to respond to your baby when he is hurt, ill, or upset. If you respond to your baby now in ways that make him feel loved and secure, it will give him confidence that someone is on his side.

#### Steps toward healthy attachment

Research has shown what many parents seem to know intuitively — that being consistently available, sensitive and receptive to a child's signals helps promote healthy attachment. The following are general strategies for parents to consider when responding to their child's signals of distress or need for comfort and protection:

- Pay attention  
Learn to recognize your infant's signs of distress.
- Be responsive  
Let your child know that you are aware of his or her distress and respond to it appropriately.
- Be consistent  
Consistent responding to your child's need for comfort creates a sense of security in the child.
- Be accepting  
Accept rather than judge or discount your child's emotional distress and discomfort.
- Provide comfort  
Soothe and comfort your child in response to distress.

Attachment patterns develop in the caregiver-child relationship to meet the child's very powerful and basic need for comfort and security. How caregivers respond to their child's distress has lasting implications for his or her emotional and social development, future relationships, even future parenting styles. As parents and caregivers, it is so important to be aware of the important role we play in this complex dance, as we help our children develop a healthy sense of social and emotional well-being.

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## Attachment Part Two: Patterns of attachment

In part one of our multi-part series on attachment, we saw how attachment patterns develop in the caregiver-infant relationship to meet the child's powerful need for comfort and security. In this second feature, Dr. Goldberg provides a detailed description of the various patterns of attachment in infancy.



*By Susan Goldberg, PhD*

Through careful observation of mother-infant pairs in naturalistic settings, Mary Ainsworth noted differences in the way children moved away from their mothers to explore and then returned for reassurance and affection. These observations gave rise to the concept of the secure base.

### The secure base

The concept of a secure base became fundamental to attachment theory. Children naturally turn to their primary caregiver as a source of comfort and protection. Ideally, the parent represents a secure base from which a child can confidently explore. Confidence in a parent develops over the first year of life as a result of the parent's response to the infant's signals when ill, hurt or emotionally upset. If the child learns that his or her base of security is either unresponsive or unreliable, exploration will be adversely affected along with the child's expression of needs.

In 1963 Mary Ainsworth designed the Strange Situation paradigm to study the attachment behaviors of infants and young children in the laboratory. Using this innovative technique, Ainsworth was able to systematically observe children's reactions to separation from primary caregivers in an unfamiliar environment.

The Strange Situation is a 20 minute procedure involving two brief separations and reunions between infant and caregiver. Various aspects of the child's behavior are observed. The child's response to separation and reunion, the quality of his or her exploratory behavior in the presence and absence of the caregiver, and the child's ability to be soothed, are the behaviors that are closely observed and coded to determine the child's attachment style. Although all of these behaviors are relevant to attachment style, reunion behavior is what most distinguishes secure from insecurely attached children.

### Attachment styles

Ainsworth's research led to the identification of three attachment styles. In general she described infants as either securely or insecurely attached. Insecure attachment can be further subdivided into either an avoidant or resistant style depending on the particular pattern of behavior displayed by the child. For each attachment pattern there is a corresponding parenting style.

#### Secure attachment

The majority (55-65%) of infants demonstrate secure patterns of attachment, considered the optimal attachment classification.

Secure children explore freely in the presence of their caregiver, check on him or her periodically, and restrict exploration during the caregiver's absence. Children who

are securely attached show varying levels of distress in the absence of their caregiver but respond positively to the caregiver's return. They will seek contact with their parent when distressed and will settle down once contact is made and comfort is provided.

Parents of secure children are sensitive to their child's signals, receptive and accepting of their child's distress, and consistent in applying this positive parenting style.

#### Insecure attachment

Insecure children are classified as either avoidant or resistant in their attachment style. In general, parents of insecure children tend to be less responsive to their children's signs of distress. These parents are unavailable either physically, psychologically, or emotionally and tend to be insensitive or unpredictable in their response to attachment needs.

#### Avoidant attachment

About 20-25% of children demonstrate an avoidant attachment style. Avoidant children seem not to care whether a parent is present or absent. In the presence of the caregiver, avoidant children will explore their environment without interest in the parent's whereabouts. Upon departure avoidant children are minimally distressed. At reunion avoidant children do not move toward the parent or try to initiate contact. In fact, they often ignore or avoid the parent. Despite this apparent lack of concern, infants with an avoidant attachment style show as much, if not more, physiological arousal than other infants, suggesting that they have learned to contain their distress.

Avoidant attachment has been associated with a pattern of care in which the parent does not provide adequate comfort when the child is emotionally upset, ill, or hurt.

#### Resistant/ambivalent attachment

Resistant children (10-15%) are characterized by exaggerated expressions of attachment needs. In the presence of their caregiver these children are reluctant to explore their environment and preoccupied with getting the attention of their caregiver. When a parent departs, resistant children become extremely distressed. When the caregiver returns, resistant children both seek and resist contact. When they do seek contact they have difficulty settling down and do not respond well to their caregiver's attempts at soothing.

Parents of resistant children tend to be inconsistent in response to their child's signals of distress.

#### Disorganized/disoriented attachment

There is a group of children (15-20%) who do not fit into Ainsworth's original three-category scheme. Mary Main, another influential attachment researcher, added a fourth category to include these children.

Whereas children in the 3 primary attachment groups

#### An Example of Rejecting a Baby's Distress



PLAY MOVIE ▶

This clip shows an example of a parent responding to her child's pain by distracting him or minimizing his distress. This will have a lasting impact on the child and affect his ability to develop healthy relationships later on.

#### An Example of an Inconsistent Response to a Baby's Distress



have organized strategies for dealing with arousal, disorganized children either lack an organized pattern to their behavior or have strategies that repeatedly break down. When stressed, in the presence of their caregiver, these children appear disorganized or disoriented displaying unusual behaviors such as approaching the caregiver with their head averted, trance-like freezing, or strange postures. These behaviors have been interpreted as evidence of fear or confusion with respect to the caregiver. Disorganization is considered an extreme form of insecurity.

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This clip shows a parent responding to her child's distress inconsistently. The point is that the child doesn't know what to expect from the parent, and he will be unsure how to get love and affection.

Many children who fall into the disorganized category have experienced some form of maltreatment or have a parent who has been traumatized by severe loss. Other stressful situations involving reorganization of the family such as family moves or the birth of another child may also temporarily disorganize attachment patterns in a child.

### The meaning of attachment behaviors

A child's attachment style is strategically determined and based on his or her understanding of the caregiver's reliability as a source of comfort and security.

From the earliest stages of development an infant is learning about the parent's reliability as a secure base. Parents of secure children are consistently sensitive, receptive and accepting of their children's signals of distress. Thus, secure infants learn that they can be confident in their protection. Their behavior in the strange situation reflects this confidence as they freely explore their environment, openly express their needs and accept comfort from their caregivers.

Insecure children in contrast are not confident about the parent as a secure base. This insecurity dramatically impacts a child's behavior and quality of emotional expression.

Consider the apparent independence and precociousness of an avoidant child. An avoidant child seems not to care whether a parent is present or absent and is likely to snub the parent upon reunion. But in fact for every child personal security is instinctively of critical importance.

Children with avoidant attachment patterns have repeatedly felt rejected by primary caregivers during times of illness, injury or distress. As a result these children learn that they cannot count on the parent to meet their attachment needs. To avoid further rejection, the avoidant child limits his or her emotional expressions. Seen in this context, the avoidant child's apparent indifference begins to make sense as an effective strategy for maintaining contact with a caregiver who is unable to provide comfort but does provide other kinds of care and protection.

Parents of resistant children have responded inconsistently to their children's attachment needs. The best strategy for children of inconsistent parents is to devote a lot of energy to soliciting help. This explains resistant children's prolonged and exaggerated expressions of their needs and preoccupation with attracting their caregiver's attention.

The organized strategies of avoidant and resistant children illustrate the child's adaptive response to perceived threats to security. When confidence in protection wavers, behavior and emotional expression change in an attempt to secure contact with caregivers.

The unusual behavior of the disorganized child is more difficult to understand even when considered from the child's perspective. Many children with disorganized attachment patterns have been subjected to highly stressful, chaotic, and frightening environments.

As an example, disorganized attachment sometimes occurs following extreme loss on the part of a parent. Researchers speculate that parents who are unable to recover from tragic losses (e.g. death of their own parent, abuse by a parent) subtly communicate a sense of anxiety and fearfulness to their child. This situation is highly disorganizing to the infant because the person who is supposed to be a source of comfort is also a source of fright and anxiety. Faced with this impossible situation, the child's attempts at an organized strategy break down.

Fortunately, most children display organized patterns of attachment. Even the insecure attachment behaviors of avoidant and resistant children fall within the normal range and are not, in and of themselves, predictive of serious outcomes later in development.

In general, a child's sense of security can be thought of as being on a continuum. With a strong sense of security, a child feels free to explore and venture out into the world. If confidence in protection falters, the child's world begins to contract as the freedom to explore is overshadowed by a sense of doubt and apprehension.

A child's basic pattern of attachment develops during the first year of life. Although thought to be relatively resistant to change, changes in life circumstances can alter attachment styles as children develop and mature.

In Part III of our series, we will look at attachment throughout the life span. Attachment in older children, teens, and adults will be discussed along with the implications of attachment patterns for emotional and social development.

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## Attachment Part Three: Attachment across the life span

Ainsworth's Strange Situation Paradigm revealed that most infants respond in one of a few predictable ways to separations from caregivers; a major discovery for attachment researchers. But what is the wider significance of this finding?

In Parts One and Two of our series on attachment, we saw how different patterns of attachment arise during infancy. In part three, Dr. Goldberg explores the development of attachment patterns beyond infancy and across the lifespan.



*By Susan Goldberg, PhD*

For Bowlby, the founder of attachment theory, attachment involved much more than an infant's response to separation. Infant separation and reunion behaviours were just a preview of things to come; one indication of an underlying pattern of expectations about the self, others, and the world which would continue to evolve and persist throughout adulthood.

Bowlby's ideas were revolutionary and controversial, generating a flurry of questions; what were the long-term implications of early attachment security? What if, anything, do our earliest attachment relationships tell us about the kind of parents we will become? And can our attachment history with our parents affect the security and well-being of our own children?

Continuing attachment research is providing answers to these fundamental questions. There is mounting evidence that security of attachment can affect many aspects of a person's well-being in profound and enduring ways, and that these outcomes can in turn be conveyed to future generations.

### **Beyond infancy**

In 1974, researchers at the Institute of Child Development at the University of Minnesota began a longitudinal study that would span two decades and prove to be a landmark in attachment research. From an original sample of 267 expectant mothers came a multitude of findings pointing to the critical importance of early relationships. What was once speculation now had empirical support.

Infants of the young mothers were assessed at one year using the Strange Situation Paradigm. A group of children were re-assessed between the ages of four and five. Five months of intensive observation revealed that the majority of children with secure attachment histories scored higher on measures of self-esteem were more independent, responded more positively to other children, and had better social skills than insecurely attached children.

### **New measures of attachment**

In order to assess the stability of attachment over time, researchers developed new measures that could evaluate and classify attachment styles in older children and adults:

- Children up to seven years of age are assessed using observational

procedures. Following separations between children and attachment figures, affective expressions, conversational exchanges, and subtle body language are observed and evaluated during reunions.

- The Adult Attachment Interview (AAI) is the adult and adolescent equivalent of the Strange Situation Paradigm. Participants are asked about early experiences with attachment figures. Attachment security is reflected by the degree to which respondents coherently discuss childhood attachment experiences. Both the answers and the manner in which they are expressed are evaluated.

With the AAI and various observational measures, classifications schemes that correspond to the three infant attachment patterns have been developed.

### Preschool and school aged attachment

The Minnesota studies and many that followed showed promising outcomes for most children who were securely attached as infants. Children who were securely attached at one year of age tend to be popular with peers, resilient, resourceful, and cooperative in preschool. By age six, they are more compliant, responsive, cooperative, self-reliant, and empathic than those who were insecurely attached infants. In general, secure attachment appears to act as a protective factor against emotional and behavioural problems in childhood and adolescence.

Infants who display avoidant attachment in the Strange Situation Paradigm at one year are at greater risk for a *defended* or *avoidant* attachment style during preschool; especially in the presence of other risk factors. Avoidant children are vulnerable to becoming emotionally insulated, hostile, or anti-social; engaging in activities such as stealing, lying, or cheating. They are more likely to provoke adults and peers into rejecting them and are more likely to victimize others than those who were secure as infants.

Children who display resistant attachment at one year of age tend to be *dependent* during the preschool years. Dependent children spend a disproportionate amount of time seeking attention from adults. They may be easily frustrated or passive and helpless. Like resistant infants, dependent children are preoccupied with the caregiver at the expense of other activities.

Children who show disorganized patterns of attachment in the Strange Situation Paradigm at one year of age have the greatest risk of aggressive behaviour, conduct disorder, and dissociative behaviours later in life. Dissociative behaviours involve a breakdown in a person's perception of his or her surroundings, memory, identity, or consciousness.

By age six, disorganized attachment has become organized but into a pattern where the child, rather than the parent takes responsibility for control. These children control, coerce, or dominate their caregiver either by humiliating and rejecting her or by being attentive and protective. The *controlling-caregiving* child entertains or comforts the parent who usually shows limited emotion in response to the child's often exaggerated positive emotions. The *punitive-caregiving* child behaves in a hostile manner toward the parent who usually complies with the child's requests.

A final childhood attachment classification, *insecure-other*, includes children who show insecurity but do not fit into the other categories. These children tend to show a mixture of avoidant and dependent strategies.

### Adolescent and adult attachment

Secure/Autonomous attachment in adolescence and adulthood corresponds to secure attachment in infants. These individuals can recognize both the limitations and positive qualities of childhood attachment figures. Autonomous individuals value relationships, are often forgiving of less than optimal caregiving, are at peace with imperfections in themselves and others, and are coherent in describing their childhood experiences.

The classification of *preoccupied* attachment corresponds to insecure resistant attachment in infancy. Preoccupied respondents get very entangled in the details of childhood but find it difficult to provide a clear overview of their past. They tend to be preoccupied with early experiences, often appearing overly concerned with trying to please their parents. Preoccupied adults and adolescents are not at peace with imperfections in themselves or others.

The attachment patterns of *dismissing* adolescents and adults, corresponds most closely with insecure avoidant attachment in infancy. In responding to the AAI, these individuals tend to say little about childhood attachment experiences often providing only short, minimally informative answers. They also minimize the impact of key relationships from their past.

Unresolved attachment, which corresponds most closely to disorganized attachment in infants, is characterized by a lack of resolution of mourning of a significant loss or trauma. Individuals who are classified as unresolved in their attachment style may show confusion surrounding a death or trauma, confusion about the permanency of a death, or a sense of being possessed by the deceased person or abuser.

### **Stability and change in attachment patterns**

Attachment theory assumes that attachment patterns can endure across the lifespan. The adoption of a particular attachment strategy in infancy predicts a specific developmental trajectory that carries on throughout a person's life. Definitive evidence confirming the stability of attachment would require intensive life-time follow-up procedures. At present, there are less comprehensive, often mixed, but nevertheless valuable findings.

The Family Lifestyles Project is an ongoing longitudinal study based at the University of California. Following children from infancy to 19 years of age, attachment during infancy was found to be a significant predictor of attachment security during adolescence.

In contrast to these findings, a sample of 57 high risk young adults showed no significant continuity of attachment style between infancy and adulthood. The sample consisted of a subset of participants from the Minnesota Mother-Child Project, an ongoing longitudinal study of children at risk for poor developmental outcomes. Continuity of attachment depended on specific conditions of adversity. Maltreated insecure children were more likely to remain insecure. Insecure infants who became secure as young adults, known as *earned secure*, were more likely to have better family functioning at age 13. And finally, secure infants who became insecure were more likely to have depressed mothers.

Another 20-year longitudinal study, based in Minneapolis, looked specifically at the impact of negative life events on the stability of attachment. Of the participants who had experienced significant loss or stress, 44% changed attachment classifications from infancy to early adulthood, in contrast to the only 22% of individuals who did not experience negative life events.

### **Intimate relationships**

We've seen how attachment security can continue to influence core aspects of a person's life well into adulthood. How do these effects in turn affect the quality of significant relationships in people's lives? Although there is little longitudinal research linking infant attachment and adult intimate relationships, there is some evidence to suggest that marital satisfaction can be related to a person's attachment classification on the AAI. Couples with one insecure partner experience more conflict than couples with both autonomous partners; two insecure partners result in the greatest degree of conflict. Among engaged and married couples, insecure women report more verbal and physical aggression and threats of abandonment from partners compared to couples in which the women are autonomous.

### **The transmission of attachment to our children**

The quality of our intimate relationships can play a role in our ability to be effective parents for our children. As well, there is evidence to suggest that a person's parenting style can mimic the style to which they were exposed as infants. Thus, autonomous adults tend to consistently respond in loving ways to their infants' distress. Dismissing and preoccupied parents are more likely to be rejecting or inconsistent respectively, thus perpetuating the likelihood of insecure attachment in their children.

Diane Benoit from the Hospital for Sick Children and Kevin Parker from Kingston General Hospital were interested in the degree to which attachment classification extends across generations. They found that mothers' attachment classifications during pregnancy successfully predicted their infants' classification at twelve months

in 82% of cases. Looking across three generations, 65% of the grandmother-mother-infant triads had corresponding attachment classifications in all three generations. This finding extends the already far-reaching implications of early attachment security.

In line with Bowlby's vision of attachment as a lifespan construct, there is mounting evidence that the long term effects of early attachment relationships can be far-reaching. Our attachment history can affect our emotional well-being which in turn can influence friendships, our choice of significant others, and the quality of our romantic relationships. The strength of core relationships affects the kind of parents we become and ultimately our own children's sense of security and emotional well-being.

Continuing research on stability and change in attachment patterns will shed more light on this critical area of human development.

In Part 4 of our series we will explore the particular child and parent characteristics that contribute to attachment security during development.

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## Attachment Part Four: Parent and child influences on attachment

Part three of our series on attachment described attachment across the lifespan. In this fourth feature, Dr. Goldberg discusses the relative contribution of child and parent factors in the development of attachment behaviours.



*By Susan Goldberg, PhD*

### **Attachment: Nature or nurture?**

The nature-nurture debate is one of the most enduring and controversial of the twentieth century. Are a person's essential qualities and behaviours genetically determined or learned? The modern answer is that the capacity to behave in a particular way is genetically determined but experience determines whether, how, and

when capacities are engaged. This is the case with attachment theory. A key theme of attachment is how infants manage distress. How often infants experience distress and how it is expressed are influenced by genetic factors, but responses to stress are modified by experience and learning.

Attachment theorists believe that infant attachment patterns are essentially learned. Although infant characteristics contribute to the infant-parent relationship, experiences provided by the caregiver are the primary determinant of infant attachment patterns. According to attachment theory, the most important factor in the development of attachment style is an infant's experience of caregiver response in times of distress.

The research provides some support for this view. Parenting style has a significant impact on a child's attachment behaviour. Infants' attachment classifications have been predicted prior to birth simply from mothers' attitudes about the upcoming birth of their child. Numerous studies have shown that maternal behaviours in the home predict attachment at one year better than infant behaviours. These findings point to significant parental influence in the development of attachment patterns.

### **Parental factors and attachment**

#### Parenting style

Part two of the series described how parenting styles affect a child's attachment classification. Parents who are consistently available, sensitive to their child's signals, and receptive and accepting of the child's distress tend to have securely attached children. In contrast, parents of insecurely attached children tend to be less responsive to their children's

#### Tips on How to Respond to Your Baby



signs of distress and needs for comfort and protection. These parents are unavailable either physically, psychologically, or emotionally and tend to be insensitive or unpredictable in their parenting style.

#### Parental sensitivity and attachment style

In 1972, Sylvia Bell and Mary Ainsworth carried out a study of maternal responsiveness to infant crying. Mothers who were more responsive to their babies' cries had babies who cried less and expressed more varied vocalizations and gestures. Researchers have since tried to replicate these findings with mixed results.



PLAY MOVIE ▶

There are many things you can do to respond to your baby when he is hurt, ill, or upset. If you respond to your baby now in ways that make him feel loved and secure, it will give him confidence that someone is on his side.

Most studies on parenting style and attachment include some measure of parental sensitivity or responsiveness to infants' signals of distress. A 1987 review of 13 studies on maternal sensitivity and infant attachment and a more recent 1997 review of 66 studies found a low to moderate effect of maternal sensitivity on attachment.

In general, the results are mixed and less compelling than the 1972 Bell and Ainsworth findings. This may be because of the way maternal sensitivity and attachment have been defined. In many cases, the definition of attachment is broader and includes more aspects of the parent-child relationship than the original conception of attachment as a protective phenomenon used in the 1972 study.

A few studies have examined maternal sensitivity specifically in protective situations. One found that low maternal responsiveness had a significant effect on attachment but only when social support was low. Others found significant differences in maternal soothing of infant fussing between mothers of secure and resistant babies. Another study found parental distress management predicted attachment security.

The most support for a maternal behaviour/attachment link comes from research with disorganized infants. Parents of disorganized children might have difficulty relieving infant distress because they are a source of fear to the infant. There is some preliminary evidence to support this theory. Frightening or frightened caregiver behaviours have been found to be elevated in parents of disorganized infants. A more detailed discussion of parental influences on disorganized attachment will be included in part five of the series, *Attachment under adversity*.

#### Parental attachment

Parental attachment style predicts infant attachment. One review of nine studies found 77% of autonomous adults had secure infants, 57% of dismissing adults had avoidant infants, 21% of preoccupied adults had resistant infants and 52% of unresolved adults had disorganized infants.

There is little evidence that specific personality traits in the parent are associated with a particular pattern of attachment. But there is evidence that general parenting style and parents' attachment histories may significantly influence their children's and even future generations' attachment outcomes.

#### Child factors and attachment

Parents clearly have a role in the shaping of attachment behaviours. But can the same be said of children? Do infant characteristics influence developing attachments? Some child characteristics that have been studied by attachment researchers are child temperament and the presence of a medical condition.

#### Child temperament

*Temperament* refers to those aspects of a child's behaviour and emotional responsiveness which are congenitally determined. It is impossible to get a pure

measure of temperament since experience always has an influence on behaviour. But in general children tend to display noticeable differences in behaviour that are present immediately after birth that likely have a significant genetic influence. An infant's threshold for expressing distress is a temperament factor. Infant distress is a central component of attachment theory. It follows that infant temperament has a role in the development of attachment behaviours.

Temperament and attachment theorists agree that attachment is influenced by both child and parent factors but they differ with respect to the emphasis they place on each of these variables. They also disagree on the meaning of infants' behaviour in the Strange Situation Paradigm. For attachment theorists, infant behaviour reflects the child's expectations of the parent as a protector based on past experiences in times of stress.

In contrast, temperament theorists believe that it is temperament and not history with caregivers which determines a child's attachment classification. According to temperament theory, there are innate differences in infants' intensity and modulation of distress. These differences result in the range of behaviours observed in the Strange Situation Paradigm. If we consider the case of avoidant infants, temperament theorists argue that avoidant children are physiologically programmed to have relatively mild distress responses. Therefore, in the Strange Situation Paradigm, they feel little distress and have no need to solicit contact with their mother on reunion. It is not that they are avoiding her, as attachment theorists would claim.

There is strong evidence against this view. Studies that which look at the physiological rather than behavioural responses to stress have found that avoidant children show as much or more physiological arousal than other infants. This suggests that the behaviour observed in the Strange Situation Paradigm is a child's way of dealing with stress rather than the actual level of arousal or distress.

#### Infant medical conditions

Attachment research on infants with medical conditions provides insight into the role of child factors in the development of attachment. The lives of infants with medical conditions are often very different from those of healthy infants. Studying how these extreme circumstances influence attachment helps researchers understand how factors in the child affect the development of attachment patterns.

In the past, it was generally believed that infants' medical conditions affected attachment security. Over the years, a number of studies have explored the impact of various infant medical problems on the parent-infant relationship. Some studies have shown that infants with medical conditions are more often insecure than other infants. However a study that analyzed 34 clinical studies on attachment showed that infants' medical problems had little impact on attachment style.

#### The parent/child interaction

Attachment researcher Alan Stroufe illustrates how innate qualities in the child and parental caregiving might interact to shape attachment behaviours. While parenting style determines attachment classification, child temperament may determine the child's subgroup within a major category of attachment. This is discussed further, below. While maternal care determines a child's security of attachment, the child's temperament determines the particular form in which insecurity is expressed. While a child's temperament determines the type of behaviour, the parent's response to these behaviours determines how the child's innate tendencies develop into a particular attachment style.

There are some children who fall into subgroups of the main attachment classifications. This provides support for Stroufe's explanation of the interaction of child and parent factors. A subgroup of children who are predisposed to high levels of distress expresses strong emotions in the Strange Situation Paradigm upon separation as well as vigorous contact seeking upon reunion. But because these infants are unambivalent in their contact seeking and easily settled by caregivers, they are considered secure rather than resistant in their attachment classification. Similarly, there is a subgroup of securely attached children who show minimal distress and contact seeking. They are rated as secure rather than avoidant because they are positive in response to their caregivers' return.

### Emotion regulation

*Emotion regulation* refers to the adapting of emotional reactions to satisfy the demands and expectations of the environment. It is through the process of emotion regulation that both child and parent factors influence attachment relationships. Initially, it is an infant's temperament which determines the intensity of his or her distress response. Over time, the parent's reaction to this response will determine how the child learns to regulate his or her innate distress response.

There is some evidence to suggest that mothers in the three attachment groups read emotions differently. For example, mothers of avoidant infants describe emotional pictures with less intense labels than other mothers. This could be one mechanism that influences the development of attachment patterns.

Attachment is one aspect of the caregiver-child relationship. Both partners contribute to the development of infant attachment patterns. It is the interplay between a child's temperament and a parent's response to emotions that determine the child's style of responding during times of stress. Although child and parent factors interact to influence attachment, it is the parent who plays the greatest role in determining the attachment relationship. An adult's ability to think and understand far exceeds that of the infant. Given the infant's dependency on the parent, this capacity places caregivers in the position of responsibility and control in the development of infant attachment behaviours.

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## Attachment Part Five: Attachment under adversity

Part four of our series on attachment described how child and parent factors contribute to the attachment relationship. In this fifth feature, Dr. Goldberg discusses the development of attachment under conditions of adversity.



*By Susan Goldberg, PhD*

Infants depend on caregivers for their survival and well-being. Fortunately infants are predisposed to solicit care from parents and parents are predisposed to provide such care. But sometimes a child's care-seeking behaviours or a parent's caregiving behaviours are impaired, overridden, or suppressed. When this happens, the attachment relationship can suffer.

Adversity comes in many forms and can originate in the child, the parent, or from circumstances outside of the child-parent relationship. Most often, adversity involves multiple interacting factors.

### **Premature birth**

Some infants are limited in their capacity to solicit care from parents due to medical or biological conditions. Premature babies are one example. Pre-term infants are less alert and less responsive than full-term babies. A number of behaviours used to achieve and maintain contact with caregivers such as smiling, clinging, reaching, and following are slow to develop. Premature babies are also more likely to spend extended time in hospital and have limited time with caregivers compared to full-term babies.

Attachment researchers have studied premature infants to see whether these child-based challenges adversely affect the infant-parent relationship. They have found that despite pre-term infants' limitations, the majority are securely attached by 12-18 months of age. In general, if other adversities do not arise, parents of premature babies are able to compensate for their children's difficulties.

### **Child maltreatment**

Parents are able to compensate for child limitations but the same cannot be said for most children facing neglect or abuse. A child's attachment security is seriously jeopardized by maltreatment. Maltreatment can be either abusive or neglectful. In cases of abuse, care is provided but is accompanied by excessive anger, harshness, or hostility. Neglect involves a lack of normal and necessary care. The two forms of maltreatment often co-exist.

The majority of maltreated children are insecurely attached and many display disorganized attachment patterns. Recall from the first feature in this series that a disorganized attachment pattern involves either a lack of an organized behaviour pattern or strategies that repeatedly break down. When stressed, in the presence of their caregiver, disorganized children appear disoriented, displaying unusual behaviours such as approaching the caregiver with their head averted, trance-like freezing, or strange postures. These behaviours have been interpreted as evidence of fear or confusion with respect to the caregiver. Disorganization is considered an extreme form of insecurity.

Maltreated children who are classified as disorganized tend to remain so and those who are rated as secure often do not maintain their secure status throughout development.

### **Caregiver depression**

There are other circumstances which leave parents unable to provide adequate care for their children. Maternal depression can interfere with normal caregiving by limiting a mother's emotional availability. To the child, a depressed parent is perceived as inaccessible and unresponsive. There is clear evidence that maternal depression increases the likelihood that an infant will develop insecure attachment.

### **Social disadvantage**

One difficulty in studying the impact of social adversity on attachment is that different types of disadvantage often occur together. For example, extreme poverty is often associated with poor nutrition, poor medical care, and inadequate housing. These conditions in turn adversely affect parents' ability to care for their children.

Research shows that children growing up under conditions of high social risk have less secure and less stable attachments than children growing up in more secure environments. But conditions of social disadvantage do not inevitably lead to insecure attachment. Children growing up socially disadvantaged while receiving adequate care show higher levels of secure attachment than socially disadvantaged children with inadequate care. Caregiver behaviour can ameliorate the effects of other harmful circumstances.

### **Recovery from early deprivation or inadequate care**

We know that certain conditions contribute to insecure attachment. Once an infant has been exposed to adverse circumstances, can anything be done to ensure the development of more secure attachment? Before considering the issue of intervention, it is helpful to look at the case of naturally occurring "experiments" involving children who are removed from adverse conditions and placed in more advantageous environments.

#### **Orphanage care**

Early accounts of institution-reared infants describe children who display unusual social behaviours, are unable to form close relationships, and are often indiscriminately friendly. Even children who received excellent physical care and adequate cognitive stimulation display these kinds of unusual behaviour patterns. A number of more recent studies have looked at the recovery of adopted children taken from the extremely deprived conditions of orphanages. In general, these studies support the findings of earlier research. Although the adopted children made substantial developmental and behavioural gains, many developed problematic attachments.

#### **Foster care**

Children in foster homes have been removed from conditions of inadequate care. Infants who are put into care before 12 months of age usually show a stable pattern of attachment behaviours within two weeks of their placement. But for infants placed into care after 12 months of age it can take up to two months for stable patterns to emerge. These children also develop more insecure attachments than children who are placed into care earlier.

Researchers have suggested that babies who receive inadequate care develop patterns of relating to caregivers that are designed to protect them from abuse. These behaviours, although adaptive at the time that they emerge, interfere with the development of normal and healthy attachment behaviours. For this reason, babies raised under conditions of maltreatment require more than good care to establish normal attachments. They need therapeutic intervention and their caregivers need adequate support and guidance.

These adoption and foster care findings provide some insight into the potential for recovery from adversity as well as the limitations imposed by severe and prolonged disadvantage.

### **Help for victims of maltreatment**

Children who grow up under adversity, particularly if they are maltreated, develop

coping strategies that are counter to behaviours that solicit caregiver attention and contact. For example, children who have been maltreated tend to be hyper-vigilant and often interpret ambiguous stimuli as threatening. These coping strategies interfere with the development of positive relationships. Children of abuse must be taught to be open to new and potentially positive relationships and experiences.

Essentially, therapy must help the abused child overcome negative beliefs about relationships. For a child who has experienced extreme abuse or neglect, positive new experiences can be anxiety provoking rather than comforting. Maltreated children expect all situations to confirm what they have learned in their relationships with maltreating parents. When faced with situations that are contrary to these expectations, even though positive, disequilibrium results and anxiety escalates. Treatment for maltreated children must focus on helping them believe that not all adults will reject or abuse them.

Facilitating positive peer interaction is a major component of therapy with older children. Maltreated children are prone to repeat negative relationship patterns from their past. A goal of therapy is to encourage relationships that diverge from familiar negative patterns.

Adults who suffered childhood abuse present a special challenge to therapists. Most adults who were subjected to maltreatment as children face the world expecting to be victimized. These individuals tend to be mistrusting of others and their resistance to change is often powerful. In general, prevention and early intervention are the most effective methods for minimizing the life-long effects of attachment problems.

### **Improving the parent-child relationship**

A number of attachment-driven therapeutic approaches focus on improving the mother-child relationship. Infant-parent therapy has been used successfully with high-risk groups although it has not specifically been used with maltreating populations. Low socioeconomic status mothers and mothers with a number of other life stressors and their offspring have responded well to infant-parent therapy. Mothers show greater empathy and interaction with their children, and children show less avoidance, resistance, and anger.

Most interventions which focus on caregiver-infant relationships focus on parent sensitivity to infants' cues and signals. But research has shown that while caregiver sensitivity is associated with the different patterns of organized attachment, it is not associated with disorganized attachment. Further, disorganized attachment is one of the strongest predictors of serious psychopathology and emotional or behavioural problems.

A recent pilot study conducted by Diane Benoit and colleagues at The Hospital for Sick Children explored the effectiveness of a brief, focused, parent-training intervention. *Modified Interaction Guidance* was designed to focus specifically on caregiver behaviours associated with disorganized attachment. The intervention involves videotaped interactions between parent and child followed by discussion and feedback with a therapist.

Preliminary findings with Modified Interaction Guidance are promising. Parent behaviours associated with disorganized attachment declined after participation in the programme. A number of studies across Canada are testing the effectiveness of this approach with high-risk families, children with clinical problems, and in promoting secure attachment in families involved with child protection services.

Other attachment-based programmes have been offered to parents of children at risk of developmental delay due to biological, medical, or psychosocial risk. *Right from the Start*, an 8-week parent training course developed by Alison Niccols of the Infant-parent program at Hamilton Health Sciences and McMaster University, was designed to improve parent-child interaction to foster attachment security. Preliminary research suggests that the programme is successful in achieving its goal of improving the infant-parent relationship.

In our sixth and final episode of the series we will discuss the societal implications of attachment theory.

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## Attachment Part Six: Implications of attachment theory: past, present, and future

In parts one through five of our series on attachment, Dr. Goldberg introduced us to attachment theory, described the various patterns, long term outcomes, parental and child influences, and the attachment consequences of adversity. In this sixth and final instalment, Dr. Goldberg discusses the implications of attachment theory for families, public policy, and society in general.



*By Susan Goldberg, PhD*

Throughout the series we have emphasized the powerful impact of early attachment relationships on children's lives. We have seen how the various attachment patterns develop and how conditions of adversity influence children's attachment security and developmental outcomes.

We conclude the series by considering the impact of attachment theory on children's lives. How have the

ideas and research findings generated by attachment theorists influenced the way children are cared for at home and away from home? Most importantly, has attachment theory helped us better care for our children?

### **Bowlby's World Health Organization report**

In 1951, John Bowlby prepared a report on behalf of the World Health Organization (WHO) as a contribution to the United Nations programme for the welfare of homeless children. The report would dramatically influence public policy on adoption, social work, and hospital practices worldwide. Over a period of six months, Bowlby gathered data on the impact of maternal deprivation on the lives of homeless or disturbed children. He communicated with social workers and child psychiatrists from across Europe and the United States. Although from diverse backgrounds and largely unaware of each other's work, Bowlby found their conclusions to be remarkably similar. The same negative outcomes were unanimously reported for children who had been deprived of their mothers.

Bowlby directed his conclusions to governments, social agencies, and the general public, emphasizing the critical importance of the mother-infant relationship. He argued for wide scale policy change and advocated for family support in the form of financial assistance, psychotherapy, and other social services. The WHO report influenced social work practices in many countries. Prior to Bowlby's ideas, children were typically separated from their mothers with little justification. "Unsatisfactory" home conditions, such as untidiness, poverty, or a mother who was unwed, were sufficient grounds for separating a child from the family home. Bowlby convincingly argued that except for cases of abuse or neglect, a mother's care was far preferable to separation.

Since the WHO report, attachment research has reinforced many of Bowlby's arguments and recommendations. Social support has been shown to buffer the effects of disadvantage and help promote secure attachments in children growing up in adverse conditions.

### **Hospital policy**

Attachment theory also made a significant mark on hospital visitation policies. Present day visiting privileges stand in stark contrast to the policies of the 1950s and early 60s. Visits were discouraged and tightly controlled with parental visits often limited to one hour per week. Minimal visitation rules remained in place despite much opposition and claims that strict visiting limitations were harmful to children.

As early as 1943, Harry Edelston, a psychiatrist at Leeds, claimed that children were being emotionally scarred by hospital stays. In 1946, Bowlby collaborated with James Robertson, a social worker, to study the effect of hospitalization on infants and young children. They concluded that hospitalized children were often emotionally damaged by their experiences.

But despite this work, many remained unconvinced of the extreme emotional trauma endured by children during hospital stays. In response, Robertson prepared a documentary film depicting a young child's distressing hospital experience. *A Two-Year-Old Goes to Hospital* was initially met with outrage from health care professionals; but eventually, hospital policy did change to allow parents unlimited visiting rights.

### **Institutional care**

In part five of the series, we discussed the impact of attachment theory on adoption policy. Many studies were carried out in the 1940s when orphanages were common in North America. Children reared in orphanages were found to be developmentally delayed, displaying unusual social and emotional behaviours. Eventual adoption or foster home placements resulted in improved functioning but for most children many defects persisted.

Bowlby and others interpreted these outcomes as being due to maternal deprivation. Since then, researchers are aware that the privations of institutional care cannot be attributed to maternal deprivation alone but also include the absence of fathers, siblings, and a family context. Nevertheless, Bowlby's views along with research on orphanages were the catalysts for the demise of institutional care for young children and increasing use of foster care placements. Although a definite improvement over institutionalization, foster care is not always successful. When placements break down and children are repeatedly moved to new foster families, the outcomes are very similar to those seen with institutionalized children.

### **Attachment and child custody**

Attachment theory has an obvious place in the context of child custody disputes. In order to determine the best custody arrangements for a child, a formal custody assessment is required. It is generally accepted that a child's quality of attachment with each parent should form a central part of the custody evaluation. But a review of evaluation practices reveals that it is often unclear how attachment is assessed or even what is meant by the term "attachment". In many cases there is a misapplication and misunderstanding of attachment theory.

A recent report in the February 2005 issue of the *Journal of Child Psychology and Psychiatry* reveals that child custody assessments often rely on measures that are not supported by research. Further, measures that are empirically based tend to have a limited place in practice. The authors present a rationale for the use of attachment theory concepts and measures in the context of custody determinations. They also make recommendations for developing an attachment-based model of custody evaluation.

### **Using attachment theory to improve the parent-child relationship**

In part five of the series, we looked at how attachment theory has influenced parenting programmes and interventions for at risk families. Infant-parent therapy has been used successfully with high-risk groups. *Modified Interactive Guidance* focuses specifically on caregiver behaviours associated with disorganized attachment. A number of studies across Canada are testing the effectiveness of this approach with high-risk families, children with clinical problems, and in promoting secure attachment in families involved with child protection services. Other attachment-based programmes have been offered to parents of children at risk of developmental delay due to biological, medical, or psychosocial risk. *Right from the Start*, an 8-week parent training course, was designed to improve parent-child

interaction to foster attachment security.

Attachment-driven approaches to parenting are applicable not only to high-risk groups but to all parents of young infants. Research tells us that the majority of parents are unaware of basic attachment principles. Most parents do not realize that how they respond to their children's signs of distress has a powerful impact on their children's long term socio-emotional development. Further, most prenatal education classes do not teach parents these principles. *A Simple Gift: Comforting Your Baby* is a ten minute videotape designed to explain the principles of attachment theory. It teaches parents when and how to respond to their infants' signs of distress.

### **Maternal employment and child care**

The day care issue is the most explosive debate provoked by attachment theory and research. Highly charged opinions and personal feelings have taken precedence over unbiased inquiry into the impact of alternate care on children's attachment security. Professionals promoting a particular view are often themselves parents, wanting to reassure themselves as well as other families.

Attachment theory emphasizes the importance of prolonged periods of consistent care for optimal development. What does this say for the over 50 percent of one to three-year-olds in Canada whose mothers work outside the home?

The evidence

In the 1970s numerous studies looked at the effects of centre-based care on infants. These studies focused on good-quality day care centres attached to academic institutions, with carefully selected staff, low infant-caregiver ratios, and carefully designed programmes. No developmental differences were found between infants in day care and those cared for at home by their mothers. In fact, in the case of some disadvantaged infants, day care afforded certain advantages.

But what about the typical experiences of infants in non-parental care? Most parents do not have the luxury of leaving their children in the care of high-quality carefully monitored centres.

In the 1980s, as out-of-home care became more common, an increasing number of studies looked specifically at the effects of maternal employment and a variety of alternate care situations on attachment. These studies found that although the majority of infants were securely attached to their mothers, there was a noticeable decrease in the percentage of secure attachments and an increase in avoidant behaviours.

How do we account for these results given the original findings from the 70s? A major obstacle to measuring the effect of maternal employment on infants is the wide variation in alternate care situations. Children whose mothers work outside the home might be cared for by relatives, family day-care, and day care centres. Further, for each of these situations, wide variations exist in terms of the number of children in the setting, the ratio of adults to children, the age and experience of the caregivers, the amount of physical contact, attention, affection, joint activity, and communication that the child experiences. In the studies of the 80s, only a small minority of families used the centre-based care of the 1970 studies.

In 1986, Jay Belsky, an attachment researcher at Pennsylvania State University, concluded that using some forms of non-maternal care for more than 20 hours per week in an infant's first years was detrimental to attachment and development. Belsky's remarks incited tremendous controversy. Although Belsky's comments referred to maternal employment and not a specific type of alternate care, the term "day care" figured prominently in the debate. This led many to fear that policy-makers would ignore the earlier studies showing good outcomes with high quality care and to recommend cuts to child-care programmes.

In response to the controversy of the 80s, a USA consortium was formed to study the effects of early child care. The National Institute of Child Health and Development Early Child Care Research Network included Belsky and his antagonists. Infant-mother attachment was assessed on 1153 infants from 31 hospitals in nine states using the Strange Situation at 15 months of age. The results revealed no significant effects of any of the alternate child-care variables on attachment to the mother. Infants were more likely to be secure when their mothers

were rated as higher in sensitivity and responsiveness regardless of whether they worked at home or outside the home. But child-care experience and maternal behaviour did combine to affect attachment. Specifically, poor quality alternate care, increased hours of care, and changes in care arrangements were associated with insecure attachment when the mother was rated as low in sensitivity and responsiveness to her infant. A smaller but parallel study in Canada in 1999, replicated these findings.

What is the last word on alternate care? Leaving children in high quality care does not appear to have a negative impact on their development or attachment. Good quality day care includes high staff ratios, well-qualified workers, low turnover, and the assignment of each child to a particular caregiver. Children in poor quality care have poorer outcomes particularly if their mother is low in sensitivity or responsiveness.

Despite these conclusions, the literature remains marked by tension between conflicting views. The effects of day care have yet to be investigated thoroughly in an unprejudiced and integrative manner.

### Looking forward

Since Bowlby's World Health Report of 1951, attachment theory has influenced hospital, adoption, and social-work policies, as well as parenting behaviours. But have we as a society adequately applied what we have learned from attachment theory and research?

Our attitudes and policies on issues that affect children should be informed by our new psychological knowledge. The research demonstrates the importance of early attachment security. The research also shows that parents can be helped to develop a better attachment relationship with their children. Our policy decisions regarding infant care should reflect this understanding; however, there is still strong resistance to providing extended parental leave, support for high-quality child care programmes, and adequate social assistance for at-risk families.

It is safe to say that we are far from implementing social programmes that adequately address children's attachment needs. But individually as parents we can benefit from the understanding that has arisen from many years of research demonstrating the importance of early attachment relationships for our children's healthy emotional development.

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