

Attachment Theory

By [Saul McLeod](#), updated Feb 05, 2017

Attachment is a deep and enduring emotional bond that connects one person to another across time and space (Ainsworth, 1973; Bowlby, 1969).

Attachment does not have to be reciprocal. One person may have an attachment to an individual which is not shared. Attachment is characterized by specific behaviors in children, such as seeking proximity to the attachment figure when upset or threatened (Bowlby, 1969).

Attachment behavior in adults towards the child includes responding sensitively and appropriately to the child's needs. Such behavior appears universal across cultures. Attachment theory explains how the parent-child relationship emerges and influences subsequent development.

Attachment theory in psychology originates with the seminal work of John Bowlby (1958). In the 1930s John Bowlby worked as a psychiatrist in a Child Guidance Clinic in London, where he treated many emotionally disturbed children.

This experience led Bowlby to consider the importance of the child's relationship with their mother in terms of their social, emotional, and cognitive development. Specifically, it shaped his belief about the link between early infant separations with the mother and later maladjustment and led Bowlby to formulate his attachment theory.

[John Bowlby](#), working alongside James Robertson (1952) observed that children experienced intense distress when separated from their mothers. Even when such children were fed by other caregivers, this did not diminish the child's anxiety.

These findings contradicted the dominant [behavioral theory](#) of attachment (Dollard and Miller, 1950) which was shown to underestimate the child's bond with their mother. The behavioral theory of attachment stated that the child becomes attached to the mother because she fed the infant.

Bowlby defined attachment as a 'lasting psychological connectedness between human beings.'
(1969, p. 194)

Bowlby (1958) proposed that attachment can be understood within an evolutionary context in that the caregiver provides safety and security for the infant. Attachment is adaptive as it enhances the infant's chance of survival.

This is illustrated in the work of [Lorenz \(1935\)](#) and [Harlow \(1958\)](#). According to Bowlby infants have a universal need to seek close proximity with their caregiver when under stress or threatened (Prior & Glaser, 2006).

Most researchers believe that attachment develops through a series of stages.

Stages of Attachment

Rudolph Schaffer and Peggy Emerson (1964) studied 60 babies at monthly intervals for the first 18 months of life (this is known as a longitudinal study).

The children were all studied in their own home, and a regular pattern was identified in the development of attachment.

The babies were visited monthly for approximately one year, their interactions with their carers were observed, and carers were interviewed.

A diary was kept by the mother to examine the evidence for the development of attachment. Three measures were recorded:

- Stranger Anxiety - response to the arrival of a stranger.
- Separation Anxiety - distress level when separated from a carer, the degree of comfort needed on return.
- Social Referencing - the degree a child looks at their carer to check how they should respond to something new (secure base).

They discovered that baby's attachments develop in the following sequence:

Asocial (0 - 6 weeks)

Very young infants are asocial in that many kinds of stimuli, both social and non-social, produce a favorable reaction, such as a smile.

Indiscriminate Attachments (6 weeks to 7 months)

Infants indiscriminately enjoy human company, and most babies respond equally to any caregiver. They get upset when an individual ceases to interact with them.

From 3 months infants smile more at familiar faces and can be easily comforted by a regular caregiver.

Specific Attachment (7 - 9 months)

Special preference for a single attachment figure. The baby looks to particular people for security, comfort, and protection. It shows fear of strangers (stranger fear) and unhappiness when separated from a special person (separation anxiety).

Some babies show stranger fear and separation anxiety much more frequently and intensely than others, nevertheless, they are seen as evidence that the baby has formed an attachment. This has usually developed by one year of age.

Multiple Attachment (10 months and onwards)

The baby becomes increasingly independent and forms several attachments. By 18 months the majority of infants have formed multiple attachments.

The results of the study indicated that attachments were most likely to form with those who responded accurately to the baby's signals, not the person they spent more time with. Schaffer and Emerson called this sensitive responsiveness.

Intensely attached infants had mothers who responded quickly to their demands and, interacted with their child. Infants who were weakly attached had mothers who failed to interact.

Many of the babies had several attachments by ten months old, including attachments to mothers, fathers, grandparents, siblings, and neighbors. The mother was the main attachment figure for about half of the children at 18 months old and the father for most of the others.

The most important fact in forming attachments is not who feeds and changes the child but who plays and communicates with him or her. Therefore, responsiveness appeared to be the key to attachment.

Attachment Theories

Psychologists have proposed two main theories that are believed to be important in forming attachments.

The learning / behaviorist theory of attachment (e.g., Dollard & Miller, 1950) suggest that attachment is a set of learned behaviors. The basis for the learning of attachments is the provision of food. An infant will initially form an attachment to whoever feeds it.

They learn to associate the feeder (usually the mother) with the comfort of being fed and through the process of [classical conditioning](#), come to find contact with the mother comforting.

They also find that certain behaviors (e.g., crying, smiling) bring desirable responses from others (e.g., attention, comfort), and through the process of [operant conditioning](#) learn to repeat these behaviors to get the things they want.

The evolutionary theory of attachment (e.g., [Bowlby](#), Harlow, Lorenz) suggests that children come into the world biologically pre-programmed to form attachments with others, because this will help them to survive.

The infant produces innate 'social releaser' behaviors such as crying and smiling that stimulate innate caregiving responses from adults. The determinant of attachment is not food, but care and responsiveness.

Bowlby suggested that a child would initially form only one primary attachment (monotropy) and that the attachment figure acted as a secure base for exploring the world. The attachment relationship acts as a prototype for all future social relationships so disrupting it can have severe consequences.

This theory also suggests that there is a critical period for developing an attachment (about 0 -5 years). If an attachment has not developed during this period, then the child will suffer from irreversible developmental consequences, such as reduced intelligence and increased aggression.

Attachment styles	% of sample (also generalized to represent U.S. population)	The child's general state of being	Mother's responsiveness to her child's signals and needs	Fulfillment of the child's needs (why the child acts the way it does)
Secure Attachment	65%	Secure, explorative, happy	Quick, sensitive, consistent	Believes and trusts that his/her needs will be met
Avoidant Attachment	20%	Not very explorative, emotionally distant	Distant, disengaged	Subconsciously believes that his/her needs probably won't be met
Ambivalent Attachment	10-15%	Anxious, insecure, angry	Inconsistent; sometimes sensitive, sometimes neglectful	Cannot rely on his/her needs being met
Disorganized Attachment	10-15%	Depressed, angry, completely passive, nonresponsive	Extreme, erratic: Frightened or frightening, passive or intrusive	Severely confused with no strategy to have his/her needs met

Erikson's Stages of Psychosocial Development

Stage	Psychosocial Crisis/Task	What Happens at This Stage?
1	Trust vs Mistrust	If needs are dependably met, infants develop a sense of basic trust.
2	Autonomy vs Shame/Doubt	Toddlers learn to exercise will and do things for themselves, or they doubt their abilities.
3	Initiative vs Guilt	Preschoolers learn to initiate tasks and carry out plans, or they feel guilty about efforts to be independent.
4	Industry vs Inferiority	Children learn the pleasure of applying themselves to tasks, or they feel inferior.
5	Identity vs Confusion	Teenagers work at refining a sense of self by testing roles and then integrating them to form a single identity, or they become confused about who they are.
6	Intimacy vs Isolation	Young adults struggle to form close relationships and to gain the capacity for intimate love, or they feel socially isolated.
7	Generativity vs Stagnation	The middle-aged discover a sense of contributing to the world, usually through family and work, or they may feel a lack of purpose.
8	Integrity vs Despair	When reflecting on his or her life, the older adult may feel a sense of satisfaction or failure.

The Attachment Styles

SECURE

- 1-Can trust fairly easily
- 2-Is attuned to emotions
- 3-Can communicate upsets directly
- 4-Leads with cooperative and flexible behavior in relationships

ANXIOUS

- 1-Has a sensitive nervous system
- 2-Struggles communicating needs directly
- 3-Tends to "act out" when triggered (l.e. makes partner jealous)

AVOIDANT - DISMISSIVE

- 1-Downplays importance of relationships
- 2-Is usually extremely self-reliant
- 3-Can become more vulnerable when there is a big crisis

AVOIDANT - FEARFUL

- 1-More dependent in relationships than avoidant - dismissive
- 2-Strongly fears rejection
- 3-Has low self-esteem
- 4-Has high anxiety in relationships

@silvykhucasian

Attachment Theory, excerpts from books...

van der Kolk MD, Bessel. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (pp. 110-111). Penguin Publishing Group. Kindle Edition.

As we grow up, we gradually learn to take care of ourselves, both physically and emotionally, but we get our first lessons in self-care from the way that we are cared for. Mastering the skill of self-regulation depends to a large degree on how harmonious our early interactions with our caregivers are. Children whose parents are

reliable sources of comfort and strength have a lifetime advantage—a kind of buffer against the worst that fate can hand them. John Bowlby realized that children are captivated by faces and voices and are exquisitely sensitive to facial expression, posture, tone of voice, physiological changes, tempo of movement and incipient action. He saw this inborn capacity as a product of evolution, essential to the survival of these helpless creatures. Children are also programmed to choose one particular adult (or at most a few) with whom their natural communication system develops. This creates a primary attachment bond. The more responsive the adult is to the child, the deeper the attachment and the more likely the child will develop healthy ways of responding to the people around him. Bowlby would often visit Regent's Park in London, where he would make systematic observations of the interactions between children and their mothers.

While the mothers sat quietly on park benches, knitting or reading the paper, the kids would wander off to explore, occasionally looking over their shoulders to ascertain that Mum was still watching. But when a neighbor stopped by and absorbed his mother's interest with the latest gossip, the kids would run back and stay close, making sure he still had her attention. When infants and young children notice that their mothers are not fully engaged with them, they become nervous. When their mothers disappear from sight, they may cry and become inconsolable, but as soon as their mothers return, they quiet down and resume their play.

Bowlby saw attachment as the secure base from which a child moves out into the world. Over the subsequent five decades research has firmly established that having a safe haven promotes self-reliance and instills a sense of sympathy and helpfulness to others in distress. From the intimate give-and-take of the attachment bond children learn that other people have feelings and thoughts that are both similar to and different from theirs. In other words, they get “in sync” with their environment and with the people around them and develop the self-awareness, empathy, impulse control, and self-motivation that make it possible to become contributing members of the larger social culture. These qualities were painfully missing in the kids at our Children's Clinic.

THE DANCE OF ATTUNEMENT

Children become attached to whoever functions as their primary caregiver. But the nature of that attachment—whether it is secure or insecure—makes a huge difference over the course of a child's life. Secure attachment develops when caregiving includes emotional attunement. Attunement starts at the most subtle physical levels of interaction between babies and their caretakers, and it gives babies the feeling of being met and understood. As Edinburgh-based attachment researcher Colwyn Trevarthen says: “The brain coordinates rhythmic body movements and guides them to act in sympathy with other people's brains. Infants hear and learn musicality from their mother's talk, even before birth.”

BECOMING DISORGANIZED WITHIN

Conscientious parents often become alarmed when they discover attachment research, worrying that their occasional impatience or their ordinary lapses in attunement may permanently damage their kids. In real life there are bound to be misunderstandings, inept responses, and failures of communication. Because mothers and fathers miss cues or are simply preoccupied with other matters, infants are frequently left to their own devices to discover how they can calm themselves down. Within limits this is not a problem. Kids need to learn to handle frustrations and disappointments. With “good enough” caregivers, children learn that broken connections can be repaired. The critical issue is whether they can incorporate a feeling of being viscerally safe with their parents or other caregivers. In a study of attachment patterns in over two thousand infants in “normal” middle-class environments, 62 percent were found to be secure, 15 percent avoidant, 9 percent anxious (also known as ambivalent), and 15 percent disorganized.

Interestingly, this large study showed that the child's gender and basic temperament have little effect on attachment style; for example, children with “difficult” temperaments are not more likely to develop a

disorganized style. Kids from lower socioeconomic groups are more likely to be disorganized, with parents often severely stressed by economic and family instability.

Children who don't feel safe in infancy have trouble regulating their moods and emotional responses as they grow older. By kindergarten, many disorganized infants are either aggressive or spaced out and disengaged, and they go on to develop a range of psychiatric problems. They also show more physiological stress, as expressed in heart rate, heart rate variability, stress hormone responses, and lowered immune factors.

Does this kind of biological dysregulation automatically reset to normal as a child matures or is moved to a safe environment? So far as we know, it does not. Parental abuse is not the only cause of disorganized attachment: Parents who are preoccupied with their own trauma, such as domestic abuse or rape or the recent death of a parent or sibling, may also be too emotionally unstable and inconsistent to offer much comfort and protection. While all parents need all the help, they can get to help raise secure children, traumatized parents, in particular, need help to be attuned to their children's needs.