



Review #1
Parent-Child Attachment: Basic Concepts

Dr. Cindy Hardy, R.Psych.
March 27, 2007

Introduction

The purpose of this review is to provide an overview of basic concepts and principles from attachment theory. In the following, “caregiver” and “parent” are used interchangeably to refer to a parent or primary attachment figure and “child” refers to an infant or young child.

Basic Facts About Parent-Child Attachment

- Usually the caregiver is a parent, but any individual who regularly cares for and protects the child can become an attachment figure for the child.
- Any given child can form more than one attachment relationship. However, most children have one person from whom they most want comfort when distressed; that person is the child’s primary attachment figure.
- Children may have different types of attachment relationships with different caregivers, for example, insecure attachment with mom and secure attachment with dad.
- Sources: Cassidy & Shaver, 1999; Solomon & George, 1999.

Definitions and Key Concepts

The attachment system

- Parent-child attachment relationships are a universal human experience, observed in all human cultures.
- Parent-child attachment is the product of a complex biological system built in to human biology to ensure survival of offspring.
- The child’s attachment system is a complex biological system which keeps children close to their caregivers when children are too young to protect themselves.
- The child’s attachment system is activated by threats of all kinds, such as absence of the caregiver, the presence of strangers, unfamiliar situations, illness, hurts, and frights. At the first sign of danger a child will seek to be close to a caregiver who provides protection.
- Over time and with repeated interactions with caregivers, the child’s developing nervous system is shaped by attachment-relevant experiences.

- In response to experiences with caregivers, the child develops behavioural strategies for relating to other people, and forms a set of beliefs about the self, other people, and close relationships.
- Sources: Cassidy & Shaver, 1999; Solomon & George, 1999.

Secure base, safe haven

- A young child needs caregivers to provide both a secure base and a safe haven.
- Caregivers provide a secure base by letting the child explore the world while watching over the child, helping the child, and enjoying sharing the world with the child.
- Caregivers provide a safe haven by being available to protect, comfort, and soothe the child whenever the child encounters threats.
- Source: www.circleofsecurity.org (follow the link “COS Downloads” to find parent handouts with lovely illustrations).

Attachment behaviours

- The behaviours used to express attachments vary across individuals, cultures, and societies.
- The defining feature of attachment behaviours is their function - they function to keep the vulnerable young child close to the caregiver in response to threat.
- The types of threatening situations that can activate the child’s attachment system include illness, injury, being tired, unfamiliar situations or people, and the absence of the primary attachment figure.
- In the child, commonly observed attachment behaviours include approaching the caregiver; asking to be picked up; seeking to be physically close to the caregiver; keeping the caregiver in line of sight; and communicating distress by crying, whining, or whimpering.
- In caregivers, commonly observed attachment behaviours include watching the child; recognizing and responding to the child’s cues, especially cues of distress; picking the child up; holding and soothing the child; and feeling distressed when the child is distressed.
- Sources: Cassidy & Shaver, 1999; Solomon & George, 1999.

Normal patterns of attachment

- Four patterns of parent-child relationships have been described based on the research strategy called the Strange Situation. In the Strange Situation, normally conducted when the child is 12 to 24 months old, the child is put through a series of separations and reunions with their caregiver. The focus of interest in the assessment is how the child and caregiver interact during reunions.
- The patterns of relationship identified in the Strange Situation assessment procedure describe a particular relationship, that is, a particular child’s interactions with a particular caregiver.
- ***Secure attachment relationships*** form when the caregiver responds sensitively to the child’s cues most of the time. The child learns that the caregiver is reliably available as a secure base and a safe haven, to comfort them and help them deal with threats. In the

- general population, approximately 60 to 75% of parent-child relationships are secure.
- ***Insecure attachment relationships*** form when the caregiver is not a reliable source of comfort and help. In response to the caregiver's behaviour, the child develops one of two organized but insecure attachment patterns.
- In the ***insecure-avoidant*** pattern, the caregiver consistently responds to child distress in rejecting ways, for example, by ignoring, ridiculing, or becoming annoyed. The child learns to avoid the caregiver when distressed, and minimizes signs of distress. In the general population, approximately 12 to 20% of parent-child relationships are insecure-avoidant.
- In the ***insecure-ambivalent*** (also called ***insecure-resistant***) pattern, the caregiver's response to the child's distress is inconsistent and unpredictable. The child learns to amplify distress to get the parent's attention, will display extreme negative emotion when distressed and often has trouble using the caregiver as a secure base for exploration. In the general population, approximately 5 to 10% of parent-child relationships are insecure-ambivalent.
- ***Disorganized attachment relationships*** form when caregiver behaviour is extremely disruptive to the parent-child relationship. The caregiver is a source of fright for the child or appears frightened of the child. The child in a disorganized attachment relationship cannot soothe after distress because the caregiver who should be a source of comfort is also a threat. Disorganized attachment is harmful to the child and has been linked to behavioural and emotional disorders in childhood, adolescence, and adulthood. In middle-class nonclinical samples, approximately 14% of parent-child relationships are disorganized whereas in low-income samples, approximately 24% are disorganized. In certain populations (e.g., physically abused children) the rates are much higher.
- Sources: Cassidy & Shaver, 1999; Solomon & George, 1999.

Disorders of attachment

- Disorders of attachment are distinguished from developmentally normal patterns of attachment by the presence of extremely pathological caregiver behaviours such as extreme neglect.
- Attachment disorders occur infrequently in the general population.
- Attachment disorders are defined by a history of care, or a lack of care, that is extremely harmful to the child.
- Pathological care is seen as the main cause of the child's disordered behaviour. Caregivers might show persistent disregard for the child's basic emotional or physical needs. The child may have experienced extreme neglect or many different placements with different caregivers, and as a result has not formed attachment relationships.
- Other possible causes of the child's disordered behaviour (e.g., developmental disorders) must be ruled out before assigning a diagnosis of attachment disorder.
- ***Reactive attachment disorder of infancy or early childhood, inhibited type*** is diagnosed when children fail to respond to caregivers in appropriate ways. The child's behaviour with caregivers might be excessively anxious or inhibited. The child might appear to be frozen in fear, or have a stiff body posture. The child might be excessively watchful and vigilant, and have an exaggerated startle response. When approaching caregivers for

comfort the child might display highly ambivalent or contradictory behaviours, for example, beginning to approach a caregiver then backing away. These behaviours occur in most contexts and not just with one particular caregiver.

- ***Reactive attachment disorder of infancy or early childhood, disinhibited type*** is diagnosed when children are indiscriminately friendly and/or fail to exhibit a selective attachment relationship with any particular caregiver.
- Sources: American Psychiatric Association, 2000; Zero to Three, 2005.

Related Developmental Processes

Emotional Regulation

- Infants and young children are dependent on caregivers to soothe them after a period of distress, pain, or upset.
- An organized attachment relationship, whether secure or insecure, reflects the child's organized strategy for dealing with distress.
- When a child experiences a disorganized attachment relationship, the child does not have a consistent strategy for dealing with distress.
- Compared to children with organized attachment relationships, children with disorganized attachment relationships remain upset for longer periods of time after a threat.
- Source: Cassidy & Shaver, 1999; Solomon & George, 2000.

Learning

- When a threat activates the attachment system, the child's exploration of their environment is inhibited and the child usually returns to their caregiver.
- When a child is preoccupied with attachment their opportunities for learning are restricted.
- Circulating levels of the stress hormone cortisol tend to be unusually high in children who experience disorganized attachment relationships.
- In adults, high levels of cortisol are toxic to neurons and kill cells in the hippocampus. The hippocampus is a brain structure that plays a central role in memory formation.
- For these reasons, a disturbed attachment relationship is thought to adversely affect the child's ability to learn both in the present and in the future. Further research is needed to firmly establish evidence of this link.
- Source: Gunnar, 1998; Solomon & George, 1999.

Healthy Attachment Relationships Are More Likely When...

- Parents see, interpret, and act on the child's cues, especially when the child is hurt, ill, or distressed.
- Parents are attuned to the child's attachment behaviours and respond sensitively when the child needs comfort.
- The child has a healthy nervous system.
- The child displays positive moods.

- Policies and services promote and support healthy parent-child relationships.
- There are opportunities for parents to learn and practice appropriate interaction skills by, for example, interacting with grandparents and other experienced competent caregivers, or participating in programs such as Infant Massage or Mother Goose.

Attachment Difficulties Are More Likely When...

- Parents have untreated mental illness such as depression.
- Parents are abusing alcohol or drugs.
- Parents have unresolved grief, trauma, or loss.
- Parents engage in spousal violence.
- Parents were neglected or abused by their own parents.
- Children experience multiple placements with multiple caregivers.
- Children experience disrupted attachment relationships due to death, abandonment, or other long-term separations from their primary attachment figure (e.g., if caregiver is in hospital for an extended period of time).
- Children experience abuse or neglect, especially when primary caregiver is abusive to the child.
- Families are highly stressed.
- Families are living in poverty.

Sources

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.

Cassidy, J. & Shaver, P.R. (1999). *Handbook of attachment: Theory, research, and clinical applications*. New York: Guilford Press.

Gunnar, M. (1998). Quality of care and the buffering of stress physiology: Its potential role in protecting the developing human brain. *IMPrint, Newsletter of the Infant Mental Health Promotion Project (IMP), Special Issue 2*, 15-18.

Solomon, J. & George, C. (Eds.) (1999). *Attachment disorganization*. New York: Guilford Press.

Zero to Three. (2005). *Diagnostic classification of mental health and developmental disorders of infancy and early childhood* (rev.). Washington, DC: Author.