AN ATTACHMENT PRIMER

FUNDAMENTALS OF ATTACHMENT THEORY

A. Infant attachment is a relationship concept

1. Attachment refers to the relationship between infant and caregiver
2. It is not a characteristic of the infant
3. "Secure attachment" means secure (confident) in this relationship
4. An infant may be securely attached to one parent, anxious with the other

B. All infants become attached if there is an available figure

1. The disposition to become attached is strongly built in to human biology
2. All that is required is that someone interact with the infant over time
3. Even infants who are mistreated will be attached to the caregiver
4. Only infants with no continuously present figure will fail to be attached
5. The term "unattached child" generally is a misnomer

C. While all infants become attached, attachments vary in quality

1. Once attachments are consolidated (usually by 12 months), all are strong
2. Abused children are just as attached as are well-treated children
3. But some attachments are secure, others are anxious
4. Anxiously attached infants are doubtful about caregiver availability or responsiveness, and may even be frightened of them, but are attached

D. Quality of attachment is based in the quality of care experienced

1. If caregivers are reliably emotionally available and sensitively responsive, infants will develop positive expectations and confidence in the caregiver
2. If caregivers are inconsistent/haphazard in responsiveness, infants will be uncertain of their availability and thus anxiously attentive to them

3. If caregivers have been chronically emotionally unavailable or rejecting when the infant seeks closeness, infants will doubt their availability now
4. If caregivers are frightening or unfathomable, infants will be unable to organize or maintain organization of attachment behavior

E. Attachment quality is revealed in the organization of attachment behavior

1. Effective balance between exploration and attachment behaviors: in absence of threat, infant actively explores; when threatened retreats to caregiver (caregiver as secure base and "safe haven")
2. Preferential seeking of caregiver when stressed or needing comfort, support or nurturance (interest in others when not threatened)
3. Active initiation of contact or interaction when threatened (e.g., following brief separations in the laboratory)
4. Feelings of anger or petulance do not interfere with contact seeking

THE DEVELOPMENT OF ATTACHMENT

A. Phases of attachment (adapted from Bowlby and Ainsworth)

1. 0-10 weeks: "social orientation": infant is attracted to human voices and faces, and develops the social smile (to all persons, but discriminates caregiver)
2. 3-6 months: discriminated signals, differential treatment of caregivers
3. 6-12 months: formation and consolidation of the "specific attachment" (infant now attached as shown by greetings, following, preferential treatment when distressed, and beginning use of caregiver as a secure base
4. 12-24 months: attachment exploration balance
5. 24-36 months: "goal corrected partnership" (child can now understand both own and caregiver goals and adjust behavior accordingly)

B. Attachment in childhood

1. Attachment does not wane but is less readily visible in benign circumstances (child has increasing capacity to regulate own emotions)
2. Still apparent in emergency situations and when the child is injured, ill, or frightened
3. Laboratory attachment assessments become more difficult

C. Adult attachment

1. Attachments to parents endure through life
2. Grief over loss occurs from the end of infancy on
3. Over time attachments to multiple figures become merged into a singular "state of mind"
4. "State of mind" refers to the individual's degree of integration of attachment experiences and degree of openness toward acknowledging and exploring attachment feelings