Contents

This briefing aims to provide an overview of the following:

- What is attachment?
- Bonding versus attachment
- Development of attachment
- Attachment style
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- Care-giving and attachment style
- Effective strategies for promoting secure attachment in children
- Conclusions

Key messages

- Attachment describes the bond from a child towards their parent or primary caregiver. Attachment behaviour is the behaviour children use to gain the attention of, or to remain close to, their carer in situations when they are tired, unwell or scared.
- Bonding describes the adult’s relationship with the child.
- Attachment develops over time and through experience of the child’s relationship with the caregiver in response to their attachment behaviour. Based on this, children develop different attachment styles. There are four observed attachment styles: secure, avoidant, ambivalent/resistant and disorganised.
- There are links between a child’s attachment style and later social and emotional outcomes. However, this association is not deterministic.
- Secure attachment is associated with positive outcomes including self esteem, self confidence, resilience and emotional regulation. Disorganised attachment is a strong predictor of later relationship and emotional difficulties.

- Children who have experienced sensitive, responsive care-giving are more likely to develop a secure attachment style. A large proportion of children who have been maltreated develop a disorganised attachment style.

- Interventions that focus on improving sensitive responses to the child’s attachment behaviour are the most successful at promoting secure attachment.

- Close physical contact through interventions such as soft baby carriers or the kangaroo method (holding infant close to parent’s chest) may also enhance attachment.

- Promotion of secure attachment and sensitive, responsive parenting has the potential to reduce health inequalities in Scotland.

**What is attachment?**

Infants and children are dependent on their parents or caregivers to take care of their basic needs, to protect them and to keep them safe. When they are tired, unwell or scared children will seek contact with, or to be close to, the person they think will take care of them.

Attachment is the term used to describe the bond from a child towards their parent or primary caregiver. The parent’s bond to the infant is termed the caregiver bond, with care-giving describing the protective and comforting behaviour displayed towards the child. Attachment and care-giving both function to promote the survival of the child. The tendency of a child to form an attachment bond is considered to be biological and present from birth (Golding, 2007; Prior and Glaser, 2006). Children form attachments to specific people (attachment figures). These are usually the primary caregiver, but the infant can and does form attachments with others.

The theory of attachment was originally developed by John Bowlby, who defined attachment as:

> ‘the disposition of the child to seek proximity to and contact with a specific figure and to do so in certain situations, notably when he is frightened, tired or ill.’

*(Attachment and Loss: Vol. 1 Attachment, 1982, p 371)*

In such situations, attachment behaviour is used to describe the behaviour the child uses to establish or maintain proximity to their caregiver.
Bonding versus attachment

There is often confusion between the concepts of bonding and attachment (Prior and Glaser, 2006) with bonding used, at times, interchangeably with attachment or to describe maternal love and affection. Klaus and Kennell (1976) introduced the term maternal bonding to describe the idea that mothers are pre-disposed to form an affectional bond to their baby prior to, or during a sensitive period immediately following, birth.

In contrast to bonding, attachment develops over time and through experience. The direction of the relationship is also different: bonding is the adult’s relationship with the child, and attachment refers to the relationship from the child’s perspective.

Development of attachment

Attachment develops over four phases (Prior and Glaser, 2006).

Phase 1: Birth to 8 weeks (initial pre-attachment)

Using behaviours like grasping, smiling and crying, newborn infants attempt to attract the attention of available caregivers. The interaction between infant and caregiver forms the basis of developing attachment, with the caregiver learning how to recognise and respond to the infant’s needs.

Phase 2: 8 weeks to 6 months (attachment-in-the-making)

Infants are more alert and increasingly distinguish between familiar and unfamiliar adults, focusing on their preferred caregiver.

Phase 3: 6 to 36 months (clear-cut attachment)

Attachment to, and a clear preference for, primary caregiver is observed. Anxiety in the presence of strangers and distress at separation from the caregiver is also apparent. As they become increasingly mobile, children use their caregiver as a base from which to explore the world and to return to when frightened or distressed.

Phase 4: 36 months onwards (goal-corrected partnership)

Distress at separation from caregiver diminishes. Developing language skills enable the child to express their needs and negotiate with their caregiver.
## Attachment style

In situations that provoke attachment behaviour, children interact with their caregivers in different ways or styles which can be classified (Ainsworth et al, 1978). The child’s attachment style develops from birth in response to multiple experiences of their caregiver’s response to their need for safety and protection.

There are four classifications of attachment style: secure, avoidant, ambivalent/resistant and disorganised. Classification of secure, avoidant and ambivalent attachment styles were based on Ainsworth’s (1978) Strange Situation procedure. Specifically, in a situation designed to invoke stress in the child, the attachment behaviour of 9–18 month olds toward their caregiver is observed and categorised. Disorganised/disorientated, insecure attachment style is a later conceptualisation, developed from the work of Main and Solomon (1990), see Table 1 below.

<table>
<thead>
<tr>
<th>Attachment style</th>
<th>Frequency¹</th>
<th>Child’s behaviour</th>
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<tbody>
<tr>
<td>Secure</td>
<td>62–66%</td>
<td>In Strange Situation, distressed on separation from primary caregiver, but easily soothed on reunion. Demonstrates positive behaviour towards the caregiver, cooperative and compliant.</td>
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<tr>
<td>Avoidant</td>
<td>15–22%</td>
<td>In Strange Situation infants demonstrate little response to separation from caregiver. On reunion, avoids interaction with caregiver or demonstrates behaviour such as gaze aversion.</td>
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<tr>
<td>Resistant/Ambivalent</td>
<td>9–12%</td>
<td>In Strange Situation, these infants are very distressed by separation from caregiver. On reunion, unlike securely attached children, they are difficult to sooth. They may alternate seeking close proximity with displaying resistant or hostile behaviour towards the caregiver.</td>
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<tr>
<td>Disorganised/Disorientated</td>
<td>15%²</td>
<td>Characterised by no consistent response in Strange Situation. These infants display odd or contradictory behaviour indicating a lack of a clear attachment strategy. On reunion may demonstrate intense distress combined with avoidance or fear the caregiver.</td>
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</tbody>
</table>

Table 1

¹ Prior and Glaser, 2006
² A disorganised attachment style may be present in approximately 80% of children who are maltreated (Van Ijzendoorn et al., 1999).
The importance of attachment style

There are links between an infant's attachment style and their later social and emotional outcomes. Longitudinal studies suggest that attachment style is best understood as a predisposing risk for, or protective factor against, poorer social and emotional outcomes. A secure attachment style is the most desirable whilst a disorganised attachment style is of most concern.

Secure attachment in infancy is associated with positive outcomes including self esteem, self confidence, emotional regulation, resilience and more harmonious relationships in childhood and early adulthood (Sroufe 2006; Prior and Glaser, 2006). Resistant attachment is linked to anxiety disorders in early adulthood; and avoidant attachment with conduct problems including aggression and anti-social behaviour. A disorganised attachment style is a strong predictor of later relationship difficulties and emotional problems including hostility and aggression.

However, whilst attachment style may be a risk or protective factor, this association is not deterministic. Other factors, for example, social support or life stress are likely to mediate this influence (Sroufe 2006; Prior and Glaser, 2006). Children with secure attachment styles can, and do, develop behavioural and or emotional difficulties and most insecurely attached children do not have significant problems (Sroufe, 2006).

Assessing attachment style

In infants and young children (younger than four years) assessments of attachment style typically involve observation of their behaviour and responses in situations provoking attachment behaviour, for example, the Strange Situation. In older children, methods attempt to draw out the child’s mental representation of attachment relationships, for example, through interview or story stem techniques. In studies of the effectiveness of interventions to improve infant attachment, the most commonly used assessment is the Strange Situation procedure (Doughty, 2007).

Assessments of attachment require administrators to be trained and may need particular environmental conditions. The associated cost and resource implications reduce the practicality of routine or universal implementation.

Caregiving and attachment style

Responses from the caregiver towards the infant or child’s behaviour are the precursor to attachment style, shaping the quality of attachment. Caregiving is more important than the child’s temperament in the development of attachment (Prior and Glaser, 2006; Sroufe, 2006).
A sensitive response is the caregivers ability to understand and react appropriately and quickly to the child’s attempts to communicate (Prior and Glaser, 2006). Sensitive care-giving is associated with the development of a secure attachment style.

Children who experience insensitive, neglectful or rejecting parenting are more likely to develop an insecure attachment style (Golding, 2007). Specifically, longitudinal research suggests that disorganised attachment is most strongly predicted by caregiver intrusiveness or maltreatment (physical abuse and psychological unavailability). Many children raised in an abusive or neglectful home environment develop a disorganised attachment style (Van Ijzendoorn et al., 1999).

However, care-giving in the attachment sense is only one facet of parenting; other important aspects include feeding, teaching and play. The association between attachment and these aspects of parenting is unclear (Prior and Glaser, 2006).

**Effective strategies for promoting secure attachment in young children**

Reviews of the effectiveness of interventions to promote attachment between young children and their parents indicate that the most effective interventions specifically focus on improving sensitive maternal behaviour (as opposed to those which are broader in focus).

Interventions that are effective in enhancing parental sensitivity are universally effective (including high risk populations), improving sensitivity of care-giving and promoting secure attachment (Doughty, 2007; Bakermans-Kranenburg et al., 2003; Demott et al., 2006). The most successful interventions are brief (less than 5 or 5–16 sessions) and behaviourally focused (Barlow et al., 2008; Bakermans-Kranenburg et al., 2003, Demott et al., 2006).

The majority of interventions make use of home visiting as the mechanism for delivery. Some deliver specific psychosocial programmes, others incorporate the intervention as part of the home visiting programme.

Providing information to new parents on the sensory and perceptual capabilities of their infants appears to enhance maternal responsiveness and parental interaction with their babies (Barlow et al., 2008; Demott et al., 2006). Close physical contact through interventions such as the use of soft baby carriers or the kangaroo method may also enhance infant attachment (Barlow et al., 2008, Demott et al., 2006).
Conclusions

The attachment relationship between children and their parents or primary caregiver is important for the long-term outcomes of the child. Secure attachment is a protective factor which can enhance children’s later social and emotional wellbeing.

Consideration should be given to developing strategies which promote an understanding of the nature and importance of attachment and bonding among parents, early years professionals and policy makers in Scotland. Focus should be given to the development of sensitive and responsive parenting and secure attachment, emphasising the use of safe, effective evidence-based interventions.

Through working with vulnerable families to promote the development of secure attachment styles; sensitive, responsive parenting, and reducing disorganised attachment, there is the potential to reduce health inequalities within the early years and in the longer term.
References


Doughty CJ. Effective strategies for promoting attachment between young children and their parents. New Zealand Health Technology Assessment (NZHTA) 2007; Brief 2005; 6 (2).


