



# First Connections

*...make all the difference*

## INFANT ATTACHMENT - WHAT PROFESSIONALS NEED TO KNOW

This information sheet is intended to provide you with background about infant attachment. It will help you understand the importance of attachment in your day-to-day work with families.

### ATTACHMENT THEORY...

- originated in the early 1950s with John Bowlby who was a child psychiatrist.
- was given an empirical base by Mary Salter Ainsworth who developed a way of measuring the concept of the attachment figure as a secure base from which an infant can explore. She also promoted the importance of maternal sensitivity to infant signals and its role in the development of infant-mother attachment.
- has been developed and integrated over the last 60 years, and continues to evolve, through the work of researchers around the world.

### INFANT ATTACHMENT IS...

- the deep emotional tie or connection that an infant forms with a main caregiver, usually the mother. It is "a tie that binds them together in space and endures over time."<sup>1</sup>
- believed to arise from social interactions. It reflects the operation of an 'internal working model' that expresses the infant's expectations of the parent's behaviours in emotionally meaningful situations.
- fostered by the sensitive responsiveness of the primary caregiver.
- also affected by characteristics of the infant, caregiver behaviours, stresses and supports, family system, marital relationship, culture, and environment.
- is an important influence on later emotional, cognitive and social outcomes.

### ATTACHMENT BEHAVIOUR...

- is any behaviour the infant uses to seek and maintain contact with, and elicit a response from, a caregiver.
- includes crying, grasping, clinging, searching, approaching, crawling/walking/running towards, following, smiling, greeting, reaching, and vocalizing.
- may vary according to what is considered culturally appropriate, yet the attachment relationship is universal.

### THE ATTACHMENT FIGURE...

- is the primary caregiver with whom the infant interacts in the first year of life and forms an attachment relationship.
- represents a secure base for exploration.

### MILESTONES IN THE DEVELOPMENT OF ATTACHMENT...

- In the first 2 months of life, even though infants show little observable preference for a particular caregiver, the warm, sensitive, and dependable responses of caregivers to the infant set the stage for the developing attachment relationship.

<sup>1</sup>Ainsworth, MDS & Bell, SM. (1970). Attachment, exploration, and separation: Illustrated by the behaviour of one-year-olds in a strange situation. *Child Development*, 41, pp.49-67.

## *INFANT ATTACHMENT - WHAT PROFESSIONALS NEED TO KNOW*

- From 2 to 7 months, infants tend to interact differently with primary caregivers and strangers but in general still do not show strong preferences.
- By 4 - 6 months of age, infants begin to develop expectations of how their attachment figure will respond to them when they are distressed. These expectations, based on daily experiences with the attachment figure, are termed 'internal working models of attachment relationships'.
- Between 7 and 12 months, infants show definite preferences for a small number of attachment figures. 'Stranger wariness' and 'separation protest' emerge.
- From 12 to 18 months, with the advent of crawling and walking, infants use their attachment figure as a 'secure base' from which to venture out and explore the world, and as a 'safe haven' to return to when frightened or distressed.
- From 18 months to about 4 years of age, the attachment relationship is characterized by tolerance of separation, learning to cooperate, and balancing the need for autonomy, self-control and exploration with the continued need for love, affection, and protection.

### *SECURE ATTACHMENT IS...*

- promoted by caregivers who are sensitive to the infant's behaviour, emotionally and physically available, affectionate, and comforting, and who enjoy interacting with the infant.
- more likely when the caregiver has a history of secure attachment.

### *INSECURE ATTACHMENT...*

- develops when a primary caregiver does not consistently respond in ways that are warm, affectionate, loving, dependable, and sensitive to the infant's needs.
- types differ, depending on the nature and extent of the neglect of the primary caregiver in responding to the infant - may be avoidant, ambivalent or disorganized.
- may be an indicator of risk for the development of emotional, social and behavioural problems in childhood and later in life (particularly the disorganized/disoriented category).
- can be modified with appropriate interventions.

### *SECURE ATTACHMENT IS IMPORTANT BECAUSE...*

- it provides an infant with feelings of safety and security.
- it allows an infant to explore his/her world and to know that if frightened or distressed, he/she will be safe, soothed or comforted on return to the 'secure base' of a caregiver.
- earliest relationships influence early brain development and help to shape emotions, thinking, learning, and behaviour throughout life.
- it is a protective factor against the development of a variety of emotional and behavioural problems throughout childhood and adolescence.

### *ATTACHMENT AND THE DEVELOPING BRAIN*

- The brain grows and develops in ways that are critically influenced by our earliest experiences of the world.
- The brain, just like the body, thrives on good nourishment and fails to grow in healthy ways when good nourishment is not received.
- Research evidence suggests that the lack of proper stimulation or exposure to the wrong kinds of stimulation may be damaging to the brain.
- Stress is an important factor which can affect the developing brain.
- It is thought that infants who are insecurely attached may, under stressful conditions, show prolonged stress responses that are harmful to brain development.
- The evidence further suggests that the warm, sensitive, responsive and dependable caregiving which promotes secure attachment is important in buffering harmful stress effects on the developing brain.

# INFANT ATTACHMENT - WHAT PROFESSIONALS NEED TO KNOW

## ATTACHMENT TYPE , CAREGIVER AND INFANT BEHAVIOURS

This table shows the connections between attachment types, caregiver behaviours, and infant behaviours, derived from observations during 'the Strange Situation', a laboratory measure of attachment used with mothers and infants 12-18 months old. Secure, Insecure Avoidant, and Insecure Ambivalent are variations of normal attachment strategies/styles. Insecure Avoidant attachment is relatively common in some cultures.

The behaviours associated with attachment types do not represent absolute categories. Instead, both caregiver and infant behaviours occur on a gradient within each category. For example, caregiver behaviours that indicate unavailability, unresponsiveness, or rejection may be mild or extreme.

ATTACHMENT TYPE	CAREGIVER BEHAVIOURS	INFANT/CHILD BEHAVIOURS
<i>SECURE</i>	<ul style="list-style-type: none"> <li>caregiver responds in a warm, loving, sensitive, responsive and dependable way to the infant's needs</li> <li>the caregiver is sensitive to the infant's behaviour, emotionally and physically available, affectionate, comforting, and enjoys interacting with the infant</li> </ul>	<ul style="list-style-type: none"> <li>greet's caregiver</li> <li>seeks proximity to caregiver</li> <li>maintains contact</li> <li>engages caregiver from a distance</li> <li>is soothed by presence of caregiver</li> <li>settles easily upon reunion with caregiver</li> </ul>
<i>INSECURE - AVOIDANT</i>	<ul style="list-style-type: none"> <li>caregiver tends to be unavailable, unresponsive, or rejecting</li> </ul>	<ul style="list-style-type: none"> <li>minimal distress on separation from caregiver</li> <li>does not greet caregiver - ignores or avoids upon reunion</li> <li>does not seek proximity to or maintain contact with caregiver</li> </ul>
<i>INSECURE - AMBIVALENT (ANXIOUS OR RESISTANT)</i>	<ul style="list-style-type: none"> <li>caregiver tends to respond to infant's needs in inconsistent and unpredictable ways</li> </ul>	<ul style="list-style-type: none"> <li>distressed and unsettled by separation from caregiver</li> <li>not easily comforted on reunion - may show anger</li> <li>reluctant to explore</li> </ul>
<i>INSECURE - DISORGANIZED (DISORIENTED)</i>	<ul style="list-style-type: none"> <li>at its extreme, caregiver is abusive (including severely neglecting)</li> <li>caregiver responds in frightening, frightened or dissociated ways toward the infant</li> </ul>	<ul style="list-style-type: none"> <li>stopping or freezing for seconds or minutes with dazed and/or frightened look</li> <li>walking away from rather than toward caregiver when distressed</li> <li>hiding after separation</li> <li>confusion, fear upon reunion</li> <li>both very strong avoidance and very strong ambivalence or resistance toward caregiver</li> </ul>

# INFANT ATTACHMENT - WHAT PROFESSIONALS NEED TO KNOW

## ATTACHMENT TYPE AND INTERNAL WORKING MODELS

Research suggests that internal working models operate outside of conscious awareness, are quite stable over time, and project onto other important relationships.

TYPE	INTERNAL WORKING MODEL
<i>SECURE</i>	<ul style="list-style-type: none"><li>● I can trust and rely on others.</li><li>● I am lovable, capable, significant and worthwhile.</li><li>● My world is safe.</li></ul>
<i>INSECURE - AVOIDANT</i>	<ul style="list-style-type: none"><li>● Other people are unavailable and rejecting.</li><li>● I have to protect myself.</li><li>● If I deny my needs, I will not be rejected.</li><li>● If I do what is expected of me, I will not be rejected.</li><li>● If I take care of others and deny my own needs, I will be loved.</li></ul>
<i>INSECURE - AMBIVALENT</i>	<ul style="list-style-type: none"><li>● Others are unpredictable, sometimes loving and protective, sometimes hostile and rejecting.</li><li>● I don't know what to expect - I am anxious and angry.</li><li>● I cannot explore - I may miss an opportunity for love and affection.</li><li>● If I can read others and get them to respond, I will get my needs met.</li></ul>
<i>INSECURE - DISORGANIZED</i>	<ul style="list-style-type: none"><li>● My caregiver, at times seems overwhelmed by me and at other times, seems very angry with me.</li><li>● Others are abusive - neglectfully, physically, emotionally, and/or sexually.</li><li>● I am unable to get my needs met. I don't know how to protect myself.</li></ul>

