



## Synthesis on attachment

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### How important is it?

All infants require attention, comfort and a sense of security. Infants who feel threatened will turn to their caregiver for protection and comfort; over time, the caregiver's response helps mold the relationship into a pattern of interaction.

[Bowlby's attachment theory](#) describes the importance of the early relationship that develops between the infant and the primary caregiver. This affective bond, called attachment, provides the foundation for the child's later social, emotional and even cognitive development. In addition, attachment relationships continue to influence thoughts, feelings, motives and close relationships throughout life.

Research shows that secure attachment is a protective factor that leads to more optimal developmental outcomes, while children with insecure attachment are more prone to social and maladjustment problems and children with disorganized attachment are at highest risk for psychopathology and poor outcomes.

### What do we know?

To assess the quality of attachment in infancy, researchers often use a standardized separation-reunion method called the [Strange Situation Procedure](#), in which infants' reactions to being reunited with their caregiver after a brief separation are used to assess how much trust the children have in the accessibility of their attachment figure.

There are four patterns of infant-caregiver attachment. Infants who actively seek proximity to their caregivers on reunion, communicate their feelings of stress and distress openly and then readily return to exploration are classified as *secure*. This [type of attachment](#) is believed to develop when the caregiver consistently responds to the child's distress in a sensitive manner. Infants who ignore or avoid the caregiver after being reunited are classified as *insecure-avoidant*. This is believed to develop when the caregiver consistently responds to the child's distress in ways that are rejecting.

Infants who combine strong contact maintenance with contact resistance, or who remain inconsolable without being able to return to explore the environment, are classified as *insecure-ambivalent*. This develops when the caregiver responds in ways that are inconsistent and unpredictable. Finally, some infants do not seem able to resort to a single, organized attachment pattern. This is called *disorganized* attachment, and is believed to develop when the caregiver displays unusual and ultimately frightening behaviours in the presence of the child.

For a [normative population](#), it is reported that about 62% of infants are classified as secure, 15% as insecure-avoidant, 8% as insecure-ambivalent and 15% as disorganized.<sup>1</sup>

[Secure attachment](#) is considered a protective factor as it has been associated with better developmental outcomes in areas such as self-reliance, self-efficacy, empathy and social competence in toddlerhood, school-age and adolescence. Infants with insecure attachment have been shown to be at risk for later adaptation problems such as conduct disorder, aggression, depression and anti-social behaviour.

Children with [disorganized attachment](#) are at the highest risk for psychopathology. There is a high percentage of attachment disorganization among children who have been [victims of maltreatment](#). An array of [parental behaviours](#) has been linked to infant disorganization. These include affective communication errors (such as contradictory responses to infant signals), parental withdrawal, negative-intrusive responses, role-confused responses, disoriented responses and frightened or frightening behaviours.

[Negative life events](#) (such as divorce) can compromise attachment security, but differences in attachment security result primarily from the children's interactions with their [social environment](#) during the first few years of life. Parenting therefore plays a crucial role. For this reason, preventive interventions in early childhood have enormous potential to alter behavioural and developmental trajectories, especially in high-risk families.

### What can be done?

To improve long-term developmental outcomes of infants and children, prevention and intervention programs should focus on promoting secure parent-infant attachment. Attachment-based interventions often target [specific issues](#), such as parental sensitivity, behaviours and state of mind. However, exclusive focus on behavioural training for parent sensitivity rather than a focus on sensitivity plus support, or a focus on sensitivity plus support plus internal representations (e.g., individual therapy), the use of video feedback and brief (5- to 16-session) interventions focusing on parental sensitivity seem the most effective in improving attachment security, and also have yielded positive results with [adoptive parents](#). In addition, the intervention site (home versus office) and the presence of multiple risk factors did not affect efficacy, but interventions conducted with clinically referred patients/clients and those that included fathers were more effective than interventions without such characteristics.

A few sensitivity-focused interventions have had some impact on disorganized attachment as well. However, it is believed that interventions focusing on atypical [parental behaviours](#) (e.g., failing to keep a child safe, failing to comfort a distressed child, laughing while the child is distressed, asking for affection and reassurance from the child, or threatening to harm) are most likely to reduce disorganized attachment. To date, attachment-based interventions have focused primarily on precursors of insecure attachment, rather than disorganized attachment. Future studies should therefore [evaluate](#) interventions for their potential to prevent disorganized attachment.

Currently, the research evidence for enhancing the attachment relationship favours [brief, highly targeted interventions](#), once the child is at least six months old.

However, more comprehensive, long-term interventions or other types of interventions may be necessary for some high-risk families. A number of [important issues](#) still need to be studied before definitive conclusions can be reached on how to best promote secure attachment in different types of families. These include the durability of the effects of the interventions, the mechanisms contributing to their efficacy, and their effectiveness in real-world arenas (as opposed to clinical trials) with different types of families.

Nonetheless, it is clear that service providers should be [trained](#) in the use of attachment-based techniques that have proven to be effective. Attachment-based intervention programs should be [incorporated](#) into existing home visitation and parent education programs, while policies should identify means by which families can access consistent parenting and psychological support throughout their child's life. Economic analyses now clearly indicate the [cost-effectiveness](#), both in dollars and in human suffering, of providing services to families with infants, before psychopathology develops.

### Reference

1. van IJzendoorn MH, Schuengel C, Bakermans-Kranenburg MJ. Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. *Development and Psychopathology* 1999;11(2):225–249.