

Attachment Styles in Infant-Caregiver Relationships

Mary Ainsworth developed methods for studying attachment in young children and defined three categories of attachment styles -- insecure avoidant (type A), secure (type B), and insecure ambivalent (type C). A fourth attachment style known as disorganized (D) was later identified by Main and Solomon and incorporated into future attachment research. Ainsworth developed an experimental procedure called the Strange Situation in order to investigate the security and style of attachment in one- to two-year olds. The experiment is set up in a small room with one-way glass so the behavior of the infant can be observed. The behavior of the infant was observed for about 20 minutes in a series of eight situations:

- (1) Mother, baby and researcher
- (2) Mother and baby alone
- (3) Stranger joins mother and infant
- (4) Mother leaves baby and stranger alone
- (5) Mother returns and stranger leaves
- (6) Mother leaves; infant left completely alone
- (7) Stranger returns
- (8) Mother returns and stranger leaves

Ainsworth's early research in the U.S. used a sample of 100 middle-class families. The infant's behavior was observed and recorded every 15 seconds in the following categories: Proximity and contact-seeking; Contact maintaining; Proximity and interaction avoiding; Proximity and interaction resisting; Searching; Exploratory behaviors; Search Behaviors; Affect displayed. The classifications of attachment styles are based primarily on the infant's behaviors directed toward the mother in the two reunion episodes. The table below briefly describes Ainsworth's observations of the three categories:

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	Secure Attachment	Ambivalent Attachment	Avoidant Attachment
Separation Anxiety	Distressed when mother leaves	Intense distress when mother leaves	No sign of distress when mother leaves
Stranger Anxiety	Avoidant of stranger when alone but friendly when mother present	Avoids the stranger; shows fear of stranger	Okay with stranger and plays normally when stranger is present
Reunion behavior	Positive and happy when mother returns; reaches out for comfort	Child approaches mother but resists contact, may even push her away	Shows little interest when mother returns
Other	Uses the mother as a safe base to explore the environment	Cries more and explores less than the other 2 types.	Mother & stranger are able to comfort infant equally well

McLeod, S. (2014). Simply Psychology: Mary Ainsworth. <http://www.simplypsychology.org/mary-ainsworth.html>

This experimental procedure has not been found to be as accurate in classifying infant-father attachments. Also, other assessment tools have been developed to assess attachment styles in older children and youth. Ainsworth’s experimental procedure has been used in hundreds of studies of attachment in young children across many countries and among both normative and high-risk samples. Below is a more detailed description of each attachment style.

Avoidant Insecure Attachment (A): An infant with the avoidant insecure attachment style will avoid or ignore the caregiver, showing little emotion when the caregiver departs or returns. He will not explore very much and will not display much emotional range regardless of who is in the room or if it is empty. Infants classified as avoidant do not exhibit distress on separation and either ignore the caregiver or show some tendency to approach along with some tendency to ignore. Ainsworth hypothesized that the apparently placid behavior of the avoidant infants was a mask for their distress, and this assumption was later evidenced through studies of the heart-rates of avoidant infants. These infants do not easily seek comfort from or share emotions with the caregiver, but appear more independent. Typically, the caregiver has been unavailable or rejecting toward the infant and has met the infant’s needs only minimally.

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Secure Attachment (B): An infant who is securely attached to his primary caregiver will explore freely while the caregiver is present, using her as a safe base from which to explore. The child will engage with the stranger when the caregiver is present, but will be visibly upset when the caregiver leaves. He will be happy to see the caregiver on return and will seek and accept comfort. Comfort from the caregiver provides emotional refueling to the infant, who is then able to resume exploring and play. The infant is very comfortable with physical and emotional closeness to the caregiver, who is attuned to the child's needs and feelings and has provided an adequate level of support in meeting the child's needs. The child internalizes a self-image as worthy of good care and sees the caregiver as trustworthy and comforting.

Ambivalent Insecure Attachment (C): Infants classified as ambivalent show distress even before separation, and are clingy and difficult to comfort on the caregiver's return. They either show signs of resentment in response to the absence or signs of helpless passivity. They explore less than securely attached infants and are very distressed when alone with the stranger. These infants demonstrate some anxiety and mistrust toward the caregiver. The caregiver has met some needs but is not consistently responsive and available to the child. The child learns that the best way to get attention is to be loud and demanding, and they express a high level of negative emotions.

Disorganized (D): A fourth category was added by Main and Solomon, who studied 200 cases from various samples that were difficult to classify in one of the three organized attachment styles. In contrast to infants in other categories who demonstrate a standard pattern of coping with the stress of separation and reunion, disorganized infants appear to possess no discernable coping style. They alternate between periods of responsiveness and periods of active avoidance or hostility. Sometimes they may freeze, appear disoriented, or show bizarre behavior upon separation or reunion with their caregivers. Other characteristics may include seeking proximity to the stranger when the parent returns or stereotypical behaviors, such as rocking or repeatedly pulling their hair. These infants confront a paradox – the caregiver is their only source of comfort yet she/he also frightens the child through unpredictable, harsh behavior. In other research, infants with this pattern exhibited the most extreme physiological stress response, as evidenced by secreting higher levels of cortisol in their saliva, a hormone secreted by the adrenal gland in response to stress. This style is frequently associated with early abuse and having a caregiver who is frightening due to mental illness, addiction, or violence. Infants in this category are at the highest risk of long-term mental health problems.

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An analysis of nearly 80 studies on disorganized attachment involving more than 6,000 infant-parent dyads, found that these children have an elevated risk of externalizing behavior problems, such as aggression, and have a tendency to show dissociative behavior in young adulthood. The frequency of disorganized attachment varies across types of samples. Van Ijzendoorn and colleagues' meta-analysis (1999) reported the following distribution in studies by category:

Distribution of A, B, C, & D Classifications in Normal and Clinical Samples,

Samples	A = Avoidant	B = Secure	C = Ambivalent	D= Disorganized
U.S., middle-class families, infants < 2yrs.	15%	62%	9%	15%
Low SES families, infants < 2 yrs.	17%	48%	10%	25%
Maltreatment	28%	9%	15%	48%
Drug/alcohol abuse	15%	26%	16%	43%
Depression	21%	41%	17%	21%

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Adult Attachment Interview Classifications

The Adult Attachment Interview (AAI) was developed in the early 1980s by Mary Main to use in a six-year follow-up study of parent-child attachments of mothers and fathers whose children had been tested in the Strange Situation at one-year of age. Most studies, but not all, have found a consistent relationship among AAI classifications, parenting behavior, and child attachment status. In other words, a parent with an insecure attachment style is unlikely to be able to help her child feel securely attached. Since that study, it has been used in many others to examine the impact of parents' attachment styles on the attachment style of their children. The AAI includes 18 specific questions, which explore the adult's attachment experiences as a child and the rating scales reflect a parent's current state of mind related to his or her own attachment experiences with both parents. For example, here are a few of the questions:

- Could you give me five adjectives or phrases to describe your relationship with your mother/father during childhood? I'll write them down, and when we have all five I'll ask you to tell me what memories or experiences led you to choose each one.
- Why do you think your parents behaved as they did during your childhood?
- When you were upset as a child, what did you do, and what would happen? Could you give me some specific incidents when you were upset emotionally? Physically hurt? Ill?

In this interview adults are asked to reflect on memories from childhood related to attachment. Adults' attachment styles are rated as secure primarily based on the subject's ability to relate a coherent narrative, regardless of whether the experiences reported were favorable or unfavorable. Thus their ability to process and come to terms with their own early life experiences as opposed to minimizing them or not being preoccupied with old wounds most important in the determination of their attachment security. The classifications are explained briefly below, along with their link to the attachment style most likely to develop in their children:

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Secure/Autonomous: The parent appears to value attachment relations and sees past experiences as influential; however he/she seems relatively objective about past events and able to examine them. If neither of the subject's parents is described as loving, the subject can be given an "earned secure" rating if he/she has been able to reflect on and process feelings related to the negative treatment, put the experiences in relevant contexts, and resolve the pain related to past negative experiences. This person is able to tell a consistent, coherent, yet balanced narrative about childhood attachment experiences and, if negative, they have come to terms with the past and released it. These parents are most likely to help their child develop secure attachments.

Dismissing: The parent is attempting to minimize any influence of past attachment relationships by dismissing, devaluing, or denying their impact. The subject's parents may be described in very positive terms that are unsupported or contradicted. This is similar to the insecure-avoidant pattern in infants, in that the parent has learned to minimize expressions of emotions and need. As a caregiver, this adult lacks sensitivity to the child's needs and is likely to be very uncomfortable with emotional/physical closeness. It is very hard for them to understand and connect with a child's feelings.

Preoccupied: The adult appears to have an excessive, confused, or unobjective preoccupation with past attachment relationships. Their descriptions may seem vague, angry, or conflicted. Some may be overwhelmed by the traumatic aspects of their experiences. This style is similar to the classification of insecure-ambivalent in infants. The caregiver's own issues would likely lead to inconsistent, ambivalent availability to their child.

Unresolved/Disorganized: These adults often spoke in unusual ways about loss experiences and displayed lapses in reasoning or inappropriate shifts in emotion. They have confusing or contradictory details in their narratives and may appear incoherent at times. These adults may have a tendency to dissociate in daily life or be easily triggered by past traumas.

You might refer back to Handout 2.6 in the previous module that contains questions to help parents explore their own emotional issues.

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