

ATTACHMENT

Attachment as described in Pediatric Child Health. Oct 2004; 9(8): 541–545.

- Attachment is the child's strategy for dealing with stress.
- Attachment is a powerful predictor of a child's later social and emotional outcomes.
- By definition, a normally developing child will develop an attachment relationship with any caregiver (whether or not neglectful or abusive) who provides regular physical and/or emotional care, regardless of the quality of that care.
- The question is never, 'is there an attachment between this parent and this child?' Instead, the question is, 'what is the quality of the attachment between this parent and this child?'
- The quality of attachment that an infant develops with a specific caregiver is largely determined by the caregiver's response to the infant when the infant's attachment system is 'activated' (eg, when the infant's feelings of safety and security are threatened - such as when he/she is ill, physically hurt, emotionally upset, frightened).
- Attachment is one specific aspect of the relationship between a child and a parent with its purpose being to make a child safe, secure and protected.
- Attachment is where the child uses the caregiver as a secure base from which to explore and, when necessary, as a haven of safety and a source of comfort.
- The purpose of attachment is not to play with or entertain the child (this is the parent as a playmate), feed the child (this is the parent as a caregiver), set limits for the child (this is the parent as a disciplinarian) or teach the child new skills (this is the parent as a teacher).
- There are four types of infant-parent attachment: three 'organized' types (secure, avoidant and resistant) and one 'disorganized' type.
 1. Secure: Infants whose caregivers consistently respond to distress in sensitive or 'loving' ways, such as picking the infant up promptly and reassuring the infant, feel secure in their knowledge that they can freely express negative emotion which will elicit comforting from the caregiver. Their strategy for dealing with distress is 'organized' and 'secure'. The strategy is 'organized' because the child 'knows' exactly what to do which is to seek proximity to and maintain contact with the caregiver until they feel safe.
 2. Insecure-avoidant: Infants whose caregivers consistently respond to distress in insensitive or 'rejecting' ways, such as ignoring, ridiculing or becoming annoyed, develop a strategy for dealing with distress that is 'organized', in that they 'know' to avoid their caregiver when distressed and to minimize displays of negative emotion in the presence of the caregiver. This avoidant strategy is 'insecure' because it increases the risk for developing adjustment problems.
 3. Insecure-resistant: Infants whose caregivers respond in inconsistent, unpredictable and/or 'involving' ways, such as expecting the infant to worry about the caregiver's own needs or by amplifying the infant's distress and being overwhelmed, also use an 'organized' strategy for dealing with distress in that they 'know' to exaggerate displays of distress and angry, resistant responses, 'hoping' that the marked distress response cannot possibly be missed by the inconsistently responsive caregiver. This resistant strategy is 'insecure' because it increases the risk for developing social and emotional maladjustment.
 4. Disorganized attachment forms with children's exposure to 'atypical' caregiver behaviours, such as "frightening, frightened, dissociated, sexualized or otherwise atypical" that are not limited to when the child is distressed. Disorganized attachment is a powerful predictor for serious psychopathology and maladjustment in children.