

WHAT IS ATTACHMENT?

- Attachment is a biologically-driven, reciprocal process where an infant forms an emotional connection with a caregiver, usually his mother (but not always).
- *Bonding* is the emotional connection the caregiver forms with the infant.
- The human infant is born in an extremely dependent state. The newborn brain is considered *experience-expectant* at birth. That is, it is primed to form an attachment with a caregiver in order to survive. *We are supposed to form attachments.*
- The quality and predictability of the interactions between the infant and his primary caregiver determine the attachment classification. The attachment classification is therefore *experience-dependent*.
- The Primary Attachment Figure is the person with whom the child spends the most time during the period attachment is formed (between 9 and 18 months of age).
- The thousands of day-to-day interactions between an infant and his caregiver provide the “meat and potatoes” of the relationship formation.
- Children can have many Secondary Attachment Figures, but there is only one Primary.
- The specific quality of the attachment may be observed and classified as secure or insecure (anxious).
- Secure attachment is most desired and most common (about 65% of the population).
- There are two types of anxious attachments: anxious-resistant (sometimes referred to as ambivalent) and anxious-avoidant.
- There is another type of attachment which does not fit any of the three more common attachment classifications: disorganized/disoriented.
- Young children develop specific expectations or predictions about how their caregiver(s) will respond to their expressed needs (at least 30% of the time).
- The infant brain is a master of probability! If Mom responds one way 30% of the time, it’s good enough odds for the infant to make predictions.
- Moms (and other caregivers) are not always predictable, however. Sometimes they just don’t get it right (70% of the time) and an attachment *rupture* occurs.
- Attachment ruptures are common, normal, and actually necessary, but young children act as if they are intolerable.
- Attachment ruptures allow for a *repair* which is the process where child and caregiver communicate in some way to get back to equilibrium (responding empathically, hugging, snuggling, kissing, smiling, making good eye contact, spending quality time, etc.).
- Repairs lead to *resiliency*. The child who almost always gets his way does not experience the rupture-repair process and does not have the opportunity to develop resiliency.
- Resiliency leads to independence and feeling safe and secure even when the attachment figure is not in close proximity. We call this the child’s “internal working model” of the caregiver. This provides the child with an internal sense of safety when away from the caregiver.
- The primary attachment classification is the most influential on the infant’s future behaviors with others (friends, teachers, teammates, bosses, spouses, etc.), but children and adults may develop healthy attachments with other persons in their lives (teachers, coaches, aunts, uncles, daycare providers, grandparents, clergy, spouses, etc.). These healthy attachments may override or buffer the negative impact of unhealthy attachment.

WHAT INFLUENCES ATTACHMENT?

- Infant temperament impacts attachment somewhat. There are three classifications of infant temperament:
 - Easy or flexible (40% of children)
 - Difficult or feisty (10% of children)
 - Slow to warm up or fearful (15% of children)
- The “goodness of fit” between the child and caregiver impacts the quality of their interactions and can impact attachment if the caregiver is not given adequate support.
- The caregiver’s own attachment classification impacts infant attachment.
- The caregiver’s history of trauma and loss, if unresolved, may impact attachment.
- Situations or circumstances present while the attachment is being formed (for example, if the family is in crisis) may impact attachment.
- Traumas or losses for the child (including frequent or prolonged separations, illness, injury, loss, etc.) frequently impact attachment.
- Caregiver misperceptions about attachment (that is, how preferred behaviors present).
- The presence or absence of emotional support for the caregiver (for example, baby’s father, other family members, friends, daycare providers, preschool teachers, etc.) impacts attachment.
- The caregiver’s capacity for self-reflection (ability to look into the roots of one’s own beliefs and behaviors) greatly influences attachment.
- The child’s tendency to give clear attachment “cues” or to give misleading and perplexing “miscues” which can be misinterpreted by others; this influences attachment.
- The caregiver’s capacity to see into the child’s mind (mind-mindedness) greatly impacts attachment.

WHY IS ATTACHMENT IMPORTANT?

- It is the basis for the development of trust or mistrust, and how the child will relate to others and form relationships later in life based on expectations about needs being met in a predictable way.
- It impacts the child’s arousal (calm or upset), the intensity of the upset feelings, and the child’s ability to calm down after getting upset (self-regulation)
- A child’s self-regulatory capacity stems directly from the attachment quality, but may also be influenced by other things (diet, excessive screen-time, illnesses, or other imbalances).
- Self-regulation impacts how the child behaves in school, on the playground, with friends, while playing sports, at work, etc.
- Children learn to self-regulate after being taught how (with the assistance of a sensitive caregiver).
- Children with secure attachment tend to do better in school, have longer lasting friendships, and more meaningful relationships.
- Attachment security allows for more healthy play, learning, and creativity.
- Children with secure attachment elicit more positive responses from others which lead to improved self-esteem.