



Patterns of Attachment

Most infants and young children develop attachments to their caregivers. The pattern of attachment depends on the quality or type of care and the child's temperamental characteristics. The term "pattern of attachment" refers to the overall attachment strategy the child uses as he relates to caregivers. These patterns were first described by Mary Salter Ainsworth, the "godmother of attachment" as she observed children who were briefly separated from and then reunited with their mothers.

Four Patterns of Attachment

Four main patterns of attachment (A, B, C, and D) have been identified through research on infants and young children. Patterns A, C, and D are insecure attachments; only pattern B is secure attachment, which is normal behavior.

Secure Attachment Patterns

Secure Attachment (Type B)

In studies of US infants, approximately 65% were securely attached. These children are generally more sociable, more cooperative and more competent. They are more persistent and enthusiastic in how they pursue a task than infants with insecure attachment.

Insecure Attachment Patterns

Children who have been subjected to significant disruption and substandard care during the years of attachment formation may demonstrate any of the insecure patterns of attachment. Even after placement in foster care, many of these children remain insecure or confused and disorganized in their attachment. In the worst cases, these children's attachment patterns are highly resistant to change despite placement in secure, loving homes.

Insecure-Avoidant (Type A)

These infants and young children are sometimes referred to simply as "avoidant." They typically:

- Avoid or nonchalantly ignore the caregiver after being reunited after a separation
- Do not appear angry or actively reject the mother to avoid closeness
- Fail to cling to their mothers
- React to the mother as if she were a stranger



Although insecure, avoidant infants ironically may show little distress during the separation period away from the mother (Ainsworth et.al., 1978).

Insecure-Ambivalent/Resistant (Type C)

This pattern of attachment is marked by a vacillation between the need for closeness to and anger at the parent (Ainsworth, et al., 1978; Maine & Hesse, 1990). These insecure-ambivalent infants/young children are very distressed during the period of separation from the mother and upon reunion become inconsolable and obsessed with the parent. This vacillation amounts to a carrot-and-stick approach to command the caregiver's attention; the child may threaten and have tantrums (stick) or manipulate by being pouty, helpless or coy (carrot). This attachment pattern seems correlated to the experience of parental unresponsiveness.

Disorganized/Disoriented (Type D)

This pattern of attachment is characterized by two conflicting drives: one to approach and the other to flee from the caregiver. It's likely that many Type D children are highly insecure but their behaviors around caregivers are fragmented and "non-strategic." When distressed these infants or young children seem conflicted and wary of the very parent figure they must turn to for comfort (Dozier & Albus, 2000). They may show a burst of angry behavior followed by sudden "freezing" (Main & Solomon, 1990). This "dazed" behavior might be akin to the "frozen watchfulness" observed in maltreated children and described by Fraiberg (1980). When reunited after a separation, the disorganized/disoriented infant might sit on the parent's lap but with eyes averted, or he might allow the parent to hold him but with his limbs stiff. The young child with disorganized/disoriented attachment may:

- go away from or fail to seek out the caregiver when distressed or frightened
- attempt to leave with a stranger rather than staying with the caregiver
- show fright at the sight of the caregiver after reunion.

Children with a Type D attachment pattern are overrepresented among samples of abused and neglected children and among children whose biological parents have significant unresolved trauma and loss histories (van Ijzendoorn, 1995). As many as half of abused children demonstrate these confusing and contradictory behaviors. Expressions of Type D attachment make it difficult for foster, adoptive and kinship parents to interpret behaviors and respond appropriately.

Resources

Ainsworth, M., et al. (1978). *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillside, NJ: Erlbaum.

Dozier, M., & Albus, K. E. (2000). Attachment issues for infants in foster care. In R. Barth, M. Freundlich & D. Brodzinsky (Eds.), *Adoption and prenatal drug exposure: The research, policy, and practice challenges* (pp. 541-554). Washington, DC: The Child Welfare League of America Press.

Fraiberg, S. (1980). *Clinical Studies in Infant Mental Health: The First Year of Life*. New York, NY: Basic Books, Inc.

Maine, M., & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and/or frightening parental behavior the linking mechanism?. In M. Greenberg, D. Cicchetti & E. M. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention* (pp. 161-184). Chicago, IL: University of Chicago Press.

Maine, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. In M. Greenberg, D. Cicchetti & E. M. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention* (pp. 121-160). Chicago, IL: University of Chicago Press.

U.S. Department of Health and Human Services. (1991, June). *Infant attachment: What we know now*. Retrieved September 16, 2010 from <http://aspe.hhs.gov/daltcp/Reports/inatrpt.pdf>

van Ijzendoorn, M. H. (1995). Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological Bulletin*, 117, 387-403.