

How does attachment style influence early childhood development

Yuxuan Li^{1, *}

¹University College London, London, United Kingdom

*Corresponding author: yuxuan.li.20@ucl.ac.uk

Abstract. Attachment, from the cradle to the grave, has a life-long influence. There are four styles of attachment with one secure and three insecure (avoidant, ambivalent, and disorganized). Since attachment is built up in infants, it can have a significant influence throughout a child's whole life. Hence forming a secure attachment is definitely important in early childhood. By viewing recent studies, this paper summarises the characteristics of the four attachment patterns and compares in detail the influences of secure and avoidant attachment on children's development. It is revealed that securely attached children can form better personalities and relationships with others, whereas avoidantly attached children tend to have more internalizing and externalizing behaviors relatively. More importantly, although attachment patterns last a lifetime after they are formed, this does not mean that they cannot be changed. Several suggestions for improving insecure-avoidant attachment will be provided for caregivers at the end of the paper.

Keywords: attachment; early childhood development; mental health.

1. Introduction

John Bowlby, a British psychologist, was the earliest one to formulate attachment theory. He described attachment as a permanent mental connection among human beings and considered it a product of evolutionary processes [1, 2]. This earliest tie created between children and their caregivers can have a huge impact that lasts a lifetime. Since attachment increases an infant's chances of survival, it is adaptive [3].

During the 1950s and 1960s, a study of maternal deprivation and social isolation conducted by Harry Harlow explored the importance of this early bond [4]. In this experiment, the experimenter took newborn rhesus monkeys away from their mothers and let surrogate mothers raise them. One surrogate mother was constructed of soft terrycloth without providing food, whereas the other one was fashioned of wire but provided nutrition via an additional baby bottle. The results indicated that the infant monkeys preferred to spend more time with the soft cloth mother, and they only went to the wire mother when they need food. They would seek comfort and protection from their cloth surrogate other as well. This outlined that early attachment was not resulted from merely being fed, but instead was receiving comfort and care from a caregiver. Despite Harlow's experiments providing strong and irrefutable evidence that love is essential for normal childhood development, his experiment is undeniably cruel and unethical, causing irreparable psychological and emotional damage to these infant monkeys. Besides, later studies in 2000 done by Water and colleagues discovered that the classification of attachment is highly stable [5]. In this twenty-year longitudinal study, they reported over 70% of respondents received the same attachment rating in early adulthood as they did in childhood.

To specify the process of attachment development, Schaffer and Emerson proposed four distinct phases through their experiment in 1964, including the pre-attachment stage (from birth to 2-3 months), indiscriminate attachment (from 3 to 6-7 months), discriminate attachment (from 7 months to 2-3 years old), and multiple attachments (after 3 years old) [6]. In the first phase, infants do not form particular attachments to specific caregivers. From 3 months, attachment becomes focused on one figure, and infants may display separation anxiety around 6 months. After this stage, specific attachments are developed. Infants will actively seek contact with regular caregivers and begin to show stranger anxiety around 8 months. In the fourth phase, infants become aware of others' feelings

and goals, beginning to rapidly develop attachment relationships with other significant others, such as a second parent, older siblings, and grandparents.

As attachment is developed in early childhood, it can form different types according to different influencing factors. The discovery of these patterns can trace back to the experiment of Ainsworth and colleagues in 1978 [7]. They conducted an observational measure of infant-caregiver attachment by utilizing the Strange Situation Procedure (SSP). This experiment was carried out in a small room with one-way glass, allowing for covert surveillance of the behavior of infants. Infants were employed when they were 12 to 18 months old. SSP was composed of eight episodes with each lasting around 3 minutes. For details, see the table below.

Table 1. Strange Situation Procedure [7]

Episode	Caregiver (C)	Infant (I)	Stranger (S)	Assessment
1	C carries the baby into the room			
2	C sits and may responds to I	I is allowed to explore the playroom for 3 minutes		Exploration and usage of the parent as a safe haven
3			S enters the room and remains silent for 1 minute, then talks to C for a minute, and then approaches I	Reaction to S
4 [First separation]	C leaves room unobtrusively		S does not play with the baby but attempts to comfort it if necessary	Separation distress and reaction to stranger's comforting
5 [First reunion]	After S has left, C returns, greets, and consoles the baby. Then, C sits and reads.		S then leaves unobtrusively	Reaction to reunion with caregiver
6 [Second separation]	When I has returned to play, C leaves again, this time saying "bye-bye" when she/he leaves	I is left alone		Separation distress
7			S returns, attempts to calm and play with I if needed	Ability to be soothed by stranger
8 [Second reunion]	After 3 minutes, C returns		S leaves	Reaction to reunion

In the two reunion episodes, Ep.5 and Ep.8, there were four interactions addressed toward the mother served as the primary basis for the classifications of the Strange Situation. This included 1) proximity and contact seeking, 2) contact maintaining, 3) avoidance of proximity and contact, and 4) resistance to contact and comforting [7]. The observer made notes every 15 seconds and assessed the intensity of the activity on a scale of 1 to 7. In their findings, three main attachment styles were outlined by Ainsworth, composed of secure (type B), insecure avoidant (type A), and insecure ambivalent/resistant (type C) [7]. She came to the idea that early experiences with the mother shaped unique attachment styles. Later studies by Main and Solomon in 1990 identified the fourth attachment style named insecure disorganized (type D) [8].

According to research, the inability to build safe bonds or solid attachments in childhood may have a detrimental influence on children's development later in life and throughout their life span. [9]. To be more specific, early attachments can play a huge part in building subsequent relationships after childhood, even though adult attachment styles are not always the same as those in infancy. When securely attached as infants, children are more likely to have higher self-esteem and self-reliance as they were up. On the flip side, children who are insecurely attached at early stages are at a higher risk of developing attachment problems, or being diagnosed with mental health disorders such as oppositional defiant disorder (ODD), conduct disorder (CD), or post-traumatic stress disorder (PTSD) [10]. Besides, as there are many studies focused on the influence and behaviors of adult attachment styles, the present study reviewed studies on the development of children's attachment styles and made some additions. Therefore, the following paragraphs will conduct a more detailed description of the four attachment styles, and make a comparison between secure attachment and insecure-avoidant attachment. Some suggestions will be provided to help establish the secure attachment.

2. Attachment Styles

2.1 Description of Secure Attachment

Children who are securely attached have the assurance that the attachment figure will be accessible to address their demands. In times of distress, they seek the attachment figure. If an infant is securely attached, the attachment figure may readily comfort them when they are upset. Hence it is more easier and likely for the infant to form a secure and stable relationship when the caregiver is alert to the child's cues and reacts properly to the child's requirements. As in Ainsworth's experiment mentioned previously, securely attached children protested when their mother left and greeted her pleasantly upon her return [7]. In terms of stranger anxiety, these children showed avoidant responses when there were strangers alone but became friendly if their mother was present. They were also able to resume play and used their mother as a safe base from which they would explore the toys and other objects.

2.2 Description of Insecure-Avoidant Attachment

Insecure-avoidant children do not orient to their attachment figure while exploring their surroundings. They are both physically and emotionally self-sufficient in the absence of their attachment figure. [11]. When the child is disturbed, they do not request touch with the attachment figure. Ainsworth pointed out that caregivers who are intensive, oblivious and always reject children's needs are more likely to lead to this type of formation [12]. The attachment figure is frequently unavailable during times of emotional anguish as well. Different from the securely attached children, avoidant children rarely cried and remained aloof. Whether their mother leaves or returns, these children did not show strong emotional swings. Even when the stranger was present, they were still able to play normally. They tried to avoid risking rejection and indiscriminately responded to everyone.

2.3 Description of Insecure Ambivalent/Resistant Attachment

Ainsworth also discovered the third type of attachment known as insecure ambivalent. [7] Children with this type have conflicting feelings about the attachment figure. The kid will demonstrate clutching and reliant behaviors on a regular basis, yet will reject the engagement of the attachment figure during interactions. The attachment figure provides no sense of stability and security to the child, hence children are highly upset when separating from their parents and hard to return to exploration. When upset, these children are tough to soothe and difficult to calm by involvement with the attachment figure. This conduct is the outcome of the primary caregiver's uneven response to their demands. These children seek contact with the caregiver while resisting her, and may even push her away.

2.4 Description of Insecure Disorganised Attachment

These children display inconsistent or contradictory behaviors, seeming disoriented. They show stereotyped movements and face an unsolvable dilemma that their parents as the haven of safety is also the source of their fear and distress.

As both secure and insecure-avoidant attachment acquire low anxiety, and insecure-avoidant attachment has a relatively minimal impact on the future behavioral and psychological development of the child, hence the present study will focus on the comparison of the two as the focus of this paper.

3. Comparison of Secure and Insecure-Avoidant Attachment

Both secure and insecure-avoidant attachments have the same characteristic of low anxiety, but secure children are able to seek proximity with the caregiver whilst avoidant children are avoiding proximity with the caregiver.

As presented above, children who are securely attached tend to have less intense reactions toward stress and are more willing to try exploring a new environment independently. When they grow up, they are easier to build better relationships with others. However, children who developed avoidant attachment have learnt not to put any expectations on others and to take care of themselves. This is largely due to the experience that early emotional needs and feelings are often ignored. They know that no one will respond to their needs, so it is better to suppress and hide these feelings. In time, this cognition can lead to a false sense of independence as well. Accordingly, children with insecure-avoidant attachment often do not expect attention and usually not get close to other children or adults. They seem to prefer staying alone, like a self-contained little adult who seldom exhibits evidence of requiring connection and love. Moreover, these children are unlikely to try risky things since they do not desire assistance from adults, which can stifle growth and innovation.

In a study by Muris, Meesters, van Melick, and Zwambag in 2001, children were provided with the Attachment Questionnaire for Children (AQ-C) to self-classify their attachment styles[13]. The AQ-C was made up of three descriptions of how children felt about and perceived their connections with other children. These descriptions were given and participants were encouraged to select the one that best applied to them. Their choices would lead to three classifications of either securely, avoidantly, or ambivalently attached. The other test that was used was the IPPA, combined with the Parents scale and the Peers scale. Items that relating to the three dimensions of attachment quality: trust, communication, and alienation, were included in each. Besides, a self-report questionnaire known as the Spence Children's Anxiety Scale (SCAS) was utilized to measure children's anxiety disorder symptoms [14]. It comprised six subscales: generalized anxiety disorder, separation anxiety disorder, social phobia, panic disorder and agoraphobia, obsessive-compulsive disorder, and fears of physical injury replacing specific phobias. Muris and colleagues also tested depression symptoms in children aged 7-17 years through the Children's Depression Inventory (CDI) [15].

In their results, approximately 30% of the participants reported themselves in the AQ-C as insecurely attached. In addition, higher levels of peer trust and communication with their parents and friends were reported by girls compared to boys. A significant gender difference was found in SCAS

that girls were reporting higher levels of separation anxiety and physical-injury fears than boys. By comparing the relationship between attachment styles and the IPPA scores, when compared to insecurely connected adolescents, securely attached adolescents showed significantly greater levels of trust and lower degrees of alienation. Moreover, adolescents who were securely attached had the lowest levels of anxiety and depression, whereas adolescents who were ambivalently attached had the highest scores. Those avoidantly attached scored somewhere in the middle [13].

According to the studies above, adolescents who identified as having secure attachments showed a greater attachment quality than those who identified as having insecure (avoidant or ambivalent) attachments [13]. Specifically, higher levels of trust but lower degrees of alienation were reported by adolescents of securely attached as compared to their peers of insecurely attached [13]. The experiment also provided evidence of the positive correlation between insecure attachment and childhood psychopathology. Since insecurely attached adolescents presented lower degrees of trust and communication, as well as high degrees of alienation, they were easier associated with high degrees of anxiety and depression in general.

Later meta-analyses have also explored the relationship between attachment style and internalizing or externalizing symptoms. Consistent with previous studies, higher rates of internalizing (e.g., anxiety, depression) and externalizing (e.g., aggression,) symptoms were associated with insecurity features such as avoidant) [16, 17]. Similarly, Badovinac and colleagues reported that fewer externalizing symptoms were found with secure attachment, relative to the insecure group [18]. Nonetheless, in the insecure group, the avoidantly attached children showed the fewest externalizing symptoms in their middle childhood compared to the rest two groups of ambivalent and disorganized attached children [19]. This phenomenon was consistent with avoidant children's inclination to maintain neutral and courteous conduct toward their attachment figure which helped to maintain a lower level of conflict in the social sphere [20].

4. Suggestions

In order to raise a child that is securely attached, Brown and Elliott proposed some suggestions for caregivers [21]. The first aspect is to offer children a feeling of security and safety. It is significant to address the child's requirements with a degree of sensitivity. While giving children the opportunity to develop their independence, caregivers also need to let them know that they are close by, making children know that they are protected and loved [21]. Secondly, caregivers should notice and interpret young children's cries or signals in time and accurately. The correct response from the caregiver is helpful in building children's awareness that the world is reliable. Also, making children feel comforted is essential. When children are upset, caregivers should be there to assist them to deal with their feelings of sadness and distress. When children grow up later, they mimic their caregiver's habits as a model for handling their own problems [21]. In addition, being able to establish healthy and good self-esteem and appreciation for who they are as an individual in infancy can be quite beneficial later in their lives. The caregiver's objective should be to show joy and delight in who their kid is rather than what the child has done. From what they achieve, the child hence begins to understand that they are unconditionally valuable [21]. Last but not least, caregivers should give their child supports when exploring the surrounding environments. Their child's ability should be believed in, meanwhile, keeping close to them within a safe distance and avoiding the potential impact of unexpected events. This method can help children develop a sense of self and the freedom to explore [21].

Again, children who are securely attached can establish a positive behavioral pattern and believe that they are deserving respect [22], whereas avoidant children view themselves as unworthy and undesirable. Hence it is really important for people to know the causes and manifestations of different attachment styles so that parents can better prevent the formation of insecure development for children in infancy or provide necessary interventions in children's early childhood.

5. Conclusion

To sum up, the present paper reviews previous studies and briefly explains the four attachment styles. Secure and insecure-avoidant attachment is compared with the evidence of past experiments. Some advice is given to caregivers. Overall, secure attachment is a healthy attachment pattern and can elicit the most desirable outcomes for children development. Whereas avoidant attachment is classified as insecure. The majority of children with this insecure attachment pattern are attributed to the negligence and carelessness of their caregivers in early childhood. Yet, avoidant attachment is still the least likely to produce externalizing and internalizing behavioral problems compared to the other two insecure attachment patterns (ambivalent and disorganized). Moreover, attachments do not end in infancy or childhood, but rather continue to develop throughout the life span. Though the attachment patterns demonstrated in adulthood are not always the same as the attachment style displayed in childhood, the later establishment of relationships can still be influenced seriously by early attachment.

Nonetheless, attachment defense policies developed in the early years are not meant to be permanent. It is possible for people to form acquired secure attachment at any age. The attachment formation process is not a simple and rapid process, instead, it takes a strong will to accomplish. If children have realized that they are insecurely attached when they grow up, one of the important points for them is to understand their experiences. It is necessary to face up to what they have been through and be able to identify the problems.

The present paper looks through the environmental impacts on the early childhood development of attachment but is more focused on the behavioral level. Hence future studies can explore more effects on the cognitive or even biological level.

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