

Attachment in infancy

Psychology



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ATTACHMENT IN INFANCY Attachment can be described as the main emotional relationship of an infant with a primary care provider that serves as the foundation for all subsequent relationships (Lieberman & Van Horn, 2008; Bowlby, 1982). Parents and children are biologically connected to constitute attachments with one another. For instance, a young child or baby's cuddling, crying and orienting instincts are intended to evoke responses of caregiver, while infants are found to prefer the voice and appearance of their primary care provider over other kinds of stimuli. The child and care giver attachment is categorized into four styles (Ainsworth et al., 1978; Main & Solomon, 1990). These include secure, insecure (anxious-ambivalent and anxious-avoidant) and a disorganized attachment.

The research involving young children has revealed that the quality of attachment impacts emotional regulation, brain development and coping, predominately by adrenocortical activity (Spangler & Grossmann, 1993). The primary attachment body influences the social and emotional cognitive processing of infants and toddlers (Bowlby, 1982). Caregivers are also utilized by the children for social referencing to direct their reactions to events, and they make use of their attachment basis to internalize self-control and construct independence and social skills (Bretherton & Munholland, 1999). Maltreated children, on the other hand, have been found to show a substantially greater amount of insecure attachments as compared to non-maltreated infants. The children evidencing visual self-recognition are found to be more significantly securely attached to their mothers while among the maltreated infants who could recognize themselves, no substantial relationship between this capability and the difference in the quality of secure attachment was evidenced (Schneider-
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Rosen and Cicchetti, 1984). Children at the age of two are found to be most responsive to the sufferings of their mothers along with the depiction of sensitivity towards unknown persons (Zahn-Waxler, 1992).

References

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.

Bowlby, J. (1982). *Attachment and loss: Vol. 1. Attachment* (2nd ed.). New York: Basic Books.

Bretherton, I., & Munholland, K. A. (1999). Internal working models in attachment relationships: A construct revisited. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications*, 520-554. New York: The Guilford Press.

Lieberman, A. F., & Van Horn, P. (2008). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment*. New York: The Guilford Press.

Main, M., & Solomon, J. (1990). Attachment in the preschool years: Theory, research, and intervention. In M. T. Greenberg, D. Cicchetti, & M. Cummings. (Eds.), pp. 121-160, *The University of Chicago Press*.

Schneider-Rosen, K., & Cicchetti, D. (1984). The relationship between affect and cognition in maltreated infants: quality of attachment and the development of visual self-recognition. *Child Development*, 55, 648-658.

Spangler, G., & Grossmann, K. E. (1993). Biobehavioral organization in securely and insecurely attached infants. *Child Development*, 64, 1439-1450.

Zahn-Waxler, C., Radke-Yarrow, M., Wagner, E., & Chapman, M. (1992).

Development of concern for others. *Developmental Psychology*, 28, 126-136.