

Attachment

What is attachment?

Attachment is a theoretical framework researchers are using to better understand how children develop positive working relationships with other people in their lives. Attachment theory, as first described by Bowlby (1962), is a dyadic relationship between the child and his caregiver that impacts how the child learns to navigate his environment, establish interpersonal relations, and develop a sense of personal worth. *Effective* interactions will allow the child to develop a sense of security in the context of relationships and fosters an exploration of the child's immediate world, both physical and interpersonal.

Ainsworth, Blehar, Waters, and Wall (1978) note that the caregiver's responsiveness, emotional availability, and effective communication to the child all play a critical role in developing the child's attachment style. During the child's first attachment, the child constructs an "internal working model" of his relationship where beliefs regarding his worthiness of care and the adults who provide such care and security are formed (Blatt, 1995; Bowlby, 1969). Moreover, Bowlby (1969, 1980) pointed out that early experiences with the caregiver are central in the formation of internal representational models of the self, others, and self-other relationships.

(Q #1) So, what type of "working model" do children who are abandoned, emotionally deprived, or abused typically develop?

Ainsworth and Wittig (1969) first operationalized Bowlby's concept of attachment. They provided empirical evidence to support three different attachment styles by using a procedure they called the "Strange Situation." In this standardized procedure, children were observed interacting with their mothers prior to, during, and after separation from their mother. The researchers were interested in the child's behavioral responsiveness toward their mother in these situations. It was hypothesized that the child's behaviors prior to, during, and after separation were a reflection of the child's expectation of his parents' availability as an emotional resource and secure base for exploration. In other words, the child's behavior toward their primary caregiver was his strategy for securing physical safety.

From their study, Ainsworth and Witting defined three separate styles of attachment behavior; Type A, Type B, and Type C.

Type A children, referred to as having an "avoidant" attachment style, have a tendency to inhibit their emotional responses and therefore present with minimal to no separation distress. It has been suggested that these children have learned through repeated experiences that when they express a need for proximity, their primary caregiver will either physically distance herself or reject the needs of the child.

Type B children, referred to as having "secure" attachments, were described as those with the best mental health. The authors suggested that these children were best able to express their feelings of comfort or anxiety both verbally and nonverbally (i.e., physical proximity to their mother) to their primary caregiver.

Type C children, referred to as having an "insecure-ambivalent" attachment, express their needs for physical proximity in an overemphasized manner. The authors hypothesized that these children have developed this strategy as they have learned that their caregiver becomes

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responsive only when they demonstrate strong bids for closeness. In other words, these mothers can be thought of as inconsistently or minimally available to respond appropriately to their child's signals (i.e., needs).

(Q#2) Is a child's early attachment style the only attachment style they will have for the rest of their life?

Some researchers believe that attachment styles developed during the first 12-18 months of life are relatively stable through middle childhood and may predict a spectrum of social, emotional, and cognitive behaviors during the early elementary school years (Rauh, Ziegenhain, Muller, & Winjroks, 2000). Other theorists, however, have argued that these stable attachment styles have been observed to present with some plasticity in the face of major life circumstances and/or changes in the primary attachment figure's behavior (Crittenden & Claussen, 2000; Sroufe, 1983). Moreover, Crittenden and Claussen (2000) suggested that environmental contexts can also play a significant role in fostering attachment styles. In other words, specific contexts may increase the likelihood that certain types of attachment style behaviors/strategies are implemented to adapt appropriately to different environments. These latter authors hypothesized that if the child does not adapt his behaviors and style to the context, then it is likely that developing and implementing only one "working model" of interpersonal relations can be considered maladaptive and lacking in appropriate flexibility. Thus, without the ability to adapt when introduced to a new environment, or change one's attachment style in light of environmental circumstances, a single rigid attachment style can be considered "dangerous" to the child's development.

According to the Crittenden and Claussen (2000), children are exposed to many dangerous environments including child abuse and neglect, physiological risk (i.e., twins attempting to share access to the primary caregiver), maternal depression, and day care (i.e., children may be exposed to irregular caregivers or may have to vie for the attention of a caregiver). Of import, they believe that *children with flexible attachment styles will be more likely to better assimilate to their environments*. This working model becomes relevant as children begin to attend school and spend more time with their teachers and peers than they do at home with their parents.

It would follow then, that children who have developed a particular attachment style with their parents or primary caregivers can develop or implement different attachment styles in novel situations such as school. For those children who enter their early elementary grades at-risk for academic and social problems, this flexibility allows them the opportunity to engage in more secure attachments with their teachers, which in turn allows these children to have their needs met. Developing a secure attachment with an adult other than their primary caregiver such as their teacher can allow for intimate relationships whereby the child / student may learn to regulate emotion (Cassidy, 1994), develop strategies for his behavior (Cassidy, 1994), develop self-esteem (Blatt, 1995; Bowlby, 1969), explore his environment with confidence (Pianta, 1999), establish effective peer relationships (Birch and Ladd, 1996), and perform with better skills on measures of language development, emergent literacy and reading, cognitive development and play, and social interaction with peers and adults (Bus & van IJzendoorn, 1988; Erickson, Sroufe, & Egeland, 1985; Sroufe, 1983, 1989a, 1989b).

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(Q#3) What are the implications of flexible / plastic attachment styles?

(Q#4) How do we treat kids with attachment disorders (or kids who struggle to develop trusting relationships)?

- Develop Trust
- Important to understand the function of the behavior (i.e., problem behaviors keep others at a distance)
- Do not allow them to isolate (do not send them to their rooms)
- Have them engage in activities that foster trust
- CBT / DBT
- Mindfulness
- Solution Focused Therapy

(Q #5) Case Conceptualization

Attachment theory

From Wikipedia, the free encyclopedia
(Redirected from Attachment Theory)

Attachment theory is a psychological, evolutionary, and ethological theory concerning relationships between humans. The most important tenet of attachment theory is that a young child needs to develop a relationship with at least one primary caregiver for social and emotional development to occur normally. The theory was formulated by psychiatrist and psychoanalyst John Bowlby.^[1]

Within attachment theory, infant behaviour associated with attachment is primarily the seeking of proximity to an attachment figure in stressful situations. Infants become attached to adults who are sensitive and responsive in social interactions with them, and who remain as consistent caregivers for some months during the period from about six months to two years of age. During the latter part of this period, children begin to use attachment figures (familiar people) as a secure base to explore from and return to. Parental responses lead to the development of patterns of attachment; these, in turn, lead to internal working models which will guide the individual's feelings, thoughts and expectations in later relationships.^[2] Separation anxiety or grief following the loss of an attachment figure is considered to be a normal and adaptive response for an attached infant. These behaviours may have evolved because they increase the probability of survival of the child.^[3]



For infants and toddlers, the "set-goal" of the attachment behavioural system is to maintain or achieve proximity to attachment figures, usually the parents.

Research by developmental psychologist Mary Ainsworth in the 1960s and 70s underpinned the basic concepts, introduced the concept of the "secure base" and developed a theory of a number of attachment patterns in infants: secure attachment, avoidant attachment and anxious attachment.^[4] A fourth pattern, disorganised attachment, was identified later. In the 1980s, the theory was extended to attachment in adults.^[5] Other interactions may be construed as including components of attachment behaviour; these include peer relationships at all ages, romantic and sexual attraction and responses to the care needs of infants or the sick and elderly.

To formulate a comprehensive theory of the nature of early attachments, Bowlby explored a range of fields, including evolutionary biology, object relations theory (a tenet of psychoanalysis), control systems theory, and the fields of ethology and cognitive psychology.^[6] After preliminary papers from 1958 onwards, Bowlby published the full theory in the trilogy *Attachment and Loss* (1969–82). In the early days of the theory, academic psychologists criticized Bowlby, and the psychoanalytic community ostracised him for his departure from psychoanalytical tenets;^[7] however, attachment theory has since become "the dominant approach to understanding early social development, and has given rise to a great surge of empirical research into the formation of children's close relationships".^[8] Later criticisms of attachment theory relate to temperament, the complexity of social relationships, and the limitations of discrete patterns for classifications. Attachment theory has been significantly modified as a result of

empirical research, but the concepts have become generally accepted.^[7] Attachment theory has formed the basis of new therapies and informed existing ones, and its concepts have been used in the formulation of social and childcare policies to support the early attachment relationships of children.^[9]

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Within attachment theory, *attachment* means an affectional bond or tie between an individual and an attachment figure (usually a caregiver). Such bonds may be reciprocal between two adults, but between a child and a caregiver these bonds are based on the child's need for safety, security and protection, paramount in infancy and childhood. The theory proposes that children attach to carers instinctively,^[10]

for the purpose of survival and, ultimately, genetic replication.^[11] The biological aim is survival and the psychological aim is security.^[8] Attachment theory is not an exhaustive description of human relationships, nor is it synonymous with love and affection, although these may indicate that bonds exist. In child-to-adult relationships, the child's tie is called the "attachment" and the caregiver's reciprocal equivalent is referred to as the "care-giving bond".^[11]

Infants form attachments to any consistent caregiver who is sensitive and responsive in social interactions with them. The quality of the social engagement is more influential than the amount of time spent. The biological mother is the usual principal attachment figure, but the role can be taken by anyone who consistently behaves in a "mothering" way over a period of time. In attachment theory, this means a set of behaviours that involves engaging in lively social interaction with the infant and responding readily to signals and approaches.^[12] Nothing in the theory suggests that fathers are not equally likely to become principal attachment figures if they provide most of the child care and related social interaction.^[13]



Although it is usual for the mother to be the primary attachment figure, infants will form attachments to any carer who is sensitive and responsive in social interactions with them.

Some infants direct attachment behaviour (proximity seeking) towards more than one attachment figure almost as soon as they start to show discrimination between caregivers; most come to do so during their second year. These figures are arranged

hierarchically, with the principal attachment figure at the top.^[14] The set-goal of the attachment behavioural system is to maintain a bond with an accessible and available attachment figure.^[15] "Alarm" is the term used for activation of the attachment behavioural system caused by fear of danger. "Anxiety" is the anticipation or fear of being cut off from the attachment figure. If the figure is unavailable or unresponsive, separation distress occurs.^[16] In infants, physical separation can cause anxiety and anger, followed by sadness and despair. By age three or four, physical separation is no longer such a threat to the child's bond with the attachment figure. Threats to security in older children and adults arise from prolonged absence, breakdowns in communication, emotional unavailability or signs of rejection or abandonment.^[15]

Behaviours

The attachment behavioural system serves to maintain or achieve closer proximity to the attachment figure.^[17] Pre-attachment behaviours occur in the first six months of life. During the first phase (the first eight weeks), infants smile, babble and cry to attract the attention of caregivers. Although infants of this age learn to discriminate between caregivers, these behaviours are directed at anyone in the vicinity. During the second phase (two to six months), the infant increasingly discriminates between familiar and unfamiliar adults, becoming more responsive towards the caregiver; following and clinging are added to the range of behaviours. Clear-cut attachment develops in the third phase, between the ages of six months and two years. The infant's behaviour towards the caregiver becomes organised on a goal-directed basis to achieve the conditions that make it feel secure.^[18] By the end of the first year, the infant is able to display a range of attachment behaviours designed to maintain proximity. These manifest as protesting the caregiver's departure, greeting the caregiver's return, clinging when frightened and

following when able.^[19] With the development of locomotion, the infant begins to use the caregiver or caregivers as a safe base from which to explore.^[18] Infant exploration is greater when the caregiver is present because the infant's attachment system is relaxed and it is free to explore. If the caregiver is inaccessible or unresponsive, attachment behaviour is more strongly exhibited.^[20] Anxiety, fear, illness and fatigue will cause a child to increase attachment behaviours.^[21] After the second year, as the child begins to see the carer as an independent person, a more complex and goal-corrected partnership is formed.^[22] Children begin to notice others' goals and feelings and plan their actions accordingly. For example, whereas babies cry because of pain, two-year-olds cry to summon their caregiver, and if that does not work, cry louder, shout or follow.^[8]

Tenets

Common human attachment behaviours and emotions are adaptive. Human evolution has involved selection for social behaviours that make individual or group survival more likely. The commonly observed attachment behaviour of toddlers staying near familiar people would have had safety advantages in the environment of early adaptation, and has such advantages today. Bowlby saw the environment of early adaptation as similar to current hunter-gatherer societies.^[23] There is a survival advantage in the capacity to sense possibly dangerous conditions such as unfamiliarity, being alone or rapid approach. According to Bowlby, proximity-seeking to the attachment figure in the face of threat is the "set-goal" of the attachment behavioural system.^[16]

The attachment system is very robust and young humans form attachments easily, even in far less than ideal circumstances.^[24] In spite of this robustness, significant separation from a familiar caregiver—or frequent changes of caregiver that prevent the development of attachment—may result in psychopathology at some point in later life.^[24] Infants in their first months have no preference for their biological parents over strangers. Preferences for certain people, plus behaviours which solicit their attention and care, are developed over a considerable period of time.^[24] When an infant is upset by separation from their caregiver, this indicates that the bond no longer depends on the presence of the caregiver, but is of an enduring nature.^[8]

Bowlby's original sensitivity period of between six months and two to three years has been modified to a less "all or nothing" approach. There is a sensitive period during which it is highly desirable that selective attachments develop, but the time frame is broader and the effect less fixed and irreversible than first proposed. With further research, authors discussing attachment theory have come to appreciate that social development is affected by later as well as earlier relationships.^[7] Early steps in attachment take place most easily if the infant has one caregiver, or the occasional care of a small number of other people.^[24] According to Bowlby, almost from the first many children have more than one figure towards whom they direct attachment behaviour. These figures are not treated alike; there is a strong bias for a child to direct attachment behaviour mainly towards one particular person. Bowlby used the term "monotropy" to describe this bias.^[25] Researchers and theorists have abandoned this concept insofar as it may be taken to mean that the relationship with the special figure differs *qualitatively* from that of other figures. Rather, current thinking postulates definite hierarchies of relationships.^{[7][26]}



Insecure attachment patterns can compromise exploration and the achievement of self-confidence. A securely attached baby is free to concentrate on his environment.



Early experiences with caregivers gradually give rise to a system of thoughts, memories, beliefs, expectations, emotions and behaviours about the self and others.

Early experiences with caregivers gradually give rise to a system of thoughts, memories, beliefs, expectations, emotions, and behaviours about the self and others. This system, called the "internal working model of social relationships", continues to develop with time and experience.^[27] Internal models regulate, interpret and predict attachment-related behaviour in the self and the attachment figure. As they develop in line with environmental and developmental changes, they incorporate the capacity to reflect and communicate about past and future attachment relationships.^[2] They enable the child to handle new types of social interactions; knowing, for example, that an infant should be treated differently from an older child, or that interactions with teachers and parents share characteristics. This internal working model continues to develop through adulthood, helping cope with friendships, marriage and parenthood, all of which involve different behaviours and feelings.^{[27][28]} The development of attachment is a transactional process. Specific attachment behaviours begin with predictable, apparently innate, behaviours in infancy. They change with age in ways that are determined partly by experiences and partly by situational factors.^[29] As attachment behaviours change with age, they do so in ways shaped by relationships. A child's behaviour when reunited with a caregiver is determined not only by how the

caregiver has treated the child before, but on the history of effects the child has had on the caregiver.^{[30][31]}

Changes in attachment during childhood and adolescence

Age, cognitive growth and continued social experience advance the development and complexity of the internal working model. Attachment-related behaviours lose some characteristics typical of the infant-toddler period and take on age-related tendencies. The preschool period involves the use of negotiation and bargaining.^[32] For example, four-year-olds are not distressed by separation if they and their caregiver have already negotiated a shared plan for the separation and reunion.^[33]

Ideally, these social skills become incorporated into the internal working model to be used with other children and later with adult peers. As children move into the school years at about six years old, most develop a goal-corrected partnership with parents, in which each partner is willing to compromise in order to maintain a gratifying relationship.^[32] By middle childhood, the goal of the attachment behavioural system has changed from proximity to the attachment figure to availability. Generally, a child is content with longer separations, provided contact—or the possibility of physically reuniting, if needed—is available. Attachment behaviours such as clinging and following decline and self-reliance increases.^[34] By middle childhood (ages 7–11), there may be a shift towards mutual co-regulation of secure-base contact in which caregiver and child negotiate methods of



maintaining communication and supervision as the child moves towards a greater degree of independence.^[32]

Peers become important in middle childhood and have an influence distinct from that of parents.

In early childhood, parental figures remain the centre of a child's social world, even if they spend substantial periods of time in alternative care. This gradually lessens, particularly during the child's entrance into formal schooling.^[34] The attachment models of young children are typically assessed in relation to particular figures, such as parents or other caregivers. There appear to be limitations in their thinking that restrict their ability to integrate relationship experiences into a single general model. Children usually begin to develop a single general model of attachment relationships during adolescence, although this may occur in middle childhood.^[34]

Relationships with peers have an influence on the child that is distinct from that of parent-child relationships, though the latter can influence the peer relationships children form.^[8] Although peers become important in middle childhood, the evidence suggests peers do not become attachment figures, though children may direct attachment behaviours at peers if parental figures are unavailable. Attachments to peers tend to emerge in adolescence, although parents continue to be attachment figures.^[34] With adolescents, the role of the parental figures is to be available when needed while the adolescent makes excursions into the outside world.^[35]

Attachment patterns

See also: Attachment in children and Attachment measures

Much of attachment theory was informed by Mary Ainsworth's innovative methodology and observational studies, particularly those undertaken in Scotland and Uganda. Ainsworth's work expanded the theory's concepts and enabled empirical testing of its tenets.^[4] Using Bowlby's early formulation, she conducted observational research on infant-parent pairs (or dyads) during the child's first year, combining extensive home visits with the study of behaviours in particular situations. This early research was published in 1967 in a book titled *Infancy in Uganda*.^[4] Ainsworth identified three attachment styles, or patterns, that a child may have with attachment figures: secure, anxious-avoidant (insecure) and anxious-ambivalent or resistant (insecure). She devised a procedure known as the Strange Situation Protocol as the laboratory portion of her larger study, to assess separation and reunion behaviour.^[36] This is a standardised research tool used to assess attachment patterns in infants and toddlers. By creating stresses designed to activate attachment behaviour, the procedure reveals how very young children use their caregiver as a source of security.^[8] Carer and child are placed in an unfamiliar playroom while a researcher records specific behaviours, observing through a one-way mirror. In eight different episodes, the child experiences separation from/reunion with the carer and the presence of an unfamiliar stranger.^[36]

Ainsworth's work in the United States attracted many scholars into the field, inspiring research and challenging the dominance of behaviourism.^[37] Further research by Mary Main and colleagues at the University of California, Berkeley identified a fourth attachment pattern, called disorganised/disoriented attachment. The name reflects these children's lack of a coherent coping strategy.^[38]

The type of attachment developed by infants depends on the quality of care they have received.^[39] Each of the attachment patterns is associated with certain characteristic patterns of behaviour, as described in the following table:

Child and caregiver behaviour patterns before the age of 18 months^{[36][38]}

Attachment pattern	Child	Caregiver
Secure	Uses caregiver as a secure base for exploration. Protests caregiver's departure and seeks proximity and is comforted on return, returning to exploration. May be comforted by the stranger but shows clear preference for the caregiver.	Responds appropriately, promptly and consistently to needs.
Avoidant	Little affective sharing in play. Little or no distress on departure, little or no visible response to return, ignoring or turning away with no effort to maintain contact if picked up. Treats the stranger similarly to the caregiver.	Little or no response to distressed child. Discourages crying and encourages independence.
Ambivalent/Resistant	Unable to use caregiver as a secure base, seeking proximity before separation occurs. Distressed on separation with ambivalence, anger, reluctance to warm to caregiver and return to play on return. Preoccupied with caregiver's availability, seeking contact but resisting angrily when it is achieved. Not easily calmed by stranger.	Inconsistent between appropriate and neglectful responses.
Disorganised	Stereotypies on return such as freezing or rocking. Lack of coherent attachment strategy shown by contradictory, disoriented behaviours such as approaching but with the back turned.	Frightened or frightening behaviour, intrusiveness, withdrawal, negativity, role confusion, affective communication errors and maltreatment.

The presence of an attachment is distinct from its quality. Infants form attachments if there is someone to interact with, even if mistreated. Individual differences in the relationships reflect the history of care, as infants begin to predict the behaviour of caregivers through repeated interactions.^[40] The focus is the organisation (pattern) rather than quantity of attachment behaviours. Insecure attachment patterns are non-optimal as they can compromise exploration, self-confidence and mastery of the environment. However, insecure patterns are also adaptive, as they are suitable responses to caregiver unresponsiveness. For example, in the avoidant pattern, minimising expressions of attachment even in conditions of mild threat may forestall alienating caregivers who are already rejecting, thus leaving open the possibility of responsiveness should a more serious threat arise.^[40]

Around 65% of children in the general population may be classified as having a secure pattern of attachment, with the remaining 35% being divided between the insecure classifications.^[41] Recent research has sought to ascertain the extent to which a parent's attachment classification is predictive of their children's classification. Parents' perceptions of their own childhood attachments were found to predict their children's classifications 75% of the time.^{[42][43][44]}

Over the short term, the stability of attachment classifications is high, but becomes less so over the long term.^[8] It appears that stability of classification is linked to stability in caregiving conditions. Social stressors or negative life events—such as illness, death, abuse or divorce—are associated with instability of attachment patterns from infancy to early adulthood, particularly from secure to insecure.^[45]

Conversely, these difficulties sometimes reflect particular upheavals in people's lives, which may change. Sometimes, parents' responses change as the child develops, changing classification from insecure to secure. Fundamental changes can and do take place after the critical early period.^[46] Physically abused and neglected children are less likely to develop secure attachments, and their insecure classifications tend to persist through the pre-school years. Neglect alone is associated with insecure attachment organisations, and rates of disorganised attachment are markedly elevated in maltreated infants.^[39]

This situation is complicated by difficulties in assessing attachment classification in older age groups. The Strange Situation procedure is for ages 12 to 18 months only;^[8] adapted versions exist for pre-school children.^[47] Techniques have been developed to allow verbal ascertainment of the child's state of mind with respect to attachment. An example is the "stem story", in which a child is given the beginning of a story that raises attachment issues and asked to complete it. For older children, adolescents and adults, semi-structured interviews are used in which the manner of relaying content may be as significant as the content itself.^[8] However, there are no substantially validated measures of attachment for middle childhood or early adolescence (approximately 7 to 13 years of age).^[47]

Some authors have questioned the idea that a taxonomy of categories representing a qualitative difference in attachment relationships can be developed. Examination of data from 1,139 15-month-olds showed that variation in attachment patterns was continuous rather than grouped.^[48] This criticism introduces important questions for attachment typologies and the mechanisms behind apparent types. However, it has relatively little relevance for attachment theory itself, which "neither requires nor predicts discrete patterns of attachment".^[49]

Significance of attachment patterns

There is an extensive body of research demonstrating a significant association between attachment organisations and children's functioning across multiple domains.^[39] Early insecure attachment does not necessarily predict difficulties, but it is a liability for the child, particularly if similar parental behaviours continue throughout childhood.^[46] Compared to that of securely attached children, the adjustment of insecure children in many spheres of life is not as soundly based, putting their future relationships in jeopardy. Although the link is not fully established by research and there are other influences besides attachment, secure infants are more likely to become socially competent than their insecure peers. Relationships formed with peers influence the acquisition of social skills, intellectual development and the formation of social identity. Classification of children's peer status (popular, neglected or rejected) has been found to predict subsequent adjustment.^[8] Insecure children, particularly avoidant children, are especially vulnerable to family risk. Their social and behavioural problems increase or decline with deterioration or improvement in parenting. However, an early secure attachment appears to have a lasting protective function.^[50] As with attachment to parental figures, subsequent experiences may alter the course of development.^[8]

The most concerning pattern is disorganised attachment. About 80% of maltreated infants are likely to be classified as disorganised, as opposed to about 12% found in non-maltreated samples. Only about 15% of maltreated infants are likely to be classified as secure. Children with a disorganised pattern in infancy tend to show markedly disturbed patterns of relationships. Subsequently their relationships with peers can often be characterised by a "fight or flight" pattern of alternate aggression and withdrawal. Affected maltreated children are also more likely to become maltreating parents. A minority of maltreated children do not, instead achieving secure attachments, good relationships with peers and non-abusive parenting styles.^[8] The link between insecure attachment, particularly the disorganised

