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Attachment Theory: History, Research, and Practice

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John Bowlby revolutionized the view of mother-infant bonds and relationships when he outlined attachment theory. This article reviews attachment theory and how history and research impact clinical practice. Attachment definitions and components are offered, some research history is highlighted and critiqued, new areas of research are indicated from globalization and marginalization perspectives, and implications for social work treatment with children are discussed including differentiation and integration of the self, attachment reparation, and reinforcement of internal working models. Attachment theory premises are based in an enduring pattern of relatedness that exists, not only for survival, but also for connection.

KEYWORDS attachment, attachment theory, mother-infant/child attachment, father-infant/child attachment, secure base

INTRODUCTION

Fifty years after Little Hans (Freud, 1977), Bowlby (1958) revolutionized the view of the mother-infant bond and relationship and its disruption through deprivation, separation, and loss when he wrote *The Nature of the Child's Tie to His Mother*, and outlined attachment theory. Bowlby (1958) challenged the secondary drive theory held by Sigmund Freud (1935, 1966) that focused on physiological dependence and satisfaction. Freud's conception of the infant in relation to her or his mother was a source of drive reduction. Infant behaviors were seen as needy, clingy, and dependent. The secondary drive theory explained the mother-infant bond through the process of feeding. As the child was fed, nourished, and orally satisfied, pleasure was experienced.

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Satisfaction was then associated in a positive way with the mother's presence. Bowlby, on the other hand, believed the mother-infant attachment was primary and exclusive. He portrayed infants as competent, curious, and fully engaged with their caregivers and the environment (Waters, Crowell, Elliott, Corcoran, & Treboux, 2002).

Attachment theory emerged, in part, as an alternative to psychoanalytic theory to explain why separation caused anxiety in young children, to explain the similarities between childhood and adult loss and mourning, to explain the process of defenses in the human psyche, and to explain the mechanisms of social behavior from infancy that affect and influence the development of the personality along a continuum from healthy to debilitating (Barnett & Vondra, 1999; Bretherton, 1985; Cristóbal, 2003; Waters et al., 2002). Therefore, attachment theory reflected a move away from drive and dependency theory related to physiological needs toward a theory of primary instinctual responses which function to promote social interaction, comparatively independent of physiological needs (Bowlby, 1958).

Bowlby (1958, 1973, 1982a,b) offered a coherent, formulated theoretical alternative based on the dynamic forces of evolutionary biology and ethology. He came to believe that the mechanisms that underlie the infant's attachment tie to the maternal figure originally emerged as the result of evolutionary pressure—a biologically based need for proximity that equated with survival and natural selection (Cassidy, 1999). Two key constructs evolved from Bowlby's (1958, 1975, 1982a) formulation: attachment is a biological necessity and the mother-infant/child bond is the primary and essential force in infant and child development.

ATTACHMENT DEFINITIONS AND COMPONENTS

Attachment is a perspective on the way close relationships provide a secure base for infants and children that has lifelong implications (Ainsworth, 1967, 1969; Bowlby, 1958, 1988). Attachment theory assumes that maternal/caregiver sensitivity, responsiveness, and attunement are central components in the quality of a child's attachment to her or his mother or attachment figure (Ainsworth, 1969; Ainsworth, Blehar, Waters, & Wall, 1978). Attachment and secure base functions operate to promote child and personality development and affect regulation. Attachment theory presupposes evolutionary biological necessity. Attachment behaviors must exist and be reciprocated for the infant to survive both physically and psychically (Bowlby, 1958). The bond serves to protect the infant/child from fear and harm and set the stage for the formation of the caregiver as the secure base thereby offering the developing child a safe place from which to explore the world.

Attachment components are outlined in the following that include affective, behavioral, cognitive, kinesthetic/tactile, psychic, and physical

security (secure base) components all within the context of the secure holding environment (Winnicott, 1971) of the attachment relationship.

Affective Component: Attachment bonds are the demonstrable and observable affectionate gestures between infants and their caregivers (Ainsworth, 1967, 1969; Bowlby, 1958). Ainsworth (1969) used the term *affectional tie* to describe the bond that forms between two specific individuals. Bowlby (1958) spoke of the attachment relationship as a reflection of *pleasure* and *enjoyment*. Stress occurs from sudden or prolonged separation from the attachment figure and permanent loss causes grief and mourning (Barnett & Vondra, 1999). Emotions and emotional regulation are established in the attachment relationship (Sroufe, 2003).

Behavioral Component: Attachment behavior on the part of the infant/child operates to increase proximity and contact with the maternal caregiver (Ainsworth, 1967, 1969; Ainsworth & Bell, 1970; Bowlby, 1958, 1982a; Seifer & Schiller, 1995). These instinctive attachment behaviors serve different functions. Signaling behaviors alert the caregiver that the infant desires interaction. Aversive behaviors trigger a quick maternal response to provide protection and safety. Active and contact-seeking behaviors promote proximity to the mother and secure base. Exploratory behavior decreases proximity with the maternal caregiver and promotes interaction with the environment and individuation.

Cognitive Component: Parent-child attachment relationships and patterns of communication directly influence the development of mental processes in childhood. A child's experienced confidence in the caregiver's physical and psychological availability lays the foundation for autonomous exploration of the surrounding world and problem solving (Bretherton, 1985). Attachment plays a vital role in formation of brain structures and organization of the nervous system, language development, attaining full intellectual potential, acquiring a conscience, and increasing competency (Hart, 2008; Marvin & Britner, 1999; Matas, Arend, & Sroufe, 1978).

Kinesthetic/Tactile Component: Attachment develops through body/skin contact between caregiver and infant/child demonstrated in caresses and touches (Cristóbal, 2003). "You just adapt the pressure of your arms to the babies' needs, and you move slightly, and you perhaps make sounds. The baby feels you breathing. There is warmth that comes from your breath and your skin, and the baby finds your holding to be good" (Winnicott, 2002, p. 21). Gazing, holding, rocking, stroking, and nuzzling are examples of kinesthetic and tactile body contact.

Psychic Component: Attachment is "the psychological availability of a caregiver as a source of safety and comfort in times of child distress" (Barnett & Vondra, 1999, p. 5). Attachment is "the inferred internal bonds that form between infants and their caregivers" (Seifer & Schiller, 1995, p. 147). The caregiver must be psychically available to the child and mentally carry a positive internal representation of her or his own attachment figures and

relationships (Main, Kaplan, & Cassidy, 1985). The psychic component, the knowing and trusting of the other, grows developmentally from the physical security of the secure base.

Physical Security Component: Attachment is "a tie that binds together in space and endures over time" (Ainsworth & Bell, 1970, p. 50). The secure base is defined as the *attachment figure*. This attachment figure must be physically and reliably present to the infant/child creating the security of the secure base for the infant/child. A particular and substantial someone must exist to whom the child can attach and that particular person must occupy a specific location. Therefore, attachment has a solid human context within time, space, and situations (Waters & Cummings, 2000; Winnicott, 2002).

Attachment exists in the secure holding environment of the mother-infant/child attachment relationship. This holding environment is both physical and psychic (Winnicott, 1971). Attachment is the enduring relationship between an infant/child and her or his mother/caregiver (Ainsworth et al., 1978). Though attachment relationships vary widely across mother-infant/child pairs (Ainsworth & Bell, 1970), they are always permanent and irreplaceable (Barnett & Vondra, 1999). Attachment relationships teach individuals how to be in relationship with significant others and influence all subsequent relationships through to adulthood. Caregivers must be able to create a good-enough facilitating environment at the earliest stages of development to provide for optimal emotional and mental growth of the child (Winnicott, 1971).

HISTORY, DEVELOPMENT, AND EPISTEMOLOGICAL LEGACY

In the 1950s, attachment theory emerged as a valuable working model in child development and mental health through the joint yet independent efforts of John Bowlby and Mary Ainsworth (Ainsworth, 1967, 1969; Bowlby, 1951, 1958, 1973, 1982a; Bretherton, 1992). Bowlby outlined the conditions needed for the healthy development of children in *Maternal Care and Mental Health* (1951) from his work with the World Health Organization.

Bowlby believed the mother needed to achieve attunement with her baby to create healthy attachment. It was the attunement of the mother to her child in stressful and distressing situations that established self-regulation for infants, a biological necessity since babies do not inherently possess self-regulatory systems. The mother-induced regulation worked to keep the baby in balance and emotionally regulated. Infants relied on the relationship with their mother to keep dysregulation at bay (Porter, 2003). Thus, healthy attachment was the development of that attuned relationship.

Freud (1935, 1966) set the stage for attachment theory when he established the importance of the early maternal-infant relationship and recognized the significance and similarities between the mother-infant relationship

and adult-adult relationships. He emphasized the lifelong impact of early relationships and experiences and how the mental representations of early life mediate later development. He established the role defenses play in affect regulation and that mourning a significant loss serves an adaptive purpose (Lay, Waters, Posada, & Ridgeway, 1995).

Yet, psychoanalytic theory and the early stages of evolutionary theory imposed dramatic parameters on the study and evaluation of attachment and attachment behaviors, especially under the constructs of determinism and instinctive behavior. These constructs were also subsumed under a hierarchical and authoritarian umbrella as a worldview, residue of which still permeates the scientific community and culture today. Bowlby (1958), however, challenged and replaced Freud's drive reduction model of relationship motivation with one that emphasized the role relationships play in support of exploration and competence (Bretherton, 1985; Waters et al., 2002), yet managed to maintain key features of Freudian early work modified to withstand the new wave of scientific empiricism (Cristóbal, 2003).

The Strange Situation was developed by Ainsworth following her work in Uganda, for the longitudinal Baltimore study (Ainsworth, 1978; Ainsworth et al., 1978). She introduced a stressful event and situation that activated the child's attachment system while, at the same time, provided for the caregiver to act as a secure base. This was inspired by Bowlby's (1982a) conception of the protective function of attachment figures and Ainsworth's (1967, 1969) emphasis on the caregiver as a secure base for the infant's exploration, learning, and development of the skills necessary for self-protection and intimacy (Bretherton, 1992; Forbes, Bento, & DeOliveira, 2003; Porter, 2003). Separation and reunion research was extensively conducted and has been somewhat adapted over the years to include a wider range of ages and unfamiliar situations in an attempt to simulate stressful or distressing environmental situations for the infant or child while in close proximity to her or his mother or caregiver (Ainsworth & Bell, 1970; Ainsworth et al., 1978; Field et al., 1984).

Edward Tronick (Gusella, Muir, & Tronick, 1988) created the well-known experimental situation of the Still-Face where a mother engaged in play with her baby in a face-to-face encounter and then was asked to stop the play interaction for a very brief period of time. The Still-Face episode created upset for all babies but was repaired when the mother began the interaction again. Researchers were interested in uncovering how the mother-infant interaction was repaired—the most important indicator of attachment security in their relationship (Bergman & Harpaz-Rotem, 2004).

Margaret Mahler, with a team of psychoanalysts, began a naturalistic study in 1959, designed to investigate early mother-child interaction during the separation-individuation process (Mahler, Pine, & Bergman, 1975). Mahler's interest was on the internal forces that drove a toddler toward the

realization of the separate self, even in circumstances of less-than-optimal availability of the mother. While her interest was less about attachment and the optimal circumstances for development of the self, the research strongly supported the attachment framework of affect regulation, mutuality, proximity, and relatedness (Bergman & Harpaz-Rotem, 2004).

Anna Freud (1979), in her psychoanalytic work with children, held that the establishment of rapport and the therapeutic relationship, what she referred to as the affectionate attachment of the transference, was the basis for all work. She understood child symptoms from a child development perspective, quite different from her father's perspective. She, therefore, provided toys and play material for the child to create an environment in her or his own way to play out internal, unexpressed fantasies.

Melanie Klein (1982) equated the child's play activities with the free associations of the adult. She stressed that action or play was more natural for the little child than speech. (This was later echoed by Landreth [2002]: "Toys are children's words and play is their language" [p. 132].) Each child had a drawer of toys chosen especially for her or him, which became an individual experience for that child, symbolic of the private and intimate relationship that existed between the child and the therapist. The child became aware of her or his own uniqueness and that no one else had access to her or his toys (self).

This early work in child analysis formed the basis of play therapy, which is currently practiced from multiple theoretical perspectives. Yet, psychoanalytic play therapy, heavily influenced by Anna Freud, Melanie Klein, and Donald Winnicott, maintains a consistent presence in the arena of child treatment with several key components: development of the transference relationship, communication of wishes and fantasies for affect tolerance, and structure and consistency in the therapeutic play environment. Axline (1969) melded a psychoanalytic perspective with humanistic ideology to create the eight basic principles of non-directive play therapy. These continue as fundamental tenets of child-centered play therapy and are consistent with psychoanalytic theory.

Infant mental health, child development, and child treatment enjoyed rapid growth for a period of time following the work of Bowlby, Ainsworth, Axline, and others. The body of work, formed from the efforts of multiple disciplines, created explanatory variables in attachment formation, maintenance, and renewal (Bronfenbrenner, 1979; Lay et al., 1995; Osofsky, 1979; Piaget, 1951; Wright, 1986, 1997). These cross-disciplinary efforts impacted the models developed for play therapy. The cornerstone of play therapy intervention is attachment theory, creating a foundation for the formulation, maintenance, and renewal of attachment that also includes reparation of disrupted attachment through the play therapy treatment process (Axline, 1969, 1982; Bettelheim, 1976; Carroll, 1998; Cattanach, 1992; Gil, 1994; Ginott, 1979, 1982a,b; Greenspan, 1981; Klein, 1982; Krall, 1989; Landreth, 1982,

2002; Lebo, 1982; Moustakas, 1953, 1959, 1982; Singer, 1993; Webb, 1991, 2003).

THEORETICAL GROUNDING

The theoretical grounding and models that exist behind attachment theory have a broad base. They have been loosely sorted into six descriptive categories. The theories identified create a backdrop and context for the formation and research behind attachment theory. The purpose of this exercise is to illuminate context, not to make direct connections across theories and frameworks.

The first category includes behaviorism, behavior systems theory, behavior systems in evolutionary adaptedness, evolutionary theory, and ethology (Ainsworth, 1969; Ainsworth & Bell, 1970; Bowlby, 1982a; Cassidy, 2000; Grossmann & Grossmann, 2006; Hazan & Shaver, 1994; Main et al., 1985; Simpson & Rholes, 2000; Waters & Cummings, 2000). This is based in the fundamental construct that attachment exists in a behavioral system. The biological function of that system has a predictable outcome that creates a survival advantage in the "environment of evolutionary adaptedness" (a term coined by Bowlby [1982a]). Evolutionary theory is based on the trial-and-error process of variation and natural selection of systems at all levels of complexity. Ethology is the perception of behavior in an evolutionary context. The motivation behind attachment is evolutionary survival.

The second category includes empirical methods, classic scientific methods, and experimental methods (Ainsworth & Bell, 1970; Blehar, Lieberman, & Ainsworth, 1977; Cassidy, 2000; Main et al., 1985; Sroufe, 1985; Waters & Cummings, 2000). These methods were used nearly exclusively to research attachment theory, neglecting qualitative studies and narratives. Naturalistic studies to observe behavior in the environment were time-consuming and costly. The Strange Situation was developed to simulate the activation of attachment behavior in a controlled setting that was reflective of a child's normative environment (Ainsworth, 1978; Ainsworth et al., 1978). Current meta-analyses cull data from hundreds of empirically based studies completed over the past decades. These efforts have given a strong, replicable base to specific and definable variables of attachment theory yet fail to capture the totality of a complex theoretical construction.

The third category includes general systems theory, control systems theory, and dynamic systems perspective (Ainsworth, 1969; Bowlby, 1982a; Hsu & Fogel, 2003; Porter, 2003; Waters & Cummings, 2000). Bertalanffy's (1972) general systems theory, designed to identify and describe the principles that guide system functioning and interaction with other systems, impacted the development of attachment theory. Bowlby also "introduced concepts from control systems theory to highlight and account for the complex monitoring

of internal states, relationship experience, and context that shapes proximity seeking, communication across a distance, and exploration away from attachment figures" (Waters et al., 2002, p. 230). These broad system theories augment biological and behavioral systems to explicate attachment behavior and theory.

The fourth category includes instinctive behavior, ontogenetic theories, and psychobiology (Ainsworth, 1969; Ainsworth et al., 1978; Bowlby, 1982a; Cardoso & Sabbatini, 2001; Cassidy, 2000; Grossmann & Grossmann, 2006; Harlow, 1958; Harlow, Dodsworth, & Harlow, 1965; Main et al., 1985). Instinctive behavior is considered to be genetically based and typically species-specific—behavior that is innate, complex, adaptive, and unlearned. Ontogenetic theory is based in biology and genetics. It studies the course of development of an individual organism. Psychobiology interprets personality, behavior, and mental illness in terms of responses to interrelated biological, social, cultural, and environmental factors. These interrelated factors are foundational to attachment theory.

The fifth category includes life-span models and life history theory (Bronfenbrenner, 1979; Cassidy, 2000; Erikson, 1964; Piaget, 1951; Rothbard & Shaver, 1994; Simpson & Rholes, 2000; Waters & Cummings, 2000). Life-span models typically describe the course of an individual's life by sequential tasks to be completed and/or stages, like hurdles, to be mastered. Life history theory is based in biology from a systems perspective and attempts to explain the physiological traits and behaviors of individuals in terms of key maturational and reproductive characteristics that define the life course. Attachment theory was for decades much more clearly articulated for infancy and childhood than for adulthood. This has changed significantly in the past 20 years, especially with the introduction of the Adult Attachment Interview (Hesse, 1999; Main & Goldwyn, 1998). Attachment beyond infancy, and the development and maintenance of close relationships across the life span, are growing areas of research in attachment theory.

The sixth category includes learning theories (Ainsworth, 1969; Bandura, 1977; Sroufe, Fox, & Pancake, 1983). Social learning theory attempts to explain human behavior from the integrated perspective of cognitive, behavioral, and environmental influences. These influences are seen as being continuously reciprocated through modeling. Bandura's (1977) work emphasized the importance of observing and modeling the behaviors, attitudes, and emotional reactions of others from the assumption that most human behavior is learned observationally through modeling. Social learning theory encompasses attention, memory, and motivation, but misses the biological and instinctual survival components that are foundational to attachment theory. Social learning theory relies heavily on *nurture* and favors postnatal environmental learning. Attachment theory relies on a balance of *nature* or instinctive behavior and *nurture* or environmental learning to explain the

forging of the affectional bonds utilized as survival and protective functions and for affect regulation and social development.

ATTACHMENT RESEARCH

Attachment theory encompasses a wide theoretical framework with dozens of research variables with layers of contextual cues from observable behavioral manifestations to inferred psychic constructs making it difficult to define and study. The interpersonal principles of this theory are lifelong, applicable from in utero embryonic experience, and impact an individual, from a systemic perspective, across the life span. At the same time, the intrapsychic principles penetrate deep into the emotional and psychic life of the individual with a profound impact, again, across the life span.

Attachment theory has a strong empirical research base evolving from Freud's clinical observations and case studies (1963a,b, 1977). Bowlby (1973, 1982a,b) focused on animal studies through the lens of evolutionary biology. Ainsworth (1967) concentrated on naturalistic field observation of maternal-infant dyads, and then moved to a laboratory setting with the development of the Strange Situation where mother-infant attachment classification systems were developed (Ainsworth, 1978; Ainsworth & Bell, 1970).

The long history of attachment research has informed many areas of child development. A study of the relationship between quality of mother-infant attachment and later toddler competence indicates that securely attached infants engage in more imaginative and symbolic play than their counterparts, are more socially and cognitively competent as toddlers, more enthusiastic and compliant during tasks, more persistent, and more affectively positive (Matas et al., 1978). An attachment and dependency study from a developmental perspective demonstrated that the quality of infant-caregiver attachment relationship strongly predicts emotional dependency (Sroufe et al., 1983). Preschool leave-taking and reunion experiences between children and caregivers are interactive and complicated by the child's age, gender, the duration of time in school, and the gender and behavior of the parent (Field et al., 1984). Positive correlations were made between secure attachment and self-esteem and self-confidence (Field et al., 1984). Children have been shown to be object-attached or non-object attached. Laboratory procedures then demonstrate children's use of these transitional soft objects to help regulate emotions, but it is also evident that intensity of distress is connected to use of object and unique to each child (Steier & Lehman, 2000). Complex caregiving systems, from the contemporary evolutionary perspective, demonstrate, for example, that maternal and paternal caregiving systems are separate and unique; caregiving systems are subject to complex contextual forces that exist in the present but are influenced by past experiences; caregiver systems operate in both harmony and conflict with

child attachment systems; and that the roles of emotion, cognition, parental responsiveness and individual differences are all factors in the complex system of caregiving (Cassidy, 2000). More recent work has focused on atypical patterns of attachment that have been used to identify infants and children who might be at risk for delays or distortions in attachment (Forbes et al., 2003).

Research interests have begun to highlight the importance of nonmaternal caregivers in children's lives and the affectional bonds that are created between nonmaternal caregivers and infants and children. This research brings to light the importance of fathers' contributions to the formation of attachment bonds with the child, and indicates that these attachment bonds are formed in unique ways with both fathers and mothers. Father-infant/child interactions increase child arousal and play states; children prefer to play with their fathers (Feldman, 2003; Kazura, 2000). Fathers influence cognitive development in children through directed play activity. Mothers influence the social skills of empathy and sensitivity through social experience and instruction (Feldman, 2003; Kazura, 2000). These studies suggest that fathers and children build attachment relationships through play interactions and mothers and children build attachment relationships through social interactions. But these findings also indicate that both mother-infant/child and father-infant/child secure attachment relationships are beneficial for the children (Feldman, 2003; Kazura, 2000; Lovas, 2005; Lowenstein, 2010).

The intergenerational nature of attachment styles is another factor that has been found to be important to the way in which mothers and fathers bond to their child. How the mother and father perceive the attachment bond with her or his own parent is a positively related common factor among contexts of differing gender dyads, marital statuses, and custody arrangements (Bergman & Harpaz-Rotem, 2004: Bernier & Miljkovitch, 2009; Kretchmar & Jacobvitz, 2002). Furthermore, longitudinal data is required to continue to explore the nature of the re-creation of attachment styles, but these studies indicate at least some influence across generations.

Finzi and colleagues (2001) studied attachment, as it relates to abuse and neglect, and found abused children demonstrated more avoidant attachment styles with greater tendencies for aggression. The natural tendency, for children who have experienced such acts of commission by a loved attachment figure, defensively, is avoidance. However, the love and proximity-seeking attachment behavior creates an approach-avoidance conflict when the loved parent is also the violent agent setting the stage for anger, hate, and rage in the child that may then lead to aggression. Neglected children also exhibit an anxious/ambivalent attachment style, but less aggression than the physically abused children (Finzi et al., 2001). The resulting situation for these children is of consistent and prolonged rejection and concomitant loss of proximity, mutuality, and reciprocity that are typical of attachment interactions that would severely inhibit their social interaction in all venues.

Institutional care, foster care, and adoption are important areas of research interest with potential impact for child welfare through policy making. Smyke, Dumitrescu, and Zeanah (2002) compared three groups of children living in different social groups in Romania: traditional institutionalized standard care, traditional institutionalized pilot unit care (reduction in number of caregivers per child), and home-reared, noninstitutionalized care. Not surprisingly, the children from the institutionalized standard care showed significantly more signs of disordered attachment than all other children, reflecting the difficulty of children in institutions to develop selective attachments. The study indicated two other interesting phenomena. Attachment disturbance was connected to stereotypies and language delays but not connected to aggression. These results point to the necessity for studies connected to attachment security and social behaviors.

Relational attunement and developmental assistance are key features of attachment relationships. Therefore, it is not only the role of mother, but also the role of every other primary figure that plays a part in the life of the infant and child's development, to aid in the attunement and development processes. Thus, complex caregiving systems (Cassidy, 2000; Slomski-Long, 2009; Zajicek-Farber, 2010), relationships across generations (Bergman & Harpaz-Rotem, 2004; Bernier & Miljkovitch, 2009; Kretchmar & Jacobvitz, 2002), parent-child relationships during foster care visits (Haight, Kagle, & Black, 2003), father-infant/child relationships (Bernier & Miljkovitch, 2009; Bronte-Tinkew, Scott, & Horowitz, 2009; Kazura, 2000), foster caregiving-infant/child relationships (Dozier et al., 2009; Harden, 2004; Schofield & Beek, 2009), and children in adoptive families (Lancaster & Nelson, 2009; Priel, Melamed-Hass, Besser, & Kantor, 2000; Smyke, Zeanah, Fox, Nelson, & Guthrie, 2010; Van Den Dries, Juffer, IJzendoorn, & Bakermans-Kranenburg, 2009) are growing concerns in attachment research.

Sixty years ago, Winnicott gave weekly radio talks to British mothers (parents/caregivers) of infants and children to give insight, increase enjoyment, and help normalize the mother-infant relationship. Some of those broadcasts have been collected into small books: *The Child, the Family, and the Outside World* (1987), *Talking to Parents* (1993), and *The Child in the Family* (2002). Recently, research on mothers and infants has begun to include the impact of positive emotional and play states in the mother-child relationship (Porter, 2003). This research indicates that when a mother-infant dyad has the ability to create joy, elation, interest, and excitement together, they establish early healthy child development and set the stage for a lifetime of physical and mental health for the child and positive attachment relationships. In addition, research on mother-child dyads that may be considered atypical, such as deaf-hearing, found no difference in attachment styles than "normal" mother-child dyads (Leigh, Brice, & Meadow-Orlans, 2004). This research demonstrates a much-needed movement away from the negative and pejorative variables of neglect, avoidance, stress, hostility, rejection,

deprivation, and insensitivity and emphasizes instead the enjoyment of the mother-infant/child attachment and all the positive benefits that ensue.

Attachment theory was for decades much more clearly articulated for infancy and childhood than for adulthood. Attachment beyond infancy, and the development and maintenance of close relationships across the life span, are growing areas of research in attachment theory. Freud (1935) linked the mother-infant relationship to adult-adult relationships. Attachment theory research has upheld that connection, demonstrating that attachment behavior plays an active role across the life span (Bowlby, 1979; Main et al.,1985). Current adult dating patterns including speed dating, Internet dating, and social networking may explain the strong thread of research being developed on adult love relationships and adult sexuality (Bleichmar, 2003; Steele & Steele, 2003). Expanding attachment research includes examining adults' ability to form soft object (in the form of pet animal) attachments (Kurdek, 2009). Attachment theory is even being used to inform the conceptualization of criminality (Marshall & Marshall, 2010).

This evolving research offers compelling, cross-discipline evidence that attachment is a cornerstone of infant and child development that has impact on all areas of a person's functioning across the life span. Some of this new research is also focused on how caregivers can create the kind of healthy atmosphere and secure environment that has the power to guide infants and children into a full revelation of their potential selves. The theory of attachment and its applicability across contexts are unquestioned. Nevertheless, despite this growing body of research, supportive empirical findings are still elusive. The majority of attachment research is conducted with samples of married, white, middle-class, well-educated females (Haight et al., 2003). The variability seen in results (Diener, Nievar, & Wright, 2003) is explained in the context of seeking to control for other factors such as socioeconomic status, ethnicity, gender of parent or child, mental health of the parent, and marital status/quality of parents. Small sample sizes are cited as limitations for many studies, as well as lack of randomization and control group research design. No studies incorporate all of the attachment components theorized to influence attachment formation. Therefore findings to solidify the notions of attachment as a mechanism, rather than a theory, are inconclusive.

Researchers do not yet understand how individual temperament, the personalities of the mother and infant, the finances and economic structure of families, or the ethnic and cultural characteristics of families influence what is observed in attachment studies (Cassidy et al., 2005). Race and culture may or may not validate the assumptions of the Strange Situation. However, Caucasian, middle–upper-middle class, and well-educated families have nearly exclusively been the subject of investigation in attachment research (Lay et al., 1995; Matas et al., 1978; Sroufe et al., 1983; Steier & Lehman, 2000), skewing study results, hampering external validity, and colluding with cultural schisms. In a global world, it is necessary to expand attachment research

across diverse populations regardless of how the term diversity is defined (Laird, 1998), to consider the education and social status/income of parents, the status of women in a society, the locale, and the changing definition of the family (Reebye, Ross, Jamieson, & Clark, n.d.).

IMPLICATIONS FOR FUTURE RESEARCH

Attachment theory could inform work with orphaned, institutionalized, and foster children around the world and have an impact on therapeutic work with issues of bereavement, suicide prevention, substance use and abuse, child abuse and neglect, terrorism, parenting, and adult love relationships (Dozier, Lindhiem, & Ackerman, 2005; Haight et al., 2003; Hindy & Schwarz, 1994; Juri & Marrone, 2003; McDonough, 1992; Wohl & Kaufman, 1985). Individuals may form multiple attachments across the life span, each of which is a distinct relationship. Those, typically long-lasting relationships, can mediate the effects of social issues in the lives of children, adolescents, and adults. The nature of the attachment relationship is to provide a sense of security because of the secure base function, and promote confidence and competence in interaction with the social environment.

Harlow (1958) first studied the neurobiological and behavioral consequences of disrupted attachment in his research with primates. Over the following decades, controlled animal studies of disrupted attachment in conjunction with clinical studies of maltreated children demonstrated conclusively that early adverse experiences, such as child abuse and neglect and other attachment-disrupting traumas, had lifelong effects on subsequent responses to stressors (Putnam, 2005). This research must continue. Healthy parenting and child abuse prevention programs must also be evaluated to most effectively impact cases of child maltreatment and trauma (Applegate & Shapiro, 2005; Lieberman & Amaya-Jackson, 2005; Miller, 2005; Putnam, 2005; Siegel, 1999).

Researchers and clinicians must begin to look carefully at how mothers and infants/toddlers can repair the disruptions that occur in their relationship and particularly how disruption and reparation can enrich rather than disturb a mother-infant or mother-toddler way of being together (Bergman & Harpaz-Rotem, 2004). And attachment principles as potential reparative features in adolescent and adult disrupted attachment need to be added to research agendas to increase the social functioning of hurting individuals regardless of age or life circumstances.

The majority of reported studies claimed to be firmly established in modernist, scientific, experimental, and empirically based methodology. However, any research focused on the internal affective and cognitive structures of infants and young children and the relationships and connections to the adults who care for them face difficulties in design and methodology.

Laboratory settings increase replication and external validity but laboratory settings cannot replace the natural environment. It is also important to return to the basic principles of attachment theory through the lens of postmodern, qualitative methodology and specifically interpretive phenomenology (Reid, Flowers, & Larkin, 2005) that emphasizes the personal meaning attributed to the lived experiences of women as mothers and their children.

IMPLICATIONS FOR CLINICAL SOCIAL WORK TREATMENT

The treatment of infants and children with disturbed attachment is as complicated as their presenting problems and their social environments that might include adult caregivers from biological, extended, kinship, and adoptive families, foster families, social service providers, day care providers, religious instructors, and school teachers (Gil, 1994; Lieberman & Amaya-Jackson, 2005; Marvin, Cooper, Hoffman, & Powell, 2002; Smyke et al., 2010; Sroufe, 2003; Steier & Lehman, 2000). Typically at least one caregiver has significant responsibility for a child regardless of whether that caregiver is sensitively and sincerely attached to the child. Assessment and treatment in attachment therapy needs to take into consideration the affective, behavioral, cognitive, kinesthetic/tactile, psychic, and secure base components of the attachment relationships. The treatment is complex, intensive, systemic, and multimodal. Children respond well when they can be seen individually in playrooms to create safe play spaces with all the elements associated with play therapy (Gil, 1994). Their caregivers can be taught the skills to increase sensitivity and attunement to the child. Caregivers can also be therapeutically supported through the treatment process to broaden and enhance the child treatment. In addition, therapists can be trained to utilize the person of the therapist to promote and enhance attachment reparation and establish and reinforce the internal working model of a secure attachment (Cortina & Marrone, 2003; Diamond et al., 2003; Harris, 2003).

It is the accessibility, sensitivity, and responsiveness of the mother or primary caregiver which typically determines whether a child exists in a state of security, anxiety, or distress that endures across the life span (Ainsworth, 1978; Bowlby, 1979). Therefore, in treatment, the therapist must be able to develop and maintain an attachment relationship with the child utilizing the characteristics of accessibility, sensitivity, attunement, and responsiveness to foster the exploration of past and present significant attachment relationships. This helps the child forge a link between the historic attachment figures (mothers and other caregivers) and present adult attachment figures (caregivers, relatives, therapists, friends, peers, and teachers).

Several key principles of attachment theory are at stake in this scenario. The attachment system is active across an individual's entire life span (Bowlby, 1958; Weiner, 2003). Attachment behaviors may decrease, diminish, or even disappear over the course of an extended absence (even

over the course of a lifetime) from the maternal object of attachment, but the attachment itself is not necessarily *diminished* (Ainsworth & Bell, 1970). The principle holds true even in cases of adverse care (Bowlby, 1979). It is the affectional tie, even a hoped-for affectional tie, upon which children are dependent that creates attachment and secure base functions in their lives. Therefore, it is the primary force of the mother-child bond and attachment relationship that the therapist helps the child repair and utilize to move forward from their sometimes traumatic and chaotic lives.

Healthy maternal-child attachment relationships demonstrate life-affirming and beneficial attachment behaviors that can be extrapolated to the therapeutic environment (Cristóbal, 2003; Slade, 1999; Weiner, 2003). This means that the therapist, first of all, is responsible to create both a flexible holding environment (Winnicott, 1971) that prevents harm to the child client and a trustworthy attachment relationship with the child to foster attachment reparation. In attachment reparative work, the therapist utilizes herself or himself as a temporary attachment figure for the child (Bowlby, 1975) and must, with great sensitivity and care, balance being both the internal representation of the maternal caregiver and the external therapist/stranger. Therapists act as the secure base for child clients as they struggle to differentiate and integrate the self through the proximity and elasticity of the therapeutic relationship (Diamond et al., 2003). It is the responsibility of the therapist to survive the child's rage, aggression, and destructive behaviors without retaliation in a similar way that the good-enough mother withstands the undifferentiated rage of her toddler and remains emotionally available to the toddler (Winnicott, 1957, 1971). This builds attachment security.

In therapy, the child learns to use the attachment relationship and secure base offered by the therapist to forge new, additional attachment relationships (Cortina & Marrone, 2003; Diamond et al., 2003) that model the components of healthy attachment. The security of the therapeutic attachment relationship helps the child learn social and relationship skills, build or enhance internal regulatory systems, and experience success and mastery in his or her growing environments (Diamond et al., 2003; Harris, 2003). An experienced therapist uses the introjected and projected clinical material to understand the internal and external pressures of the child, forge a working alliance, create a healthy and healing environment, and help find and repair what was lost and broken (Diamond et al., 2003; Harris, 2003).

CONCLUSION

Attachment theory has stood the test of time because the premises are based in an enduring pattern of relatedness that exists, not only for survival but also for connection. Attachment is not static. Attachment is dynamic, complex, and ever evolving. It has both an internal, psychic organization and an external, observable manifestation. That may explain why it is so difficult

to define and study, but it also explains why the theoretical principles are elastic and adaptable to current culture and trends. Attachment theory has a place in social work treatment of children for the twenty-first century.

REFERENCES

Ainsworth, M. D. S. (1967). *Infancy in Uganda: Infant care and the growth of love*. Baltimore, MD: Johns Hopkins Press.

Ainsworth, M. D. S. (1969). Object relations, dependency, and attachment: A theoretical review of the infant-mother relationship. *Child Development*, *40*(4), 969–1025.

Ainsworth, M. D. S. (1978). *Patterns of attachment*. Hillsdale, NJ: Lawrence Erlbaum.

Ainsworth, M. D. S., & Bell, S. M. (1970). Attachment, exploration, and separation: Illustrated by the behavior of one-year-olds in a strange situation. *Child Development*, *41*(1), 49–67.

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

Applegate, J. S., & Shapiro, J. R. (2005). *Neurobiology for clinical social work*. New York, NY: W. W. Norton & Co.

Axline, V. M. (1969). *Play therapy*. New York, NY: Ballantine.

Axline, V. M. (1982). Nondirective play therapy procedures and results. In G. L. Landreth (Ed.), *Play therapy: Dynamics of the process of counseling with children* (pp. 120–129). Springfield, IL: Charles C. Thomas.

Bandura, A. (1977). *Social learning theory*. New York, NY: General Learning Press.

Barnett, D., & Vondra, J. I. (1999). Atypical patterns of early attachment: Theory, research, and current directions. *Monographs of the Society for Research in Child Development*, *64*(3), 1–24. doi: 10.1111/1540-5834.00031

Bergman, A., & Harpaz-Rotem, I. (2004). Revisiting rapprochement in the light of contemporary developmental theories. *Journal of the American Psychoanalytic Association*, *52*(2), 555–569. doi: 10.1177/00030651040520020301

Bernier, A., & Miljkovitch, R. (2009). Intergenerational transmission of attachment in father-child dyads: The case of single parenthood. *The Journal of Genetic Psychology*, *170*(1), 31–51.

Bertalanffy, L. V. (1972). The history and status of general systems theory. *The Academy of Management Journal*, *15*(4), 407–426.

Bettelheim, B. (1976). *The uses of enchantment: The meaning and importance of fairy tales*. New York, NY: Vintage.

Blehar, M. C., Lieberman, A. F., & Ainsworth, M. D. S. (1977). Early face-to-face interaction and its relation to later infant-mother attachment. *Child Development*, *48*(1), 182–194.

Bleichmar, H. (2003). Attachment and intimacy in adult relationships. In M. Cortina & M. Marrone (Eds.), *Attachment theory and the psychoanalytic process* (pp. 382–406). London, UK: Whurr.

Bowlby, J. (1951). Maternal care and mental health. *Bulletin of the World Health Organization*, *3*(3), 355–533.

Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psycho-Analysis*, *39*, 350–373.

Bowlby, J. (1973). *Separation: Anxiety and anger* (vol. II). New York, NY: Basic Books.

Bowlby, J. (1975). Attachment theory, separation anxiety and mourning. In D. A. Hamburg & K. H. Brudic (Eds.), *American handbook of psychiatry* (2nd ed., pp. 292–309). New York, NY: Basic Books.

Bowlby, J. (1979). *The making and breaking of affectional bonds*. London, UK: Tavistock.

Bowlby, J. (1982a). *Attachment* (2nd ed., vol. I). New York, NY: Basic Books.

Bowlby, J. (1982b). *Loss: Sadness and depression* (vol. III). New York, NY: Basic Books.

Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. New York, NY: Routledge.

Bretherton, I. (1985). Attachment theory: Retrospect and prospect. *Monograph of the Society for Research in Child Development*, *50*(1/2), 3–35.

Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, *28*, 759–775.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.

Bronte-Tinkew, J., Scott, M. E., & Horowitz, A. (2009). Male pregnancy intendedness and children's mental proficiency and attachment security during toddlerhood. *Journal of Marriage and Family*, *71*, 1001–1025. doi: 10.1111/j.1741-3737.2009.00649.x

Cardoso, S. H., & Sabbatini, R. M. E. (2001, November). Learning who is your mother. *Brain and Mind Magazine*, *14*, 1–6.

Carroll, J. (1998). *Introduction to play therapy*. Malden, MA: Blackwell Science.

Cassidy, J. (1999). The nature of the child's tie. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 3–20). New York, NY: Guilford.

Cassidy, J. (2000). The complexity of the caregiving system: A perspective from attachment theory. *Psychological Inquiry*, *11*(2), 86–91.

Cassidy, J., Woodhouse, S. S., Cooper, G., Hoffman, K., Powell, B., & Rodenberg, M. (2005). Examinations of the precursors of infant attachment security: Implications for early intervention and intervention research. In L. J. Berlin, Y. Ziv, L. Amaya-Jackson, & M. T. Greenberg (Eds.), *Enhancing early attachments: Theory, research, intervention and policy* (pp. 34–60). New York, NY: Guilford.

Cattanach, A. (1992). *Play therapy with abused children*. Philadelphia, PA: Jessica Kingsley.

Cortina, M., & Marrone, M. (2003). Attachment theory, transference and the psychoanalytic process. In M. Cortina & M. Marrone (Eds.), *Attachment theory and the psychoanalytic process* (pp. 27–41). London, UK: Whurr.

Cristóbal, R. (2003). The psychoanalytic process in the light of attachment theory. In M. Cortina & M. Marrone (Eds.), *Attachment theory and the psychoanalytic process* (pp. 356–381). London, UK: Whurr.

Diamond, D., Clarkin, J. F., Stovall-McClough, K. C., Levy, K. N., Foelsch, P. A., Levine, H., & Yeomans, F. E. (2003). Patient-therapist attachment: Impact on

the therapeutic process and outcome. In M. Cortina & M. Marrone (Eds.), *Attachment theory and the psychoanalytic process* (pp. 127–168). London, UK: Whurr.

Diener, M. L., Nievar, M. A., & Wright, C. (2003). Attachment security among mothers and young children living in poverty: Associations with maternal, child, and contextual characteristics. *Merrill-Palmer Quarterly*, *49*(2), 154–182.

Dozier, M., Lindhiem, O., & Ackerman, J. P. (2005). Attachment and biobehavioral catch-up: An intervention targeting empirically identified needs of foster infants. In L. J. Berlin, Y. Ziv, L. Amaya-Jackson, & M. T. Greenberg (Eds.), *Enhancing early attachments: Theory, research, intervention, and policy* (pp. 178–194). New York, NY: Guilford.

Dozier, M., Lindhiem, O., Lewis, E., Bick, J., Bernard, K., & Peloso, E. (2009). Effects of a foster parent training program on young children's attachment behaviors: Preliminary evidence from a randomized clinical trial. *Child & Adolescent Social Work Journal*, *26*, 321–332. doi: 10.1007/s10560-009-0165-1

Erikson, E. H. (1964). *Insight and responsibility: Lectures on the ethical implications of psychoanalytic insight*. New York, NY: Norton.

Feldman, R. (2003). Infant-mother and infant-father synchrony: The coregulation of positive arousal. *Infant Mental Health Journal*, *24*(1), 1–23. doi: 10.1002/imhj.10041

Field, T., Gewirtz, J. L., Cohen, D., Garcia, R., Greenberg, R., & Collins, K. (1984). Leave-takings and reunions of infants, toddlers, preschoolers, and their parents. *Child Development*, *55*(2), 628–635.

Finzi, R., Ram, A., Har-Even, D., Shnit, D., & Weizman, A. (2001). Attachment styles and aggression in physically abused and neglected children. *Journal of Youth and Adolescence*, *30*(6), 769–786.

Forbes, L., Bento, S., & DeOliveira, C. A. (2003). *Classifying mother-toddler attachment relationships in the interesting-but-scary paradigm: Scoring system for interactive behavior*. London, ON, Canada: University of Western Ontario.

Freud, A. (1979). The role of transference in the analysis of children. In C. Schaefer (Ed.), *The therapeutic use of child's play* (pp. 141–150). New York, NY: Jason Aronson.

Freud, S. (1935). *A general introduction to psycho-analysis*. Garden City, NY: Garden City Publishing.

Freud, S. (1963a). *Dora: An analysis of a case of hysteria*. New York, NY: Macmillan.

Freud, S. (1963b). *Three case histories: The "wolf man," the "rat man," and the psychotic doctor Schreber*. New York, NY: Macmillan

Freud, S. (1966). *Introductory lectures on psychoanalysis*. New York, NY: W. W. Norton & Company.

Freud, S. (1977). *Case histories I: "Dora" and "Little Hans"* (vol. 8). New York, NY: Viking Penguin.

Gil, E. (1994). *Play in family therapy*. New York, NY: Guilford.

Ginott, H. G. (1979). Therapeutic intervention in child treatment. In C. Schaefer (Ed.), *The therapeutic use of child's play* (pp. 279–290). New York, NY: Jason Aronson.

Ginott, H. G. (1982a). A rationale for selecting toys in play therapy. In G. L. Landreth (Ed.), *Play therapy: Dynamics of the process of counseling with children* (pp. 145–152). Springfield, IL: Charles C. Thomas.

Ginott, H. G. (1982b). Play therapy: The initial session. In G. L. Landreth (Ed.), *Play therapy: Dynamics of the process of counseling with children* (pp. 201–216). Springfield, IL: Charles C. Thomas.

Greenspan, S. I. (1981). *The clinical interview of the child*. New York, NY: McGraw-Hill.

Grossmann, K., & Grossmann, K. (2006). Early care and the roots of attachment and partnership representation in the Bielefeld and Regensburg longitudinal studies. In K. Grossmann, K. Grossmann, & E. Waters (Eds.), *The power of longitudinal attachment research* (pp. 1–55). New York, NY: Guilford.

Gusella, J. L., Muir, D., & Tronick, E. Z. (1988). The effect of manipulating maternal behavior during an interaction on three and six-month-olds' affect and attention. *Child Development*, *59*(4), 1111–1124.

Haight, W. I., Kagle, J. D., & Black, J. E. (2003). Understanding and supporting parent-child relationships during foster care visits: Attachment theory and research. *Social Work*, *48*(2), 195–207.

Harden, B. J. (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children*, *14*(1), 31–47.

Harlow, H. F. (1958). The nature of love. *American Psychologist*, *13*, 673–675.

Harlow, H. F., Dodsworth, R. O., & Harlow, M. K. (1965). Total social isolation in monkeys. *Proceedings of the National Academy of Sciences of the United States of America*, *54*, 90–97.

Harris, T. (2003). Implications of attachment theory for developing a therapeutic alliance and insight in psychoanalytic psychotherapy. In M. Cortina & M. Marrone (Eds.), *Attachment theory and the psychoanalytic process* (pp. 62–91). London, UK: Whurr.

Hart, S. (2008). *Brain, attachment, personality: An introduction to neuroaffective development*. London, UK: Karnac.

Hazan, C., & Shaver, P. R. (1994). Deeper into attachment theory. *Psychological Inquiry*, *5*(1), 68–79.

Hesse, E. (1999). The adult attachment interview: Historical and current perspectives. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 395–432). New York, NY: Guilford.

Hindy, C. G., & Schwarz, J. C. (1994). Anxious romantic attachment in adult relationships. In M. B. Sperling & W. H. Berman (Eds.), *Attachment in adults: Clinical and developmental perspectives* (pp. 179–203). New York, NY: Guilford.

Hsu, H-C., & Fogel, A. (2003). Stability and transitions in mother-infant face-to-face communication during the first 6 months: A microhistorical approach. *Developmental Psychology*, *39*(6), 1061–1082. doi: 10.1037/0012-1649.39.6.1061

Juri, L. J., & Marrone, M. (2003). Attachment and bereavement. In M. Cortina & M. Marrone (Eds.), *Attachment theory and the psychoanalytic process* (pp. 242–268). London, UK: Whurr.

Kazura, K. (2000). Fathers' qualitative and quantitative involvement: An investigation of attachment, play, and social interactions. *The Journal of Men's Studies*, *9*(1), 41–57.

Klein, M. (1982). The psychoanalytic play technique. In C. Schaefer (Ed.), *The therapeutic use of child's play* (pp. 125–140). New York, NY: Jason Aronson.

Klein, M. (1986). *The selected Melanie Klein*. New York, NY: Free Press.

Krall, V. (1989). *A play therapy primer: Therapeutic approaches to children with emotional problems*. New York, NY: Human Sciences Press.

Kretchmar, M. D., & Jacobvitz, D. B. (2002). Observing mother-child relationships across generations: Boundary patterns, attachment, and the transmission of caregiving. *Family Process*, *41*(3), 351–374. doi: 10.1111/j.1545-5300.2002.41306.x

Kurdek, L. A. (2009). Pet dogs as attachment figures for adult owners. *Journal of Family Psychology*, *23*(4), 439–446. doi: 10.1037/a0014979

Laird, J. (1998). Theorizing culture: Narrative ideas and practice principles. In M. McGoldrick (Ed.), *Re-visioning family therapy: Race, culture, and gender in clinical practice* (pp. 20–36). New York, NY: Guilford.

Lancaster, C., & Nelson, K. W. (2009). Where attachment meets acculturation: Three cases of international adoption. *The Family Journal: Counseling Therapy for Couples and Families*, *17*(4), 302–311. doi: 10.1177/1066480709347357

Landreth, G. L. (1982). Children communicate through play. In G. L. Landreth (Ed.), *Play therapy: Dynamics of the process of counseling with children* (pp. 45–46). Springfield, IL: Charles C. Thomas.

Landreth, G. L. (2002). *Play therapy: The art of the relationship*. New York, NY: Brunner-Routledge.

Lay, K. L., Waters, E., Posada, G., & Ridgeway, D. (1995). Attachment security, affect regulation, and defensive responses to mood induction. *Monographs of the Society for Research in Child Development*, *60*(2/3), 179–196.

Lebo, D. (1982). The development of play as a form of therapy: From Rousseau to Rogers. In G. L. Landreth (Ed.), *Play therapy: Dynamics of the process of counseling with children* (pp. 65–73). Springfield, IL: Charles C. Thomas.

Leigh, I. W., Brice, P. J., & Meadow-Orlans, K. (2004). Attachment in deaf mothers and their children. *Journal of Deaf Studies and Deaf Education*, *9*(2), 176–188. doi: 10.1093/deafed/enh019

Lieberman, A. F., & Amaya-Jackson, L. (2005). Reciprocal influences of attachment and trauma: Using a dual lens in the assessment and treatment of infants, toddlers, and preschoolers. In L. J. Berlin, Y. Ziv, L. Amaya-Jackson, & M. T. Greenberg (Eds.), *Enhancing early attachments: Theory, research, intervention, and policy* (pp. 100–126). New York, NY: Guilford.

Lovas, G. S. (2005). Gender and patterns of emotional availability in mother-toddler and father-toddler dyads. *Infant Mental Health Journal*, *26*(4), 327–353. doi: 10.1002/imhj.20056

Lowenstein, L. F. (2010). Attachment theory and parental alienation. *Journal of Divorce & Remarriage*, *51*(3), 157–168. doi: 10.1080/10502551003597808

Mahler, M. S., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant: Symbiosis and individuation*. New York, NY: Basic Books.

Main, M., & Goldwyn, R. (1998). *Adult attachment classification system*. Unpublished manuscript, University of California, Berkeley.

Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. *Monographs of the Society for Research in Child Development*, *50*(1/2), 66–104.

Marshall, W. L., & Marshall, L. E. (2010). Attachment and intimacy in sexual offenders: An update. *Sexual and Relationship Theory*, *25*(1), 86–90.

Marvin, R. S., & Britner, P. A. (1999). Normative development: The ontogeny of attachment. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 44–67). New York, NY: Guilford.

Marvin, R., Cooper, G., Hoffman, K., & Powell, B. (2002). Attachment-based intervention with caregiver-pre-school child dyads. *Attachment & Human Development*, *4*(1), 107–124. doi: 10.1080/14616730252982491

Matas, L., Arend, R. A., & Sroufe, A. (1978). Continuity of adaptation in the second year: The relationship between quality of attachment and later competence. *Child Development*, *49*(3), 547–556.

McDonough, S. C. (1992). Interaction guidance: Understanding and treating early infant-caregiver relationship disturbances. In G. Fava-Vizziello & D. N. Stern (Eds.), *Models and techniques of psychotherapeutic intervention in the first years of life* (pp. 414–426). Milan, Italy: Raffaello Cortina Editore.

Miller, A. (2005). *The body never lies: The lingering effects of hurtful parenting*. New York: NY: W. W. Norton & Co.

Moustakas, C. E. (1953). *Children in play therapy: A key to understanding normal and disturbed emotions*. New York, NY: McGraw-Hill.

Moustakas, C. E. (1959). *Psychotherapy with children: The living relationship*. Greeley, CO: Carron.

Moustakas, C. E. (1982). Emotional adjustment and the play therapy process. In G. L. Landreth (Ed.), *Play therapy: Dynamics of the process of counseling with children* (pp. 217–232). Springfield, IL: Charles C. Thomas.

Osofsky, J. D. (Ed.). (1979). *Handbook of infant development*. New York, NY: John Wiley & Sons.

Piaget, J. (1951). *The child's conception of the world*. London, UK: Routledge.

Porter, L. L. (2003). The science of attachment: The biological roots of love. *Mothering*, *119*, 1–11.

Priel, B., Melamed-Hass, S., Besser, A., & Kantor, B. (2000). Adjustment among adopted children: The role of maternal self-reflectiveness. *Family Relations*, *49*(4), 389–396.

Putnam, F. W. (2005). The developmental neurobiology of disrupted attachment: Lessons from animal models and child abuse research. In L. J. Berlin, Y. Ziv, L. Amaya-Jackson, & M. T. Greenberg (Eds.), *Enhancing early attachments: Theory, research, intervention, and policy* (pp. 79–99). New York, NY: Guilford.

Reebye, P. N., Ross, S. E., Jamieson, K., & Clark, J. M. (n.d.). *A literature review of child-parent/caregiver attachment theory and cross-cultural practices influencing attachment*. Retrieved from http://www.attachmentacrosscultures.org/research/index.html

Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *The Psychologist*, *18*(1), 20–23.

Rothbard, J. C., & Shaver, P. R. (1994). Continuity of attachment across the life span. In M. B. Sperling & W. H. Berman (Eds.), *Attachment in adults: Clinical and developmental perspectives* (pp. 31–71). New York, NY: Guilford.

Schofield, G., & Beek, M. (2009). Growing up in foster care: Providing a secure base through adolescence. *Child & Family Social Work*, *14*, 255–266. doi: 10.1111/j.1365-2206.2008.00592

Seifer, R., & Schiller, M. (1995). The role of parenting sensitivity, infant temperament, and dyadic interaction in attachment theory and assessment. *Monographs of the Society for Research in Child Development*, *60*(2/3), 146–174.

Siegel, D. J. (1999). *The developing mind: How relationships and the brain interact to shape who we are*. New York, NY: Guilford.

Simpson, J. A., & Rholes, W. S. (2000). Caregiving, attachment theory, and the connection: Theoretical orientation. *Psychological Inquiry*, *11*(2), 114–117.

Singer, D. G. (1993). *Playing for their lives: Helping troubled children through play therapy*. New York, NY: Free Press.

Slade, A. (1999). Attachment theory and research: Implications for the theory and practice of individual psychotherapy with adults. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 575–594). New York, NY: Guilford.

Slomski-Long, M. (2009). Disorganized attachment relationships in infants of adolescent mothers and factors that may augment positive outcomes. *Adolescence*, *44*(175), 621–633.

Smyke, A. T., Dumitrescu, A., & Zeanah, C. H. (2002). Attachment disturbances in young children. I: The continuum of caretaking casualty. *Journal of the American Academy of Child and Adolescent Psychiatry*, *41*(8), 972–982. doi: 10.1097/00004583-200208000-00016

Smyke, A. T., Zeanah, C. H., Fox, N. A., Nelson, C. A., & Guthrie, D. (2010). Placement in foster care enhances quality of attachment among young institutionalized children. *Child Development*, *81*(1), 212–223. doi: 10.1111/j.1467-8624.2009.01390.x

Sroufe, L. A. (1985). Attachment classification from the perspective of infant-caregiver relationships and infant temperament. *Child Development*, *56*(1), 1–14.

Sroufe, J. W. (2003). Applications of attachment theory to the treatment of latency age children. In M. Cortina & M. Marrone (Eds.), *Attachment theory and the psychoanalytic process* (pp. 204–226). London, UK: Whurr.

Sroufe, L. A., Fox, N. E., & Pancake, V. R. (1983). Attachment and dependency in developmental perspective. *Child Development*, *54*(6), 1615–1627.

Steele, H., & Steele, M. (2003). Clinical uses of the adult attachment interview. In M. Cortina & M. Marrone (Eds.), *Attachment theory and the psychoanalytic process* (pp. 107–126). London, UK: Whurr.

Steier, A. J., & Lehman, E. B. (2000). An observational measure of children's attachments to soft objects. *Child Study Journal*, *30*(4), 253–271.

Van Den Dries, L., Juffer, F., van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2009). Fostering security? A meta-analysis of attachment in adopted children. *Children and Youth Services Review*, *31*, 410–421. doi: 10.1016/j.childyouth.2008.09.008

Waters, E., Crowell, J., Elliott, M., Corcoran, D., & Treboux, D. (2002). Bowlby's secure base theory and the social/personality psychology of attachment styles: Work(s) in progress. *Attachment and Human Development*, *4*(2), 230–242. doi: 10.1080/14616730210154216

Waters, E., & Cummings, E. M. (2000). A secure base from which to explore close relationships. *Child Development*, *71*(1), 164–172. doi: 10.1111/1467-8624.00130

Webb, N. B. (1991). *Play therapy with children in crisis*. New York, NY: Guilford.

Webb, N. B. (2003). *Social work practice with children*. New York, NY: Guilford

Weiner, S. (2003). The significance of the exploration of the patient's attachment history for psychoanalytic psychotherapy. In M. Cortina & M. Marrone (Eds.), *Attachment theory and the psychoanalytic process* (pp. 92–106). London, UK: Whurr.

Winnicott, D. W. (1957). *Mother and child: A primer of first relationships*. New York, NY: Basic Books.

Winnicott, D. W. (1971). *Playing and reality*. London, UK: Tavistock.

Winnicott, D. W. (1987). *The child, the family, and the outside world*. Boston, MA: Da Capo.

Winnicott, D. W. (1993). *Talking to parents*. Reading, MA: Addison-Wesley.

Winnicott, D. W. (2002). *Winnicott on the child*. Cambridge, MA: Perseus.

Wohl, A., & Kaufman, B. (1985). *Silent screams and hidden cries: An interpretation of artwork by children from violent homes*. New York, NY: Brunner/Mazel.

Wright, B. M. (1986). An approach to infant-parent psychotherapy. *Infant Mental Health Journal*, *7*, 247–263.

Wright, B. M. (1997). Treatment of infants and their families. *Infant Mental Health Journal*, *6*, 127–137.

Zajicek-Farber, M. L. (2010). Building practice evidence for parent mentoring home visiting in early childhood. *Research on Social Work Practice*, *20*(1), 46–64. doi: 10.1177/1049731509333172

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