Enhancing Early Child-Parent Relationships: Implications of Adult Attachment Research

Mental health practitioners working with infants, young children, and their families are assigning increasing importance to enhancing early child-parent relationships. Enhancing early child-parent relationships is viewed both as a goal in and of itself and as a means to enhancing children's development as a whole. In the past three decades, attachment theory and research have made substantial contributions to understanding early child-parent relationships. This article discusses the implications of one branch of attachment theory and research, that concerning adult attachment, for enhancing early child-parent relationships. It begins with a synopsis of the theory and research concerning adult attachment. It then presents the implications of this theory and research for interventions designed to enhance early child-parent relationships. The article argues that enhancing early child-parent relationships involves two principal tasks: (a) helping parents identify their children's needs and parents' own responses to these needs; and (b) helping parents gain insight into how their "states of mind with respect to attachment" influence their parenting behaviors and their children's development. Key words: *attachment, child-parent relationship, early intervention*

Lisa J. Berlin, PhD
Research Scholar
Center for Child and Family Policy
Duke University
Durham, North Carolina

Jude Cassidy, PhD
Professor of Psychology
Department of Psychology
University of Maryland
College Park, Maryland

THE DAWN OF the 21st century has witnessed a remarkable degree of scientific, clinical, and public concern with early child development.[1–10] Scientific advances highlight not only the importance of children's earliest years but also the importance of children's early environments and, within these environments, children's relationships with their first caregivers. Enhancing early relationships has in turn assumed increasing prominence as a goal of mental health practitioners working with infants, young children, and their families. Enhancing early child-parent relationships is viewed both as a goal in and of itself and as a means to enhancing children's development as a whole.

In the past three decades, attachment theory and research have made substantial contributions to understanding early child-caregiver relationships.[11–15] A central focus of the theory and research is the influence of early, close relationships on subsequent development. More recently, systematic applications of attachment theory and research to clinical work with children, parents, and families have been discussed and attempted.[16–21] This article

The authors thank the two anonymous reviewers for helpful feedback and Elizabeth Mizerek for help with manuscript preparation.

Address correspondence to: Lisa J. Berlin, Center for Child and Family Policy, Duke University, P.O. Box 90264, Durham, NC 27708; e-mail: ljberlin@pps.duke.edu.

Inf Young Children 2001; 14(2): 64–76

discusses the implications of one branch of attachment theory and research, that concerning adult attachment, for enhancing early child-parent relationships. It begins with a synopsis of the theory and research concerning adult attachment. Next it discusses the implications of this theory and research for interventions designed to enhance early child-parent relationships. The article argues that enhancing early child-parent relationships turns principally on two tasks: (1) helping parents identify their children's needs and the parents' own responses to these needs; and (2) helping parents gain insight into how their states of mind with respect to attachment influence their parenting behaviors and their children's development.

ADULT ATTACHMENT: THEORY AND RESEARCH

Attachment theory: Internal working models and states of mind with respect to attachment

Starting with his earliest writings, Bowlby argued that attachments play a central role throughout people's lives "from the cradle to the crave."[22(p129)] Most adults not only maintain attachments to their parents but also develop new attachments to romantic partners, siblings, other family members, and close friends.[23,24] There are two arms of adult attachment theory and research. The first focuses on adults' current "states of mind with respect to attachment" and the links among these states of mind, early family experiences, and current parenting.[25,26] The second focuses on adults' romantic attachments.[27–29] This article focuses on the first arm of adult attachment theory and research because it is most relevant to enhancing early child-parent relationships.

Understanding what is meant by an adult's state of mind with respect to attachment first requires understanding Bowlby's key construct of "internal working models." According to Bowlby,[12,13] human behavior in close relationships is guided by internal working models forged in humans' earliest experiences. Specifically, in repeated daily transactions with caregivers, infants develop expectations about the parent's caregiving. These expectations are gradually organized into mental maps or internal working models of the caregiver and of the self in relation to this caregiver. With continual use, especially in stable environments, internal working models become "overlearned"[14] and they come to operate automatically and unconsciously. Over time, individuals are more likely to define their experiences using existing working models than to change their models to accommodate new information, even if it is inconsistent with current models. Thus, internal working models can be viewed as operating in a self-fulfilling manner. In so doing, they function to link early experiences to later development. Internal working models, however, are not immutable. As environments and individuals change and develop, working models demand revision and updating. According to Bowlby, traumas, losses, and new attachments are the factors most likely to alter internal working models.

Adults are thought to have internal working models of each parent (both as an early caregiver and contemporaneously), of other attachment figures, of the self, and of close relationships in general. An adult's internal working models inform his or her views about how people can and should behave in close relationships. Internal working models guide one's thinking about the extent to which he or she is worthy of kind treatment and is able to elicit care, the extent to which others are trustworthy and supportive, and the extent to which one is likely to receive care when needed. Internal working models also guide the development of "strategies" for behavior in close relationships.[30,31] Internal working models are hypothesized to operate by guiding information processing including attention, memory, and attributional processes, especially in close relationships and/or emotionally-laden situations.[22,26,32,33]

An adult's state of mind with respect to attachment is thought to reflect his or her *current* internal working models. Even more important, "state of mind" refers to the extent to which these models form an integrated and coherent whole, as opposed

to existing in contradiction to one another (as might occur, for example, when one experiences highly inconsistent treatment from a parent). (See Main[34] for a full description of the connections between internal working models and "states of mind.")

The adult attachment interview

The principal measure of the adult's state of mind with respect to attachment is the adult attachment interview (AAI).[25,35] The AAI is a 1-hour, semi-structured interview in which adults are asked to discuss early childhood experiences and their influences on adult personality. Initially, the interviewee is asked to describe early relationships with parents, both generally and with specific memories to illustrate and support the generalities. Subsequent questions probe the subject's memories of emotional upset, physical injury and illness, and separations and losses. Although the AAI draws heavily on recollections of early attachment experiences, it is the ways in which the interviewee discusses experiences that figure most importantly in the individual's classification into one of three main groups: secure, insecure/dismissing, or insecure/preoccupied.

Adults classified as *secure* appear to value attachment relationships and view them as influential. These adults also are notably objective about both negative and positive relationships and experiences. The strategy of a secure adult involves valuing attachments and drawing on close relationships as key sources of support. Adults classified as *insecure/dismissing* devalue attachments and dismiss their influence. The strategy of the dismissing adult is to minimize both the activation and the deployment of attachment behaviors. Adults classified as *insecure/preoccupied* appear overwhelmed by past attachment experiences. Their interviews are frequently long and confusing and may be characterized by abrupt vacillations between positive and negative evaluations. The strategy of the preoccupied adult is to maximize the activation and deployment of attachment behaviors.

In addition to these three main categories, a fourth group, *insecure/unresolved,* has been identified.[36] Indications of unresolved loss or trauma include major—though often brief—lapses in reasoning or discourse during the discussion of the loss or trauma (eg, speaking of the lost person as if he or she were still alive, becoming disoriented with respect to time and space, providing extremely detailed information about the loss). These lapses are hypothesized to reflect "interference from normally dissociated memory"[25(p405)] and/or the flooding of memories triggered by the interview questions. When a coder classifies a parent as unresolved the coder also identifies which of the three principal patterns (secure, dismissing, preoccupied) appears to coexist with the parent's unresolved state of mind. Subsequently, a parent who is classified as unresolved also is assigned a best-fitting, "forced" classification (of secure, dismissing, or preoccupied).

In addition to being classified, each interviewee is assigned scores on continuous scales measuring "probable experiences" with early attachment figures (eg, loving, pressure to achieve, rejection) and "current state of mind" (eg, coherent, idealizing, unresolved). Evidence of the AAI's reliability and validity comes from studies linking adults' classifications to their children's attachment security (discussed in more detail below) and from studies showing that adults' AAI classifications are stable over time; are related in theoretically predicted ways to socioemotional functioning in both parents and their children; and, as expected, are *not* related to verbal fluency, memory for non-attachment information, or "discourse characteristics."[25]

Parental state of mind, parenting behavior, and child attachment

Adults' states of mind with respect to attachment are hypothesized to influence parenting by contributing to the parent's interpretations of and responses to the child's needs.[30] A secure parent is expected to be open to the full range of his or her child's needs and to respond in a way that establishes the parent as a "secure base" from which the child can explore.[37] The strategies of insecure parents, however, forecast distortion and misrepre-

sentation of their children's needs and selective responsiveness to their children's various bids. The dismissing parent is expected to downplay, negate, and/or reject the child's bids for closeness. In so doing, the dismissing parent reduces the child's comfort-seeking behaviors and minimizes the activation of the parent's own attachment feelings.[38] By definition, the preoccupied parent's self-involvement prevents him or her from responding sensitively to the child's bids for both attention and independence. This particular pattern of insensitivity escalates the child's comfort-seeking behavior (ie, maximizes child's focus on the parent[39]) and preserves the preoccupied adult's fixation on his or her own attachment needs.

For the insecure/unresolved parent, lingering trauma may contribute to feelings of being overwhelmed or frightened. These feelings in turn contribute to the parent appearing frightened and/or frightening to the child, both of which instill fear in the child.[36,40,41] Unresolved parents may frighten their children via direct assaults, as in the case of maltreating parents, or by being frightened. The unresolved classification has in fact been found to co-occur with psychiatric diagnosis such that adults diagnosed with depression, anxiety, or borderline personality disorders are more likely to be classified as unresolved than are non–mentally ill adults.[41]

In sum, the parent's state of mind with respect to attachment is thought to prescribe as well as to perpetuate parenting behaviors. The parent's behaviors toward the child, in turn, directly affect the child's behaviors and, ultimately, the security of the child's attachment to the parent. Fig 1 depicts these links schematically.

There has been extensive research into the proposed associations among parental state of mind with respect to attachment, parenting behavior, and child attachment. The research supports the hypothesized direct links between state of mind, parenting, and child attachment. Specifically, a 1995 series of meta-analyses examining attachment data from approximately 850 parent-child dyads revealed a robust association between parents' states of mind with respect to attachment (AAI classifications) and their infants' attachment to them[42] (Fig 1, path a). A meta-analysis of attachment data from 400 dyads found a strong association between parents' AAI classifications and observations of their sensitive, warm, and supportive parenting behaviors[42] (Fig 1, path b). Another recent meta-analysis of over 4,000 infant-mother pairs indicated a moderately strong association between mothers' sensitive caregiving behaviors and their infants' attachment to them[43,44] (Fig 1, path c).

Although there is strong support for the proposed direct connections among parental state of mind with respect to attachment, parenting behavior, and child attachment, the hypothesis that parenting behavior mediates the link between parental state of mind and child attachment is not

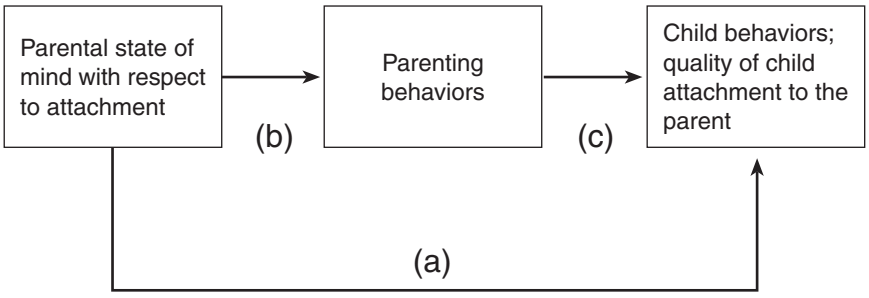

Fig 1. Proposed associations between parental state of mind with respect to attachment, parenting behaviors, and quality of child attachment to the parent.

well supported. In the 1995 meta-analysis, van IJzendoorn[42] statistically tested this mediated path (Fig 1 as a whole). Surprisingly, parenting behavior accounted for a relatively small proportion of the association between adult and child attachment security. The data did not support the model whereby parenting behaviors serve as the linking mechanism between parents' state of mind with respect to attachment and their children's attachment to them. This "transmission gap" emerged again in a recent study of 60 dyads: the direct link between parental state of mind and child attachment was stronger than the mediated link that included parenting behaviors.[45] Thus, whereas the direct links among parental state of mind with respect to attachment, parenting behavior, and child attachment seem evident, the mechanisms underlying these links are not clear. It may be that the theory is incorrect and that parenting behaviors do not constitute the principal linking mechanisms between parents' states of mind and their children's attachment to them. Or, it may be that researchers need to refine their measurement of parenting, a complex and dynamic process that may not be adequately captured by existing measures. Researchers[46,47] are currently examining new dimensions of parenting behaviors that may help explain or reduce the transmission gap. We speculate that as the relevant methodologies are refined, and as researchers rely increasingly on standardized, comprehensive measures of parenting behaviors, stronger support for the mediated path will emerge. In the meantime, the data on the model that do exist support considering its implications for enhancing early child-parent relationships. Furthermore, evaluations of interventions based on the mediated model can help to test this model and further refine the theory.

IMPLICATIONS OF ADULT ATTACHMENT THEORY AND RESEARCH FOR ENHANCING EARLY CHILD-PARENT RELATIONSHIPS

John Bowlby was a psychiatrist by training who, although best known as the originator of attachment theory, was ever mindful of the implications of his theory for psychotherapy with children, parents, and families. Late in his career, after completing the three-volume opus delineating attachment theory,[12–14] Bowlby published *A Secure Base,*[48] a collection of lectures assembled to introduce clinicians to attachment theory and research. This slim volume overflows with suggestions for how attachment theory and research can be brought to bear on child and family disorders.

Foremost among Bowlby's suggestions are the following two. First, the principal role of the therapist is to serve as a "secure base" from which the client can explore his or her internal working models and behaviors. Second, the most important topics to be explored are the client's early family relationships, current close relationships, and the links between the two. According to Bowlby, "As a rule, information from the two sources is recovered as a chain in which information from the present . . . alternates with information from the past, with each link leading on to the next."[48(p71)] It is especially by raising individuals' awareness of their own working models and of the influence of these models on current behavior that tenacious, ineffectual patterns can be reversed. According to Bowlby, the therapist must help the client understand the connections between early and later relationships and the extent to which strategies developed in early relationships facilitate or undermine the achievement of current relationship goals. Only then can the client begin to modify behaviors, strategies, and, ultimately, working models to "change her mind."[49,50] Clients' insights into their own histories, especially their most painful moments, are most likely to emerge in the context of a supportive therapeutic relationship in which the therapist provides empathy and support while gathering as much information as possible about the client's early family experiences.

Although trained as a psychoanalyst, Bowlby broke from the traditional tenets of psychoanalysis in several ways. A key point of departure was his belief that current functioning is based on the powerful influences of people's real-life experi-

ences as opposed to fantasies derived from sexual and aggressive drives.[51,52] Yet Bowlby did incorporate much of Freud's thinking into his own work, which also overlapped considerably with Bowlby's contemporaries working in the tradition of object relations theory. (See Fonagy[51] for a full discussion of attachment theory's similarities to and differences from object relations theory.)

Bowlby's work also overlapped with the concurrently emerging field of infant-parent psychotherapy led by Selma Fraiberg.[53,54] According to Fraiberg, "we examine with the parents the past and the present in order to free them and their baby from old 'ghosts' that have invaded the nursery. . . . [w]e must make meaningful links between the past and the present through interpretation that will lead to insight."[53(p61)] More recently, several scholar/practitioners have sought to integrate Bowlby's and Fraiberg's approaches. Lieberman, in particular, has argued convincingly that in working with parents of infants, the therapist must serve not only as a secure base but also as a model of empathic and supportive behavior.[55,56] According to Lieberman in the therapist's care, "parents learn, often for the first time, ways of relating that are characterized by mutuality and caring. . . . Because of its power to change negative expectations and create a new and more trusting experience . . . the therapeutic relationship can be regarded as a *corrective attachment experience* [emphasis added]."[18(p558)] (See elsewhere[55–58] for further discussion.)

Thus, a consideration of the adult attachment theory and research, of Bowlby's explicit suggestions for clinicians, and of the related infant mental health work suggests that enhancing early child-parent relationships will be most likely to occur within an empathic and supportive relationship between the therapist and the parent in which the therapist models the types of behaviors that he or she is encouraging in the parent. The therapist's and the parent's active probing of past and current close relationships—their careful examination of the real-life interactions that Bowlby so emphasized—provides the building blocks of therapeutic work. From this perspective, the two principal therapeutic tasks in interventions designed to enhance child-parent relationships consist of (1) helping parents identify their children's needs and parent's own responses to these needs and (2) helping parents gain insight into how their states of mind with respect to attachment influence their parenting behaviors and, thus, their children's development. The therapist can help the parent understand how his or her own behaviors can satisfy as well as thwart the child's needs. Furthermore, the therapist can help the parent consider the roots of any unsupportive behaviors and the extent to which these behaviors arise from the parent's own defensive tendencies (ie, minimizing and maximizing strategies) and unresolved trauma. Armed with greater understanding and supported by the therapist's continual encouragement, the parent can test new parenting behaviors and eventually can begin to modify ineffectual working models.

It should prove especially useful to parents to understand the key concept within attachment theory of the parent serving as a secure base from which the child can explore.[37] Parents' principal, complementary tasks are then defined as providing care and nurturance in response to the child's comfort-seeking behavior and as facilitating independent forays in response to the child's exploratory bids. When a child needs closeness and comfort from the parent, especially in times of distress, the task of the parent is to accept and acknowledge the child's distress, comfort the child until he or she feels better, and help the child return to play (exploration). When a child demonstrates interest in exploring and mastering the environment, the task of the parent is to facilitate this exploration by letting the child go, helping only when necessary, and celebrating the child's independent accomplishments. (See Cooper et al[59] for an attachment-based early intervention program that exemplifies this approach.) According to attachment theory, it is in fact the parent's balancing of the provision of a safe haven (to which to return) with the provision of a secure base from which to

explore *according to the child's needs* that most directly fosters the child's feelings of security. Parents in each of the three insecure groups can be viewed as out of balance with respect to this task. An insecure/dismissing parent can be viewed as imbalanced in terms of overemphasizing the child's need to explore independently and the parent's role in promoting this independence. An insecure/preoccupied parent, conversely, can be viewed as imbalanced in terms of overemphasizing the child's need for comfort and closeness and the parent's role in soothing the child. Although an unresolved parent may be imbalanced in neither or both of these ways, in either instance, the parent's frightened and/or frightening behaviors undermine his or her ability to serve as either a secure base or a safe haven on a consistent basis.

In addition to these general guidelines, the theory and research concerning adult attachment can provide specific suggestions for identifying each of the three insecure attachment patterns in both parents and children and for intervening in child-parent relationships characterized by these patterns. A word of warning is necessary before specific suggestions are described. Although they are specific, these suggestions should not be taken as recipes. Many troubled parents and children will not fall neatly into one of the three insecure attachment patterns and, even when they do, many other variables could influence treatment. Rather, it is hoped that mental health practitioners working with young children and their families might view the implications drawn here simply as a framework or set of ideas that can inform necessarily complex and dynamic treatments.

Identifying and intervening with insecure/dismissing parents and their children

As described earlier, the strategy of the dismissing parent is to minimize the activation and deployment of attachment behaviors.[30,38] This parent is likely to describe past and current relationships in highly positive terms, emphasizing the family's strength and normalcy. This parent may describe the child as a "good" child who is strong, smart, independent, and obedient and thus has a "great" relationship with the parent. A dismissing parent will, however, encourage the child's exploration, competence, and independence at the cost of dyadic closeness, connection, and the provision of empathy and comfort, especially in times of distress. Dyadic interactions are likely to have an impersonal or cold feeling. The parent may be observed to rebuff the child's advances, brushing them off as babyish and unnecessary. In response to the child's distress, the parent is likely to emphasize keeping a "stiff upper lip" (eg, "It's okay," "You're alright," "Don't cry, now," "Shake it off, kiddo").[33] Rather than offering comfort or closeness, the parent may offer a child a toy. The parent also may be "encouraging" of the child's independence to the point of being highly overstimulating, directive, and controlling of the child's play. The parent also may be a strict disciplinarian.

The child of a dismissing parent is likely to distort his or her own expressiveness to cooperate with the parent's implicit and explicit minimizing strategy (ie, the child develops his or her own minimizing strategy). This child may be observed to be emotionally contained and impassive, precociously autonomous and self-sufficient, and extremely polite toward the parent. The child also may seem indifferent about separating from the parent. Socially, this child may be considered a "loner"; he or she also may be hostile and aggressive toward peers.[60]

Intervention with a dismissing parent involves focusing on the parent's understanding of and responsiveness to the child's attachment needs. The child's expressions of distress or bids for help should be emphasized not as signs of weakness and immaturity, or as signals of anger or dislike of the parent, but as genuine and normal expressions of pain, discomfort, and uncertainty that are resolvable with parental help and care. An unusually independent child, moreover, might be one who is actually masking his or her needs and not functioning as healthily as the dismissing parent might think. The therapist can help the dismissing parent consider ways in which he or she might be minimizing or diverting the child's attachments needs. The therapist also can help the parent consider his

or her own needs to maintain an emotional distance from the child and the extent to which the child's attachment needs might be especially challenging and threatening to the parent.

Once the parent has greater insight into the child's needs and into his or her own strategies concerning these needs, the therapist can suggest specific ways for the parent to recognize and manage interactions with the child that arouse the parent's anxieties, such as those in which the child is especially vulnerable and upset. Simultaneously, the therapist can work with the parent on being more emotionally available to the child, especially in times of distress and uncertainty. The therapist also can help the parent allow the child to be more self-directed during play.

Identifying and intervening with insecure/preoccupied parents and their children

As described earlier, the strategy of the preoccupied parent is to maximize both the activation and deployment of attachment behaviors.[30,39] This parent is likely to describe past and current relationships in unclear terms, perhaps alternating between highly positive and highly negative descriptions, both of which may seem exaggerated. The parent may describe the child as overly clingy and demanding, perhaps as a "handful."

Observations of child-parent interaction will likely reveal parenting behaviors that "encourage" the child's dependency. Dyadic interactions are likely to have a restless, tense, and highly emotional tone. Interactions may be characterized by heightened displays of affection, active conflict, or both. The parent may be observed to emphasize the child's attachment needs and vulnerabilities, even when the child is not expressing distress (eg, the smothering parent who, on leaving the child with a babysitter, says so many farewells that the parent elicits anxiety in a previously calm child). When the child does express distress, however, the parent may seem inept, "missing" the child's signals and responding in a delayed and/or insufficient manner that prolongs rather than decreases the child's upset. The parent also may be "encouraging" of dyadic closeness to the point of preventing, curtailing, or derailing the child's independent play. The parent also is likely to be a permissive or waffling disciplinarian.[39] The child may be observed to be emotionally immature and volatile. A preschool-aged (verbal) child may talk in "baby talk," tug at clothes or hair, and climb on the parent. The child also may appear inhibited and less likely than other children to explore actively and purposefully.[60]

Intervening with a preoccupied parent involves focusing on the parent's understanding of and responsiveness to the child's exploratory needs. The child's bids to explore or move away from the parent should be presented not as signs of rejection of the parent, but as signs of genuine and healthy interest in the external world. The therapist can help the preoccupied parent consider ways in which he or she might be infantilizing the child and/or interfering with the child's exploratory needs. The parent will need to gain insight into the link between active support for the child's autonomy and the child's increased comfort in the world, including the notion that the child's exploratory forays do not indicate an abandonment of family (ie, after the child goes off to explore, he or she will return). To do this, the parent will need to consider his or her own needs to keep the child close, as well as any anxieties about the child's independence.

With greater insight into the child's exploratory needs and strategies in response to these needs, the parent can begin to anticipate and manage parent-child interactions that provoke the parent's anxiety, such as those in which the child seeks to explore independently. The therapist also can work with the parent on ways to allow the child more freedom. At the same time, the therapist can work with the parent on responding fully and effectively to the child in times of distress and uncertainty so that the child can move quickly to independent exploration.

Identifying and intervening with insecure/unresolved parents and their children

Whereas dismissing and preoccupied parents' strategies (minimizing and maximizing) can be readily observed in parents' verbal descriptions and in a variety of parent-child interactions, the

often fleeting lapses in reasoning or discourse that characterize parents classified as unresolved are not as easily identified. What will be evident are themes of fear, protection, and relationship hierarchy. For example, unresolved parents may describe themselves as helpless to protect the child from threats and danger. Moreover, descriptions of caregiving have been observed to contain themes of inadequacy, helplessness, and losing control.[61] The unresolved parent may describe the child as "out of control" or as a "best friend" or caretaker to the parent (eg, "My little man takes care of his mom").

In interaction with the child, unresolved parents exhibit frightened and/or frightening behaviors, both of which can be extremely disruptive to their children, even in the context of generally balanced and supportive parenting behaviors. The parent may be verbally or physically abusive and may exhibit harsh punishment, rough handling, yelling, threats, or sudden and intense anger. This directly frightening behavior also may be intermingled with play. The parent may growl while nuzzling the child's neck, make sudden lunging "attacks" into the child, toss the child around excessively, or stalk the child. The parent also may express fear *of* the child in both facial expressions and overly timid behaviors. Play themes in which the parent "pretends" to be frightened of the child may dominate. The unresolved parent also may be so fearful as to completely abdicate parental authority, yielding to role-reversal and disorganization in the usual caregiving hierarchy.[62] This parent may assume a helpless, overwhelmed stance wherein he or she is meek, ineffectual, and at a loss for action.

In infancy, children of unresolved parents are usually disorganized, disoriented, and fearful.[63] By age 3, these children may be extremely controlling, having assumed the authority in the relationship abdicated by the parent. Children may be observed to be bossy, demanding, and controlling; to guide and structure child-parent interactions; or to alternate between these two patterns.[64]

Intervening with an unresolved parent involves focusing on themes of fear, protection, and relationship hierarchy. Helping the parent feel safe will be particularly important with parents suffering from unresolved loss or trauma. The therapist may need to help the parent reestablish his or her own physical and psychological safety, as well as to mourn the lack of it in the past. Helping the parent to ensure personal safety will increase the parent's capacity to serve as a safe haven for the child. Directly addressing the parent's unresolved loss or trauma to alleviate his or her fears (and, therefore, the child's fears) will be essential. Because parental timidity and fear of the child also are frightening to the child, assessment and treatment of the parent's fears of the child or of assuming authority also may be appropriate. (See Brazelton and Cramer[65] and Fraiberg[53] for further discussion of parental fears of the child.)

The therapist may need to emphasize the child's needs for both a safe haven and a secure base as well as the parent's importance to the child and power to satisfy his or her needs. The therapist also can help the parent understand what frightens a child, and how the parent's behavior may contribute to the child's fears. For instance, parents may not realize that threats, especially those about leaving or abandoning the child, can terrify a child.[48] The therapist can help the parent understand the extent to which worrying about the parent, protecting the parent, and structuring the relationship with the parent burden a young child who is typically highly aware of his or her (limited) capabilities. It also should prove useful for the parent to understand that a child's "problematic" behaviors may reflect the child's attempts to allay multiple fears.[66,67]

After helping the parent better understand the child's needs and the parent's strategies in response to these needs, the therapist can be helpful in a number of ways. First, if the therapist can help the parent remember and acknowledge feelings related to past loss or trauma, the parent should gain empathy for the child.[53] Second, the therapist and the parent can explore which contexts can increase the likelihood of the parent becoming frightening, frightened, or overwhelmed; can help the parent

anticipate these circumstances; and can help the parent consider other ways of behaving. Third, the therapist can help the parent explore the reasons that he or she has relinquished the caregiving role (eg, fear that firmness will lead to abuse, fear that "he won't like me if I don't let him have his way."). Fourth, the therapist can help the parent understand the connections among past experiences of trauma or loss, current representations, and behavior. Fifth, specific interventions aimed at correcting role reversal and helping the parent gain charge should prove helpful. (See, for instance, techniques used in structural family therapy[68]; see also Cassidy and Mohr[69] for further discussion of therapeutic interventions for parents with unresolved loss or trauma.)

Summary

In sum, the theory and research concerning adult attachment offer general guidelines as well as specific suggestions for enhancing early child-parent relationships. Of course, as discussed earlier, many clients will not fit cleanly into one of the three insecure attachment patterns. Frequently, people's behaviors and working models straddle patterns. There are elements of the dismissing pattern underlying the preoccupied pattern and vice versa (see Slade[21] for further discussion). It also is critical for therapists to consider the contexts in which parents exhibit the particular behaviors described here. For example, any and all instances of a parent telling a child to "shake it off" are not necessarily indices of a dismissing state of mind. These very words uttered by a preoccupied parent might in fact be taken as clear evidence of therapeutic progress. Furthermore, the usefulness of the various suggestions may vary with the age of the child and with the particular strengths and impairments of both the parent and the child. As Lieberman and colleagues recently noted,

> attachment categories are . . . useful ways of organizing information for research purposes rather than road maps for treatment, which need to be constructed jointly by the participants and therapist and . . . tailored to the unique characteristics of the infant and the parents. However, the behavioral patterns and representational themes . . . in attachment theory and research . . . enrich the vocabulary and clinical repertoire of infant-parent psychotherapy.[70(p476)]

Thus, perhaps the most useful way for adult attachment theory and research to inform practice with children and their parents is for clinicians to know the key theoretical concepts and major research findings and draw on this knowledge on an "as-needed" basis. The first next steps in more rigorously applying adult attachment theory and research to enhancing early child-parent relationships might be to make this body of work widely accessible to mental health practitioners and to incubate and evaluate attachment-based interventions.

To date, formally evaluated attachment-based intervention programs for enhancing early child-parent relationships have met with mixed success. A 1995 meta-analysis of 12 attachment-based intervention studies including almost 900 infant-mother pairs indicated a significant medium to strong effect of these interventions on maternal sensitivity and weak but significant effect of these interventions on infant-mother attachment.[71] Thus, on the whole, these interventions have been more effective in altering parental insensitivity than in changing the quality of the child's attachment per se. A second generation of attachment-based intervention programs reviewed by Lieberman and Zeanah[18] awaits empirical examination. Meanwhile, a recently developed group intervention program is especially promising for its highly theory-based and nonthreatening approach.[59] In the "Circle of Security" program, groups made up of a trained leader and six parents meet weekly for 20 consecutive weeks during which time the group leader intersperses the discussion of basic principles of attachment theory in user-friendly terms with group videotape review and examination of each parent's relationship with their child. Initially developed with Early Head Start and Head Start parents and their 1- to 4-year-old children, preliminary pre- and post-intervention assessments illustrate significant, positive changes in parenting behaviors.[59] Plans for empirically

evaluating the Circle of Security program are currently underway.

CONCLUSION

The theory and research concerning adult attachment offer general and specific suggestions for understanding and intervening in early child-parent relationships. According to this body of work, it is within new attachment relationships with empathic therapists that parents can gain understanding about their own states of mind with respect to attachment and the ways in which their states of mind influence their parenting behaviors and their children's development. Armed with this insight and fortified by their therapists' emotional support, parents can then begin to explore new working models and new ways of effectively fostering their child's security. The child's security in turn forecasts a host of positive socioemotional outcomes, especially vis-à-vis close relationships, including those with his or her own children.

REFERENCES

1. Barnet AB, Barnet RJ. *The Youngest Minds: Parenting and Genes in the Development of Intellect and Emotion*. New York: Simon & Schuster; 1998.
2. Bruer JT. *The Myth of the First Three Years: A New Understanding of Early Brain Development and Lifelong Learning*. New York: Free Press; 1999.
3. Danziger S, Waldfogel J, eds. *Securing the Future: Investing in Children from Birth to Adulthood*. New York: Russell Sage Foundation Press; 2000.
4. Eliot L. *What's Going on in There? How the Brain and Mind Develop in the First Five Years of Life*. New York: Random House; 2001.
5. Gopnik A, Meltzoff AN, Kuhl PK. *The Scientist in the Crib: Minds, Brains, and How Children Learn*. New York: William Morrow & Co; 1999.
6. National Research Council and Institute of Medicine. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academy Press; 2000.
7. Parker M, ed. Your child from birth to three. *Newsweek,* Spring/Summer 1997 [Special Issue].
8. Shonkoff JP, Meisels SJ, eds. *Handbook of Early Intervention*. 2nd ed. New York: Cambridge University Press; 2000.
9. Smith RM, ed. Your child birth to three. *Newsweek,* Fall/Winter 2000 [Special Issue].
10. US Dept of Health and Human Services, Administration on Children, Youth, and Families. *Building Their Futures: How Early Head Start Programs Are Enhancing the Lives of Infants and Toddlers in Low-Income Families*. Princeton, NJ: Mathematica Policy Research; 2001.
11. Ainsworth M, Blehar M, Waters E, Wall S. *Patterns of Attachment*. Hillsdale, NJ: Erlbaum; 1978.
12. Bowlby J. Attachment and loss: vol. 1. In: *Attachment*. New York: Basic Books; 1969/1982.
13. Bowlby J. Attachment and loss: vol. 2. In: *Separation*. New York: Basic Books; 1973.
14. Bowlby J. Attachment and loss: vol. 3. In: *Loss*. New York: Basic Books; 1980.
15. Cassidy J, Shaver PR, eds. *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford; 1999.
16. Belsky J, Nezworski T, eds. *Clinical Implications of Attachment*. Hillsdale, NJ: Erlbaum; 1988.
17. Byng-Hall J. Family and couple therapy: toward greater security. In: Cassidy J, Shaver PR, eds. *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford; 1999:625–645.
18. Lieberman AF, Zeanah CH. Contributions of attachment theory to infant-parent psychotherapy and other interventions with infants and young children. In: Cassidy J, Shaver PR, eds. *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford; 1999:555–574.
19. Marvin RS, Stewart RB. A family systems framework for the study of attachment. In: Greenberg MT, Cicchetti D, Cummings M, eds. *Attachment in the Preschool Years*. Chicago: University of Chicago Press; 1990:51–86.
20. Sable P. Attachment theory: application to clinical practice with adults. *Clin Soc Work J*. 1992;20:271–283.
21. Slade A. Attachment theory and research: implications for the theory and practice of individual psychotherapy with adults. In: Cassidy J, Shaver PR, eds. *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford; 1999:575–594.
22. Bowlby J. *The Making and Breaking of Affectional Bonds*. New York: Methuen; 1979.
23. Ainsworth MDS. Attachments beyond infancy. *Am Psychol*. 1989;44:709–716.

24. Ainsworth MDS. Some considerations regarding theory and assessment relevant to attachment beyond infancy. In: Greenberg MT, Cicchetti D, Cummings M, eds. *Attachment in the Preschool Years*. Chicago: University of Chicago Press; 1990:463–488.
25. Hesse E. The adult attachment interview: historical and current perspectives. In: Cassidy J, Shaver PR, eds. *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford; 1999:395–433.
26. Main M, Kaplan N, Cassidy J. Security in infancy, childhood, and adulthood: a move to the level of representation. In: Bretherton I, Waters E, eds. *Growing Points of Attachment Theory and Research*.1985:66–104. Monograph of the Society for Research in Child Development 50 (1–2, Serial No. 209).
27. Crowell JA, Fraley RC, Shaver PR. Measurement of individual differences in adolescent and adult attachment. In J. Cassidy & P.R. Shaver, eds., *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford; 1999:434–465.
28. Feeney JA. Adult romantic attachment and couple relationships. In J. Cassidy & P.R. Shaver, eds., *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford; 1999:355–377.
29. Hazan C, Shaver P. Romantic love conceptualized as an attachment process. *J Pers Soc Psychol*. 1987;52:511–524.
30. Main M. Cross-cultural studies of attachment organization: recent studies, changing methodologies, and the concept of conditional strategies. *Hum Dev*. 1990;33:48–61.
31. Berlin LJ, Cassidy J. Relations among relationships: contributions from attachment theory. In: Cassidy J, Shaver PR, eds. *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford; 1999:688–712.
32. Bretherton I, Munholland KA. Internal working models in attachment relationships: a construct revisited. In: Cassidy J, Shaver PR, eds. *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford; 1999:89–111.
33. Cassidy J. Emotion regulation: influences of attachment relationships. In: Fox N, ed. *Emotion Regulation: Biological and Behavioral Considerations*. 1994:228–249. Monographs of the Society for Research in Child Development, 59 (2–3, Serial No. 240).
34. Main M. Epilogue. Attachment theory: eighteen points with suggestions for future studies. In: Cassidy J, Shaver PR, eds. *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford; 1999:845–887.
35. George C, Kaplan N, Main M. *Adult Attachment Interview*. 2nd ed. Berkeley, CA: University of California at Berkeley; 1985. Unpublished manuscript.
36. Main M, Hesse E. Parents' unresolved traumatic experiences are related to infant disorganized attachment status: is frightened and/or frightening parental behavior the linking mechanism? In: Greenberg MT, Cicchetti D, Cummings EM, eds. *Attachment in the Preschool Years*. Chicago: University of Chicago Press; 1990:161–182.
37. Ainsworth MDS. The development of infant-mother interaction among the Ganda. In: Foss BM, ed. *Determinants of Infant Behavior*. New York: Wiley; 1963;2:67–112.
38. Cassidy J, Kobak RR. Avoidance and its relation to other defensive processes. In: Belsky J, Nezworski T, eds. *Clinical Implications of Attachment*. Hillsdale, NJ: Erlbaum; 1988:300–322.
39. Cassidy J, Berlin LJ. The insecure/ambivalent pattern of attachment: theory and research. *Child Dev*. 1994;65:971–991.
40. Lyons-Ruth K, Jacobvitz D. Attachment disorganization: unresolved loss, relational violence, and lapses in behavioral and attention strategies. In: Cassidy J, Shaver PR, eds. *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford Press; 1999:520–554.
41. van IJzendoorn MH, Schuengel C, Bakermans-Kranenburg MJ. Disorganized attachment in early childhood: meta-analysis of precursors, concomitants, and sequelae. *Dev Psychopathol*. 1999;11:225–250.
42. van IJzendoorn MH. Adult attachment representations, parental responsiveness, and infant attachment: a meta-analysis on the predictive validity of the adult attachment interview. *Psychol Bull*. 1995;117:387–403.
43. de Wolfe MS, van IJzendoorn MH. Sensitivity and attachment: a meta-analysis on parental antecedents of infant attachment. *Child Dev*. 1997;68:571–591.
44. Berlin LJ, Cassidy J. Parenting and attachment. In: Osofsky JD, Fitzgerald HE, eds. *The Handbook of Infant Mental Health, Vol. 3: Parenting and Childcare*. New York: Wiley; 2000:137–170.
45. Pederson DR, Gleason KE, Moran G, Bento S. Maternal attachment representations, maternal sensitivity, and the infant-mother attachment relationship. *Dev Psychol*. 1998;34:925–933.
46. Jaffe J, Beebe B, Feldstein S, Crown CL, Jasnow MD. Rhythms of dialogue in infancy. *Monogr Soc Res Child Dev*. 2001;66(2, Serial No. 265).
47. Slade A, Bernbach E, Grienenberger J, Levy D, Locker

A. Maternal reflective functioning and attachment: considering the transmission gap. Symposium presented at the Biennial Meeting of the Society for Research in Child Development; April 2001; Minneapolis, MN.
48. Bowlby J. *A Secure Base*. New York: Basic Books; 1988.
49. Vaughan SC. *The Talking Cure: The Science behind Psychotherapy*. New York: Putnam; 1997.
50. Schore A. *Affect Reputation and the Origin of the Self*. Hillsdale, NJ: Erlbaum; 1994.
51. Fonagy P. Psychoanalytic theory from the viewpoint of attachment theory and research. In: Cassidy J, Shaver PR, eds. *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford; 1999:595–624.
52. Slade A, Aber JL. Attachments, drives, and development: conflicts and convergences in theory. In: Barron J, Eagle M, Wolitzsky D, eds. *Interface of Psychoanalysis and Psychology*. Washington, DC: American Psychological Association; 1992:154–186.
53. Fraiberg S. *Clinical Studies in Infant Mental Health*. New York: Basic Books; 1980.
54. Fraiberg S, Adelson E, Shapiro V. Ghosts in the nursery: a psychoanalytic approach to impaired infant-mother relationships. *J Am Acad Child Psychiatry*. 1975;14:1387–1422.
55. Lieberman AF. Attachment theory and infant-parent psychotherapy: some conceptual, clinical and research issues. In: Cicchetti D, Toth S, eds. *Rochester Symposium on Developmental Psychopathology: Vol. 3. Models and Integrations*. Hillsdale, NJ: Erlbaum; 1991:261–288.
56. Lieberman AF, Pawl JH. Infant-parent psychotherapy. In: Zeanah CH, ed. *Handbook of Infant Mental Health*. New York: Guilford Press; 1993:427–442.
57. Stern DN. *The Motherhood Constellation: A Unified View of Parent-Infant Psychotherapy*. New York: Basic Books; 1995.
58. Stern-Bruschweiler N, Stern DN. A model for conceptualizing the role of the mother's representational world in various mother-infant therapies. *Inf Ment Health J*. 1989;10:142–156.
59. Cooper G, Hoffman K, Marvin RS, Powell B. The circle of security: enhancing attachment in at-risk families. Paper presented at the National Head Start Research Conference; June 2000; Washington, DC.
60. Thompson RA. Early attachment and later behavior. In: Cassidy J, Shaver PR, eds. *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford; 1999:265–286.
61. Solomon J, George C. The place of disorganization in attachment theory: linking classic observations with contemporary findings. In: Solomon J, George C, eds. *Attachment Disorganization*. New York: Guilford; 1999:3–32.
62. George C, Solomon J. Attachment and caregiving: The caregiving behavioral system. In J Cassidy & PR Shaver, *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford; 1999:649–670.
63. Main M, Solomon J. Discovery of a new, insecure-disorganized/disoriented attachment pattern. In TB Brazelton & M Yogman, eds., *Affective Development in Infancy*. Norwood, NJ: Ablex; 1986:95-124.
64. Cassidy J, Marvin RS. *Attachment Organization in Preschool Children: Coding Guidelines*. 4th ed. Seattle, WA: MacArthur Working Group on Attachment; 1992. Unpublished manuscript.
65. Brazelton TB, Cramer BG. *The Earliest Relationship: Parents, Infants, and the Drama of Early Attachment*. New York: Addison-Wesley; 1990.
66. Lieberman AF, Pawl JH. Disorders of attachment and secure base behavior in the second year of life: conceptual issues and clinical intervention. In: Greenberg MT, Cicchetti D, Cummings EM, eds. *Attachment in the Preschool Years*. Chicago: University of Chicago Press; 1990:375–398.
67. Perry BD. The memories of states: how the brain stores and retrieves traumatic experience. In: Goodwin J, Attias R, eds. *Splintered Reflections: Images of the Body in Trauma*. New York: Basic Books; 1999:9–38.
68. Minuchin S. *Families and Family Therapy*. Cambridge, MA: Harvard University Press; 1974.
69. Cassidy J, Mohr JJ. Unsolvable fear, trauma, and psychopathology: theory, research, and clinical considerations related to disorganized attachment across the lifespan. *Clin Psychol*. In press.
70. Lieberman AF, Silverman R, Pawl JH. Infant-parent psychotherapy. In: Zeanah CH, ed. *Handbook of Infant Mental Health*. 2nd ed. New York: Guilford Press; 2000:472–484.
71. van IJzendoorn MH, Juffer F, Duyvesteyn MGC. Breaking the intergenerational cycle of insecure attachment: A review of the effects of attachment-based interventions on maternal sensitivity and infant security. *Journal of Child Psychology and Psychiatry*. 1995;20:225–248.