

Attachment

Now the words had all been spoken, and somehow the feeling still wasn't right,
And still we continued on through the night.
Tracing our steps from the beginning, until they vanished into the air,
Trying to understand how our lives had brought us there.
Looking hard into your eyes, there was nobody I'd ever known,
Such an empty surprise, to feel so alone.

(Jackson Browne, 1974, Late for Sky)

Love. It makes the world go 'round. It is a source of pain and a cause for joy. Love feeds the highest highs and the lowest lows of our emotional experiences. But where does it come from? Why do we feel what we feel, do what we do in the name of love? Why must we love? Why are we attracted to only certain other persons? And why are some seemingly capable of productive and rewarding relationships, while others appear destined only to pain and disappointment? These questions have occupied the greatest philosophers, poets, playwrights, and artists of our time. And they are questions which a consideration of attachment can shed some light upon.

An attachment is a discriminating and specific affectionate relationship that is formed between one person and another. The behavioral marker of an attachment relationship is a striving to achieve and maintain physical closeness to the relationship partner. In more common terms, then, an attachment is a love relationship, and such relationships may occur between people of all ages. But from a scientific or psychological perspective, consideration of attachments began with an interest in the nature and potential importance of the very first such relationship each of us forms--that between the infant and primary caregiver, who traditionally and historically has been the mother. As this first relationship was studied and better understood, its importance for development beyond infancy became apparent, and with this came attention to

a full variety of attachment relationships, including those between older children and their parents, and between adults, as in marriage. And what this work has revealed is that Sigmund Freud really did know what he was talking about when he suggested that the mother, as the first person the infant loves, is “unique, without parallel, established unalterably for a whole lifetime as the first and strongest love-object and as the prototype of all later love-relations” (Freud, An Outline of Psychoanalysis, 1949/1969, p. 70). For what the research has taught us is not only how attachment relationships develop between infants and caregivers, but also that the nature of these relationships will have significant implications for development throughout a lifetime. That what the young child learns from mother about his capacity for being loved and loving, the likelihood of having his most basic and most intense desires met, the value of expressing his feelings and voicing his needs—all of this and more will be carried forward to impact the close relationships he will experience beyond infancy.

People speak of love, don't know what they're thinking of,
Reach out to each other through the push and shove,
Speak in terms of a life and the learning,
Try to think of a word for the burning.
You keep it up, you try so hard,
To keep a life from coming apart...
And never know the shallows and the unseen reefs
That are there from the start, in the shape of a heart.

(Jackson Browne, 1986, In the Shape of a Heart)

This entry in the Encyclopedia of Human Emotions will present an explanation of attachment that is organized around important elements of attachment theory as delineated by John Bowlby, Mary Ainsworth, Inge Bretherton, and others. It will be the goal of the presentation to consider attachment as it is relevant to all developmental stages, and in so doing attempt to explain the central role of attachments in the lives of humans. Toward this end, the

general questions of how and why attachments develop will be considered first in a brief overview of the theory. This will be followed by a more general consideration of attachment on the basis of three propositions central to attachment theory.

Attachment Theory: A Brief Overview

Two of the major issues addressed by attachment theorists concern why and how attachment relationships develop. Both are important to a full consideration of attachment.

Why do attachments develop? At a general level, attachment theory describes the development of the infant-mother relationship as a species-characteristic phenomenon that promotes the protection, survival, and felt-security of the infant who, though helpless in terms of assuring its own survival, is nevertheless endowed from birth with a repertoire of instinctive behaviors (e.g., sucking, clinging, gazing, crying) believed to contribute to the development of attachments. Reciprocally, adults are predisposed to respond to these attachment behaviors by initiating and/or maintaining closeness to the infant, providing necessary care, and thereby promoting the infant's safety and survival.

All of this is to say that infants develop relationships with a caregiver because they must. It is a matter of survival, a matter of connecting with another person—physically and emotionally—on the way to becoming the kind of social creature that defines our very humanness. The inborn need for such a relationship is as strong as, or perhaps stronger than the need for food and shelter. There is a long and tragic history of infants deprived of social and emotional contact with a caregiver suffering serious mental and physical retardation, and even death, despite having their needs for food and shelter met. We also know that infants who are neglected and/or seriously physically abused by their caregivers nevertheless will become attached to these caregivers. The

inborn drive to develop this intimate relationship is that strong. The human infant is ready, able, willing, eager, and even desperate to become attached to someone, and given even the slightest opportunity of consistent contact with another, will do so. (Though this is to say nothing, of course, of the particular nature of the relationship that might result from any of the extreme scenarios suggested.) Attachments are not incidental occurrences. They are an absolutely essential ingredient of being human.

Every now and then the things I lean on lose their meaning,
And I find myself careening in the places where I should not let me go.
She has the power to go where no one else can find me,
Yes, and silently remind me of the happiness and good times that I know.
(James Taylor, 1993, Something in the Way She Moves)

How do attachments develop? So how do attachment relationships come about? The theoretical position regarding the process by which attachments develop recognizes that the very young infant's attachment behaviors are independently and indiscriminantly exhibited. That is, at the outset, behaviors are not coordinated in any sophisticated way and the infant doesn't 'care' about who might be on the receiving end of his/her various signals. Over time, however, infant behaviors become organized in more complex ways and, more importantly as concerns attachment, infants become more particular about the person or persons toward whom they prefer to direct these behaviors. In fact, it is only when the infant's attachment behaviors are integrated into a coherent behavioral-motivational system, and organized around a particular figure or figures who provide care, comfort, and safety, that the term attachment is properly applied. A somewhat detailed accounting of this process has been provided by attachment theorists' delineation of four phases through which the development of attachments proceeds.

In the "Initial Preattachment Phase" (birth-12 weeks), the young infant exhibits species-characteristic behaviors (e.g., visual orientation toward people, reaching, smiling) likely to evoke proximity to, and caretaking from, adults, but the infant does not effectively discriminate among these adults. The hallmark of the second phase, that of "Attachment in the Making" (12 weeks-6 months), is the infant's ability to discriminate between familiar and unfamiliar figures. Also during this period, the infant typically demonstrates a preference for a particular figure, typically mother, by being more likely to direct attachment behaviors (such as smiles) toward her and appearing more content when mother is the person responding to those behaviors. Additionally, it is believed that during this second stage, the infant begins to develop a sense of those aspects of interaction with the attachment figure which he experiences as consistent across interaction episodes. During phase three, the "Phase of Clear-Cut Attachment" (7 mos-3 years), the child becomes much more active in promoting and maintaining proximity to, and contact with, the preferred attachment figure, while also becoming more active in exploring the environment. Perhaps most important, however, is that the behavior of the infant becomes organized on a goal-corrected basis, which is to say that the infant's behaviors toward mother may now be viewed as directed by specific plans for the purpose of accomplishing particular attachment-oriented goals. For example, whereas the younger infant might cry when frightened and mother might respond by picking up and comforting her infant, the infant in phase 3 might respond to fear by crawling toward mother and clambering up into her lap with the intention of seeking comfort. The onset of such goal-directed attachment behaviors (typically 6-9 months) may be viewed as an appropriate criterion for the onset of attachment. Finally, in the fourth phase, that of a "Goal-Corrected Partnership" (beyond 3 years), the attachment relationship takes on a more mature

quality as the child becomes capable of viewing things from the caregiver's point of view. With this comes the ability to infer the feelings, motives, and plans that might influence the caregiver's behaviors, along with the capacity for a more complex, reciprocal partnership. It is during this phase, for example, that the child would be capable of adapting his plans to accommodate mother, causing mother to accommodate her plans to him, or bringing about a compromise. Not surprisingly, it is these fairly sophisticated characteristics of attachment relationships which Bowlby posited as relevant to an understanding of attachments beyond childhood.

I think it's because I'm clumsy; I try not to talk too loud.
Maybe it's because I'm crazy; I try not to act too proud.
They only hit until you cry, and after that you don't ask why.
You just don't argue anymore, you just don't argue anymore.
(Suzanne Vega, 1987, Luka)

Three Central Propositions

Having provided a brief overview of some general notions of attachment theory, three specific theoretical propositions related to the development of attachment relationships provide a framework for the remainder of this entry. These propositions will be considered in some depth, with discussion of each informed by the attachment research literature.

Proposition one: Interaction and attachment quality. On the basis of Ainsworth's early empirical demonstrations of variation in attachment quality across mother-infant pairs, it became necessary for the theory to explain why attachment relationships differ from one dyad to another. Accordingly, the first proposition to be considered here holds that attachment relationships develop in the context of, and thus are directly influenced by, interactions between mother and infant during the first year of life. Individual infant-mother pairs thus are expected to develop attachments that are distinctive given that these relationships grow out of the idiosyncratic

patterns of behavioral exchange that have evolved within the dyad over time.

Identified as a most important element of interaction between infant and mother (or primary caregiver) is sensitivity, the ability of the caregiver to attend to, accurately interpret, and respond in a prompt, appropriate, and consistent manner to infant's signals. When a hungry infant cries and mother immediately goes to her baby, picks him up, and speaks to him in a soothing tone as she begins to nurse him, she has behaved sensitively. When the young infant vocalizes and mother responds, enthusiastically, as if the vocalization had a particular meaning, this, too, is sensitive maternal behavior. And when this type of sensitivity characterizes interactions between a mother and her infant, it is likely the infant will develop a secure relationship with her. Such a relationship is born of the infant's confidence in mother's availability, and her ability to meet his/her needs in a prompt and rewarding manner. The infant learns to trust that mother will be there for him as his needs dictate, and that she can be counted on to do for him/her that which is most necessary and desired. In this process, the infant also develops the confidence necessary to move away from mother for the purpose of exploring the world, with full knowledge that safety is only as far away as the distance he puts between them. (This is the phenomenon which Ainsworth referred to as the secure base.)

You can say you love me and I'll believe that's true,
Trusting you is easy 'cause I believe in you.

(Beth Nielsen Chapman, 1990, All I Have)

Insensitive caregiving represents the flip side of sensitivity. And while there are many ways in which insensitivity may be manifested, at root it may be viewed as mother's tendency to ignore her infant's signals and/or respond to those signals in an inappropriate or untimely manner. Failing to respond, or talking angrily, to a crying infant; feeding an infant who is not

hungry; stimulating an infant who already is overstimulated as by throwing a crying baby into the air--all are examples of insensitive caregiving. When insensitivity characterizes interactions between mother and infant, it is likely that an insecure relationship will develop. In essence, insecure relationships are characterized by the infant's lack of confidence in, and trust regarding, mother's ability and willingness to successfully meet his needs. The insecurely attached infant thus has a tendency to fear moving away from mother for the sake of exploration, given his uncertainty that she will be either available or accessible should any need arise.

And it's getting easier each day to weep about you,
Harder every night to sleep without you.
How many years must I be
Driven by this dream of love with you?

(Dan Fogelberg, 1972, Stars)

Proposition two: Representational models. The second proposition central to attachment theory maintains that in the course of his development over the first year, and in the context of interactions with mother, the infant eventually comes to represent the attachment relationship in the form of an internal working model. This representational model is comprised of two components: a notion of the acceptability of self in the eyes of the attachment figure, and a complementary notion of the accessibility and emotional supportiveness of that figure. In addition, it is expected that once the infant is capable of the representation necessary to form an internal model of the relationship, his choice of behaviors in interaction with mother will be guided by this model (as discussed in the description of Phase Three, above).

In effect, then, this proposition posits a mechanism by which the child symbolizes generalizations drawn from his cumulative experiences in interaction with mother over the first year of life. This generalized 'record' of interactional history not only represents the child's

attachment relationship with mother, but also serves to guide the infant's behaviors as he draws upon previous experience in making decisions about how to act in any given situation. And research has supported these claims. In circumstances believed to heighten one-year-olds' attachment-relevant needs, securely attached infants have manifested their high levels of trust and confidence in mother in characteristic ways. These infants signal their needs to mother in an efficient and age-appropriate manner. For example, secure infants who are upset when their mother leaves them briefly tend to cry to signal their distress and, upon mother's return, move and reach toward her to signal their desire for contact. Secure infants also experience comfort as a product of their mothers' ministrations, calm quickly, and before long are comfortable leaving mother's side in order to explore their surroundings (secure base behavior). Insecure infants also behave in characteristic ways, which serve as exhibitions of their low levels of trust and confidence in their mothers. These infants often vigilantly monitor their mothers' location and activity at the expense of their exploration. They may signal their distress at mother's brief departure, and even approach mother upon her return, but insecure infants often fail to be comforted by mother despite her apparent attempts toward this end, and may become quite angry and hostile toward mother. In addition, some insecure infants fail to exhibit their distress in an outwardly observable manner, and/or exhibit a variety of disorganized behaviors with no logical motivation other than to avoid any greater discomfort than the given situation might arouse in them.

In essence, then, there is ample reason to believe, first, that infants' experiences in interaction with their mothers will influence the quality of the attachment relationship formed with her, and, second, that these experiences and the resulting relationship are represented within

the infant in the form of an internal working (representational) model with components related to both the self and the caregiver. Once this model has formed, the infant's behavior will become organized in accordance with it, which highlights the central importance to the child's development of his attachment model.

Proposition three: Generalized representational model. The third proposition from attachment theory, and perhaps the most important for considerations of attachment beyond infancy, holds that as the child grows older and moves into a broader social context, his model of his relationship with mother will be transformed into a generalized model of self in relation to all others. Furthermore, this generalized (and modifiable) representational model is expected to influence subsequent development through its impact upon the individual's selection of, behaviors in, and interpretations of, interactions with others. Here again, quite simply, the suggestion is that what is learned in the first and earliest intimate relationship between the infant and primary caregiver will serve as a template for all relationships to come. What sets this proposition apart from Freud's much earlier, similar contention, however, is its consideration of a mechanism by which the past is played out in the present or future. The individual of any age must make decisions about when, where, with whom, and how to behave. These decisions will influence not only the individual's behavior, but also, to some extent at least, the response of the environment to the individual. Finally, these responses and the entire interactional experience must be interpreted by the individual. Attachment theory suggests that all of this will be influenced by the representational model, thus again reinforcing the central role of the model in development, while at the same time providing some indication of the processes by which such models, to the extent they are reinforced by ongoing experiences, are likely to remain fairly stable

over time. At the same time, attachment theory recognizes that representational models are open to revision, such that experiences counter to the expectations which define a particular model could lead to changes—either minor or dramatic—in that model.

In the time we've known when we each are a part of one another,
We've lost as much as we have won.
And as our lives have grown, we have found that it only brings us pain,
To hang on to the things that we have done,
Still I love the times you've come.
When you went away taking all that I built my false road on,
I dropped my life and couldn't find the pieces.
Now you come and go, and it's hard but I feel my strength returning.
We'll see how far this new road reaches.
We'll see a little more each time you come.

(Jackson Browne, 1973, The Times You've Come)

It is with regard to this third proposition that the most diverse and largest body of research exists. For the purposes of this entry, a summary of the findings from these works will be presented in the form of a generalized characterization of development, at various stages, as a function of attachment quality. Prior to this, however, it is useful to mention a few things about the body of evidence. First, while the data are compelling, they are not perfect, which is to say that while the characterizations to be provided are convincingly supported by research, it also is apparent that exceptions to them exist. A second note pertains to two important personal characteristics, gender and ethnicity, which deserve attention in any consideration of development. Neither of these personal characteristics, in and of themselves, influences attachment in any known way. Neither boys nor girls are more or less likely to develop secure or insecure attachments, for example, and Hispanics are no more or less likely to be secure, or insecure, than are Caucasians, Blacks, or any other ethnic group.. To the extent, however, that

either of these factors might combine with culture, socioeconomic status, attitudes, etc., and in so doing influence parenting behavior, then of course they may be related, if indirectly, to the individual's experience of attachment. Researchers in Germany, for example, found that for a particular sample of mothers and babies, insecure attachments were more common than in an American sample of similar socioeconomic status. These researchers linked insecurity to maternal behavior, as is common, and attributed the high rate of insecurity to the cultural tendency of German mothers to foster independence and self-reliance in their infants. Thus, these German infants were more likely to be insecure than their American counterparts, but not because they were German per se; rather, it was as a result of the interactions they experienced, which were influenced by their nationality and culture, and their mothers' translations of these into their behaviors toward their infants.

Security, an outgrowth of sensitively responsive caregiving during infancy, has proven an optimal component of individual development. During toddlerhood (2-3 years of age), secure children are more autonomous, flexible, resourceful, cheerful, enthusiastic, capable of using their mothers to assist them without being overly dependent upon them, and cooperative despite their willingness to freely express and exert their independent will, than are their insecure agemates. As preschoolers, secure children, as compared to insecure counterparts, are more ego resilient and independent, have higher levels of self-esteem, more positive social skills, more friends, and more empathy toward their peers. Insecure preschoolers tend to be aggressive, victimized, unpredictable, disruptive, and unpopular in the eyes of their peers.

During middle childhood (7-12 years), differences between secure and insecure children are apparent largely in the context of social relationships. Secure children are very adept at

forming and maintaining close friendships characterized by mutual caring, respect, and, when necessary, effective conflict resolution. Insecure children have difficulties forming such friendships, and relationships with peers that are formed may be characterized by over-dependence and jealousy. Also during this stage, insecure children, particularly boys, tend to be characterized by a variety of problem behaviors such as hostility, noncompliance, hyperactivity, nervous habits, or unhappiness.

During adolescence, secure teens are capable of speaking coherently and thoughtfully about their close relationships, particularly those with their parents. As compared to their insecure counterparts, secure adolescents are better able to handle conflicts with their parents, more adept at transitioning to college, and more capable of finding an optimal balance between numerous and varied age-appropriate demands (e.g., coping with stress, studying, and enjoying themselves). Insecure teens are much more limited in their abilities to access and express their thoughts and/or feelings associated with close relationships, and tend to be more hostile, condescending, and/or anxious in interactions with peers than are secure adolescents.

Many facets of adulthood also are affected by attachment, including marriage, parenting, and even the experience of pregnancy. Marriage represents an important attachment relationship, and the steadily growing rate of divorce in our country serves as testament to the fact that not all marriages are successful. From an attachment perspective, a good marriage epitomizes all that is necessary and important in establishing healthy, mature relationships. For individuals who are secure in their sense of having been loved, and confident in their ability to both give and get love, there also is a confidence in seeking a partner who can and will fulfill their attachment needs. And indeed there is some evidence that secure adults tend to seek out and marry secure partners.

Additionally, such couples (secure-secure) are more satisfied with their marriages, and these relationships last longer than do marriages involving either one or both insecure partners.

During the time of which I speak, it was hard to turn the other cheek,
To the blows of insecurity,
Feeding the cancer of my intellect, the blood of love soon neglected,
Lay dying in the strength of its impurity.
Meanwhile our friends we thought were so together,
They've all gone and left each other in search of fairer weather.
And we sit here in our storm and drink a toast,
To the slim chance of love's recovery.

(Indigo Girls, 1989, Love's Recovery)

Consideration of pregnancy and parenting serves to demonstrate the importance both of being capable of relying on someone, and of having someone to rely on, as factors which contribute to successful coping in the face of immense demands. Women who display secure characteristics of being able to directly seek support and assistance from appropriate persons are likely to fare well during pregnancy, experiencing fewer complications during pregnancy, labor, and delivery. These women also are likely to have a satisfying relationship with their husbands, (as explained above) which itself serves as a primary source of support. Conversely, when women are not confident that support will be available to them, and thus have difficulty seeking such support or do so in a negative (e.g., aggressive, demanding) manner, emotional difficulties during pregnancy are more likely. It is not surprising based on this information that problems associated with insecurity would continue to show themselves beyond the birth of the child. Mothers who themselves are insecure and thus are likely to be in a marital relationship that is not viewed by them as satisfying, are likely to behave toward their infants in an insensitive manner, thus fostering an insecure attachment. Secure mothers, on the other hand, would be likely to enjoy a satisfying and supportive marital relationship, and to foster security with their infants via

their willingness and ability to meet infants' needs in a sensitively responsive manner.

Conclusion

In bringing this presentation full circle, that is, beginning and ending with the mother and her infant, the intention has been to emphasize the central role of attachment in development across the lifespan. When a person experiences early secure attachment, there is fostered in that individual a strong sense of being loved, ultimate confidence in their ability to give love in return, and the capacity for seeking and accepting the care and support of others as circumstances dictate. This confidence and belief in a secure base which characterize secure attachment appear to serve as necessary and sufficient building blocks for a wide assortment of developmental accomplishments which from any perspective must be viewed as optimal. In the absence of security and the certainty of love and attending faith in its attainability which accompany it, trust and confidence prove difficult. In their place lie uncertainty, self doubt, fear, anger, resentment, and almost assuredly, disappointment.

Change is possible, though experiences in the context of close relationships, and significant and repeated experiences at that, likely would be necessary to lead to alterations in an individual's model of attachment. Models gain momentum, and the longer they are strengthened by experiences which validate their core assumptions, the more resistant to change they are likely to become. Every one of us begins our lives striving for attachment. Initially, it is a matter of survival, but ultimately, it is a matter of how we will approach relationships for the rest of our lives. Our best bet, or so it appears, is security. This isn't our only chance for setting off on an optimal path through life, and getting off to a good start is no guarantee of continued success. Nevertheless, as birthrights go, secure attachment might serve us rather well.

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