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## **Difficulties in children's psychosociological functioning – the perspective of attachment theory**

It is widely said that the reason of children's difficulties in psychosociological functioning is family. One method of suggesting the reason of pathology development in family is Greenberg's four-factor model<sup>1</sup>. Author distinguishes four areas, which may contribute to development of difficulties in functioning. These are; children's characteristics (temperament, neurological functioning, biological susceptibility, hyperactivity, developmental disorders, etc.), the quality of attachment relation in the early childhood, the manner of parental caring and the "ecology" of family; resources of family, the support within the family and sociological support for family, family events and changes.

Above areas and intercorrelated factors concerning children, their parents or other carers, family relations or conditions of living in family and local environment, are potential source of adverse influences, what consequently may lead to difficulties in psychosociological functioning of children and their families.

However, many researches conducted through diverse perspectives; developmental, ecological, interactional, structural assumed that among various family factors the most relevant were children's relations with their close family<sup>2</sup> claim that the style of attachment developed in the family has an influence not only on the process of communication between spouses, but it also modifies patterns of self-exposure presented between people who stay in close relations<sup>3</sup>.

This remark is also shared by Bowlby and is very similar to his idea about the prototype of first attachment relationships, which determine development of strategy used in interpersonal communication process. It was revealed, however, that people with safe type of attachment

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<sup>1</sup> Greenberg, cyt za Senator, D. (2004) Więż emocjonalna -poszukiwanie siebie w relacji z drugą osobą (w) Kmita G. i Kaczmarek T. (red) Wczesna Interwencja: miejsce psychologa w opiece nad małym dzieckiem i jego rodziną, Zeszyty Sekcji Psychologii Klinicznej Dziecka PTP, Nr. 2, str. 15 i nast.

<sup>2</sup> Rola J. (2007) Charakter przywiązania a psychopatologia rozwoju dziecka w okresie późniejszym, Warszawa, APS.

<sup>3</sup> Mikulincer i Nachshon cyt. za Kuczyńska A. (1998) Zrozumieć człowieka w zdrowiu i chorobie (red.) Alicja Kuczyńska, 1998 - Prace Psychologiczne XLVIII Acta Uniyerwsitatis Wratislaviensis, No 2040, s. 191-197.

are characterized by higher level of self-exposure, they feel more comfortable in relations with others, are more flexible and more often reciprocate feelings. What is more, they have tendency to give others bigger feedback about themselves than those whose type of attachment is more avoidant and anxiety-ambivalent.<sup>4</sup> Similar regularities were observed during the time when investigations were made on the dependency between type of attachment developed in the early childhood, its later maintenance and the development of social competences of six years old children<sup>5</sup>.

Discussed factors are very similar to outcomes of researches made on causes of emotional disorders in mentally retarded people<sup>6</sup>.

The attachment theory is a concept of people's tendency to create strong relations with important others and a way of explaining different forms of emotional distress, personality disorders or disorders in social functioning, which consequence in disadvantageous relations with others<sup>7</sup>. Attachment, its source and consequences, which result from its existence or its lack are constant source of debates and topics of numerous researches. One of the greatest contributors for theory development is J. Bowlby<sup>8</sup>. According to J. Bowlby, the specificity of attachment behaviors is based on assumption that behaviors are directed towards close others, who are in role of parents. The attachment bonds last through lifespan. In the mature period new attachment bonds may be created, for instance, romantic relationship, though old one are still present and can not be easily abandoned.

Creating, maintaining and renewing attachment bonds are related with very intensive emotions<sup>9</sup>

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<sup>4</sup> Bowlby, J. (1973) Attachment and loss: Vol. 2. Separation: Anxiety and anger. New York: Basic Books, Bowlby, J. (1980). Attachment and loss: Vol. 3. Loss: Sadness and depression. New York: Basic Books.

<sup>5</sup> Main i Solomon cyt. za Rola J. (2007) Charakter przywiązania a psychopatologia rozwoju dziecka w okresie późniejszym, Projekt EFS, APS.

<sup>6</sup> Borzyszkowska H. (1997) Izolacja społeczna rodzin mających dziecko upośledzone umysłowo w stopniu lekkim, Gdańsk. Kostrzewski J. (1981) Problemy rzetelności i trafności polskiej adaptacji Skali Zachowania Przystosowawczego dla Dzieci Młodzieży i Dorosłych. „Zagadnienia Wychowawcze a Zdrowie Psychiczne” 1981, nr 1. J. Rola (2007) Charakter przywiązania a psychopatologia rozwoju dziecka w okresie późniejszym, Projekt EFS, APS.

<sup>7</sup> Howe D.(1999) Understanding Attachment Theory ( in) Attachment Theory, Child Maltreatment, and Family Support; A Practice and Assessment Model, ed. Howe D., Brandon M., Hinings D., Schofield G. pub. Lawrence Erlbaum Associates, p. 12 and fool.

<sup>8</sup> Bowlby, J. (1969). Attachment and loss: Vol. 1. Attachment. New York: Basic Books, p. 368, Bowlby, J. (1973) Attachment and loss: Vol. 2. Separation: Anxiety and anger. New York: Basic Books, Bowlby, J. (1980). Attachment and loss: Vol. 3. Loss: Sadness and depression. New York: Basic Books.

<sup>9</sup> Hurlock E.B.(1985) Rozwój dziecka, Warszawa, s. 446 i nast., por. też. Wojciszke B., Człowiek wśród ludzi zarys psychologii społecznej, Warszawa 2002.

While conducting researches on attachment bonds Mary Ainsworth, a student of John Bowlby, found with her colleagues that attachment has many styles. Researchers claimed that in the process of creating the style of attachment, its quality is more meaningful than its level or intensity.

The quality of relations is understood as availability and sensitivity of mothers for needs signalized by their children. Regarding the level of mother's availability and sensitivity for children's needs M.Ainsworth discerned three basic style of attachment B,A, C<sup>10</sup>

However, the fourth style – D can be also distinguished. This style was later described by Main and Solomon<sup>11</sup>.

The first style safe B, is characterized by children's trust toward the subject of attachment; it is based on experience of availability and showing by the subject sensitivity in situations threatening the sense of comfort.

Anxiety-ambivalent style A is created due to experiencing uncertainty toward the subject of attachment; it develops "greater awareness", lowered level of security, strong fear of separation, and anger because of the lack of confidence of subject's availability.

Third style avoidant C, is created through experiencing inaccessibility of attachment subject, in the threatening situation, unfulfilled need, or because of the subject's insensitivity for needs which are signalized.

The experience of inaccessibility keep children's attachment system in active state and activates defensive mechanisms; consequently, children may avoid close contacts - the form of protection from hurt; children also give up fighting for object of attachment, but separation, particularly, may not necessarily develop negative emotions<sup>12</sup>.

Apart from three mentioned concepts of style the fourth one - disorganized attachment (D) is also often used. Outcomes of studies conducted by Main and Solomon<sup>13</sup> revealed that there was a certain group of children who manifested temporal disorganization in attachment relations. Some of them showed maladaptive reactions, adjustable behaviors regarding parents or carers return. Some other children manifested losing their bearings in social and family environment. Others revealed anxious reactions toward their parents.

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<sup>10</sup> Rholes W.S., Simpson J.A. (2003) Attachment theory, (in)Adult Attachment: Theory, Research, and Clinical Implications, ed. Simpson J.A. New York, p.3 and foll.

<sup>11</sup> Rola J. (2007) Charakter przywiązania a psychopatologia rozwoju dziecka w okresie późniejszym, Projekt EFS, APS, s.4

<sup>12</sup> Atkinson L., Goldberg S. (2004) Applications of Attachment; The Integration of Developmental and Clinical Traditions, (in) Goldberg S., Atkinson L. Attachment Issues in Psychopathology and Intervention, New Jersey, p. 5 and foll.

<sup>13</sup> Main i Solomon cyt. za Rola J. (2007) Charakter przywiązania a psychopatologia rozwoju dziecka w okresie późniejszym, Projekt EFS, APS, s.4.

Disorganized bond D discloses children who neither have purpose nor any intention in their actions. Behaviors are incomplete and moves are not smooth, but rather stereotypical. Children appeared to be confused and sometimes they freeze in one posture, they are disoriented and anxious about their parents.

Those children have difficulties in developing internally coherent working models. Children having this pattern of bonds are often badly treated by their parents. They withdraw from external world (thoughtful functioning) and limit their affections. D relation is considered to be a pathological bond, it may be a crucial factor for further growth of pathology of child's development<sup>14</sup>.

Process of children's social development is dependent on experiencing attachment. M. Ainsworth assumes that experiencing trustful bond B facilitates development of persons having positive self-esteem, being more self-efficient, sympathetic and socially skilled. These people cope with difficulties more effectively (e.g. frustration, changes of surrounding, postponing gratification). These people have better resilience, they are more autonomous and independent. Experiencing avoidant attachment A, however, may result in development of people who are more dependent on others, more anxious, less resilient on frustration and excessively alerted and cautious. Such persons may underestimate their ability, may have small both self-confidence and self-efficiency and also negative self-esteem.

Anxious-avoidant attachment C influences development of controlling people with low autonomy and low self-esteem. These people display anger when are frustrated, disappointed, anxious or hurt. What is more, they are more often frightened, alerted and have very low resilience.

Disorganized bond D causes development of people who are often angry and aggressive, particularly in situations which are very frustrating for them. People experiencing disorganized attachment show aggressive behaviors towards their peers and adults. During kindergarten period it can be a child being tyrannical and controlling. Those children by the time they grew up may have had problems with postponing gratification. Moreover, they are subject to develop personality disorders such as borderline<sup>15</sup>.

Disadvantageous attachment relations are part of emotional disorders, which begin in early childhood and last during the adolescence period till age of 18. According to ICD-10

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<sup>14</sup> Main i Solomon cyt. za Rola J. (2007) Charakter przywiązania a psychopatologia rozwoju dziecka w okresie późniejszym, Projekt EFS, APS, s.4 i nast.

<sup>15</sup> Sabo, A. N. (1997). Etiological significance of associations between childhood trauma and borderline personality disorder: Conceptual and clinical implications. *Journal of Personality Disorders* v. 11, p. 50–70.

classification<sup>16</sup>, example of such disadvantageous attachments are reactive attachment disorders characterized by timidity, excessive child's alertness, aggression and limitation of social interaction with peers. Children's social interactions are characterized by delay, ambivalence or oversensitivity. Those children react on their carers in changeable and unstable way: they oppose hugging, sometimes they may seek contact and then they avoid it. According to classification DSM-IV, equivalent disorders are reactive attachment disorders, delayed type<sup>17</sup>. Next category mentioned in classification ICD-10 are disorders of attachment selectivity. They are characterized by undifferentiated friendly behaviors. Those children have problems with establishing peer relationships, they often behave as if they want to be in the centre of attention. In difficult situations they expect support, comfort and consolation. Surprisingly, it does not make any difference whose help they would be provided from. Interactions with strangers are weakly modulated, whereas during the childhood period majority of interactions were clingy. In DSM-IV classification those disorders are described as "reactive attachment disorders, inhibited type"<sup>18</sup>. However, slightly different division of attachment disorders are used in diagnostic handbook DSM-III, where are described such disorders as excessive engagement, disengaged, abuser, bad/hostile, anxious/tense, mixed<sup>19</sup>. Zeanah, Mammen i Liebermann<sup>20</sup>, distinguished and described five different types of attachment disorders: Type I: nonattached attachment disorder. Child has no preferences towards chosen carer, even in threatening situations. Does not react on issues concerning separation. In the area of sociability children with nonattached attachment disorder treat everyone on the same level and in the same way. Type II: indiscriminate attachment disorder. These children keep themselves away from carers and do not come back to them (the phenomenon of "safe base" is here distorted). They are subject to appear in physically dangerous situations and they have also tendency to behave friendly towards strangers and to seek comfort and consolation in them. To more subtypes can also be distinguished: socially promiscuous and reckless, accident-prone/ risk-taking. Type III: inhibited attachment disorder. Children are reluctant to close relations, to be stroked in new situations, especially in

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<sup>16</sup> International Classification of Diseases (ICD- 10) 1994, World Health Organization.

<sup>17</sup> DSM IV, American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington.

<sup>18</sup> DSM IV, American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington.

<sup>19</sup> DSM III, American Psychiatric Association. (1980). Diagnostic and statistical manual of mental disorders Washington

<sup>20</sup> Zeanah, Mammen i Liebermann, cyt. Senator, D. (2004) Więż emocjonalna -poszukiwanie siebie w relacji z drugą osobą (w) Kmita G. i Kaczmarek T. (red) Wczesna Interwencja: miejsce psychologa w opiece nad małym dzieckiem i jego rodziną, Zeszyty Sekcji Psychologii Klinicznej Dziecka PTP, nr. 2, str. 15 i nast.

presence of strangers. They are actively avoiding interactions with new people. The range of emotions display is very limited. Their attitude is excessively alerted. Two subtypes are described; excessive clinging and compulsive compliance. Type IV : aggressive attachment disorder. These children definitely prefer their carer presence, who are very attached to, but seeking intimacy is frequently interrupted by outburst of anger and aggression. Anger is expressed in extreme way, not typical for standardized developmental norms in certain age. Moreover, some signs of timidity can also be present. Type V: role- reversed attachment disorder. In the first subtype roles of mother versus child are reversed and it is stable feature of relation. Children are not afraid to maintain the closeness with carers in new surroundings. In the second subtype children are very demanding, ruling, excessively mindful and caring or very controlling during interactions with carer. Children display a lot of interests in psychological well-being of their parents <sup>21</sup> .

Mechanism of developing difficulties in children psychosociological functioning is best interpreted within behavioral, psychoanalytic, ethological and cognitive attachment theory<sup>22</sup>. In explaining functioning difficulties of mentally retarded people very useful seems to have been also the cognitively-developmental conception.

In cognitively-developmental assumption the development of children' s cognitive structures during the process of creating attachment play crucial role, particularly the abilities of differentiating by children various features which are characteristic for his/her mother. Attachment bond is closer when children's cognitive abilities are more developed, for example stability understanding or developing the mental image of mother. The representation of attachment is present in developing attention, processing new information, it also forms cognitive availability <sup>23</sup>

Outcomes of the latest studies conducted by Spangler, Schore<sup>24</sup> show that during social interaction brain " is concentrated" on changing sequences of information and the history of experienced interactions are saved in forms of temporal or permanent changes in organization of brain neurons. When one participant of such interaction is a child his or her brain is subject

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<sup>21</sup> Zeanah, Mammen i Liebermann, cyt. Senator, D. (2004) Więż emocjonalna -poszukiwanie siebie w relacji z drugą osobą (w) Kmita G. i Kaczmarek T. (red) Wczesna Interwencja: miejsce psychologa w opiece nad małym dzieckiem i jego rodziną, Zeszyty Sekcji Psychologii Klinicznej Dziecka PTP, Nr. 2, str. 15 i nast., Senator, D. (2005) Wczesnodziecięca trauma relacyjna, Nowiny Psychologiczne Nr 1, s.5-24.

<sup>22</sup> Koput M, Koba A. ( 2007), Przywiązanie - korzenie życia społecznego, Psychologia.net.pl, <http://www.psychologia.net.pl/artukul.php?level=47>.

<sup>23</sup> Bretheron I. ( 1992) The origins of attachment theory; John Bowlby and Mary Ainsworth, Developmental Psychology, v.28, p.760 end foll.

<sup>24</sup> Spangler, Schore, cyt. za. Plopa M. ( 2005) Psychologia rodziny, Kraków, s.93 I nast.

to dynamic developmental changes and the nature of these changes may be a description of experienced social interactions.

M.Plopa following Spangerem and Schore described two types of processes by which environment may influence brain development;

1) process of experience-expectancy - in the case of typical information ( experiencing support and help in dangerous situations and returning to emotional balance after subject's of attachment intervened). The brain can develop "expectancy" when new synaptic bonds are created thus new nerve cells are joined together in the brain area responsible for such information. At his time, the process of bonds selection is active, repeating improves their survival, however the lack of such sequences ( e.g. in the case of avoiding attachment or ambivalent attachment) helps their atrophy. When individual differentiating of specific events cannot be predicted brain also cannot anticipate them.

2) process of dependence experiencing – is generated in new synaptic bonds in response for specific events, which individual is participating in. It is presumed that "face to face" interactions between adults and infants create fundamental context for postnatal system growing in prefrontal cortex.

Adults and infants engage in "face to face" games, where smiling and deep eye contact are possible, what is deeply related with infant's internal states and what specifically and directly, by neurotransmitters system, influence neurobiology of emotions regulation<sup>25</sup>.

Studies on attachment theory revealed that other factors causing disorders in psychosocial functioning may be difficulties in building by children models of emotional relations<sup>26</sup>. While building attachment relations children develop at the same time internal working models of: self, carer and the meaning of their relation<sup>27</sup>. IWM are dynamic representations, where information is kept, processed and restored ( concerning self, carers and the relation), for being able to predict and act effectively. IWM are built accordingly to available children's data ( from personal experience) and they cover every potential issue ( for better functioning in new situations). IWM must be internally coherent in order to fulfill heir function. They may be "actualized", but changes are slow and gradual. IWM create children's internal world

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<sup>25</sup> Plopa M. ( 2005) *Psychologia rodziny*, Kraków, s.93 i nast.

<sup>26</sup> Colins N.L.,Guichard A.C., Ford M.B., Feeney B.C.( 2006) *Working models of attachment (in)Adult Attachment: Theory, Research, and Clinical Implications*, ed. Rholes W.S, Simpson J.A. New York, p.196 and foll.

<sup>27</sup> Sherry A., Lyddon W.J, and Henson R.K. ( 2007) *Adult Attachment and Developmental Personality Styles: An Empirical Study Journal of Counseling & Development*, Vol. 85,p.342-343.

and are filled with emotions. Basic emotion of these model of meaning is joy. There are four stages of process of IWM development<sup>28</sup>.

Orientation and signals without differentiating chosen person ( 8-12 weeks), orientation and signals directed to one or more persons (6-8 months old), maintaining the closeness with chosen person ( till child is 2 years old), building partnership ( begins from age of three)<sup>29</sup>.

According to Greenberg<sup>30</sup>, attachment has a fundamental meaning for emotion regulation. In the early development this phenomena is observed on the level of neuronal organization ( link between amygdala and cerebral cortex)<sup>31</sup>. Changes in neural structures influence development of many mental disorders. Researches also revealed that in situation when both child and his/her carer are bonded with anxiety attachment then internal working models are similarly characterized by anger, anxiety, and lack of trust.

Those properties are characteristic for self-representation, which impact self-conception and self-esteem.

Self-image which is based on anxiety and aggression may cause behavior disorders.

Nevertheless, difficulties in psychosociological functioning might also be the effect of attachment behaviors, where child learned to use inappropriate forms of seeking safety and attention, for example, being disobedient or aggressive.

Conclusively, it can be stated that attachment influences social interaction and shapes children's development. Safe attachment is connected with disclosing advantageous features of social functioning, but wrong models of attachment are very likely to be a cause of difficulties in people social development<sup>32</sup>. Described interdependence requires, however, more analyses, particularly, when they concern mentally retarded people.

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<sup>28</sup> Vasta R.,Haith M.,Miller S.A.,( 1995) *Psychologia dziecka*, Warszawa, s.447 i nast.

<sup>29</sup> Colins N.L.,Guichard A.C., Ford M.B., Feeney B.C.( 2006) Working models of attachment (in)Adult Attachment: Theory, Research, and Clinical Implications, ed. Rholes W.S, Simpson J.A. New York, p.196 and foll. Bartholomew K. (1990) Avoidance of intimacy: An attachment perspective, *Journal of Social and Personal Relationships*, vol. 7, p.147–178.

<sup>30</sup> Senator, D. (2005) Wczesnodziecięca trauma relacyjna, *Nowiny Psychologiczne* Nr 1.

<sup>31</sup> Le Doux J. ( 2000) *Mózg emocjonalny*, Poznań.

<sup>32</sup> Murray C., Mark T. ( 2006) Examining the Importance of Social Relationships and Social Contexts in the Lives of Children With High-Incidence Disabilities, *Journal of Special Education*; v. 39 Issue 4, p.220-233.

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