

# Attachment Theory for Beginners

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*Humans are wired* to survive, at all costs.  
Children must attach to survive.

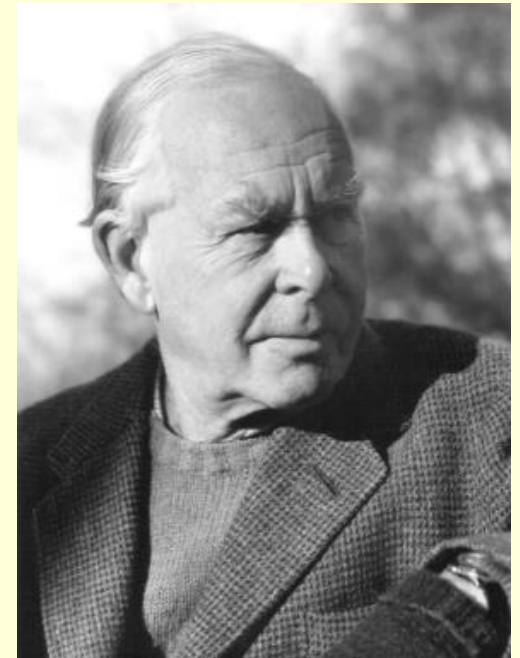
What is attachment?

“Attachment is the dyadic regulation of  
emotion” Sroufe 1996



# John Bowlby 1907-1990

- Attachment is the lasting psychological connectedness between human beings
- Early experiences in childhood have an important influence on development and behaviour later in life
- Our early attachment styles are established in childhood through the infant/caregiver relationship

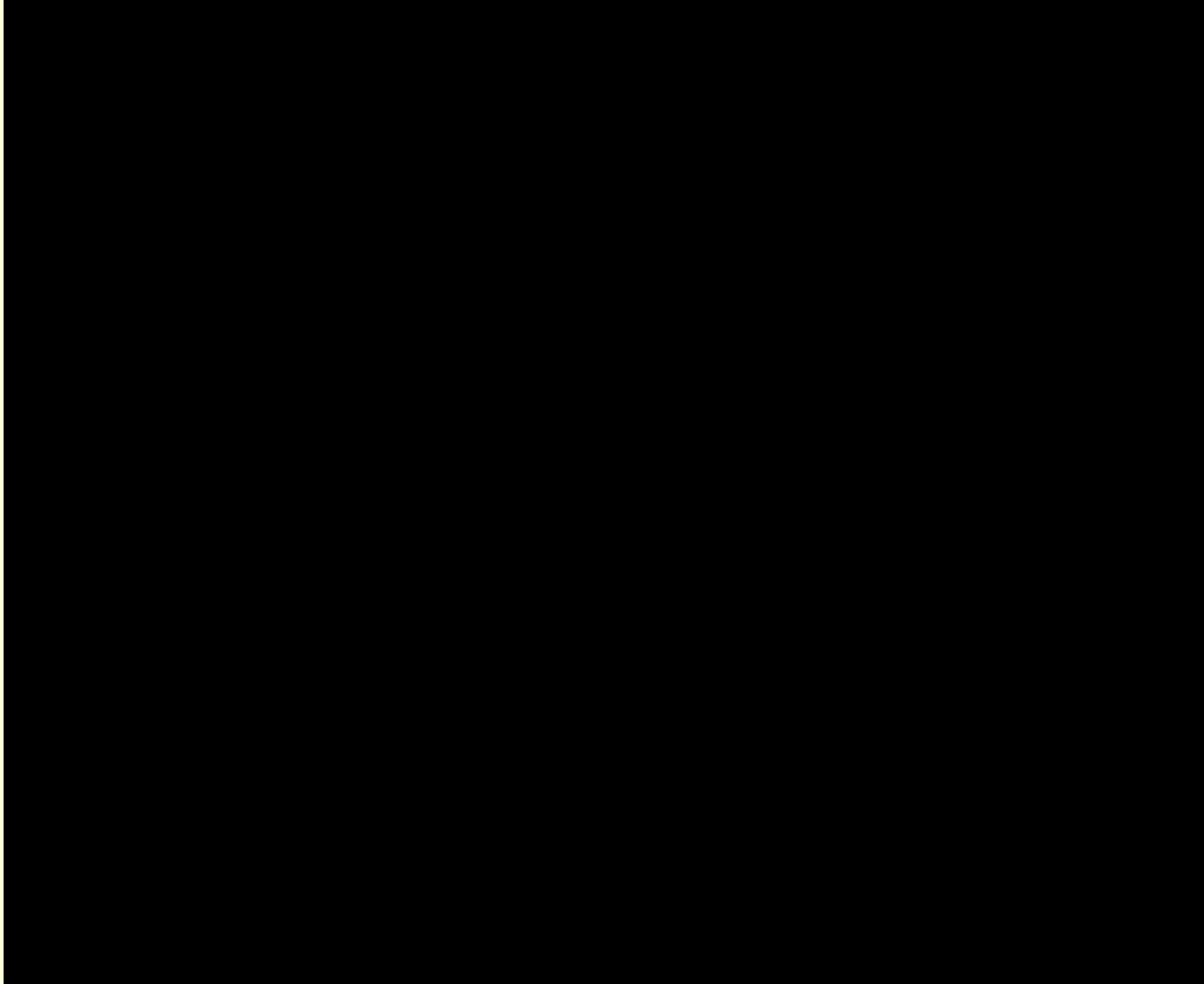


# Bowlby cont

- In addition to this, Bowlby believed that attachment had an evolutionary component; it aids in survival.
- “The propensity to make strong emotional bonds to particular individuals [is] a basic component of human nature “



Bowlby – a 2 year old goes to hospital



# John Bowlby 1969

## Characteristics of Attachment



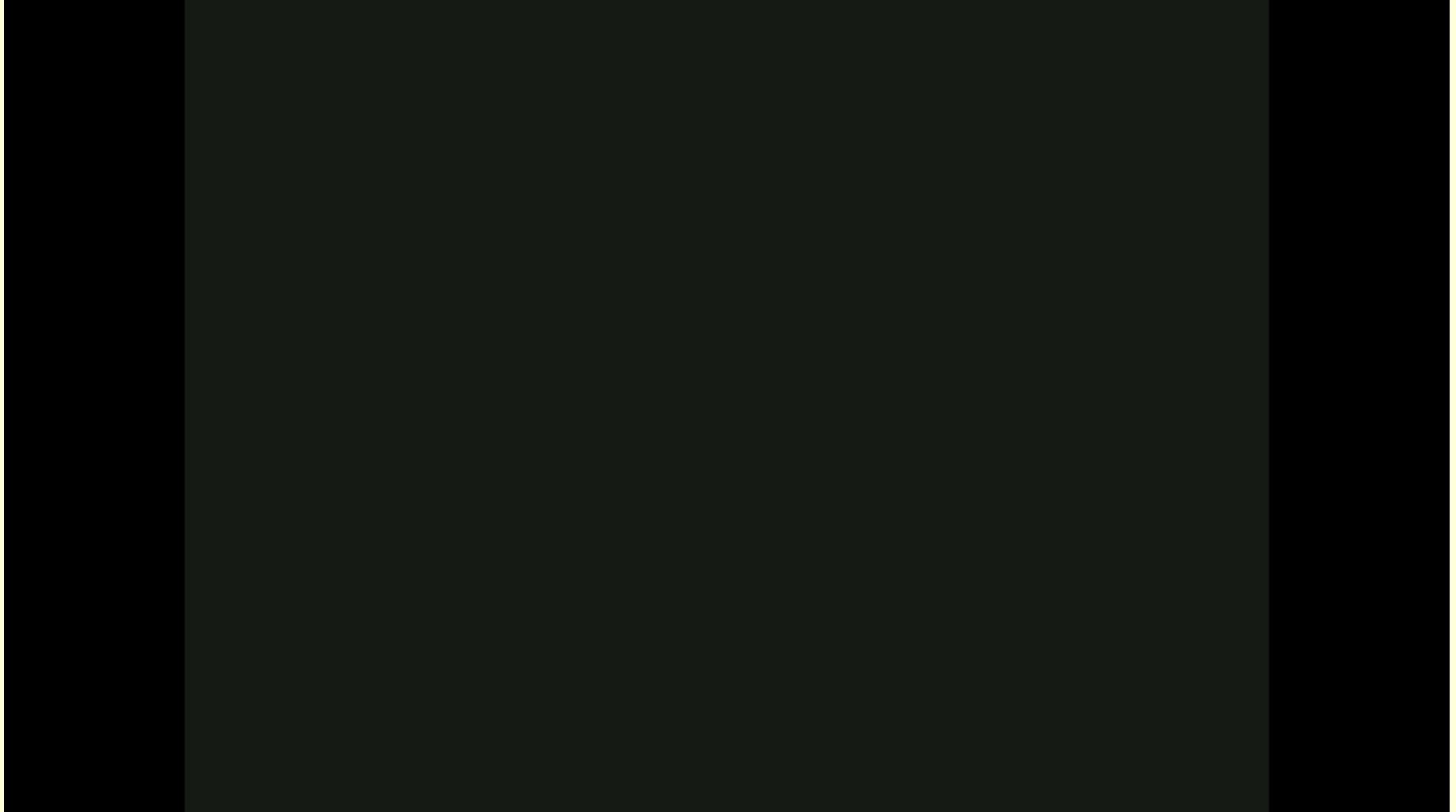
**Proximity Maintenance** - *“who do you like to be with?”*

**Safe Haven** - *“Who provides you with comfort?”*

**Secure Base** - *“who is always there for you?”*

**Separation Distress** - *“who do you miss most when you are parted?”*

# Ainsworth's strange situation



# SECURE ATTACHMENT





SECURE  
ATTACHMENT

# Internal Working Model:- Secure Attachment

- I am safe and secure – someone is always there for me
- My needs will be met
- I am loveable
- I deserve to be taken care of
- I am proud of myself
- I feel positive about exploring the world



# This leads to:-

- Self confidence
- The ability to manage transition
- A love of learning new things
- An ability to ask for and accept help
- Security in one's own self
- Friendly, warm nice people
- Ability to give love back



# Securely Attached Adults



- Tend to have trusting, long-term relationships
- Tend to have high self-esteem
- Tend to enjoy intimate relationships
- Seek out social support
- Can share feelings with other people.

# Attachment Disorders

There are three different kinds of insecure attachment:

- Ambivalent
- Avoidant
- Disorganised



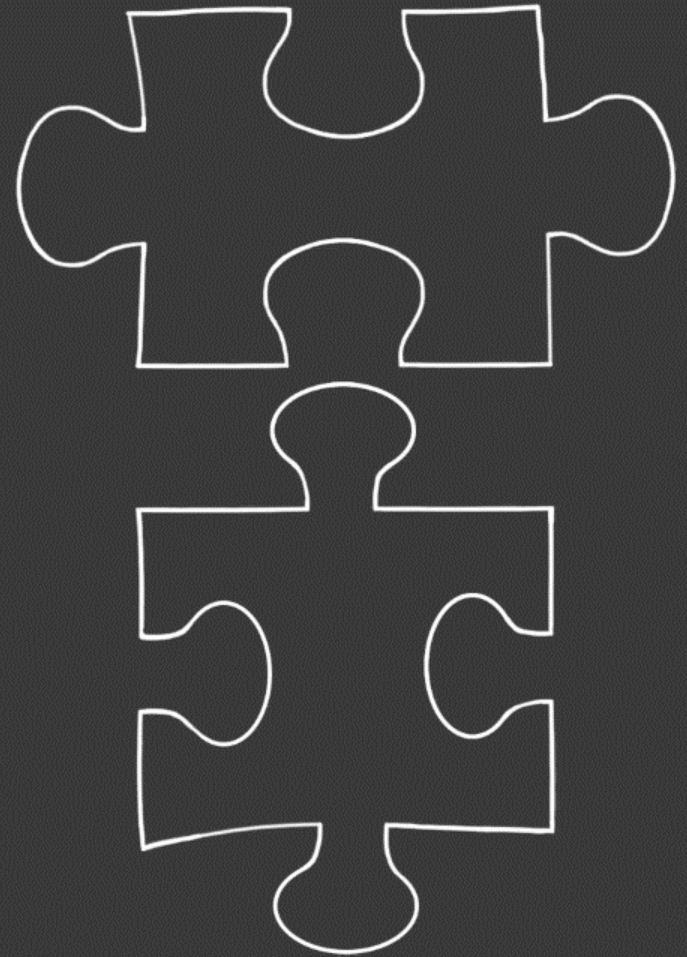
# STRANGE SITUATION 2

Parent leaves room.

3 minutes

# AVOIDANT ATTACHMENT

AVOIDANT  
ATTACHMENT



# Internal Working Model:- Avoidant Attachment

- No one cares about me
- I am better off looking after myself
- I don't deserve to be loved
- I am better off if I suppress my feelings
- I need to achieve
- The world owes me a living





# This leads to

- Apparent self-sufficiency
- A need to “achieve” based on external recognition
- Difficulty making close relationships
- Inability to ask for help (“I’m not worth it”)
- Yearning for approval
- Good self-regulation, but may forget they have feelings
- Difficulty loving another person



# Avoidant Attachment - adults

- difficulty with intimacy and close relationships
- do not invest much emotion in relationships
- experience little distress when a relationship ends
- avoid intimacy by using excuses
- may fantasize about other people during sex.
- more accepting and likely to engage in casual sex
- failure to support partners during stressful times
- inability to share feelings, thoughts and emotions with partners.



# Avoidant Attachment Causes:

- The carer wasn't there for the child so he learns to manage on his own
- Depression
- Illness in single carer
- Absent parents
- Heavy drug/alcohol use
- “dumped” children



# STRANGE SITUATION 3

Parent leaves room.

3 minutes

# ANXIOUS/AMBIVALENT ATTACHMENT



# Internal Working Model – Ambivalent Attachment

- I am not safe with these adults because sometimes they hurt me
- I can never be sure my needs will be met
- They don't love me
- No one is there to support me
- I need a lot of reassurance
- I need someone to tell me I am lovable
- I am a failure



# This leads to:

- Suspicion of strangers
- Extreme anxiety
- Seeking attention – but it is never enough
- High emotional needs
- Feeling of failure and of being failed
- Always feeling let down –whatever they get is never enough
- Need to feel included among friends but never satisfied
- Intense relationships with the wrong people



# Ambivalent Attachment - adults



- Reluctance to get close to another adult
- Worry that partner doesn't reciprocate feelings
- Frequent breakups
- Relationships feel cold & distant
- Distraught when breakup occurs
- May cling to children as source of security



# Ambivalent Attachment - Causes

- Care giver has learning difficulties
- Care giver abuses drugs/alcohol
- Care giver has mental health issues
- Care giver was otherwise preoccupied



# DISORGANISED ATTACHMENT

Secure, ambivalent and avoidant attachment are all ORGANISED attachment styles

Ambivalent and avoidant are not totally effective but are at least coping strategies

DISORGANISED attachment is the breakdown of organised coping strategies

It is thought to be caused by frightened or frightening parental behaviour or trauma or loss of parents

# Disorganised Attachment

- Later added – Mary Main 1974

“Fear without Solution”

“A disorganized attachment results when there is no organized strategy that works for the child. Their parents’ behaviour is unpredictable, so no organized strategy allows them to feel safe and get their needs met without fright and terror.”



# Disorganised Attachment



“You mean to hurt me”

“You are my parent and you are there to protect me”

The 2 scenarios are incompatible with everything that the child’s brain has evolved to manage

The result is “Fragmentation”

# Inner Working Model :- Disorganised Attachment

There is no Inner working model because all coping strategies (attachment styles) are broken



# Causes

- The care giver has unresolved trauma or grief of their own (often abuse related)
- The care giver presents as both aggressive (hurtful) and caring at different times
- Child has multiple incompatible views of both the caregiver and themselves
- Child needs both to protect themselves from the caregiver and maintain a relationship with them



# BRADSHAW

## “Wounded Inner Child”

- Unpredictable responses because the brain is fragmented (or dissociated)
- Everything is compartmentalised but the various compartments have broken or non-existent links
- Non sequential behaviours (eg affection followed by aggression)



# Disorganised Attachment

Acting out behaviours – “Bizarre”

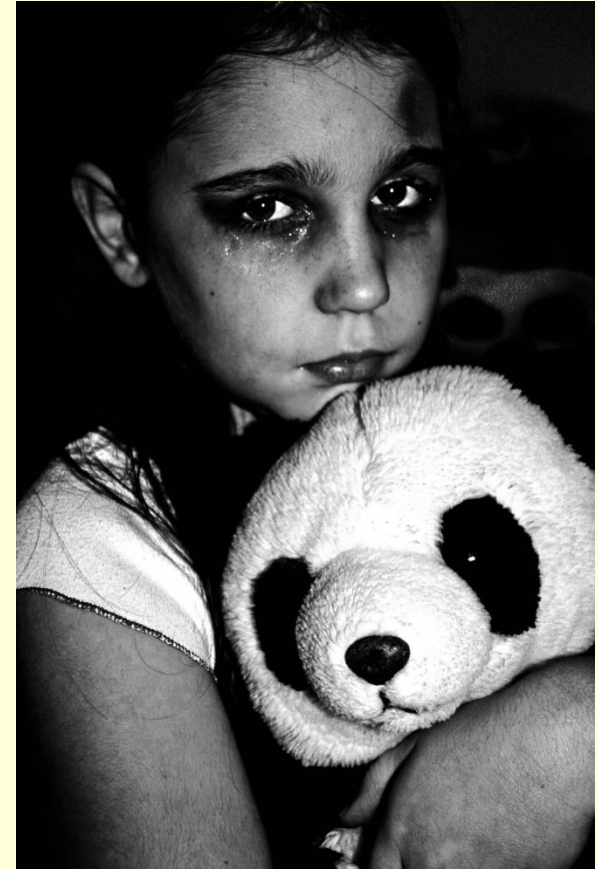
- Aggression
- Over-sexualised behaviours
- Compulsive behaviours
- Addictive behaviours
- Thought-distortion
- Self-harming
- Narcissistic
- Offending





# Disorganised Attachment - causes

- the most recently recognised and often has the **most extreme consequences**
- Children often severely abused or neglected



# Jennifer Freyd

- This also explains why many abused children are able to “forget” the abuse
- “betrayal trauma”
- Dissociative coping strategies make it easier to continue to live with an abusive parent (than continuously recalling traumatic events)

# ATTACHMENT DISORDERS:-

## Typical presentations of carers

- Depression
- Low IQ
- Drug/alcohol abuse
- ASD
- Overburdened/isolated
- Looked After
- Mental Health Problems
- Abusive physical/sexual/emotional



# Symptoms of Attachment Disorders

- be superficially engaging, charming (phoney)
- avoid eye contact
- be indiscriminately affectionate with strangers
- lack the ability to give or receive affection
- exhibit extreme control problems - (eg stealing from family; secret solvent abuse, etc)
- be destructive to self and others
- lack kindness to animals



# Symptoms of Attachment Disorders

## cont.

- display erratic behaviour, tell lies
- have no impulse controls
- lack cause-and-effect thinking
- lack a conscience
- have abnormal eating patterns
- show poor peer relationships
- ask persistent nonsense questions and incessantly chatter
- be inappropriately demanding and clingy



# Symptoms of Attachment Disorders continued

- have abnormal speech patterns
- display passive aggression (provoking anger in others)
- be unable to trust others
- show signs of depression
- exhibit pseudo-maturity
- have low self esteem
- show signs of a guilt complex
- show signs of repressed anger
- sabotage placements such as school, foster family, etc.



- ***Not ALL of these will be exhibited!***
- ***Easily confused with other conditions like ASD & ADHD (which may co-exist)***

# Managing Attachment Disorders





# A young person with Attachment problems needs:-

- to be able to respond positively to a significant other person
- to comply with the basic rules of society
- to comply with reasonable requests
- to have a realistic sense of self
- to learn to be non-confrontational with others
- to accept responsibility for own actions



# A young person with Attachment problems needs

- to feel valued
- to fit into and accept the family dynamics
- to manage temper / anger appropriately
- to understand the world around him
- to understand his own wants, needs and feelings
- to have a sense of his own identity



- **REPARATING!**



# Can we mend a “broken” attachment?

- Safety is the core issue for children with attachment disorders and other attachment problems
- They are distant and distrustful because they feel unsafe in the world
- They keep their guard up to protect themselves, but it also prevents them from accepting love and support



# Repairing an Attachment Disorder

It is essential to build up the child's sense of security:

- Positive role model
- Set limits and boundaries
- Take charge, yet remain calm when the child is upset or misbehaving
- Be immediately available to reconnect following a conflict
- Own up to mistakes and initiate repair
- Try to maintain predictable routines and schedules



*“What can you do to promote world peace?  
Go home and love your family.”*

Mother Teresa

