

Handout

Attachments

Understanding attachment theory can help considerably in work with relationships between parents and children, how these can go wrong and the likely impact on the child. Young children develop a sense of themselves through the social relationships they enjoy with their primary care givers, normally their parents. This sense of self provides a mental model of the world that persists into adulthood. Parents who are warm, reliable, responsive, available and consistent tend to help their children to trust the people who are closest to them; they feel a sense of security and from this develop self-esteem and psychological progression. The absence of these parental qualities for whatever reason tends to produce in children feelings of insecurity, fear, anger and resentment.

Secure attachments:

This type of attachment relationship is characterised by the ability of the young person to use adult support appropriately at times of stress or challenge and in particular prior to or following brief separations, for example, visits to birth family, crossing the family boundary to school or college, etc.

Insecure avoidant attachments:

Typically the young person exhibiting this pattern of attachment seeks to avoid intimate contact with parents or carers and support needs to be offered in a very sensitive manner in order to allow the young person to make use of any benefits of nurturing. Often the young person will maintain emotional and physical distance from carers. They may be isolated with few friends. They may be either low in self-reliance, or fiercely self-reliant with problems with intimacy.

Carers need to help the young person experiment with being close by offering responses at times of crisis, which allow for more intimacy without scaring the young person away. For some carers though it can be more demanding to offer such un-rewarded help than to deal with actual delinquency. They need to be able to cope with receiving little feedback from the young people.

Insecure ambivalent or anxious attachments:

The child who has ambivalent feelings towards his or her attachment figure simultaneously both wants and fears closeness and support from adults. Typically, he or she will vacillate in their capacity to use the secure base and will appear to want nurturing but not to be able to use this in preparation for their explorations at school, college or in the community. Typically this young person may attempt to sever the connection with carers prematurely in an attempt to establish their independence whilst clearly often demonstrating their inability to deal with the stresses they face.

The aim of the carer's work is to try to reduce the oscillating pattern and to enable the young person to pause between the feeling of the need to go and the going. Carers need to maintain a consistent stance without recrimination. They need to be able to welcome the young person back after an absence. However, the child's behaviour can be very effective in achieving the aim of destroying those good relationships they may be establishing with carers. Carers therefore require considerable patience and understanding to cope with the undermining of their offers of support. Principally, they need to be able to resist falling into hostile patterns with the young people.

The behaviour, which characterises this pattern of attachment, is indicative of the child's preoccupation with the presence or availability of adults or carers. The young person typically exhibits significant problems in separating with any feeling of security from their secure base and venturing into the adult world without displaying a high level of anxiety and distress.

If the carers are seen as the attachment figure then they need to be able to tolerate this kind of dependency upon them as a secure base and be available and reliable. The evidence suggests that this will not make the young person over-dependent; rather, the reassurance of the carer's availability will allow them to become more self-reliant.

If the young person sees the parent or other family member as the attachment figure then the carers will need to understand the ways this may affect their behaviour. For example, in times of stress they may go to great lengths to seek that person out. Carers need to resist entering into loyalty conflicts, and if possible maintain good communication with the young person's attachment figure.

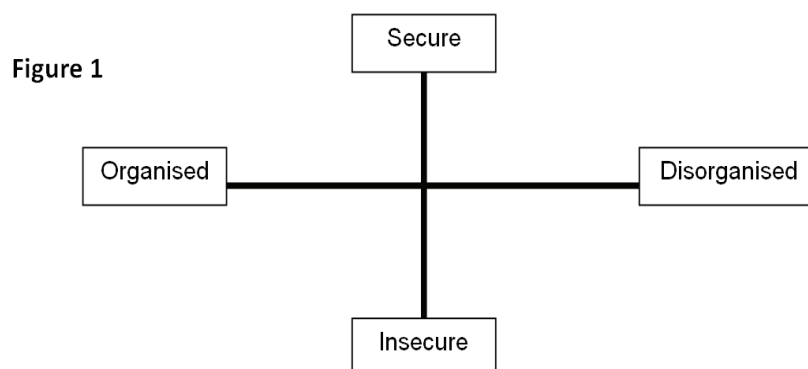
In the more extreme cases children are significantly rejected and/or exposed to considerable hostility. Rejection and hostility combined tends to produce a **disorganized**

attachment. Main & Hesse (1990) expressed this when the child experiences the caregiver as 'the source of alarm and its only solution'. Children and young people in these circumstances are unable to be guided by their mental model of the world because it offers few directions. What it does generate is a profound sense of confusion.

Behaviours might include:

- The complete absence of an apparent attachment strategy
- Contradictory behaviours or affects occurring virtually simultaneously
- Freezing, stilling, apparent dissociation
- Abnormal movements
- Direct indices of apprehension of the parent

The disorganised category introduces another dimension to attachment theory. Children may experience varying degrees of insecurity and disorganisation. **Figure 1** below attempts to represent this as a diagram.



In a review of research evidence concerning disorganised attachment patterns, Green and Goldwyn (2002) demonstrate that the early experience of fear regulation is associated with neural development. They conclude that 'there is evidence that interpersonal processes generally are an important determinant of emotional regulation in development'. Some patterns of controlling behaviour serve to 'reduce the occurrence of anxiety-provoking situations'. The particular motivation for such behaviour could be seen as a 'child's attempt to regulate internal emotional states rather than just a feature of social learning'.

The relationship between disorganised attachment disorders and psychiatric diagnoses involving attachment difficulties (normally referred to as reactive attachment disorder) is considered by Green and Goldwyn (2002). They suggest that disorganised attachment is a broader concept than reactive attachment disorder with the latter being an extreme example of the former. However what is common between the two are disturbances of social relatedness, similar in some cases to quasi-autistic syndromes, problems with attention, arousal and language and aggressiveness. What distinguishes them is the bizarre and controlling behaviour associated with disorganised attachments (O'Connor et al 1999, Richters & Volkmar 1994). The treatment for disorganised attachment should focus on the parental state of mind, the developmental differences in the child and the parent-child interaction (Green & Goldwyn 2002).

Indicators commonly seen in children and young people with attachment problems:

Conscience development

- May not show normal anxiety following aggressive or cruel behaviour
- May not show guilt on breaking laws or rules
- May project blame on others

Impulse control

- Exhibits poor control; depends on others to provide
- Exhibits lack of foresight
- Has a poor attention span

Self-esteem

- Is unable to get satisfaction from tasks well done
- Sees self as undeserving
- Sees self as incapable of change
- Has difficulty having fun

Interpersonal interactions

- Lacks trust in others
- Demands affection but lacks depth in relationships
- Exhibits hostile dependency
- Needs to be in control of all situations
- Has impaired social maturity

Emotions

- Has trouble recognising own feelings
- Has difficulty expressing feelings appropriately, especially anger, sadness & frustration
- Has difficulty recognising feelings in others

Cognitive problems

- Has trouble with basic cause and effect
- Experiences problems with logical thinking
- Appears to have confused thought processes
- Has difficulty thinking ahead
- May have an impaired sense of time
- Has difficulty with abstract thinking

Developmental problems

- May have difficulty with auditory processing
- May have difficulty expressing self well verbally
- May have gross motor problems
- May experience delays in personal-social development
- May have inconsistent levels of skill in all of the above areas

Adapted from Fahlberg, V (1994) A Child's Journey Through Placement (London: BAAF).

