Why is Attachment So Important?

By Ally Burr-Harris, Ph.D.

The attachment between a child and parent provides the scaffolding for relationships. It is the template that we use to decide whether to lean on others, to trust others, or to be intimate with others. A child's healthy attachment with a caregiver provides the springboard for future development, and that includes cognitive development, social development, emotional development, language development, and moral development. Attachment is not an innate quality. Rather, it is a relationship pattern between a child and caregiver.

Even though we cannot recall the first several years of our lives, we do store memories from this period of our life. These types of memories are implicit memories. Our early attachment experiences are stored as implicit memories. Without attachment repair over time, children with early attachment problems are at risk for going through life with faulty mental models of how relationships work. This child may assume that adults cannot be relied upon to meet his or her needs, that the child might as well not cry out because there's no point, that the child must rely upon him or herself for needs to get met. On the other extreme, the child might conclude that he or she must do whatever it takes to secure the attention of adults in order to ensure that his or her needs get met. This can set the child up for relationship patterns in which the child is constantly seeking attention and approval. The child might play the "chameleon," changing on demand in order to ensure that others will focus on his or her needs.

The good news is that children are resilient. Even as adults, we can change our attachment patterns. The key is to provide the child with a high frequency of positive, loving, responsive parent-child interactions over time. In addition, as the child gets older, the child must learn to make sense of the earlier relationship problems. The more that we make sense of our own histories as parents, the less we react to them and repeat the negative cycles. This is where we as adults come in. We play a critical role in our own relationship patterns. Research has shown that adults who had secure attachments with their parents are much more likely to establish secure attachments as an adult with their own child (Siegel and Hartzell, 2004). Interestingly, adults who had unhealthy attachment patterns as a child can also go on to establish secure attachments as an adult, provided that they have resolved their own attachment histories. This is the take-home message. We must make meaning of our histories. We must know our triggers. Our relationship roadmaps must be prepared for the challenges that children will present, and this is particularly true if raising a child who was previously traumatized. Children will misbehave, tantrum, and even reject their parents from time to time. As the adults, we must strive to not personalize this and to not let it trigger our own unresolved attachment histories.

Many adoptive parents make the faulty assumption that they can stop worrying about attachment once they see signs of affection and bonding within the parent-child relationship. The reality is that young children who experience neglect, exposure to violence, abuse, disrupted placements, or institutional care have started life with a high level of distress and suboptimal attachment. Why is this so important as long as the child shows signs of secure attachment later on? The answer is that brain development is affected by trauma and attachment within the first year of life. In an ideal world, an infant cries, a parent responds, and the parent looks into the baby's eyes and connects. The parent soothes and meets the infant's need, and the infant calms back down. Over time, the baby internalizes the parent's soothing, responsive efforts,

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and the baby learns to self-soothe. A child who attaches to a caregiver after the first year may be at risk for not having learned to seek comfort and to self-soothe. This means that the child is at risk for emotional regulation problems. If this is not rectified, this child is at risk for a trajectory of other problems such as rages, criminal behaviors, self destructive behaviors, and substance abuse. Thus, in addition to a high level of attuned (emotionally matched), sensitive, responsive caregiving, children with early attachment problems also need to learn how to emotionally regulate or self-soothe. The first step in this process is for the child to accept soothing from the parent. This can be challenging for some small children who are not even accustomed to the feeling of being held or rocked. The second step is for the child to learn to recognize the signs of emotional upset and to ask the parent for soothing. The third step is for the child to develop healthy tools for calming him or herself.

In conclusion, attachment is not just parent-child affection. It is the process of building trust over time between a child and parent. The child learns that the parent can be trusted to soothe and respond to the needs of the child. It requires that the parent come from a securely attached PLACE (Playful, Loving, Accepting, Curious, and Empathic; Hughes , 2007). The parent must work hard to not personalize the child's behavior, to look under the child's behavior at the feelings that are driving that behavior, and to be emotionally regulated as well. The parent must have resolution of his or her own attachment histories in order to provide this secure base for a child, particularly a child who has already lost a parent or been hurt by a caregiver or parent. Once this child establishes trust in the new parent, the child must also make sense of earlier losses. The child must begin the journey of learning to soothe oneself and to trust in one's own capacity to tolerate upsetting emotions. Attachment is a long, slow dance that requires commitment, reflection, sharing of emotion, empathy, compassion, connection, perspective-taking, and trust.

Resources for this introduction:

Hughes, D. (2007). *Attachment-Focused Family Therapy*. New York: Norton & Co.

Siegel, D. & Hartzell, M. (2003). *Parenting from the Inside Out*: *How a Deeper Self-Understanding Can Help You Raise Children who Thrive*. New York: Penguin Group.

Therapeutic Parenting: A Handbook for Parents of Children who Have Disorders of Attachment (October, 2008). Association for the Treatment and Training in the Attachment of Children (ATTACh).

Gray, D. (2002). *Attaching in Adoption: Practical Tools for Today's Parents*. Indianapolis: Perspectives Press.

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Adult Attachment: Categories and Strategies

Secure
Adults with this category value relationships. They are comfortable with both closeness and autonomy. They are able to rely upon others as needed, and they are also comfortable with others leaning on them. This is also known as Free or Autonomous attachment. They are able to reflect on their own legacy of attachment issues. They can integrate their past with their present. They show flexibility and objectivity when reflecting on their own childhood experiences. They are able to identify and tolerate thoughts and feelings related to their own childhood relationships and to apply this awareness to their current relationships. They may or may not have had a happy childhood with positive parent-child relationships. The important thing is that they have made sense of their childhood relationships and resolved these issues. This category is strongly predictive of a secure attachment with one's child.

Dismissing
Adults with this category are more likely to be emotionally disconnected in their relationships. They may report limited recall of their childhood and minimize the impact of childhood events. They may talk about their childhood in simplified, general, concrete terms with little connection to thoughts or feelings of family members. They are likely to consider their childhood experiences to have little relevance to relationship issues in the present. They may tend to intellectualize and avoid emotions. They may show minimal sensitivity to others' nonverbal signals, and they may not be able to recognize their own emotions or body signals. Daniel Siegel (2003) uses the term "emotionally barren." This category predicts an insecure-avoidant attachment with one's child.

Suggestions for Dismissing parents:
Start self-reflecting! Avoid distracters such as constant media input as way of shutting off. Face the feelings. Experience the feelings. Guided imagery, quiet solitude, or meditation may help. Increase your focus on nonverbal signals, body awareness (right hemisphere). Use modalities other than logic-based, linear, language-based thinking (left hemisphere). Instead, attempt to picture memories of experiences and feel associated feelings. Reflect on current situations and your reactions, and attempt to connect these feelings to past relationship experiences in order to better understand your current reactions. Put it all into a narrative and begin to make meaning of your relationship experiences. Use attuning exercises to force yourself to be more present and in the moment when interacting with others.

Preoccupied (also known as entangled)
Adults with this category may demonstrate a high level of anxiety and self-doubt in their relationships. They may show uncertainty and ambivalence. They often have intrusive leftover issues that get mixed up in current relationship problems. They are prone to emotionally clouded parenting, as well as self doubt in the parenting role. This may manifest as a fear of being unable

to handle the child's problems. They have difficulty making sense of their experiences because they become flooded by their feelings. Whereas Dismissing adults seek comfort in left hemisphere (logical, linear) processing, Preoccupied adults get stuck in right hemisphere (emotional, experiential) processing. Thus, it is difficult for them to make meaning of their experiences. This attachment category predicts insecure-anxious/ambivalent attachment with one's child.

Suggestions for Preoccupied parents:
Practice self-soothing. Use positive, affirming self-talk. Use relaxation strategies. Provide yourself with opportunities for paced exposure to potentially anxiety-producing events in order to practice coping effectively with the situations and to provide opportunities for increased self-confidence. Make meaning of your experiences and use language (increased left hemisphere) to put together a meaningful autobiographical account of childhood experiences as they relate to current relationship functioning. What are your leftover issues? Your triggers? Explore why this upsets you and attempt to trace this same feeling or thought back to other relationships or experiences in order to gain an understanding. Write it down. Journal.

Disorganized/Unresolved
Adults with this category are prone to sudden, unpredictable rage, spacing out or dissociating in response to distress, and explosive reactions for which they later feel great remorse or shame. In essence, they are prone to emotional dysregulation. They may have poor insight into what triggered their reactions. When they space out, they may have flashbacks or fragmented memories of upsetting events that are triggered by current relationships. Most likely there is a history of significant unresolved trauma and loss that is having a strong negative impact on current relationships. This attachment category is correlated with disorganized attachment patterns with one's child, and it can also place a parent at risk for being abusive.

Suggestions for Disorganized/Unresolved parents:
Seek professional treatment to assist in expressing and resolving past trauma/loss. Increase support and respite as a parent to ensure that further breaks in the parent-child attachment are not of a toxic or damaging nature. Work to repair breaks and to build trust in your relationship with your child, and consider therapeutic support in addressing the parent-child relationship as well.

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Parent-Child Attachment Patterns for Infants and Young Children

Secure:
Child actively looks for contact with parent. Child is distressed by separation from parent. Child is calmed by parent upon reunion. Child seeks parent for comfort or assistance in interpreting stimuli as needed. Child is able to explore the environment, using the parent as her secure base as needed. Child demonstrates pleasure when he sees parent. Child relaxes in parent's presence. Child feels connected, understood, and protected with parent. Child often shows good emotional control and capacity to make friends easily.

Parent* tends to be sensitive, responsive, attuned, and predictable. Parent provides repeated experience of contingent connection with child.

Insecure-Avoidant:
Child may present as stubbornly independent and overly self-reliant. She appears largely unaffected by separation from parent. Upon reunion, child does not acknowledge parent, avoids parent, or pulls away from parent. Child tends to focus on toys or objects, keeps parent at a distance, and appears detached. Child may be more responsive to strangers than parent. Child may avoid strong emotions, act indifferent, and have difficulty recognizing or voicing own feelings. Child wants attention from parent on own terms.

Parent* tends to be unresponsive, unable to read child's cues correctly, intolerant of child's needs, impatient, rejecting, unavailable, neglectful.

Insecure-Ambivalent/Anxious:
Child tends to have push me-pull me approach with parent. Described as "adolescent angst a decade too soon." Child may be angry, avoidant, highly immature, dependent, clingy, resistant to exploring, and inconsolably distressed upon separation. Upon reunion, child may also demonstrate emotional upset. Child appears to not trust that parent will stay and to have strong fears of abandonment. Child may use angry, resistant behavior as a means of reengaging the parent. Child may have intermittently satisfying relationship with the parent. Child may seek rough affection (e.g., crashing into parent) and resist cuddling.

Parent* may tend to be inconsistently responsive, intrusive, and unpredictable.

This profile is more likely to be limited to an Insecure-Anxious presentation if the child has a history of early abandonment or institutional care, where there is no other history of abuse. This child may show a strong fear of abandonment, perpetual separation anxiety, and a strong desire to please adults. They may worry about relationship status even with non-family members, and seek a high level of reassurance. The child may not show other problems outside of the parent-child relationship, and may present as the somewhat submissive, "model child" to others.

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If Insecure-Anxious, parent may also present with high level of anxiety and self doubt as a parent. Child absorbs anxiety and also doubts whether parent can calm child.

All of the above patterns are an organized strategy for coping (i.e., reducing stress) with separation and are considered "good enough" strategies for attachment. Even insecure attachment patterns are still organized attempts by the child to maintain a connection with the parent.

Disorganized:

Child lacks organized strategy for regaining proximity or reducing stress when separated from caregiver or reunited with caregiver. The child's goal is less about a desire for connection and more about a genuine fearfulness. Child shows contradictory behaviors such as running toward the parent and then freezing and appearing dazed/confused. Child shows extreme rage. This attachment style is a predictor of serious behavior and emotional problems, including clinical disorders of attachment.

Parent* may tend to be traumatizing or frightening (e.g., abusive), disorganizing, or chaotic (e.g., dissociative, distressed parent who is victim of domestic violence). Frequent placement disruptions in history.

Reactive Attachment Disorder (RAD): This is a clinical diagnosis for the most serious attachment problems. It is sometimes overused by clinicians, and there may be a propensity for clinicians to jump to this conclusion if there is a known trauma history prior to adoption. The diagnosis requires that there be severely impaired and inappropriate interpersonal relations before age five. The impairment extends across social situations and is not due to another disorder (e.g., Autism). It is generally manifested across different caregivers. There is a known history of serious neglect, maltreatment, or disrupted attachment. RAD symptoms may be more severe if disruption occurs in early childhood (first three years) and if there were frequent disruptions.

Inhibited type: Ambivalent, inhibited, or hypervigilant reaction to one or more adults (one being parent); highly comorbid with PTSD.

Disinhibited type: Approach unfamiliar people for affection, comfort, or social needs; much more treatment resistant symptom.

**Parent attributes described above assume the parent is in relationship with the child during early childhood when the attachment patterns are formed.*

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