

Attachment security, insecurity and resilience

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Aims and scope of training: to understand

- How early loving bonds develop
- The meaning of Attachment
- The development of Attachment Theory
- ***The relationship between Attachment Theory and developmental approaches to mental health***
- The impact of adversity on the development of attachment strategies.
- The embedding of different attachment strategies across childhood and adolescence.
- The impact of insecure attachment strategies on development, relationships and mental health
- How to support and attend therapeutically to different attachment strategies in CYP



Defining Attachment

“Attachment is a deep and enduring emotional bond that connects one person to another across time and space. “Lasting psychological connectedness between human beings” (Bowlby, 1969)

“Attachment forms the building blocks of development. Through a positive reciprocal relationship children learn to modulate affect, soothe themselves & relate to others through their relationships. Attachment is the base from which children explore their physical and social environments; their early attachment experiences form their concepts of self, others and the world.” (Bowlby, 1988)

How loving bonds develop: Empathic attunement

“The way we communicate with children has a profound impact on how they develop. Our ability to have sensitive, reciprocal communication nurtures a child’s sense of security, and these trusting relationships help children do well in many areas of their lives... Children who have positive connections in life have a source of resilience for dealing with life’s challenges.” (Siegel, D)

“It is the need for empathy, the need to be seen, understood and attended to that drives loving connections, which in turn support concern for others and the development of prosocial understanding and skills”. (Fonagy, P)



Importance of early loving connections for infant child development

Evidence from neuroscience:

- Importance of interactions with others in establishing neural pathways; psychological & neural rhythmicity; internal organisation & establishment of complex architecture of brain.
- Attunement, intersubjectivity, rhythmicity, sensitivity in interactions are key in supporting all aspects of brain development –elaboration, organisation and connectivity.
- Key role of attachment in comfort and soothing and the regulation of high levels of infant arousal.
- These are at the heart of human connectedness: belonging; feeling ‘claimed’; mindfulness; complex early communication patterns (‘referential glance’ and ‘conversational dance’); rhythms of interaction. Trevarthen’s acute infant observations
- Roots of concern, empathy, **prosocial understanding and skills** and emotion regulation and intersubjectivity. Resilience.



Development of our understanding of Attachment



- **Origins of Attachment Theory in post war work of John Bowlby**, who sought to establish an empirical foundation of the importance maternal love and sensitivity for all aspects of human development and mental health.
- **Places the parent-infant relationship in evolutionary context**; importance of safety; proximity to carer; security & sensitivity for survival (of infant and species); managing danger, and seeking comfort in face of dangers (relational)
- Marked disturbances in mother-infant relationship are linked to inability to regulate strong emotions and emotional conflict (between love, fear & rage) – the strong raw emotions of infancy, and underpin difficulties in relating to others and regulating emotional life. It also compromises vital care-seeking.
- Importance of the **Secure Base** for safety, exploration & cognitive development
- Long-term impact of **Internal Working Models** (defensive expectation of others)
- Work developed by **Mary Ainsworth** who studied attachment patterns in infants' response to reunification with parents following short separation (Stranger situation). Able to categorise attachment strategies –secure (Type B); insecure (Type A, avoidant); insecure (Type C resistant/ambivalent).
- **Mary Main** (Disorganised strategy; and Adult Attachment Interview –AAI); and **Pat Crittenden** (attachment across childhood/ developmental psychopathology)

Key components of Attachment Theory

Attachment as a universal process

Attachment is a universal, evolved process that infants are naturally programmed to form. The quality of attachment (secure versus insecure) in early years may become embedded and influence all aspects of later development & relationships

Attachment and mentalizing

Loving and attuned attachment is critical to the development of mentalizing, the ability to interpret one's own and others' mental states. Difficulty in mentalizing impacts on the quality of relationships, empathy and mental health. Mentalizing is supported by parental wish to understand and tune into the child's mind.

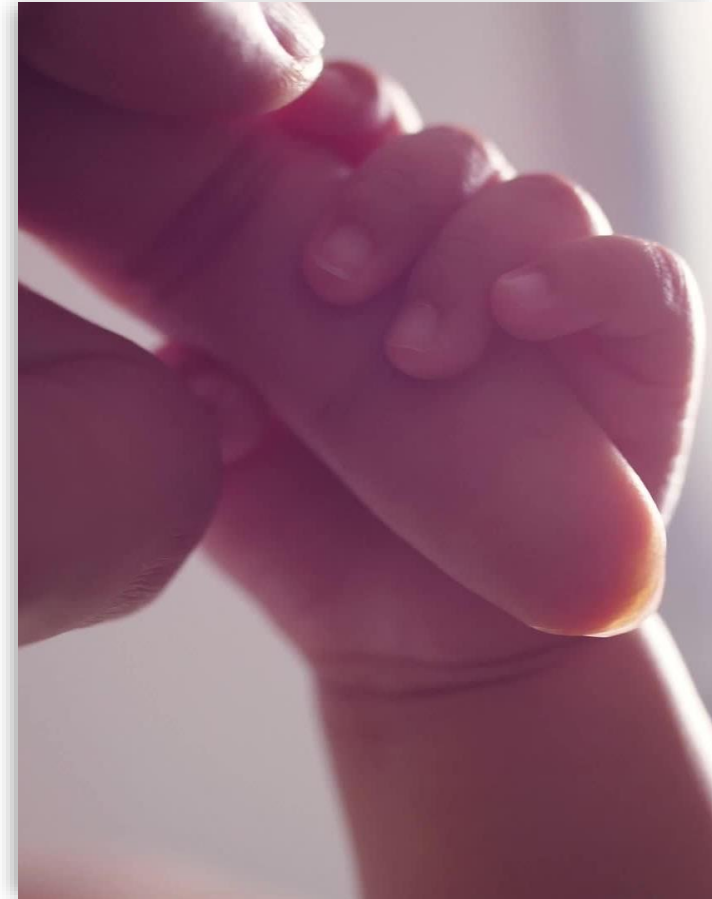
Attachment and the experience of Selfhood

The experience of self is formed through the process of internalizing the representation of oneself that the caregivers provide –agency, esteem, resilience.

Attachment and developmental psychopathology (mental health problems)

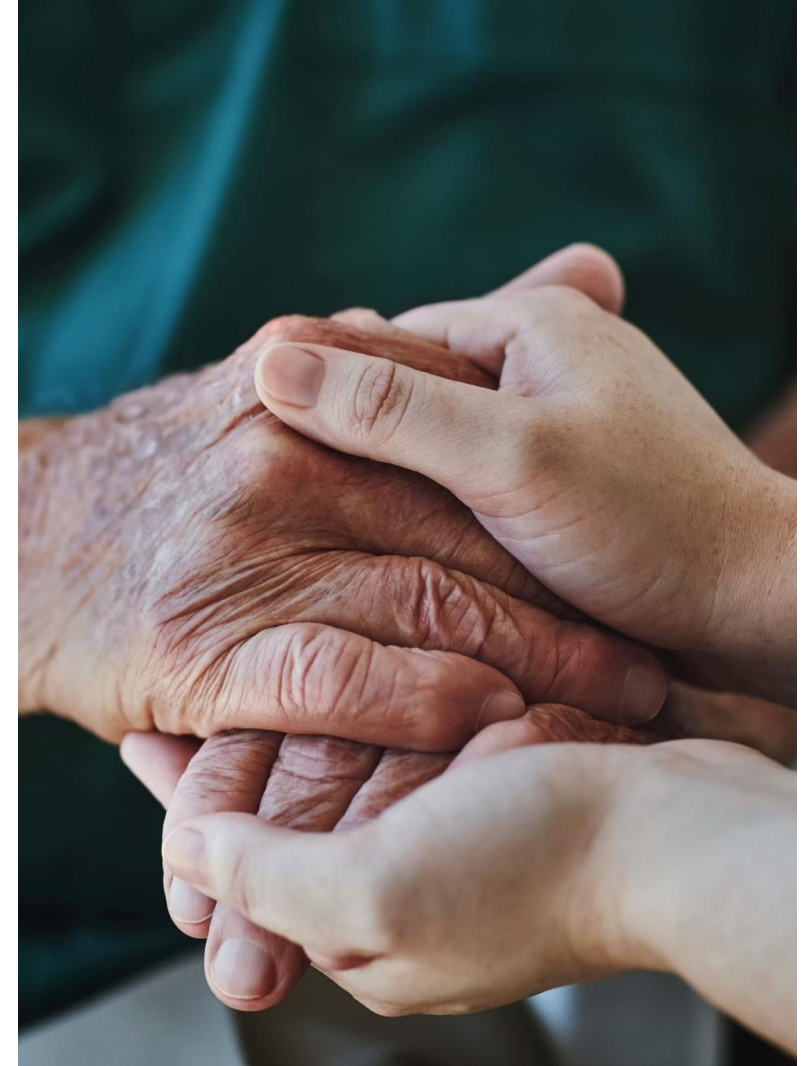
Supports understanding the development of mental health problems across childhood and life cycle - the entrenchment of insecure attachment strategies. Strategies developed in the face of danger compromise resilience, caring relationships, care seeking, emotion regulation, reflection, and mentalisation.

Attachment offers framework for understanding development of mental health problems. Understanding attachment patterns represent a confluence of ideas - psychoanalysis; biology; neuroscience; developmental psychology; ethology.



Attachment theory: summary comments

- **Attachment theory is about protection from danger** and the need to find loving relationships. Extensive exposure to danger and lack of loving relationships, which extend far beyond the threatening circumstances themselves are linked to threats to long term mental health and wellbeing.
- **Attachment theory provides a sound developmental base** from which to understand later mental health problems (social origins of MH problems).
- Faced with threat, infants and children develop protective attachment strategies (which supports their survival). ***These attachment strategies, provide both a description of interpersonal behaviour and a system for making sense of mental health problems.***
- ***These survival strategies may be harmful to development in the long term, when children return to safe settings.*** May be disconnected from emotional life or preoccupied with emotional needs, sense of unfairness and inability to find understanding and connection.



Attachment Styles: Characteristics of Secure Attachment

- Safe, secure, predictable, consistent, reliable, attuned and empathic parenting. Child feels safe, connected and curious.
- Containment and calming supports emotion regulation, safety and supports all aspects of exploration. Joy in learning and playing.
- Uses carer as safe base for exploration; supports learning, language and communication skills. Playful relationships!
- Expresses needs and feelings directly in ways that are understood.
- Importance of *intersubjectivity (Stern)* supported by *'serve and return'*. Supports vital components of mentalization, where adults are interested in the child's mind (supports empathy & concern)
- *IWM characterised by the trust of others; loving relationships, sense of self effectiveness & pride; linked to self-esteem, self-confidence, capacity to learn, good balance between thinking, self-reflection & emotion regulation. Joy, gratitude, - Resilience.*



Impact of adversity and compromised parenting

- Compromised parenting includes cruelty, violence, harm, abuse; unresponsiveness; poor attunement; lack of predictable interactions; failures to respond, soothe and calm; limited intersubjectivity; insensitivity; intrusiveness. Lack of interest in the mind of the infant. Adversity.
- These lead to lack of safety for infant; high arousal (toxic stress); poor emotion regulation; increasing dominance of anxiety, loss and rage systems in the brain. Increased dysregulated emotional conflict and relational conflict. Compromised prosocial development in all areas.
- ***Inaccessibility of safe and Secure Base***; compromised care seeking in childhood (***fear & lack of trust***)
- Compromises child's ability to explore & learn; language development and communication skills; trust; develop intersubjectivity; understand the minds of others; develop concern and empathy (all aspects of mentalization); and sense of safe and loving connection with others.
- Internal working models (IWM) are established, which lead to lack of trust in others, and which are characterised by shame, limited sense of self (sense of agency) and competence; low self esteem.
- ***These IWMs are resistant to change over time without help; they impact on later relationships, mental health and wellbeing and sense of belonging and connectedness to others and community***

Attachment and the development of insecure relational strategies

- Early patterns of insecure attachment strategies (vital survival adaptations in the face of danger) become maladaptive over time & poses threats to mental health. Need for **early intervention & prevention**.
- Implications for therapy are huge: **support child move to healthy attachment strategies NOT simply treating symptoms**. Providing sense of safety -environmental and relational, is vital -and emotion regulation support.
- Focus is on how abilities develop in infancy in healthy relationships (e.g. regulation; attention) & understand how these were disrupted and **how they can be repaired**. Safe adult need to support prosocial development.
- Understand different attachment strategies & how they link to different relational and psychological problems. **All therapeutic interventions require conveying sense of safety (protection; relate; regulate; reflect)**.
- **Disorganised attachment strategies** pose greatest threat to emotional wellbeing. They are linked to highly unpredictable experiences of safety and relationships in early life. They are linked to experiences of trauma in parents and carers. Implications for therapy in terms of parental support and direct help for CYP.
- **Insecure /avoidant strategies** -needs and feelings are suppressed; care seeking systems are repressed -may avoid carers and safe adults when distressed; fear adults (harm/ rejection/ dismissed/mock); false self.
- **Insecure /ambivalent strategies** -needs and feelings are expressed in clear, loud and persistent ways; but may resist comfort. Fear both separation and closeness (mixed feelings –ambivalence); clingy but untrusting.

Attachment and problems of emotion regulation in infancy and childhood

- Parents of insecure children (Type A & C) show failures of attunement and ***emotion regulation***. May be dismissive; unpredictable; lack of empathy, responsiveness, connection.
- Avoidant infants respond by cutting off from high negative arousal –become quiet & appear self contained; extreme version –sleepy. May appear aloof/disconnected (but underlying high arousal).
- Ambivalent infants and children maintain stance of ***high arousal for long periods of time***; compromises regulation of arousal; neurological development, toxic stress, & ability to explore and learn are compromised (lack of safety).
- Ambivalent infants and children do not experience enough safety, reliability, security to manage internal drives of anxiety & rage. The term Ambivalence is used to refer to problems of bringing together love & rage. The term Preoccupied is also used to refer to preoccupation with failing to get needs met & unfairness (which compromise ability to see others' point of view/empathy). Compromised mentalization.
- Secure infants and children feel safer and trusting in their relationships. They can feel safe enough to learn, explore and enjoy new relationships. They are not overwhelmed with problems of emotion regulation and spend increasing time alert and socially engaged.

Attachment Styles: Insecure Avoidant Style

- Related to parental unresponsiveness; dismissiveness; insensitivity; rejection; emotional conditionality and poor capacity for emotional co-regulation, attunement.
- Child shows unusual pattern in the strange situation; preoccupied with toys not parent; **not** seek parent; did **not** cry on separation; did not take comfort/ avoided parent on reunion
- May **appear** unemotional; self-sufficient; self-contained; aloof, **as if** they take care of themselves and do not rely on parent. May be mistaken for independence (but highly aroused). Disconnected from own emotional life & from others' emotions
- Tries to please (appease) adults; to avoid harm, be acceptable. Denies difficulties; uses received language (cliché); false self.
- Often misunderstood, not the concern of others because they may not cause problems in schools/public settings & appear just quiet



Long term impact of insecure avoidant attachment strategies.

Children find ways to survive and adapt to situations and relationships that are harmful. These adaptations allow them to survive highly distressing relationships and experiences. They may be life saving.

In the long term these adaptations are harmful to the development of healthy connections to our own internal world and to true, loving and trusted connections with others. It compromises our emotional and social resilience.

We remain disconnected from our inner world and emotional life, this in turn threatens our capacity to connect with the emotional lives and inner worlds of others. However, our emotions may burst out in ways that are hard to comprehend because they are not processed (like steam shooting from a pressure cooker).

In the words of Van der Kolk:

“What we witness here was a tragic adaptation: in an effort to shut off terrifying sensations, they also deaden their capacity to feel fully alive.”

Attachment Styles: Insecure Ambivalent (Preoccupied/Resistant Style)

- Parent is insensitive; unreliable; inconsistently available; unpredictable; unexpected changes in intrusiveness and unresponsiveness; more tuned in to their own emotional upheavals (narcissistic); emotionally dysregulated (volatile).
- Child shows little exploration in strange situation; wary or distressed before separation; preoccupied with parent, appearing angry or passive. Highly distressed on separation; but little or no comfort on reunion - but clingy, angry & demanding.
- High levels of distress expressed; preoccupied with parent, but not comforted by them; poor emotion regulation; shifts between passive & aggressive; difficult to sooth; controlling; impaired exploration. Compromised mentalization.
- Not supported to think, ***so relies on feelings*** -which are powerful
- ***Sees the world from their point of view***; preoccupied with sense of unfairness; of not being seen, listened to, or understood; (struggles with their own role and responsibility).
- Dissatisfied with relationships; ***sense that nobody gets it right.***



Attachment Styles: Disorganised Style (Mary Main)

- A small number of infants' attachment styles not easily classified by Ainsworth; Main described them as **Disorganised**
- Highly chaotic; unpredictable; volatile; violent relationships linked to this style (e.g. those often linked to drug & alcohol misuse; parental history of trauma; parental mental health problems). Parent appears to be overwhelmed by needs of child, which they can neither recognise nor attend to.
- Child lives in danger; limited sense of safety; child vulnerable and frightened; may be very controlling; may appear dazed. Limited integration of mind; experiences chaotic states of mind.
- Children can't find strategy to adapt to relational and internal contradictions they experience. Chaos is internalised.
- Significant relationship problems; difficulties in regulation of emotions; poor social understanding and skills. Later life marked MH and anti social problems. Volatile and controlling relationships



Avoidant attachment strategies and the development of later mental health problems

- Disconnect from emotional life and emotional lives of others. Avoid negative feelings (shaming); deny parental failings. Relies heavily on thinking (facts are predictable)
- Problems are unrecognised or denied (***although stress may build up and lead to explosion of feelings***)
- Depression; lack of intimacy; personal isolation.
- Placate & appease the adults; caring and trying to please (appeasement). Comply. Use borrowed language; say what others want to hear; superficial; lack genuine sense of self (false self).
- Pseudo independence ; aloof; may appear self sufficient and confident -superficially.
- Achievement (rather than connection) oriented.
- Dismissive and contemptuous of feelings (one's own and those of others). Mocking of feelings.
- Aloof; distant; avoidant of intimacy and emotional life (of self and others). In extreme form may compromise social and emotional development (looks like ASC)
- Deny or minimise difficulties
- Avoid connection with inner world (of self and others)
- Prefer facts and the safety and predictability of facts (rather than unreliability of feelings).
- ***In adolescence precocious sexuality; superficial relationships; drug and alcohol misuse; self harm; eating problems (e.g. anorexia). Risk of depression and sense of lack of real loving connections with others.***

Ambivalent attachment strategies and the development of later mental health problems

- Difficulty in regulation of feelings. But reliance on feelings as guide for understanding rather than reflection.
- Strong feelings expressed as means of control; escalation of feelings to secure attention; hard to satisfy – feeling of not being understood & attended to. Difficulty in communicating needs in words (relies on emotional expression)
- Thinking and concentration are compromised; may be impulsive (may look like ADHD)
- Thinking is distorted - limited sense of responsibility; blaming others; preoccupied with injustice and unfairness
- Expression of rage even if it distresses & angers adult; shifts between rage & helplessness (vulnerability)
- Lack of empathic responsiveness in relationships; limited social understanding (difficulty in seeing world from another point of view). Compromised mentalisation.
- ***Violent, possessive, jealous and obsessive attachment interests*** (controlling of others; seeing others in terms of meeting their needs; instrumental view of relationships). **Mixed feelings of rage and possessive.**
- Volatile and chaotic relationships; aggression and violence. Controlling in relationships
- Complex mental health problems; severe psychosomatic disorders. Misuse of drugs and alcohol (as unhealthy coping strategies); Chaotic eating patterns; Self-harm
- Violence and volatility in relationships

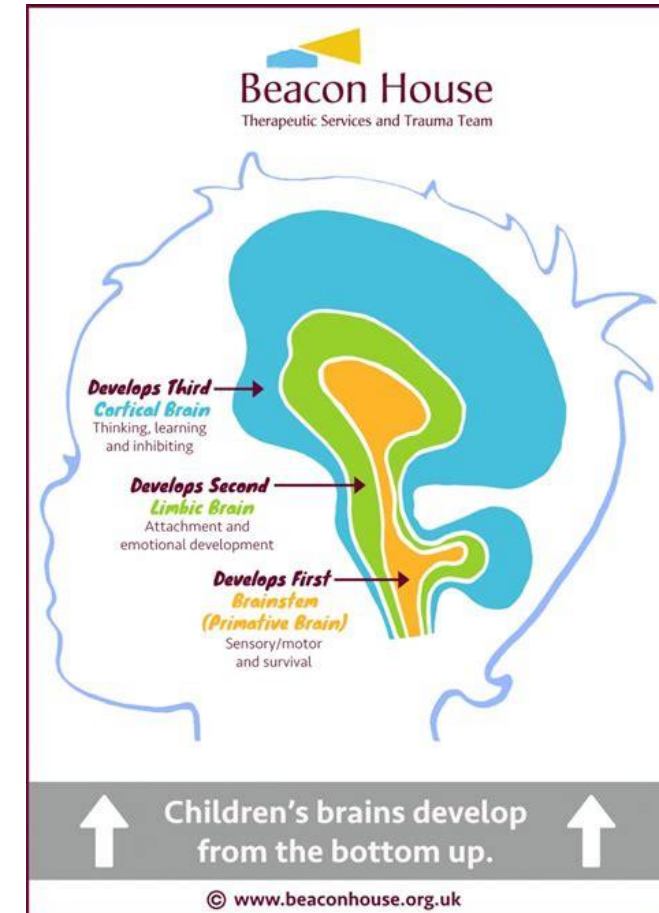
Disorganised attachment strategies and the development of later mental health problems

- Behaviour seems highly unpredictable, not organised, and often described as inexplicable, disorganised, disoriented or conflicted.
- High level of dysregulation in emotional life and relationships (hard to connect with underlying fear) appears controlling and unemphathic.
- Very limited emotion regulating skills.
- Difficulties in relationships, which do not feel safe. Characterised by control, violence - including domestic violence, extreme ambivalence and sudden shifts in mood and behaviour.
- Drug and alcohol misuse (as attempt to self medicate); high levels of risk taking
- Anti social behaviour and involvement with criminal justice system
- Wide range of mental health problems; complex and embedded mental health difficulties.

Importance of staged therapeutic support for children with insecure attachment strategies.

<https://www.youtube.com/watch?v=FOCTxcaNHeg>

- **Neurosequential Model for planning care** and the stages of intervention. Importance of starting with safety, connection and emotion regulation.
- <https://www.youtube.com/watch?v=FOCTxcaNHeg>
- **Protection** and safety -in the setting and relational safety. Communicate safety. Understand what safety means to CYP. Ensure child is safe in all settings.
- **Emotion regulation** is vital for all aspects of therapeutic work. Child cannot reflect, find meaning, and actively understand if they do not feel safe; importance of this cannot be overstated.
- **Relate** and connection. Importance of conveying to the young person that you are interested in their mind and feelings and can **convey that something is understood** (connection with them). See the world from their point of view.
- **Reflect:** support understanding and connection with mind and experiences.
- **Approaches that support this include PACE approach;** trauma informed approaches (Safety first; WINE – Wonder Imagine Notice Empathy; PRRR – Protect, relate, regulate, reflect); psychotherapeutic approaches; creative art approaches, including art; play; movement; dance; music natural world.



Supporting recovery from trauma and insecure attachment

- Safe, attuned, adults who are interested in the minds and experiences of CYP are the key to recovery. Secure, caring relationships provide vital sense of safety and connectedness.
- **Protect** - ensure setting and relational safety. Support sense of safety and calm. Start support with safe engagement.
- **Regulate** through calm reflection and connection. Use calming interventions that work for CYP. Meet sensory needs. Remain calm as adult (regulated adult).
- **Relate** through your interest, empathy, acceptance and concern. Support a sense of connectedness. Find joy in relating. Convey child's feelings are understood. It is helpful to know the child's story, - their family experiences.
- **Reflect** - *when ready*, to convey understanding of child's feeling and experiences, and support child's narrative. Coherent sense of their experiences. Important not to move to making sense before the child is ready. Reflection requires making connections between past experiences and current challenges.

Use PACE approach and creative therapeutic approaches, - support understanding and sensory needs –music, dance, art, natural world.



Supporting children who rely on avoidant strategies:

- Importance of ***gentle challenge*** to their avoidance of connecting with their feelings and those of others. Challenge that feels too great is experienced as being 'pushed off cliff'
- Create and embed emotional and relational safety
- Convey that their difficulties are understood.
- Help them understand and name the unspeakable (including unbearable feelings)
- Work hard to make emotional connections (use play; emotion cards; creative arts)
- Support safe and trusted care seeking.
- Convey the safety of expressing feelings
- Help connect past events and current feelings
- Help carer understand feelings of not being needed/not being able to nurture child
- Help them learn to trust feelings

Supporting children who rely on ambivalent strategies:

- Help others see hidden, not just expressed need
- See their difficulties from their point of view
- Tune into them – let them know you understand that they feel life is unfair
- Help them develop strategies to calm and sooth emotional arousal; support emotion regulation.
- Help put things into words; support reflection and mentalisation.
- Help them learn to reflect on experiences
- Help carer understand feelings of incompetence and failure
- Help them learn to trust thoughts as well as using their feelings as key reference point.



Locating these messages in our work with children & YP: key messages

1. Secure & healthy relationships provide building blocks for human health & development
2. These begin in infancy and support healthy brain, social and emotional development.
3. Humans are born with predisposition for relatedness; a sense of belonging and connectedness to others (we are social beings); the opposite –alienation; disconnection; no sense of belonging relate to wide range of problems.
4. Difficulties children experience and present to others are outcomes of difficulties in their relationships; harm; loss and trauma and how these are internalised.
5. Our task is to wonder about these difficulties rather than be preoccupied with the outcomes.
6. Mental Health problems are understood as social in origins and presentations. ***'Failures of relatedness'***