

# ATTACHMENT THEORY

*In the early 1960s, Mary Ainsworth did studies with babies in what was called the Strange Situation. She described 3 types of attachment: Secure, Insecure/Anxious or Ambivalent, and Insecure/Avoidant. Later, in 1986, Mary Main and Judith Solomon identified an additional category of insecure attachment, which they called Insecure/Disorganized.*

## **Secure**

One who seeks his/her primary caregiver when distressed; is easily comforted; can become absorbed in play; is curious and responsive to environment.

## **Insecure/Anxious or Ambivalent**

These children alternate between seeking proximity and resisting contact; they have problems directing attention to the environment; anxiety and fear is prominent. As they grow older the insecure/anxious child is likely to be clinging and shadowing with adults; whiny, dependent and demanding; eager to please; intrusive on adult space; pouty when limits are set; have excessive separation problems and to lack confidence. They easily feel rejected or betrayed and exhibit regressive or immature behaviors when craving love or affection. Although they are likely to sabotage the relationship when parents are feeling emotionally close the child tries to engage the parent through manipulation when the latter is distant.

## **Insecure/Avoidant**

These children are friendlier with strangers than with parents; they do not look to caregivers for comfort; they pay more attention to the environment than to people. Gradually they become hostile and distant with peers and teachers alike, socially isolated, less compliant with rules, and more expressive of negative emotions. As they grow older, these children are frequently very independent; sullen and oppositional; not likely to seek help when injured or disappointed; angry and distant; lacking in empathy; omnipotent in their approach to the world and rejecting of nurturing. Avoidantly attached children are disproportionately represented in samples of abused or neglected children.

## **Insecure/Disorganized**

These children may show some features of all other categories; they alternate between clinging to and avoiding or fighting with parent; they approach parent with head averted; they may have stereotypic rocking motions; undirected expressions of fear or distress; expressions of confusion and apprehension (such as hand to mouth movement) upon entrance of parent; dazed, expressionless affect; prone to destructive behaviors towards self and others, especially animals; exhibit extreme control problems.

**These are the classifications as defined by Martha Welch, MD:**

## **Secure**

**What a securely attached child - OR ADULT - looks like:** competent, self-confident, resilient, cheerful much of the time, anticipating people's needs (not from a co-dependent place), empathic, humorous, playful, tries harder in the face of adversity; not vulnerable to approach by strangers because won't go to strangers (as adult, out-going without being foolhardy), good self-esteem, achieving, able to use all mental, physical, emotional resources fully, responsive, affectionate, able to make deep commitments as appropriate, able to be self-disclosing as appropriate, able to be available emotionally as appropriate, able to interact well with others at school and in jobs/careers, likely to be more physically healthy throughout life, self-responsible, giving from a "good heart" place of compassion, has true autonomy, no co-dependent self, because of well-developed internal modulation system, less likely to turn to external "devices" (addictions) to modulate affect.

## **Resistant**

**What this child - OR ADULT - looks like:** clingy, sometimes rebuffing, or clingy and rebuffing, tense a lot (the physiology of stress = the physiology of separation), impulsive - the mother's presence modulates the child's physiological state, which helps them control their behavior, passive, defeatist - not trying harder in face of adversity, volatile temper tantrums - always a symptom of attachment strain, difficulty making commitments and following through, difficulty in school and at work, irritable, reactive, more likely to engage in high risk activities (takes up more dangerous hobbies), more likely to depend on external modulation devices to control affect, more likely to develop a co-dependent way of giving and relating to others (I'll take care of you, if you'll take care of me), not fully self-responsible, at risk for more physical illness throughout life.

## **Avoidant**

**What this child - OR ADULT - looks like:** actively hostile, bullying, whiny, needy but distant, compulsively self-sufficient - "I don't need you", not able to give and take - can take in negative ways but not "receive" as part of reciprocal cycle, unable to make commitments, isolating/withdrawing, difficulty developing and maintaining good relationships, can go as far as to be sociopathic - a "user/taker" in the world, blames others for self-mistakes, not self-responsible, unable to show affection, easily angered (affronted) - takes others' actions personally and may seek revenge, often depends on external modulation devices to control affect (esp. alcohol/drugs), often engages in dangerous hobbies; prone to physical illnesses throughout life.

## **Disorganized**

*Often this crosses all three other types*

**What this type of child - OR ADULT - looks like:** depressed, inhibited, when they start crying it's hard for them to stop - they don't get comforted, anxious, clingy - to anybody - so are vulnerable to stranger abuse, unachieving, unmotivated. As adults, they are more likely to be seen in doctors/therapists offices for depression and anxiety disorders, more likely to need external modulation of affect, i.e. anti-depressant/anxiety medications, more prone to physical illness throughout life, difficulty maintaining relationships - much self-doubt and "who would want me?" thinking.