

ATTACHMENT THEORY

Notes and extracts from:

Attachment Theory for Social Work Practice. David Howe (1995). Macmillan.

Attachment theory is broadly seen as a theory of personality development arising out of Bowlby's work on children's development. Attachment behaviour is a biological response designed to get children into close relationships with, particularly, adults. Being in a close relationship with one or more adults brings a number of potential benefits to the child. The food supply can be ensured. It provides a safe, protective environment for the vulnerable infant, particularly when the child experiences physical or emotional upset, anxiety, fear or danger. Equally important it offers an experience in which the child can learn about and become able to handle the social world. And as language facilitates communications about such experiences and exchanges, the child will learn to speak and pick up the cultural habits and expectations of his or her community. Human beings are, therefore, essentially social beings. To function appropriately and effectively, children need to make sense of their own and other people's behaviours, reactions, emotions, intentions, needs, desires and beliefs. The development of social and emotional understanding is crucial if children are to become effective and competent social players. The more coherent, responsive and stimulating the social relationships in which children find themselves the more they will be able to learn about and understand (i) themselves, (ii) other people, and (iii) the relationship between them. As Frith (1989: 169) says, 'the ability to make sense of other people is also the ability to make sense of one's self.' It is therefore extremely helpful in terms of children's psychosocial development for them to be in relationships where they can build clear models of interpersonal life.

INTERNAL WORKING MODELS

In order to make sense of other people and social relationships, infants generate inner mental representations, internal working models, of the self, others and the relationship between them. Such mental models help individuals organise their expectations about other people's availability and responsiveness. The models themselves arise out of earlier relationship and care giving experiences. Not only do they lay down structures which influence people's personality, they also guide how they perceive, interpret and respond to other people. Put very simply, the infant has expectations about (i) whether or not at times of stress and anxiety their caregiver is likely to be available and respond with warmth and concern, and (ii) whether or not they themselves are someone about whom other people care and are likely to respond with love and attention. If internal working models of the self, others and the relationship between them develop within close relationships, we can see that the quality of these intimate relationships will influence how children view both themselves and other people. The more adverse the child's relationships, history and experience, the more negative, de-valued and ineffective they will view themselves. In this sense, external relationships become mentally internalised.

Internal working models, therefore, represent the beginnings of social understanding. If the child's relationship with his or her mother is rich, reciprocal, responsive and empathic, then the child will be able to build working models of the self, others and social relationships that are full and coherent, accurate and useful. But if the child's close relationships are unpredictable, insensitive

and unresponsive, he or she will be less able to build models of the self, other people and social relationships that are seen as positive, reciprocal, responsive and effective. Rejection, neglect, unavailability and maltreatment produce internal working models that see (i) other people as unavailable, untrustworthy and a source of emotional pain, and (ii) self as unworthy of interest, love and sensitive treatment.

CLASSIFICATION OF ATTACHMENT STYLES

The quality of relationships that children and adults have with other people, particularly those with whom there is an attachment relationship, will depend on (i) the physical and emotional availability, (ii) sensitivity, (iii) responsiveness, (iv) reliability, and (v) predictability of the other person. Attachment figures who are warm and attentive, create secure attachment relationships. Relationships that are inconsistent, cold or confusing increase levels of anxiety, producing attachments that feel less secure. Each attachment type witnesses children needing to develop an internal working model of and psychological adjustment to the relationships in which they find themselves. I shall briefly outline four types of attachment experience: (1) secure attachments, (2) insecure, ambivalent attachments, (3) insecure, avoidant attachments, and (4) disorganised attachments (fuller versions of these categories can be found in Ainsworth et al 1978; Howe 1995).

1. SECURE ATTACHMENTS

In secure parent-child relationships, care is loving, responsive, predictable and consistent. There is a sensitivity to children's needs, thoughts and feelings. Communication between caregivers and children is busy and two-way. There is mutual interest and concern in the thoughts and feelings of the other. Within such relationships children begin to understand and handle both themselves and social relationships. They feel valued and socially competent. Other people are seen as trustworthy and available. These children are usually sociable and well-liked by peers. They cope reasonably well with the conflicts, upsets and frustrations of everyday life. As they mature into adulthood, they continue to feel good about themselves. These are 'autonomous' and 'secure' people who have a broadly realistic, accurate and workable view of themselves, other people and the relationships between them. Such people are only likely to come the social worker's way at times of great environmental stress (hospitalisation, a disaster, the physical demands of a disability or old age) or in the guise of a resource (foster carer, adopter, volunteer).

2. INSECURE, AMBIVALENT ATTACHMENTS

When parental care is inconsistent, intrusive and unpredictable, children begin to experience increasing levels of anxiety. The problem is one of neglect and insensitivity rather than hostility. Parents often fail to empathise with their children's moods, needs and feelings. Misunderstandings and inaccurate communications abound. The child is never quite sure where he or she is within the parent-child relationship. The child becomes increasingly confused and frustrated. Distress and anxiety lead to a clingy dependence. To this extent, children feel that the world of other people is hard to fathom and impervious to their influence and control. Love comes and goes in what seems an entirely arbitrary way. This generates a fretful, constant anxiety. Children become demanding and attention-seeking, angry and needful. They create drama and trouble in an attempt to keep other people involved and interested. Feelings are acted out. Insensitive and inconsistent care are

interpreted by children and adults to mean that they are ineffective in securing love and sustaining comforting relationships. Their conclusion might be that not only are they unworthy of love but they might be unlovable. This is deeply painful. It undermines self-esteem as well as self-confidence. Thus, there is a need for closeness but a constant anxiety that the relationship might not last: 'I need you, but I am not sure I can trust you. You may leave me and cause me pain and so I feel anger as well as fear.' Such feelings provoke jealousy, conflict and possessiveness in relationships. Children, and indeed adults who have grown up in such relationships are racked by insecurity.

There is a reluctance to let go of others and yet a resentment and fear that they may be lost at any time. The result is that people cling to relationships and yet conduct them with a high level of tension and conflict.

No matter how fraught, for those who feel anxious and insecure it often feels better to be in 'active', noisy relationship with the world. Silence and isolation trigger feelings of emptiness and despair. Lives, therefore, are full of drama and crisis, many of which will appear on the social worker's doorstep.

3. INSECURE, AVOIDANT ATTACHMENTS

Children who develop avoidant patterns of attachment have parents who are either indifferent, hostile, rigid or rejecting. Although these parents may respond reasonably well when their child appears content, they withdraw when faced with distress and the need for comfort and attention. The clinging, complaining behaviour of children in ambivalent attachment relationships serves no purpose in these cooler styles of parenting. Attempts at intimacy only seem to bring rebuff and hurt. Carers encourage independence and de-emphasise dependency. When separated from their parents, these children show few signs of distress. Upon reunion, the children either ignore or avoid their attachment figure. Adults cannot be trusted or relied upon. It seems better to become emotionally self-reliant. Feelings are suppressed. To experience such rejection must mean that the self is unlovable or even bad. Self-esteem is very poor. Lack of emotional involvement and mutuality mean that both children and adults find it hard to understand and deal with feelings. Empathy is poor. Anxiety and frustration easily lead to anger and aggression. These may not be popular people. They can be unfeeling, even cruel. They may find it difficult to form intimate, emotionally reciprocal relationships. Getting too close brings the fear of rejection and pain. As children, they may bully and try to get their way through physical force rather than social skill.

4. DISORGANISED ATTACHMENTS

Many children who suffer physical abuse and maltreatment seem to show a confused mixture of resistant and avoidant patterns of attachment. The parent may not be wholly hostile or rejecting but there are times when they are either dangerous or very frightening to the child. Relationships of this kind produce disorganised and disturbed attachment patterns in which the parent's violent or scary behaviour causes the child to feel extremely anxious. Anxiety normally triggers attachment behaviour in which the child approaches the parent for comfort. But in these cases, the attachment figure is the cause of the anxiety and so to approach him or her actually raises the level of anxiety. The child is therefore faced with a dilemma. There is an urge both to approach and to avoid the attachment figure. The result is that the child is deeply confused and either physically and/or

emotionally 'freezes'. This confusion extends to dealings with other people. Distress and undirected, agitated behaviour is often the result when children find themselves in close relationships. They do not know how to seek comfort nor do they seem to know how to respond to other people's warmth and concern. There is a general air of helplessness and disorientation