



Understanding Attachment and Trauma

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Committed to the awareness, prevention and treatment of child sexual abuse.

Learning Objectives

- Understanding Attachment/The Importance of Attachment
- The Spectrum of Attachment
- Attachment Trauma
- Healing Attachment Trauma



Secure Attachment

Feeling **safe** and **present, loved and able to love**

“When safety prevails, the individual is at its best”

(Diane Fosha)



Attachment

- A biological need from cradle to grave
- Attachment Style is determined by approximately 2.5 – 3 years of age
- “A lasting psychological connectedness between human beings” (Bowlby)
- Attachment is a behavioral system that activates under threat, to seek comfort and safety



- Early attachment experiences have an **impact on the relationships** people form later in life.
- Early attachments with caregivers serve to keep an infant safe and secure, therefore ensuring the child's survival (**evolutionary component**)



Why Do We Care About Attachment?

- **Secure Attachment**: facilitates development of emotion regulation, social skills, and empathy
- **Secure Attachment** is a resiliency factor (emotional armour)



4 Characteristics of Attachment:

1. Proximity Maintenance (desire to be near attachment figure(s))
2. Safe Haven (place to go when needing care or comfort)
3. Secure Base (allows kids to explore while knowing they can return to the safety of the attachment figure)
4. Separation Distress (when parted from the attachment figure)



Caregiver Attachment Behaviors:

1. Sensitivity to Signals

- Detecting the child's signal correctly, interpreting the signal, appropriately responding, and a timely response

2. Cooperation vs. Interference

- Parent response and connection to their child to any given developmental need

3. Availability

- Physical and Psychological

4. Acceptance vs. Rejection of the infant's needs

(Waters and Ainsworth)



Secure Attachment

- Based on repeated daily interactions with an attachment figure, babies develop reasonably accurate representations of how the attachment figure is likely to respond to their attachment behavior (Cassidy and Mohr, 2001)



Insecure Attachment:

So what happens when infant and caregiver attachment behaviors are consistently less than optimal?



Insecure or Anxious Attachment



Attachment Styles

Parenting and Attachment:

Attachment styles	% of sample (also generalized to represent U.S. population)	The child's general state of being	Mother's responsiveness to her child's signals and needs	Fulfillment of the child's needs (why the child acts the way it does)
Secure Attachment	65%	Secure, explorative, happy	Quick, sensitive, consistent	Believes and trusts that his/her needs will be met
Avoidant Attachment	20%	Not very explorative, emotionally distant	Distant, disengaged	Subconsciously believes that his/her needs probably won't be met
Ambivalent Attachment	10-15%	Anxious, insecure, angry	Inconsistent; sometimes sensitive, sometimes neglectful	Cannot rely on his/her needs being met
Disorganized Attachment	10-15%	Depressed, angry, completely passive, nonresponsive	Extreme, erratic: Frightened or frightening, passive or intrusive	Severely confused with no strategy to have his/her needs met



Attachment Styles:

On a Continuum

- Secure (Organized)
- Insecure:
 - Ambivalent (Organized)
 - Avoidant (Organized)
 - Disorganized



Secure Attachment Characteristics

- Children show some distress when caregiver leaves but are able to compose themselves (trusting that the caregiver will return)
- Feel protected by caregivers and go to them for comfort when distressed



Correlates: Secure Attachment

- High self-esteem and ability to self-reflect
- A healthy sense of identity and feelings of self-worth
- Positive social relationships and emotional maturity
- Core beliefs that support a satisfying life
- Lower instances of anxiety, depression and aggression



Positive Outcomes of Secure Attachment:

- ✓ **Lower stress reactivity**
- ✓ **Less need for defenses against threats to the self**
- ✓ **Better mental and physical health**
- ✓ **Better behavioral self-regulation**
- ✓ **Greater relationship satisfaction**
- ✓ **Greater skill in conflict resolution**
- ✓ **Greater sensitivity and responsiveness to others**
- ✓ **More expressive of affection and support**

(Shaver, Lavy, Saron & Mikulincer, 2007)



Positive Psychology of Love

Relatively secure individuals tend to:

- evaluate stressful events in less threatening terms
- have more confidence in coping skills
- understand how social interactions work
- seek support in times of need

(Mikulincer & Shaver, 2013)



Positive Psychology of Love

Research findings indicate that:

- Secure individuals can deal constructively with difficult relational interactions
- A sense of security can soften the automatic and often maladaptive responses of insecure individuals
- Secure individuals sustain positive beliefs about others in the face of conflict

(Mikulincer & Shaver, 2013)



Conditions that Support Secure Attachment:

- Felt Safety/Protection
- Feeling Seen and Known/Attunement
- Felt Comfort/Soothing and Reassurance
- Feeling Valued/Expressed Delight
- Felt Support for Best Self/ Unconditional Support and Encouragement/ Free to Explore (Dan Brown, 2016)



Interpersonal Neurobiology

- Everything that happens in the brain is related to experience
- Baby is born with 100 billion neurons
- Each nerve cell forms up to 10,000 connections
- These connections form networks (cell assemblies and neural networks)
- Neurons that fire together wire together



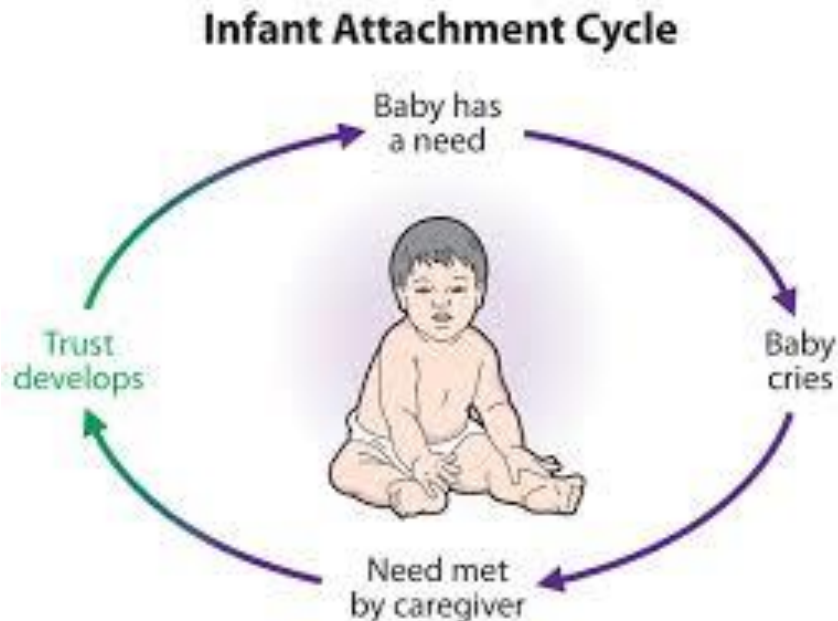
Interpersonal Neurobiology

- Infant cannot soothe self
- Distraught infant reaches for caregiver because an attuned adult can soothe him/her
- Self soothing is learned through thousands of such interactions (touch, gaze, mirroring, smiling, rhythm, movement, skin contact, breathing)



Moment to Moment: Serve and Return

- Caregiver takes cue from infant
- Disengagement and reengagement is then coordinated
- Each recreates an inner psycho-physiological state similar to the partners'



Self Regulation

- Function of limbic-prefrontal connectors
- Caregiver is an “external interactive regulator”
- Child then slowly learns to take over

Self-Regulation



Rupture and Repair

- Secure attachment requires only 30% attunement.
Concept of “good enough parenting” (Winnicott, 1953)
- The rest of the time the dyad is repairing
- There is a rhythm to the relationship
- When there are sufficient moments of meeting, the relationship develops a “thickness” the infant can count on (Stern)



Relationship Repair



- Effective co-regulation with attachment figure precedes effective self-regulation
- Consolidation of co-regulation leads to self-regulation
- Self-regulation (with internalized other or actual person in the moment) leads to increased ability in other behavioral systems (exploration, caregiving etc.)



The Roots of Resiliency



“... are to be found in the sense of being understood by, and existing in the mind and heart of a loving, attuned, and self-possessed other.” (Bowlby)



Ongoing Relationship Rupture

- Inadequate stimulation and under-nourishing relationships can result in neuronal pruning
- Neurons then fail to develop synapses and circuits that are related to adaptation and behavior



Effects of Ongoing Relationship Rupture:

- Underdeveloped ability to soothe and settle
- Patterns of behavior become habituated
- Result in Hyper or Hypo activation of emotional regulation
- Significant distortion of meaning making and/or formation of negative core beliefs (initially a “felt sense”/implicit)
- Development of social communication/engagement interrupted
- Development of stress response
- Faulty neuroception (detection of people as safe or dangerous)



Ongoing Relationship Rupture

Neural Systems Affected:

–Social engagement

- Brain stem (myelinated vagus) – facial expression, vocalization, listening
- Parasympathetic Nervous System- rest and repair

–Mobilization

- Sympathetic Nervous System – fight or flight

–Immobilization

- Vagal Break – shut down



Attachment

A child will organize thinking and behavior to maintain attachment ... even at great cost (Bowlby)



Video link (Tronick): Still Face Experiment

<https://www.youtube.com/watch?v=apzXGEbZht0>



Exploring Our Own Attachment

Attitude to keep in mind:

“Of Course...”



We learned these things on an implicit level and our strategies ensured our very survival.



Insecure Styles: Terminology

The Hyperactivating System

- Infant Attachment = Ambivalent Style
- Adult Attachment = Preoccupied Style

The Deactivating System

- Infant Attachment = Avoidant Style
- Adult Attachment = Dismissing Style



Insecure Ambivalent

Caregiver Behavior:

- Caregiver interacts with child in ways that are inconsistent and unpredictable (unreliable caregiving)
- Caregiver may not allow for independence
- Caregiver may use the child for own self-regulation



Ambivalent Presentation

- Child may be confused and distrustful, not knowing what kind of treatment to expect
- Hypervigilant about parent's availability or unavailability; may vacillate between being over-dependent/clingy and angry rejection
- System of seeking comfort but not taking it in



Adult Attachment: Hyperactivating

Hyperactivation of attachment system

- Seeks proximity/comfort but does not integrate
- Hyper-vigilance for threat
- Endless flow of negative thoughts
- Preoccupation with relationships that ended in feelings of abandonment
- Strong feelings of anger, fear, and sadness regarding attachment relationships



Hyperactivating Systems

Feelings of helplessness due to the interference of developing self regulation can add to hyperactivating systems:

- Caregiving that is unrelated to the individual's requests or need for help
- Intrusiveness that prevents the learning of self-regulation skills and punishes the person for engaging in autonomy-oriented activities
- Explicit or implicit messages from an attachment figure that emphasize a person's helplessness, incompetence, or weakness



Hyperactivating Systems

The ambivalence of moving toward the attachment figure is painful, but does not seem as painful as moving away (Julie Murphy, 2016)



Negative Outcomes

- Reduced resiliency under stressful conditions
- Reduced ability to regulate negative emotions
- Increased somatic symptoms such as insomnia and health issues, especially stress-related illnesses
- Increased incidence of mental health issues including anxiety, depression, eating disorders and substance abuse



Presenting Issues and Behaviors

- Overwhelmed by feelings
- Depression/anxiety
- Dissatisfaction
- Feelings of self-doubt
- Helpless in making sense of own experience
- Minimized sense of own resources
- Afraid of being independent
- Difficulty with limit-setting, boundaries (Julie Murphy, 2016)



Presenting Issues and Behaviors (Cont'd)

- Constant activation (anxious energy)
- Scanning for internal and external cues that heighten activation
- Ignoring cues that soothe and settle
- Distrust in others' willingness and capacity to stay
- Wanting closeness and pushing away simultaneously
- Identifying with distress
- Capable with others and world but helpless with self



Avoidant Presentation: De-Activating

Caregiver Behaviors:

- Caregiver was emotionally unavailable or unresponsive a good deal of the time
- Consistent inattention, rejection, or angry responses of the attachment figure to proximity-seeking
- Threats of punishment for the display of attachment behaviors
- Explicit or implicit messages that encourage self-reliance and prohibit overt expressions of neediness and vulnerability (“Don’t be a baby”)



Deactivating/Avoidant

- Child learns early in life to suppress the desire to seek out a parent when frightened, distressed or in pain, which leads to not seeking out others for support in the future
- Lack of “reward” for relationship
- Cut off from feelings (in both self and others)
- Struggles with empathy



Adult Attachment: Deactivating

- Does not seek proximity or comfort from others under stress (“Why would I?”)
- False sense of calm and security
- Blocked conscious access to emotions
- Dismissing of attachment based relationships
- May idealize early life (“glossing over”)



Presenting Issues and Behaviors

- Difficulty trusting others
- Impaired ability to be intimate
- Often devoid of feeling (no “felt closeness”)
- Does not value intimacy



Presenting Issues and Behaviors

(Continued)

- May avoid feeling and closeness by either repression or control
- Power issues in relationships
- May not value empathy
- May compensate with highly developed cognitive abilities (intellectualizes)
- May use anger to create distance
- May idealize



Disorganized Attachment

- **The most insecure type of attachment**
- **A lack of a coherent style or pattern for coping**
 - A breakdown of the usual *organized* attachment strategies
 - Human interactions are experienced as erratic, so children cannot form a coherent interactive template
 - “If the child uses the caregiver as a mirror to understand the self, the disorganized child is looking into a mirror broken into a thousand pieces.”



Disorganized Attachment

- The parent's behavior is unpredictable (often due to unresolved trauma or loss), and frightening or frightened to the child
- Often associated with low reflective function in parents
- The child is faced with an impossible dilemma: a need to seek comfort when in distress from a caregiver who is frightening (Fright without solution)



Fright Without Solution

When the person who is the safe haven presents a threat, a non-resolvable forward feedback loop is created:

–If I move toward, I must move away...

–If I move away, I must move toward

= a collapse of behavioral strategies (Mary Main)



Risk Factors

- Severe and/or chronic depression of caregivers (lack of responsiveness is threatening)
- Unresolved trauma or loss in caregivers
- Early death of parent (during attachment phase)



Frightening Parental Behavior



- Threatening
- Frightened (due to parent's unresolved trauma)
- Dissociative (or incongruent)
- Timid/deferential (infant has too much "power")
- Spousal/romantic (eg. when 2 spouses not connected)
- Disorganized (Main & Hesse, 1992 and 2006)



Disorganized Behaviors (Children)

- Sequential display of contradictory behaviors
- Simultaneous display of contradictory behaviors
- Undirected, misdirected, incomplete and interrupted movements and expressions
- Stereotyped, asymmetrical movements, mistimed movements etc. – only when parent is present. (Baby can't match “What's our intention in the world together?”)

(Main & Solomon, 1990)



Disorganized Behaviors (Children)

- Freezing, stilling, and underwater movements and expressions
- Apprehension of parent – hunched shoulders, fearful expression
- Disoriented wandering, dazed or confused expression, or multiple rapid changes in affect (Main & Solomon, 1990)



Disorganized Attachment

- The child has no organized strategy to feel safe or to get needs met (can be rapid cycling between hyper and hypo activation)
- Child experiences emotional flooding, erratic behaviors, inability to self-soothe, boundary issues
- Faulty neuroception
- Poor social skills, difficulty trusting
- See the world as “unsafe”
- Typically develops into an “Attachment Disorder” (RAD and DSED)



The Unsafe Rules for Living

- Child has learned to exist in an unsafe world...these strategies were initially *highly adaptive*
- Currently behave as if they are in an *unsafe place* (even if we think they are currently safe)

“These are children who have only been taught the rules for rugby and here we are placing them on the field, expecting them to play soccer.”

(Dr. Andrew Bremness)



- **Disorganized attachment** is the most severe form of attachment problems, where this bio-psychosocial system becomes ‘disorganized’ in the same fashion as ‘disorganized schizophrenia’, where many domains of function are simultaneously disturbed. ‘Disoriented’ could also be used
- The chief cause of this disorganization is ongoing **neglect** and **trauma**, i.e. ‘disorganized parenting’ ... and hence ‘developmental PTSD’ usually present



Presentation in Children

Boundary Concerns:

- Personal Space
- Strangers (frozen watchfulness to indiscriminate sociability)
- Deceit (lying, stealing, conning, “manipulating”)
- Emotionally phony (“as if”)
- Food (hoarding, hiding, no sense of “enough”)
- Sexual touch
- Regulation of Affect



Presentation in Children

- Vigilance
- Dissociation
- Flashbacks (may be sensory-perceptual)
- Controlling behaviors (more common if parent was “helpless”)
- Symptoms of depression, anxiety, and “acting out”
- ****Developmental Trauma Disorder**



Self Concept

'I must be bad and my bad behavior is who I am'

Vs.

'I am good and loved and loveable'



Self Concept

'Trust no one and survival depends on being in control'

Vs.

'I trust the world and me in it'



Self Concept

'I do nothing right' Vs. 'I am competent'

'I deserve to be hated' Vs. 'I deserve a chance'

'Others deserve my hate' Vs.

'I can forgive and be close to others' (attach)

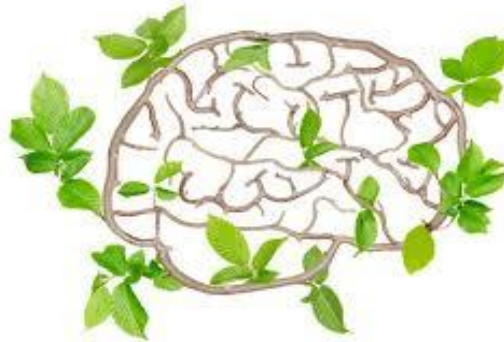


Attachment and Plasticity

- Neuroscience supports that the brain continues to develop both new connections and new neurons throughout a person's life, suggesting attachment styles are not necessarily permanent.
- “Earned secure attachment” (Siegel and Hartzell, 2003)



Attachment and Plasticity



- Experiences even in adulthood continue to shape neural connections in the brain
- Interpersonal relationships and self-reflection support these connections
- Integration **ONLY** happens in the context of safe, empathic relationships (and the window of tolerance)
(Siegel and Hartzell, 2003)



The Healing Relationship

“A safe and empathic relationship establishes an emotional and neurobiological context conducive to the work of neuronal reorganization” (Cozolino, 2002)

**Healing *must* happen in the context of relationship
(dyad therapy)**



Healing Attachment

Importance of Prevention and Early Intervention

- Circle of Security Program
- Filming Interactions to Nurture Development (FIND Program)
- Trauma and Attachment Group (TAG) Program



Parenting with PLACE

(Dr. Siegel)

Playful
Loving
Accepting
Curious
Empathic



Resources

- “Parenting from the Inside Out” (book)- Daniel J. Siegel and Mary Hartzell
- Childtrauma.org



QUESTIONS?

...and thank you for your time!....





Thank you!

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