



UNDERSTANDING ADULT ATTACHMENT IN FAMILY RELATIONSHIPS

RESEARCH, ASSESSMENT AND INTERVENTION

ANTONIA BIFULCO AND GERALDINE THOMAS



Understanding Adult Attachment in Family Relationships

Attachment theory has become a key focus of both research and practice in understanding and treating psychological and social risk for marital and relationship problems, parenting and clinical disorders. In particular, adult attachment style is a major explanatory factor for understanding problems in human relationships.

This practical book introduces and explains an easily accessible assessment tool for adult attachment style: the Attachment Style Interview (ASI). Based on extensive research over ten years, it discusses appropriate interventions and case assessments that can be made to help families in need. Simpler than the Adult Attachment Interview, which requires expert administration, the ASI is an invaluable and evidence-based resource. Presenting clear and concise descriptions of the measure and summaries of the attachment models developed, this text provides discussions of its relevance for different practice contexts, and uses a range of worked case studies to illustrate its principles and applications. It details attachment issues in different relationship domains to cover areas of risk and resilience relevant for practice such as:

- adult depression and anxiety and stress models;
- partner difficulties including domestic violence;
- childhood neglect and abuse as a source of attachment problems;
- parenting and intergenerational transmission of risk;
- interventions, service application and use in family therapy.

Understanding Adult Attachment in Family Relationships provides an important reference for all practitioners working with children, adolescents and families, especially those undertaking further study.

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Research, assessment and intervention

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Preface

The purpose of this book is to provide an accessible but informed account of attachment in families, for use by both practitioners and researchers, with a particular focus on support-based adult attachment style. Whilst there are many acclaimed publications on the issue of attachment, this book will emphasise a social approach to balance the psychodynamic, cognitive, neuroscientific and other contributions already available. It approaches attachment style from the point of view of the adult or young adult, and takes a lifespan perspective, tracking experiences from childhood to maturity. It looks backwards from adulthood to childhood in order to capture early life experiences crucial for attachment-based models. It also looks forwards to examine change in attachment and to the parenting of the next generation, to look at transmission inter-generationally. Partner relationships and the role of fathers are taken to be of critical importance, although the reporters here are mainly women, with accounts of adult males in the family provided by female partners and daughters and sons. The retrospective reconstructions of childhood and adolescence are used because of the measurement and ethical challenges obtaining complex information from children. However to approach the issue of younger children's development, case material from practice examples describing the experience of children living with parents with problem attachment styles is provided.

The research findings presented are based on two five-year Medical Research Council-funded UK programmes conducted during the 1990s, which researched vulnerability to depression in community women, and tracked their lifetime attachment experience and vulnerability to clinical depression. The second programme re-interviewed a proportion of the mothers to look at attachment change, and to also interview their 'emerging adult' offspring. This enabled investigation of intergenerational transmission of risks around attachment, but also to reassess experiences from a younger age group closer to childhood, and to include males as well as females. Given lengthy biographical interviews were undertaken in both generations, extensive case material was generated in addition to reliable quantitative data. This allowed for parallel description of numeric findings

illustrated with case material to further understand the linkages found. This book attempts to give equal weight to both.

The Attachment Style Interview (ASI) is used throughout. This support-based interview of attachment style is very different in content but not in overall classification from the more widely used Adult Attachment Interview (AAI). There were various reasons for utilising this measure, designed by the first author and the Lifespan Research team. First its content involves ongoing relationships to assess relating-ability and support in parallel to the attitudes held around Secure, Anxious, Avoidant or Disorganised attachment styles invoking issues of autonomy, trust, fear and anger in relating. Assessing ongoing relationships and attitudes is useful for a social and contextual-based approach, and its focus on the here-and-now means in it can be used to predict future risk, and change as social experiences change. The ASI is used in models as an independent outcome of childhood adverse experience. It is a transparent and relatively easy measure to use both in research and in health and social care practice. In the latter it is used to assess clients, parents or prospective adoptive/foster parents to look at the stability of close family relationships and the context in which a child is raised. It is similarly useful in adolescent and adult clinical practice, family therapy and marital therapy.

The book aims to enhance understanding of attachment from a psychosocial perspective through discussion of the research literature, and the presentation of findings from the MRC programme of research in London. It also extends this to discuss interventions, focusing on those most representative of particular approaches, those best evaluated or those more commonly used. It also focuses on child and family services, particularly those relevant for child safeguarding and child protection. In each instance it attempts to link these back to the models proposed around psychosocial causes of attachment difficulties at different lifestages. The penultimate chapter looks at the use of the ASI in a Filial Therapy context in order to illustrate some of the issues that arise when working with parents with Insecure styles and children who are showing emotional or behavioural difficulties. This seeks to explore the dynamics involved and to show the inter-relation of various risk factors. It does not, however, provide instructions for implementing Filial or any other therapy. Neither does it in itself provide training in the ASI, although providing an effective primer for the four-day courses held nationally for practitioners and researchers.

By taking a social approach, we emphasise the very large impact of the adverse social environment, whether involving neglect or abuse in childhood, adult domestic violence, stressful life events, lower social class position, single parent status or other markers of deprivation and stress emanating from the external world. This is to underline the damage to healthy development often caused by factors external to the individual over which they may have little control. This is not to overlook the fact that adult attachment itself emanates from within the individual as a psychological

construct including cognitive, emotional and behavioural aspects centred around the ‘internal working models’ described by John Bowlby, but rather to look wider at the individual in context. We also discuss the impacts of gender and culture. Both are limited in our own samples, but amplified by other studies using the ASI or other attachment measures. The ASI is now being used internationally, particularly across Europe and Asia, and where possible we have included findings from these studies to extend the reach of the ASI, and our London attachment findings. Also, where appropriate we have outlined the biological underpinnings of attachment, although our expertise is greater on the psychosocial side and we can present no new data on the complex and fascinating interplay between the mind and body. We have included enough, we hope, for a constant reminder that the genetic, hormonal and brain-related elements to an individual’s behaviour may provide critical input to risk or resilience to psychological disorder and in future is likely to become a routine aspect to disorder profiling. We look forward to greater use of the ASI in those investigating biological risk factors to add yet a further dimension to the contextual life-history approach.

Antonia Bifulco
Geraldine Thomas
March 2012

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Research is always teamwork and we owe a large debt to our research colleagues involved with the London studies over a ten-year span, between 1990 and 2000, and our work with health and social care services over a further 10-year span since 2000. The MRC programme was originally headed by Professor George Brown, and we acknowledge his role in initiating the individual-in-context approach to social psychiatry and developing the distinctive measurement utilised. In this he was aided by Tirril Harris who contributed a lifespan and psychodynamic approach, with a concern for implications for clinical practice. The first author (AB) programme managed these studies throughout and took over their direction when Professor Brown retired. We are also grateful to the numerous research assistants who laboriously collected thousands of hours of interview data and meticulously re-listened to and scored the material with diligent attention to consensus reliability. They were responsible for lively discussions aimed at understanding the case material and extending measurement and the developing models. We are particularly in debt to Dr Patricia Moran who was responsible for developing screening self-report instruments, and leading the intergenerational work on the sons investigated. We are also grateful for the continued support of Catherine Jacobs and Amanda Bunn who worked not only on this programme, but also on the development of the ASI training packages now used to aid social workers in their difficult task of assessing parental risk.

We also owe thanks to our various collaborators over the years who have used both the ASI and the Childhood Experience of Care and Abuse (CECA) measure of childhood in their various studies and provided stimulating discussion about their findings and experiences. An important boost to the ASI was provided by Professor Channi Kumar from the Institute of Psychiatry, Kings College, London (KCL), who included it in his European Transcultural – Postnatal Depression (TCS-PND) project in 2000. We also owe a debt to Dr Odette Bernazzani from Montreal, Quebec, Canada who worked with us in London for three years on this and related projects and TCS-PND partners Dr Vania Valoriani, Dr Barbara Figueirido, and Dr Nichole Guedeney who continue to use it in different research and practice contexts.

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We would never have ventured into training practitioners but for the insight of Karen Irving, then Chief Executive Officer of Parents for Children, who foresaw the importance of 'translating' research into practice and providing standardised and reliable interview measures for social workers assessing prospective and adoptive parents. It was through Karen that we were introduced to St Christopher's Fellowship (SCF) who run fostering and residential care services, and they have been loyal sponsors of the adolescent ASI in their care homes and also sponsored the development of the child ASI. Under the leadership of Jonathan Farrow, we owe particular thanks to Ron Giddens, Gordon Parker and Maxine McBriar for operationalising its use.

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We of course owe an immeasurable debt to all the individuals who contributed their views of attachment through narrative accounts, and to the children who did so through dynamic play, and thus provided us with the rich tapestry of directly experienced personal attachment in family relationships.

Finally on a personal note and to illustrate the prime importance of attachment, we would like to thank our husbands and children: Vincent and Lucy Bifulco, and George, Georgiana and Morgan Thomas for providing support and security in this endeavour.

Dedication

This book is dedicated to John Bowlby for his vision in promoting the study and practice around attachment, which has proved so beneficial to children and families.

A research note

The research samples and data analysis outlined in this book have been simplified for purposes of readability. In most instances articles published in scientific journals are cited as sources for greater detail on the samples and statistical analysis. Further details are also produced in the appendices of the samples utilised and of prevalence rates of risk and disorder variables. The following points are noted here to explain the findings presented.

Background to the studies: The ASI was introduced into a programme of research which had been undertaken over three decades under the direction of Professor George Brown and Tirril Harris and by Antonia Bifulco on their retirement (grant G702833 and G9827201). They were responsible in the 1970s for establishing the key role of vulnerability factors and severe life events in the onset of episodes of disorder in women living in the community. The vulnerability identified in the early studies involved lack of confiding in partner or close other, lack of employment, having three or more children at home or loss of mother under age 11. Any one of these factors increased the likelihood of a major depression occurring when a severe life event strikes. Over time these vulnerability factors were refined – the partner variable developed into negative interaction, as did the parenting factor, and this added to lack of a close confidant, and low self-esteem as providing the best vulnerability markers in prospective studies for onset of depression. The childhood factor moved from loss of mother to the quality of care in childhood, with neglect and abuse proving to be a major early life risk factor for later vulnerability and disorder. Given the role of conflict and lack of support in close relationships, and the importance of childhood experience, an attachment approach was later adopted and in turn adult attachment style examined. The original aim was to establish the mechanisms by which conflict and poor support increase risk of disorder, and relate to low self-esteem, and how all emanate from adverse childhood experiences.

The London samples: These are described in detail in the appendix and in the text are referred to as the ‘midlife’ sample of women, the ‘follow-up’ of these women, the ‘mother-offspring dyads’ or the ‘offspring’ samples. These largely represent high-risk individuals and families in the London community. There was no prior selection for presence of psychological disorder and the high rates reported are a reflection of the psychosocial

factors present. The midlife samples are exclusively women, although the offspring younger series were both male and female. Therefore much of the analysis can only be said to reflect female experience although reference is made where possible to other ASI studies where males are included. We believe the models developed hold for both males and females.

Measurement: The standardised semi-structured interviews used cover a range of experiences and vulnerabilities across the life course. These measures are described in the text, but references are provided for the reader to search out more detail. They all have acceptable levels of inter-rater reliability, and validity. Most have been used on prior representative community studies.

Statistical analyses: Those described in the book are relatively simple and highly summarised to aid reading the text. The book is not a statistical exposition of the findings. Further details can be found in publications listed, or by contacting the first author. The main statistics presented are correlations (usually Pearson's 'r' or Kappa) to show the association between dimensional variables or occasionally dichotomised ones. The chi square statistic is used to test the differences between variables, or groups, particularly in relation to disorder outcomes. Four-point scales are often dichotomised for simplicity and because of the dichotomised clinical disorder outcomes, or to build into indices. Usually the top two ratings 'marked' or 'moderate' are contrasted with 'some' or 'little/none'. For most of the analysis an index of Insecure attachment style is used, those Insecure styles at 'marked' or 'moderate' levels are included, those with 'mild' levels of insecurity are combined with Secure. The reason for this is the lower risk levels of those with mild levels. Binary logistic regressions have been used in the analysis, usually with disorder outcomes, to determine the most parsimonious model when examining several independent variables. These are not presented although the most parsimonious models are described. A few examples of path analysis (and one partial Structural Equation Model) are provided for the childhood and parenting models and more details of these can be found in published papers. Only significant pathway coefficients are shown here. Mostly significance levels in the analysis up to 5% level are utilised, but occasionally those up to 10% are shown to avoid type 2 errors on relatively small numbers. The latter are described as 'showing a trend' in relating. Various controls are made in the analysis for social class, ethnicity, gender and these are briefly referred to in the text but figures are not usually presented. In addition, for the midlife sample, the inclusion of sisters for half the sample has been entered elsewhere as a control in all analyses, and their presence does not affect the findings and models presented. For ease of reading, findings and figures are presented in bulleted sentences, mostly in percentages, and with 'p' values given. This is to avoid 'clunky' text heavily laden with figures. Tables have been avoided since this would entail much more statistical detail, and therefore findings are presented graphically where possible. We have provided various summaries of findings, since there are many throughout the book as an aid to absorbing the rich material.

New and summarised findings: The findings presented are a mix of previously published findings which have never been collated before, together with new findings and original case material which has not been published elsewhere. Each chapter contains some new analyses from the London samples described; for example, the analysis of life events and coping; domestic violence; and different types of childhood experience, resilience factors and attachment change are all newly presented here.

The final models: Various models are shown in Chapter 1 to illustrate different aspects of attachment theory. It was not feasible to develop a single model which would highlight the many findings presented. However, a model indicating the confluence of bio-psychosocial factors in the different attachment styles is shown in the concluding chapter for each style, as well as an overall lifespan model and an intergenerational one. These models are schematic and conceptual, not statistical, and aim to summarise the various elements described in the analysis to work towards a more integrated view and one that practitioners can easily absorb to aid in their work.

Case material and ethics: All case examples presented are taken from actual research interviews or clinical or social work practice. In all instances these have been anonymised and any distinguishing details masked. For ease of identification all the cases are described by a first name beginning with the same letter as the style (for example Fearful Felicity) and their key characteristics are summarised in the appendix. Clinical or social work cases have been taken from a variety of sources with permission of the social workers or clinicians involved. Ethical permission for the research studies was granted by the relevant Local Health Authority prior to the programme of research start. All those participating signed informed consent, and for the offspring interviews, maternal consent was also provided. All agreed to anonymised use of their interview material for research purposes.

Labelling attachment styles: For simplicity, when referring to research studies utilising a variety of different labels for adult attachment style the simplified labels of Secure, Anxious, Avoidant and Disorganised have been used, with greater specification added when necessary.

Ten key findings

The research findings are described in detail in Chapters 2–7 covering a range of factors associated with adult attachment style including different role domains (partner, support figure, parenting), functioning (self-esteem, coping, resilience, clinical disorder) as well as adversities (childhood neglect/abuse, adult adversity, recent severe life events).

Ten main findings are outlined here to orientate the reader, and these summarised in more detail in the conclusion and throughout the book.

- 1. Measurement:** Measuring adult attachment style with the ASI involves categorising the quality of partner and close support (family or friends) as a basis for determining level of insecurity. This provides a behav-

journal as well as attitudinal basis for attachment categorisations with attention to context. Two Anxious styles (Enmeshed or Fearful) and two Avoidant styles (Angry-dismissive or Withdrawn) as well as those Dual/disorganised and those Secure are identified.

2. **Clinical Disorder:** Insecure attachment styles (Dual/disorganised, Enmeshed, Fearful and Angry-dismissive) at 'marked' or 'moderate' levels of insecurity relate to major depression and anxiety disorders and to lifetime recurrent depression. In the Offspring sample Angry-dismissive style additionally related to Deliberate Self-Harm (DSH) behaviour and Dual/disorganised style to substance abuse. Withdrawn or Secure style is unrelated to disorder in either sample.
3. **Self-esteem:** Insecure attachment style is related to Negative Evaluation of Self (NES). In particular, Enmeshed and Fearful styles have high rates in both generations. Adult women with Angry-dismissive style also have high rates of NES. Withdrawn or Secure style is unrelated to low self-esteem.
4. **Stress and coping:** Those with Insecure attachment style are more prone to severe life events, particularly those involving interpersonal, and financial events, and exhibit poorer coping skills with such events, involving helplessness, denial and anger. They also have higher rates of lifetime adult adversity. Those with Anxious styles (Enmeshed or Fearful) showed more avoidant strategies (cognitive avoidance or denial) as well as helplessness. Those with Angry-dismissive styles exhibit blame and anger, in addition to emotional distress. Those with Dual/disorganised styles used an array of negative coping responses. Those with Withdrawn or Secure styles have low levels of negative coping behaviour.
5. **Partner relationships:** Insecure attachment style was related to problem partner relationships as well as to single parent status. Those with Fearful styles were less likely to be in a partnership, and more often single parents, with those Enmeshed and Angry-dismissive most often with a partner. Those Dual/disorganised were more likely to have been separated from their partner. Problem partnerships related differentially: those with Enmeshed or Withdrawn styles were most likely to lack partner support through conflict or indifference respectively. Those with Angry-dismissive styles also had a high rate of partner conflict. Those with Enmeshed style were more likely to have been in a violent partner relationship whilst those Dual/disorganised were more likely to have had partners with antisocial behaviour, disorder or criminality. Those with Angry-dismissive styles also had high rates of antisocial partners and those with Fearful styles had partners with disorder or criminality. Improvement in partner relationship, or change to a new supportive partner was a factor in positive attachment change.
6. **Family and friends support:** Having Very Close Others (VCOs) who are confidants contributed to ratings of 'ability to make and maintain relationships' and hence to security. These included adult family members

or friends. Those with a Withdrawn style were the least likely to have a close confidant and Enmeshed the most likely of the Insecure styles to have a close confidant. Acquiring a new close confidant was a factor in positive attachment change.

7. **Childhood adversity:** Severe neglect or abuse was a major early life factor associated with all adult Insecure attachment styles, apart from Withdrawn style. Insecure attachment style was shown to mediate between early neglect/abuse and adult depression/anxiety. Whilst the overlap of different neglect or abuse experiences made differentiation difficult, evidence was found of lack of care experiences relating to Anxious styles (Enmeshed or Fearful) and Dual/disorganised styles, with abuse relating to Angry-dismissive style. In the young sample, there was a significant relationship between maternal antipathy, neglect or physical abuse and emotional disorder. There was also some association of fathers' antipathy, neglect or physical abuse and Angry-dismissive and Dual/disorganised style in relation to substance abuse.
8. **Problem parenting:** Mothers with Insecure styles had higher levels of estimated incompetent parenting and this in turn was associated with offspring independent accounts of maternal neglect or abuse. There was, however, no direct link between mother's attachment style and offspring neglect or abuse other than through incompetent parenting. Fathers/substitute fathers also play a critical role, and problem partners (those criminal, disordered or violent) increased the likelihood of the mother showing incompetent parenting, with marital adversity also contributing to the child's neglect/abuse context. Attachment elements highlighted were hostile and helpless or anxious parenting styles. Enmeshed and Angry-dismissive styles had the highest rates of incompetent parenting.
9. **Resilience and Attachment change:** Secure, mildly Insecure and Withdrawn style were all related to lower rates of emotional disorder, even when childhood adversity was present, indicative of resilience. Positive childhood and teenage experience contributed to Secure outcomes. Around a quarter of adult women changed attachment style significantly over a three-year follow-up period, half in a positive direction. An increase in partner or close other support was associated with positive change to more security.
10. **Attachment and services:** The use of the ASI in child and family services has shown its utility in assessing adoption carer suitability, in conceptualising family and parent-child problem interactions in attachment terms and in identifying attachment difficulties in young people in residential care. Case examples highlight patterning of different attachment styles and behaviours drawing out the implications for family disruption and conflict and pointing to ways in which these might be helped or repaired in different interventions.

1 Introduction to attachment

1.0 Introduction

The importance of close relationships for psychological health and well-being is widely accepted. Attachment theory provides a critical developmental framework for understanding how individuals form close relationships, first as children and later as adults. Driven by the need for a protective bond with the main carer, usually the mother, the child's internalised experience of this early relationship develops as a cognitive–emotional template that continues to inform expectations of future relationships. The effects thus become observable across the lifespan. One of attachment's primary functions is around the management of stress. Thus individuals' regulation of emotions at times of stress, particularly around life events involving loss, abandonment, rejection or conflict, by seeking out help from close others, gives us an insight into psychological attachment mechanisms at play. The good quality of attachments first enacted during childhood is continued through the acquisition of trust, ability to seek help from others and development of appropriate levels of autonomy into adulthood. How these actions vary in individuals with different attachment styles is critical to understanding risk and resilience profiles. When attachment styles in adulthood are distorted, psychological disorder becomes more likely, through the combined psychosocial elements of greater interpersonal stress, poorer coping skills, lower self-esteem and less social support. Such styles and behaviours are typically underpinned by biological vulnerabilities derived from early life adversity. Their impact is not only on individuals but also on their families, which in turn leads to transmission of risk to offspring.

Whilst much has been written on attachment from the point of view of the developing child in relation to its parents and carers, there has been less systematic focus on adult attachment style utilising a lifespan and inter-generational approach which integrates historical relationship difficulties going back to childhood and ongoing adult experiences to understand risks for adult clinical disorder. There is relatively little integrated study from a social perspective of adult relationships which examines childhood

as an independent contributor and looks closely at the context of ongoing close relationships in relation to Anxious, Avoidant and Disorganised as well as to Secure styles. This is the purpose of this book.

1.1 Background to attachment theory

The belief that developing close attachment in childhood to parents or carers is essential to human wellbeing is now a well-established principle which underlines much of the research, clinical and social care practice involving child and family and mental health services (Rutter and O'Connor 1999). It was not always so. In past times attachment was rarely made a priority in policy or practice involving children and adults, with a greater priority given to issues of physical safety, or utility of services. For example, in the Second World War children were evacuated from London and major cities to the country without their mothers with no particular psychological risk being anticipated from the separation and potential disruption of this bond (Rusby 2005). Priority was given instead to physical safety (the children deemed to be safe from bombing) and the utility of having mothers freed up to work in munitions factories and other services to aid the war effort. Whilst the children's experiences proved to be varied (in some cases damaging and in some cases an improvement on prior care), the distress associated with losing the mother and with substitute care was not taken into the calculation of future mental health or wellbeing as it would be today.

Other examples from previous decades include young children being kept in hospital with only limited contact with their mothers or close relatives. Parents were seen as an impediment to efficient running of the hospital wards, and little official importance was given to the distress caused by the separation until this was observed to hamper recovery (Robertson and Robertson 1971). Until relatively recently children looked after by the state were accommodated in large institutions with little opportunity to develop attachments and attachment capacity in personal relationship with carers, leading to the disorders of attachment and relating, evident at the most extreme in Romanian orphanage adoptees (Rutter and ERA team 1998; Rutter, Beckett *et al.* 2007). Also, children's stressful experience of fragmented care by strangers in unfamiliar settings during prolonged stays in residential nurseries in the earliest months of life, was only retrospectively acknowledged as provoking anxiety. Only in later years after attachment was recognised as of importance were arrangements made for greater parent-child contact and frequent visits, much deriving from the film evidence of children showing distress on separation, undertaken by the pioneering work by the Robertsons (Robertson and Robertson 1971). These scenarios of children's responses following reunions with their mothers, were the real-life versions of the experience Mary Ainsworth sought to recreate in her laboratory technique the Strange Situation Test

(SST) to measure the variations of response in terms of Secure or Insecure styles in the infants (Ainsworth, Blehar *et al.* 1978).

John Bowlby formulated the importance of attachment in child development, in adult functioning and in relation to psychiatric disorder. His development of attachment theory, further enhanced by collaboration with Mary Ainsworth, expanded and refined a scientific framework which encompassed biological, ethological, sociological, psychological and psychiatric principles (Bowlby 1969; Bowlby 1973; Bowlby 1980).

Basic precepts of attachment theory state:

- Attachment is a basic human need, required for optimal human development.
- Close relationships with parents or caregivers, promotes actual and felt security in the infant which forms the trust template for later relating-ability.
- The close parent provides a ‘secure-base’ (or ‘safe haven’) in which the child is loved and cared for, encouraged to develop skills and to explore its environment. In turn the child develops other attachments to close family and friends to whom, when experiencing threats to its safety and wellbeing, the child can signal for help and communicate need to gain practical and emotional support.
- The child learns appropriate levels of autonomy – when to cope alone and when to ask for help, as well as a measure of trust that others around will help when needed.
- The child also develops optimal capacity for self-reliance to aid exploration which lead to new learning and the development of coping skills. Such support can allay emotions of fear and anger in relation to the set-backs and trials which occur in everyone’s life.
- The psychological development which accompanies such experience is a positive ‘internal working model’, a cognitive, or mental template, or road plan, which mirrors experience to encapsulate a view of the social world as responsive, supportive and benign. This psychological roadmap sets the scene for approaching new relationships in later life with an expectation of positive and companionable interaction, and selecting appropriate others to become close to. It is typically accompanied by a parallel positive internal working model of the self – viewing the self as lovable and worthy and having positive self-esteem.
- Such positive internal working models then promote better care and a capacity for attunement and ‘reflective function’ or mentalising behaviour (Fonagy, Gergely *et al.* 2002) in parenting roles which lead to greater security in the next generation.

It now seems self-evident that close attachment in childhood is imperative for the child to survive and thrive. Secure attachment to parents or caregivers has been shown to ensure both physical and emotional safety for the

child and to provide a Secure context for healthy development. The same principle of security in close relationships as a key to healthy functioning and development applies throughout the life course. Having close attachments helps individuals negotiate key points of development and change across the lifespan – for example the ability to negotiate age-appropriate autonomy in toddlerhood; the capacity for developing positive peer relationships in middle childhood or adolescent move towards independence and leaving home; adult embarking on sexual and partner relationships; taking on parental roles; finding enduring friendships; negotiating work roles and then retiring from these. All these change-points can be negotiated more easily with the help of supportive, enduring, harmonious and mutually rewarding relationships with close others. Each optimal developmental phase is promoted by healthy attachment behaviour.

The negotiation of stress is an important feature of attachment. One of the key factors in successfully dealing with stressful events is through support. Such events can involve the losses and dangers, entrapments and humiliations, trauma and bereavements that occur during the life course. Having close, reliable, attentive support can mitigate many of the effects of these stressors on our functioning, mental health and coping. Attachment is therefore a fundamental need for human resilience throughout the life course and in relation to myriad stressors. Without attachments the quality of life is greatly depleted, day-to-day functioning is reduced and psychological difficulties and damaging social interactions more likely.

However, the concept of attachment and its role in a wide range of life situations is in danger of becoming so broad that its utility is devalued by an over-usage and over-valuation of its role. The question ‘what does attachment not relate to?’ becomes a refrain from researchers as more and more aspects are included in its remit. An important issue remains: how can it be easily measured at different life stages, preserving continuity but amenable to different levels of development? Whilst its absorption into professions such as social work is heartening in relation to promoting children’s development and loving family relationships, here too, attachment has become a loosely applied by-word for an inferred bond between parent and child. So when an adult or child is referred to a service because of problems in attachment, the referrer is assumed to have made an accurate judgement of the individual’s attachment behaviour. But this is often in the context of a loose model of attachment behaviour and without the benefit of reliable and valid instruments through which such evaluation can be substantiated. So while it is encouraging that the relevance of attachment theory to practical areas of support and intervention is acknowledged, and recognition of different patterns of attachment behaviour have become absorbed into mainstream thinking, the absence of empirical back-up to claims of attachment problems is concerning. In this way, as prophesied by some of its early researchers, attachment has indeed become a victim of its own success

(Waters, Corcoran *et al.* 2005). The popularity of attachment concepts has been such that personal judgement of what constitutes attachment has been permitted to become acceptable as the preferred method for assessing quality of attachment in many services. The purpose of this book is to look in close detail at a particular type of standardised assessment interview for adults and its use in a range of studies which have looked at attachment style in relation to risks for psychological disorder in families to inform both research and practice applications. This will seek to inform a model of attachment which will examine its early life sources and its relationship to later clinical disorder.

Summary of key attachment concepts

Attachment: The protective bond the child develops first to the mother or main carer and then to other family members involving proximity seeking, responses to the child's emotional state, dyadic soothing and understanding and acceptance of the child's emotional experience.

Attachment figure: Someone who provides safety, responsiveness to distress, support, understanding, protection and care. In childhood the primary and secondary carers are usually the parent figures. In adulthood other close figures who provide support such as partners and close family or friends.

Attachment behaviours: In infancy this includes crying, smiling, clinging, searching, proximity seeking and other adaptive responses to the experience of distress related arousal and/or separation from primary attachment figure. In adults this involves seeking out the attachment figure for support, comfort and acceptance.

Attachment behavioural system and style: Secure styles involve an organised strategy optimising approach or avoidance of others to find a balance of autonomy and safety/support. Insecure styles maximise either the approach or avoidance to others for purposes of emotion-regulation, mistrust of care or harm-avoidance developed in childhood in relation to caregiver behaviour and other experience. Disorganisation, or absence of organised strategy, can occur due to overwhelming fear or powerlessness. The behavioural system leads to a distinct pattern of interaction with the caregiver or close other in childhood as well as in later adult life.

Safe-haven: The physical and emotional security provided by the mother or main carer to the infant to promote healthy development. In adulthood this is provided by adult close relationships.

Secure base: Feelings of safety transmitted through close proximity to the caregiving parent from which the child has the confidence to explore.

Internal working model: A cognitive template (or roadmap) which develops in childhood about others and of the self based on early experiences of care or neglect/abuse which determine future expectations of relationships. These continue into adulthood but are open to change and adaptation.

When children do not have attentive caring in early life, damage is done to their development and to their capacity to relate to others which endures into adult life although this is capable of re-alignment. Expectations that others are hostile, unpredictable or cold, or untrustworthy, arise from real experiences of neglect, emotional, physical or sexual abuse from carers and others. In these situations the internal working models developed similarly reflect that the social world is cold and hostile, and that others will not be available for help or support. This is frequently accompanied by the belief that the self is unworthy and unlovable. Such expectations inhibit the ability to develop close attachments and builds up negative expectations for future social encounters.

Problems in attaching in adulthood lead to a range of social problems. For example, attachment theory can help us to understand the behaviour of a woman in a violent partnership who continually returns to the abusive relationship despite danger to herself, because of her overly high need for attachment proximity, however misplaced. Alternatively, there is the older age person living alone who will not ask for help from services having learned over a lifetime to be self-sufficient and not accept charity, and has to endure isolation. Or the single mother who has been let down in her partner relationship and so becomes fearful of starting another relationship in case she is rejected or abused again. Or the abused individual who uses anger to combat adversity and rejections. In these instances distortions in attachment behaviour can lead to remaining in damaging relationships, or avoiding potentially positive relationships. In each case these individuals would also find it difficult to seek professional help effectively, to communicate need effectively or welcome support. Understanding the nature of attachment and the styles individuals develop helps us to see where such behaviour comes from, and aids practitioners in their assessment and care plans for such individuals.

Attachment theory and the research which has arisen from it, allows us greater understanding of the circumstances and psychological response of individuals whose attachment style and behaviour does not fall within the usual adaptive range. It helps us to understand the tolerance or perpetration of hostility and violence in relationships; the extreme avoidance of

others through heightened self-sufficiency or fear of contact; the increased dependency of individuals on relationships which provide them with little support or reward. It also helps us understand how such adult relationships impact on parenting and the experience of children who are born into families where Insecure attachments are instilled.

The scope of attachment theory and its applications are therefore very broad and central to services which provide for health and social care (Howe, Brandon *et al.* 1999). The aim of this book is to outline details of attachment theory as it applies to adults, provide research findings which help explain non-adaptive and non-supported social relationships and their origins in adverse childhood experience, describe assessment tools for attachment style with emphasis by explaining one interview assessment in particular detail (the ASI) and illustrating the styles and related experience through case material. In the course of expounding attachment style in adults, issues of gender, culture and mental health will be addressed. In addition the implications for interventions and best practice in relation to some of the social problems arising from attachment difficulties will be addressed. Figure 1.1 shows the experiences and behaviour related to adult attachment which influence the organisation of this book. Each of these will be briefly summarised below.

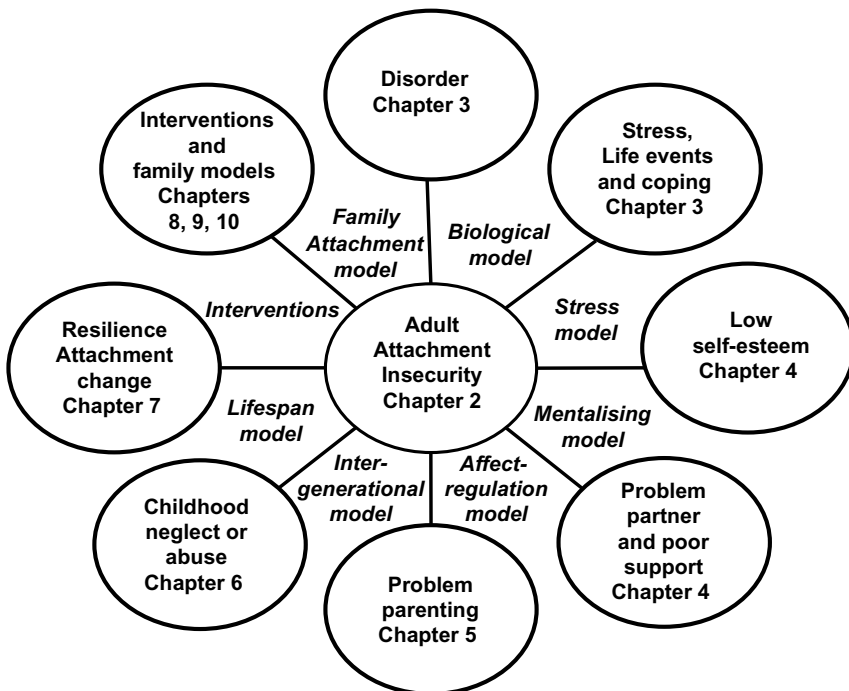


Figure 1.1 Illustrative scheme of social attachment-related phenomena

1.2 Outlining adult attachment styles

John Bowlby outlined those attachment styles which were dysfunctional (or Insecure) in his trilogy on Attachment and Loss, encompassing, for example, Compulsive Caregiving as an Anxious style and Compulsive Self-Reliance as an Avoidant style, but current typologies used owe more to the categorisations developed by collaborations with Mary Ainsworth (Ainsworth, Blehar *et al.* 1978). In observing the effects of maternal separation on children in field work undertaken in Africa where she studied mother-child interactions, Ainsworth developed the SST, as a research tool to investigate infants' responses to brief maternal separations, as a basis for classifying their attachment patterns. The children reacted differently, but in definable patterns and from these she derived a three-fold classification of different attachment styles in children: Anxious-resistant, Anxious-avoidant and Secure. These represented a protesting, clinging style; a cool dismissive style and a healthy style with temporary distress followed by effective comforting, respectively. A fourth style of Disorganised was later added (Main and Solomon 1986) with a mixed and disorientated response to the mother's absence. These styles were adopted for classification of adult styles, both by Mary Main and colleagues in working on parent-child interactions (George, Kaplan *et al.* 1984; Main and Cassidy 1988), and later by Cindy Hazan and Phil Shaver when seeking to understand attachment in partner relationships. These style classifications have since spawned a large and fertile area of research (Hazan and Shaver 1987).

The concept of attachment style in adults relates to:

- How individuals' preconceptions, based on earlier life experience and influenced by the internal working model, dictate how individuals act, think and feel in relationships (Waters, Crowell *et al.* 2002).
- Those Secure feel comfortable with both autonomy and closeness, have reciprocal relationships, value attachment and feel able to confide and seek help when needed.
- Those Insecure Anxious-ambivalent (variously called Enmeshed or Preoccupied) have a great fear of separation and abandonment, and so cling onto relationships with very high levels of attachment need, requiring high need for company and closeness, have low levels of self-reliance and can express anger when their needs are not met (Feeney 2007).
- Those Insecure-avoidant (or Dismissive) express very high levels of self-reliance, have psychological barriers to getting close, can be mistrustful, have low need for company and can be angrily dismissive or denigrating of others (Bartholomew 1990).
- Those with Insecure-disorganised styles are variously labelled as Unresolved around issues of prior loss or trauma or unclassifiable (Main and Solomon 1986), or have dual categorisations (Crittenden

1997). These individuals have attitudes and behaviours more difficult to classify, showing often contradictory behaviours or fulfilling both Anxious and Avoidant characteristics (Lyons-Ruth and Jacobvitz 1999).

There are a number of categorising schemes for attachment style, relating to different measures of attachment style, and whether interview- or questionnaire-based. Not all include the Disorganised/dual style (for example the questionnaire assessments) and the schemes variously subdivide Anxious styles (e.g. whether or not including Fearful) and Avoidant (e.g. differentiating Angry-dismissive from Withdrawn). These will be described in more detail when the measures of attachment style are outlined in Chapter 2. However, for ease of identification when discussing the research literature, reference will be made to Anxious, Avoidant, Disorganised and Secure styles as general categories rather than specific labels for different styles in different measures.

Adult attachment categories

Secure (or Autonomous): Comfortable with closeness; trusting; moderate levels of autonomy; ability to relate to close others; ability to seek support; resilient under stress.

Anxious (or Enmeshed, Preoccupied): High need for closeness, and the company of others; low autonomy; fear of separation; dependency and ambivalence in relationships sometimes expressed as anger, other times as possessiveness or jealousy.

Avoidant (or Dismissive): Low need for company of others, overly high autonomy; discomfort at closeness; angry mistrust of other's intentions; blaming of others.

Disorganised (or Unresolved, Can't Classify, Dual-Insecure styles): No integrated strategy for dealing with attachment difficulties; unintegrated anxious and avoidant attitudes and behaviour; dissociated anger.

1.3 Attachment style and psychological disorder

Insecure attachment styles are highly associated with psychological disorder, with Secure style consistently found in most studies to be associated with the absence of disorder (Mickelson, Kessler *et al.* 1997). Insecure styles are related to depression both in terms of depressive symptomatology as assessed by checklist (Gerlsma and Luteijn 2000) and with clinical levels of disorder (Hammen, Burge *et al.* 1995; Mickelson, Kessler *et al.* 1997;

Bifulco, Moran *et al.* 2002a; Bifulco, Kwon *et al.* 2006). However, there is little consistency in linking specific attachment styles with particular disorders. Whilst it is expected and supported that Anxious styles relate to depression (Gerlsma and Luteijn 2000; Murphy and Bates 2000), some studies have identified Avoidant styles (McCarthy 1999). Others have shown no differentiation between any Insecure style and depression (Mickelson, Kessler *et al.* 1997). This may be a result of different types of measures used or other factors such as chronicity or co-morbidity (duality) of disorder. There are findings which indicate that those with Avoidant/Dismissive styles are more prone to substance abuse, conduct and antisocial problems (Murphy and Bates 2000). Insecure styles relate to new onsets of depression and anxiety disorder prospectively, thus acting as vulnerability factors for disorder (Bifulco, Moran *et al.* 2002b), and Insecure styles are also associated with personality disorders, for example with Anxious styles relating to Borderline or Hysterical styles and Avoidant with Antisocial or schizoid styles (Fonagy, Leigh *et al.* 1996).

1.4 Attachment style and the self

Individuals with Insecure attachment styles are more likely to have a negative view of themselves which can also serve to inhibit the formation of successful relationships and good parenting (Bartholomew and Horowitz 1991). A model has been proposed by Bartholomew and Horowitz that a negative or positive view of self and other is differentiated in the different styles. For example whilst Secure have a positive view of others and of the self, Anxious/Enmeshed styles have a positive view of others but negative of the self, Dismissive have a negative view of others but positive of the self and Fearful have a negative view of both self and other. It is clear that belief in the self as worthy of love is bound up with the expectations of others as loving (Bartholomew 1994).

Related to internal working models of self and other is the notion of mentalising, which is a key determinant of self-organisation, which together with affect-regulation and attention control mechanisms is acquired during early relationships, and involves 'holding mind in mind' (Allen and Fonagy 2006). It is related to empathy, emotional intelligence, psychological mindedness and insight. It is defined as '*the mental process by which an individual implicitly and explicitly interprets the actions of himself and others as meaningful on the basis of intentional mental states such as personal desires, needs, feelings, beliefs and reasons*' (Bateman and Fonagy 2004, p.21). Mentalising accurately in attachment relationships is needed for better management of relationships for example in resolving conflicts, and those Secure are judged to have better mentalising skills (Fonagy 2006). Secure attachment provides a level of positive emotional arousal that increases interest in mentalising, with the attachment figure continually mentalising the other and actively stimulating mentalising. Attachment is thus a

generally non-competitive relationship where learning about minds can be safely practised (Fonagy 2006).

For Insecure styles, those Avoidant who deactivate negative emotion and emotional memory centres might manifest an unthinking or inconsiderate approach to relationships. For those Anxious, these aspects are hyperactivated with easy access to emotional memory and negative affect and preoccupation with relationships. However, for those with Disorganised styles the situation is more complex. Given the child scans the mental states of the carer who threatens to undermine him or her, this can create an alien presence within the self-representation which leads to re-externalising parts of the self onto the attachment figures rather than internalising and containing affect. Thus childhood adversity causes the breakdown of attachment-related mentalisation (Allen and Fonagy 2006).

Whilst the research findings reported later in this book do not involve measures of mentalisation, it is important to bear in mind this underlying component which may inhibit the development of good relationships with problems in affect regulation and sense of self.

1.5 Attachment style and stress

At the heart of attachment theory, is a model of stress and coping. The purpose of attachment in evolutionary terms is for the parent to protect the child from external threat and harm. The parent thus provides a 'safe haven' for such protection and the child learns the parent is a 'secure base'. In addition a good parent will teach the child to cope with adversity and will model emotional-regulation to minimise distress. As attachment behaviour becomes activated by stress, the child, and later the adult, seeks support from close others to regulate their distress levels. Various stressors are also viewed as threats to attachment security. These include threatened or actual losses of close others, rejections, abandonments, conflicts and other interpersonal events. These are also termed 'attachment injuries' which are harmful to relationships, as well as interpersonal trauma which in childhood can be the basis of Insecure attachment styles developing (Johnson and Whiffen 2003).

Adult models of stress and clinical disorder identify both longer-term vulnerability factors which can emanate from childhood adversity, and recent provoking agents in the form of severe life events, which interact to create onset of disorders such as depression. In such models Insecure attachment style is identified as a vulnerability factor which can become activated by interpersonal severe life events to lead to emotional disorders such as depression (Bifulco, Brown *et al.* 1988; Bifulco, Moran *et al.* 2002a). In social approaches to adult attachment style a focus on the relationship with partner and other close adults and the capacity for seeking support, in relation to stressors which require such support, and further stressors which may emanate from the very relationships deemed to be close, requires examination in exploring attachment styles in adult life (see Figure 1.2).

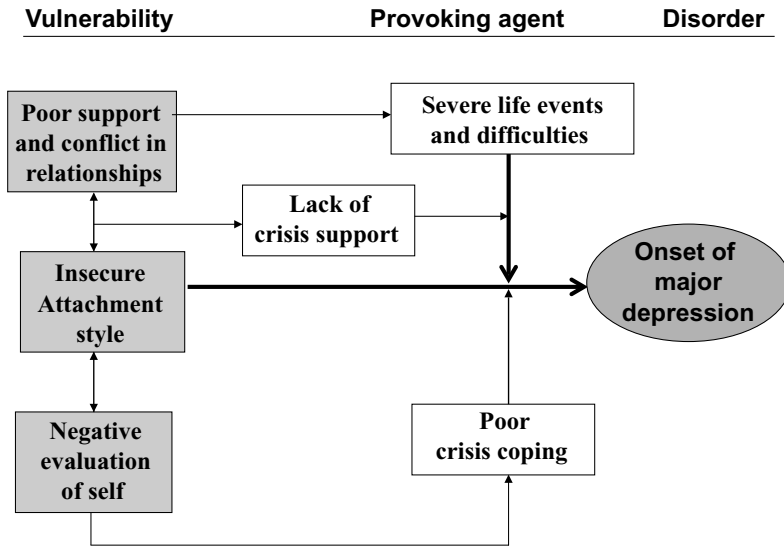


Figure 1.2 Model of stress and attachment style

1.6 Attachment style, partner relationships and support

Insecure attachment styles are associated with difficulties in partner relationships, particularly difficulties that are repeated over time and in different relationships (Feeney 1996; Davila and Bradbury 2001). These can include conflict in relationships with a high level of negative interaction but accompanying feelings of attachment (Kobak and Hazan 1991). The styles can also include distance with little sharing and feelings of closeness. Secure styles in contrast are associated with high confiding in relationships, good mutual support and feelings of attachment and good interaction. Even choice of partner relationship and age at first cohabitation is associated with attachment style, with those with Insecure styles having more inappropriate choice of partner and earlier first age of cohabitation (Lapsley 2000).

Insecure attachment style is also associated with having fewer confiding relationships (Mikulincer and Nachshon 1991). Those with Avoidant style tend to have fewer social contacts in general, those with Anxious style have more superficial and briefer relationships with less meaningful interaction. For some who are insecure, reliance is put on family relationships only for support, for others family are avoided and only non-kin relationships developed (Runtz 2007). For individuals who have experienced abusive parenting in childhood, sometimes those same abusive parents are counted as close confidants with resulting ambivalent interactions. Where those with

Insecure styles also have mental health problems sometimes the close others selected are those with similar problems making for less-effective support. Other behaviours are associated with the type of style – clinging and need for company in those Anxious and withdrawal or hostility for those Avoidant (Muller 2000). For Secure individuals support figures will be selected for their support capacity, relationships will be close (but not overly relied on) and be high in confiding, with typically two or three confidants with whom high levels of disclosure and consistent closeness is achieved.

A key effect of good support is that of emotional regulation which is linked to proximity seeking and occurs when close others are available:

- In Secure individuals, seeking out the attachment figure relieves any distress resulting from encountering life events which involve threat or negative change and thus becomes a positive factor in affect-regulation.
- For those with Insecure styles, such proximity cannot be achieved and distress and anxiety following from threatening events is not automatically relieved. This leads to two scenarios: one deactivating and one hyper-activating.
- Deactivating (Avoidant Style) is where the attachment figure is avoided and the individual learns to use deactivating strategies, distancing themselves from the stressor and its impact and so ‘shuts down’ the affect by blocking feelings and perceptions of threat.
- Hyper-activating (Anxious Style) is when proximity seeking is viable but there is a hyper-activation of threat and affect such that the proximity seeking whilst very active, is unable to regulate the affect.

A model has been developed of the process of events activating proximity seeking and resulting in regulation of emotion differentiated by adult attachment style (Shaver and Mikulincer 2002; Mikulincer, Shaver *et al.* 2003) and is highly instructive for support-based approaches to attachment style in adults. For this model, three components are critical:

- The monitoring and appraisal of threatening life events responsible for the activation of attachment leading to potential proximity seeking behaviour.
- The availability of attachment figures to whom the individual can go for support to aid with affect regulation or soothing
- The monitoring and appraisal of the viability of proximity seeking.

In other words, does the individual trust the close other to provide support and soothing? Different individual responses, related to attachment style involve hyperactivating versus deactivating strategies. The pathways through which proximity seeking are sought or avoided, where support figures are available or not and the impacts on regulation of affect are delineated (see Figure 1.3).

This model outlines the classic Anxious and Avoidant attachment approaches versus Secure, but does not allow for some of the other possibilities such as anxious avoidance or anger in the behaviour and emotion regulation. Also, as with other social approaches to adult attachment it does not identify effects of Disorganised attachment style on affect dysregulation. Figure 1.3 is based on the model proposed by Mikulincer and Shaver (2008).

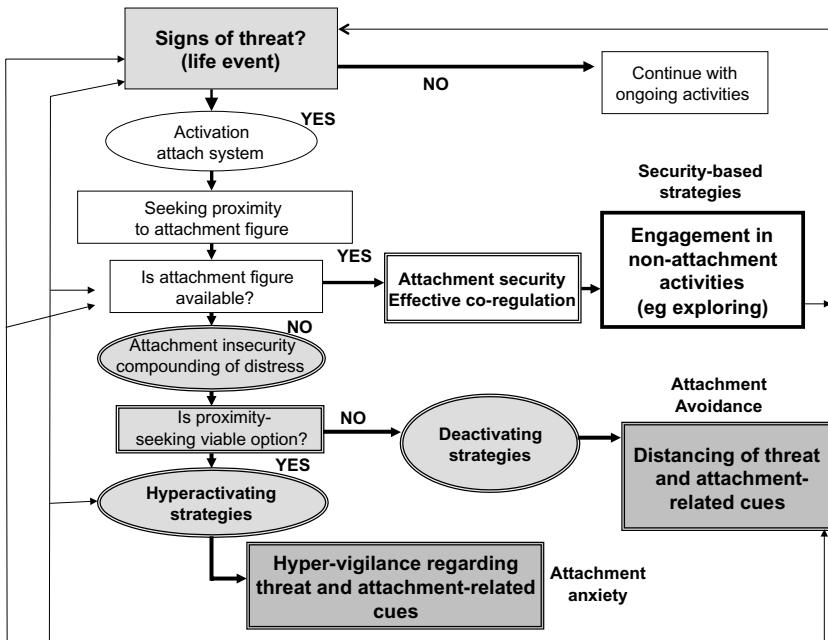


Figure 1.3 Model of affect regulation and attachment style

1.7 Attachment style and parenting

Insecure parental attachment style is highly associated with poorer parenting behaviour (Steele, Steele *et al.* 1996). This can occur as early as in the postnatal period – in fact mothers identified as having Insecure styles even in pregnancy are found to have poorer interaction with children after birth (Fonagy, Steele *et al.* 1991). The different attachment styles have variously been shown to relate to more intrusive interactions with infants and children (Anxious, Enmeshed) or distant (Avoidant) with both indicating

insensitivity (Murray, Stanley *et al.* 1996; Simpson, Rholes *et al.* 2003; McMahon, Barnett *et al.* 2006). Abusive parenting has been related to Insecure attachment style (Crittenden 1988), and, by contrast, effective fostering and adoption by carer's Secure style shown to mitigate the effects of prior damaged attachment (Dozier 2003).

Attachment theory has now influenced the development of family therapy, and models have been developed which bring together attachment styles in the caregiving couple and the nature of the caregiver alliance, as well as the problems in child care around disruption, parental helplessness or anger and rejection. Thus the primary caregiver may have reduced availability, reduced empathy and attunement or may be prone to making coercive demands on the child as a function of their attachment style. If the secondary attachment figure is also Insecure then not only will the caregiver alliance be damaged but also the caregiving will be impaired, either with disengagement, or through coercive control. Impacts on the child will include perceived threats to availability and abandonment, failure to protect or rejection. This in turn leads to child symptoms and problem behaviours.

Kobak and Mandelbaum argue that attachment approaches in family therapy emphasise that caring for the child occurs in the context of the parent's relationship with each other and other adults and that the parents own adult attachment relationships need to be examined in their capacity to provide a secure base for the raising of children (Kobak and Mandelbaum 2003). The three elements in the relational system: the parent-child, the caregiving alliance and the adults' relationship can enhance or impede caring for children. Security and cooperation in one system can enhance functioning in the others. Alternatively, distress in one subsystem can influence the others and may divert attention from the source of the difficulty. For example, feelings of anxiety, anger and distress that accompany an insecure adult relationship may be misdirected towards the child or may absorb the caregivers' attention in ways that reduce the child's security. Failures to contain the stress generated from the adult-carer relationships increases the likelihood of added burden to children. Such 'boundary violations' often result in failed problem-solving that further increases the caregiver's sense of frustration and helplessness (Kobak and Mandelbaum 2003). Figure 1.4 shows the family model developed.

1.8 Attachment style and childhood experience

Attachment theory is a theory of human development and identifies childhood experience as the mainspring of developing Secure or Insecure attachment styles (Shaver and Rubenstein 1980). For a Secure style parents need to provide continuous, consistent, close care and protection (Asendorpf 2000). Insecure styles relate to inconsistent, hostile, emotionally unavailable parenting, separation from parents or experiences of neglect or

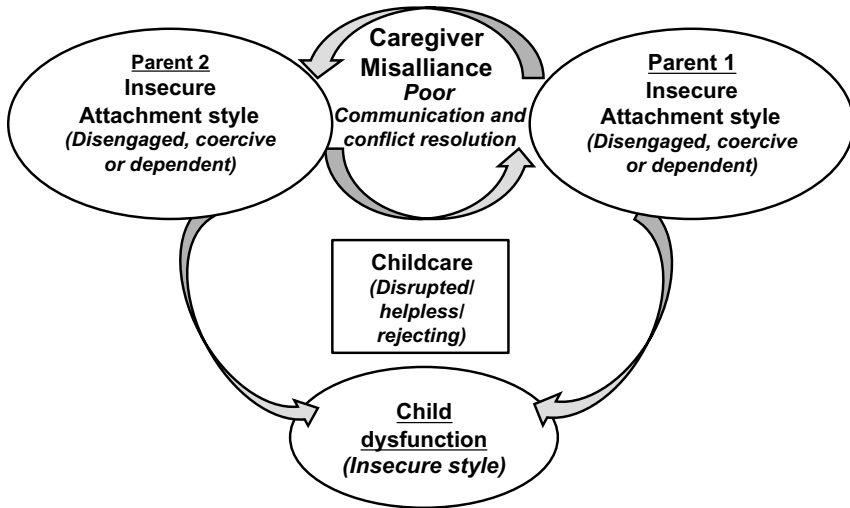


Figure 1.4 Family attachment model

abuse (Belsky 2002). Attempts have been made to relate the styles to different experiences; for example, Anxious styles to inconsistent parenting involving both warmth and rejection, hostility and role reversal and Avoidant styles to punitive, cold, distant parenting and separation. This is difficult to test, in part because the experiences themselves are highly correlated, and in part because adult attachment styles can go through change and be influenced by other more recent experiences (Runtz 2007). Yet research findings are consistent in showing that any Insecure adult attachment style is highly associated with adverse childhood experience.

Key elements in adult attachment style are those around trust and autonomy. Erikson's lifespan developmental theory encompasses both of these within stages (Erikson 1950). Whilst this theory is not mainstreamed in developmental theory, its focus both on lifespan development and on trust as a key element in development is relevant to attachment. Its conceptualisation of psychosocial 'crises' which can impair lifespan development and reference to both strengths and weaknesses in development still has merits. Erikson viewed the course of development to be determined by the interaction of the body (genetic biological programming), mind (psychological) and cultural (ethos) influences. In his stages of development, the establishment of trust is ascribed to the first 18 months of life, with mistrust developing when care is not forthcoming. If a child successfully develops trust, he or she will feel safe and secure in the world. Inconsistent, emotionally unavailable or rejecting care contributes to feelings of mistrust. Failure to develop trust results in fear and a belief that the world is inconsistent

and unpredictable. Issues of autonomy arise in infancy where the infant learns a sense of personal control in developing physical skills and a sense of independence which, when successful, leads to feeling secure and confident and, when not, to a sense of inadequacy and self-doubt.

In understanding the development of different attachment styles, the patterning of early maltreatment to the different styles is required. In broad terms that involves fear of abandonment or rejection in the Anxious styles, mistrustful detachment in the Avoidant styles and a chaotic dysregulated response in Disorganised styles. A mediation model hypothesises causal links between childhood maltreatment and disorder in individuals mediated by attachment style. Whilst in general terms this is easy to test, for example any maltreatment and any Insecure attachment style as mediator to a specific disorder, differentiating particular childhood experiences as mediated by particular attachment styles, possibly for different clinical disorders is a much more difficult task.

1.9 A social and lifespan approach

Finally, the social dimension also needs highlighting. Issues here concern the role of social adversity and socio-economic factors, particularly when these are relationship based. Thus in childhood poor parenting is known to relate to social disadvantage, the impact of stress worsening parenting competence. Following from disadvantage in childhood the opportunities for having close and supportive relationships may be diminished by reduced opportunities. For example the availability of positive partnerships may be reduced among those teenagers leaving residential care (Quinton, Pickles *et al.* 1993). Thus attachment is not only about the individual's capacity for forming good relationships, but also the availability of suitable support in terms of situational factors. Sometimes support is unavailable for extraneous reasons – the single mother who moves into a new area, leaving family behind with no immediate access to support – the immigrant or asylum-seeking individuals socially excluded – the teenage runaway. The number of interacting factors between the social environment and the individual capacity for relating is complex, particularly when taking a life-course perspective, but developing a framework will help to illuminate the expression of the attachment system in different settings.

The model shown below is derived from the Brown and Harris work (Harris 2003), is both a lifespan and social model which incorporates psychological elements (see Figure 1.5). It also subsumes the adult stress model shown earlier (right-hand side of the model) with the influence of socio-economic status and adult adversity interacting with lack of social support and low self-esteem, leading to clinical depression. Extending this model to incorporate adult attachment style could readily show that following from childhood neglect/abuse, Insecure attachment style is a psychological driver of poor social support and low self-esteem. Using such