Supporting Caregivers From an Attachment Perspective

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“Mothers who do not have it in them to provide good enough care cannot be made good enough by mere instruction”

-Winnicott
WARNING
Attachment

Attachment is the reciprocal affectionate bond between two specific individuals, where one is stronger and wiser (Bowlby, 1973)

- The goal of attachment is to stay physically close to a trusted adult
- The purpose is to ensure survival and later reproductive success
Behavioral Systems

The primary human behavioral systems are:

- Attachment
- Exploratory
- Fear-wariness
- Affiliative
- Sexual
- Caregiving
The Attachment and Exploratory Systems

When a child feels safe and that she has an available attachment figure then she is able to explore.
The Attachment and Exploratory Systems

When a child feels scared or hurt then she will want to be close to her attachment figure for safety and comfort

Attachment

Exploration
Mary Ainsworth

- Secure Base: When a child’s attachment figure is available to provide protection and support when needed, the child feels free to explore.

- Safe Haven: The child will flee to an attachment figure in situations of danger and moments of alarm.
Circle of Security
Circle of Security®
Parent Attending To The Child’s Needs

I need you to...
- Support My Exploration

Watch over me
- Delight in me
- Help me
- Enjoy with me

I need you to...

Secure Base
- Protect me
- Comfort me
- Delight in me
- Organize my feelings

Safe Haven

Welcome My Coming To You

ALWAYS BE: BIGGER, STRONGER, WISER & KIND.
WHENEVER POSSIBLE: FOLLOW MY CHILD’S NEED.
WHENEVER NECESSARY: TAKE CHARGE.

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Adaptation

The infant’s complete dependence means that adapting to attachment figures is mandatory. The infant must adapt and will adapt.

The quality of the caregiver’s response to the infant’s affects helps determine the attachment strategy – secure or insecure – that the infant adopts.
Ainsworth’s the Strange Situation

- Attachment **activated** in order to classify it
Classifying Attachment

The classifications categories are:

1. Secure
2. Ambivalent
3. Avoidant
4. Disorganized
Secure Attachment

Having a secure attachment means that the child feels worthy of love and confident that their attachment figure is available and capable of protecting them (Siegel, 1999)
Secure Attachment

**Parent**
- You are worthy of care
- I am confident that I know when you need me

**Child**
- I am worthy of care
- I can be direct and persistent when I need something

Mutual sense of joy in relationship
Insecure Attachment

Insecurity means that the child is concerned about danger, separation, and physical and psychological distance of their attachment figure (Siegel, 1999)

- Ambivalent/Resistant
- Avoidant

Caregivers for both groups are unpredictable and only sometimes are able to meet their children’s needs (Solomon & George, 1999)
Ambivalent/Resistant

A hyper activation of the child’s attachment system to capture the caregiver’s unpredictable attention and inhibit exploration that the caregiver has discouraged.

(Main 1995, 1999)
Ambivalent/Resistant

**Parent**
- I am not confident; I don’t know what you are trying to tell me or what you need
- Staying close to me is enough to keep you safe

**Child**
- I am uncertain about if I am worthy of care
- I have to intensify my distress to get you to notice

Mutual need to stay close to one another
Avoidant Attachment

Avoidance of the caregiver serves to protect the child from the negative emotions triggered by the attachment figure’s emotional unavailability. The child will hyper activate their exploratory system to inhibit the attachment system.

(Main 1995, 1999)
Avoidant Attachment

**Parent**
- I want you to be strong and independent
- I am uncomfortable with closeness, fear and anger

**Child**
- I’ll stay as close to you as I have to
- I am anxious and can’t show you because you want me to be strong and independent

Relationship hyper-focused on exploration
Disorganized Attachment

Being disorganized means that one cannot trust their caregiver to protect them either because the parent is too frightened or frightening (Main, Hesse, 1990; Solomon & George, 1999)

- Disorganized attachment reflects a collapse of strategy on the part of an infant who experiences “fright without solution” (Main, Hesse, 1992)
Disorganized Attachment

Parent
• I am frightened and out of control
• You are out of control; I will fight to control you
• You are an angel sent to save me

Child
• I have to protect myself because you won’t
• I have to take care of you so you don’t disappear

Element of fear embedded in the relationship
Security in Times of Distress

You can think of secure and insecure strategies as what the person does in time of distress:

- Do they turn to a trusted person for support?
- Do they engage in alternate coping strategies?
- Do they try to distract themselves?
- Find some mechanism of dissociation?
- Are they free to express attachment needs?
- Do they have to insist on their needs?
- Do they minimize their needs?
Attachment and Development

Bowlby explained that early separations and disruptions in attachment have persistent and irreversible effects on personality and intelligence.

- Difficulties with attaining self-regulatory skills
- Difficulty in future functioning
Internal Working Models of Attachment

- A representation of self and Attachment Figure
  - how I deserve care,
  - how I can get someone else to take care of me
  - and how I am cared for (Bowlby, 1973)

- Also includes feelings about the attachment figure’s interest, availability and ability to provide protection and care (Solomon & George, 1999)
“Attachment, then, is a memory template for human-to-human bonds. This template serves as your primary ‘world view’ on human relationships.”

-Bruce Perry
Mentalization

“The capacity to understand others’ and one’s own behavior in terms of mental states”
-Fonagy

- Intentional stance-the ability to infer the intentions that underlie behavior
- Reflective functioning- the capacity to envision mental states in oneself and another
Ingredients of Mentalization

**Marked and contingent cues**

- Marked mirroring: “Caregiver’s use of exaggerated facial displays and vocalizations in response to infant’s expressions of emotion to reflect how the infant if feeling back to the infant, but in a ‘play-acting’ manner” (Fonagy et al 2002)

- Use of Ostensive Cues: Signaling of communicative intent
  1. Making eye contact
  2. Accurate turn-taking
  3. Appropriate contingent reactivity (time, tone, content)
  4. Use of special communicational tone
“In effect we become what the child needs us to be. This is the process at the core of the child’s emerging individuality...if the caregiver is either too much themselves (noncontingent mirroring) or too much the child (unmarked mirroring), the child cannot develop a sense of separateness”

(Fonagy, 2006)

“The precursor of the mirror is the mother’s face”

-Winnicott
Epistemic Trust

- Mentalization Leads to Epistemic trust: Trust in the authenticity and personal relevance of interpersonally transmitted information.
- Flexibility, learn from new experiences, achieve change.
- “an individual’s willingness to consider new knowledge from another person as:
  1. Trustworthy
  2. Generalizable
  3. Relevant to the self
Epistemic Trust and Attachment

- Secure Attachment leads to Epistemic Trust when reasonably credible
  - Leads to confidence in own experience
  - Empowered judgment

- Avoidant Attachment leads to Epistemic Mistrust in caregiver

- Ambivalent/Resistant Attachment leads to Epistemic uncertainty through overreliance on caregiver’s views

- Disorganized Attachment creates Epistemic Hypervigilance: Mistrust of everyone, including the self
Patterns of Attachment in Adults

- Mary Main’s work: The Adult Attachment Interview

- Capacity for “Coherent Discourse” on one’s past and ability to impart security on one’s young
Patterns of Attachment in Adults

The AAI describes the adult attachment categories as follows:

- **Secure-autonomous** individuals value and objectively reflect on their attachment relationships. They could stand both ‘inside’ and ‘outside’ their experience.

- **Dismissing individuals** minimized feelings related to past attachment experiences through idealizing parents and are emotionally isolated. Self-reliance is crucial; find faults in those they might be able to love or depend on.
Patterns of Attachment in Adults

- **Preoccupied** individuals are confused, angry, or passive, and also indicate mental preoccupation with the details of childhood attachment figure infractions. Closeness associated with favorable experience of a *distressed self*.

- **Unresolved individuals** have experienced trauma/losses that were *unresolved*. When triggered, they behave in ways that terrify their own children. They feel threatened from within and without and are vulnerable to dissociation and emotional overwhelm.
The rules we internalize in the course of our first relationships arise in infancy from our experience of what works in relation to particular attachment figures.
Ghosts in the Nursery

- Access to childhood pain becomes a powerful deterrent against repetition in parenting.

- Repression and isolation of painful feelings provide the psychological requirements for identification with the betrayers and the aggressors.
“A parent is able to repeat the past without knowledge that he or she is doing so. Instead of being the child in the scene, parents find themselves exposing their own children to parenting behaviors similar to those they received as children. For parents who are strongly influenced by the parenting they received, the ghosts may have been present for two or more generations and may be causing family members to rehearse continuously the same script over and over.”

-Kimberly Renk
Attachment & Therapy

- Becoming a secure base for client to ‘explore’ their experiences, feelings and sensations
- Mentalizing the client in marked and contingent ways
- Supporting caregiver's ability to develop self-regulation
Attachment & Therapy

The Nonverbal Realm

“That which we cannot verbalize, we tend to enact with others, to evoke in others, and/or to embody” (Wallin)
The Therapist’s Role

- The therapist role is to help the client both to **deconstruct** the attachment patterns of the past and to **construct** new ones in the present.

- The client’s relationship with the therapist has the potential to generate fresh patterns of affect regulation and thought, as well as attachment.

- The therapeutic relationship is a **developmental crucible** within which the client’s relation to her own experience of internal and external reality can be fundamentally transformed.
The Therapist’s Role

“Such containment requires the mother to bear within herself, to process and to re-present to the baby in a tolerable form what was previously the baby’s intolerable emotional experience.” Wallin
The Development of Self-Regulation
Self-Regulation

- The capacity to read and regulate the rhythms of your body

- This is, in part, under an individual’s control but the core of self-regulation is automatic and related to developmental experience
Birth - 2 months

- Physiological regulation
  - Homeostasis

- Relational nurturance just as important while providing for needs
  - Babies depend on attachment to help them modulate overwhelming affects
Development of Self-Regulation

1. Sensorial Regulation
2. Relational Regulation
3. Self-Regulation
Sequence of Engagement

Reason

Relate

Regulate
Affect Regulation

Affect Regulation: The modulation of feeling states

- One function of affect regulation “is to limit the residual impact of lingering emotions and moods on subsequent behavior and experience”
  
  - (Larsen & Prizmic)

- Does not imply ignoring or preventing affective experiences
Affect Regulation

Caregiver role:

1. **Understand** the cause of the distress and its emotional impact
2. **Cope** with the distress and alleviate it
3. Recognize their child’s own emerging intentional stance (recognizing child as separate being with mind of their own)
Rupture and Repair

- Mismatches occur between child and caregiver during routine interactions
- Quick repair important

- Repeated experience of successful reparation promotes:
  1. Self-regulatory skills
  2. Mental representation of self-efficacy
  3. Basic sense of trust in caregiver
  4. Positive affect and general sense of well being
Therapy and relational needs

- Clients need to experience the therapist as capable of helping them cope with overwhelming feelings.
- Therapists should be emotionally present and receptive to client’s present affective experiences.
- Therapists should expect ruptures, welcome them and initiate repair with client.
Sequence of Engagement

1. Parallel Activities
   (soothing, calming, creating safety in room)

2. Play Therapy
   (engaging in mutually enjoyable activities)

3. Family Therapy
   (Talk, CBT, empathy building)
https://youtu.be/2J6B00d-8lw
“If we value our children, we must cherish their parents.”

- John Bowlby