
Attachment Disturbances and Disorders

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Attachment Disturbances and Disorders

- Attachment Definition and Origins
- Attachment Development
- Attachment
 - Organization
 - Disorganization
 - Lack of Organization
- Legacy of Early Experience
- Relationship Intervention: Development Revisited

Attachment Definition and Origins

What is Attachment?

- Attachment bond
- Attachment behavior
- Attachment behavioral system
- Attachment relationship

Related Behavioral Systems

Attachment

Fear-wariness

Exploration

Social Communication

Why is Attachment Important?

“There is no such thing as a baby...
...A baby cannot exist alone, but is
essentially part of a relationship.”

D.W. Winnicott, 1966

Evolutionary Origins

- Links between attachment, survival, and fear based on evolutionary history (Bowlby, 1969/1982).
 - Different species/different solutions to fear.
 - Ground living primates differ from other animals...flee to a person rather than a place.

Evolutionary Origins

- Attachment behavior is essential to survival
 - Basic instinctive behaviors (e.g., attachment behavior) are difficult to unlearn.
 - Primate infants who fail to show attachment behavior fail to thrive.
- Frightened infants cannot help but approach or try to gain proximity with the attachment figure.

Human Attachment Experience

- Critical for survival
 - Protect infant from external threat or harm
- Critical for development
 - Fundamental relationship experience
 - Organize behavior, emotion, and thoughts
- Core function is regulation of emotion
 - Manage and communicate emotion
 - Foundation of self regulation

Evolutionary Origins

- Attachment system functions normally
 - when access to caregiver
 - when threat is external to the caregiver
- Disturbances in the attachment system result from
 - frightening or incomprehensible caregiving
 - deprivation or unorganized caregiving

Attachment Development

Attachment Development

- To understand how some children are filled with fear, rage, and mistrust...
- Understand how children develop self-confidence, trusting relationships, and are able to directly express needs and feelings.

Attachment Development

- Virtually all infants become attached.
- Infants born with behaviors that engage adults
 - but unable to survive alone.
- Attachment requires
 - an organized caregiving environment
 - consistent, available adult

Attachment Development

- Attachment develops over time through repeated interactions with caregiver
- Relationships differ with different caregivers
- Hierarchy of caregivers
- One of several aspects of parenting

Attachment Development

Caregiver regulation



Dyadic regulation (attachment)



Self regulation

Caregiver to Dyadic to Self Organization

(Bowlby, 1969/1982; Sander, 1975, Sroufe, 1989)

	<i>Phase</i>	<i>Age</i>	<i>Infant</i>	<i>Caregiver</i>
1	Basic regulation	0-3	Reflexive behaviors	Caregiver coordinates physiological regulation
2	Reciprocal exchange	3-6	Active participation Behavioral sequence	Caregiver coordinates social interaction
3	Infant initiative	6-9	Caregiver preference Infant initiates behavior	Relationship reciprocity
4	Dyadic regulation	10-12	Secure base behavior	Dyadic regulation of emotion and behavior
5	Child self-assertion	12-20	Child initiatives independent of caregiver	Caregiver guidance and emotional support
6	Child self constancy	20-36	Self regulation	Caregiver guidance and emotional support

Social Development: Birth – 3 months

- Caregiver
 - Physiological and arousal regulation
- Infant
 - Reflexive behaviors
 - Indiscriminant interactions
 - Discrimination limited by cognitive ability

Social Development: 3-6 months

- Caregiver
 - Coordinates social interaction
- Infant
 - Behavioral sequences
 - Participates in social interaction
 - Differentiates among interactive partners

Social Development: 6-9 months

- Caregiver
 - Orchestrates social reciprocity
- Infant
 - Initiates and elaborates behavioral sequences
 - Caregiver preference
 - Stranger anxiety/separation protest

Social Development: 10-12 months

- Caregiver and Infant
 - Dyadic regulation of emotion and behavior
 - Caregiver and infant initiate, elaborate and terminate interactions
 - Expectations of based on history

Social Development: 12-20 months

- Child
 - Exploration and self-assertions
 - Feelings of security derived from caregiver
- Caregiver
 - Provides secure base for attachment and exploration

Social Development: 20-36 months

- Child
 - Increased autonomous functioning and self regulation
 - Appreciate conflicting goals and need for caregiver
- Caregiver
 - Provides support, guidance, and boundaries
 - Goal-corrected partnership

Attachment

Organization, Disorganization, Lack of Organization

Individual Differences in Attachment

- Individuals differ in organization of attachment behavior around caregiver (not strength).
- Differences distinguished in Uganda by Mary Ainsworth.
- Laboratory procedure developed in Baltimore (Ainsworth, Blehar, Waters, & Wall, 1978).
- Cross-cultural research support universality of attachment (e.g., U.S., Western Europe, Japan, China, Israel, Mexico).

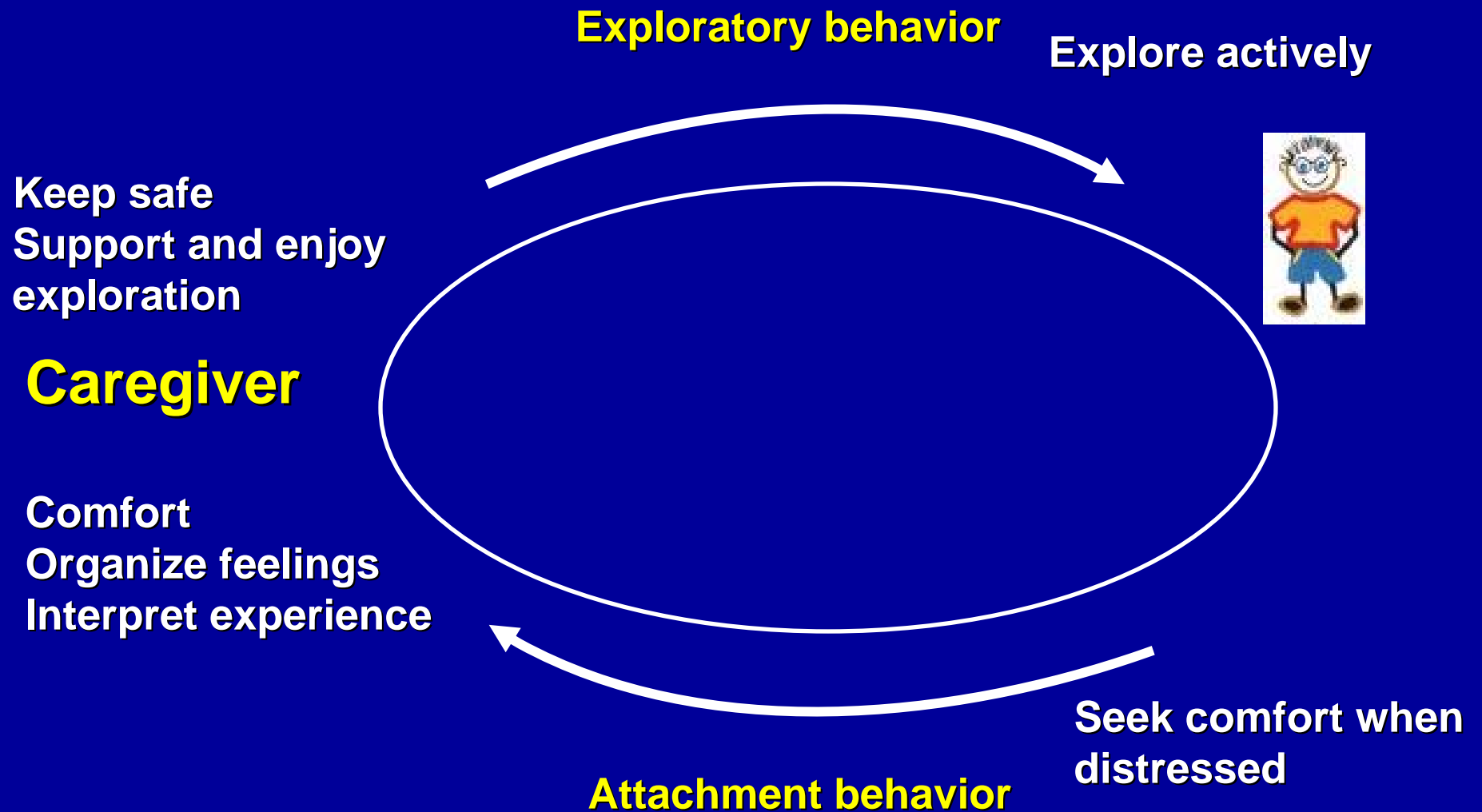
Individual Differences in Attachment

- Organized
 - Secure Attachment/exploration
 - Anxious avoidant Minimizing strategy
 - Anxious resistant Maximizing strategy
- Disorganized Conflicted pattern
- Unorganized Undeveloped pattern

Organization: Secure

- Consistent, emotionally responsive caregiving
 - Amplify positive affect
 - Modulate negative affect
- Balanced strategy of attachment and exploration
 - Approach to resolve fear and distress
 - Secure base for exploration
- Flexible pattern of regulating behavior, attention, and emotion

Attachment Exploration Balance



Organization: Insecure

- Insensitive caregiving (rejecting or inconsistent)
 - Avoidance: Minimizing strategy (maintain exploration)
 - Resistance: Maximizing strategy (maintain vigilance)
- Inflexible but relational strategies for regulating behavior, emotions, and attention.

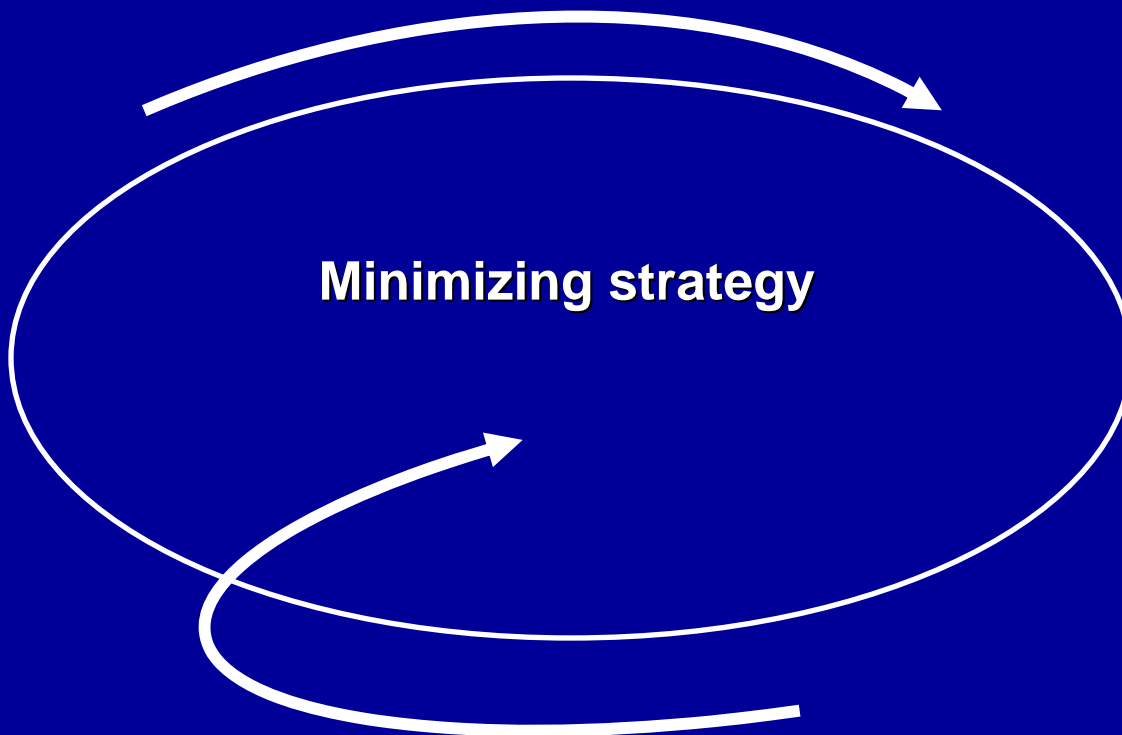
Attachment Exploration Distortions

Exploratory behavior

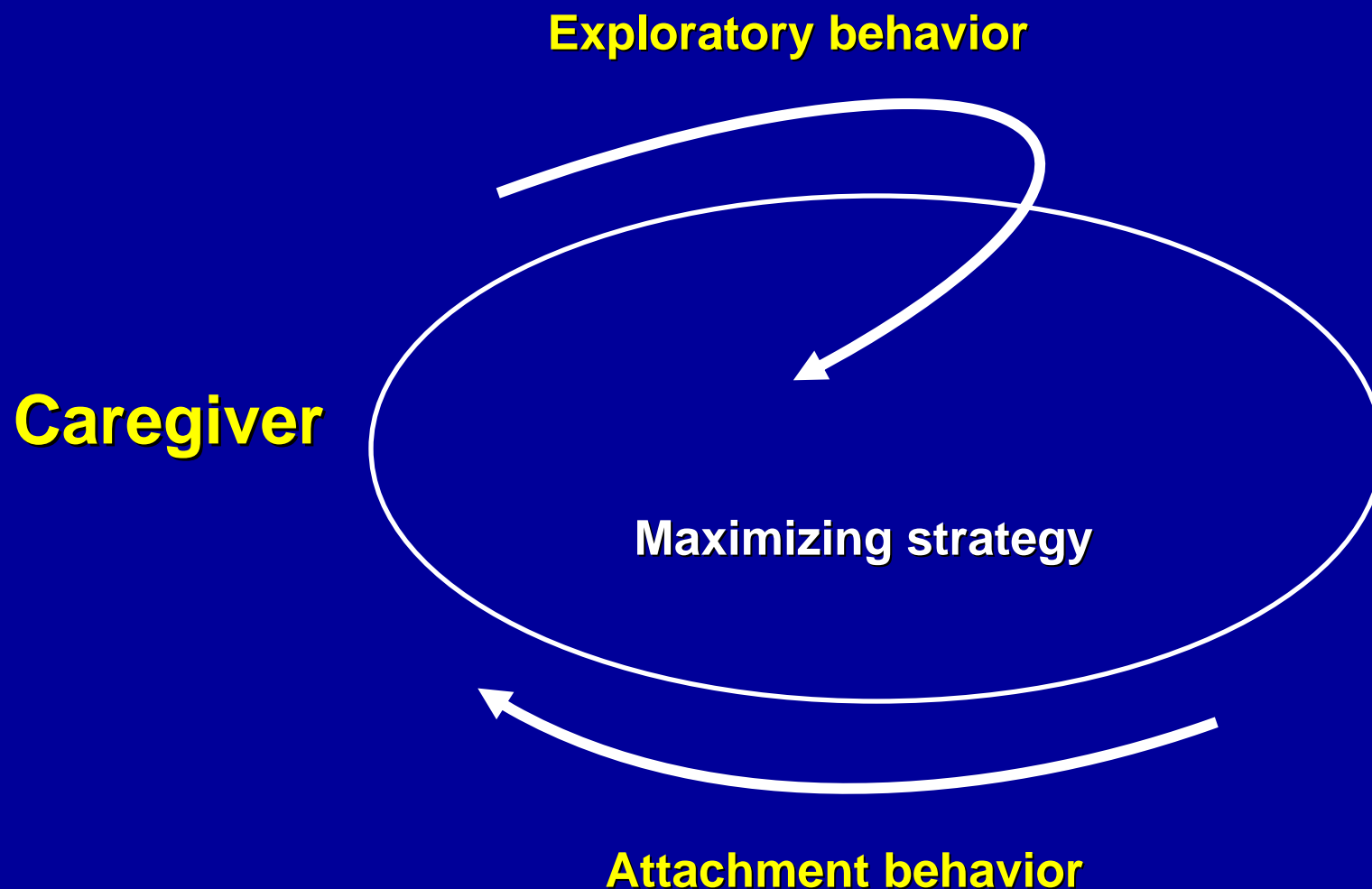
Caregiver

Minimizing strategy

Attachment behavior



Attachment Exploration Distortions



Disorganization

- Caregiver is source of fear and comfort
 - Threat internal to relationship
 - Simultaneous impulses to flee to and away from the caregiver
- Collapse or breakdown in strategy
 - No relationship strategy for regulation
 - Unmodulated affect is overwhelming to infant
- Experienced as “fright without solution”

Caregiving Behaviors related to Attachment Disorganization

(Bronfman, Parsons & Lyons-Ruth; Main & Hesse)

- Frightening behavior
 - Threatening behavior
 - Physical and emotional abuse
- Frightened/withdrawn behavior
- Dissociation/disorientation
 - Dramatic state or mood changes
 - Dissociative behaviors (unresolved trauma and loss)
- Affective communication errors
 - Contradictory signaling
 - Failure to initiate responsive behavior to infant cues

Attachment Disorganization

- Repeated contradictory caregiving cues or “fright without solution” promote
 - Contradictory behaviors/emotional responses
 - Lack of orientation to the present environment

Attachment Disorganization in Infancy

- Simultaneous and sequential contradictory behavior patterns (e.g., distressed but running away)
- Undirected, incomplete, and interrupted movements (e.g., start stop movements)
- Stereotypies, asymmetrical postures and movements (e.g., nonfunctional tics)
- Freezing, stilling and slowed movements and expressions (e.g., dissociative postures)
- Direct apprehension of the caregiver (e.g., startle, running away)

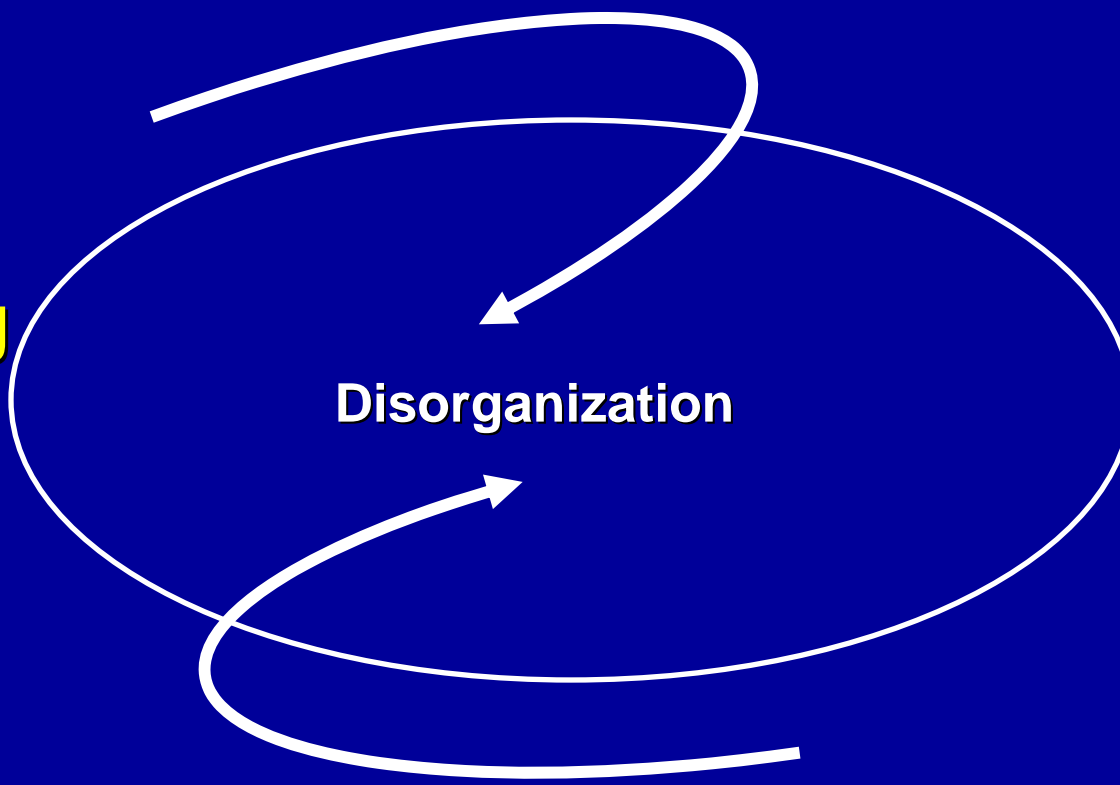
Attachment Exploration Distortions

Exploratory behavior

Frightening
Caregiving

Disorganization

Attachment behavior



Unorganized Attachment

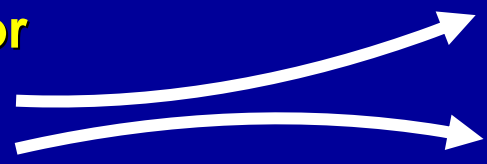
- Experiences of deprivation, neglect or insufficient access to caregiver
 - Institutionalization
 - Multiple caregivers or separations
 - Severe or chronic early trauma related to caregiving
- Severely disrupted or undeveloped attachment behavior and attachment-related systems
 - Secure base behavior
 - Social communication
 - Fear-wariness
- No relational strategy for regulating emotional arousal.

Hierarchy of environmental needs for survival and development



Attachment Exploration Distortions

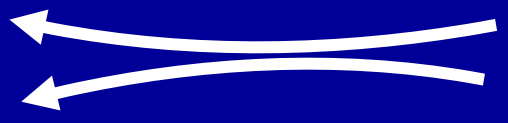
Exploratory behavior



Deprivation



Lack of attachment organization



Attachment behavior

Summary

Attachment patterns and caregiving behavior

Threat external to relationship

Sensitive responsive care

Turn away from infant signals

Inconsistent response

Security

Avoidance

Resistance

Threat internal to relationship

Lack of access to caregiver

Disorganization

Unorganized

Attachment Differences

All attachment patterns represent adaptations to caregiving environment.....

...child's best effort to

- maintain closeness with adult caregiver
- explore the environment
- regulate arousal or emotion

Legacy of Early Experience

Early Experience

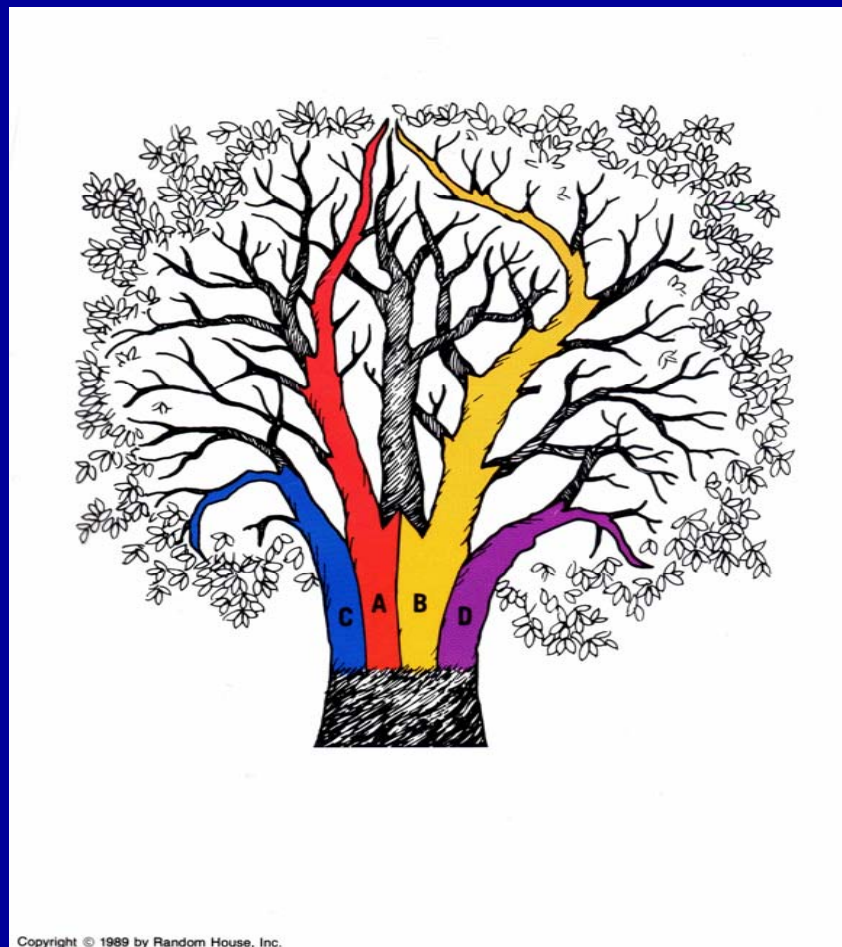
Early experience *initiates* the process of regulation and relationship experience.

With development, other developing systems become organized around early patterns.

Early Experience

- Behavioral patterns
(e.g., seeking comfort, exploring)
- Cognitive patterns
(e.g., expectations, beliefs, attitudes)
- Emotional patterns
(e.g., regulating arousal)
- Relational patterns
(e.g., relationship skills)
- Biological patterns
(e.g., stress reactivity)

Developmental Model



(Bowlby, 1969/82)

Development

Individual child and adult functioning results from

- early history
- cumulative experience
- current circumstances.

Change possible throughout development but restricted by history.

Secure Attachment

- Behavioral seek, rely on relationships
- Cognitive view of self as worthy and competent
- Emotional flexible emotional regulation
internal sense of safety
- Relational social reciprocity and empathy
- Biological psycho-physiological regulation

Avoidant Attachment

- Strategy of minimizing emotions and behavior
 - Stay close by minimizing distress and intimacy needs
 - View of self as isolated, unworthy of care
- Risk for behavior problems /psychopathology
 - Aggression (Preschool, Middle childhood)
 - Antisocial Behavior (Adolescence)
 - Depression and Alienation (Adolescence)

Resistant Attachment

- Strategy of maximizing emotions and behaviors
 - Stay close by maximizing distress and intimacy needs
 - View of self as ineffective in regulating distress
- Risk for behavior problems/psychopathology
 - Withdrawn behavior (Early and Middle childhood)
 - Anxiety (Adolescence)
 - Depression and Hopelessness (Adolescence)

Disorganization

Distortions in Core Self Processes

- Behavioral conflicted strategy of minimizing/ maximizing (e.g., hostile/ helpless), dissociation
- Cognitive intrusive, frightening thoughts
negative or frightening view of self
- Emotional distortions in emotional regulation and communication, internal sense of fear
- Relational conflicting tendencies
- Biological psycho-physiological dysregulation

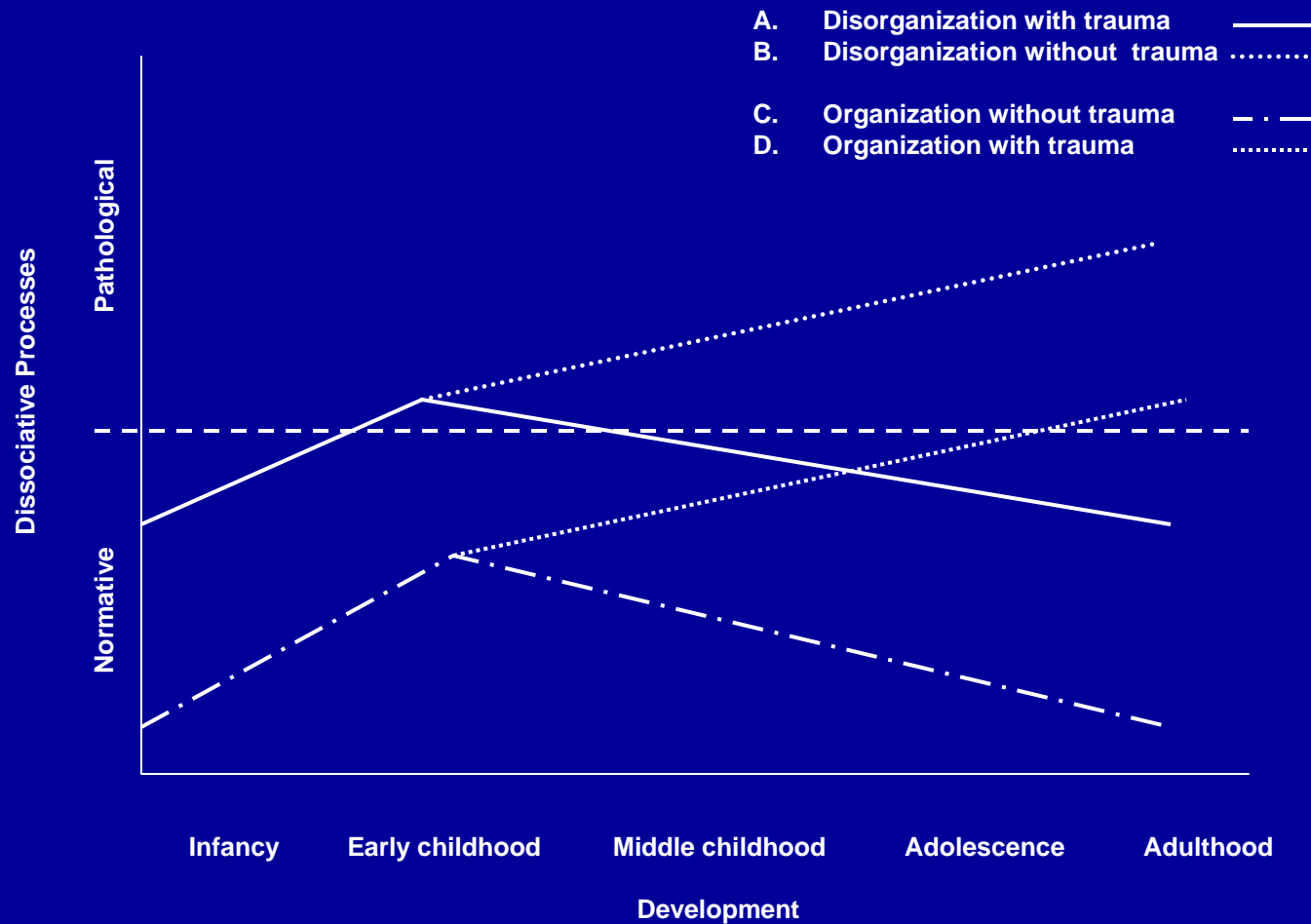
Disorganized Attachment

- Behavior problems
(Early and Middle Childhood, Adolescence)
 - Externalizing and Internalizing
 - Controlling behavior (e.g., caregiving, punitive)
 - Compulsive compliant behavior (e.g. submissive, entertaining)
- Psychopathology
(Adolescence, Adulthood)
 - Global indices of psychopathology (KSADS)
 - Suicidal and self-injurious behavior
 - Borderline personality symptoms (SCID)

Disorganized Attachment

- Individual and relationship problems
(Adolescence and Adulthood)
 - Hostility and violence in romantic relationships
 - Frightening and frightened parenting behavior
- Dissociative symptoms and markers
(Early and Middle Childhood, Adolescence, Adulthood)
 - Teacher observations
 - Observations of family interactions
 - Dissociative diagnoses and self report (KSADS, DES)
 - Family drawings and narrative projective assessments

Developmental Pathways of Dissociation



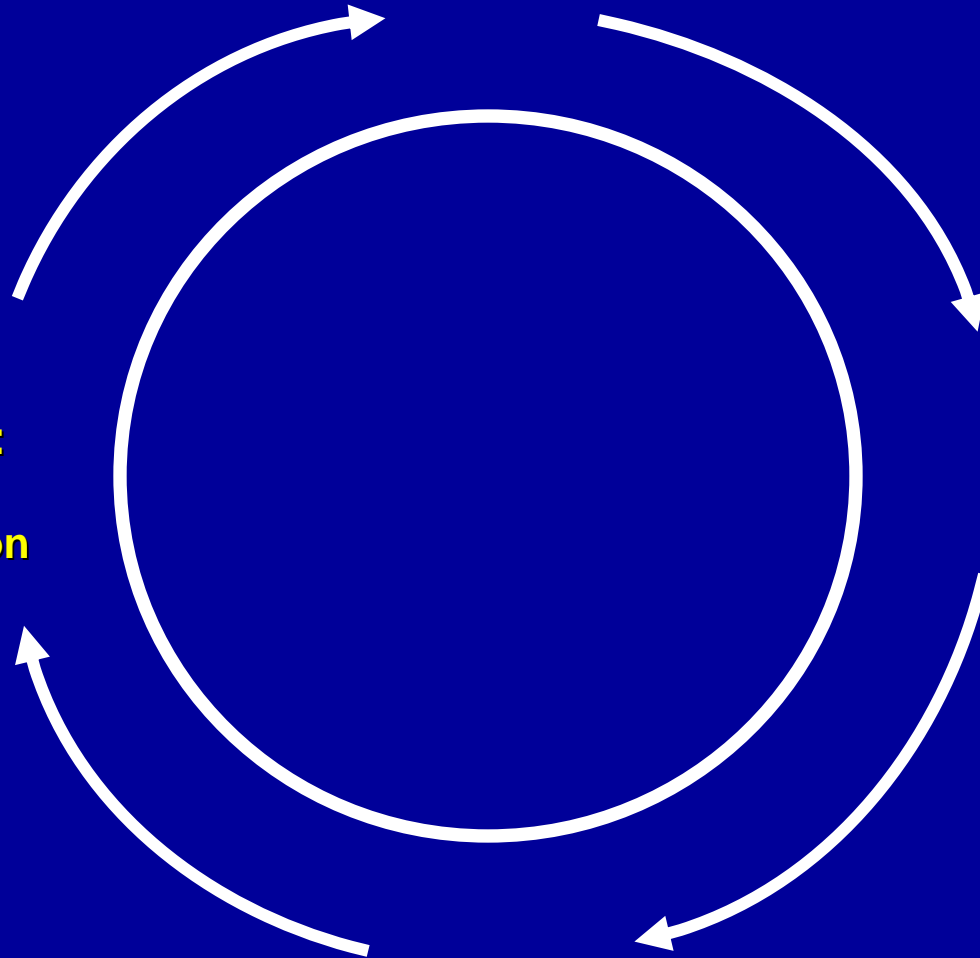
Legacy of Trauma

**Adult Unresolved Trauma:
Adult Attachment Interview**

**Frightening
Caregiver
Behavior:
Observation**

**Dissociative
Tendencies:
Behavior and
Representation**

**Infant Attachment Disorganization:
Strange Situation**



Unorganized Attachment

- Undeveloped or fragmented attachment behavior and behavioral systems
- Emotional dysregulation...no relational strategy
- Development of individual compensatory behavioral strategies

Disturbances related to Deprivation

- Behavioral
 - Lack of impulse control
 - Self-destructive behaviors
 - Aggressive and oppositional behavior
 - Inattention and hyperactivity
 - Difficulty with transition/novelty/change
- Cognitive
 - Lack of cause and effect thinking
- Emotional
 - Lack of affection
 - Inappropriate emotional responses
 - Intense displays of anger/rage

Disturbances related to Deprivation

- **Relational**
 - Indiscriminant sociability
 - Inability to read social cues
 - Unstable peer relationships
 - Difficulty with external control
 - Exploitative, manipulative
- **Biological**
 - Tactilely defensive
 - Sleep disturbance
 - Stress reactivity

Attachment Disorder

- **DSM-IV** (American Psychiatric Association, 1994)
 - Inhibited
 - Disinhibited
- **ICD-10** (World Health Organization, 1992)
 - Reactive Attachment Disorder
 - Disinhibited Attachment Disorder
- **Zero to Three** (1994)
 - Reactive Attachment
- **Zeanah, Boris & Lieberman** (2000)
 - Nonattachment
 - Secure Base Distortions
 - Disrupted Attachment Disorder

Reactive Attachment Disorder

- Inhibited/emotionally withdrawn pattern
 - absence of expectable tendency to initiate or respond appropriately to social interactions
- Disinhibited/indiscriminately social pattern
 - lack of selectivity in seeking comfort, support, and nurturance

Diagnostic Issues

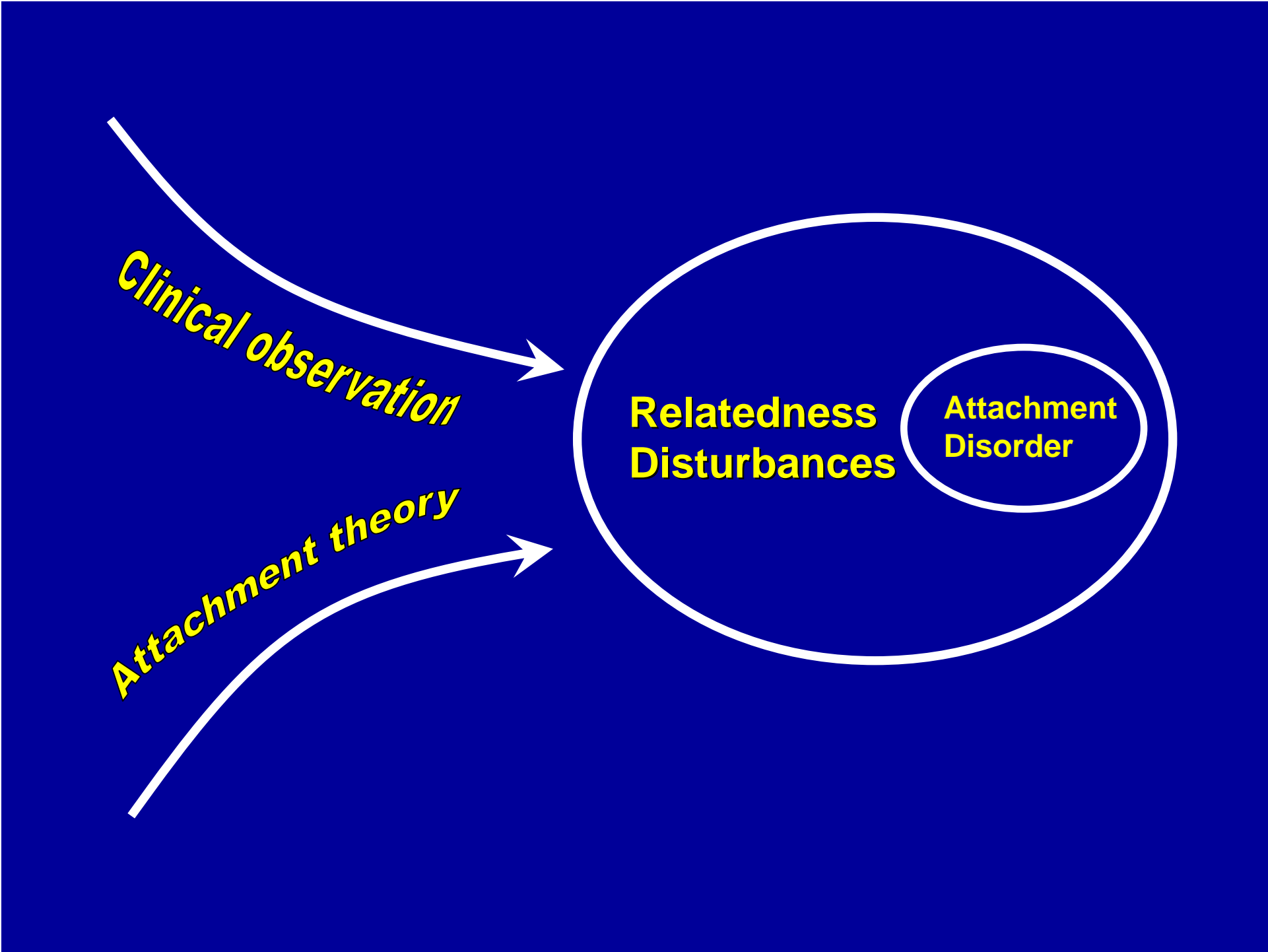
- Lack of validity and reliability research
- Overlap with other diagnoses
(e.g., ODD, ADHD, PDD, PTSD)
- No epidemiological studies
- Lack of relation between disinhibited behavior and attachment development
- Not derived from attachment theory and research
(i.e., attachment related systems)

Clinical observation

Attachment theory

**Relatedness
Disturbances**

**Attachment
Disorder**



Early Relationship Disturbances

- Disturbances of attachment security (e.g., avoidance, resistance, disorganization)
- Nonattachment/ severely disrupted relationships (e.g., deprivation, multiple caregivers)
- Physiological regulatory problems (e.g., eating, sleeping problems)
- Individual behavioral disorders with relationship components (e.g., ADHD, ODD, PTSD)
- Caregiver mental illness (e.g., depression, substance abuse)

Attachment and Internal Experience

Expectations and attitudes shaped by early
experience

Attachment Representation

- Early Childhood
 - Symbolic play
 - Narrative (Bretherton)
- Middle Childhood
 - Family Drawing (Main, Fury)
 - Projective Narrative assessments
- Adolescence/Adulthood
 - Adult Attachment Interview (Main & Goldwyn)
 - Current Relationships Interview (Crowell)
 - Working Model of the Child (Zeanah)
 - Parent Development Interview

State of Mind with respect to Attachment

- Organization of thought, language, and emotion

“Life history cannot change, but can be told in different forms.”

- Integration reflects flexible regulation
...ability to talk about experience and feelings
- Incoherence and dysregulation
...rooted in unresolved negative experience and trauma

Intergenerational Transmission of Attachment

State of Mind

Secure/Autonomous

Dismissing

Preoccupied

Unresolved

Unorganized

Caregiving

Sensitive responsive
attention to infant signals

Turn away from signals

Inconsistent response

Frightening behavior

Infant Behavior

Security

Avoidance

Resistance

Disorganization

Relationship Intervention: Development Revisited

Attachment Intervention Models

- Infant Parent Models
 - At-Risk Families (STEEP, University of Minnesota; Lieberman, San Francisco; McDonough, University of Michigan)
 - Failure to Thrive (Benoit, Toronto)
 - Foster Care (Dozier, University of Delaware)
 - Watch, Wait, and Wonder (Hincks Institute, Toronto)
 - Circle of Security (Virginia, Washington)
- Child Parent Models
 - Circle of Security (Virginia, Washington)
 - Attachment Therapy (Cline)
 - Families by Design (Thomas)

Intervention

- Comprehensive program
- Organized caregiving environment
- Relationship intervention

Comprehensive Program

- Caregiver support
 - Social Support/ Reduce life stress
 - Respite care
- Education or guidance
 - Child development and Attachment education
 - Observational training
- Relationship Intervention
 - Individual adult psychotherapy
 - Relationship intervention
 - Child-focused intervention

Caregiving Environment

- Organized physical environment
 - Regularity in sleep and nutrition
 - Simple predictable schedule
 - Preparation for change and transition
 - Structure, boundaries and limits
 - Organized, focused caregiving routine
- Internal sense of organization and safety
 - Adult not overwhelmed by child's feelings and words
 - Child experience of control over environment and ability to influence what happens to him/her
 - Reassurance and nurturance

Relationship Intervention: Treatment Goals

- Restore behavioral organization
 - Learn new behaviors
- Restore sense of safety
 - Feel protected when alarmed or frightened
- Restore relational trust and revise expectations
 - Experience emotional availability
- Support self regulation of behavior and emotions
 - Practice new behaviors
- Support integration of behavior, thoughts, emotion
 - Disconfirm beliefs and change expectations

Attachment Exploration Balance

Exploratory behavior

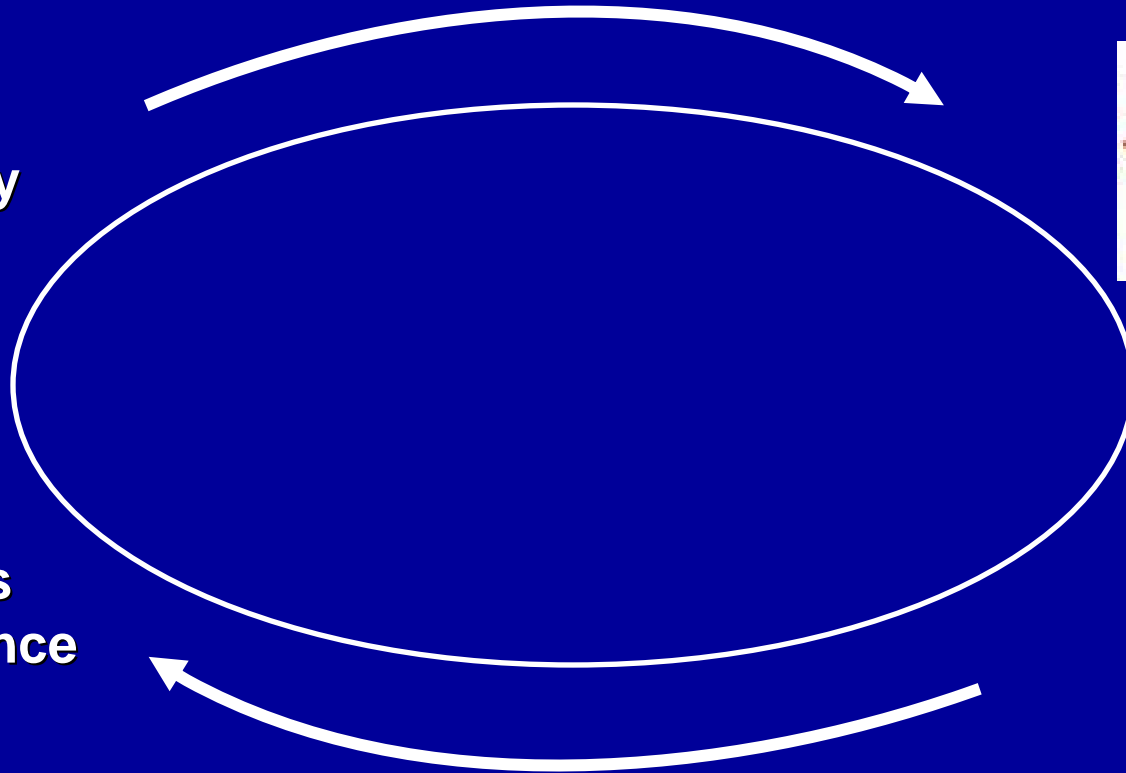
Keep safe
Support and enjoy
exploration

Caregiver

Comfort
Organize feelings
Interpret experience



Attachment behavior



Attachment Development

Caregiver regulation



Dyadic regulation (attachment)



Self regulation

Relationship Intervention: Treatment Strategies

- View behavior as reflection of experience
 - Previous coping strategies
 - Attempts to communicate needs or get needs met
 - Miscues based on distrust and fear of adults and close relationships
- Attend to internal states and needs
 - Distress
 - Apprehension
 - Feelings of being out of control

Relationship Intervention: Treatment Strategies

- Link behavior, thoughts, and emotions
 - Take initiative in approach, interaction and contact with sensitivity to child's lack of experience
 - Join with child when distressed, aggressive, fearful.
 - Assist in interpreting patterns of behavior.
 - Name feelings, thoughts and links to behavior.
 - Support learning to seek help and comfort.
 - Practice new behaviors and new interpretations.

Relationship Intervention: Treatment Strategies

- Minimize
 - Number of caregivers
 - Talking
 - Attention to individual behaviors
 - External punishment
 - Use of separation and isolation
 - Assumption that child purposeful

Relationship Intervention: Treatment Strategies

- Develop narrative....or story of experience
 - Revisit and integrate experiences
 - Develop chronology of experience
 - Focus on affective experience
 - Past events not child's fault

Regulation through Relationship Experience

Individual

Focus on effects of individual behavior

Regulation through external punishment, control

Isolate or separate child

Assume child knows better

View of self as powerful but scary

Relationship

Focus on internal dysregulation

Regulation through relationship support and self awareness

Stay with child and assist learning

Assume must learn new behaviors

View self as powerful but competent

Relationship Intervention: Social/Emotional Communication

- Communicate at child's level.
- Encourage
 - eye contact (e.g., play catch, hide and seek)
 - joint attention (i.e., shared attention)
 - social referencing (e.g., checking back)
- Encourage smiling and positive affect.
- Talk to child about feelings...parts, dimensions.

Caregivers/Service Providers

- Reflect on adult attachment history and state of mind
- Address feelings and expectations surrounding care, adoption, or treatment
- Distinction between sensitive care and therapeutic needs
- Reflect on experience
 - Response to child's signals and demands
 - Providing structure, nurturance when uncomfortable
 - Response to lack of emotional feedback

Intervention as a Relationship Experience

- Therapeutic work takes place within relationship
 - progress not from words or interpretation but from relationship experience.
- Change through long term experience
 - emotional availability and tolerance of fragmentation and chaos.
- Note progress
 - but expect setbacks and previous coping behaviors during periods of stress, change, or transition.
- Children develop attachment and regulation
 - at pace based on early deprivation, duration, circumstances.

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