



Attachment Theory and Self-Awareness in the Counsellor

Place2Be Volunteer Counsellor Training

Participant Reading 2 – Basics of Attachment Theory

Definition

Attachment theory is about human relationships. One definition is that “Attachment is an affectual tie that one person forms to another specific person - binding them together and enduring over time.” (Ainsworth, 1973¹)

Theories of Loss: Introducing John Bowlby

It is helpful to consider the social and economic context of the construction of the dominant theories of loss that still prevail today. They originate in medical circles. In 1951 Dr. John Bowlby, a family psychiatrist and psychoanalyst working in London at the Tavistock Clinic, was asked to write a report for the World Health Organisation (WHO) on the mental health of the children in the nation. The country had just been through the Second World War (1939-1945) and along with the rest of Europe the population of the UK had been through huge upheaval and resulting transitions. Many families had been split up due to parents being ‘called up’ to join the services or mothers having to enter the workplace to carry out the work normally carried out by men, working in ammunition factories and other work tasks, to maintain the running of the country. Many children were evacuated to other parts of the country and had little contact with their birth families. Families fleeing the holocaust found refuge in the UK during the war and afterwards many refugees settled here. This social upheaval led to the idea that children could be vulnerable and at risk regarding their mental health. There were indications that all was not well. This was also around the time of what the media in the UK would refer to as the birth of the *juvenile delinquent*. (This term had been in use earlier in the USA after the First World War.) There were reports of street gangs and fighting with chains and knives in the press. The government had concerns about social disorder and feared for the future of the nation. The prevailing concern was that somehow the breakdown in family cohesion was at the bottom of the problems being experienced with the youth.

Wartime had led to catastrophic changes in society and peacetime was also a time of great change. Many men returned home to find that women were well established in their wartime jobs and many children were either in day nurseries or cared for by other relatives. Many without such support and old enough to take themselves to and from school became known as *Latchkey kids*. This meant that they had a key to the house and would let themselves in and be alone until their

¹ Ainsworth, M. (1973). The Development of Infant-Mother Attachment. In B.M. Caldwell & H.M. Ricciuti (Eds.), *Review of Child Development Research: Volume 3. Child Development and Social Policy* (p. 1-94). Chicago: University of Chicago Press.



mothers could return home after work. The following quote describes this experience of a child living in London in the 1950s:

My mum was out a lot working and I would play on the streets in the summer and winter; after dark I would sit indoors waiting for her to come home. We lived in a three room flat at the top of an old Victorian house in Shepherds Bush. I wasn't allowed to put the light on or light the fire before she came home because of 'strangers' knowing that someone was in. Now, as an adult, I know it was because she was worried about me and the 'Welfare' finding out that I was there without her. I must have been about seven. (Ingram et al, 2000 p.69)

John Bowlby was working with young disaffected teenagers in the Tavistock Clinic in London and was searching for reasons and answers to the problems of family breakdown and the effect on young people. During the war some people refused to take part in the conflict due to religious or other views concerning violence and war. They were known as *Conscientious Objectors*. Amongst these there was a married couple called the Robertsons. They were assigned hospital cleaning tasks and worked in a paediatric ward where they were able to observe the effects on children of being separated from their mothers in order to be given medical treatment. They made several films of the children in the ward and began to notice a pattern of behaviour common to all.

John Bowlby and the Robertsons shared their experiences and a paper was written and published and the term 'attachment theory' was born (Robertson & Bowlby, 1952).

Consequently, when the report for WHO was completed, Bowlby wrote a summary of the report (1953), followed by the trilogy, Attachment, Separation and Loss (1969, 1973 and 1980). These publications, says Stroebe (2002) were highly influential in modifying policy and practice amongst professionals in the context of care for children.

This theory reduced attachment behaviour to a four-stage model and the overarching term *separation anxiety* described the emotional experience of separation.

Stage 1 Shock and disbelief

Stage 2 Searching

Stage 3 Despair

Stage 4 Detachment

Attachment theory states that attachment behaviour has a biological and evolutionary base and has as its aim the survival of human beings (Charles Darwin's theory states that behaviour ensures the survival of the fittest and consequently the species survives). It is functional in that it has the potential to be hugely successful in the case of retrievable loss. The theory includes awareness that the infant is predisposed to keep close to their primary attachment figure, who is usually the mother, and to behave in ways that will ensure this proximity, by crying, vocalising to get her attention, reaching up to her, crawling and walking to keep close to her, especially in times of fear and anxiety. The mother on the other hand, is also predisposed to attend to her child's attachment needs, physiologically and physically. They both maintain the attachment relationship in the interactions between them.

The sensitive mother or carer will respond appropriately and the resulting secure attachment allows the child to explore and learn from her environment, knowing that the mother will be there in

times of fear. Bowlby (1953) spoke of the concept of a *secure base*. The child is predisposed to explore the world around them. Children need to play and to explore in order to develop and learn and this activity requires them to move away from the mother, who allows this autonomy from a secure base. If the child is frightened or becomes separated then attachment behaviours become activated.

Separation and Loss

The separation anxiety of the child is in relation to loss. The child's anxiety is about losing, or becoming separated from, the mother. It was believed that the primary function of attachment was to ensure that the innate biological needs of infants were fulfilled. However, research in the 1950s and 1960s by the American animal behaviourist, Harry Harlow, challenged these assumptions. Harry Harlow experimented with monkeys to show that when baby monkeys were separated from their mothers and given a choice of a wire monkey to cling to with food attached or a soft, cuddly covered frame monkey then they always chose the soft monkey. It was therefore concluded that attachment behaviour is about much more than just sticking to the one that provides food.

So, separation anxiety is a functional human reaction to a perceived threat. The resulting behaviour can result in reunion and calmness. However, we do not have a mechanism for irretrievable loss.

The first stage of shock with resultant screaming out can be all that is needed to get the mother back. If this does not happen then the infant will attempt to search for her. Despair will set in after a period of time if the search is not successful. The final stage, that of detachment, was the most concerning to Bowlby. He theorised that if a young child had been separated for a significant period of time or separated many times in the early years that this predisposed them to the risk of developing detachment as a defence mechanism against being hurt again. In other words if attachment to another only leads to loss of the relationship then it may be better not to become attached again to that person and in later life to any other. He coined the phrase *the affectionless psychopath* to describe such a person. This was a medical term to describe someone who could not be affectionate and it was deemed to be unhealthy, hence the use of *pathology*, which is a medical term to denote illness. Popular culture such as film and story tends to suggest that psychopath means violent criminal tendencies. In Bowlby's use of the word we have the original medical meaning which means unable to form attachments and show affection to others. *(Later in his writings Bowlby acknowledged that the main caregiver may not be the child's mother and therefore the attachment figure. However, he still demanded that the child should have a least one constant carer in order to feel safe and securely attached.)*

When Bowlby looked at the case histories of the young people in his care as a psychiatrist for exhibiting antisocial behaviour, he found that many of them had been separated from their mothers for significant periods of time during their early childhood years. This supported his attachment theory and what can happen when attachment needs are thwarted. Of course, this is not prescriptive and many can survive separation and develop normally, for various reasons. The external variables need to be considered. However, he did notice a significant tendency in his patient caseload.

It is normal for a child to respond to separation by becoming distressed. Attachment theory suggests that this is functional. Some of the feelings that children experience as a result of irretrievable loss can be expressed somatically (through the body). For example they may have headaches, tummy aches, feel sick and actually become ill with many colds and general susceptibility to whatever viruses and diseases are prevalent. Children often do not know the root cause of their distress and feelings of illness.



Actual abandonment or threat of abandonment not only creates intense anxiety in children but may also arouse anger and this anger can be intense. It may be expressed outwardly or turned in and result in depression and deep sadness and insecurity. Bowlby asserts that expressed anger, the function of which is to dissuade the attachment figure from carrying out the threat or to return, can easily become part of a dysfunctional pattern of behaviour.

Bowlby was convinced that the response of the adult world to a child's distress has a decisive influence on the outcome of loss (Holmes, 1993). Holmes says that Bowlby was implacably opposed to the stiff upper lip attitude and the disparagement of emotional reactions of children which were characteristic of his generation. On the contrary, he believed that love, tenderness, encouragement of emotional expression, even if the child is hostile and angry, is the appropriate way for adults to help children deal with loss. The ways in which adults respond to the child's reactions to loss may have long-lasting effects on the child's development and mental health. One of the safest ways to respond to a child's loss experience is to respond through the metaphor of play. The *aesthetic distance** created by the play (Grainger, 1990) enables many painful experiences to be worked through with the help of an informed and sensitive adult, without addressing the loss directly. In this way the child chooses the play and is in control of the unfolding metaphor, working at a pace and with whatever symbols hold the key to healing the hurt, without re-traumatisation. (Cattanach, 2003)

**Aesthetic distance - This means that when a child is dealing with painful or difficult issues it is often helpful to work on the issues through metaphorical means. This requires the child to work at a distance from the issue and yet often the distance that is created through the medium of play or other expressive arts mediums can bring the client much closer to the issue than direct confrontation with it. The aesthetic literally creates the distance. In addition if there has been a history of trauma in the client's life then working metaphorically reduces the risk of re-traumatisation.*

Necessary/Developmental Losses and Circumstantial/Personal Losses

From the start, our life is punctuated by natural, developmental and necessary losses.

Developmental Losses

- Baby leaves the womb
- Weaned
- Mother not always there
- Learns that mother is a different person
- Leaves home and starts day care/ nursery/school
- Leaves childhood and becomes adolescent

All these losses and separations carry emotional responses. Sometimes deep and powerful feelings are expressed in observable behaviour. For example, newborn babies cry and this has a

very powerful effect urging an immediate response on behalf of the mother. Gradually the child realises that his mother is separate from him or herself. This has to be learnt.

Each of these necessary losses resulting from separation needs to be managed with the child in the everyday course of living. In many cases the normal losses can become acutely distressing for a child with a history of repeated and or traumatic losses. What one child can manage successfully without support may be quite different for another child. It is important to be aware of attachment theory and the child's history of attachment in order to fully understand behaviour exhibited in the immediate moment.

Modern theory

The significant developments in bereavement research have been documented most recently by one of its pioneers, Colin Murray Parkes (2001). He divides the literature into three fields: studies of loss with the consequences; studies of attachments that precede losses; and studies of other psychological trauma. He further notes that the field of researchers is broad and embraces many disciplines and professions. This provides us with rich material and also a disparate quality to the knowledge gathered. However, the languages of each discipline serve to isolate the insights gained to each separate group. He would encourage us to look outside the box of our own disciplines and examine the views of others.

Losses in childhood, both short and long-term, have been shown to have profound consequences (Parkes, 2001). Parkes pays tribute to Bowlby's (1953) report to the WHO on separation and homelessness and states that it '*revolutionised the field of child development research and led to the inception of attachment theory*' (Parkes, 2001, pp.36-37).

Parkes (1970) carried out a longitudinal study of widows in the first year of bereavement. He noticed a similar pattern in the psychological changes in the widows to the one which Robertson & Bowlby (1952) had noticed in the separated children. So, he deduced, the mechanism for retrievable loss in infants becomes activated again in adult life when experiencing feelings of loss and consequent separation anxiety. In collaboration, Bowlby and Parkes (1970) published:

A descriptive classification of the phases of grief, which comprised (a) numbness, (b) yearning and searching (c) disorganisation and despair and (d) reorganisation. This classification has given rise to a great deal of controversy and spawned a number of alternative classifications. (Parkes, 2001, p.30)

It was always imagined that this rough guide would be no more than this and it was thought by some practitioners that people would move backwards and forwards through the stages, which were not intended to be a linear structure for unidirectional movement.

Attachment theory has led to further research identifying attachment patterns for adults based on childhood patterns. This research led to a category of insecurely attached people who have experienced vulnerable childhoods. It has been possible to predict the type and intensity of symptoms such adults may experience following bereavement in adult life. Parkes (1991) has developed a questionnaire to study the attachment patterns of adults. It appears that early attachment patterns are hugely significant in terms of adult mental health.

According to these phases what people do when experiencing bereavement is to feel numb, followed by a yearning feeling and the need to search. This can then result in despair and disorganised behaviour and finally some reorganising behaviour. This is not a linear process, but one in which there is movement in both directions. Furthermore, work from Parkes (1991) predicts the following list of reactions to loss, based on his clinical experience of what happens when attachments come to an end. This differentiated list enables consideration of both individual differences in what people do when experiencing loss and also connects to the maternal/infant early relationship, social groupings, cultural child rearing practice and other environmental factors that affect behaviours.

Anxious/ ambivalent children (category II 1) – children of carers who are overanxious, insensitive to the infant and discourage exploration

- Lack trust in themselves
- Their relationships in adult life are often conflicted
- Prone to lasting grief when relationships end

Avoidant children (category II 2) – children of carers who cannot tolerate closeness and punish attachment behaviour

- Lack trust in others
- Tend to be compulsively independent
- Wary of closeness
- Have aggressive assertive relationships in adult life
- When relationships end do not cry and are unable to express grief

Disorganised children (category II 3) – children of carers who have suffered major losses or other trauma

- Deeply unhappy
- As adults lack trust in themselves and others
- Fit Seligman's picture of 'learned helplessness' (1975) identified as common precursor of depression
- Easily become depressed
- Inclined to alcoholism when faced with loss

(Based on categories from Parkes, (1991) *Retrospective Attachment Questionnaire*)

These classifications of children were originally created and formed the basis of further elaboration by Mary Ainsworth in the early 1970s. Ainsworth designed an experiment called:

The Strange Situation

- Episode 1 – The infant and caregiver are placed in an observational room by the experimenter, who then leaves.
- Episode 2 – The caregiver is inactive and the baby is free to explore.
- Episode 3 – An unfamiliar adult enters the room; the stranger is initially silent. After one minute she begins to converse with the caregiver, and after another minute she approaches the baby. The caregiver leaves.
- Episode 4 – The stranger and the baby are left alone together.
- Episode 5 – The caregiver returns and the stranger leaves. The caregiver tries to resettle the baby. The caregiver leaves.
- Episode 6 – The baby is left alone in the room.
- Episode 7 – The stranger returns to the room and begins to interact.
- Episode 8 – The caregiver returns again and the stranger leaves.

The Strange Situation allows for a series of measures to be taken and gives information about a range of measures. It provides information about the quality of the relationship. It offers clues to the history of the relationship and it is a basis for predictions about the child's subsequent development.

Three areas of distress were created in the strange situation:

1. An unfamiliar environment
2. Separation from the caregiver
3. The appearance of a stranger

The strange situation provided information about:

- The infant's willingness to explore a strange environment under different conditions, alone, in the presence of the mother and in the presence of a stranger
- The infant's reactions to separation from different people
- The infant's reaction to the presence of and interaction with a stranger

- The infant's reaction to returns
- The strange situation was designed to become increasingly more stressful as it proceeded

Summary of the four types of attachment relationships

How these children may present in the Place2Be room

Secure

About 60-66% of the population have a secure attachment; this means that children have experienced consistent, sensitive and loving responses from their caregivers. They have learnt that while life is not perfect that fundamentally the world is a safe enough place and that when they are distressed they have both internal resources and external people to support them. In turn they believe others will be there to help them at times of need and develop a sense of themselves as worthy and capable. In the Place2Be room you will most likely feel competent and able to help these children.

Insecure Anxious-Ambivalent

Only about 10% of the population have an anxious-ambivalent attachment but these children are often amongst the most noticeable at school and are usually described as 'needy' or 'attention-seeking'. This is because they have had caregivers who are unpredictable and inconsistent; sometimes their needs have been met and sometimes they haven't. As a result these children's attachment systems stay 'on' and they remain highly aroused and anxious about whether or not their needs will be met. As a counsellor with these children it may feel as if you are being pushed and pulled and that it is very hard to get anything right. As they may have been treated so will they treat you – a "hero" at times and then suddenly a monster.

Insecure Avoidant

This group accounts for about 25% of children. They have had caregivers who are emotionally unavailable and/or rejecting and have learnt from an early age to inhibit their attachment systems because they will not be responded to. They have learnt that adults and others don't respond – why should you be any different? These children quickly become emotionally self-reliant and do not prioritise emotional attachments with others. In the Place2Be room the counsellor often feels rejected by these children and unsure how to help them.

Disorganised Attachment

A very small number of children are classified as Disorganised; they are likely to have been abused, maltreated and/or traumatised by their caregivers. As a result these children are confused about which strategy to use when they are under stress and their behaviour reflects this. They often have poor boundaries and sudden outbursts. In therapeutic work the counsellor often feels confused themselves.

A Modern View: The Grieving Self

Research outcome challenges prevailing medical theories in that we notice that grief can be life long and not necessarily pathological (Hunt, 2004). We believe that our grief is our own and therefore idiosyncratic in nature. Books we read about the theory of grief speak to us although we are aware of them as simplistic and yet not simple enough to hold our experience. We sometimes search for models of loss in an attempt to plot ourselves in the process. We may feel wise and realise that all along we have held the key to our own difficulties in the process of loss. The agency and wisdom of the mourner is not acknowledged in medical models of grief and the grieving process. By being in the world and interacting in the world we work at grief. We work at grief when



watching TV, reading a novel, being involved in a love affair or friendship, putting a photograph in a frame or a wallet, listening to music, talking, having sex, walking, being silent, accepting a caress, visiting a place.... The list is endless. All human activity provides opportunity and location for grief work. The definition of grief work could be much broader than it is. We see loss both as compounded loss over the years and yet each loss as separate and different from the others. Sometimes there are overlaps in the commonality of experiences we have of loss. It is possible that each of us has a functional ***grieving self*** (Hunt, 2004) which is permanent, contains a cumulative store of pain and is ready when needed. It is located in a timeless dimension of the constantly changing, fluid self, a self that is not just intrapersonal but also located in the interpersonal, physical, spiritual and cultural domain.

Offering children support through present or past loss experience may suggest that we can in some way 'get over' loss and become whole again. This pathological view of loss suggests that therapy can heal grief as if it is an illness. Maybe this is not the case and maybe there is another way of seeing therapeutic support. If we believe that play is the medium which best enables children to express themselves then we could also accept that in play children come to understandings about their loss experiences that allow them to incorporate them into their lives. After all, all processes in life appear to be governed by homeostasis (balancing mechanism). For example, the body needs water so we feel thirsty, the body gets hot and we begin to sweat. It appears from attachment theory that we do have a homeostatic mechanism for dealing with temporary separation and therefore it is not such a wild idea that we have one also for dealing with long-term or permanent separation.

How does this idea of the functional, self-healing, *Grieving Self* relate to the work of staff in a primary school? Children make sense of loss through play. Play that they choose contains metaphorical wisdom. In this way a child seems to know what is needed in order to come to terms with loss. Metaphors are chosen which contain power and deal with the losses in the grieving self. This wisdom appears to be present in the very young child. In addition the child can recognise the self-experience in the experience of others and literature or film can offer locations for grief work in addition to play.

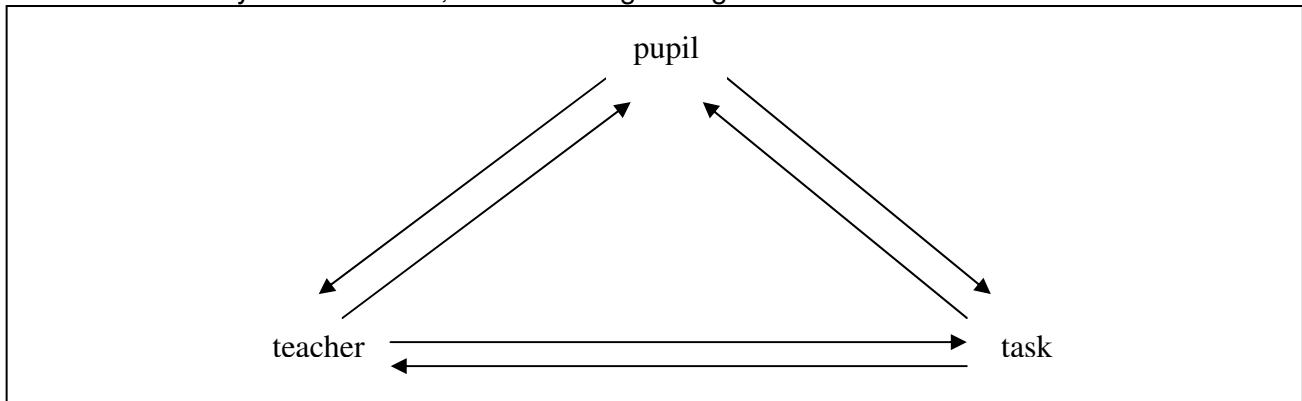
One of the useful tools in the book is something called the 'Learning Triangle' which explains how children with different 'types' of attachment may respond to both the teacher and the task.

Attachment in the Classroom by Heather Geddes

What Heather Geddes says about the Learning Triangle is that it reflects the relationships between the pupil, the teacher and the task and provides a focus for the application of Attachment Theory and research.

For the securely attached child, they are able to relate to the teacher and presence of the educational task even though this might represent a challenge and uncertainty.

So for the securely attached child, their Learning Triangle looks like this:

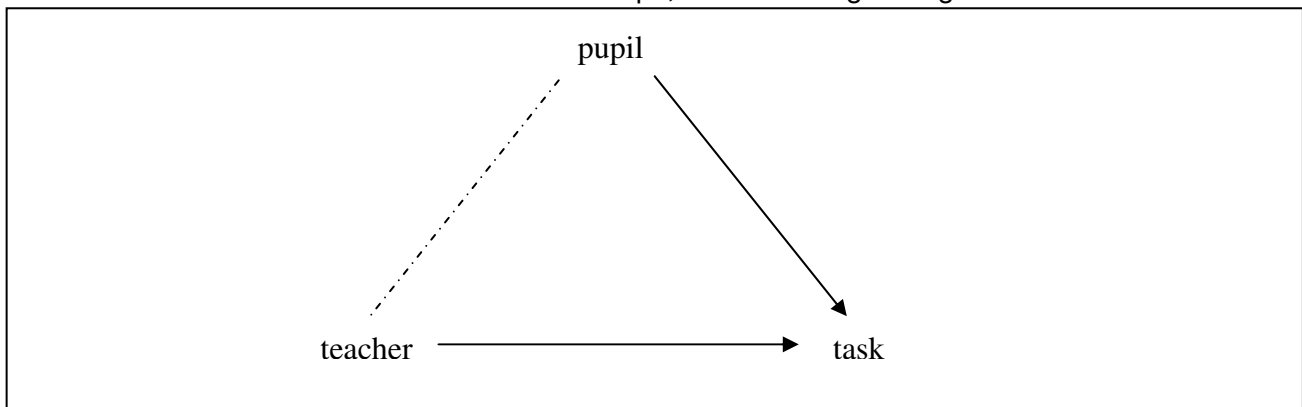


This means that for the child with a secure attachment experience of sensitive, reliable and trusted adults, the teacher is seen as being able to be helpful and available. Any frustrations the child experiences in the task will be tolerable and the knowledge gained of interest and value.

The Learning Triangle is balanced between the needs of the pupil, the presence of the teacher and the demands of the task. The outcome for the child in completing the task is a sense of efficacy and self-worth and continued development of resilience.

As the child gets older, the presence of the teacher remains but reliance and support diminishes, so that in later school years the pupil can 'learn for themselves' more.

For children with avoidant attachment relationships, their Learning Triangle looks like this:

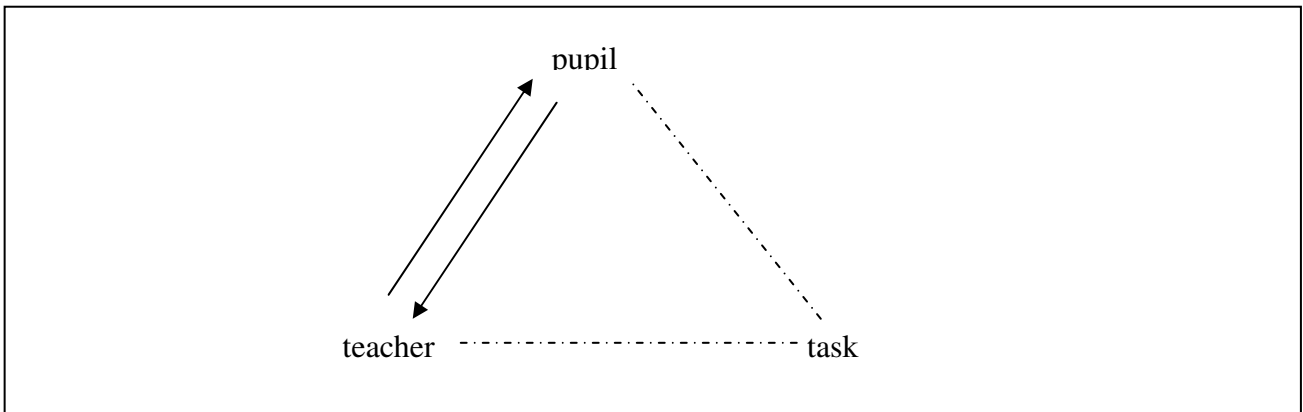


The child avoids the relationship with the teacher and directs their full focus onto the task. In this way, the task helps the child to moderate the experience of the relationship with the teacher, which may be imbued with uncertainty about availability of acceptance and support.

For the teacher this can be experienced as being ignored by the child and may easily provoke a reaction. The rejection that the child experienced in their earliest relationship is now felt by the teacher. The teacher might try and help the child, which, unfortunately, can further trigger an avoidant response where the child may become highly defensive and withdrawn.

Heather Geddes points out that the child's capacity to focus on the task can be deceptive. The teacher may initially perceive the avoidant response as a form of independence, which may be welcome in a demanding classroom. However, the degree of avoidance needs to be monitored and slowly worked with before the child can begin to build a meaningful relationship with the teacher.

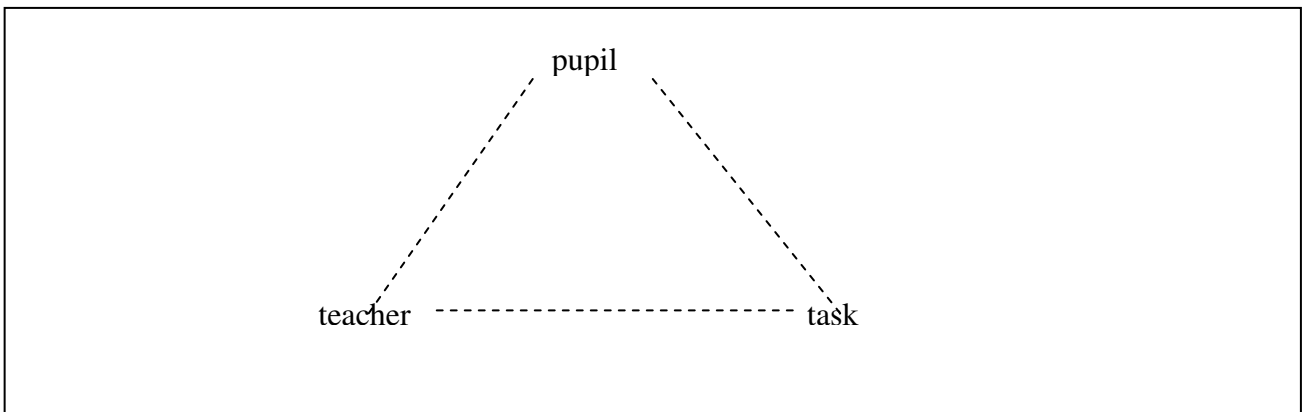
For children with ambivalent attachment relationships, the Learning Triangle looks like this:



This reflects the tension between the pupil and adult at the expense of the task. In terms of the child's early relationships, it demonstrates an unresolved conflict which does not permit another to intrude into the adult-child relationship.

In the learning situation, the child is preoccupied with the relationship with the teacher at the expense of the task.

For children with disorganised attachment relationships, the Learning Triangle looks like this:



This Learning Triangle summarises the difficulties in learning when both relationships and the task are perceived as threatening. The relationship with the teacher is contaminated by the unreliability of the original attachment figure and the task threatens a very fragile sense of self-competence.

Heather Geddes notes that, for children with disorganised attachments, the difficulties in engaging with either the teacher or the task have long-term implications for future adult relationships and access to society. And that the fear for those who work with these children is that there will be long-term implications for mental health and offending.