

**Attachment: A feeling of love or strong connection to someone or something – Cambridge Dictionary**

## Understanding Attachment Theory

During adolescence, the individual undergoes many changes in physical, social, and cognitive aspects and may experience some difficulties adapting to those changes. Most of those difficulties end with adolescence. However, how the individual overcomes this period is also closely related to childhood. The nature of the relationship with parents in childhood also affects adolescence, successfully performing developmental tasks, non-family factors, and so on. In addition, relationships and peer relationships with parents play an important role in adolescence.

Although many models and theories have been put forward that address the impact of parent and child relations on child development, "The Theory of Attachment" has shown that the child's effect on development is more effective than other models or theories. Bowlby (1953) noted the importance of the relationship between the child and the person who raised them, stressing that this emotional relationship, which he calls "attachment," provides the child with a safe world in which he can grow up, and that attachment plays a crucial role in extending the child to the outside world and new experiences. According to the attachment theory, the first mother-child relationship has a significant impact on shaping interpersonal relationships outside the family, such as friend relationships (Shomaker and Furman, 2009).

There are  
four types of  
attachment

Secure

Insecure  
Avoidant  
Attachment

Insecure  
Ambivalent  
Attachment

Insecure  
Disorganized  
Attachment

## **Secure Attachment**

Typically, children who are firmly attached are clearly distressed when their caregivers leave and happy when their caregivers return. Some children may seek support from the parent or caregiver when they are afraid.

Communication initiated by a parent is readily embraced by children firmly attached, and they welcome a parent's return with positive behaviour. Although in the absence of a parent or caregiver these children may be comforted to some extent by other individuals, they certainly prefer parents to strangers.

Parents of securely attached children tend to play more with their children. In addition, these parents respond faster to the needs of their children and are generally more responsive to their children compared to parents of children who are insecurely attached to them.

Studies have shown that children that are securely attached are more empathic during later stages of childhood.

Such children are often identified as less destructive, less aggressive, and more mature than children with types of attachment that are ambivalent or avoidant.

### **Secure attachment in Children:**

- ✚ Empathy
- ✚ Moral reasoning
- ✚ Emotional regulation
- ✚ Self-awareness
- ✚ Awareness and understanding of others
- ✚ Reduced anxiety and fear

### **Secure attachment in Adults:**

- ✚ High self-esteem
- ✚ Enjoyment of intimate relationships
- ✚ Ability to express feelings and emotions
- ✚ Trusting, lasting relationships
- ✚ Being able to seek out social support

## **Insecure Ambivalent Attachment**

Insecure ambivalent attachment is a result of inconsistent caregiving which results in the child becoming unsure of the adult's role. The caregiver can sometimes meet the

child's need effectively; however, will be dismissive at other times and this leads to the child being unsure about the adult's role in meeting their needs. Children and young people who have ambivalent attachments tend to be highly suspicious of strangers. Such children display extreme distress when separated from a parent or caregiver but do not appear reassured or comforted by the parent's return. For certain situations, the child may reject the parent passively by refusing warmth or may show direct aggression towards the parent. They can also present as frustrated, clingy, and rejecting.

As adults, people with an ambivalent style of attachment sometimes feel reluctant to get attached to others and fear that their partner does not reciprocate their feelings. This also results in frequent breakups, as the relationship feels emotionally distant.

#### **Ambivalent Attachment as Children:**

- ✚ May be wary of strangers
- ✚ Become greatly distressed when parents leave
- ✚ Do not appear comforted when parents return.

#### **Ambivalent Attachment as Adults:**

- ✚ Reluctant to become close to others
- ✚ Worry that their partner does not love them
- ✚ Become very distraught when relationships end

### **Insecure Avoidant Attachment**

Children and young people with avoidant attachment tend to avoid parents and carers. After a time of absence this avoidance becomes especially prominent.

These children may not reject a parent's attention, but they do not seek comfort or contact either. Children with an avoidant attachment show no preference between a parent and a complete stranger. As adults, those with an avoidant attachment tend to struggle with intimacy and close relations.

Such people do not spend a great deal of energy in relationships and feel no distress when a relationship ends.

Using excuses (such as long hours of work) they frequently avoid intimacy or can fantasise about other people during sex. Evidence has also shown that adults with an avoidant attachment are more acceptable and more likely to engage in casual sex. Many

common features include a failure to support partners during difficult times and an inability to communicate their feelings, thoughts, and emotions with their partners.

#### **Avoidant Attachment as Children:**

- ✚ May avoid parents
- ✚ Do not seek much contact or comfort from parents
- ✚ Show little or no preference for parents over strangers

#### **Avoidant Attachment as Adults:**

- ✚ May have problems with intimacy
- ✚ Invest little emotion in social and romantic relationships
- ✚ Unwilling or unable to share thoughts or feelings with others

### **Disorganized Attachment**

Children who have developed a disorganized attachment do not have a caregiver who has created a safe, secure base for them to confidently return to. Disorganized attachment develops from a parent's consistent failure to respond appropriately to the child's distress or by a parent's inconsistent response to the child's feelings of fear or distress. Carers and children may create a relationship in which the child loves and cares for them, but also fears them at the same time.

This leaves the child unsure of how the caregiver will respond to their needs. Thus, the instincts of the child are conflicted.

### **Reactive Attachment Disorder (RAD)**

Reactive attachment disorder is a condition in which a child cannot develop a healthy attachment with their parent or primary caregiver. This can lead to difficulty connecting with others and managing their emotions, resulting in a lack of confidence and self-worth, a fear of getting close to anyone, anger, and a need to be in control. A child suffering from an attachment disorder feels unsafe and alone.

In early life, children with RAD have been so disrupted that their future relationships are also impaired. They can encounter difficulty relating to others and are often delayed in development. Reactive attachment disorder is common in children who, after forming a bond, have been neglected, moved around in foster care, lived in orphanages, or taken away from their primary caregivers after establishing a bond.

## **Attachment Disorder Causes**

RAD and other attachment disorders occur when a child has not been able to connect with a parent or primary caregiver consistently. If a young child repeatedly feels abandoned, isolated, powerless, or uncared for whatever reason, they will learn that they cannot rely on others, and that the world is a dangerous and scary place.

This can happen for many reasons:

- ✚ No one responds or offers comfort to a baby that cries
- ✚ A baby is hungry or wet and they are not attended to for hours
- ✚ No one looks at, talks to, or smiles at the baby, therefore the baby feels alone
- ✚ A young child only gets attention by acting out or displaying other extreme behaviours
- ✚ Baby or young child is mistreated or abused
- ✚ The child's needs are met sometimes, however are not met other times. Therefore, the child does not know what to expect
- ✚ The infant or young child is hospitalized or separated from their parents/caregivers
- ✚ A baby or young child is moved from one caregiver to another. This may be as a result of adoption, foster care, or the loss of a parent
- ✚ The parent is emotionally unavailable because of depression, illness, or substance abuse

## **Warning Signs of an Attachment Disorder**

### Signs and Symptoms in Infants

- |   |   |
|---|---|
| ✚ Avoids eye contact  | ✚ Cries inconsolably  |
| ✚ Does not smile  | ✚ Does not coo or make sounds   |
| ✚ Rejects efforts to calm, soothe and connect                             | ✚ Does not follow their parent/caregiver with their eyes              |
| ✚ Does not seem to notice or care when parent/caregiver leaves them alone | ✚ Is not interested in playing interactive games or playing with toys |

- ✚ Spends a lot of time rocking or comforting themselves

## **Signs and Symptoms of Reactive Attachment Disorder**

Common signs and symptoms in young children include:

- ✚ An aversion to physical affection and touch: Children with RAD often laugh, flinch, or even say “ouch” when they are touched, instead of developing positive feelings. Touch and affection are perceived as threat.
- ✚ Control issues: Most children/young people are often disobedient, defiant, and argumentative. They go to extreme lengths to stay in control and avoid feeling helpless.
- ✚ Anger problems: Children with RAD may express their anger directly, in tantrums or acting out. They can also display manipulative and passive-aggressive behaviour. Children with RAD may also hide their anger in socially acceptable actions, such as hugging someone too hard.
- ✚ Difficulty showing genuine care and affection: Children with RAD may act inappropriately affectionate with strangers while displaying little or no affection towards their parents.
- ✚ An underdeveloped conscience: Children with RAD may act like they do not have a conscience and fail to show emotions such as guilt, regret, or remorse after behavioural issues.

## **Disinhibited Social Engagement Disorder (DSED)**

Disinhibited Social Engagement Disorder is an attachment disorder which affects children younger than 18 years old. Children and young people with DSED may have difficulty forming deep, meaningful connections with others.

DSED can be caused by one or more factors. Cases of DSED typically include the absence of a solid, long term caregiver who meets the child’s needs, spends time educating the child and provides food, shelter, and emotional support for the child.

Some children diagnosed with DSED come from institutionalised environments, such as orphanages, which have a high caregiver-to-child ratio. Children in foster care who are repeatedly shuttled between households, or who are never adopted, may also have DSED.

Childhood trauma, extreme abuse or neglect also endangers children if the child has no caring adult to make the experiences less traumatic. Situations such as the death of one or both parents, being raised by an absentee parent or by a parent with history of substance abuse and early sexual abuse can increase the risk of DSED with children.

## Symptoms

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), children must have at least two of the following symptoms to be diagnosed with DSED:

- ✚ Intense excitement or a lack of inhibition over meeting or interacting with strangers or unfamiliar adults
- ✚ Behaviours with strangers that are overly friendly, talkative, or physical and not age-appropriate or culturally acceptable
- ✚ Willingness or desire to leave a safe place or situation with a stranger
- ✚ Lack of desire or interest in checking in with a trusted adult prior to leaving a safe place, or in a situation that seems foreign, strange, or threatening.

Because of their willingness to connect with strangers, children with DSED are at an increased risk of harm. They also have trouble forming loving connections with other children and adults.

### **Strategies in Classroom for Insecure-Avoidant Attachment**

- ✚ Ask the child to help the teacher with specific tasks
- ✚ Gently encourage the child to seek help from adults
- ✚ Get the child to participate in highly structured games, however, avoid games with strong winning/losing element such as team games
- ✚ Have the child with an adult in pairs or small groups
- ✚ Structured writing tasks, mind-mapping, fast access to resources
- ✚ Use concrete structured activities
- ✚ Use metaphors to describe emotions
- ✚ Demonstrate that the child is held in mind
- ✚ Gradually develop their ability to trust adults and express themselves

### **Strategies in Classroom for Insecure-Ambivalent Attachment**

- ✚ Break the tasks into smaller steps
- ✚ Use a timer to define tasks and help concentration
- ✚ Use board games to help develop shared control and enjoyment
- ✚ Special objects to support transitions and to reassure
- ✚ Have the pupil be responsible for a task
- ✚ Small group work to improve social skills and awareness
- ✚ Plan and prepare the child for beginnings, separations, and endings
- ✚ Identify a 'Key person'
- ✚ Involve the parent in the pupil's education
- ✚ Gently teach the child to regulate their emotions and build resilience

## Strategies in Classroom for Insecure-Disorganised Attachment



- ✚ Provide frequent positive feedback in class and around school
- ✚ Avoid threats to safety, self-image, and kudos
- ✚ Reduce proximity and engagement in crisis situations
- ✚ Contain child's emotions calmly and predictably
- ✚ Provide cool-down and relaxation procedures including music and exercise
- ✚ Give closed choices to allow limited control
- ✚ Match emotional development of the child with strategy to support
- ✚ Use concrete and mechanical activities in between work tasks
- ✚ Consistent boundaries, rules, and routines – calm and predictable
- ✚ Ensure all school staff are aware of child's needs and agreed procedures

### Emotion Coaching (Based on research by John Gottman, 1997)

Emotion coaching is helping children and young people to understand different emotions they experience, why they occur and how to handle them. There are 5 steps of Emotion Coaching.

#### 1. **Empathise, Validate and Label**

- ✚ Recognise all emotions as natural and normal and not always a matter of choice.
- ✚ Recognise behaviour as communication.
- ✚ Look for physical and verbal emotional signs of emotions being felt.
- ✚ Take on the child's perspective.
- ✚ Use words to reflect the emotions of the child and help the child/young person to label emotion.
- ✚ Affirm and empathise.
- ✚ Provide a narrative or translation for the emotional experience.

#### 2. **Setting Limits**

State the limits of acceptable behaviour and make it clear that certain behaviours cannot be accepted. However, while doing this retain the child's self-dignity.

#### 3. **Problem Solving with the Child**

When the child is calm and relaxed, explore the feelings that lead to behaviour/incident problems. Build alternative ideas and actions that could lead to more appropriate and

productive outcomes. Lastly, empower the child to believe that they can overcome difficulties and manage feelings and behaviour.

### **PACE (Playfulness, Acceptance, Curiosity & Empathy)**

Dr Dan Hughes developed this acronym when working with parents to help create bonds and connections. It is a way of thinking, feeling, communicating, and behaving that aims to make pupils experience security and safety. Hughes felt that playfulness, acceptance, curiosity, and empathy were necessary to form a secure attachment. It allows the adults to support a child/young person in developing their own self-awareness, emotional intelligence, and resilience.

#### **Playfulness**

Playfulness is about creating an atmosphere of lightness and interest when you communicate. It means learning how to use your voice with a light tone as you would use when telling a story, rather than an angry or lecturing tone. It is about having fun and expressing self of joy.

When the teacher and the pupil are feeling safe and relaxed, neither feels judged or criticised. Playful moments reassure both that their conflict and separations are temporary and will not harm their relationship.

Having a playful stance is not about being funny at all times or making jokes when the child is sad. It is about helping children be more open to and experience what is positive in their life, one step at a time.

When children find it hard to regulate their feelings, anger can become rage, fear, terror, sadness, and despair. If this is the case, then children may also find it hard to regulate feelings of excitement, joy, and love. Feeling these emotions can sometimes cause anxiety.

Playfulness allows children to cope with positive feelings and gives hope. When children laugh and giggle, they become less defensive or withdrawn and more reflective. A playful stance can add fun and enjoyment in day-to-day life and can also diffuse a difficult or tense situation.

#### **Acceptance**

Acceptance is about actively communicating to the child that you accept wishes, feelings, thoughts, urges, motives, and perceptions that are underneath the outward behaviour. It is about accepting, without judgement or evaluation.

Accepting the child's intentions does not mean accepting behaviour which is hurtful or harmful to another person or themselves.

The child learns that while behaviour may be criticised and limited, this is not the same as criticising the child's self. The child then becomes more confident that conflict and discipline involves behaviour, not the relationship with parent/teacher.

### **Curiosity**

Curiosity, without judgment, is how teachers can help children become aware of their inner life, reflect upon the reasons for their behaviour, and then communicate it to their parents or therapist. Curiosity is wondering about the meaning behind the behaviour for the child. Curiosity lets the child know that the adults understand.

With curiosity the adults are conveying their intention to simply understand *why* and to help the child with understanding. The adult's intentions are to truly understand and help the child, not to lecture or convey that the child's inner life is *wrong* in some way.

Curiosity involves a quiet, accepting tone that conveys a simple desire to understand the child: *"What do you think was going on? What do you think that was about?"* or *"I wonder what...?"*

Curiosity must be communicated without annoyance about the behaviour. Being curious can, for example, include an attitude of being sad rather than angry when the child makes a mistake. A light curious tone and stance can get through to a child in a way that anger cannot.

You might make guesses about what a child may be thinking and feeling, saying this aloud, and keeping it connected to the present. It can be about having a conversation, almost with yourself, with the child in the room, without anticipating a response.

If an adult can stay curious about why their child is behaving as they are, the child and adult are less likely to feel cross or frustrated. As curiosity is non-judgemental, this can help the child to be open to how she, and other people, are thinking and feeling.

Curiosity lets the child stay open and engaged in conversations.

Children then start to reflect upon their own inner life with their parent and therapist and start to understand themselves. As the understanding deepens, the child can discover that her behaviour does not reflect something *bad* inside her, but rather a thought,

feeling, perception, or motive that was stressful, frightening, or confusing and could only be expressed through her behaviour.

As the child communicates this to the adults, the need for the behaviour may reduce, and with that the behaviour itself. The child's feelings about the behaviour may change, with less defensiveness and shame but more guilt, leading to less of the behaviour.

### **Empathy**

Being empathic means the adult actively shows the child that the child's inner life is important to the teacher and they want to be with the child in their hard times. With empathy, when the child is sad or in distress the teacher is feeling the sadness and distress with them and lets the child know that.

The teacher demonstrates that they know how difficult an experience is for the child. This conveys the message to the child that they will not have to deal with the distress alone. The teacher will stay with the child emotionally, providing comfort and support and will not abandon her when she needs the adults the most.

The teacher is also communicating strength and commitment, with confidence that sharing the child's distress will not be too much.

### **Further Reading**

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Attachment-Disorders-085.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Attachment-Disorders-085.aspx)

<https://www.verywellmind.com/what-is-an-attachment-disorder-4580038>

[https://www.nurtureuk.org/sites/default/files/geddes\\_2018.pdf](https://www.nurtureuk.org/sites/default/files/geddes_2018.pdf)

<https://researched.org.uk/attachment-theory-what-do-teachers-need-to-know/>



## **Further Help**

### Childline

Comforts, advises, and protects children 24 hours a day and offers free confidential counselling.

Phone 0800 1111 (24 hours)

### The Mix

Information, support and listening for people under 25.

Phone 0808 808 4994 (24 hours)

### Youth Access

Get connected with the right support services and organisations in your area. For anyone aged 11-25.

Visit their [website to find your local service](#).

### Samaritans

24-hour confidential listening and support for anyone who needs it. (Adults included.)

[jo@samaritans.org](mailto:jo@samaritans.org)

Phone 116 123 (24 hours)



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