Identifying Attachment Relationships

Attachment Theory\(^1\): a Theory of Emotions and a Theory of Relationships

Attachment theory is an attempt to explain how we meet the need to be connected to others. The basic idea is this: How we do our emotions is how we do our relationships.

**Attachment beliefs** are core beliefs about whether not you can get what you really need from people. Also, core beliefs about if you fit with people, if you really belong.

**Attachment theory** is a theory of relationships and a theory of emotions. Attachment beliefs are core beliefs about how to handle emotions and how to do relationships.

We have a natural need to receive care from others and to give care to others, from our earliest moments in life and throughout the whole life cycle. There are relationships that are crucial and others that are not. The crucial bonds that form the basis for good mental health and healthy relationships are called *attachment relationships*. For example, an infant’s relationship with her mother is an attachment relationship. Others would be the bond between two people in love, a couple in a significant and committed relationship, the relationship that can exist between a grandchild and a grandparent. The assumption here is that an attachment relationship is functional, providing a good basis for mental health. When an attachment relationship becomes dysfunctional the results can be catastrophic.

**Attachment relationships have these core features:**

- **a.** Believing that your “caregiver” (or attachment figure) will be there for you, a belief that creates a secure base from which to explore the world around you.
- **b.** This security produces a freedom to be creative.
- **c.** When under stress you will seek closeness with the caregiver, and when you get that closeness you experience calmness or soothing. The relationship with the attachment figure is a safe haven. Anxiety is diminished and you can return to exploring the world around you.
- **d.** The threat of being separated from your attachment figure produces an intense level of anxiety and anger.
- **e.** The loss of that attachment figure brings intense grief.

It is through attachments that core relational skills are learned, skills and behaviors that are direct reflections of developmental achievements of the brain’s development and functioning. Examples:

- **a.** learning how to experience your emotions.
- **b.** how to calm yourself.
- **c.** how to delay gratification.
- **d.** how to respond appropriately in social contexts.
- **e.** how to work through situations to a solution.
- **f.** how to keep going in times of emotional trouble.

If the brain is not sufficiently nurtured these life skills will be impaired in children (and later as adults). Their ability to recognize and label emotions will be impaired, as well as their ability to effectively regulate their internal experiences or behavior. The natural development of empathy will

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\(^1\) “Attachments: Unlocking the Secret to Loving and Lasting Relationships,” Transcript notes taken from interview with Dr. Gary Sibcy (2002), hosted by Dr. Tim Clinton. AACC CounselCD
also be impaired. It is actually a form of brain injury. These effects are even more pronounced when lack of attachment is combined with other forms of abuse. These physiological effects can now actually been read on brain scan results. Corrective development in these areas is difficult.

**The essence of attachments:** how a child deals with emotions when separated from the mother and also how the child responds to their emotions when reunited with the mom. Over time we learn which behaviors work to meet our need for connection and which have negative consequences. From this learning we build our attachment behavior systems.

Attachment relationships are where we learn the answers to the core beliefs we hold about ourselves. “Am I worthy?” “Am I worthy of being loved?” “Am I capable of getting the love that I need when I need it?” This is also where we learn our core beliefs about others. “Can I count on other people?” “Will they be there?” “Are they reliable?” “Are they accessible?” The nature of core beliefs is to lie dormant when things are okay but become visible in times of stress, relationship stress. These core beliefs (learned in the crucible of the family) form a grid or template that is stable and lasting over time.

See the diagrams below.

**The secure style:** After a moment of separation the child gets upset. But when reunited with mom we would expect the child to be soothed and calmed down. When, in fact the child is calmed, we would see the child go back to exploring the world. Safety was restored and the child launches out again. Parents of this child are generally found to be sensitive, responsive and met needs.

**The anxious/ambivalent style:** These kids get very upset when separated from mom. When mom comes back into the room, the child doesn’t know if they want to be picked up and comforted or if
Identifying Attachment Relationships

they want to punish mom because they are so angry. They were anxious and upset and don’t know how to allow mom to comfort and soothe them. These moms are found to be unreliable in that some days they are good and other days they very unresponsive to their kids. And there are even role reversals where there are expectations for their kids (toddlers) to take care of them.

The avoidant style: They looked calm on the outside but when tested showed even more stress going on inside then the ambivalent kids when mom was gone. They appeared emotionally flat and moved away from the mom when she returned.

The disorganized style: They didn’t any of the first 3 patterns. When mom returned they would maybe run to mom, but not want to be picked up by mom, would fall flat and stare or be very upset. These kids generally came from homes where there was abuse and the parents were both the source of distress and the source of comfort. The family environment was chaotic. These kids are often from screaming homes where they could not organize their learning and turned anger in on themselves.

When these kids grow up: (looking at these attachments styles in young adults) Correlations exist between attachment style when kids are between 1 year or 18 months old and when they are 18 years old. These early patterns turn out to be very stable and long-lasting over the course of a lifetime. Below are descriptions of the adult versions of these attachment styles.

![THE DIMENSIONS AND CATEGORIES OF ATTACHMENT](image)

The avoidant attachment style: An over-blown sense of confidence about the self and a basic core belief about the unreliability of others. Material things are over emphasized and more valued than relationships. Can be classic workaholics who give everything to work but have nothing left over for relationships. Or there can be other forms of addictions where the object of the addiction takes
priority over relationships. This person’s addictions anesthetize what is missing relationally by substituting things that are more in line with the core belief of what is reliable (“things or objects of addiction are reliable; people and relationships are not”).

Their deepest feelings are put away and there are barriers preventing access to those feelings. When pressed for feelings they substitute actions for feelings. (Note, when feelings are keep away, people are keep away – *how you do feelings is how you do relationships*). There may be a lot of people in their lives but the quality of the connections is superficial.

**The anxious/ambivalent attachment style**: Core beliefs are that they feel unworthy and flawed. They over idealize and have an unrealistic view of how others can or could meet their needs. They may be clingy out of their sense of unworthiness and neediness. This can drive people away. They have a lot of feelings and they are very sensitive to their feelings. Their feelings are all over the place. Opposite to the avoidant style where feelings are over-regulated and shut down, the anxious/ambivalent under-regulates their feelings and rev them up, scaring people away. Their relationships are unstable and all over the place.

**The disorganized attachment style**: They have a negative view of themselves. They want to be loved but believe they are too flawed. They feel unsafe. They can cycle back and forth with an ambivalent style and an avoidant style. They are disorganized with their emotions which are all over the place. They can be prone to severe forms of dissociation such as is found in *borderline personality disorder*. **INWARDNESS**: When you come from very invalidating and abusive backgrounds you tend to turn inward, to fantasy to satisfy needs rather than to actual relationships. Internal self talk can be more than just defeating, it can be vicious. They are on the extreme end of the spectrum of distress and can be at risk of “micro-suicide behavior” (driving too fast, drinking too much, engaging in high risk behavior) and for suicide. The internal statements are “You don’t deserve to be alive.” “Why are you here?” “The world would be better off without you.” These people are disconnected from the world around them and use mainly fantasy and isolation in an attempt to self soothe. These people are extremely challenged to self soothe.

**Issues regarding healing**.

People need *experiences* with consistent and safe relational closeness. This can be found both through spiritual means and interpersonal means. There is an imperative need to develop a felt belief that there is a caring person whose support is near and accessible, and this belief needs to remain intact in the presence of boundaries and limits. This new belief is meant to go deep and challenge the old core beliefs. This new core belief is to be accompanied by new behaviors, new practices to be practiced in the context of safe, secure relationships. The tools for change can be found in spiritual practices, cognitive behavior practices and in support systems, and in a therapeutic relationship that is effective and trustworthy enough to access the feelings that go with old beliefs. Changing old beliefs can be severely impeded if emotions can’t be changed and dealt with. Change occurs in the context of healthy relationships, both horizontal and vertical relationships. Experiencing these relationships is the heart of change. The development of *hope* is crucial key for signaling progress and recovery.