

## IN THE NAME OF GOD

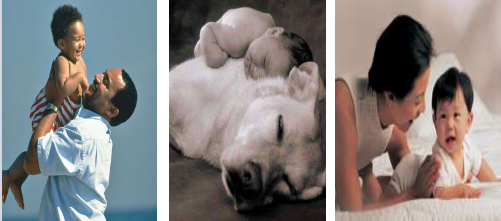
### Attachment Style Theory

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#### WHAT IS ATTACHMENT?

- Attachment is an enduring emotional connection
  - A close emotional bond that is “person-specific” and is enduring across time and space.
- Infants show their attachment through proximity-seeking behaviors, meaning infants (and adults) like to be near those we are attached.
- Actions such as approaching, following, and climbing into the lap demonstrate the need to be physically close. As well as contact-maintaining behaviors such as clinging, resisting being put down all are evidence of attachment.

#### WHAT WAS YOUR FIRST SOCIAL-EMOTIONAL RELATIONSHIP?



#### HARRY HARLOW (1959)

##### “THE MONKEY LOVE EXPERIMENTS”

- Harlow evaluated whether feeding or contact comfort was more important to infant attachment.
- The young animals were “raised” by two kinds of surrogate monkey mother machines.
- One mother was made of soft terry cloth, the other made of wire mesh



#### THE FIRST SPECIAL RELATIONSHIP WE EXPERIENCE DEVELOPS BETWEEN PARENT AND CHILD

It is believed that this relationship will influence the development of our future relationships

#### “MONKEY LOVE EXPERIMENTS”

- Harlow's monkey studies demonstrated that the need for affection created a stronger bond between mother and infant than did physical needs (food).



### “MONKEY LOVE EXPERIMENTS”

- Harlow’s work suggested that the development of a child’s love for their caregiver was emotional rather than physiological.
- Attachment was closely associated with critical periods in early life, after which it was difficult or impossible to compensate for the loss of initial emotional security.

### DO WE ALL NEED ATTACHMENT AND PHYSICAL CONTACT?

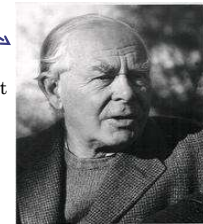
- Yes, according to the theories of John Bowlby (1969, 1991), that children who form an attachment to an adult are more likely to survive.
- Attachment not only deepens the parent-child relationship, but may have contributed to human survival.

### WHAT HAPPENED TO THESE MONKEYS?

- Monkeys raised without their mothers or other monkeys were socially maladjusted the rest of their lives.
  - When confronted with fear, they displayed autistic and institutionalized behaviors—throwing themselves on the floor, clutched themselves, rocked back and forth, and screamed in terror.
- They were incapable of having sexual relations and they were also unable to parent their offspring, either abusing or neglecting them.

### BOWLBY’S ATTACHMENT THEORY

- According to Bowlby, the development of attachment takes place in four phases:
  - Preattachment
  - Attachment-in-the-Making
  - Clear-cut (or True) Attachment
  - Reciprocal Relationships



### WHAT DOES THIS MEAN FOR HUMANS?

- Harlow showed that the development of attachment was closely associated with critical periods in early life, after which it was difficult or impossible to compensate for the loss of initial emotional security.
- Further experiments in which abusive conditions were created showed that no matter how abusive the mothers were, the baby monkeys always came back and displayed affection towards them.
  - Even in the face of abuse, the need for love was overwhelming

### PREATTACHMENT BIRTH TO 6 WEEKS

- The infant produces innate signals (crying, clinging, smiling, or sucking) that bring others to his/her side and the infant is comforted by these interactions.
- The infant’s behaviors and the response they evoke from adults create an interactive system that is the first step in the formation of attachment.

### ATTACHMENT-IN-THE-MAKING 6 WEEKS TO 6-8 MONTHS

- Infants begin to respond preferentially to familiar people
  - Infants are forming expectations about how their caregivers will respond to their needs, and as a result, develop (or not) a sense of trust in them

### THE QUALITY OF ATTACHMENT

- Based on how the infant reacts to separation from the caregiver and the reunion by using a procedure known as the *Strange Situation*.



← Ainsworth (1993) and others have identified 4 basic types of attachment relationships

### CLEAR-CUT ATTACHMENT 6-8 MONTHS TO 1.5-2 YEARS

- By 7-8 months, infants have singled out the attachment figure, usually the mother, as a special person.
  - The mother now serves as a secure base
- Infants actively seek contact with their caregivers
  - They happily greet their mother when she appears
  - They may exhibit separation anxiety when she leaves
- This behavior reflects cognitive growth as well. The infant now has a mental representation of mother and an understanding that she will be there to meet the infant's needs.

- 1 Observer shows the experimental room to mother and infant, then leaves the room.
- 2 Infant is allowed to explore the playroom for 3 minutes; mother watches but does not participate.
- 3 A stranger enters the room and remains silent for 1 minute, then talks to the baby for a minute, and then approaches the baby. Mother leaves unobtrusively.
- 4 The stranger does not play with the baby but attempts to comfort it if necessary.
- 5 After 3 minutes, the mother returns, greets, and consoles the baby.
- 6 When the baby has returned to play, the mother leaves again, this time saying "bye-bye" as she leaves.
- 7 Stranger attempts to calm and play with the baby.
- 8 After 3 minutes, the mother returns and the stranger leaves.

### RECIPROCAL RELATIONSHIPS 1.5-2 YEARS AND BEYOND

- As the cognitive and language abilities of toddlers increase, they begin to understand their parents' feelings, goals and motives
  - They are better able to act as partners in the attachment relationship
  - They often take initiative in interactions and negotiate with parents
  - They cope with separation more effectively because they can now anticipate the return.

### STRANGE SITUATION

Episode	Event	Attachment Behavior
1	Caregiver/Child enter room	None
2	Caregiver/Child alone	Caregiver as a secure base
3	Stranger enters	Reaction to stranger
4	Child and Stranger	Separation anxiety and stranger comfort
5	Caregiver returns	Reunion reaction
6	Child alone	Separation anxiety
7	Stranger enters	Stranger comfort
8	Caregiver returns	Reunion reaction

### AINSWORTH'S THREE ATTACHMENT CATEGORIES

1. Secure Attachment
2. Insecure/Resistant
3. Insecure/Avoidant

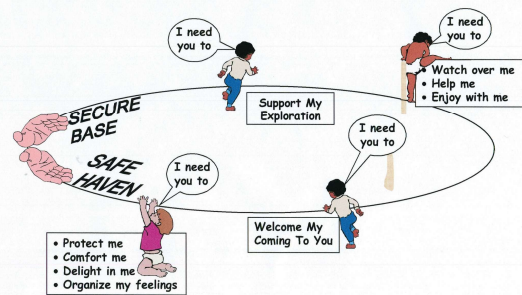
A SECURE ATTACHMENT RELATIONSHIP IS LIKELY TO DEVELOP WHEN PARENTS RESPOND TO THEIR INFANT'S NEEDS RELIABLY AND SENSITIVELY!

### CLASSIFICATIONS OF INFANT ATTACHMENT

Label	Proximity Seeking	Contact Maintaining	Proximity Avoiding	Contact Resisting	Crying
Secure	High	High (if distressed)	Low	Low	Low High or Low Low
Avoidant	Low	Low	High	Low	Low High or Low Low
Resistant	High	High (often pre-separation)	Low	High	Occasionally High Moderate to High

### Circle of Security

Parent Attending to the Child's Needs



### TYPES OF ATTACHMENT

- **Secure attachment** is a relationship of trust and confidence.
  - The baby may or may not cry when the mother leaves, but when she returns, the baby wants to be with her and if the baby is crying, the baby stops.
- During infancy this relationship provides a *secure base* for exploration of the environment.
  - This group seems to say "I missed you terribly, but now that you're back, I'm okay."
- 60-65% of American children have secure attachment relationships (Kail, 2007).

### 3 TYPES OF INSECURE ATTACHMENT

- A relationship that is unstable or unpredictable, characterized by the infant's fear, anxiety, anger or indifference toward the caregiver
- **Insecure-Avoidant attachment:**
- A pattern of insecure attachment in which infants or young children seem somewhat indifferent toward their caregivers and may even avoid their caregivers
  - The baby is not upset when the mother leaves, and, when she returns, may ignore her by looking or turning away!

IF THEY DO GET UPSET WHEN LEFT ALONE, THEY ARE AS EASILY COMFORTED BY A STRANGER AS BY A PARENT.

AS IF TO SAY, "YOU LEFT ME AGAIN, I ALWAYS HAVE TO TAKE CARE OF MYSELF!"

20% of American infant have avoidant- attachment



#### DISORGANIZED ATTACHMENT

- *Disorganized attachment* leads to difficulties in the regulation of emotions, social communication, academic reasoning as well as to more severe emotional problems.
- This type of attachment occurs when the child's need for emotional closeness remains unseen or ignored.
- Less than 5% of middle-class Americans fall into this category.
  - This rate is considerably higher in samples in which parents are having difficulties with their own working models of attachment.

#### RESISTANT/AMBIVALENT ATTACHMENT

- A pattern of insecure attachment in which infants or young children are clingy and stay close to their caregivers rather than exploring their environment.
- The baby is upset when the mother leaves and remains upset or even angry when she returns, and is difficult to console
  - Because the child can't depend on the parent for attunement and connection, he develops a sense of anxiety and feelings of insecurity

#### HOW DID YOU DO?

- A baby in this group might say "I missed you terribly, but now that you're back, I'm okay."  
*Secure*
- A baby in this group might say "You left me again. I always have to take care of myself."  
*Insecure/Avoidant*
- A baby in this group might say "Why do you do this? I get so angry when you're like this."  
*Insecure/resistant*

#### INSECURE ATTACHMENTS

- *Disorganized attachment* is a pattern of insecure attachment in which infants or young children have no consistent way to coping with the stress of the Strange Situation.
- The baby seems confused when the mother leaves and, when she returns, seems as if the baby doesn't really understand what's happening..."what's going on here?"
  - They want to approach their mother, but they also seem to regard her as a source of fear from which they want to withdraw

INFANTS DEVELOP AN INTERNAL WORKING MODEL, WHICH ARE A SET OF EXPECTATIONS ABOUT PARENTS' AVAILABILITY AND RESPONSIVENESS



## ADULT ATTACHMENT

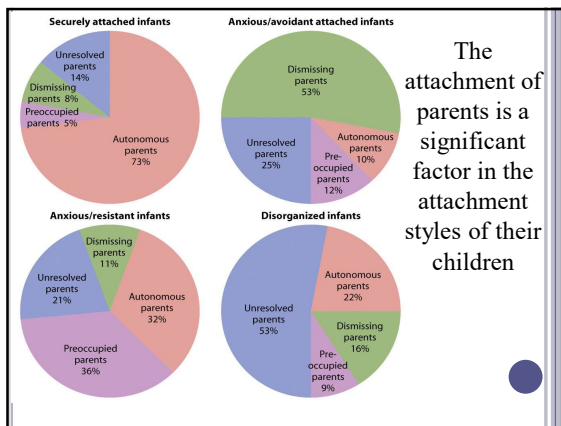
o Adult attachment models are based on adults' perceptions of their own childhood relationships with their parents and of the continuing influence of those relationships

- Autonomous or Secure
- Dismissing
- Preoccupied

## IN THE NAME OF GOD

### *Clinical Application of Attachment Concepts: The Internal Working Model*

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## THE ATTACHMENT RELATIONSHIP

o "Almost every infant will develop an affective tie with a caregiver, and will endeavor to use that caregiver as a source of comfort and reassurance in the face of challenges or threats from the environment"

Weinfield, Sroufe, Egeland & Carlson, 1999

**SECURELY ATTACHED INFANTS APPEAR TO GROW UP TO BE BETTER ADJUSTED AND MORE SOCIALLY SKILLED THAN INSECURELY ATTACHED CHILDREN.**



## INDIVIDUAL DIFFERENCES

o Reflect differences in the child's history of care  
o Differences cannot be attributed solely to the infant or to the caregiver but reflect the patterns of interaction across the history of care.

Weinfield, Sroufe, Egeland & Carlson, 1999

## DEVELOPMENT OF ATTACHMENT

- Biological process
- Recognition of the caregiver
- Utilization of the caregiver as a “haven of safety” and a “secure base” in order to explore the environment.



## SECURE VS INSECURE ATTACHMENT

- The classifications “Secure” vs “Insecure” “Reflect the infant’s apparent perception of the availability of the caregiver if a need for comfort or protection should arise, and the organization of the infant’s responses to the caregiver in light of those perceptions of availability.”

Weinfield et al (1999)

## SECURE BASE

- The infant returns to the secure base for protection and comfort in the light of any threatening or distressing event.
- Bowlby and Ainsworth felt that there is a delicate balance between exploration and seeking proximity



## SECURE ATTACHMENT

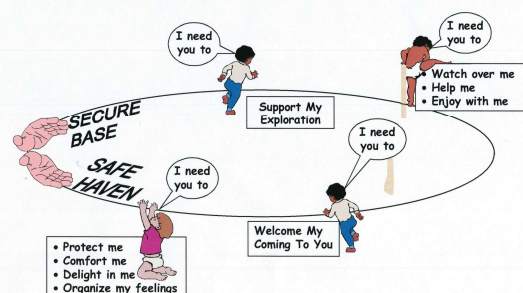
- The caregiver is perceived as a reliable source of protection and comfort.
- When I am close to my loved one I feel good, when I am far away I am anxious, sad or lonely
- Attachment is mediated by looking, hearing, and holding
- When I’m held I feel warm, safe, and comforted
- Results in a relaxed state so that one can, again, begin to explore

Holmes(1993)



## Circle of Security

Parent Attending to the Child’s Needs



## SECURE ATTACHMENT

- Promote exploration of the environment
- Expand mastery of the environment
- “I can explore with confidence because I know my caregiver will be available if I become anxious.”
- The infant gains confidence in his or her own interactions with the world

Weinfield et al (1999)



## ANXIOUS ATTACHMENT

- Lack experience with consistent availability and comfort
- Attachment behaviors are responded to with:
  - Indifference
  - Rebuffs
  - Inconsistency
- Anxious about caregiver's availability,
- Afraid that the caregiver will be unresponsive or ineffective in providing comfort
- Experience anger about caregivers unresponsiveness



## INTERNAL WORKING MODEL

- Anxious infants learn to see the world as:
  - Unpredictable
  - Insensitive
  - The self does not deserve better treatment
- These beliefs are carried forward to new relationships and new experiences
- “When the expectation of being hurt, disappointed, and afraid is carried forward to new relationships, the **anxious infant becomes an angry, aggressive child.**”



## INTERNAL WORKING MODEL

- “Through a history of responsive care, infants will evolve expectations of their caregivers' likely responses to signs of distress or other signals of the desire for contact”
- Bowlby believed that, “What infants expect is what happened before.”

Weinfield et al (1999)



## BOWLBY SAYS:

- “The working models a child builds of his mother and her ways of communicating and behaving towards him, and a comparable model of his father, together with the complementary models of himself in interaction with each, are being built by a child during the first few years of life and become established as influential cognitive models.

## IMPACT OF THE INTERNAL WORKING MODEL



The model governs how children feel toward each parent and about themselves, **how they expect to be treated** and how they plan their own behavior toward their parent

## BOWLBY

- The model of himself that he builds reflects also the images that his parents have of him, images that are communicated not only by how each treats him but by what each says to him.



#### BOWLBY

- The IWM governs how he feels toward each parent and about himself, how he expects each of them to treat him, and how he plans his own behavior towards them. They govern too both the fears and the wishes expressed in his day dreams

#### JEREMY HOLMES

- Defensive Exclusion
  - Ways in which unwanted painful feelings and thoughts are kept out of awareness and the consequent restrictions to IWM's and therefore, adaptability
  - The IWM is a more cognitive construct than the psychoanalytic "internal world"
  - Couples are attracted if there is a fit between their own IWM and that of the other

#### BOWLBY

- The IWM of a parent and self in interaction tend to persist
- The IWM comes to operate at an unconscious level
- As child grows older and parents treat him differently there is a gradual updating of the IWM

#### SOLOMON & GEORGE

- When attachment behaviors such as searching, calling, and crying persistently fail to regain the figure, the child is forced to marshal defensive strategies that exclude this painful information from consciousness.

#### BOWLBY

- But for the anxiously attached child
  - Updating is obstructed through defensive exclusion of discrepant experience and information
  - Patterns of interaction are habitual, generalized, and largely unconscious
  - They persist uncorrected and unchanged even when dealing with persons who treat him differently from his parents

#### BOWLBY

- For a relationship between any two individuals to proceed harmoniously each must be aware of the other's point of view, goals, feelings, and intentions, and each must adjust his own behavior so that some alignment of goals is negotiated.
- This requires accurate models of self that are regularly updated by free communication

BOWLBY

- A child's self-model is profoundly influenced by how his mother sees and treats him, whatever she fails to recognize in him he is likely to fail to recognize in himself.
- Major parts of his personality can become split off from those parts that his mother recognizes and responds to, which may include features she attributes to him wrongly

BOWLBY

- A therapist applying attachment theory sees his role as:
  - Providing the conditions in which the patient can explore his representational models of himself and his attachment figures.
  - Helping the patient reappraise and restructure the models in the light of new understanding

PETER FONAGY

- A key developmental attainment of the IWM is the creation of a processing system for the self (and significant others) in terms of a set of stable and generalized intentional attributes, such as desires, emotions, intentions, and beliefs, inferred from recurring invariant patterns in the history of previous interactions.

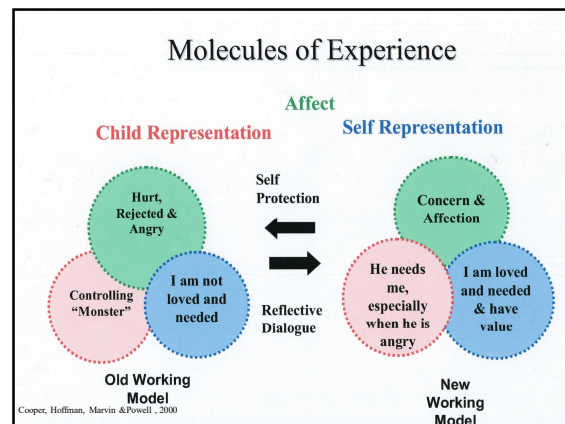
BOWLBY

○ Five therapeutic roles

- Provide a secure base
- Help the patient consider ways in which he engages with significant relationships
- Encourage exploration of the therapist-patient relationship
- Consider how perceptions are a product of childhood relationships
- Recognize that past images may no longer be appropriate

SOLOMON & GEORGE

- The child attempts to avoid negative appraisals of self and other that might otherwise dominate consciousness and bring emotional pain if they were thought by the child to be accurate or "real" evaluations.



## COGNITIVE VULNERABILITY

- A **cognitive vulnerability** in **cognitive psychology** is an erroneous belief, **cognitive bias**, or pattern of thought that is believed to predispose the individual to psychological problems.
- It is in place before the symptoms of psychological disorders start to appear; after the individual encounters a stressful experience, the cognitive vulnerability shapes a maladaptive response that may lead to a psychological disorder.
- In **psychopathology**, there are several perspectives from which the origins of cognitive vulnerability may be examined, including schema models, hopelessness models, and attachment theory.

## IN THE NAME OF GOD

### *Clinical Application of Attachment Concepts: Attachment & Loss*

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- The contact made with caretakers determines a certain attachment process.
- When secure attachment is disrupted and starts to become insecure, **abnormal** patterns begin, increasing risk for depression.
- Working models build **perceptions** of relationships with others.
- Cognitive vulnerability is created with maladaptive cognitive processing when building relationships and attachments.

## SECURE ATTACHMENTS

- The more reported security of attachment the less severe distress reported AFTER BEREAVEMENT
- Why?

## THINK ON YOUR OWN...

Who are you attached to?  
List 5 people and reflect on why that relationship involves attachment

## SECURELY ATTACHED WILL STILL SEEK AND SOMETIMES NEED TREATMENT

- Securely attached are not free from distress, but more likely to cope better and have lower levels of distress
- Those that sought help and who had low insecure scores suffered from
  - Obsessional symptoms, sleep disorders, symptoms of post-traumatic stress, depression and anxiety
  - Causes of the latter symptoms: unexpected, untimely, or violent bereavements
  - Ultimately, it appeared secure attachments sometimes leave us unprepared for traumatic events that occur over a lifetime.

## SUMMARY SECURE ATTACHMENTS = LESS DISTRESS AFTER BEREAVEMENT

- o Secure attached are:

1. **More self-confident**
2. **Seek out support and help when needed**
3. **Have a reasonable sense of autonomy**
4. **Marriage is more harmonious and provide a buffer from distress**

## ANXIOUS / AMBIVALENCE: IN LIGHT OF BEREAVEMENT SUMMARY

- o People who experience anxious / ambivalent relationships in childhood and people who make dependent attachments in adult life are both likely to suffer severe and lasting grief and loneliness after bereavement.
  - It appears that these persons do not see love as something that is given, but is demanded - a la from parents.
  - In adulthood then so-called love is lost (via death) and their fear and rage complicates and magnifies grief
  - They are caught in a web of needing to cling and holding back from clinging = high anxiety. So when their loved one dies - who do they cling to or go for support?

## ANXIOUS / AMBIVALENT

- ◆ Remember these are the folks who scored high on Parental Unusual closeness and/or Overprotection along with Childhood timidity and/or high Dresden Vase scores.
- ◆ Results showed that participants who scored high on Anxious/ Ambivalence bereaved for protracted periods of time and had difficulty with loneliness.
- ◆ However, anxious/ambivalent attachment in childhood and long lasting severe grief after bereavement could not be explained by the anxious/ambivalent dependence on the lost person.

- ◆ So what explains the persistence of grief for these folks?

## AVOIDANT ATTACHMENTS

- ◆ Avoidant attachments in childhood were highly correlated in adult life with difficulty in showing affection and with high scores on emotional Inhibition/Distrust and Aggression /Assertiveness
- ◆ Avoidant attachments was also highly correlated with Marital Disagreements.
- ◆ Avoidant attachments were also found to correlate with Disagreements with the now deceased and that the bereaved person never cries - and the prediction of delayed grief...
- ◆ Interestingly, the avoidant attached person did say that they would like to cry more.

**Inability to express grief**

## PERSISTENCE OF GRIEF?

- ◆ Long lasting grief appeared to be entangled with anger and resentment - freezing the ability to let go the deceased.

- ◆ What else do folks think is going on here?

## THE AVOIDANT GRIEVER

- ◆ Five out of 10 participants who said they never cry received diagnosis as having a psychosomatic disorder.
- ◆ However, psychosomatic diagnosis was not a key ingredient to the avoidant griever.
- ◆ Inability to grieve and delayed grief, although related to avoidant attachments, appeared to also be correlated with need to control...

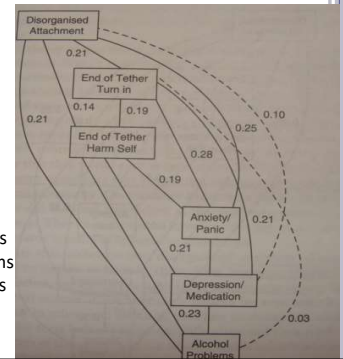
## AVOIDANCE AND NEED TO CONTROL

### ◆ The bereaved delayed grief because:

- They were holding grief in check because need to look after a parent / child
- Lifelong neurosis
- Past bouts with depression
- Post-traumatic stress reactions
- Alcoholism
- Personality disorders

## Mapping the Disorganized

- Continuous lines indicate significant correlations
- Interrupted lines indicate non-significant trends
- Influence of disorganized attachments on psychological problems is not limited to the years of childhood.



## THE AVOIDANT GRIEVER

- ◆ Ultimately, the findings confirm that children of parents who discouraged the expression of attachment (hugging/cuddling, sharing feelings) will find it difficult to acknowledge and express both grief and affection.
- ◆ This was found to persist in adult life, to increase the risk of interpersonal conflicts and to inhibit the expression of grief.



The End

## Mapping the Avoider

- Continuous lines indicate significant correlations
- Interrupted lines indicate non-significant trends

