

UNIT 4.3

Attachment disorders

Attachment:
theoretical background

What is attachment?

“So what is *attachment*? In brief, attachment is a child’s biological tie or bond to her primary caregivers, usually the parents. It is a biological system developed through evolution to protect the child. It improves the likelihood of the child growing into an adult and being able to reproduce, thereby guaranteeing gene survival.”¹

1. Newton, R.P., 2008, The attachment connection: parenting a secure and confident child using the science of attachment theory, New Harbinger Publications

Attachment theory and its evolution

- Bowlby's² theory suggests that children are biologically pre-programmed to form attachments with others (because this will help them to survive) → influenced by ethological theory;
- there are three patterns of parent-child attachment: secure, anxious resistant, and anxious avoidant;
- influence of separation, loss and disruption - insecurity, low self-esteem, repetition of dysfunctional patterns;
- a child is securely-attached when it is confident of the caregiver's support.

2. Bowlby J., Attachment. Attachment and Loss. New York, NY: Basic Books; 1969. Vol 1
Bowlby J., A secure base, Parent-Child Attachment and Healthy Human Development, Basic Books, 1988

Attachment theory and its evolution

- Ainsworth elaborated the *Strange Situation*³ procedure, to test the quality of an infant's attachment to the mother.
→ secure and insecure patterns
- Parental responsiveness to infant affects and secures attachment.
- A secure attachment promotes competences at emotional, relationship, narrative, learning level.
- The application of the strange situation procedure can be found on the next page.⁴

3. M. Ainsworth et al., 1978, Patterns of attachment: A psychological study of the strange situation, Halsted

4. V.Prior, D. Glaser, 2006, Understanding Attachment and Attachment Disorders: Theory, Evidence and Practice, Jessica Kingsley publications

Strange Situation procedure

Episode number	Person Present	Duration	Brief description of action
1	Mother, young child and observer	30 secs	Observers introduces mother and young child to the experimental room, then leave.
2	Mother and young child	3 min	Mother is not participating while the child explores the room; if necessary play is stimulated after 2 minutes.
3	Stranger, mother and young child	3 min	Stranger enters. First minute: stranger remains silent. Second minute: stranger converses with the mother. Third minute: stranger approaches the child. After 3 minutes mother leaves discreetly.
4	Stranger and young child	3 min or less*	First separation episode. Stranger's behaviour is geared to that of the child.
5	Mother and young child	3 min or more**	First reunion episode. Mother greets and/or comforts the child, then tries to convince the child to continue playing. Mother then leaves, saying «bye-bye».
6	Young child alone	3 min or less	Second separation episode.
7	Stranger and young child	3 min or less*	Continuation of second separation. Stranger enters and gears behaviour to that of the child.
8	Mother and young child	3 min	Second reunion episode. Mother enters, greets the child, then picks him or her up. Meanwhile stranger leaves discreetly.

* Episode is curtailed if the child is unduly distressed

**Episode is prolonged if more time is required for the child to become re-involved in play

- MAIN: introduced in 1986, together with Judith Solomon, a new infant attachment classification: 'disorganised/disoriented', for the Ainsworth Strange Situation procedure⁵
- this classification is associated with school-age externalising problem behaviour, indices of dissociation in adolescence and development of post-traumatic stress symptoms following trauma exposure.

5. Main, M., & Solomon, J. (1986). Discovery of a new, insecure-disorganized/disoriented attachment pattern. In M. Yogman & T. B. Brazelton (Eds.), *Affective development in infancy* (pp. 95–124). Norwood, NJ: Ablex

- Meaning of attachment in childhood and adolescence

Interindividual differences in childhood and adolescence

	secure	unresolved
dealing with peers [5]	socially accepted [5]	hostile, less social skills [5]
relationship with parents [6]	committed and constructive during conflicts [6]	to avoid conflicts or being manipulative/coercing [6]
self-image [7]	more positive and realistic [7]	less positive and realistic [7]
identity [8]	clear identity [8]	diffuse identity [8]

[5] Allend & Land, 1999 [6] Becker-Stoll & Fremmer Bombik, 1997 [7] Zimmermann & Grossmann, 1997 [8] Zimmermann et al., 1992

Attachment disorder is defined as a condition wherein an individual has difficulties in forming lasting relationships.

It is represented in diagnostic classification systems (DSM-V) as:

1. Reactive Attachment Disorder (RAD) - the child does not initiate and respond to social interactions in a development appropriate manner.
2. Disinhibited Social Engagement Disorder (DSED) - the child has an inconsistent attachment with the primary care giver and exhibits indiscriminate sociability and excessive familiarity with strangers

Symptoms of RAD may include:	Symptoms of DSED may include:
A child who rarely or minimally responds to comfort when distressed.	Lack of restraint in approaching and interacting with unfamiliar adults.
Episodes of unexplained irritability, sadness or tearfulness.	Overly familiar verbal or physical behaviours such as hugging strangers, or sitting on the laps of unfamiliar adults.
Evidence of inadequate basic emotional and social caretaking.	Willingness to approach a complete stranger for comfort or food, to be picked up, or to receive a toy.
Minimal social and emotional responses to others.	Reduced or absent seeking of support with adult caretaker when in unfamiliar situations
Limited expressions of positive affect or joy.	Evidence of inadequate social and emotional caretaking, sometimes with a history of repeated changes in the primary caretaker

source: <http://emedicine.medscape.com/>

Risk factors are usually associated with poor parenting, maltreatment, and neglect.

A number of psychosocial factors place some children at particular risk; for example, caregivers with a history of drug abuse, who have multiple unmanageable stress factors to deal with, or who have been maltreated or have experienced multiple attachment disruptions themselves. Genetic factors also play a significant role.

source: <http://emedicine.medscape.com/>

- Relevant factors

In RAD:

- Gross neglect
- Gross insensitivity of the caregiver
- Abandonment by caregiver at the peak of attachment needs (end of first year of life)
- Repeated abandonment by caregiver

In DSED:

- Multiple caregivers, either sequentially or concurrently
- Multiple disruptions in attachment relationships
- Several changes in foster home placement

source: <http://emedicine.medscape.com/>

Thank you for your attention!



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