



Attachment-based Practice with Adults

Understanding strategies and
promoting positive change

A new practice model and interactive resource for assessment,
intervention and supervision

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PART ONE

Attachment Theory, Memory Systems, Discourse and the LEARN Model

Chapter 1:

Introducing Attachment Theory

'My past is not my destiny.'

Inmate during a therapy session,
HM Prison Grendon, UK

This chapter will help you understand:

- » the origins and importance of attachment theory
- » how attachment theory fits within the ecological-transactional model of human development
- » how patterns of information processing underlie attachment strategies
- » the three main attachment patterns ('A', 'B' and 'C'), how they develop and how they function.

The origins and importance of attachment theory: who will survive?

Attachment theory is a theory about how we gain protection and comfort in the face of danger – in other words, how we stay alive as individuals. It is also a theory about how we form and sustain close, sexual relationships and reproduce the next generation – in other words, how we stay alive as a species (Crittenden, 2008).

In establishing attachment theory, John Bowlby (1971) drew on evolutionary theory, biology, systems theory and developmental psychology. He argued that for a species to survive, the young need to be sufficiently protected from danger so that they can mature, reproduce and raise their own progeny to reproductive age. Thus, we can see that attachment theory goes very deeply into basic principles of species survival.

This helps us to understand why human infants – like all primates and many other species, too – come equipped with a range of instinctive behaviours that maximise their chances of survival, one of which is attachment-seeking behaviour (Goldberg et al, 2000).

This attachment-seeking instinct predisposes infants to seek closeness with and comfort from an attachment figure, particularly when the infant perceives danger and becomes anxious and upset. When distressed, the infant will instinctively display signals such as crying, clinging and reaching out towards the attachment figure. These signals are the infant's attempts to meet four basic survival needs:

1. Faced with danger, the infant will seek safety.
2. Faced with distress, they will seek comfort.
3. Faced with isolation, they will seek proximity to their attachment figure.
4. Faced with chaos, they will seek predictability.

Thus we can ask, when trying to understand a child's behaviour when they are under these forms of stress, how does this behaviour function to try to meet the child's basic attachment needs for *safety, comfort, proximity and predictability*?

These behaviours begin from birth, with the infant gradually developing new capacities and adaptations that work best with their particular attachment figure(s). Another way of putting this is that human infants are not only born with powerful instincts to survive by signalling their distress, but are equally provided with instincts to organise and adapt their signalling based on the patterns of response they receive from their attachment figure(s).

Attachment-seeking behaviours also contribute to the development of strategies for the internal regulation of discomforting emotions and anxiety. How the attachment figure responds to the baby's distress signals lays down the template for relationships and regulating emotion. Because this template starts to be laid down from the first weeks of life, it is powerfully predisposing; each successive repetition of the pattern will tend to strengthen the pattern, both within the baby's brain and in their interactions with the attachment figure. To draw a geographical analogy: the first small streams, over time and with consistent reinforcement, become deep rivers. This is one way of understanding why early experiences are so important, not necessarily because they are the most 'dramatic,' but because they lay down the earliest patterns of response which, even though slight and tentative, tend to predispose each successive occurrence of the response (David, 2000; Sroufe et al, 2005; Brandon et al, 2008). As Dan Siegel, drawing on the work of Donald Hebb (1949), has observed:

'Neurons that fire together wire together.'

(Siegel, 2008)

To summarise, the inborn instinct to attach to others helps our species to survive. It provides the human baby with a range of instinctive behaviours to signal distress, and the way that these signals are responded to lays down the early template for how we recognise and regulate our emotions and interact with our attachment figures.

Attachment and how we learn to self-regulate

Crittenden (2008) discusses three key attachment tasks for parents and carers. They are:

- to protect and comfort their children when the children cannot do this for themselves
- to guide children to protect and comfort themselves
- to let children take developmentally appropriate responsibility for themselves.

The ability of parents and carers to achieve these tasks is dependent on their capacity for collaborative, contingent (eg. linked to the needs and temperament of the child) and attuned communication with their children, especially during the early years. Parents who have unresolved attachment issues from their own childhood will have particular difficulty doing this.

Attuned parents are sensitive to their child's signals. They can think about and respond to their child's mental state in a manner that soothes the child's emotions and contains the child's anxieties, at the point where the child cannot do this for him or herself (Cassidy and Shaver, 1999). This is called *co-regulation* – in which the mind and brain of one person (eg. the care-giver) influence the mind and brain of the other (eg. the child) to help them regulate their thoughts, feelings, perceptions and actions. Successful co-regulation helps the child to develop their own capacity for self-regulation and gradually to take greater and greater responsibility for him - or herself (Prior and Glaser, 2006). (The principle of co-regulation also applies to the therapeutic/counselling relationship between helper and client, and the relationship between supervisor and supervisee.)

By contrast, unattuned parenting can lead to significant insecurity in the child. Children whose parents are unable to respond to their needs and anxieties in an attuned way will be less confident about the nature or predictability of their parents' response. They must develop strategies for meeting their attachment needs that often look, to the outside world, like frightening, dangerous, bizarre, self-defeating or mystifying strategies. These strategies may include, at one extreme, cutting off, freezing, becoming rigid and controlling or dissociating, and at the other extreme becoming overwhelmed by emotions such as anger, fear, helplessness or sadness. These strategies, while they may be effective in the immediate moment of the original distress, certainly can, and often do, lead later in life to problematic bio-psycho-social functioning.

The identification of attachment patterns

Following Bowlby's early work, Mary Ainsworth and colleagues (1978) developed the Strange Situation Procedure to analyse the reaction of infants to separation from their mothers. The Strange Situation Procedure led Ainsworth to identify the three major attachment patterns commonly referred to as **balanced ('B')**, **distancing ('A')** and **preoccupied ('C')**, and we explore these in detail later in this chapter. There was a fourth group of responses that could not be categorised, due to the seeming

absence of any organised pattern of response. Subsequent work by Main and Solomon (1990) classified these infants as exhibiting a disorganised response, and identified that the mothers of most of these children had unresolved loss and trauma (Main and Hesse, 1990).

By contrast, Crittenden (2008) has identified the strategic function of attachment behaviours for many of the children who would be classified as 'disorganised' by other theorists. This is discussed more fully on page 43. Crittenden challenges the idea that fear in response to danger inevitably disorganises the mind. Instead, danger should be seen as not only normative but also, within limits, necessary; if we don't have to face any danger at all in our childhoods, we may be under-prepared to protect ourselves when later life presents its inevitable dangers. The brain is a self-organising structure, and it needs stimulus from the environment in order to have something to organise around. Because life is full of potential dangers, some obvious and some unpredictable or deceptive, it follows that babies, children and adolescents need to be exposed – in graduated, developmentally appropriate ways – to some level of danger or risk, in order to be able to best adapt to meet the full range of challenges and threats that adult life (including parenthood) brings. Attuned parents understand this, and encourage their children to stretch their abilities within their *zone of proximal development* (Vygotsky, 1978).

Interpersonal neurobiology and mentalisation – the basis for emotional and social intelligence

Neurobiological research has increasingly come to view attachment as a major influence in early brain development (Schore, 1994; Cozolino, 2002; Gerhardt, 2004; Hug, 2007). Such research has, as we shall see in Chapter 2, helped to map many of the key neurological processes that underpin attachment strategies. As Siegel observes:

'For the infant and young child, attachment relationships are the major environmental factors that shape the development of the brain during its period of maximal growth.'

(Siegel 1999, p85)

Attachment relationships thus have a powerful formative influence on the development of the brain. Indeed, this influence between mind, brain and relationships runs so deep that the idea has given rise to a new field of exploration termed *interpersonal neurobiology* – that is, the study of how mind, brain and relationships are interconnected (Siegel, 2008; Cozolino, 2002). Some researchers and clinicians will be familiar with this concept as being a *bio-psycho-social* approach. Both terms capture the concept.

Attachment relationships are also a key to understanding the development of our capacity to *mentalise* within ourselves and with other people (Fonagy, 2001; Pfafflin and Adshead, 2004). Mentalisation refers to our capacity to understand the inner states of

ourselves and other people, and to continually adjust our behaviour according to our understanding of the interdependent nature of communication and relating to other people. This capacity is acquired through emotionally attuned relationships between care-givers and children, and is the basis for *emotional intelligence* as well as *social intelligence* (Goleman, 1996 and 1998). The capacity to mentalise and to interact with other people in an emotionally and socially intelligent manner is fundamental to forming and maintaining close positive relationships with other people; if we can mentalise, we have the capacity to reflect, to observe ourselves, to think about our thinking, and to tune into our own emotions and those of other people. Mentalisation also enables individuals to answer questions such as, '*How well do I know myself?*,' '*How did I come to be the person I am today?*,' '*What shapes my motivation, emotional responses and relationship patterns?*' and '*How can I take my life forward in an integrated and balanced way?*'

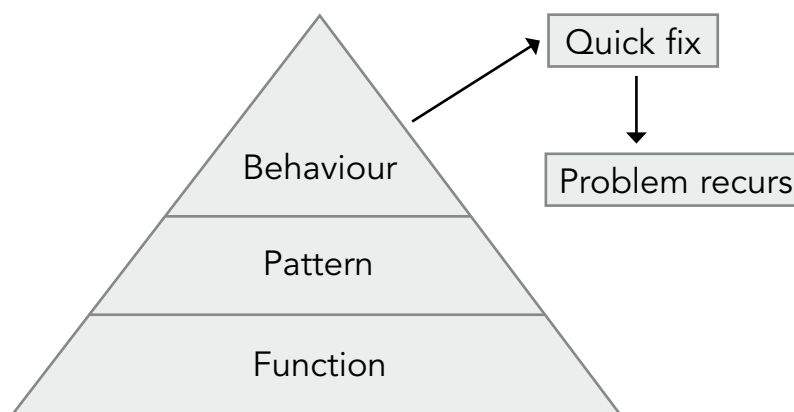
Key benefits of attachment theory

Attachment theory offers a range of benefits to practitioners, supervisors and clients/service users. These include:

1. Attachment theory is an empirically-based foundation theory for understanding how early care experiences shape the development of mental self-protective strategies and their related psychological disorders throughout the lifespan (Howe, 2011a). People who suffer with developmentally rooted psychological problems have often faced early life disrupted attachment, abuse, neglect, loss or trauma, all of which can pose life-threatening dangers which impact brain development, self-organisation and mental processes (Holmes, 2001; Perry, 2008; de Zulueta, 1993; Siegel, 1999).
2. Attachment theory focuses not only on behaviour, but on understanding the *psychological meaning or function* of that behaviour. In particular, attachment theory focuses on the function of behaviour in terms of resolving needs for safety, comfort, proximity and predictability. Understanding how a person's behaviour has meaning for them, particularly in the context of partner, parenting or caring relationships, is essential in identifying the drivers, pay-offs and risks of their behaviour. A smile, for example, can mean a number of things: it can be a smile of delight or can also be a smile of appeasement, of fear, of embarrassment, or of concealed anger. This concept is especially important when assessing how a parent interprets the meaning of their child's behaviour. Attachment theory also helps to explain patterns of behaviour, for example, why a person may repeatedly sabotage their close relationships and what might be at stake if the person changes their behaviour. By focusing on the underlying patterns and function of behaviour – ie. the *reasons* for the behaviour – we are much more likely to be effective in helping the person to change their behaviour than if we focus on the behaviour alone (Senge, 1990; Crittenden, 2008). We are also more likely to work with compassion for our clients, because we will have a better understanding of the underlying reasons for their

behaviour. Alternatively, if the focus is only on changing the presenting behaviour – ie. the symptoms – we may miss the underlying pattern and function, with the result that the problem returns (see Figure 1.1, below).

Figure 1.1 The behaviour, pattern and function triangle (adapted from Senge, 1990)



3. As an interpersonal, systems-oriented and ecological theory, attachment theory offers a framework that can be applied to diverse therapies and treatment approaches. Attachment theory provides an underpinning framework for assessment, intervention and therapeutic work, and can be used to guide individual, family and group work. The theory can also be used to inform the support and supervision of practitioners (see Chapter 10).
4. The use of attachment theory can assist practitioners to develop more informed, compassionate and psychologically meaningful partnerships with their clients, which in turn will make change more likely (Crittenden, 2008). Because attachment theory is a profoundly interpersonal theory (ie. about what happens between people and how they interact), it allows us to theorise what is happening between our clients and the important people in their lives, and between us and the client. Siegel (1999) offers the view that a parent's state of mind with respect to their own current and former attachment relationships is the most powerful predictor of how the parent-child relationship will evolve. Thus an appreciation of the client's attachment strategies is crucial in tailoring treatment planning and intervention techniques to the individual.
5. Having a sound and well-evidenced developmental theory is crucial, because it provides a reliable reference point for thinking about the client and a rationale for the worker's decisions and selection of techniques to address specific psychological problems and their developmental roots.

The ecological-transactional model of development: our lives in context

Attachment theory, important though it is, does not provide an all-encompassing model for explaining a child's development, as there are many other factors that influence development. These include social, economic, environmental, cultural and historical factors, and the child's temperament. A useful framework for understanding this is the *ecological-transactional* model (Cicchetti and Valentino, 2006). This model describes how healthy development requires a person to successfully negotiate a sequence of challenges and life stage transitions (infancy, adolescence, leaving home, parenting and so on) in the context of the environmental supports and stresses that surround the person. As the authors state:

'An ecological-transactional perspective views child development as a progressive sequence of age- and stage-appropriate tasks in which successful resolution of tasks at each developmental level must be co-ordinated and integrated with the environment, as well as with subsequently emerging issues across the life span. These tasks include the development of emotion regulation, the formation of attachment relationships, the development of an autonomous self, symbolic development, moral development, the formation of peer relationships, adaptation to school, and personality organisation. [...] Poor resolution of stage-salient issues may contribute to maladjustment over time, as prior history influences the selection, engagement and interpretation of subsequent experience.'

(Cicchetti and Valentino, 2006: 143, cited in Brandon *et al*, 2008)

Using the ecological-transactional model, we can see that the underlying reason why a person behaves as they do may be found in the cumulative history of their interactions across their lifespan, taking into account the stresses and supports affecting them and also their experiences of success and failure in many contexts. For example, a child growing up in a socially deprived or dangerous environment is likely to face more stressors and risks to their development. Insecure attachment relationships may be one of these stressors. And because attachment relationships come so early in the child's development, they have particular, although not predictive, influence over the child's developmental trajectory. Therefore, a critical issue that will affect this child's ability to negotiate their developmental stages is the quality of early care-giving and the resources that his or her parents and carers bring to this complex and demanding task. Thinking about the child's parent(s), if we integrate attachment theory with the ecological-transactional model, we may be better able to assess and enhance each parent's capacities, because these capacities are the product of their own history of relationships and attachments, and their social, cultural and environmental history. Understanding and working with the nature, impact and meaning of the parent's history are thus key tasks in enhancing their capacity to offer good enough parenting (Brandon *et al*, 2008).

One way of thinking about an individual's life history is as an autobiographical story, including important people, places, events, interactions, relationships, emotions and conflicts they have faced. These stories are important, because the stories we tell ourselves about our lives and the people around us help to give meaning to our lives (White, 2007; Dallos, 2006). These stories shape who we are and what we do. Thus, a key indicator of psychological health is the coherence and integration of our own story, for this is the basis for our sense of self. The ecological-transactional model and attachment theory both suggest that the development of a coherent life story is a key task when working with troubled and troubling adults. Chapter 3 focuses on this topic in detail and describes the LEARN Model for promoting integrated narratives.

How information processing underlies attachment strategies

As mentioned earlier, attachment research suggests how secure, attuned relationships foster healthy brain development and function. In turn, the way the brain processes information provides the neurological basis for attachment. We will explore this in more detail in Chapter 2 when we describe the regions of the brain and the memory systems in the brain. However, an introduction to some of the main features of information processing will help you understand the three main attachment strategies described later in this chapter.

According to Crittenden (2008), the brain connects us to our environment through the processing of internal (ie. what's happening inside me) and external (what's happening around me) stimuli, which leads to the organisation of behaviour. The brain processes information and influences behaviour by forming representations, or mental models. From an attachment perspective, two sorts of information are crucial to safety and reproduction:

1. **Cognitive or external** information, which is the sequential ordering of information in terms of time, place and who was involved. This information tells the brain where and when danger has occurred and therefore where it might happen again.
2. **Affective or internal** information, which is the intensity of the signal that triggers the autonomic nervous system in terms of heart rate, breathing, circulation, perspiration, pupil dilation, muscle tension and a wide variety of other physiological processes and feelings.

These two sorts of information are processed differently in the brain. For example, cognitive information is, in general, processed through the left hemisphere and affective information is processed through the right hemisphere (we explain this more fully in Chapter 2). Positive attachment experiences facilitate the integration of left and right hemisphere information, and also the integration of higher and lower parts of the brain. In other words, early relationships actually shape the neural structures that are responsible for the internal models, which in turn shape our motivations and behaviour. Thus, attachment relationships influence both the nature of the information that the brain processes and the way that the brain processes that information.

We have introduced the idea of mental representations, sometimes called internal working models, mental models or dispositional representations, because they represent predispositions in the brain to fire in certain neural sequences in response to stimuli (Tulving, 2000; Siegel, 1999). These terms describe the *self in context now* – in other words, our sense of who we are in relation to what is happening around us – which arises from patterns of neuronal firing based on memories, experiences, feelings and patterns of response in relationships, particularly during times of stress and need. These neural networks, linked in complex sequences throughout the brain, help us give shape and meaning to our perceptions of the world. If we did not have these neural networks, our experience of the world would be an incomprehensible, overwhelming tide of undifferentiated sensation. It is estimated that we have perhaps 100 million of these neural networks in our brain, ranging in size from 50 to 10,000 neurons (Ratey, 2001). These groups of linked neurons help our brain to organise perception, make predictions and modify the networks based on new experience and learning. The protective function of these neural networks is that they increase predictability and reduce complexity. They thereby increase the individual's sense of competence and control.

These neural networks include representations of how relationships work and how significant attachment figures are likely to behave. Children develop working models of how their parents are likely to behave, and they organise their attachment behaviours in order to maximise their parents' attention, proximity and predictability (Howe, 2005; Howe *et al*, 1999). It is through this process that attachment relationships become internalised by the child; the patterns of interactions generate patterns of neuronal firing, which are transformed into mental models, ie. the child's version of how relationships work. It is believed that, in time, these mental models not only *reflect* the child's experiences but come to *guide* the child's, and later the adult's, expectations, beliefs and behaviours in all important relationships, especially under conditions of threat or anxiety. (Such models will also be present in the reaction of an anxious practitioner to a hostile or distressing family situation.)

Mental representations are not static; they are continuously revised in response to life's changing experiences. During early childhood at least, and often into adulthood, these models are unconscious. Many people, perhaps most, are unaware of how their mental models of the world influence their perceptions, interpretations, motivation, and decision-making rules about relationships. This is not surprising, because as much as 85% of our brain's activity operates beyond our conscious awareness until we consciously pay attention and become curious about what is happening in our brain (Restak, 1991; Winston, 2003; Cozolino, 2002). This suggests that if we wish to help someone change their behaviour, we must first help the person to identify, and then revise, unhelpful mental representations. Another way of putting this is that we can help the person to identify the story they have about themselves and their relationships, and how they respond and act in accordance with this story. We can then help them revise the story and put into practice new ways of being that arise from their revised story. We can also teach them the tools of introspection that will allow them to continue the process and make further revisions themselves.

In Chapter 3, we will present the LEARN Model by which we can assist our clients to identify and revise their stories.

To summarise so far ...

- » Attachment occurs in relationships with significant care-givers or attachment figures.
- » Attachment is about the self-protective strategies we use to respond to perceived threat or danger.
- » Attachment is fundamental to the survival of humans, primates and many other mammals.
- » Attachment behaviour has a purpose in maximising safety, comfort and predictability, and in regulating proximity to attachment figures.
- » Attachment is organised around three main self-protective strategies ('A', 'B' and 'C') – more on this later in this chapter.
- » Collaborative, contingent, attuned care-giving is critical to developing emotional and social intelligence and the capacity to mentalise.
- » Attachment sits within the broader range of influences encompassed by the ecological-transactional model of development.
- » Attachment is fundamental to emotional, physical and neurological development.
- » Attachment shapes, and is shaped by, the development of the brain and the mind.

We will return to explore a number of these themes in this and the following chapters.

The 'A', 'B' and 'C' patterns

A health warning

In the next section, as we outline the various patterns of attachment, this may cause you to reflect on your own strategies and your own life history of attachments, relationships and emotional coping. It is not intended to cause you to beat yourself up about not being a 'perfect' parent, partner, friend, sibling, son or daughter! The concept of being 'good enough' is well worth remembering when considering what follows. Indeed, being 'good enough' means that we will sometimes get things wrong. And if we get things wrong and repair the relationship in an attuned way, there can be great value and learning in the process of repair. This applies to personal as well as professional relationships. Remember: *'Real is better than perfect.'*



Why we use the labels 'A', 'B' and 'C'

There are many terms that have been used by various authors to describe the attachment patterns. It's a rather dense thicket of terminology. In this guide, we are following John Bowlby's advice to Mary Ainsworth when she was trying to make sense of the patterns emerging from the Strange Situation Procedure. His advice was to use the neutral labels 'A', 'B' and 'C' until much more was known about their meaning and their function in terms of human strategies for survival (Crittenden and Claussen, 2000).

This is a useful reminder not to jump to conclusions or to see one of the strategies as being more functional than the others; they each have their place as self-protective strategies.

People are not their strategies

As we describe the 'A', 'B' and 'C' patterns, you may find yourself thinking of people you know or who you have worked with who may fit the patterns. We encourage you to do this, as it can help to assimilate the learning. However, please be very cautious about making conclusions or attaching a label to an individual. There is a general truism about attachment theory, which is that the more you learn about attachment theory, the more cautious you become about attaching labels to people. This includes labels such as 'insecurely attached', 'reactive attachment disorder', 'disorganised attachment' and so on, which tend to be over-used, under-defined or based on symptoms rather than an understanding of the function underlying the symptoms. So please treat any ideas about people and their attachment patterns as a working hypothesis, and be ready to have your hypothesis proved wrong at any time.

On a related note, people can have more than one self-protective strategy, and they can have a blend of 'A', 'B' and 'C' strategies. Adults in particular frequently do have a blend of strategies and do not fit neatly into one pattern, because they have had more time and opportunity to develop a range of approaches to life's challenges. Indeed, the 'B' strategy, as you will see in the next section, integrates the 'A' and 'C' strategies. This should remind us not to become so focused on finding a definitive pattern that we lose sight of the overall process of trying to help clients to understand themselves and their self-protective strategies.

The balanced attachment strategy ('B') and the goal-directed partnership

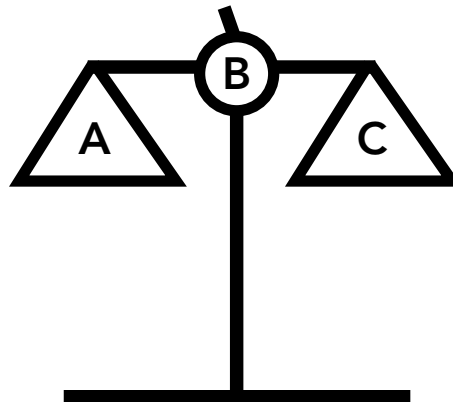
Figure 1.2 Development of the balanced ('B') attachment strategy

Cognition/Thinking

'B' pathway
Predictable and appropriate
care-giver responses

Affect/Feelings

Infant/child learns to integrate
and give equal value to both
thoughts and feelings (cognition
and affect in balance)



Predictability and attunement: the essential ingredients in the development of the balanced ('B') attachment strategy

We start with the 'B' pattern, rather than working alphabetically through 'A', 'B' and 'C', because the 'B' pattern represents an integration of the 'A' and 'C' strategies. If you understand the 'B' pattern first, you will be better able to understand how the 'A' and 'C' patterns develop by leaving out or transforming information that the 'B' pattern includes and integrates.

The simplest way to describe the 'B' or balanced strategy is that it is a strategy that integrates accurate cognitive and affective information. In other words, a person using this pattern gives equal importance to their thoughts (cognitions) and feelings (affect) when dealing with life's challenges and when interacting with people who are emotionally close to them. The 'B' pattern is sometimes called 'balanced' because it represents a balance of thoughts and feelings.

What type of care-giving creates the conditions in which such a strategy develops? Attachment theory observes that, early in the life of the newborn baby, there are two

critical factors that, in combination, will have a decisive influence on the development of the baby's mind and their attachment to other people: *predictability* and *attunement* of care.

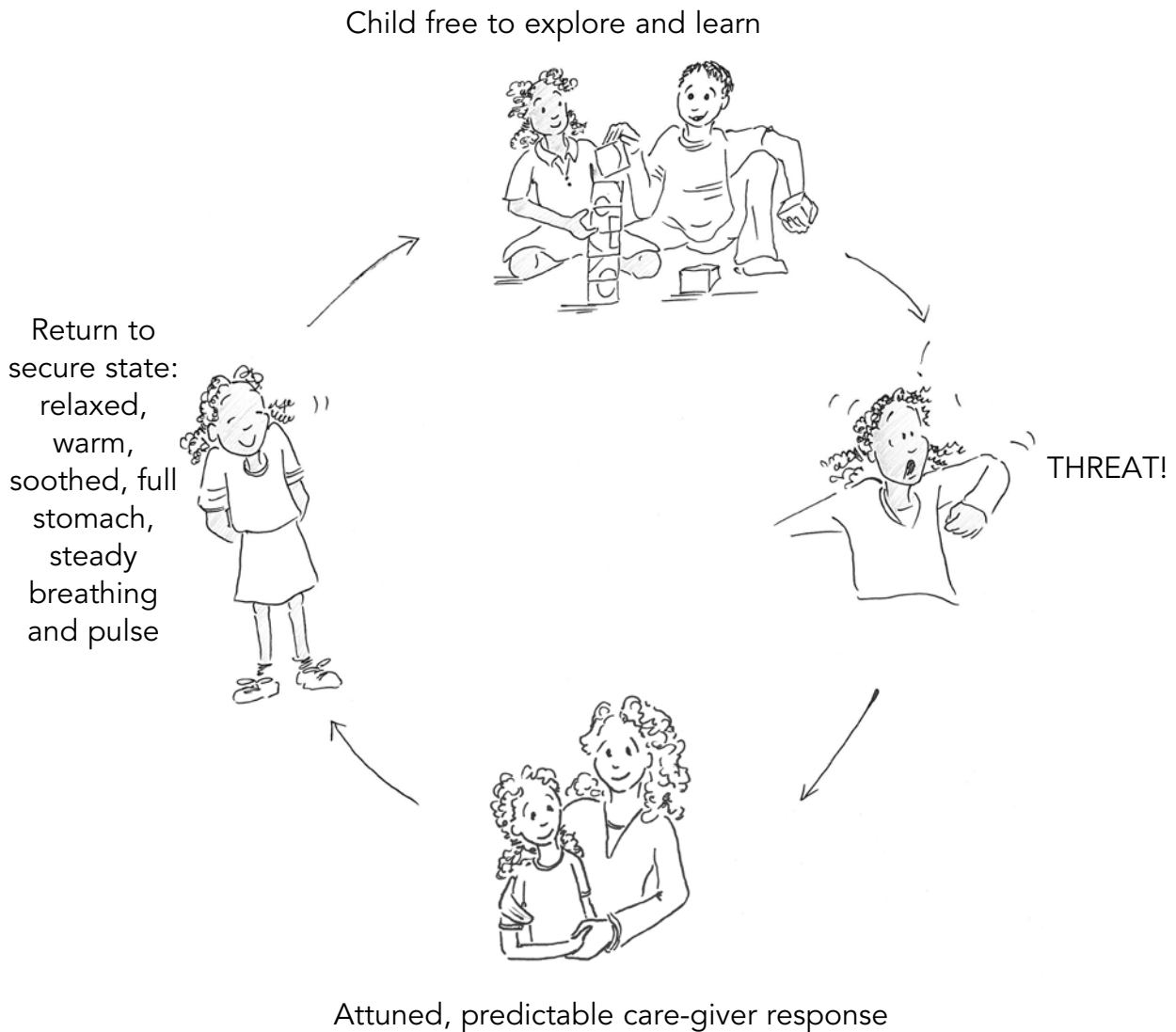
If, when the baby cries out, they receive *predictable* and *attuned* care from someone who is attuned to the baby's needs and loves them, then their mind will have an optimum environment in which to develop (Gerhardt, 2004). Attunement involves the care-giver's sensitivity to and accurate interpretation of the child's signals and state of mind, combined with a response that lessens the baby's distress and answers their need.

Attunement is demonstrated through the sensitivity of the care-giver's facial expressions, tone of voice, vocalisations, body gestures and eye contact. When this happens, the care-

giver and infant have 'aligned' states of minds and are engaged in intense, collaborative, contingent communication (Stadlen, 2004; Stern, 1998; Hughes, 2007). This produces a mutual resonance which permits each partner in the dyad (eg. mother and baby) to 'feel felt' by the other, and a process of 'co-regulation' occurs (Siegel, 1999). In this situation, the infant learns that both their thoughts (for example, their understanding of cause and effect – 'I cry and someone helps me') and their expression of feelings ('I am hungry, tired, angry, uncomfortable, afraid, needing comfort') have equal self-protective value. They can trust their thoughts and feelings equally, because both forms of information have useful predictive value about how and where they can gain comfort, safety and protection. The infant's thoughts and feelings can be integrated in a coherent way, because they have proved valuable in gaining protection and comfort (see Figure 1.2). In other words, there are no conflicts or discrepancies between the different types of information the infant is receiving. Thus we can see how attuned care-giving helps the infant to develop more coherent information-processing capacities, which in turn will help them deal with the more complex social situations they will meet as they grow older (Bowlby, 1979/2000). Figure 1.3 illustrates this process in action.

Early in the life of the newborn baby, there are two critical factors that, in combination, will have a decisive influence on the development of the baby's mind and their attachment to other people: predictability and attunement of care.

Figure 1.3 The attachment cycle leading to the 'B' pattern



It is through these means that the child will develop a 'balanced' or 'secure' attachment style (Ainsworth *et al*, 1978). Having a balanced attachment style means that, as this child grows into adulthood, they develop a sense of trust, self-worth and competence. Siegel (1999) notes that attunement fosters the reinforcement of positive states and feelings, and the reduction of negative feelings. It also enables the child to reflect on their own *and other people's* emotions, thoughts and actions, because they have internalised their care-givers' predictable and attuned approach. You can find a detailed example of the 'B' strategy in Chapter 4, which focuses on the character 'Beth'.

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Goal-directed partnership

Balanced attachment allows the development of *goal-directed partnerships* (Bowlby, 1971; Marvin and Britner, 1999). This is where the child can:



- recognise the attachment figure possesses his or her own thoughts, goals, plans and feelings
- separate their own point of view from that of their attachment figure
- infer what factors control their attachment figure's goals and plans
- assess the match or mismatch between their own perspective and the attachment figure's perspective
- influence the attachment figure's goals and plans in a goal-directed way
- maintain attachment via shared goals, plans and feelings.

In many ways, the goal-directed partnership is the template for all healthy relationships, including friends, partners, parents, children, siblings, colleagues and employers. The concept is also closely linked with *mentalisation, emotional intelligence and social intelligence*, described earlier in this chapter. The goal-directed partnership is the basis on which sharing, perspective taking and negotiation become the preferred way of conducting relationships. People who value and work within goal-directed partnerships are prepared to both give and receive care in a harmonious and integrated way. They are able to reflect on and balance their own thoughts, feelings and goals with those of other people and adjust their behaviour accordingly.

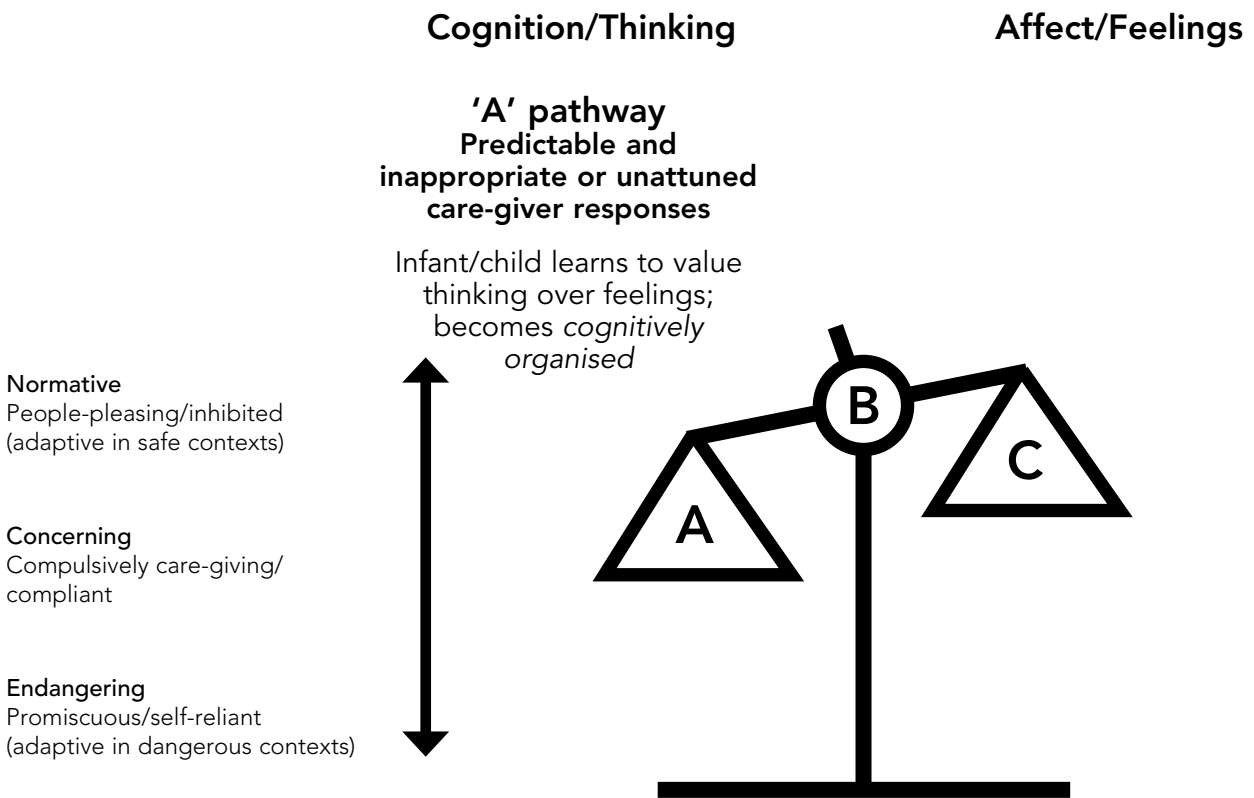
Note: 'B' does not stand for 'best'

We might be tempted to assume that the 'B' pattern is always the best and most preferred option as a strategy for meeting one's attachment needs, and, in situations of safety, it probably is. However, we must be extremely cautious about assuming that what is right for one person is right for other people and cultures. In situations of danger and unpredictability, whether this is on the family, community or national level, different patterns of response may actually confer survival advantages. From an evolutionary perspective, all three of the strategies – and their sub-categories – have their place and value. It may be that in modern, technologically advanced societies, where large segments of the population are living in the safest times in human history, we may think of the 'B' strategy as being 'the place to be'. If we assume this, however, our thinking may become blinkered and we may fail to appreciate the extraordinary intelligence, prudence and savvy needed to survive in dangerous surroundings (Crittenden and Claussen, 2000).

So as we go forward to consider the 'A' and 'C' patterns, we encourage you not to think of these patterns from the point of view of the 'deficits' model – seeing them as deficient in some way – but instead to try to discern the ways in which these strategies help people to survive in situations of unpredictability and danger.

The distancing ('A') attachment strategy

Figure 1.4 Development of the distancing ('A') attachment strategy



The 'A' strategy is sometimes called 'distancing' because the pattern functions to *distance* the person from close relationships and also from their own authentic negative emotions.

The 'A' pattern develops from a situation where the child consistently experiences a lack of attuned care. In these circumstances, the child over-relies on cognitive and external information (time, place, sequence, and other people) and under-relies on internal information, ie. their emotions, especially negative emotions such as anger, fear and sadness, because these emotions tend to evoke attachment-seeking behaviour.

The 'A' strategy represents a continuum of self-protective strategies, dependent on the level of danger and threat in the child's environment.

The early/normative 'A' strategy (people pleasing/inhibited)

What are the origins of this strategy?

Recall that *predictability* and *attunement of care* were the two key factors in the formation of the 'B' strategy. The formation of the 'A' strategy, by contrast, arises when the baby's care is *predictable* but *not attuned*. When this baby calls out in distress, they may be consistently ignored, or consistently handled coldly or roughly. Or, their care-giver may make efforts to calm them, but consistently misreads their signals (eg. feeds the baby when the baby is frightened and needs comfort and protection). In situations of abuse, the baby may be frightened, pinched, scolded, attacked, ignored, force-fed, shaken, slapped, teased or handled incongruently (for example, the carer smiles while abusing or smacking them).

Why might their parent or carer treat them in this way? It may be that they have the best of intentions, but they simply don't have the skills of attunement and offering comfort. Or they may have the idea that their baby needs

**The 'A' strategy emerges
when the baby's care is
*predictable but not attuned.***

a strict regimen. Or the parent/carer may be too wrapped up in their own needs, self-doubts and unresolved issues. Howe (2005) describes this in terms of the parent dealing defensively with their own needs and anxieties, which are triggered by the child's displays of attachment behaviour. This may be revealed in poor emotional attunement, the lack of congruency between non-verbal and verbal communication, inaccurate reading of the child's feelings or needs, or the parent's physical discomfort or rigidity when close to the child. In some situations, it may be that the parent/carer tries to over-protect the child, and misreads their signals because of an overriding fear for the child's safety. Some parents may fail to perceive their child's distress, resulting in neglect. In extreme situations, the parent/carer may have delusional ideas of danger being everywhere, which may result in abuse of the child in a misguided attempt to protect them. (This might be termed the 'lock up your daughters' syndrome.) In the most extreme cases, the child themselves may be seen as the source of lethal threat, and this form of delusion is sometimes seen in cases where parents kill their children.

Parents who internally believe they are doing the right things may be unaware of this emotional disconnection both with themselves and with their child. In other

words, in the mind of the parent, and in the experience of the child, there is a split between what the parent believes they are doing and what they are actually doing. Unfortunately, this is something about which neither may be consciously aware.

These are just some of the reasons why parents and carers may behave in insensitive and harmful ways. For a full description of these parental responses and the reasons behind them, see Crittenden (2008).

Regardless of the reasons for their parents'/carers' behaviour, the baby raised in this environment will soon learn to limit their displays of negative affect such as tears, anger or clinginess, because such displays *increase their distress*. Such displays may even place the baby in danger of a hostile reaction. The baby learns, 'When I feel bad, no one helps, and when I cry I feel worse.' As a result, the baby is learning that their care-giver is not useful in meeting their emotional needs and therefore there is no point in seeking closeness. Indeed, because closeness may make things worse, the baby adopts a *distancing* strategy – that is, a strategy that distances themselves from their own true negative emotions, and also from closeness with other people. For instance, babies just two months old may inhibit all crying. By the pre-school years, they may learn to falsify these emotions into positive displays for the benefit of their carers ('Where's that smile? Show us that smile! Smile for us!'), in order to elicit positive attention and approval, and to avoid punishment.

In learning to expect the carer's unattuned response (because the carer is predictably unattuned), the baby is also learning that certain behaviours have certain consequences. The child learns that *thinking* – in particular, thinking about cause and effect – is critical to survival. This child learns to trust their thoughts over their emotions, because thinking is what protects them, and the display of emotions – specifically, negative emotions such as fear, sadness, anger and the need for comfort – puts them in danger. Some authors refer to such a person as being *cognitively organised*, due to their emphasis on thinking/cognition over emotion (see Figure 1.4). Although the early 'A' strategy does involve some distortion of information, this can settle down into a workable child-parent relationship, albeit one that is slightly inhibited to varying degrees. However, if this does not happen, the level of attachment disruption can, as we see in the following sections, become more serious.

Concerning 'A' patterns (compulsively care-giving/compliant)

Now let's see how this early 'A' strategy develops over childhood if the milder 'A' strategies do not succeed in providing protection and comfort. Crittenden (2008) offers the view that if these early 'A' strategies do not achieve increased safety or parental availability for the child, this leads them to develop more complex self-protective strategies. These strategies include behaviours such as caretaking for the parent, role reversal with the parent ('parentification' of the child), isolation (keeping out of harm's way), compliance, performing well or being a 'good boy or girl'. To protect him or herself in such circumstances, the child learns instinctively to imagine what the carer is thinking, and indeed makes the carer's needs and goals more important than their own. The story of 'Anne' in Chapter 5 is about a character with a pattern of compliance and having to be good for other people.

These strategies are further triggered by the new context of school, where the earlier strategy of distancing carries the danger of being misinterpreted as rudeness. The development of the caretaking or compliance/performance strategies, however, make such children appear as bright, competent and socially accepted. Underneath, however, these children are afraid of falling short of their parents' expectations or risking parental disapproval or anger. Such children feel compelled to perform well and to avoid stressful interactions with their parents. They also learn to manage their anxiety about their parent's responses. This can lead to highly compulsive behaviours (Kozłowska and Hanney, 2002).

It is no surprise that these 'over-bright' children may suffer from underlying anxieties and emotional agitation which become expressed in somatic ways such as illness and depression. Despite the energy devoted to suppressing their feelings, these somatic responses ensure that there is at least a physical, if not psychological, outlet for the feelings. These strategies

– caretaking and compliance – are concerning, even if they are not endangering.

However, when the stresses are great enough and a number of factors combine to increase the person's vulnerability, there can be severe consequences, as illustrated in the story of 'Anne' in Chapter 5.

'Anne' in Chapter 5 is a character with a pattern of compliance and having to be 'a good girl' for other people.



Endangering 'A' strategies (promiscuous/self-reliant)

Puberty brings awareness of sexuality and sexual relationships and increased mobility, autonomy and experimentation. Crittenden (2008) suggests that, where the adolescent's caretaking and compliance strategies still fail to protect him or her from danger or rejection, two new and more worrying self-protective strategies emerge. These are social, and sometimes sexual, *promiscuity*, and *self-reliance*. Here we can see how within the 'A' pathway there are different self-protective solutions.

The socially or sexually promiscuous strategy reflects the person's belief that there is someone out there for them to whom they can be physically close, whilst retaining emotional distance. Where this translates into a superficial social promiscuity, the person seems to have a wide circle of social contacts, but these contacts are kept superficial for reasons of self-protection. In some people, this social promiscuity can translate into sexual promiscuity or even sexually abusive behaviour, again following the pattern of achieving some level of human contact but at an emotional distance, where inner feelings are protected by the superficiality of the encounter. In effect, this person is saying, 'I can have sex with you but you can't hurt me (and I can't hurt you) because this means nothing.'

Conversely, the self-reliance strategy is based on the belief that 'I deserve no-one' and therefore 'I will avoid any close relationships'. For people using this strategy, human contact has proved to be troubling and predictably damaging.

Both strategies – promiscuity and self-reliance – place the adolescent at increased psychological, social and educational risk. In some circumstances, the strategies may also place other people at risk. The emphasis on thinking, and cause-and-effect consequences, may lead this child or adolescent to develop highly rigid and rule-defined ways of behaviour as they grow into adulthood. Moreover, their compulsive caretaking and compliant behaviours, learned in childhood, lead them to put the other person's needs first. Such patterns result in the establishment of 'rescuer-victim' relationships in which the individual's 'A' strategy leads them into the role of the 'rescuer' whose task is 'looking after/protecting' their partner. However, the relationship is always in danger of failure as the 'rescuer' is unable to identify or negotiate for their own needs to be met, and thus there is a high risk of breakdown. In more sinister situations, this dynamic may lead to the entrapment of vulnerable adults in damaging and abusive relationships.

Alternatively, as an adult, if this person has children and/or forms relationships, they may become intolerant or abusive when faced with negative displays of affect in their own children or partner, because such displays have proved to have such negative consequences in the past. This may trigger sudden retaliatory verbal or physical outbursts.

For example, if a child shouts out in anger at their father or mother, this may trigger an explosive outburst of anger from the parent, whose mental model in such situations – hard won through bitter experience – is that children *never* display anger towards their parents, and if they do, the parent must come down 'like a tonne of bricks' on the child.

The person may also become highly controlling and even punishingly dominant as a way of regulating relationships to stay at a correct distance. This is a common pattern in domestic violence. Such a person may also see themselves as strong and invulnerable as a way of keeping at bay negative emotions such as fear, sadness and need for comfort. We call this more severe type of pattern an 'endangering' form of the 'A' strategy. In Chapter 6, we will meet 'Adam,' who is an example of someone with an endangering 'A' strategy.

In Chapter 6, we will meet 'Adam', who is an example of someone with an endangering 'A' strategy.



Summary of the 'A' strategy

In summary, the 'A' strategy is termed a 'distancing' strategy (sometimes also called 'defended', 'disengaged', 'dismissive', 'avoidant' or 'compulsive'). The pattern is seen as 'distancing' because the person learns to distance themselves from their own true

emotions and also to distance themselves emotionally from other people, in the belief that their own emotions and closeness to other people are dangerous. This person is likely to find it difficult at first to engage with a nurturing and empathic process or to express difficult or painful emotions. It also seen as a rule-driven and somewhat inflexible strategy, in which the individual clings to rigid stories (Holmes, 2001). Four important aspects of the 'A' strategy are summarised in Table 1.1 (based on Crittenden, 2008).

Table 1.1 Four aspects of the 'A' strategy

Functions of the strategy for the person	Cognitions or pre-conscious mental 'rules' (normative to endangering)	Behaviours (normative to endangering)	The 'story' that accompanies the 'A' strategy (normative to endangering)
Over-regulate /control own negative emotions and deactivate attachment behaviours in order to...	Be good.	Superficial/socially facile/people-pleasing	I didn't need comfort – everything was fine.
increase attachment figure's acceptance , proximity and responsiveness, via ...	Follow the rules.	Inhibited/withdrawn.	My childhood was perfect, but don't ask me for examples.
compliance, care-taking or self-sufficiency.	I'm responsible.	Compulsive care-giving.	There was a problem in my childhood but my parents were not to blame.
Plus: Use self-representations that self is strong and invulnerable , and defensively exclude internal world (feelings and emotions), in order to ...	Don't ask, don't challenge, don't feel. (Feelings are dangerous.)	Compulsive compliance.	I solved the problems because I looked after my parents or by being such a good boy/girl.
avoid negative emotions that create discomfort.	You can't hurt me/I don't need comfort/ This is just business/ just sex.	Compulsive social or sexual promiscuity (can lead to emotionally callous behaviour).	There were problems and my parents were lousy, but I left home and decided I could go it alone.
	I don't need other people/Do as I say and don't cause me to feel uncomfortable emotions.	Compulsive self-reliance (can lead to bullying/controlling behaviour to minimise and avoid negative feelings).	There were serious problems, but I protected myself by anticipating every danger (because no-one else was there to protect me).

The preoccupied ('C') attachment strategy

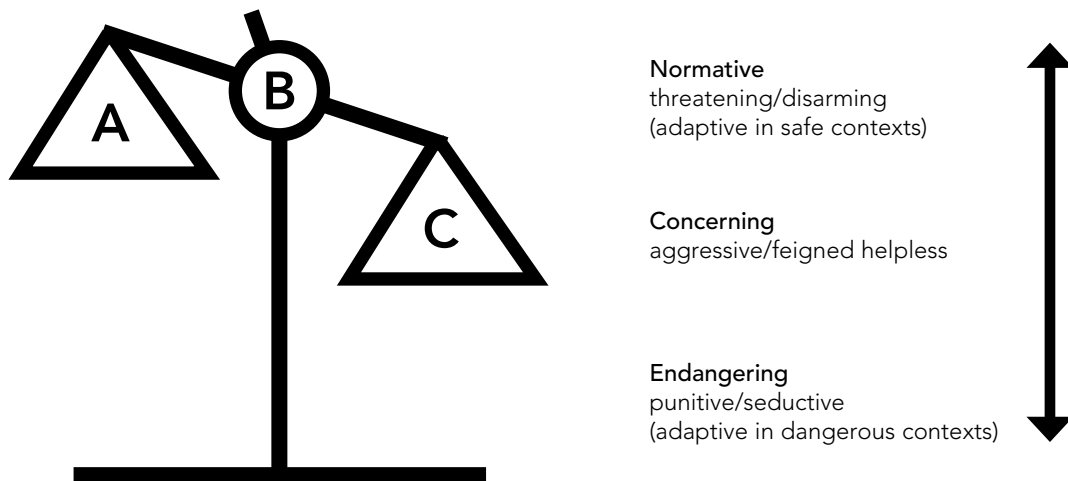
Figure 1.5 Development of the preoccupied ('C') attachment strategy

Cognition/Thinking

Affect/Feelings

'C' pathway
Unpredictable and variably
attuned/unattuned care-
giver responses

Infant/child learns to value
 feelings over thinking;
 becomes affectively organised



Early/normative 'C' strategy (threatening/disarming)

The 'C' strategy prioritises affect-based, internal information over cognitive and external information. This strategy arises from the infant's early experience of carers who are *unpredictable* and *inconsistently attuned*. The carer sometimes responds well, but sometimes late, or not at all. This may be because the carer is depressed, ill, unaware, exhausted, busy with other children, easily distracted, or dealing with threats to their own survival. Alternatively, the carer's own insecurities and mental states can trigger demanding and intrusive forms of parenting in which the child who is quietly playing on their own is suddenly required to attend to the carer's needs for comfort and reassurance, eg. constant and intrusive demands to 'give mummy a kiss'. In this situation, care-giving is dominated by the carer's entanglements with their own past. This disrupts the child's ability to self-organise and attend to their own state of mind, as this may be intruded upon by the parent in unpredictable ways.

Such care-giving patterns are very confusing for the infant, because their displays of negative affect – sadness, anger or fear – *sometimes* get them the care they need and

sometimes do not, and there is little or no predictability to the carer's response. Such babies learn that cognitive information (time, place, sequence, cause and effect, different perspectives) is of little use in gaining safety or comfort. Instead, the baby becomes

preoccupied with their own feelings of agitation and anxiety, because they cannot predict when the parents will be available to calm and soothe their distressed emotions. (See Figure 1.5). Their increasing distress also increases their need for external comfort.

The 'C' strategy arises from the infant's early experience of carers who are *unpredictable and inconsistently attuned*.

If, by exaggerating their display of negative affect, this makes the care-giver more likely to come close and try to solve the problem, the baby soon learns that their negative emotions, when *exaggerated*, are more likely to get results. (Note that this is the *opposite* of the 'A' strategy, which inhibits the display of negative affect.) Focusing on affect is more self-protective for such children. Their tears become wildly exaggerated, their anger transforms into a temper tantrum, and their fearful clinginess becomes a desperate grab around their carer's neck or leg.

Moreover, the baby or infant soon learns that they cannot risk losing contact with their carer, because they cannot predict when they will have their (unpredictable) carer's attention again. In order to maximise the carer's predictability and attention, the infant learns to *keep changing the problem* in order to maintain their care-giver's presence and attention. When the carer does respond, the infant must change direction and create a new problem. Otherwise, the carer will leave and there is no telling when they will return. So the child's strategy is two-fold: *exaggerate my negative feelings and keep the problem unsolvable*. The baby becomes fussy, complaining and inconsolable, and thus begins the struggle of intense, inconsistent, intrusive and enmeshed mis-communication that may come to characterise future relationship patterns (Howe, 2005; Holmes, 2001).

The child developing this strategy has learned to distrust the predictability of other people's minds, because he or she cannot predict what other people will do. Thus the child stays in his or her own mind and avoids thinking about the minds of other people, because this does not provide useful information. This child also learns to distrust thinking – for example, thinking about the sequence of cause and effect – because cause and effect do not have a predictable pattern and thinking does not lead to predictable care or attention. The child thus emphasises emotions far more than thinking, and learns that the best way to get their needs met is to exaggerate their feelings to the point where their needs are met.

If early strategies of exaggerating negative affect do not provide sufficient predictability and comfort, they may become elaborated as the child grows older. At first, the child will cry out, attempt to cling to the carer, or get angry. If this does not get results, the child may exaggerate their protest and throw a tantrum. By the age of around two, the child may escalate the attention-seeking to a more *threatening* form and start breaking objects around the home, or engage in dangerous behaviour such as tipping over a boiling kettle, or climbing onto a window ledge. Of course,

this strategy is not without danger, as the carer may respond to the exaggerated behaviour in a hostile way, perceiving this as manipulation, without seeing the child's authentic underlying distress.

It is at this point that the child learns the value of coyness as a strategy for *disarming* the potentially angry response of a carer who is feeling wound up by the child's coercive behaviour. Hence we see the way in which the 'C' strategy in the toddler has now become more complex, involving the splitting of emotions. In one moment, anger may be displayed, whilst fear and the need for comfort are suppressed. In the next moment, with the switch to the coy/disarming strategy, this split is reversed. Now, fear and need for comfort are presented, whilst anger is hidden.

Concerning 'C' strategy patterns (aggressive/feigned helpless)

From toddlerhood onwards, the child may elaborate this strategy of alternating threats and coy/disarming behaviour. The threats may become more overtly aggressive behaviour, and these may be alternated with apparent helplessness. These two strategies, used in combination, force the care-giver either to comply with demands or to provide rescue and take over responsibility for the child. If this dynamic becomes ingrained in key relationships, it may lead to the child's failure to develop key skills, surrendering their own sense of self-efficacy and responsibility and developing a more widespread learned helplessness.

You will see a detailed example of this aggressive/feigned helpless 'C' strategy in Chapter 7, in the character of 'Calum.'



This alternating aggressive/feigned helpless strategy can leave parents, teachers and, later in life, partners, social workers and others, confused and unsure of how to respond. You will see a detailed example of this strategy in Chapter 7, in the character of 'Calum'.

Endangering 'C' patterns (punitive/seductive)

The next stage after this, if the child is still not getting the response he or she needs, will be the stage of endangering self and others. Here, the child (during school years and into adolescence) may do risky or dangerous things like setting fires, self-harming, substance misuse, running away, committing crime or becoming involved in other dangerous activities such as sexual promiscuity, because even neglectful or distracted parents will usually respond if their child's life is in danger. The child's relationships may become increasingly aggressive and punitive in nature, for instance bullying others. Often, the victims of this aggression will not be those who were involved in the original difficulty, but who are nevertheless on the receiving end of the person's

displaced anger. Here we see the difficulty that arises when the mind is unable to process cognitive and factual information accurately, and when events, time, sequence and responsibility become distorted in ways that lead to everyone else being blamed for this person's unresolved feelings. Finally, if none of these actions prompt a parental response, the young person may become depressed or despairing, or alternatively may commit serious violence or even suicide in order to make the point and finally be heard.

In adulthood, if he or she comes to professional attention, this person may have a wide range of presenting problems and will seem to be swamped in their own emotions. They may present as alternately tearful, angry or punitive and then needy, coy or seductive. It will be very difficult to get to 'the real issue' because this person has, from the earliest age, had to use a sophisticated strategy for making problems irresolvable. One problem will be presented after another, perhaps with glimmers of progress offered to keep the worker engaged. In Chapter 8, you will see an example of this in the character of 'Christy'.

The client with an endangering 'C' strategy will find it difficult and even dangerous to take on another person's point of view, because in the past this has had no value. This person is, in effect, stuck inside their own point of view, absorbed in their own emotions and thus unable to see the impact of their behaviour on others. They may also continue to blame others for their own misfortunes. Despite their self-absorption, this person is often unaware of what their true feelings are and where they originate.

In Chapter 8, you will see an example of the punitive/seductive 'C' strategy in the character of 'Christy.'



Summary of the 'C' strategy

In summary, the 'C' strategy is known within attachment theory as a 'preoccupied' strategy (sometimes also called 'coercive', 'enmeshed', 'entangled', 'anxious-ambivalent' or 'obsessive' – as in, obsessed with being rescued or getting revenge). It is called preoccupied because this person is preoccupied with the past and with their own emotions. They will tend to speak about past events, particularly troubling or stressful events, as if they were occurring now, because the timing and sequence of events have far less importance than how they feel about the events. Finally, this person will have little space in their mind for considering the point of view of other people (including their children, if they are a parent). This is because the person has, from the earliest age, been preoccupied with their own point of view and feelings as a way of surviving and gaining predictability in difficult circumstances. Four important aspects of the 'C' strategy are summarised in Table 1.2 (based on Crittenden, 2008).

Table 1.2: Four aspects of the 'C' strategy

Functions of the strategy for the person	Cognitions or pre-conscious mental 'rules' (normative to endangering)	Behaviours (normative to endangering)	The 'story' that accompanies the 'C' strategy (normative to endangering)
Hyper-activates attachment behaviour via ...	Feelings rule, and I am angry!	Threatening.	I cannot predict other people's behaviour or control my own.
exaggerating 'poor me' feelings (cry, whine, etc) or anger in order to...	It's not my fault. Things happen to me.	Disarming/sulking/clinging/coy	Let me tell you everything I can think of. It's too complicated, so I cannot draw conclusions about responsibility.
increase attachment figure's predictability and availability,	Pay attention to me or else I will...	Aggressive/coercive	There was a problem and my parents were to blame.
whilst feeling resentful at attachment figure's unpredictability.	Look after me or I will be hurt by...	Feigned helpless.	I am angry/helpless because I am still waiting for them to fix it.
Plus:	How dare you...	Punitive/defiant/oppositional	Other people can't help me, or they hurt me and must be punished (including you).
Anxious that attachment figure will withdraw, but resists comfort and so ... remains in under-regulated, emotionally aroused state and ... cognitively disconnects: no link between attachment figure, words and actions.	Don't hurt me...	Seductive/bullied	Here is a pseudo-problem that I want you to struggle with (not the real problem) and that can never be solved, but I need to keep people attentive to me. I will seduce or tantalise or scare you into not giving up on me.

Summary and comparison of the three strategies

Table 1.3 presents a series of distinctions in the psychological functioning among the balancing ('B'), distancing ('A') and preoccupied ('C') attachment strategies. While this table makes clear distinctions for the purposes of explanation, in reality people often have a blend of strategies. This arises from the fact that they may use different strategies with different attachment figures in different circumstances and with variation over time.

Table 1.3 Overview of balanced, distancing and preoccupied attachment strategies

	Distancing strategies – 'A'	Balanced strategies – 'B'	Preoccupied strategies – 'C'
Internal strategies	Cognitively organised: 'My <i>thinking</i> will keep me safe and help me survive.' More concerned with <i>what</i> happened than how they <i>felt</i> about it.	Integrates affect and cognition.	Affectively organised: 'My <i>feelings</i> will keep me safe and help me survive.' Less concerned with <i>what</i> happened than how they <i>felt</i> about it.
	Organised to avoid danger in a consistently dangerous environment.	Organised to act adaptively.	Organised to maximise safety in an environment that is unpredictable.
	Omits or dismisses negative affect (fear, sadness, desire for comfort, anger), or gives false positive affect.	Integrates and balances negative and positive affect. Owns true feelings.	Dominated by and exaggerates anger, fear, sadness or desire for comfort.
	Exaggerates predictability; believes that by controlling their behaviour they can regulate future outcomes.	Predicts whilst accepting uncertainty.	Omits/falsifies predictability; does not believe that they can regulate the future by their behaviour.
	Distances the past.	Retains past but not stuck in it; retains what is relevant from past.	Retains/gets stuck in past; keeps past alive and close – may confuse past and present to know how to respond based on feelings.
	Trauma: retains too little information. For example: blocks, displaces or dismisses the information/memory about the incident. Prioritises other people's perspectives, so may speak of someone else's trauma but not their own.	Trauma: takes forward information relevant to future; leaves behind redundant information, ie. information that was specific to that event but which is not relevant to protecting oneself in the future.	Trauma: retains too much information; does not move forward; preoccupied with past trauma or anticipates/imagines future trauma.
	Minimises/obscures problems; observes problems at distance.	Acknowledges and evaluates problems.	Maximises/highlights problems; overly engrossed in problems.

	Distancing strategies – ‘A’	Balanced strategies – ‘B’	Preoccupied strategies – ‘C’
Interpersonal strategies	Dismisses self; takes other’s perspective and organises behaviour accordingly.	Can take both own and others’ perspectives.	Takes own perspective and organises behaviour according to own feelings.
	Blames self, takes responsibility for own and AF’s behaviour; blames situations rather than people or relationships.	Takes/allocates appropriate responsibility among self and others.	Takes no responsibility and blames other people for his/her problems.
	Minimises interpersonal problems.	Maintains an appropriate focus and balance on relevant interpersonal problems.	Emphasises interpersonal problems.
	Boundaries firm but attachment figure(s) are pushed out and strangers are included.	Diverse and appropriately differentiated boundaries.	Boundaries loose or collapsed; no differentiation.
	Sees victims as responsible and abusers as not to blame (because they may still blame themselves for what was done to them as a child).	Appreciates that victim and abuser behaviour can co-exist within one person.	Sees victims as totally innocent and abusers as totally responsible; tends to see self as victim even when perpetrating violence or abuse.
	Idealise others/negate self; takes others’ perspectives and forsakes own.	Balanced view of self/ others.	Dismisses others/preoccupied with self; poor at taking others’ perspectives.
	Fear of closeness; intimacy is sacrificed.	Seeks appropriate intimacy; able to trust intimate partners; integrates both impulses – intimacy and autonomy.	Fear of abandonment; autonomy is sacrificed.
Note: ‘AF’ refers to ‘attachment figure’.			

The dynamic-maturational model

As mentioned above, Crittenden (2008) has paid particular attention to the way in which attachment strategies become more complex in line with the child’s development and as they negotiate stage-specific tasks such as going to school, puberty and so on. Crittenden and Landini see attachment as a lifelong process; their dynamic-maturational model (DMM) of attachment (2011) offers a way of understanding the bio-psycho-social functioning of human beings across the whole of

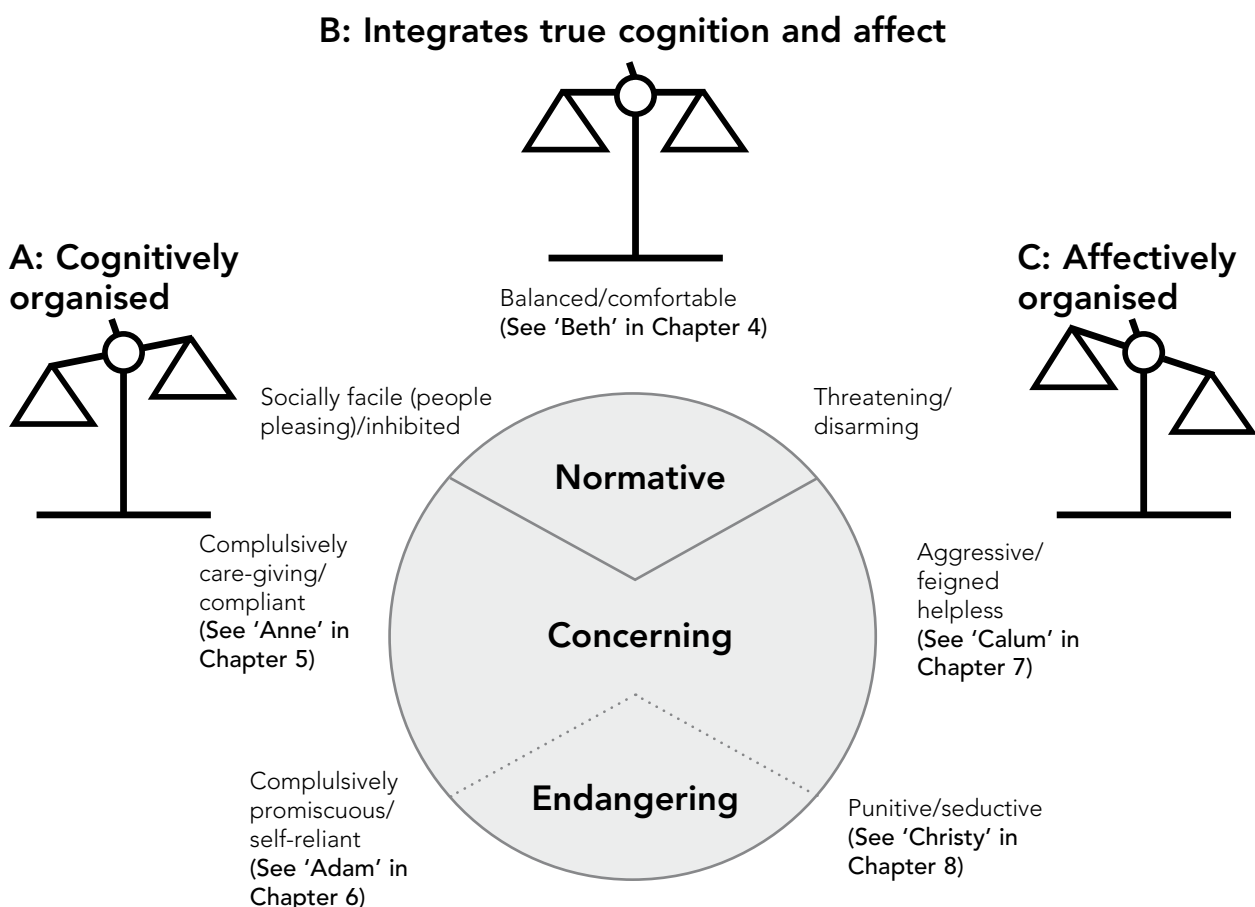
their lives, not just in infancy. The DMM, as we can see in Figure 1.6, depicts the three attachment strategies ('A', 'B', 'C') existing along two axes in terms of the:

1. Integration of thinking and feeling, eg. how each strategy balances cognition and affect (*horizontal axis*).
2. The adaptive range of the strategy, ranging from normative (ie. adaptive in situations of safety) to endangering (adaptive in situations of danger) (*vertical axis*).

Figure 1.6 also shows where the detailed examples of these strategies are located in this guide, in Chapters 4 to 8.

It is important to remember that the distancing and preoccupied patterns are, in their milder forms, normative in situations of safety. However, among clinical and especially referred populations, it is most common to see the concerning and endangering aspects of type 'A' and 'C' strategies. The way in which the DMM describes the increased complexity of the type 'A' and 'C' strategies amongst populations exposed to greater risks and increased danger, as described above, is particularly helpful. By depicting these strategies along a continuum from normative to endangering, the DMM gets beyond the secure versus insecure debate.

Figure 1.6 Crittenden's dynamic-maturational model of attachment (adapted version, showing relevant characters found in Chapters 4 to 8)



Another advantage of the DMM is its emphasis on adaptation and change, which reflects Bowlby's (1971 and 1988) commitment to a systemic view of relationships and the importance of context in understanding behaviour. The dynamic nature of the DMM also offers a hopeful message about the potential for change, particularly through containing and attuned relationships. One way of thinking about goals of psychological treatment in relation to the DMM would be to say that progress would be represented by 're-organising' the mind in the direction of the integrated 'B' pattern (even if one moves towards 'B' this would be progress, even if never fully organising a 'B' strategy).

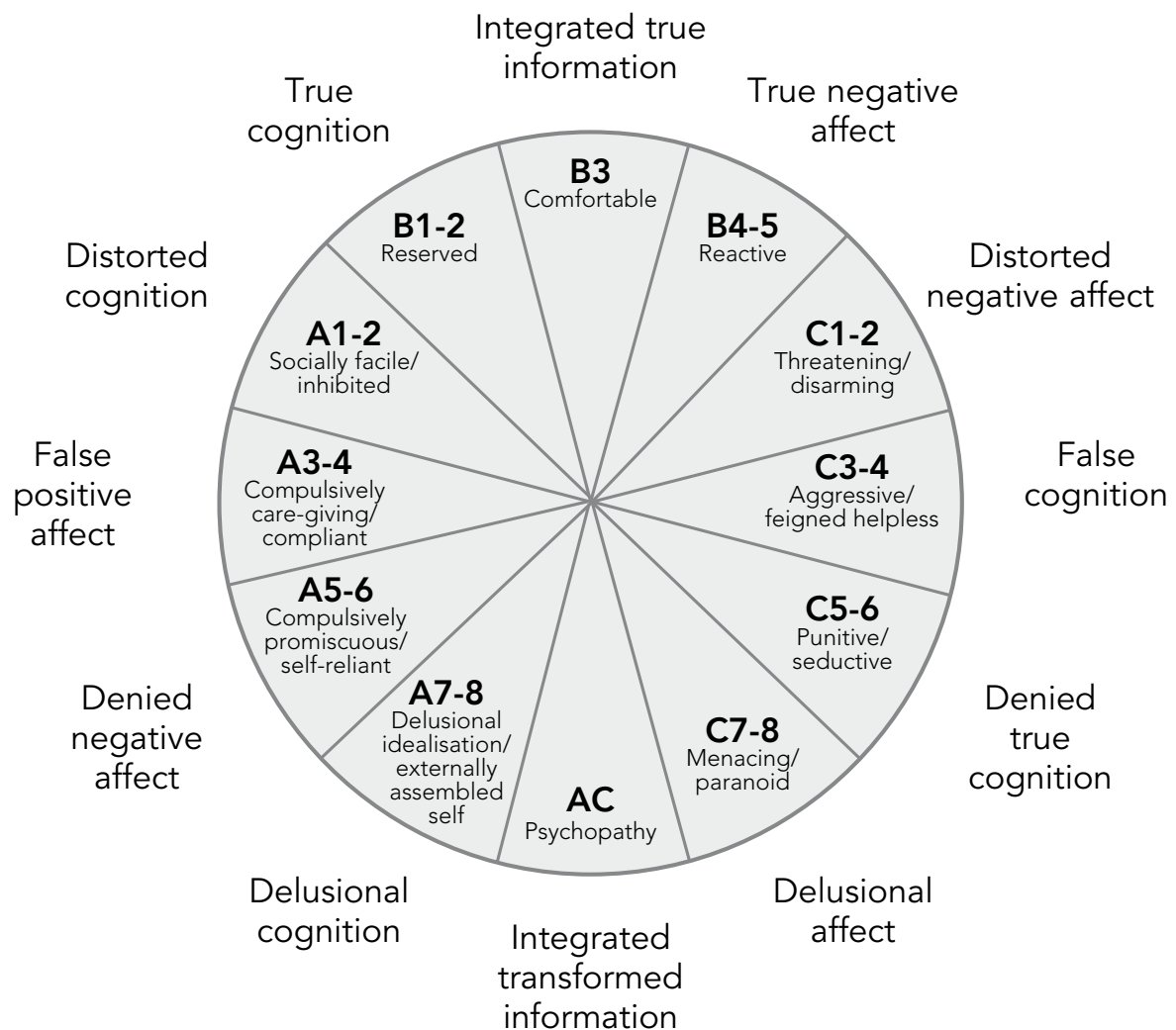
Finally, it should be remembered that these more severe patterns may be considered strategic and adaptive in situations of danger, whether this arises from interpersonal factors, or national crisis such as war, forced migration, famine, disease, earthquakes or hurricanes. This reflects Crittenden's (2008) central idea that attachment strategies are self-protective responses to a dangerous or unpredictable environment. Thus, all attachment behaviour can be considered purposeful or functional to the individual at the time it is first displayed, even if the same behaviour is later problematic or harmful to others (ie. when it becomes maladaptive).

The version of the DMM in Figure 1.6 is a simplified version for the purposes of this guide. The full version of the DMM (see Figure 1.7) includes a number of additional features which give more complete detail about the sub-classifications of the 'A', 'B' and 'C' strategies, and outlines in greater detail the ways in which information is transformed in the concerning and endangering parts of the model. Indeed, Crittenden includes several sub-classifications that are even more extreme than the 'endangering' category we have listed here. On the 'A' side of the model, these strategies are known as 'delusional idealisation' (ie. of the attachment figure) and 'externally assembled self'. These are the most extreme forms of the 'A' pattern. On the 'C' side of the model, the strategies become highly distorted and are characterised by extreme menace and delusional paranoia. These are the most extreme forms of the 'C' pattern.

What is particularly important to note about the DMM is that it allows for a highly flexible 'mixing' among the strategies, recognising that people and their strategies are complex and that many people will have blends of 'A' and 'C' strategies, some in a more integrated way than others. Indeed, the 'B' pattern itself is a mix of 'A' and 'C' strategies, but in an integrated way. The model also incorporates an attachment-based conceptualisation of psychopathy.

This guide does not have sufficient space for us to provide full coverage of Crittenden's elegant model, particularly the extreme patterns at the 'bottom' of the circle. Readers who wish to learn more about the DMM are encouraged to read Crittenden (2008) or Crittenden and Landini (2011), or visit www.iasa-dmm.org.

Figure 1.7 Crittenden's dynamic-maturational model of attachment (full version, courtesy of Dr Crittenden)



Disorganisation

Thus far, we have not mentioned the impact of unresolved trauma and loss on attachment strategies. However, it will be recalled that in addition to the three main attachment strategies ('A', 'B' and 'C'), the Strange Situation Procedure identified a group of children who were 'unclassifiable' and who were later reclassified by Main and Solomon (1990) as exhibiting a 'disorganised' response. This occurs when there is no discernable pattern to the person's self-protective strategy and may emerge when a child's attachment figure is frightened, frightening, traumatised or disorganised themselves (or some combination of all these) – in effect, they are both *unpredictable* and *the cause of the distress*. The child faces an unsolvable dilemma in trying to gain comfort and safety from the very person who is causing their distress. The result is wildly fluctuating behaviours, including violent or provocative outbursts or incongruent actions that try simultaneously to approach and avoid the attachment figure (for example, sitting on the carer's knee while turning away and grimacing, or physically lashing out,

which is both pushing away and making physical contact). Hence the child is subject to deeply conflicted impulses, resulting in their mental processes and external behaviour becoming *disorganised*. Children who have been exposed to such experiences are at particular risk of emotional and behavioural problems. Indeed, Howe (2005) points out that the key distinction is not between secure ('B') and insecure ('A' and 'C') attachments, but rather between *organised* (ie. the 'A', 'B' and 'C' patterns) and *disorganised* attachment states.

It is important to note that there is wide variation in the attachment field about how broad a category the 'disorganised' designation should be. Some authors find richly strategic patterns in highly distorted strategies among maltreated populations (Crittenden, 2008). For other authors, as many as 80% of clinical populations are classified as having a disorganised strategy. In Crittenden's dynamic-maturational model of attachment, 'disorganisation' is a far smaller category and is conceptualised as only one of a number of ways that the mind copes with unresolved trauma and loss. (Other ways that the mind may find to cope with unresolved trauma and loss include blocking, dismissing, displacing or becoming preoccupied with the event. See Table 1.3) Looked at in this way, disorganisation is not considered a 'pattern' of attachment, but is instead considered a 'modifier' of the person's underlying attachment pattern. This is an important distinction, because disorganisation, in this conceptualisation, is seen to modify an existing strategy which is organised, rather than being a strategy in itself. This is a hopeful message to give to clients and also to carers, parents and practitioners.

To sum up: we see much merit in the dynamic-maturational model of attachment because it offers a comprehensive model that helps us understand even the most extreme or endangering forms of human behaviour and mental processing as being functional and comprehensible.

Some unresolved questions

While there has been considerable progress in understanding attachment, there remain important areas of debate within the attachment field. Some of these areas of debate include: the use of varying terminology and models by different theorists, researchers, academics and practitioners; the long-term impact on behaviour and relationships of 'A' and 'C' patterns; the interaction between genes, temperament, attachment and environmental risks; the prevalence of disorganisation, and what this term means; the use of different procedures to assess attachment; the use of differing frameworks for interpreting discourse; how attachment strategies change and evolve through life; and how different attachment patterns derived from different attachment figures are integrated.

Further reading

If you are interested in a review of these issues, see Thompson and Raikes (2003) or Barrett (2006).

Conclusion

This chapter has provided an overview of the origins, development and core elements of the balanced ('B'), distancing ('A') and preoccupied ('C') attachment strategies. It has located these within an ecological-transactional model of development and the dynamic-maturational model of attachment.

Some points to remember:

- Attachment is a self-protective strategy to respond to perceived threat or danger, which is underpinned by information processing. Therefore, external attachment patterns reflect the internal processing of information.
- Attachment behaviour has a purpose in maximising protection or comfort.
- Attachment strategies exist on a continuum from normative to endangering.
- Collaborative, contingent, attuned care-giving is essential for developing goal-directed partnerships and the crucial capacity to *mentalise*.
- Attachment relationships shape and are shaped by the brain.
- According to the ecological-transactional model, attachment strategies exist within the wider context of culture and society.

Questions for review

Can you describe ...

- » the origins and importance of attachment theory?
- » how attachment theory sits within the ecological-transactional model of human development?
- » how patterns of information processing underlie attachment strategies?
- » the three main attachment patterns ('A', 'B' and 'C'), how they develop during maturation, and how they function?
- » some of the risks for adults (including parents) who have a concerning or endangering 'A' or 'C' strategy?
- » the key aspects of the dynamic-maturational model of attachment, and how it incorporates sub-classifications within the 'A', 'B' and 'C' patterns?
- » how 'disorganisation' is seen by different theorists and researchers?