

ADULT ATTACHMENT

Attachment is a reciprocal process. It is important to look not only at the attachment status of the child but, also, at the attachment status of adults who must “lead the dance” with children. Attachment patterns for adults develop from childhood and usually remain consistent over time without intervention. Barriers that inhibit attachment can come from either the child, or the adult.

There are many ways to assess the attachment styles of adults. One tool is the Adult Attachment Interview, which psychologist Dr. Mary Main and her colleagues at U.C. Berkeley developed, to assess adults’ patterns of attachment (Main, Kaplan, & Cassidy, 1985). Dr. Main’s work grew out of and extends the work we have discussed by Ainsworth. The instrument uses a set of questions regarding the respondent’s early childhood, but it is the way the answers are formulated, rather than the factual content, that is seen as significant and is scored. The interviewer is classifying the parent’s state of mind, listening for coherent, consistent discourse with the interviewer, not just recall, but also the ability to maintain a theme.

The parent’s ability to access and explore their early attachment experiences will give an indication as to the pattern of attachment they will be replicating with their child. If a parent has a history of unresolved trauma, he or she may appear frightened or frightening to the child. In that moment, the parent’s state of mind is overwhelming to the child and the child will remain frozen in a fear or terror state without resolution. This level of disconnection is extremely distressing to a child. It is important to note that the young, immature mind of a child cannot internally regulate its intense states of arousal, fear or distress.

Although the Adult Attachment Interview was not designed specifically for adoptive parents, foster parents or relative caregivers, it has implications for our work in the “matching” process and in helping parents and children attach. The structured interview is complex and requires special training to conduct. However, some of the questions can be used during the family assessment process, or in therapy, to help shed light on how parents may handle, or are handling, their role in the attachment dance with children. If we do not know the history of the parents we are working with, then we are working in the dark. Helping adults know and understand how they handle intimate connections also gives them choice in how they will work to attach to their adopted child.

What we are looking for are not just the facts of the adults’ lives but also their interpretations of these facts or events in their lives today. A parent may recall abuse, but their way of making sense of it can put them in the “secure” category. When asking parents these questions, we are listening for ambiguities or discrepancies in their answers/responses, minimizing or flooding of emotions. We are listening to the narrative of their life and assessing whether it is a coherent or incoherent account.

The Adult Attachment Interview (AAI) measures attachment security based on how coherently the person can discuss attachment experiences in childhood. Those individuals who are less coherent in discussing their family of origin typically express more negative affect, less respect, less openness, more avoidance, and less willingness to negotiate when interacting



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with other family members, including children. The new focus on adult attachment has demonstrated the importance not only of family therapy over individual work but also intergenerational family therapy when possible.

CATEGORIES

SECURE/AUTONOMOUS

Adults who are securely/autonomously attached value relationships and are objective regarding their relationship experiences. Although not all of these adults report having trouble-free childhoods, they have been able to work through past issues, effectively communicate their experiences, and show forgiveness and even compassion. These parents are more likely to have children who are securely attached.

DISMISSING

Adults in this category dismiss attachment issues as important or relevant. Their reporting is inaccurate, defensive, and reflects an idealized version of events. These parents avoid discussing painful experiences or stressful emotions and are more likely to have children who are avoidantly attached.

PREOCCUPIED

Adults in this category are preoccupied with unresolved issues in early childhood or present relationships with their parents. They are angered by these experiences and focus on them instead of addressing current relationship issues. These parents are more likely to have children who are anxiously/ambivalently attached.

UNRESOLVED

Adults with unresolved attachment experienced traumatic early childhoods and have not come to terms with their experiences. They might disassociate to avoid negative memories and emotions, and are not able to accurately relate their experiences. These adults may recreate their own childhood trauma (abuse, neglect, etc.) with their own children and are more likely to have children with disorganized/disoriented attachment.

References

- Levy, T.M., & Orlans, M. (1998). *Attachment, trauma, and healing: Understanding and treating attachment disorder in children and families*. Washington, D.C.: CWLA Press.
- Main, M. (2000). The organized categories of infant, child, and adult attachment: Flexible vs. inflexible attention under attachment-related stress. *Journal of the American Psychoanalytic Association*, 48(4), 1055-1096.

ATTACHMENT CATEGORY CORRELATIONS

INFANT

ADULT

SECURE → SECURE/AUTONOMOUS

AVOIDANT → DISMISSING

ANXIOUS/AMBIVALENT → PREOCCUPIED

DISORGANIZED/DISORIENTED → UNRESOLVED



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References

Ainsworth, M., Blehar, M., Waters, E., Wall, S. (1978). *Patterns of attachment: A study of the strange situation*. Hillsdale, NJ: Erlbaum.

Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood and adulthood: A move to the level of representation. In I. Bretherton & E. Waters (Eds.), *Growing Points of Attachment Theory and Research. Monographs of the Society for Research in Child Development*, 50 (1-2, Serial No. 209) 66-104.