

Insecure Attachment Styles: "Blueprints" that Need to Change so, Children can Heal and Grow!

By Arleta James, PCC

These styles of attachment defy and defeat an overarching family goal—fun, happy family interactions and close, loving family connections. At the Attachment and Bonding Center of Ohio we specialize in altering these insecure styles of attachment. Your son or daughter can heal and grow! Closer family connections are possible!



Insecure Attachment: Overview and Example

Inopportunistly, many adoptees arrive in the family having been deprived of *enormous* amounts of emotional and physical nurturing in the months or years prior to the child's adoption. Or, their sense of touch, love and affection may have become skewed because abuse has taught them that affection is sexual or that being beaten is the way touch is administered from a parent to a child. Their style of attachment and their ability to navigate relationships reflect their traumatic experiences and is *insecure*. Of course, parents want their son, daughter and sibling-to-be to have the capacity to give and receive affection and to know that their mom, dad, brother and sister are reliable. Yet, adoptive family members need to understand that there might not be "love (attachment) at first sight!" Attachment is a process that takes Mother Nature 18-36 months to complete! In that time period, the healthy parent works at forming that attachment—feedings at 3:00 A.M. are work—albeit pleasurable work! The child with a history of complex trauma may not simply move into the home and form an attachment. Trauma has distorted the blueprint! In some instances, the relational template was fractured hours or days after the abandonment, or even pre-natally by drug and/or alcohol exposure. We aren't just talking about the older arrivals! Even infants can enter a family with attachment

1 Arleta James, PCC, ABC of Ohio, 440-230-1960, arletajames@gmail.com, www.arletajames.com, *Welcoming a Brother or Sister by Adoption: From Navigating New Relationships to Building a Loving Family* (Jessica-Kinsley Publishers - <http://www.jkp.com/>, 2013)

interruptions! Therefore, forming an attachment to your adopted son or daughter—and between your resident sons and daughters—may take work—a lot of it!

Clay was adopted from India at age 2½. He entered his adoptive home with a view of adults as uncaring because of his pre-adoptive abandonment and institutional deprivation. He felt as if there was something wrong with him, and that this inherent defect caused the lack of nurture he received in the orphanage. He also thought this had led his birthmother to abandon him. So, he sought to make himself unlovable to his new family. He refused to shower. He hoarded food that would spoil in his bedroom. Foul odors would permeate the home. He would often wear the same clothes day after day. He spent long periods of time in his room away from the family. He refused to participate in family fun such as watching movies or playing cards.

Clay's parents sought years of professional services to help Clay form meaningful relationships with them and their younger birth son. Finally, when he was age 13, a successful course of therapy was implemented. Today, Clay seeks interaction with the family. His sense of self has improved significantly. He no longer keeps bologna under his bed and he bathes daily! Board games are becoming a weekly event for Clay and his little brother.

This example illustrates that attachment difficulties impact each member of the family. Clay's parents were sad that he could not enjoy being with the family. They lamented the child they had hoped for when they traveled to India. There was anger as well for the negative behaviors that daily affected the running of the family. He was unable to reciprocate affection. He cringed each time he was hugged by his mother, father or brother. Overall, he paid very little attention to his younger brother, who desperately wanted Clay to play with him. Clay and his family lived under these circumstances for approximately ten years before finding an effective treatment. In essence, they worked for ten years to develop a relationship with their son, and between their sons!

Insecure Attachment Styles

Four main styles of insecure develop when a care giver and an infant don't attune well. Newcomers arriving with a pattern of insecure attachment will adversely impact parents and the children already present in the family at the time of the adoption.

Avoidant Attachment

This child's model of relationships is that parents or others are not all that useful in meeting needs. So, there is no point in seeking assistance. Connecting is limited; this adoptee refrains from engaging in meaningful interactions. There is little willingness to explore the environment or to play. The desire—early in life—to have an emotional connection was so frustrating that this child learned to tune out in order to survive

the rejecting, neglecting relationship. Family members of children with avoidant attachment commonly report,

"He never asks for any help."

"He takes what he wants without asking."

"He stares when he wants something. He won't ask."

"He never asks politely. It is always a demand. 'I'm thirsty.'"

"He is always bored. He can never think of anything to do."

"She doesn't play."

"We came home from our birth son's band concert. He didn't even act like he noticed we had been gone."

"He can be alone in his room so long that we forget he is there."

"As soon as someone starts talking, she glazes over."

"He's always where the family isn't. If we're watching a movie, he's in his room. If we're in the front yard cleaning up, he's behind the house."

"She wanders off when we are shopping or she walks way ahead of us."

Ambivalent Attachment

This attachment style has two subtypes. One is demonstrated by a child who is anxious or "clingy." This child fears the parent may disappear at any moment. These children display considerable distress when separated from parents, although they often aren't comforted when the parent returns. In fact, the returning caregiver may be met with anger and a rejection of their efforts to re-connect with the adoptee. The focus of this child is on the parent. He wants to dominate the parent's time and attention.

Parents of these ambivalently attached children may arrive at therapy saying,

"I can barely go to the bathroom. She is at the door wondering if I am in there!"

"We try to go out with friends and he acts so 'bad' the babysitter or our other kids call. We have to return home."

"She follows me throughout the house. If I turn around, I practically run into her."

"She can't sleep in her own bed at night. She has to get in bed with us, or we find her on the floor next to our bed."

"He won't go to sleep until my husband, who works second shift, gets home from work. He has to know we are both in the house before he will go to bed."

"She can't go to a sleepover."

"She has to be with us at church. She won't stay in the Sunday school class."

"She interrupts when any of my other children try to talk with me."

"If I am trying to help one of the other kids, he'll create such a disturbance that I have to tend to him."

A second type of ambivalent attachment is seen in the child who appears to "push" and "pull"—"I want you." "I don't want you." These children had birthparents or caregivers who exhibited inconsistency in

responding to the child's needs; sometimes they were unavailable or unresponsive, and at other times they were intrusive. The caregiver misread the child's signals. Thus, internally, this child is uncertain as to his own needs and emotional state. This is a child who may not soothe easily, even when the parent is providing exactly what is necessary to aid in calming the son or daughter.

A parent of this type of ambivalently attached child may state,

"She asks for help with her homework, and when I come to help her she tells me I am doing it wrong. 'That isn't what the teacher said.'"

"When I have bananas, he doesn't want one. If I don't have a banana, look out, there will be a huge fit."

"Getting dressed for school is so difficult. We pick out an outfit and a few minutes later it isn't right. He is screaming and shouting that he can't possibly wear the red shirt! It is so hard to help my son and daughter get ready for school with all of his chaos.

"She asks for a hug and when I give it to her, she pinches me or hugs so tight I have to ask her to let go because she is hurting me."

"We have a great time making brownies, and then she won't eat any with us."

Disorganized Attachment

Disorganized attachment is a mix of the attachment styles discussed above. These children lacked the ability to be soothed by their birthparents because these early caregivers were a source of fear—abuse. These children must cope with the loss of their birthparents on top of resolving the terrifying events that most likely led to the separation from the birthparents. Children with disorganized attachment have been found to be the most difficult later in life with emotional, social and cognitive impairments (Siegel, 1999).

These parents report many of the themes as pointed out in the ambivalent and avoidant attachment descriptions. Yet, these parents also report, "He can do something that just incenses me or his brother. There is a big fight. Then, five minutes later he asks me what we are having for dinner. It's like nothing happened! He can't figure out why we are still angry!" Or, "When once of us is infuriated with him, he smiles. We all struggle to control ourselves! Many abused children utilized smiling or hugging the past perpetrator as a defense against further abuse. They thought, "If my abuser is happy with me, maybe he won't hit me today." When triggered, this coping mechanism appears again in the adoptive family.

In conclusion, these insecure styles of attachment can be influenced to become more secure. [Call ABC of Ohio](#) today and initiate the application process. You and your son or daughter can build a closer connection!