

## **Insightful Parents/Secure Children**

By Joyce Parker, Ph.D., LCSW

Is it inevitable that our own childhood crises and traumas determine how we parent our children? This is a question that has plagued parents and professionals since Freud highlighted the influence of childhood experiences on adult personality and psychopathology. Recently, a patient of mine expressed his fear of having children after experiencing a particularly painful insight into the way that his mother had unwittingly undermined his self-esteem. He did not want to unconsciously hurt his child as his mother had hurt him. Mary Main and her associates at University of California, Berkeley have provided us with some intriguing reassurance to this question. Main's field of expertise is child and adult attachment. Her work builds on John Bowlby's Attachment Theory developed in the period just after World War II. Attachment is the attempt of infants and children to maintain proximity with their parents. Bowlby believes that this propensity is instinctual and serves the purpose of protecting infants and children from the dangers of being alone in an environment that can be threatening and/or unsafe.

Their work postulates that there are 4 styles of attachment that children may develop depending principally on the ways that attachment figures respond to their needs and fears. Children are classified secure if when frightened or fearful they seek out the comfort of their attachment figures and are calmed by them. These children will resume exploration of the environment and play happily. Secure children have a secure base from which to explore and are comfortable turning to their attachment figures when feeling fearful, frightened, ill, or needy. The parents of securely attached children are responsive to their needs, are reliable in reactions to them and are available when needed to comfort and soothe them. These parents also hold their children carefully and tenderly and interact with them in mutually pleasing ways. Approximately 60% of children are classified by researchers as securely attached. Children who are securely attached tend to be better adjusted, more socially adept, and more successful in school than insecurely attached children.

There are three styles of insecure attachment, each associated with different response styles of the parent or attachment figure to children's proximity seeking behaviors. Each of these styles represents a failure on the part of parents to respond adequately to the attachment needs of their children. Children with an avoidant style of attachment do not usually become agitated when the parent leaves the room in a strange situation and they often continue to play with toys. When parents return after a separation these children do not run to them for comfort, but usually remain occupied with play. This style is associated with parental rejection of attachment behaviors. Researchers believe that avoidant children are not less fearful than securely attached children, but have been taught by experience that their attachment figure will reject comfort-seeking behaviors. So they contain anxiety by focusing on inanimate objects. There is a type of denial of feelings that takes place. The research shows that they look unconcerned, but physiologic responses to fear are detectable.

The children with an anxious/ambivalent style of attachment are excessively focused on feelings and the relationship with parent. They tend to be clingy and demanding. Yet when distressed they resist a parent's attempts to calm and soothe them and may become more agitated. They do not readily explore a strange environment. Rather they stay close to the parent, often looking uncomfortable and frightened. Anxious/ambivalent attachment is associated with inconsistency and insensitivity in the way parents respond to children's need for comfort and security. The parents tend to be uncomfortable with holding their children and inept in relating in face-to-face interactions. These parents seem to discourage autonomy and are unable to provide reassurance so children can explore a strange environment without anxiety.

In all three styles of attachment so far described, the attachment behaviors of the child are organized around specific responses of the parents. The three styles described above can be considered adaptive strategies of children to the need for comfort in anxiety producing situations. They are responses to the way their attachment figures respond to them. The styles provide comfort for the children, albeit in the two insecure styles, that comfort is not good enough. The last attachment style is one that arises from the observation of infants who exhibited an array of behaviors that were “inexplicable, odd, disorganized, disoriented or overtly conflicted in the parent’s presence” (Main and Hesse, 2000, p. 1099). These children did not seem to know what to do when they were distressed or had need for the parent’s comfort. They engaged in contradictory behaviors such as reaching their arms out to the parent while backing away. Their behaviors appeared undirected or misdirected or their movements and expressions were incomplete or interrupted. They might freeze or slow their movements in response to their parent’s attempt to approach them. Or they showed apprehension when parents approached. This disorganized/disoriented style of attachment is in response to parents who frighten their children when they are seeking comfort and security. It has been determined that 80% of infants in maltreatment samples have the disorganized/disoriented style of attachment. But Main has also found that some parents with a traumatic childhood who do not abuse their children also can elicit this style of attachment in their children. These parents may unconsciously respond to their children in threatening or inappropriate ways that confuse and disorient their children in their attempt to seek proximity and comfort. They may be bizarre or inappropriate in their behavior or response to their children’s need for reassurance. The significant issue is that the children in this group experience frightening situations without being able to find a solution in their attachment figure.

So how does attachment research provide parents with reassurance of their ability to raise emotionally healthy children in spite of parental childhood histories that were not so stable or healthy? Main developed an Adult Attachment Interview for parents in an attempt to differentiate parents who had securely attached children from those who had insecurely attached children. The protocol first asks the parents for a description of their relationship with their own parents during childhood. Secondly, they are asked for five adjectives or phrases that describe their childhood relationships with their mother and father. Lastly, the parents are asked to support each adjective with memories and descriptions from their childhood. Main found that there were primarily three categories of responses that distinguished parents in relation to their child’s attachment style. These were Secure-Autonomous, Dismissing, and Preoccupied. These categories were descriptive of the different states of mind of these parents.

The Secure-Autonomous parents clearly valued attachment relationships and had an objectivity in their descriptions and evaluations of these relationships. Some of these parents described easy childhoods. Others described very difficult childhoods. But all had securely attached children.

Apparently, it was not the type of childhood these parents had that differentiated them from those parents who had insecurely attached children. Instead it was the way they had integrated their childhood into an understanding of themselves. They appeared to have a subtle compassion for others that probably developed from their acceptance of themselves and their backgrounds. This may have helped them to be sensitive and responsive to their own children.

The Dismissing category of parents devalued the effects of attachment related experiences. They tended to have children who were avoidant. They preferred not to discuss negative life events. They minimized the impact such events had on them. They described their childhoods as mostly positive but could not support these descriptions with details of events. Some even actively contradicted their evaluations with descriptions of events that were negative or traumatic.

The Preoccupied parents appeared very concerned in the present with early relationships or current unhappy relationships with their parents. They continued to have strong feelings about events from the past. But they could not clearly describe or evaluate them. These parents tended to have children who were anxious/ambivalent. There were also some parents who according to Main, “exhibit(ed) disorganization or disorientation in discourse or reasoning while attempting to discuss potentially traumatic events” (Main and Hesse, 2000, p. 1111) They were classified Disorganized/ Disoriented, as they did not fit into any of the other three categories. One woman believed that she had been responsible for the death of a gardener when she was a little girl because she had thought about his death. Main considered this a lapse in reasoning. Main also described some parents as showing lapses in discourse. An example she gave was of a woman who discussed the trauma of taking her ill parent to the hospital by describing in irrelevant detail what she was wearing and what streets they took to get there. These parents tended to have children in the disorganized/disoriented attachment category.

Thus it is clear from Main’s findings that different states of mind in relation to attachment can predict different patterns of care giving. These different states of mind are related to how well an adult has integrated the important influences of childhood, particularly the difficult or traumatic ones. So it appears that we are not condemned to repeat the past. We can rise above our early influences by developing a coherent narrative. A coherent narrative is a way of integrating experience that allows us to evaluate ourselves and others with sensitivity and acceptance. That knowledge somehow translates into sensitive and responsive care giving. This is a testament to what psychodynamically oriented therapists have been saying all along. Insight and understanding of the important influences in our early lives are essential to mental health. Now we may go one step further according to attachment research; parents who understand the important influences in their childhood are more likely to have children who are emotionally healthy and secure.

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