



COMPLEX LEARNING DIFFICULTIES AND DISABILITIES RESEARCH PROJECT (CLDD)

ATTACHMENT DISORDER

What is attachment?

Attachment theory is the study of how we attach to people in the early stages of our development, and its impact on how we view ourselves and develop relationships throughout our lives (Golding, 2008). Attachments and relationships are hugely important in our lives and help us to maintain our emotional wellbeing.

What are attachment disorders?

Attachment theory is the study of how we attach to people in the early stages of our development. This has an impact on how we view ourselves and will affect our ability to develop relationships throughout our lives. Attachments and relationships are very important, as they help us to maintain our emotional wellbeing. There is a number of attachment patterns, and researchers and writers have used different terms to describe these.

Possible indicators of attachment patterns

Golding (2008) offers the following categories as a framework for understanding attachment behaviour:

| Attachment style | Parenting style | Attachment behaviour |
|--|---|--|
| Organised secure attachment | Sensitive and empathetic | Enables the child to use the parent as a secure base, developing patterns of behaviour that allow the child to search their environment actively, but also to seek comfort from that secure base when needed |
| Organised insecure attachment <i>1. Ambivalent-resistant attachment</i> | Inconsistent parenting, with parents/carers having difficulty in attuning to the child's needs, resulting in inconsistent and unpredictable responses | Results in the child maximising their attachment behaviours to ensure they receive care. The child cannot predict when someone will be emotionally available for them, so they attempt to ensure someone is there for them all the time. Their emotions drive behaviours such as: <ul style="list-style-type: none">• being demanding and clingy |



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- displaying emotional distress to apparently minor events
- resistance to being soothed or comforted
- displaying helplessness with low self esteem and low expectations
- social incompetence and poor peer relationships.

2. Insecure avoidant attachment

Parents/carers find the emotional needs of a child demanding, and cannot support that emotional need. This results in the child expecting the parent to back away when emotions are expressed.

The child minimises their behaviour to ensure that the parent/carer remains close and keeps the child safe. The child relies on knowledge to guide behaviour which includes:

- being passive and withdrawn behaviours
- displaying little emotional distress
- self sufficiency.

Disorganised attachments

The parenting style is frightening to the child or the parent is frightening.

The child experiences conflict between where they would normally seek safety and the source of discomfort and fear; this can result in:

- distress with little provocation within relationships
- expression of violent anger
- anxious dependency
- a dislike of being touched/held.

It is important to remember that these patterns may also be symptomatic of other disorders and it is important to acknowledge differences in gender and cultures. Always refer to clinical intervention for formal diagnosis and further support.

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Separation anxiety

As well as difficulty forming attachments, some children have separation anxiety disorder (SAD), which means they are reluctant to be separated from major attachment figures. This leads to the following behaviour:

- extreme distress when separation from home or major attachment figures occurs or is anticipated
- excessive worry about losing, or possible harm to, a major attachment figure refusing
- to go to school or elsewhere because of fear of separation
- difficulty sleeping without the attachment figure near
- physical symptoms such as vomiting or headaches when separated or anticipating separation
- poor social skills within peer groups.

It is important to take into account that a level of anxiety is expected when a child is separated and this can also be affected by a number of factors such as illness, grief or a family event. It may also be symptomatic of the child's disability.

Implications for teaching and learning

Learners in the **avoidant attachment** group may:

- show an apparent indifference to uncertainty in new situations
- deny the need for support and help, and avoid proximity to the teacher
- need to be autonomous and independent of the teacher, and will be hostile towards the teacher when directed towards a task
- have limited use of creativity
- be likely to underachieve and have a limited use of language.

Learners in the **resistant-ambivalent attachment** group may:

- have high levels of anxiety and uncertainty
- show a need to hold on to the attention of the teacher, and high dependency on the teacher in order to engage and learn
- have difficulties attempting to complete tasks if unsupported, and be unable to focus on the task for fear of losing the teacher's attention
- need transitional objects to be provided when the teacher is out of the room (eg Can you hold this for me until I come back?).

Learners in the **disorganised attachment** group may:

- become more controlling as they become more anxious
- be unwilling to accept authority within the school or allow themselves to be taught
- face difficulties in accepting 'not knowing', which can create overwhelming feelings of fear and humiliation

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- be most likely to appear at a very immature stage of learning and be underachieving; they will have difficulties with creativity and conceptual thoughts
- need reliable and predictable routines
- benefit from having a secure base within the room (this could be a safe box or a physical object) to begin the initial stages of making secure attachments
- benefit from teachers who offer a high level of emotional support and positive reinforcement. This in itself can be a difficult and draining task for the teacher due to the behaviours these learners can exhibit (the learners themselves experience a high rate of fostering breakdown due to this); support should be offered to the teacher as well.

Implications for teaching and learning

Feeling safe in the classroom is an important aspect of reducing anxiety for learners with attachment disorders. This can be achieved by focusing on:

1. The environment

The learner must feel safe within the environment. The environment needs to be predictable and reliable. This may be achieved with the following strategies:

- a schedule of what is expected of learners that day, such as 'now' and 'next' schedules
- a display board showing who is in, with pictures of staff whom learners can ask for help
- ensuring learners have their own personal space within the classroom
- limiting demands when the learner is anxious and making targets achievable in order to reduce stress.

2. Relationships

When disciplining learners with attachment disorders it is important to retain firm boundaries and expectations. However, when learners are disciplined, they may experience a sense of shame that is amplified in attachment disorders. It is important to be aware of this and to convey to learners that you understand how they feel. Teachers need to remain calm when learners are distressed or volatile.

It may help to reflect back to them what they are saying, or provide appropriate physical proximity. Positive interactions should be provided at every available opportunity, in order to increase self worth and self esteem.

Turn taking tasks can act as a model of how two separate people can work alongside one another. Also, the relationship between teachers and learners can be made stronger by games with clear boundaries and rules, together with a high degree of structure in order to enable close proximity without causing a defensive reaction. Activities must have a clear start and end, and the expectations need to be clear, with all materials at hand for that task.

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3. Therapeutic interventions

Learners with attachment disorders benefit hugely from therapeutic input, such as music, art, play or drama therapy. Speak to external agencies about strategies, suggestions and support for particular learners, and make sure there is continuity if different specialists are working with them.

Key references

A full reference list can be found on the Information Sheet relating to this topic.

Bowlby, J (1989) *The Making and Breaking of Affectional Bonds*. London: Routledge Classic Publications.

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Lewinsohn, P M, Holm-Denoma, J M, Small, J W, Seeley, J R and Joiner Jr, T E (2008) Separation anxiety disorder in childhood as a risk factor for future mental illness, *Journal of the American Academy of Child and Adolescent Psychiatry*, 47 (5), 548–555.