



TeachTrauma

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TRAUMA'S IMPACT ON ATTACHMENT

MENU

Children who are traumatized are at risk for developing complications with attachment.

Attachment

According to attachment theory created by John Bowlby [19], attachment patterns are “formed in the context of early experiences with caregivers and maintained by later interpersonal relationships in adulthood” [4].

- Over time, attachment patterns become internalized and shape how individuals see the self and others in close relationships, which in turn influence how individuals perceive and cope with stress through the lifespan [4].

A researcher named Mary Ainsworth identified three categories of infant attachment styles: secure, insecure avoidant, and insecure ambivalent/resistant [20].

- Securely attached babies and children “feel confident that the attachment figure will be available to meet their needs. They use the attachment figure as a safe base to explore the environment and seek the attachment figure in times of distress” [21].
- Insecure avoidant children “do not seek contact with the attachment figure when distressed. Such children are likely to have a caregiver who is insensitive and rejecting of their needs. The attachment figure may withdraw from helping during difficult tasks and is often *unavailable* during times of emotional distress” [21].
- Insecure ambivalent/resistant children fail to “develop any feelings of security from the attachment figure. When distressed they are difficult to soothe and are not comforted by interaction with the attachment figure. This behavior results from an *inconsistent* level of response to their needs from the primary caregiver” [21].

Information About Trauma

[What is Trauma?](#)[The Importance of Teaching Trauma](#)

Types of Trauma

[Sexual Assault](#)[Child Maltreatment](#)[Domestic Violence](#)[Community Violence](#)[War Related Trauma](#)[School Violence](#)[Medical Trauma](#)[Traumatic Loss](#)[Natural Disasters](#)

The Impact of Trauma

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Research has also shown that trauma involving caregivers may significantly disrupt caregiver-child attachment, leading to insecure or disorganized attachment.

Insecure Attachment and Trauma

Inconsistent or unavailable caregivers disrupt children's formation of secure attachments and promote reliance on ineffective emotion regulation strategies, leading to the formation of insecure attachment [26].

- Early life traumatic events, such as child maltreatment by caregivers, can disrupt the formation of secure attachment [4].
- Longitudinal research suggests that insecure attachment may increase over time among individuals with severe trauma histories and disrupt the developmental process [27].

Insecure parental attachment may lead to negative consequences including increased levels of stress hormones, negative views of themselves and others, and poor regulation of emotion and and/or behavior [1].

- The caregiver's failure to provide sufficient safety and protection may also lead to problems in cognition, attention, learning, systems of meaning (e.g., doubting life's meaning, questioning one's spiritual or religious beliefs), and relationships [3].
 - In particular, competence and satisfaction in romantic relationships may also be affected if the attachment relationship with the caregiver was poor [28].
- Inconsistent and inadequate attachment relationships may also lead to externalizing behaviors (e.g., aggression, bullying) that are linked with subsequent conduct problems [1].

As a result of insecure attachment, feelings of fearfulness and helplessness are generally pervasive through the lifespan and are commonly demonstrated in infant and child behavior [16].

- Research shows that fearfully attached individuals are more likely to perceive and interpret events as stressful, which in turn increases their vulnerability to experience adverse psychological symptoms and develop severe psychopathology [25].

The effects of trauma may also be transmitted within relational exchanges that occur between parents and children:

- If a parent has untreated trauma, when the parent re-experiences states of terror or rage, the children may be traumatized by the parent's traumatized state and feel frightened by the parent, rather than soothed by them. Consequently, the children may become traumatized themselves [2].
- Children may exhibit a tendency to block out or constrict feelings of vulnerability and painful experiences as modeled by attachment figures; over time, children may develop problems identifying and managing their own feelings [16].

Adult survivors of childhood maltreatment are more likely to have insecure rather than secure attachment styles [14]. Trauma survivors with insecure attachment report more trauma-related symptomatology in adulthood [4].

- Insecure attachment predicts avoidance of memories of the abuse and avoidant, dependent, self-defeating, and borderline personality disorders in adulthood among incest survivors [12] [13].

- Insecurely attached individuals also show higher depression, distress, and posttraumatic stress symptoms than traumatized people who exhibit secure-based attachment [4] [13].
- Additionally, older adults who experienced their worst trauma in childhood or adolescence report a higher number of traumatic events through their lifespan compared to older adults who encountered their worst trauma in adulthood [24].

Disorganized Attachment, Trauma, and Dissociation

A fourth category of attachment style was later identified as the “disorganized/disoriented” type [22]. Children exhibiting disorganized behaviors did not fit into the other categories of attachment.

- Behaviors coded as disorganized/disoriented included overt displays of fear of the caregiver, contradictory behaviors or affects, misdirected or jerky movements, or freezing and apparent dissociation when approaching the caregiver [23].
- This classification has been found to be a risk factor for later developmental problems and tends to be associated with experiencing trauma such as maltreatment during infancy or childhood [23].
 - In normal, middle class families, about 15% of infants develop disorganized attachment behavior; however, in unhealthy social contexts and in clinical groups this percentage is 2 or even 3 times higher [15].
 - A meta-analysis revealed that 48% of infants classified as disorganized were assessed by social services as having experienced abuse or neglect [23].

Disorganized caregiver-child attachment is associated with increased vulnerability to later psychological difficulties, especially dissociative experiences [2].

- Many dissociative patients may have had disorganized attachment with at least one attachment figure in childhood [8].
- Longitudinal research demonstrates that disorganized attachment in infancy specifically predicts dissociation in childhood and early adulthood [7].
- Experiencing trauma in infancy also has an enduring impact on the maturation of the right side of the brain [11].

Disorganized attachment may result from parental abuse, neglect, and/or frightening, intrusive, or insensitive behaviors [7].

- Disruptive communication with caregivers may also play a role in developing disorganized attachment styles [9].
 - In a longitudinal study of 65 mothers and their infants, mothers of infants with disorganized attachment showed high levels of negative-intrusive behaviors, role confusion, disorientation, and withdrawal from their babies [17].

Parental “frightened and/or frightening behavior” experienced in infancy also leads to an increased vulnerability to dissociative disorders [8].

- Dissociative and helpless or withdrawing behaviors in parents have also been found to predict infants’ disorganized attachment behaviors [23].

- Parents' ongoing experiences of anxiety disorders or forms of social and economic disadvantage have additionally been found to predict disorganized attachment behaviors [23].

Although childhood abuse contributes to the development of dissociative identity disorder (DID), attachment difficulties also likely play a central etiological role in many cases [5].

- Blizard (1997) states, "When a child is dependent for survival on a parent or caregiver who is abusive, the child faces an extraordinary dilemma in finding a way to preserve attachment to the caregiver while trying to survive terrifying abuse" [6].
- Blizard (1997) developed a theory as to why dissociative self-states (sometimes referred to as identity states, parts or alters) are created by the child to survive these abusive situations. Blizard hypothesizes that dissociative self-states may be understood as "overelaborations and personifications of internalized, split, self, and object representations" [6].
 - Because of the severity of trauma, these dissociated self-states are kept separate and dissociated "in order to preserve both the self and the attachment to the "good" aspects of the caregivers while allowing the child to survive by maintaining functioning relationships with the "bad" aspects of the caregivers" [6].

Furthermore, parental loss or other severe life events within the first 2 years of a child's life are also risk factors for the development of dissociative disorders [10].

- Severe life events may affect the parental relationship in the crucial period when attachment develops, and contribute to disorganized attachment, which may increase the likelihood of dissociation in later life [10].
- In particular, a parent's unresolved loss of attachment figures seems to have the potential to influence their infant's attachment style [18].
 - In a study of 52 patients with dissociative disorders and 146 controls, the individuals whose mothers experienced loss or other severe life events within 2 years of their birth were 2.6 times more likely to develop dissociative disorders than those whose mothers did not experience such events [10].

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