

A Brief Explanation of Attachment in Adults

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Attachment refers to a system of behaviors, guided by conscious and unconscious processes, governing a person's ability to balance the need to seek comfort and security with the need to explore (Weinfield, et al., 2008). An infant will generally explore to the extent he or she experiences the caregiver¹ as a *secure base* (Ainsworth, 1963, as cited in Cassidy, p. 8). In this regard, not only is the physical presence of the mother relevant, but also the infant's belief in her physical and emotional availability when needed (Bowlby, 1973, as cited in Cassidy).

Bowlby described the attachment system as operating "from the cradle to the grave" (Mikulincer & Shaver, 2007, citing Bowlby, 1979, p. 129). Early attachment relationships largely influence a person's lifelong relational capacity in at least two ways: First, they become the templates, or *internal working models* (Weinfield et al., 2007, citing Bowlby, 1969, 1982), through which a person views virtually all dyadic relationships. Second, they impact the development of emotional regulation (Weinfield, et al., 2007).

Internal working models are representations of "what to expect from the world and from other people, as well as how [one can] expect to be treated by others" (Weinfield et al., p. 85). They are often unconscious, yet stable, although revisable based on later attachment experiences (Crowell, Fraley, & Shaver, 2008). Importantly, they inform not only a person's view of others, but also, perceptions of self: The responsiveness of the attachment figure is "inextricably

¹ The terms *caregiver* and *mother* are used interchangeably.

associated with a complementary model of the self as effective” (Weinfield et al., 2007, p. 82). This is the case because the child determines his or her relational efficacy by reference to the responsiveness of the parent to the child’s needs.

The second way in which attachment influences adult relationships is through self-regulation. The capacity to tolerate and modulate stressful emotions is not only learned through the caregiver’s repeated interactive regulation of the infant (Weinfield et al., 2007, citing Isabella, 1993, Cassidy, 1994 and Sroufe, 1979, 1996), but is also physiologically dependent on this co-regulation process (Schore, 2003). As Schore describes,

The early social environment, mediated by the primary caregiver, directly influences the final wiring of the circuits in the infant’s brain that are responsible for the future socioemotional development of the individual. The “experience” that is required for the “experience-dependent” growth of the brain in the first two years of human life is specifically the social-emotional experiences embedded in the attachment relationship between the infant and the mother. Attachment is thus the outcome of the child’s genetically encoded biological (temperamental) predisposition *and* the particular caregiver environment. (p. 73)

The most significant period of brain growth occurs between the third trimester and the second year of life (Dobing & Sands, 1973, as cited in Schore, 2003a, p. 72). A primary task of this period is the development of the orbitofrontal cortex, and the connection of the amygdala (and other limbic areas) to this (and surrounding) structures (Schore, 2003a). These connections ultimately determine the individual’s ability to regulate emotion.

This process is considered “experience-dependent,” in that all of such growth occurs in relation to the caregiver (Schore, 2003, p. 125). Dyadic interactions with the caregiver mediate the development of limbic-to-cortex connections by influencing the production of stress-induced steroid hormones that are toxic to the infant brain (Schore, 2003, p. 116). In a secure attachment,

the attentive caregiver modulates infant affect, inhibiting the secretion of such hormones, thus, preserving the integrity of developing neurons (Schoore, 2003).

In an insecure attachment, the caregiver either induces and/or fails to adequately regulate emotions that are overwhelming to the infant's brain, such as shame, anger, and fear. As a result (among others), the infant learns to expect these insufferable states to endure, and is forced to adapt by over-engaging the parasympathetic nervous system, resulting in excessive toxic hormonal release in the brain. This process destroys the neuronal connections between the limbic system and frontal areas of the brain, physiologically inhibiting the individual's ability to self-regulate (Schoore, 2003).

References

- Crowell, J. A., Fraley, R. C., & Shaver, P. R. (2008). Measurement of individual differences in adolescent and adult attachment. In Cassidy, J. & Shaver, P. R. (Eds.), *Handbook of attachment: theory, research, and clinical applications*. New York, NY: Guilford.
- Hesse, E. (2008). The Adult Attachment Interview: Protocol, method of analysis and empirical studies. In Cassidy, J. & Shaver, P. R. (Eds.), *Handbook of Attachment: Theory, Research and Clinical Applications (2nd Ed)*, 552-598. New York, NY: Guilford.
- Mikulincer, M., Shaver, P. R. (2007). Adult attachment and affect regulation. In, Cassidy, J. & Shaver, P. R. (Eds.), *Handbook of attachment: Theory, research, and clinical applications*, 503-531. New York, NY: Guilford.
- Schore, A. N. (2003). *Affect Dysregulation and Disorders of the Self*. New York, NY: W. W. Norton.
- Weinfield, N. S., Sroufe, L. A., Egeland, B., Carlson, E. (2008). Individual differences in infant-caregiver attachment. In Cassidy, J. & Shaver, P. R. (Eds.), *Handbook of attachment: theory, research, and clinical applications*, 78-101. New York, NY: Guilford.