

Secure Attachment

55-65% of those in non-clinical populations have a secure attachment.

This is the “optimal attachment” or the “healthy” style.

A child with this style has the confidence that their protective caregiver will meet their needs.

They feel safe enough to explore within proximity of the caregiver.

The child has a balance between closeness/proximity and exploration

They seek comfort from caregiver when frightened

Prefers the primary caregiver to strangers

Comfortable in a warm, loving and emotionally close relationship.

Depends on partner and allows partner to depend on them; is available for partner in times of need.

Accepts partner’s need for separateness without feeling rejected or threatened; can be close and also independent (“dependent–independent”).

Trusting, empathic, tolerant of differences, and forgiving.

Communicates emotions and needs honestly and openly; attuned to partner’s needs and responds appropriately; does not avoid conflict.

Manages emotions well; not overly upset about relationship issues.

Insight, resolution and forgiveness about past relationship issues and hurts.

Sensitive, warm and caring parent; attuned to child’s cues and needs; children are securely attached.

Avoidant Attachment

This child does not seek emotional closeness or comfort from their attachment figure.

When the caregiver leaves the room they are not bothered and may even appear to be extremely independent.

This child may avoid their primary caregiver.

They do not seek much comfort or contact from the caregiver.

Shows low affect when offered affection.

Shows little or no preference between the primary caregiver and stranger.

Emotionally distant and rejecting in an intimate relationship; keeps partner at arm’s length; partner always wanting more closeness; “deactivates” attachment needs, feelings and behaviors.

Equates intimacy with loss of independence; prefers autonomy to togetherness.

Not able to depend on partner or allow partner to “lean on” them; independence is a priority.

Communication is intellectual, not comfortable talking about emotions; avoids conflict, then explodes.

Cool, controlled, stoic; compulsively self-sufficient; narrow emotional range; prefers to be alone.

Good in a crisis; non-emotional, takes charge.

Emotionally unavailable as parent; disengaged and detached; children are likely to have avoidant attachments

Ambivalent/Anxious Attachment

Overemphasized need for closeness and proximity.

Reluctant to explore.

This child becomes greatly distressed when the caregiver leaves but does not feel comforted when they return.

Heightened display of emotionality and dependence.

May be wary of strangers.

Child always feels anxious because the caregiver's availability is never consistent.

Insecure in intimate relationships; constantly worried about rejection and abandonment; preoccupied with relationship; "hyperactivates" attachment needs and behavior.

Needy; requires ongoing reassurance; want to "merge" with partner, which scares partner away.

Ruminates about unresolved past issues from family-of-origin, which intrudes into present perceptions and relationships (fear, hurt, anger, rejection).

Overly sensitive to partner's actions and moods; takes partner's behavior too personally.

Highly emotional; can be argumentative, combative, angry and controlling; poor personal boundaries.

Communication is not collaborative; unaware of own responsibility in relationship issues; blames others.

Unpredictable and moody; connects through conflict, "stirs the pot."

Inconsistent attunement with own children, who are likely to be anxiously attached.

Disorganized Attachment

Up to 80% of children who have been abused display this type of attachment style.

The caregiver is either frightened of the child or frightening to the child.

Little or no sense of safety in their relationship with the caregiver.

The child has the complete inability to self-regulate emotions.

No coherent strategy for handling separations or reunions.

Disoriented, confused or may have a dazed expression in the presence of the caregiver.

Unresolved mindset and emotions; frightened by memories of prior traumas; losses from the past have not been mourned or resolved.

Cannot tolerate emotional closeness in a relationship; argumentative, rages, unable to regulate emotions; abusive and dysfunctional relationships recreate past patterns.

Intrusive and frightening traumatic memories and triggers; dissociates to avoid pain; severe depression, PTSD.

Antisocial; lack of empathy and remorse; aggressive and punitive; narcissistic, no regard for rules; substance abuse and criminality.

Likely to maltreat own children; scripts children into past unresolved attachments; triggered into anger and fear by parent-child interaction; own children often develop disorganized attachment.

Some Indicators of Secure Attachment

Child's behavior	Parent's behavior
1 to 18 months	
<ul style="list-style-type: none"> • Signals needs; relaxes when need is met • Responsive; has full range of emotions • Checks back to parents for reassurance when strangers are present • Exhibits anxiety, anger, or flattened affect when parents leave • Pleased when reunited with parents • Checks in to feel safe when exploring • Turns to parents for comfort 	<ul style="list-style-type: none"> • Responds to baby's signal; identifies needs most of the time • Returns to relaxation along with baby; feels good about self and child • Offers nurturing, soothing responses • Woos child, initiates positive interactions, calls baby by name • Makes frequent eye contact with child • Encourages safe exploration
18 Months to Five Years	
<ul style="list-style-type: none"> • Can handle longer periods of separation (in hours) without anxiety • Increasing ability to accept redirection, discipline, and authority • Shows empathy, remorse, and guilt • Uses "wooing" and "coercion" to try to influence parents 	<ul style="list-style-type: none"> • Responsive to child's needs and cues • Encourages growing autonomy and praises accomplishments • Redirects/sets limits when needed without overreacting to bad behavior • Enjoys reciprocal affection and interaction with child
Grade School	
<ul style="list-style-type: none"> • Behaves as though he likes himself • Shows pride in accomplishments • Exhibits confidence in own abilities • Accepts limits imposed by adults • Establishes eye contact • Expresses likes and dislikes 	<ul style="list-style-type: none"> • Interested in child's school performance • Accepts expression of negative feelings • Responds to child's needs and fears • Initiates appropriate signs of affection • Seems to enjoy the child • Knows child's likes and dislikes
Adolescents	
<ul style="list-style-type: none"> • Knows personal strengths/weaknesses • Engages in positive peer interactions • Exhibits signs of conscience • Involved in interests outside the home • Developing goals for the future • Emotionally close to parents 	<ul style="list-style-type: none"> • Encourages self-control • Trusts adolescent with increasing levels of responsibility • Interested in/accepts teen's friends • Interested in teen's school performance • Shows affection

Sources: Queensland Department of Child Safety, 2007; Fahlberg, 1991