

## Avoidant Attachment also known as the "Dismissive"

### Possible Childhood Scenarios:

- Parents may have been angry at the child's demands
- Parents may have been rigid, compulsive or suppressing their anger
- Parents had an aversion to cuddling & insensitive to child's needs

### Style of Interacting with others or Characteristics of this person:

- Friendly & Independent
- Expect not to be heard & see little value in talking about feeling bad
- Empathy is rejected & welcomed at the same time
- 4 types
  - non-disclosing / non-feeling - may use statements like "it doesn't feel that bad" or "I have felt better" or "I don't know"
  - intellectualized - highly logical, well articulate, have no emotional tone to their voices, long interpretations
  - Selective Idealization - omission of negative experiences, may claim perfect childhood, often convince themselves that their fantasies are realities
  - Hidden - amiable, logical, with normal range of affect yet their avoidance only emerges under extreme circumstances & crisis

### Best responses for the therapist, significant others, or family members to use in order to help heal this attachment pattern and create optimal communication processes:

- Do not push, rush, or coerce person to share feelings
- Reframe unpleasant emotional expressions as potentially constructive
- Slow the interactive process down and notice the hint of emotional expression - when this happens encourage an elaboration of the emotion
- Show patience & support - expect a slow process but reward them for emotional disclosure

## **Resistant or Ambivalent Attachment also known as the "Passionate"**

### **Possible Childhood Scenarios:**

- Parents may have been preoccupied, unresponsive, or inconsistent
- Parents may have regarded child as nuisance
- Parents may have been withdrawn
- As a child this person was preoccupied with attachment - becoming distressed when the mother leaves - they are not easily comforted - can show clingy behavior

### **Style of Interacting with others or Characteristics of this person might demonstrate:**

- This person may be emotionally dramatic - they may overreact to non-emergencies - they may at times may see suicide as an option to stop the unpleasant affect
- They may appear hyper-aroused in bodily movements & verbalizations
- Emotional states may be labile or "on a roller coaster"
- They are prone to feeling - panic, rage, catastrophic thinking, extreme worry, obsessive compulsive thoughts, or excessive crying
- While in their emotional experience they may lose all awareness of contact with others

### **Best responses for the therapist, significant others, or family members to use in order to help heal this attachment pattern and create optimal communication processes:**

- Assertively interrupt to break down their expressions one feeling at a time - when doing this you must be highly attuned to what is being shared
- Redirect their energetic attention into narrowly focused emotional catharsis that brings forth closure quickly
- Teach person how to self soothe & distract themselves from escalation to narrow focus to "one thing at a time"
- Boundary must be firm and strong

## **Disorganized Attachment also known as the "Artist or Creative"**

### **Possible Childhood Scenarios:**

- Parents may have been abuse to the child
- Parents may have a trauma history that resulted in them being frightened

### **Style of Interacting with others or Characteristics of this person:**

- Sharing may be fragmented or even incoherent at times - dialogue may be frantic
- May be excessively forthcoming with intense affect although they may at other times be inhibited with strong need to withdraw
- Sentences are at times incomplete
- The person may rapidly shift from present to past and back to present again which will confuse the listener
- Person is contradictory and confusing at times - even to themselves
- Person may "freeze" starring off into space for brief moments
- They may have the desire to run away or hide in regards to certain topics
- Dissociation is common for this person
- Life and home may be chaotic

### **Best responses for the therapist, significant others, or family members to use in order to help heal this attachment pattern and create optimal communication processes:**

- Assertive interruption of chaotic verbalizations in order to slow them down & attune to each emotion shared
- When an incomplete sentence is shared ask them to complete their thought
- Do not allow excessive venting that rambles - passive empathy is risky - becoming a Safe Harbor is essential
- Provide much empathy and attunement when the emotion is targeted - as they expect "not too be heard"
- Encourage access to their feelings about their withdrawal from feelings
- Encourage differentiation of internal ego states - then attempt to gradually re-organize these states

## **Undifferentiated Attachment also known as the "Social Butterfly"**

### **Possible Childhood Scenarios:**

- Parents may have been neglectful of child
- As a child they may have been in foster homes or institutions
- As a child was friendly with others and could not distinguish between strangers from those they have known for a long time
- As a child they did not learn from painful accidents or risky behaviors

### **Style of Interacting with others or Characteristics of this person:**

- This person tends to share too much too quickly this may even happen with strangers
- Their sharing may be trivial, tangential or as a stream of consciousness
- They attempt to be peace makers
- Defensiveness may emerge when asked about their core issues
- They may use excessive verbalization as a defense
- Depth of intimacy is present in most relationships - this person has few if any long term relationships
- They have poor discernment of constructive vs. destructive relationships

### **Best responses for the therapist, significant others, or family members to use in order to help heal this attachment pattern and create optimal communication processes:**

- Assertive interruption of excessive verbalizations is imperative - this must be followed by strong empathy and attunement
- Interruptions are done in order to separate each component of dialogue into coherent sections
- Do not passively allow them to vent continuously because this allows potentially cathartic expressions to re-enact the neglect of not being heard
- Encourage them to identify exploitations by others & take action to prevent further exploitations

## **Exaggerated Attachment also known as the "Loyal Friend"**

### **Possible Childhood Scenarios:**

- Mother may have suffered an extreme loss or fear - the mother may have needed the child to serve as a secure emotional base for them - their mother was panicked by their independence
- As a child they may have exhibited excessive clinging & may react anxiously to new situations
- As a child they may be panicked & inconsolable when crying

### **Style of Interacting with others or Characteristics of this person:**

- This person tends to be extremely loyal - they tend to remain in relationships that are destructive to them far too long
- They may remain attached to those who have left their lives long ago - such as parents, friends, neighbors, or previous partners
- They are often the recipient position of a co-dependent
- They may initially resist bonding, but once they commit, separation is difficult
- They become long term clients to whomever they trust
- They may violate boundaries - they often drive relationships away due to their excessive neediness for assurance, attention or commitment
- They have a fear of abandonment making transition or loss particularly challenging

### **Best responses for the therapist, significant others, or family members to use in order to help heal this attachment pattern and create optimal communication processes:**

- Enter into relationship slowly with high sensitivity
- Create and keep strong boundaries
- They may not risk full disclosure in order to be seen as "good" & not to be abandoned or rejected
- Challenge & reward them for authentic disclosures & independent thinking
- Avoid taking charge & doing all the work for them
- Progress is likely when anger with attachment figure emerges

## **Inhibited Attachment also known as the "Shy & Reserved"**

### **Possible Childhood Scenarios:**

- As child they may have appeared inhibited & demonstrated excessive compliance
- As a child they responded to demands without protest

### **Style of Interacting with others or Characteristics of this person:**

- This person tends to have chronic anxiety, social phobias & highly sensitive
- They may have chronic throat problems, joint pain, or abdominal pain
- They may at first appear nervous or shy and uncomfortable with disclosure
- They tend to emotionally "freeze" during high intensity issues
- Interpersonal closeness is often frightening
- They may have related to others enough to marry, function appropriately at work and operate socially, but nonetheless feel uncomfortable throughout these processes
- Public speaking is often extremely uncomfortable

### **Best responses for the therapist, significant others, or family members to use in order to help heal this attachment pattern and create optimal communication processes:**

- Allow them to move at their own pace
- Initial trust building is vital - so go slowly
- Empathy must be kind, & gentle support is extremely valuable
- When this person feels safe they may burst forth with long withheld disclosure of emotions & memories
- Encourage & allow spontaneous or even rambling expressions initially
- Appropriate nurturing is very helpful
- They may be "pleasers" to avoid conflict or criticism
- Access anger will tend to be a turning point

## **Aggressive Attachment** also known as the "Overly Assertive"

### **Possible Childhood Scenarios:**

- Parents may have been violent
- As a child they may have reacted aggressively or violent to separation

### **Style of Interacting with others or Characteristics of this person:**

- They tend to have chronic hostility - seeing the world and others as to blame for their experiences
- Their behavior tends to elicit negative reactions from others which tends to reinforce their view of the world being unfair and adversarial
- They prefer to vent their anger and they see their anger as justifiable
- They feel entitled to express their anger - finding it very difficult to "own" their portion of contributing to their issues
- They may exhibit intermittent explosive disorder
- Suspiciousness and anxiety are common
- During crisis or abandonment they cope with anger
- A lack of tender emotions or their own internal psychological functioning is often prevalent
- They may be violent in their relationships

### **Best responses for the therapist, significant others, or family members to use in order to help heal this attachment pattern and create optimal communication processes:**

- Meet them at a similar pace and level of intensity & do not allow them to dominate you into passive submission
- Do not allow simple venting or anger for entire conversation
- Refocus their attention on the underlying issue that evoked their anger
- Do not directly challenge, confront or antagonize them - instead distract their attention to more productive foci
- Validate & empathize with the more vulnerable emotion
- Cognitive reframe of perceived threats may help

## **Role Reversal Attachment also known as the "The Helper"**

### **Possible Childhood Scenarios:**

- Parent may have been unavailable due to addiction(s) or their own victimization
- Child became "parentified" - taking excessive responsibility for surroundings and parents

### **Style of Interacting with others or Characteristics of this person:**

- This person tends to appear nice and likable
- They are often in the helping profession - nurses, psychologists, teachers
- They play the role of care taker in almost all of their relationships
- They possess an external locus of control & have an excessive sense of responsibility
- They are prone to guilt
- They have significant interpersonal boundary issues that manifest themselves by sacrificial care taking
- Worries, thoughts, and emotions about the welfare of others can become obsessive
- They are vulnerable to repeated experiences of being exploited by others - when this happens, they become angry about being "used" - which then quickly moves to feeling guilty about having been angry - then compensatory sacrificial behavior may occur to alleviate guilt

### **Best responses for the therapist, significant others, or family members to use in order to help heal this attachment pattern and create optimal communication processes:**

- Maintain appropriate boundaries and do not allow them to "care - take" you
- Redirect their attention on their inner experience
- Focus on their abandonment issues
- Empathy & compassion tend to evoke unresolved affect
- A lack of perceived self-value may result in their pulling away - It is important to reinforce their value
- Validation is vital as they tend to feel invisible, not heard, and not seen



## **Psychosomatic Attachment also known as the "Somatic"**

### **Possible Childhood Scenarios:**

- Parents may have been avoidant or had a distancing attitude toward the child
- As child physical symptoms may occur instead of overt emotional responses

### **Style of Interacting with others or Characteristics of this person:**

- This person tends to have a long medical history of issues that often continue unresolved
- Somatic Symptoms show up in most parts of their expression
- They tend to move around physically trying to seek comfort
- Many of their physical symptoms may be abdominal discomfort and not show visibly to others
- They may or may not appear emotionally expressive
- Somatic symptoms may occur in place of emotional expression or in addition to emotional expression

### **Best responses for the therapist, significant others, or family members to use in order to help heal this attachment pattern and create optimal communication processes:**

- Monitor their physical experiences often - for ex. "How do you experience that in your body?" or "When you talk about this, what happens in your body?"
- Help them to become aware of their connection between emotions and physical symptoms
- Once affect related to physical symptoms is uncovered, it is important to empathize and support this emotional expression