



Date	30/04/2019
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Update log	

## **Parenting and Attachment Conference given by Gwen Adshead.**

It has been said we can look at our attachment styles like an immune system, as we need both for our own survival and functioning. There are variations of attachment types: secure and insecure. Those with a secure attachment can cope with stress such as death and other existential givens in human life. Gwen states that managing our stress is imperative in life but some cannot and behaviours such as violence and psychosis are defence mechanisms.

Infants need parents or adult role models to help with affect regulation and at five years old, infants start to manage emotions such as their needs and anxieties about life which is essential for living effectively in their world such as at school. Insecure attachment is NOT an illness. It is a vulnerability and can work fairly alright for a long time. Some life experiences may rock their metaphorical attachment boat and highlights when the attachment may not work, for instance pregnancy and birth.

### **Implications for maternity**

Steele, Steel and Model (1991) found an 80% match with new adult mothers with their own mothers the new adult mothers and their baby. This research was repeated in other countries and found similar results, demonstrating attachment styles are generationally similar.

Generally speaking attachment styles are stable throughout development BUT not always, thus demonstrating humans have plasticity, adaptability and flexibility with how we relate to others. Humans are not computers that their software or hardware can be 'fixed' in a consistent way between humans. We are more like a hedge that is always growing, changing shape and look and things can nest in it. We thus need to address someone's attachment style in the same individual, personal and flexible way.

Metallisation and having a reflective function is helpful to keep their babies in mind in order to respond effectively to distress for themselves and their babies, even when in stressful situations. For those who have an insecure attachment this is more challenging to do so. Those who may find it challenging to mentalise may think 'if my friend dies it must be my fault as I didn't ask if they were okay last week' or 'my 1 week old baby is laughing at me and mocking me'. This is a type of magical thinking and it has a type of certainty around it.

Strathearn, Finagy, Amico and Montague (2009) conducted research on mother's responses to babies' facial expressions. They were shown images of happy and sad babies whilst in a brain scanner. Mother's attachment style was compared to their emotional reaction via their brain activation. Mother's with secure attachment styles responded equally to both happy and sad baby faces. Mothers with an insecure attachment style behaviourally acted the same as secure mothers but their brain activation was different. When they saw sad babies faces their brain areas related to disgust were activated more and they had lower oxytocin levels. It was concluded that secure attachment styles allow us to healthily regulate our emotions.

### **Behaviour of insecure parents**

Parents with an insecure attachment style are likely to behave hostile, fail to notice their child's needs, see their child or children as competitors (as though they are small adults or peers) and possibly exert abuse (Jones, Cassidy & Shaver, 2015).

### **Attachment style and personality/ disorders**

Personality traits for secure and insecure attachment styles can be looked at using two acronyms *OCEAN* and *PANDA*. This is a simplistic understanding and research for the understanding of attachment and personality have a long way to be understood in unison rather than in parallel.

*OCEAN* → Openness, Conscientiousness, Extraversion, Agreeableness and Neuroticism

*PANDA* → Psychoticism (see the world as a distorted reality), Antagonism, Negative affect, Disinhibition, Avoidance/detachment.

Personality disorders (PD) can be seen when observing close deep relationships rather than general inter-relational interactions. PDs affect 4% of the general population in the United Kingdom. We should look at the degree of PDs as a dimension or on a spectrum, not in categories of 'have it/ don't have it'. The behaviours akin to PD are more likely to be expressed at times of stress in an individual such as when bereaved. Severity of PDs can be measured in terms of how it is expressed in the external world in domains such as work, relationships, social rules, care giving. Wolff (1968) found 89% of parents of children referred to CAMHS had a PD. Out of this 89% of these parents, 51% had a moderate to severe disorder.

Attachment and parenting  
Version 1.0

Gwen Ashed (Friday 26<sup>th</sup> April 2019). Attachment and Parenting: Clinical applications Conference in London.

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Wolff, S., & Acton, W. P. (1968). Characteristics of parents of disturbed children. *The British Journal of Psychiatry, 114*(510), 593-601.