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ORIGINAL PAPER

# The Emotional Dance of Attachment

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Published online: 15 July 2009  
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APA citation includes date most current research

**Abstract** Conceptualized as an emotional dance between the child and the primary caregiver, this article summarizes the primary principles of attachment theory as they pertain to clinical practice. The development of the attachment relationship goes smoothly in a secure attachment because the caregiver and child are effectively attuned to one another's needs. Insecure attachment, on the other hand, occurs when the emotional dance goes awry leaving both the caregiver and the child with an emotional void. The article summarizes current treatment models geared specifically toward helping parent-child dyads resolve attachment problems.

Establish territory generalization

of communication

purpose

- 1) **Keywords** Attachment · Parent-child relationship · Internal working model · Secure base · Insecure attachment · Secure attachment · Attachment-based interventions

Background info

Clinicians have long been drawn to attachment theory and the insights it provides to the origins of the parent-child relationship. At the same time, the gap between attachment research and clinical practice has been wide, and clinicians have struggled to understand how to make sense of the voluminous research on attachment and utilize the findings to inform clinical practice. Fortunately, over the past decade significant strides have been made toward clarifying how attachment theory provides a foundation for understanding, and treating parent-child relationships. This paper will provide a brief overview of attachment concepts

2 Gap

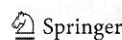
1 Previous Research

that clinicians will find useful as they strive to clinically understand and treat parent-child dyads with attachment problems. It concludes with an examination of recent contributions to the clinical field that, like this special issue, are helping clinicians develop effective attachment focused interventions.

The development of a secure base relationship can be viewed as an elegant emotional dance that occurs between a parent and child from the moment of an infant's entry into the world. It can be conceptualized as a dance because the infant is not simply a passive partner in this developing relationship. Rather, as the parent learns to respond to the infant's emotional and physical needs, the baby, who is biologically "wired" to understand that survival depends upon maintaining proximity to the parent, learns over time to understand which behaviors keep the parent close by and which behaviors create distance. When activated by a frightening situation, children seek out their parents to provide comfort having learned that such closeness promotes a sense of warmth and safety (Holmes 1993). By accurately reading and responding to the children's cues, parents learn how to help them sort through the myriad of feelings which created the emotional storm that triggered the need for closeness. For example, following conflict over a toy that ended with an aggressive outburst, a child runs to his mother physically hurt and emotionally enraged. In a secure dance of attachment, his mother will pick him up, and while providing physical comfort, she will talk soothingly about the frustration of having another child take a favorite toy. In the safety and warmth of his mother's arms, the child calms down and, feeling reassured, holds on to his mother as she helps him return to the play scene with a plan to retrieve and share the lost toy. This interaction results in a state of emotional comfort that allows the child to resume his play secure in the knowledge

comparing it to an elegant dance does what for the reader?

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general public those w/ attachment problems

Audience: clinicians

How do you know?

"This article will help clinicians..."  
Keywords. Simple writing. Explanatory.

that his mother will be waiting in the wings until she is needed once again. This dance will repeat itself with a very high frequency throughout the day for toddlers, but will slowly decrease in frequency as the child ages. When the dance goes well, we witness a beautiful harmony and a natural rhythm form between the parent and child as they gracefully respond to one another's emotional cues. They may stumble at times, but they are able to make use of these experiences to refine their dance and emerge with a new level of emotional understanding of one another.

Insecure attachment is also an emotional dance between the parent and child but through a more poorly developed and awkward system of cues they will leave the exchange feeling inadequately soothed and comforted. The parents in an insecure dance, due to their own complex history of unmet needs and losses, have difficulty responding sensitively to the children's cues (Bowlby 1982). They may respond too slowly or not at all, or provide a response to the child's cue that does not adequately address the child's emotional needs. However, because children are biologically driven to maintain proximity to the parent for their physical and emotional wellbeing they are left with no choice but to find some way to sustain the attachment. Consequently the children learn to participate in the dance through a series of miscues designed to allow them to engage in a way that will get their needs met if only partially (Holmes 2001). For example, having learned that the expression of too much emotion is distressing for their parents and could drive them away, insecure children modulate the dance in order to receive at least some comfort. The insecurely attached children may appear as though they do not need emotional comfort from the overwhelmed parent while struggling to internally manage a myriad of feelings. As a result, when the child is in need of comfort the parent-child interaction fails to find a resolution to the emotional crisis and the children venture off to play with a sense of foreboding, feeling less certain that the parent is standing in the wings ready to re-engage when needed. These children struggle to explore their environments effectively and often begin to express rage toward their parents due to persistently unsatisfying interactions which fail to provide adequate emotional soothing and comfort (Holmes 2001).

Built upon their experiences with parents, children develop internal working models that guide them as they evaluate interpersonal situations and develop plans for how to respond and behave in new environments and relationships (Bowlby 1982). In essence, relationship experiences during their first few years of life create a roadmap that children utilize to navigate their world outside of the parent relationship. Children who have enjoyed sensitive and responsive parents learn to view themselves as worthy of care and being understood (Holmes 1993). As a result, they

are able to explore their environments confidently and are willing to seek help when necessary, having learned that their parents are available to help soothe them and repair any emotional disruptions.

On the other hand, children who have experienced intrusive, rejecting, or otherwise insensitive care that does not match their needs will construct models of their parents as rejecting and insensitive, and of themselves as unworthy of care (Holmes 1993). This is likely to lead to a deep sense of insecurity and lack of confidence to explore their environment due to worry that support, help, or soothing from their parent may be unavailable. Unfortunately, when children fail to use parents for support and comfort, an emotional void develops that over time fosters anger and dissatisfaction in the parent-child relationship.

When attachment is understood as a dance between parents and children it becomes clear that therapeutic interventions must target the parent-child relationship; both the parent and the child contribute to the dance of attachment and thus both must be given equal consideration during the assessment and treatment of attachment issues. Children are referred to therapy for a myriad of behavioral and emotional reasons. Their parents often present themselves as emotionally exhausted and overwhelmed by daily battles with their children around school issues, home life, chores, sibling relationships or other stressors. A failure by the clinician to appreciate that attachment issues underlie negative parent-child relationships may result in the utilization of behavioral interventions that unintentionally arm an already angry parent with tools that serve to deepen the emotional void in the parent-child relationship. When attachment issues underlie the behavioral problems, advice to send an emotionally wounded child to his bedroom for timeout may simply confirm to the child that the parents will continue to be unavailable at times when emotional comfort is needed.

Attachment-focused interventions look beyond the child's behavior and focus, instead, on gaining an understanding as to why this particular parent is frustrated by the particular referral behaviors. In addition, the clinician must ponder the factors that are preventing the parents from effectively reading and accurately responding to a child's emotional cues. These may include the parent's personal history of attachment problems or unresolved traumas and conflicts that are forcing the parent to view the child's emotional needs through a negative lens. The common link between attachment interventions is the attempt to help the parent develop insight and learn to be emotionally responsive and available to the child. Thus, the parent learns to effectively interpret and respond to a child's emotional distress while remaining emotionally available as opposed, for example, to sending dysregulated children to time out to resolve a problem on their own. To do so,

often requires that interventions help parents resolve past traumas and losses in order to learn to interact with the child unencumbered by negative projections. The attachment interventions that will now be discussed provide the clinician with tools that help clinicians explore unresolved traumas that negatively impact the parent's ability to foster a secure attachment with their child. Once the parent develops a more positive understanding of the child, the clinician can support the parent-child relationship as they learn to develop a more secure dance.

Over the past decade considerable advances have been made that allow clinicians to effectively assess the parent-child relationship using an attachment perspective. Further, empirically supported treatments have now been developed to guide clinicians through the process of helping traumatized children develop secure attachments. While the assessments have typically required extensive research training and complex coding schemes thus making them prohibitive for use clinically, these models are now becoming progressively more available for clinical use. One such empirically supported treatment is Charles Zeanah's (2007) *Working Model of the Child Interview*. This interview is of tremendous value for clinicians as it offers a clear guide to effectively assess the parent's internal representation of the child. Utilizing parent-child observation and an interview with the parent, the clinician queries the parent not simply about the child's history, but uses questions designed to elicit the parent's thoughts and feelings about the child. For example, during the interview the mother is invited to talk about how she felt and reacted to the pregnancy. Doing so often reveals surprising information that significantly impacts the attachment relationship. For example, as one mother recalled, "I was terribly sick and the pregnancy almost killed me!" Later on in the interview the same mother was talking about her now 2 year olds' behavior problems and said, "I'll tell you something! If he was a dog he'd be at the animal shelter right now!" The *Working Model of the Child Interview* revealed that the mother from her earliest days of the pregnancy had resented the child who had "almost killed her" and now, 2 years later, she harbored deep thoughts of getting rid of the child she so profoundly resented. Not surprisingly, the parent-child dyad exhibited an insecure attachment relationship; the child was unable to seek comfort from his rejecting mother and she needed help to reframe the early pregnancy health issues to understand that he had not purposely attempted to harm her. Once this is accomplished, the parent can be supported to provide the emotional availability necessary for providing a secure base and the child can be supported to begin to utilize his mother for comfort and support.

The Insightfulness Assessment described by David Oppenheim and Nina Koren-Karie helps clinicians

understand the parent's capacity to see the world from the child's point of view (Oppenheim and Koren-Karie 2002). A parent who is struggling with insightfulness similarly has difficulty understanding the motives and emotional needs underlying a child's behavior. As a consequence, a child is left feeling that they cannot rely on their parents to contain and regulate their negative feelings which lead to conflict within the parent-child relationship (Koren-Karie et al. 2007). Utilizing the Insightfulness Assessment, the clinician can query, "What do you think was going on in your child's head?" in order to glean the parent's insight or lack thereof regarding a child's motives when the child was exhibiting a particularly distressing behavior. When a parent struggles with insight, the response to this query is often couched in negative projections that become the central point for clinical intervention (Koren-Karie et al. 2007).

The concepts from the Insightfulness Assessments can likewise be effectively utilized during attachment focused treatment with parents and children. A mother who had been in treatment with her 5 year old daughter to develop a more secure attachment had been encouraged to work on increasing her use of physical affection with her child in order to provide emotional comfort and support. Following this intervention the mother came into the office for a follow-up appointment appearing extremely agitated and as she seated herself she declared, "I've tired your nurturing stuff and it doesn't work! I was cooking dinner for her the other night and she entered the kitchen and asked me for a hug! Can you believe it? I'm cooking her dinner and she wants a hug!"

The mother's response to her child's request was quite perplexing; she wanted to get closer to her daughter and thus it would logically follow that the request for a "hug" suggested that the treatment was actually working. However, something about the request was clearly very troubling for her. When the therapist, using information from the Insightfulness Assessment asked what she thought was going on in her daughter's head when she asked for a hug, she responded, "She's a very controlling child! Everything is always about her needs and she's trying to control me!" Her use of the word "control", a highly emotionally charged concept, suggested to the therapist that it may reflect an important underlying issue that was negatively impacting the parent-child relationship. After exploring with the mother how she experienced being "controlled" the therapist asked, "Can you think of any other relationships that have made you feel this way?" She thought about the question for a moment and then in a somber tone replied, "Yeh, my father was very controlling." She then recalled how physically abusive he had been during her childhood and remembered a time when, following a particularly violent interaction, she sought help from her own

audience already knows what empiricism is  
 Reference an established treatment explains how example  
 correlation ANALYSIS  
 find problem and solve

gives a solution

Gives introduction to previous research

term? mother who failed to provide any emotional comfort. This disappointing interaction led her to realize that she would need to be very independent in order to survive; she decided not to rely on others for support. For this mother, her daughter's request for a hug, while simultaneously having a meal cooked for her was an incredible example of dependency and she wondered how her daughter would ever survive in the world. Following several additional sessions in which we discussed this insight she was able to understand that her daughter's request did not suggest dependency; rather she was able to appreciate it as a bid for emotional closeness. This new insight enabled the mother to be more comfortable with the idea of providing emotional support to her daughter and she began to exhibit a readiness to be more emotionally available to her daughter's need for support.

Insightfulness treatment focuses on helping the parent gain an improved and more accurate understanding of the child's underlying motivation in order for the parent to respond to the child from a more empathic perspective. The child, feeling better understood, will then be more likely to turn to the parent for comfort and support (Koren-Karie et al. 2007).

Specific attachment based treatments are also being developed to help clinicians intervene with disrupted parent-child relationships. Child-parent psychotherapy, as defined by Lieberman and Van Horn (2008) is an empirically based treatment with parents, infants and young children aimed at helping parents respond more effectively to children's emotional needs. This approach guides clinicians through an assessment and treatment process focusing on helping parents resolve their own past traumas in order to gain insight into their children's responses to trauma to effectively repair early attachment problems. And finally, the Circle of Security Project (Powell et al. 2007) helps parents evaluate their own representation of the child by challenging the parent's working model of the child in order to help the parent repair their negative view and develop a more adaptive perspective of the parent-child relationship.

conclusion? Over the past decade, attachment theory has led to the development of very promising attachment-based assessments and treatments. This special issue promises to add additional and critically needed information for clinicians

\* longing to help parents, caregivers, and young children who are struggling to engage in an emotionally comforting dance of attachment. As clinicians continue to explore this relatively new frontier we can hope that in the not too distant future we will be equipped with even more assessments and interventions that can be individually tailored to meet the emotional needs of young children and their parents.

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## Author Biography

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\* Explains a lot of psychology lessons and theories/ research