



Attachment, Parenting and the Importance of Client Therapist Fit

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John Bowlby was the first to develop a thorough theory of attachment. Attachment theory maintains that the development of the child isn't based on unconscious fantasy, but is instead based on real life events ("John Bowlby," 2013, Chapter 3). He was criticized for theorizing that maternal love matters in a child's development ("John Bowlby," 2013, Chapter 3). Attachment theory suggests that the relationship an individual forms in infancy with their primary caregiver will give the infant an internal working model (IWM) of how to relate to significant others throughout life (Amaral, 2011, para. 4). Thus, attachment theory is a lifelong developmental model. Bowlby believed an infant's greatest need is attachment, as attachment is necessary for survival. He maintained an infant is biologically wired to form an attachment with a caregiver in order to have comfort, care and pleasure, and how attachment is formed will have lasting effects on the child's development and behaviour in later life. Attachment styles are created in childhood as a result of the infant and caregiver relationship. In effect, how a child attaches is determined by how a child is parented (Lees-Oakes, 2012, track 2:35).


There are four characteristics of attachment: proximity maintenance, safe haven, secure base and separation distress (Lees-Oakes, 2011, track 2:00). Proximity maintenance refers to the desire to stay close to the person one is attached to. Safe haven refers to the attachment figure as someone whom the child can return to for comfort and safety when feeling anxious. Secure base refers to the attachment figure that the child can leave to explore their environment, knowing that they can return to it at any time. And separation distress refers to the anxiety that the child experiences when the attachment figure is missing.

Following Bowlby's work, Mary Ainsworth further developed attachment theory and proposed that there are different types of attachment: secure attachment, ambivalent attachment, and avoidance attachment (Lees-Oakes, 2012, track 13:43). A fourth style, disorganized attachment, has since been identified by Main and Solomon (1986) (Lees-Oakes, 2012, track 14:02).

Secure attachment occurs when the caregiver responds to the child's needs in a suitable, prompt and consistent manner (Lees-Oakes, 2011, track 4:23). Thus the child will be able to rely on the caregiver to ensure his or her needs are met and will be able to confidently separate from the parent (Lees-Oakes, 2011, track 3:53). As adults, they may be able to have trusting and lasting relationships (Lees-Oakes, 2011, track 3:53).

If a child is attached to their parent, then the parent has a chance of working with their child to nurture a healthy development. A child who is securely attached to their nonjudgmental parent wants to connect with them and will have the room to become their own person or authentic self (Neufeld & Mate, 2004). From a secure attachment, a parent has the ability to guide or lead the child.

Children who experienced a secure parent attachment are more able to have trusting and lasting relationships as adults. This can be attributed to how they make sense of adult relationships and their styles of interacting with intimate partners. The validity of this theory is continuing to be shown through current research that shows how far the implications are for both secure and insecure attachment styles. Research has shown that adults who experienced secure child parent attachments have healthier behaviours, attitudes, experience greater physical and emotional health, have longer relationships and are better able to deal with existential concerns. Where as, “Childhood history of psychological maltreatment disrupts the attachment bond and creates negative internal working models that influence relationship expectations and behaviour” (Riggs, Cusimano, & Benson, 2011, p. 133).

Many clients attend therapy because of problems experienced within relationships, which can include romantic partners, family, or colleagues. Clients in therapy who have a loyal, collaborative therapeutic relationship have an opportunity to develop healthier behaviours, beliefs and emotional health. Research has shown the importance of a loyal, collaborative relationship as seen by the client’s perspective. It may be that this relationship allows clients to develop their authentic self and a new internal working model of how to relate to others. Experiencing empathy, trustworthiness and an open mind, and being empathic, trustworthy and open-minded, serves in keeping our relationships healthy. This in turn supports our emotional well-being. 

References

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