Parents pass down many characteristics to both adopted and biological children but it might come as a bit of surprise that one of those characteristics often passed along is the parent’s attachment pattern. Attachment is the process of developing a long-term relationship with another human being which then allows for normal social and emotional development to occur. The world first took notice of attachment-related problems suffered by children in hospitals in the late 1800’s. The term hospitalism was adopted in the 1930’s to describe the affliction of these children who were wasting away in hospitals. Research on what would soon be referred to as attachment continued through the work of psychoanalyst John Bowlby in 1939 followed by Dr. Rene Spitz in the 1940’s who filmed children who were denied maternal contact. Following World War II a number of children who had been homeless and orphaned during the war began to present difficulties. The problem was so great that the United Nations asked Bowlby to conduct research on the issue. In response, Bowlby developed the theory of attachment, and detailed the importance of an infant’s instinctive behavior to bond or attach to a primary caregiver who acts as a secure base. When a secure base is present, many infants will experience normal social and emotional development. However, when a secure base is not present, or is separated from the child, often times the child will fail to develop a healthy attachment, resulting in long-term cognitive, social and emotional difficulties.

The attachment patterns of young children can be assessed using the Strange Situation Protocol, which was created by Mary Ainsworth and further refined by Mary Main. In this attachment assessment procedure children are placed in four categories of attachment — secure, avoidant, ambivalent and disorganized. The child’s pattern is assessed in a variety of ways throughout the SSP including how readily he or she seeks the parent after a separation and how quickly the child can be calmed by the parent when distressed.

Likewise, the Adult Attachment Interview, which was developed by Mary Main, is a series of 20 questions administered by a researcher or clinician which cover such topics as experiences with attachment figures, significant losses and traumas, and relationships and experiences with their own children. Upon completion, the interview is transcribed and coded by a person who has been extensively trained in the coding process. Without a formal AAI process, some questions adapted from the AAI one might ask themselves to explore about their own attachment history are:

1. What was it like growing up in your family?
2. Which parent did you feel closest to and why?
3. How were you disciplined as a child and how does that influence how you parent your own children?
4. Did you ever feel rejected or threatened by your parents?
5. When you were a child and upset what would you do? If you typically did not go to your parents when you were upset why didn’t you?
6. How did your parents respond to you when you were physically hurt or sick?
7. Do you have a memory of a time when you were little when you felt especially loved, understood or safe?
8. Do you recall experiences as a child when you were frightened or terrified? Were there adults to comfort or help you?
9. Are there memories of feeling especially loved, understood or safe with anyone else?
10. Is there anything about these memories that you use to sustain you as you raise your child? Or that you use to help you raise your child?

As adults reflect on their own attachment history, they may discover specific memories that impact their current relationships or certain experiences they feel greatly helped or hindered their own development as a person and parent. Research has demonstrated that individuals who are not secure in their state of mind with regard to attachment are most likely to move toward security within deep and trusting relationships with others including therapists, life partners and close friends. Within such relationships we are free to explore our past hurts and traumas. While being accepted and responded to empathically, we are able to heal from such experiences and in turn able to be more emotionally available to our children.

Research has clearly demonstrated that a parent’s own history of how he or she was parented and any unresolved losses or traumas in his or her life will likely have an impact on relationships with his or her children. We each bring our own attachment history or attachment pattern to every relationship we enter into with others. It is that attachment pattern that impacts how we establish the parent/child connection with our own children, birth or adopted. In looking specifically at the issue of attachment, only about 58 percent of the non-clinical (those who are not seeking services for mental health issues of some sort) populations that were studied fell into the category of having a Secure state of mind with regard to attachment. This research would indicate that only a little more than half of the people who are adopting have a Secure attachment pattern themselves. Further research tells us that in approximately 85 percent of cases a child, as assessed by the Ainsworth SSP, will have the same attachment pattern as the parent as determined by the AAI. The above chart developed by Dan Siegel, details the relationship between the results of the AAI and the SSP: Using an example from the chart, if a parent is classified as Dismissing state of mind then likely his or her baby will be classified as Avoidantly attached and will be less likely to turn to the parent for comfort when distressed.
The coping strategies that babies learn to use when distressed are a direct response to how their parents have historically responded to them. This is sometimes referred to as the generational transmission of attachment or transgenerational attachment patterns. For example, if a stressed or crying child is left unattended, as a coping mechanism the child may engage in rocking back and forth to provide self-comfort.

We all leave a legacy of attachment to our children whether they are biological or adopted. If we are not able to reflect on our own histories and our feelings and patterns related to them remain largely unconscious, we are at risk of unknowingly passing on patterns of interaction that are not optimal. This is akin to any behavior we engage in while on “automatic pilot.” For example, someone may have a bad golf swing naturally and it is not until they consciously become aware of what they are doing wrong and try to employ a different technique do they realize how “off” their swing was. How many of us could deny that in times of stress with our children something that our parents said or did that we promised we would never do comes flying out of our mouths! The key to be able to change such behaviors and pass on positive patterns of attachment and connection to our children is to be aware of when this is happening.

In keeping with the old adage “You can’t give to someone what you haven’t got” it will be a challenge for parents who fall within Dismissing, Preoccupied or Unresolved state of mind with regard to attachment categories to parent their insecurely attached child toward a more secure pattern. Does this mean that such parents are doomed to fail with children with attachment difficulties? Absolutely not and such a parent’s greatest chance of success is often being willing to look at their own attachment wounds and painful experiences to be aware of them, seek support for them and find healing for themselves.

The questions provided earlier are designed to help parents move forward on a path of discovery about themselves and how their own history impacts their parenting style. The more parents are aware of their parenting reality, the more they are able to alter behaviors that are not helpful in the parent-child relationship. Each of us holds within us what attachment researchers call internal representations of what relationships are to be based on from our own experiences. With this being true and as noted by Dan Siegel in “Parenting from the Inside Out,” parents who had few feelings of safety and connection with their own parents may struggle to have internal models of how to provide for their own children.

Most parents, even those who have been abusive, want the best for their children. However, some parents who have not been parented adequately themselves, lack the internal models to parent their children appropriately. By gaining a deeper understanding of the parent’s own history through self-reflection, parents may find a new internal model which can lead to a harmonious relationship with their child.

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