



# The Brilliance of **ATTACHMENT**

a 6-part series on the foundation of connection

BY *Robyn* GOBBEL



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# Hello there!

I'm Robyn- a therapist turned speaker and writer. My favorite thing to do- after aerial silks!- is translating the science of relationship for the folks who need it the most...you! Parents, teachers, therapists- the real live people who make a real impact on the world.

A student once described me as  
**Neuroscience with Heart...wrapped in Glitter and Fun!**

If that isn't the best way to be described, I can't fathom what is.

Attachment theory has changed everything we thought we knew about people, relationships, and why we do what we do. But, it also gets easily confused or misinterpreted. I wrote this e-book so you could have accurate and easy-to-understand information about attachment theory that could be used in your real life.

If you love this e-book, come see all the other resources I have on my website!  
[www.RobynGobbel.com](http://www.RobynGobbel.com)

*-Robyn*

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# THE BASICS OF ATTACHMENT

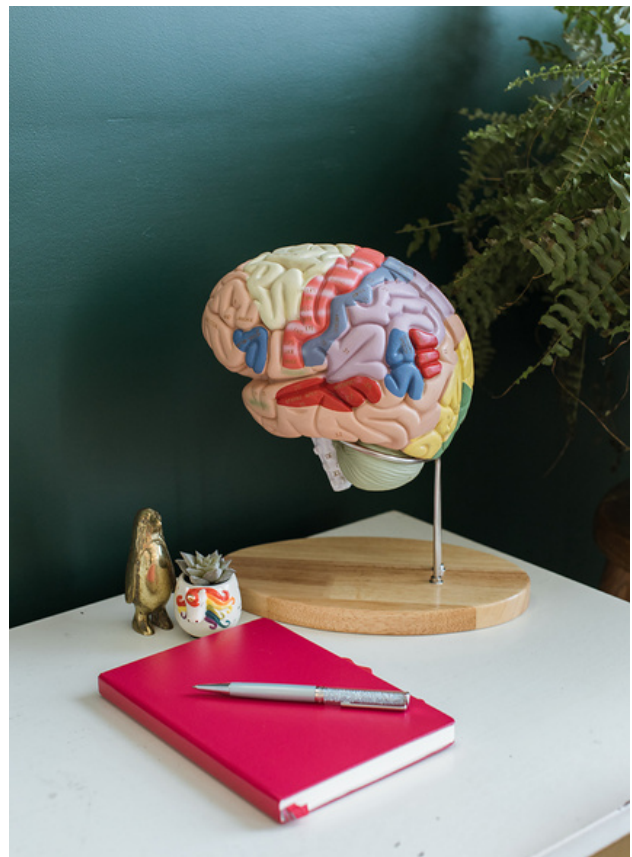
*If you have an idea and most of your colleagues hate it, it might be a good one.*

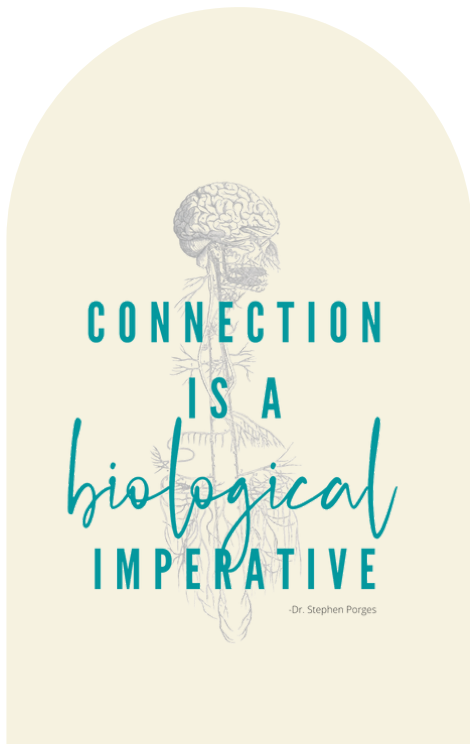
*It might even be a great one. One that changes the trajectory of your field. And even humanity.*

*An idea like attachment theory.*

*John Bowlby's idea that children's development was impacted by how they were cared for was not a popular one.*

*He persevered.*





*We need connection  
to survive. Physically.  
First and foremost,  
our attachment  
system keeps us alive.*



Bowlby offered to the world that each of us has an inborn system that has ultimately been labeled our attachment system. More than that, it was Bowlby who first suggested that a child's attachment to caregiver ensures that child's physical and emotional survival.

Bowlby told us that **connection is a biological imperative** long before Stephen Porges, MD gave us the science to back that up.

**We need connection to survive.** Physically. First and foremost, our attachment system keeps us alive.

Babies, Bowlby said, are born with the drive to maintain both connection and distance. Togetherness and autonomy. Ultimately Bowlby came to identify these different drives and how they are expressed, labeling them 'safe haven' (behaviors that keep us close) and 'secure base' (behaviors that allow for autonomy, curiosity, and exploration).

## ATTACHMENT BEHAVIORS

Interestingly, a strong secure base relies upon first having a strong safe haven.

**Bowlby noticed that babies have three different attachment behaviors.**



## THEY SEEK, MONITOR, AND MAINTAIN PROXIMITY TO THEIR CAREGIVER.

Babies cry. They are completely adorable. They have unique behaviors and features that keep us drawn to them. Eventually their motor skills develop and they can crawl, creep, walk, and then run toward their caregivers. We now know from neuroscience that baby's brains internalize their caregivers. They literally create patterns of neural firings that represent their caregiver. As they grow older, they can seek and maintain proximity to their caregiver in their minds.

## THEY USE THEIR ATTACHMENT FIGURE AS THEIR SECURE BASE.

When a baby's needs for proximity are met and their nervous systems are repeatedly soothed, their innate and inborn natural desire for learning, curiosity, and exploration opens up. They begin to explore and return.





Tiny babies do this with their eyes and then their limited motor ability, but of course as babies grow older they crawl away from their caregiver- not just toward. A baby's secure base behaviors (explore!!) are supported by the fact that they know their caregiver is there and available.

## THEY FLEE TO THEIR CAREGIVER WHEN THEY ARE AFRAID.

When babies become overwhelmed and aroused, when they have a need they can't meet themselves whether that's a physical need or a emotional need (to be soothed!), they turn back toward their attachment figure- to their safe haven. These two systems work in harmony (afraid??? Find safety!) to create physical safety and ultimately emotional regulation.

### **Then Bowlby took this all an additional step further.**

As development unfolds and children experiment with behaviors that keep people close, behaviors that allow for their autonomy and curiosity, and how to balance these relational opposites, **children also begin to develop and internalize ideas about themselves, others, and the environment.**

**Hold this thought** for a minute because we are going to come back to these internalized ideas, but first, we need to look over at Mary Ainsworth.

## MARY AINSWORTH

Oh Mary Ainsworth. Ainsworth took Bowlby's theories and really did the work that was needed in order for attachment to be a part of our everyday language.





Ainsworth, through dedicating her life to science, attachment, parent/child pairs, and keen observation, learned that **attachment systems are malleable- they can be shaped.** She taught us that attachment is about a parent's non-verbal communication and interactions with their babies- it's not what parents do for their babies, it's how they do it.

Ainsworth's work brought us The Strange Situation- a ground breaking, simple, and short lab experiment that still holds up today and allows us to begin to classify an infant's attachment to their caregiver.

Through Ainsworth's work and The Strange Situation, as well as the continued work of the brilliant Mary Main, we now have language to describe attachment behavior.

## SECURE

## INSECURE

- AVOIDANT
- ANXIOUS
- DISORGANIZED

(Added later based on Main's work)

## ORGANIZED

- SECURE
- AVOIDANT
- ANXIOUS

## D'ISORGANIZED



## BACK TO BOWLBY

Let's go back to Bowlby's idea that attachment lays the foundation for a child's 'inner working model' about themselves, their caregiver, and the environment.

Bowlby asserted, and decades of attachment research now supports, that a child's earliest and most repeated experiences in the attachment relationship shape their view of well, basically everything.

Babies who would end up being classified as having secure attachment become children who are confident in themselves, believe they have power and autonomy, believe they are good people even though they sometimes do things that are not good, and believe that generally speaking, other people are good too.

*Repeated experiences of being safe, seen, and soothed by their caregiver (or not) creates implicit memory about themselves*

These beliefs about ourselves, the world, and other people ultimately become like a pair of colored glasses we can never take off or even know we are wearing. They impact how we see and experience everything.

## ATTACHMENT AND RELATIONSHIPS

Now, neuroscience and memory science helps us understand that babies have memory- it's just that they have memory that's called implicit as opposed to explicit. Meaning- babies surely hold onto experiences in a way that help them predict future experiences. They just don't have the explicit felt-sense of "Oh!!! I remember!!!"

For example, after having the experience a few times, a baby starts to know that when their caregiver opens the fridge and brings out that one container, it means that they will get to eat soon. If they've had positive experiences with being nurtured and fed, they become physically excited. Their digestive system begins working to prepare their body for food. They might move toward their caregiver with delight and anticipation.

All of this happens because they have implicit memory about what that one container means is going to happen next. They don't have the felt sense of remembering "Oh!!! Yesterday what came out of that container was yummy!!! And when I get fed by my mommy I feel so loved and warm and nurtured and she looks at me with such warm eyes! I can't wait for that to happen again!!"

But they do indeed, obviously, remember. And then anticipate what's about to happen.

Well, the same is true for attachment and relationships.

Repeated experiences of being safe, seen, and soothed by their caregiver (or not) creates implicit memory about themselves (I'm good!!! And adored!!! My voice has power and helps me get what I

need!!!), their caregiver (I can trust grown ups!! They aren't perfect but overall they help me get what I need!) and their environment (The world is mostly safe and predictable!!).

This is what Bowlby was talking about when he said attachment leads to a baby's inner working model. These repeated attachment experiences lay the foundation for how babies experience themselves, other people, and the world.

## NOTES

# SECURE ATTACHMENT

## A CLOSER LOOK

*By and large, secure attachment in an infant develops from secure attachment in their caregiver.*

*85% of the time, a child's attachment experience will parallel the working model of attachment of the principal person caring for her. -Eric Hesse*

*Knowing this is true, let's first look at what secure attachment means in an adult.*



# SECURE ATTACHMENT IN ADULTS

Adults whose inner worlds have organized in a way that we could describe as secure attachment generally demonstrate many (most?) of these characteristics:

## X-RAY VISION GOGGLES

A more refined researcher than myself would call this reflective functioning. They can see past behavior and stay curious about what's going on inside their child that is leading to that behavior. They also have the ability to recognize that their own unique history and experiences impacts how they see their child and their child's behavior. Basically, they have x-ray vision into their child and themselves.

## EMOTION REGULATION

While certainly no human is emotionally regulated all the time, adults with secure attachment have a pretty wide capacity for staying regulated in the face of their child's dysregulation. This is super important because if a crying baby (dysregulated) always created significant dysregulation in their caregiver, the baby wouldn't get soothed. A securely attachment adult can (at least some of the time) notice their child's dysregulation, make meaning out of it, and stay regulated themselves in order to soothe this child.

## RESPONSIVENESS

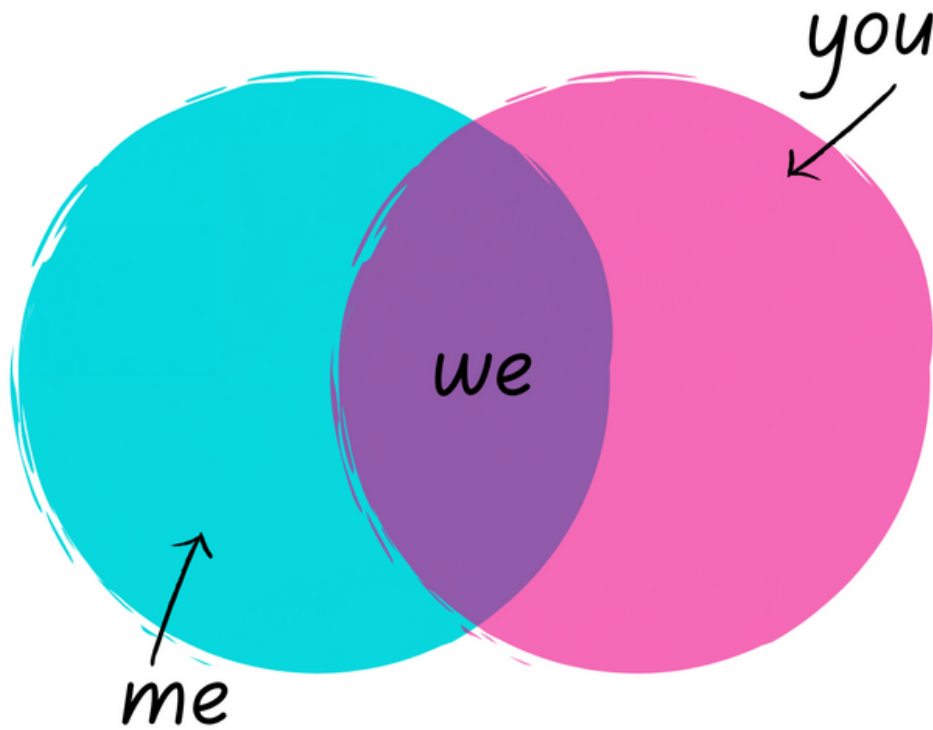
They can respond to what's actually happening in the moment and then adjust accordingly based on what happens in the very next moment. They are good at the 'dance' of relationships and 'serve and return.'

## FLEXIBILITY

They are good at providing structure and predictability yet comfortable veering off when necessary

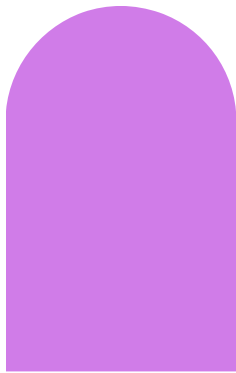
## CAPACITY FOR REPAIR

No caregiver is perfect and secure attachment does not come from an adult who meets their child's needs all the time. Secure attachment is actually largely born out of the times a caregiver initiates a repair after they've had some sort of rupture with a child. Adults with secure attachment can see a rupture has occurred, can stay regulated enough through the vulnerability of acknowledging the rupture, humble enough to offer the repair, yet strong enough to remain the child's secure base.



Adults with secure attachment read their child's cues, stay present, engaged, and regulated even when their child is dysregulated and distressed, and provide the soothing a child needs in order for them to fall back into regulation.

Enough of the time (not all time-perfection not required!! Keep reading....)



### A Venn Diagram of Secure Attachment might look something like this

There is enough resonance, a big enough 'WE' space, that the 'you' and 'me' can both feel each other while remaining separate.

**This is crucial.** If the adult is the 'you,' they need to resonate with their baby enough to know their baby needs help and for the baby to feel really felt by them. The baby needs this resonance to feel seen! To know they exist as separate from their caregiver. In secure attachment, the 'we' space is just big enough connection and resonance without losing 'me.'



## SAFE HAVEN VS. SECURE BASE

Adults with secure attachment read their child's cues, stay present, engaged, and regulated even when their child is dysregulated and distressed, and provide the soothing a child needs in order for them to fall back into regulation.

Adults with secure attachment are intuitively perceptive on when to step in to help a struggling child and when to allow the child to experience some stress. **For example...when a toddler is struggling to figure out a puzzle.** An adult with secure attachment witnesses and encourages the struggle until the child becomes so distressed they can't keep trying to figure out what piece goes where. Then the adult steps in, soothes the child, and maybe provides some clues or gives the child a small opportunity to feel successful so the child will continue to engage in the challenge (the puzzle).

## CHARACTERISTICS OF SECURE ATTACHMENT

In turn, babies who have caregivers with secure attachment become children (and ultimately adults) with characteristics of:

- Emotion regulation
- Distress tolerance
- Impulse control
- Mental flexibility
- Trust
- Confidence in and ability to receive & offer relational repair
- Empathy





## CYCLE OF SECURE ATTACHMENT

Babies have a lot of needs. Adults with secure attachment are good enough (not perfect) at reading their baby's cues and responding to those cues.

Think about a crying baby- their energy has increased, right?

For a moment or two, the caregiver actually matches that energy. This is important! The caregiver's slight increase in energy sends a message to themselves of "OH! The baby is crying!" This little increase in energy puts them into motion to do something about the crying baby without distressing them to the point that they can't soothe the baby.

After that little burst of energy, the caregiver soothes themselves (this doesn't involve a lot of thinking- it just happens) and a soothed caregiver is then able to soothe a baby. The baby's nervous system begins to sync with the caregiver, regulate, calm, and eventually, the baby moves into a state of contentedness.

It's this cycle- baby has need, expresses need, parent meets the baby, baby is soothed- repeated approximately one billion times in the first twelve months of life that ultimately lays the foundation for secure attachment.

## SECURE ATTACHMENT IS NOT ABOUT PERFECT PARENTING!!

The attachment cycle doesn't have to go off without a hitch perfectly every single time for babies to develop secure attachment.

Secure attachment actually is more about being comfortable with imperfect parenting and then re-connecting with our kids when we get off track. Secure attachment is about noticing the distress in our children and tending to it- enough of the time (not all the time)!

### SECURE ATTACHMENT = ATTUNEMENT + RUPTURE + REPAIR

In fact, it's pretty clear from the study of attachment that the repair part of secure attachment is the most important part! And we have to rupture in order to repair. So while this isn't an invitation to create ruptures on purpose (no need for that, we do that plenty because we are imperfectly human) it is an invitation to allow those ruptures to be followed up with self-compassion and then repair.



*Secure attachment actually is more about being comfortable with imperfect parenting and then re-connecting with our kids when we get off track.*



# INSECURE ANXIOUS ATTACHMENT

A CLOSER LOOK

*Before we look any closer at what attachment theory calls insecure attachment, we've got to get one thing straight :)*

*When we learn about, think about, read about attachment, it's impossible not to eventually think about our own.*

*If you read this series and notice that you resonate with some of the descriptions of insecure attachment, and even disorganized attachment, you might notice some feelings of shame or embarrassment arise.*

*Let me promise you...*

*Insecure attachment isn't bad.*

*Insecure attachment isn't wrong.*

*There is nothing wrong with you.*





**What we've been calling attachment styles is implicit memory that allows babies (who become toddlers, children, teens, and then adults) to be in relationship in the least stressful way possible.**

In the organized categories of attachment (secure, insecure anxious and insecure avoidant), the baby develops an organized expectation and anticipation about what is going to happen next in relational experiences. They figure out how to make sense of getting their needs met, or not, and the way they make sense of that then impacts their behavior, the way they organize emotions, and the way their brain develops.

Attachment, as you may remember from *The Basics of Attachment*, is about physical and emotional survival.

Babies first need their caregivers to be present and regulated in order to simply just keep them alive.

But babies also need their caregivers to be present and regulated so the baby can become themselves!

Babies figure out a way...attachment 'styles' can be assessed and are relatively stable by the time an infant is 12-months-old...to get their caregivers to be as present and regulated as possible.

Babies with caregivers with predominantly a secure state of mind with regard to attachment don't have to work too hard at this. They just get to be themselves! A precious, miraculous baby overflowing with infinite worth who has a lot of needs.

They get those needs met much of the time and learn that it's OK to have needs, that those needs will mostly get met, and that they can just be themselves.

## INSECURE ANXIOUS ATTACHMENT

When a baby has an attachment need- to be seen, soothed, safe, and secure (Siegel & Bryson)- caregivers with insecure anxious attachment (we call this preoccupied attachment in adults, but for consistency's sake, I'm just going to stick with anxious attachment in this series) have a harder time making sense of that need than caregivers with secure attachment.

They may have a harder time tolerating the discomfort of their baby's cries, especially if the baby isn't quickly soothed. This can lead a caregiver to soothe their baby with some inconsistency. Their baby's needs might be felt as overwhelming and they may struggle to regulate themselves enough that they can then regulate their baby. Or their attempts at soothing their baby get coupled with anxiety and stress, and the baby learns that soothing is inconsistent and stressful.

Because of their own attachment experiences and the accompanying neurobiology, the caregiver feels their baby's distress and begins to have their own distress. In a way, the baby's distress and the caregiver's distress begins to merge.





*The baby's goal is to be safe, seen, soothed, and secure and they begin to adjust themselves in a way that helps their caregiver provide those things as often as possible.*



The baby adapts to the fact that their needs cause stress in their parents and tries to figure out a way to keep their caregiver from getting stressed- because a stressed caregiver doesn't help the baby feel seen, soothed, safe, and secure.

See what I mean!!!

### **Brilliant. Our attachment adaptations are so brilliant and protective!**

The baby's goal is to be safe, seen, soothed, and secure and they begin to adjust themselves in a way that helps their caregiver provide those things as often as possible.

When a baby has a caregiver with insecure anxious attachment, the baby doesn't receive as much present and soothing co-regulation as they need. These babies remain dysregulated too long and too often for them to develop the internalized regulation that is such an important byproduct of secure attachment.

The irony is that babies with insecure anxious attachment might be experienced as difficult to soothe. They really want to keep their caregiver close and emotionally present, and they have adapted by needing to be soothed a lot but also not receiving that soothing very well. In a way, these babies remain very hopeful that they'll receive the co-regulation they need and therefore seek co-regulation often, while also maintaining an expectation that they won't receive the co-regulation they are looking for.



## CONNECTION AND AUTONOMY

Remember from The Basics of Attachment I talked about how attachment has two complementary forces? Connection and autonomy?

Babies who develop insecure anxious attachment struggle with the autonomy side.

As the baby explores the world or begins to create separation from their caregiver with insecure anxious attachment, this distresses the caregiver who often has subtle (or not so subtle) behaviors of dysregulation. The baby figures this out quickly, and because their primary concern is keeping their caregiver regulated so that they can experience being seen, secure, soothed, and safe as much as possible, these babies begin to limit their exploration and autonomy.

As these babies grow, they become toddlers and preschoolers with significant difficulty in separating from their caregiver. They haven't developed an internalized caregiver that they can turn to in the caregiver's absence, and they haven't developed a way to regulate themselves when they aren't receiving regulation from their caregiver.

### **Are you confused yet??**

By it's very nature, insecure anxious attachment can feel kinda 'slippery' to learn about. There is a little bit of fuzziness that arises. My mentor Bonnie Badenoch (look for my podcast interview with Bonnie!!!) describes the felt sense of anxious attachment 'an emotional jungle.'

**Here's where this gets fun :)** (Or maybe it's just me that thinks this is fun).



## POCKETS OF ATTACHMENT MEMORY

As we learn about attachment, our own pockets of insecure attachment often start to stir and come alive. We start to feel these experiences of attachment in our own neurobiology because we all have had experiences of insecure attachment- even if we primarily had secure attachment experiences and caregivers with a secure state of mind. Because none of us experience perfect attunement and co-regulation. None of us experienced being seen, soothed, secure and safe 100% of the time.

Learning about insecure anxious attachment can feel fuzzy because the experience is fuzzy. It's a little confusing, a little unpredictable, a little 'this doesn't quite make sense but let's just go with it.'

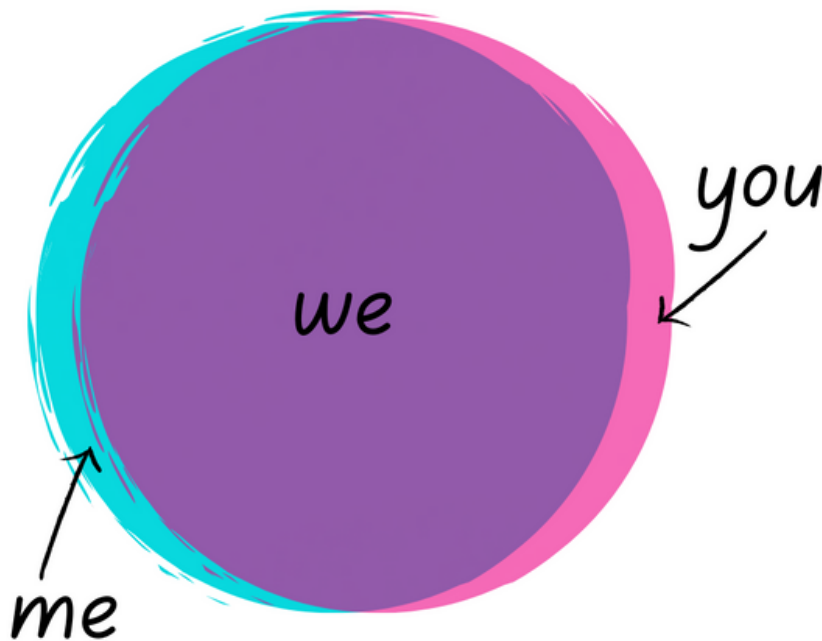
And it's a brilliant adaptation.

*None of us experienced being seen,  
soothed, secure and safe 100% of the time.*

It's brilliant and honestly to me pretty mind blowing how quickly after birth babies are adjusting their behavior, their nervous system, to get their needs met.

Babies with insecure anxious attachment try to meet their caregiver's needs so their caregiver can be regulated enough to then be present and meet the baby's needs. If a baby can't receive the external regulation they need, they are going to adjust themselves so that at least their caregiver can be present- this let's the baby be seen!!!





**A Venn Diagram of anxious attachment might look something like this.**

The 'we' space overlaps a lot! There is very little 'me' without 'you' or 'you' without 'me'!

**IMPACT ON REGULATION**

What this means, though, is that this baby isn't receiving the co-regulation experiences needed to build their capacity for self-regulation because the dysregulation can't be kept separate. The caregiver struggles to co-regulate the baby because they are dysregulated themselves. The baby develops into a toddler, preschooler, child, teen, and adult who has a limited capacity for self-regulation (and self!) and they seek regulation externally.

They struggle to have a solid sense of identity and self that isn't merged with who they are in relationship with other people. They struggle with the autonomy side of attachment but also experience regular discontentedness from the connection side of attachment, too, because the connection isn't truly regulating.

These babies and children are often described as 'clingy' or as a 'bottomless pit.' Their parents feel as though they can never make their children happy or meet their needs.

**Again I'll say- this is brilliant.**

## ATTACHMENT ADAPTATIONS ARE BRILLIANT

**They aren't without consequences of course.** There are obvious challenges that accompany an inner working model of insecure anxious attachment. These children have a desperate pull toward being connected to the point of having blurry energetic boundaries "where do I end and you begin?" yet also an unmet innate need to develop autonomy.

These children have limited capacity for self-regulation and rely on getting their regulation from others or from the environment. They can become children we might call controlling, needy, or clingy, yet often discontent; it doesn't feel like their needs are satisfactorily met. But again- look at the brilliance of this! They are looking for opportunities to get the co-regulation they need by having a lot of needs!

### **So, so smart.**

Unfortunately, it doesn't often work out that way because the neurobiology of insecure anxious attachment leads these children to behave in a way that matches their expectation, not their hope.



*They are looking for opportunities to get the co-regulation they need by having a lot of needs!*

## HOPE AND EXPECTATION

Their hope is to be seen, soothed, safe, and secure.

Their expectation is to get the opposite.

Because of the nature of implicit memory and behaviors, babies (who become toddlers, preschoolers, children, teens, and adults) evoke from their caregivers what they expect, not what they hope (we all do this, actually). If I'm expecting that I won't receive the co-regulation I need, I usually don't. I might even behave in ways that adults find off-putting, irritating, and annoying. Ultimately this leads to the exact opposite of what I'm hoping for but exactly what I'm expecting.

**As we explore together the insecure styles of attachment- anxious, avoidant, and disorganized, try to simultaneously hold in mind these two truths:**

**ATTACHMENT ADAPTATIONS  
ARE BRILLIANT**

**ATTACHMENT CAN CHANGE**

Attachment is quite stable throughout our lives unless we are lucky enough to get into close relationship with someone who is able to offer us experiences of secure attachment OR if we are lucky enough to become aware of our attachment expectations and then start to put in the hard work to shift them.

There is always hope.

Promise.

### NOTES



INSECURE ATTACHMENT ISN'T  
*bad*

INSECURE ATTACHMENT ISN'T  
*wrong*

THERE IS NOTHING WRONG  
*with you*

ROBYN GOBBEL





# INSECURE AVOIDANT ATTACHMENT

## A CLOSER LOOK

*What's it been like to marinate on the idea that insecure attachment isn't bad or wrong?*

*The way our minds adapt to not getting our attachment needs met (to be seen, soothed, safe, and secure) is nothing short of amazing.*

**WHAT EMERGES  
FROM INSECURE  
ATTACHMENT IS  
PROTECTIVE.**

**But it isn't without cost.**

Can we allow both to be true? There is nothing wrong with insecure attachment. It's brilliant. At the same time, the protectors we develop in order to survive when we aren't getting our needs met mean we are hiding away our real, true selves. And yes, this has a cost.

So it can be true that there is nothing wrong with the parts of us that hold insecure attachment while also being true that we want to find new ways of being in relationship so that our real, true selves can emerge.



## Let's review a few of my non-negotiables when exploring insecure attachment

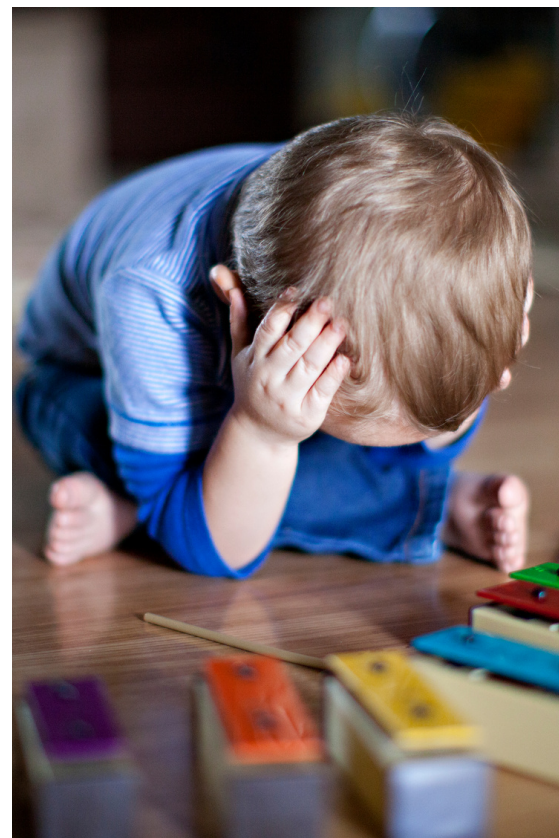
- Attachment, as you may remember from The Basics of Attachment, is about physical and emotional survival.
- Babies first need their caregivers to be present and regulated in order to simply just keep them alive.
- But babies also need their caregivers to be present and regulated so the baby can become themselves!

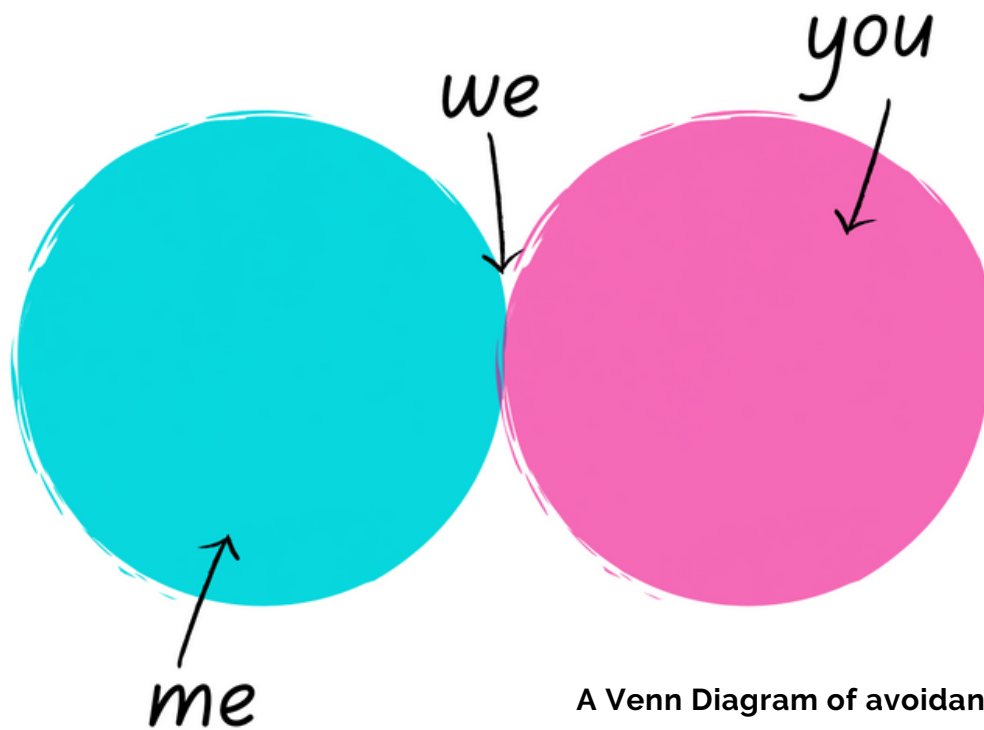
## CONNECTION AND AUTONOMY

Remember from The Basics of Attachment I talked about how attachment has two complementary forces? Connection and autonomy?

Babies who develop insecure avoidant attachment struggle with the connection side.

As babies need co-regulation to organize their feelings or to refill their connection-cup, caregivers with avoidant attachment tend to get overwhelmed (though they rarely notice this, because the neurobiology of avoidant attachment often leads to a lack of noticing), sending nonverbal cues to the baby that the baby's needs are too much. The baby figures this out quickly, and because their primary concern is keeping their caregiver regulated so that they can experience being seen, secure, soothed, and safe as much as possible, learns how to ignore and downregulate the connection side of their attachment needs.



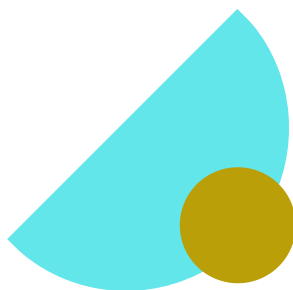


**A Venn Diagram of avoidant attachment might look something like this**

As these babies grow, they become toddlers and preschoolers who appear to have limited connection needs. They appear independent, and maybe cool, calm, and collected. They may also have limitations in empathy, cooperation, and creating close emotional connection with others.

There is very little resonant, alive, and embodied 'we' space.

Parents and caregivers with their own neurobiology of insecure avoidant attachment (actually in adults it's called dismissive but we're sticking with the same terminology here to decrease confusion with an already confusing enough topic) have a very hard time being emotionally and energetically present with their babies, especially when their babies need them.



These parents and caregivers learned themselves at a very very young age that feelings felt bad. They didn't get the

co-regulation they needed when they were small; in fact they learned that turning to their caregiver with an expectation of co-regulation caused their caregiver to do the opposite- their caregiver would emotionally retreat, maybe while offering the physical care the baby needed (a bottle!) but without emotional presence, resonance, or co-regulation.

Avoidant attachment falls in the organized category of attachment so we know that these babies developed an organized, predictable way of coping with their caregiver's inability to be present and provide co-regulation.

**They stopped asking.**

**They stopped expressing emotional needs.**

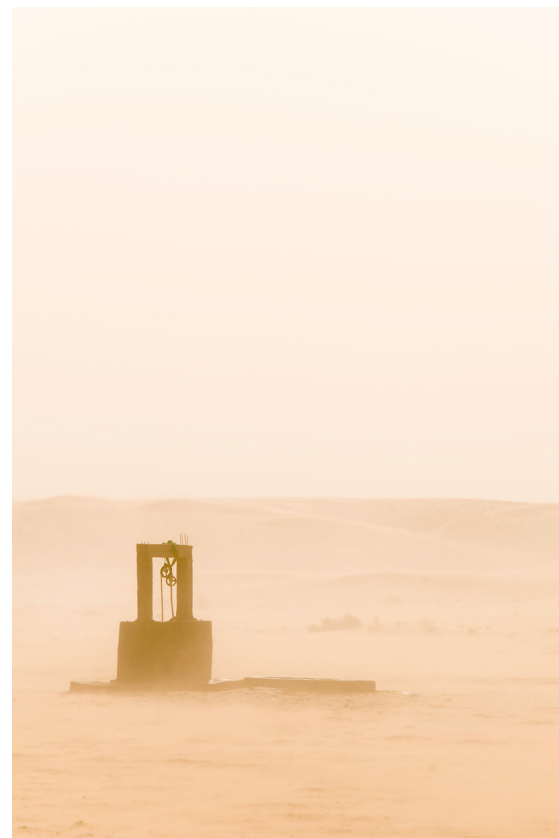
**They stopped even realizing they had them.**

**They learned to be very autonomous.**

## IMPACT ON REGULATION

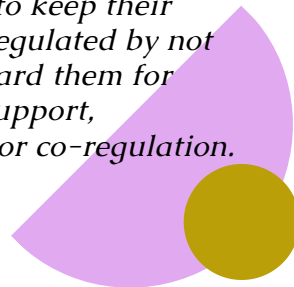
On the outside looking in, these babies and children may look like they have exceptional self-regulation.

It's just an illusion. This attachment adaptation involves down-regulating their attachment needs and figuring out how to soothe themselves. **Unfortunately it's not real soothing because soothing comes first from co-regulation.**





*The strategy of insecure avoidant is to keep their caregivers regulated by not turning toward them for emotional support, connection, or co-regulation.*



Babies and children who are categorized as having insecure avoidant attachment are sometimes described as mature and independent. They often aren't very emotionally reactive- until they are and then it tends to be in an explosion of rage.

Remember of course that the primary goal of these attachment adaptations is for the baby to keep their caregiver regulated enough that they can get as much safe, seen, soothed, and secure as possible. The strategy of insecure avoidant is to keep their caregivers regulated by not turning toward them for emotional support, connection, or co-regulation.

These babies have a hard time feeling their caregivers as a safe haven- a place to flee when they are overwhelmed and need their feelings organized.

They look like babies who don't have a lot of needs- but this is just an illusion.

They have a lot of needs because humans have a lot of needs. Especially emotionally. Especially babies.

We know now that these babies still have the needs--they have the distress that typically prompts a baby to cry. They don't, however, NOTICE these needs. They don't feel the distress that does indeed exist.



It's almost like the highway of information and sensation from the body to the brain has a traffic jam.

These babies and children 'miscue' their caregivers into believing they have very few emotional needs. (Miscue is language borrowed from The Circle of Security).

It's a miscue though. We know that they actually do have a lot of emotional needs because they are, well, human. And a baby.

Maybe you're thinking "Uh...so what's the drawback here?"

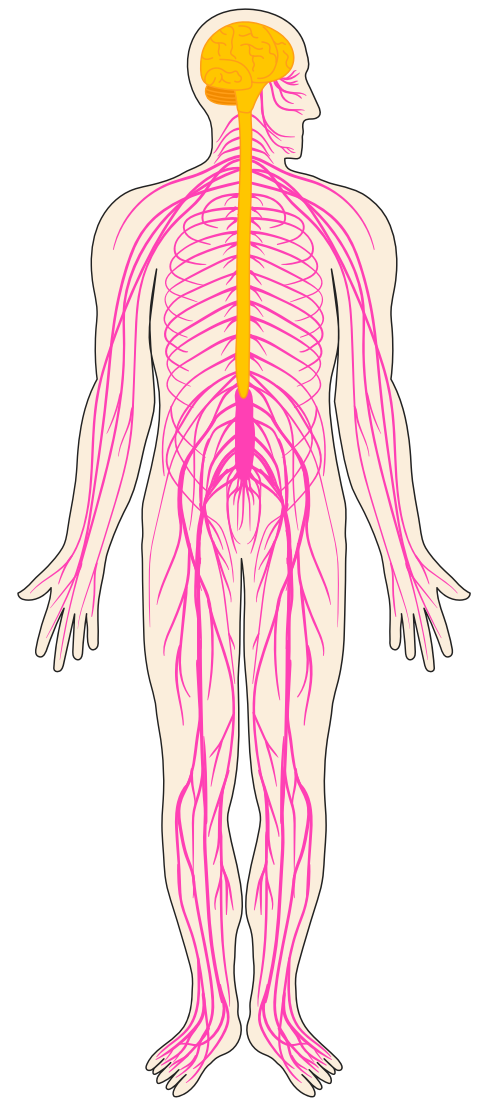
Having emotional needs and experiences is just about the most glorious part of being human. If we spend a lot of energy trying to dissociate or ignore that reality, we lose some of our ability to be relationally connected to others.

Insecure avoidant attachment can lead to a decrease in empathy. It's hard enough to make a mental map of their own experience, let alone someone else's.

Cutting off the felt-sense of having needs because it's too painful to have needs and have them go unmet is brilliant.

And just like in anxious attachment, it isn't without costs.

**Once again, can we hold these two seemingly conflicting truths in mind at once?**



**ATTACHMENT ADAPTATIONS  
ARE BRILLIANT**

**ATTACHMENT CAN CHANGE**



## HOPE AND EXPECTATION

There is always the hope that someone will finally see our true selves. Finally see our needs as valid, worthy, and not too much or too overwhelming.

There is always hope that someone will want to be with us in times of distress. That someone loves and adores those parts of us, too- not just the often high-performing "I have no need!!!" parts of us.

We all want all of our parts to be loved and adored.



Simultaneously, though, we also hold with this hope the expectation that our needs will not get met.

We behave in ways that match our expectations and then evoke from others exactly what we expect and not what we hope- that our needs aren't seen and don't matter and we're expected to make it through our emotional life all on our own.

## POCKETS OF ATTACHMENT MEMORY

As we learn about attachment, our own pockets of insecure attachment often start to stir and come alive. We start to feel these experiences of attachment in our own neurobiology because we all have had experiences of insecure attachment- even if we primarily had secure attachment experiences and caregivers with a secure state of mind. Because none of us experience perfect attunement and co-regulation. None of us experienced being seen, soothed, secure and safe 100% of the time.

I'm wondering if you're noticing that reading this blog feels a little different than reading the blog on anxious attachment? Maybe it feels boring? A little flat? Oftentimes, just learning about avoidant attachment can lead to a decrease in resonance, maybe even a little emptiness-- because the neurobiology of avoidant attachment is a little bit of emptiness or nothingness. My mentor Bonnie Badenoch (look for a podcast interview with Bonnie!!!) describes the felt sense of avoidant attachment as 'an emotional desert.'


Again, this is a brilliant adaptation.

I'm going to end this blog the same way I ended the blog on anxious attachment. Literally- I'm copying and pasting :)

Attachment is quite stable throughout our lives unless with are lucky enough to get into close relationship with someone who is able to offer us experiences of secure attachment OR if we are lucky enough to become aware of our attachment expectations and then start to put in the hard work to shift them.

There is always hope. Promise.

### NOTES



## THE TRAGEDY OF **DISORGANIZED ATTACHMENT**

Disorganized attachment is the only 'attachment style' (I remain reluctant to consider attachment a style, but it is indeed the word used by researchers and such, so for now, I'll keep using it) that is both insecure and disorganized.

**It is the only attachment style in the disorganized category.**

Remember how both insecure anxious and insecure avoidant, as well as secure, fall in the organized category because those babies develop a predictable way of getting their needs met?

**There is no predictability or organized solution in disorganized attachment.**

Because disorganized attachment is underneath much of the bizarre, baffling, confusing, and overwhelming behaviors that have us searching the internet for help (with our parenting, our partnerships, our friendships), it's easy to lose connection to the truth that attachment patterns aren't good or bad.

They simply just are.

Even disorganized attachment, which can feel like anguish for the child and for the adults, is protective.

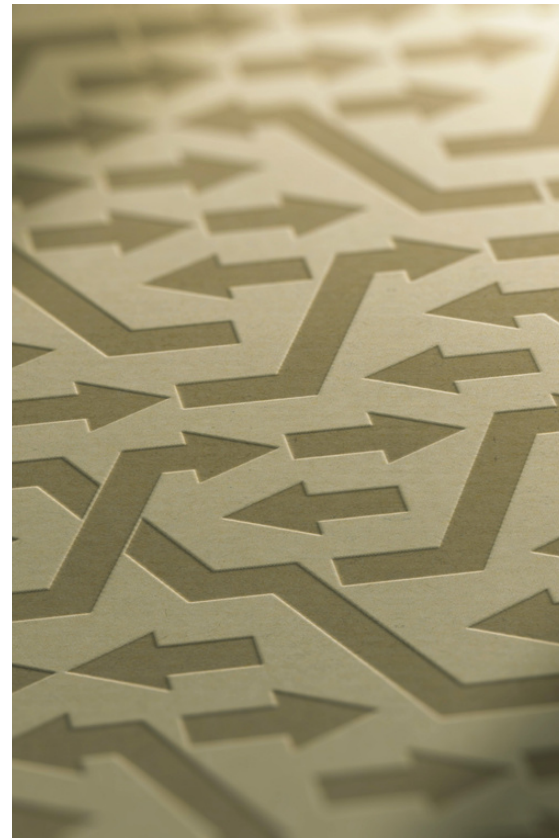
**But of course, it is not without great cost.**

## **BOWLBY'S 3 ATTACHMENT BEHAVIORS**

In Part 1, The Basics of Attachment, we looked at three attachment behaviors that were identified by Bowlby.

- **They seek, monitor, and maintain proximity to their caregiver.**
- **They use their attachment figure as their secure base.**
- **They flee to their caregiver when they are afraid**

What happens when babies flee toward the caregiver when they are afraid, **but it was the caregiver who is creating the fright?**







## TWO OPPOSING FORCES

When our fight/flight DANGER DANGER systems are engaged, the next system to come online is our seeking safety system. Attachment is an inborn system that is first and foremost about physical safety! When the DANGER DANGER system becomes engaged, the attachment system kicks in next in order to promote survival, and babies flee to their caregiver looking for safety and co-regulation.

**This is a safe haven behavior.** The baby is seeking both safety and co-regulation. The baby needs a safe, regulated adult to co-organize their feelings!

Imagine then, that a baby experiences a fright and turns toward their attachment figure for safety and co-regulation.

But that person is the same person who caused the fright?

At the very least, that becomes a terrifyingly confusing experience.

Are you here to help me? Or hurt me?

On top of that confusing terror, when the caregiver who is supposed to offer co-regulation is instead causing dysregulation, this situation leaves the baby all alone with terrifying feelings.

The baby is frightened, dysregulated, and in need of co-regulation in order to be safe, seen, soothed, and secure but instead receives more fear, terror, or loneliness.





Their fright isn't co-regulated. They aren't soothed and seen. They don't receive help organizing their feelings.

This then activates their DANGER DANGER system. Again.

## **SPINNING IN CIRCLES**

And then what happens?

They flee toward their caregiver.

Except their caregiver isn't available to soothe them; in fact, the caregiver may continue to be the source of terror.

So their DANGER DANGER system gets activated and then they flee toward their caregiver.

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Except their caregiver isn't available to soothe them; in fact, the caregiver may continue to be the source of terror.

**So their DANGER DANGER system gets activated and then they flee toward their caregiver.**

If it feels tolerable in this moment, imagine this happening over and over and over and over...

For me, a spinning sense emerges. Turning in circles. A frantic 'go toward go away go toward go away' sensation.

All while being all alone.



## NO SOLUTION

Disorganized attachment is disorganized because there is no solution.

It's an unsolvable dilemma.

This baby's nervous system remains in a state of chaos. Chaos is what embeds into their nervous system and becomes a part of the implicit memory of attachment.

# MEAN, WEAK, OR GONE

**The Circle of Security talks about disorganizing experiences for a baby as times when their caregiver is “Mean, Weak, or Gone.”**

I've never found a more helpful way to quickly conceptualize and easily remember the types of experiences that lead to disorganization.

## MEAN

This is typically what we think about when we imagine what happens to create disorganized attachment. This caregiver is abusive or humiliating. They likely have an implicit awakening of their own terror, of being terrified or of a caregiving causing terror. This implicit awakening floods their nervous system, they move into a state of extreme fear, and behaviors that are experienced as terrifying (abusive, humiliating) emerge. Now the child is terrified and has no where to flee- they have lost both their safe haven and their secure base.

But there are two other caregiver behaviors that are experienced as terrifying, and therefore, disorganizing to a baby.

## WEAK

This caregiver becomes flooded with dysregulation and fear, and is no longer able to provide a secure base or safe haven for their child because they energetically collapse. They are in a state of fright themselves, possibly because of their own experiences of being abused or victimized, or because their past experiences of terror flood their nervous system and they move into a state of fear. This is terrifying for the child because in the parent's collapse and fearfulness (sometimes even of the child!)

the child has lost their safe haven and secure base. The parent isn't available to co-regulate the child's feelings of fear and terror! The child is left all alone with their own experience of terror.

## GONE

This caregiver is either physically or energetically gone. The child may be left all alone for a very long time- longer than a baby should ever be left alone. Inevitably, babies have needs! They will coo or cry or fuss or do something to alert their caregiver that they need to be safe, seen, soothed, and secure. But what if no one comes? What if the caregiver isn't frightening (mean) or frightened (weak) but actually not even there at all?

Sometimes caregivers, due to their own significant histories of trauma and terror, are physically present but energetically gone. They may become swept away in their own state of disorganization and ultimately, dissociation. The child turns toward their parent to have their experience co-regulated, and the caregiver is physically present but unable to be the safe haven. The caregiver cannot see the baby, nor can they provide safety, soothing, or security.





## IMPLICIT AWAKENINGS

**It's important to take a breath here** and remember that caregivers who could be considered mean, weak, or gone are swept away from their own implicit experiences. They are caregivers with their own history of attachment disorganization and are extremely vulnerable to the past in which they also had experiences of being terrified because someone was acting terrifying.

## NO SOLUTION

Disorganizing experiences imbed in the nervous system as chaotic and confusing. They lack coherence or organization. These children often become chaotic and confusing. They are extremely difficult to care for because they send very mixed signals about what they need and want. They may adapt to this disorganization by developing a protective part that decreases their reliance on others.

This may cause them to behave in controlling and manipulative ways.

The disorganization remains because connection is a biological imperative and there is a part of their nervous system that continues to desperately search and long for connection.

Their nervous system is tied in metaphorical knots. They are exhausted. They remain in an almost constant state of arousal without any authentically developed self-regulation and without any trust or willingness to seek out co-regulation.

They remain in the proverbial spinning circle of disorganization. Like a tornado.

And regretfully, their caregivers are dysregulated, too, because it is highly dysregulating to care for a child with this level of disorganization.

## HOPE AND EXPECTATION

Just like in the babies with insecure anxious and insecure avoidant attachment, babies who develop disorganized attachment always remain hopeful they'll get their needs met, but they continue to expect to be terrified and all alone.

They behave in ways that match this expectation and evoke from their caregiver what they expect- terror, rejection, and more disorganization. They remain convinced that the world is unsafe, they are all alone, and must rely only on themselves to be OK.

## POCKETS OF ATTACHMENT MEMORY

**Take a breath with me now.**

It's possible that even if disorganized attachment isn't your primary experience in attachment relationships that you likely had some disorganizing experiences during your earliest, preverbal experiences. None of us had perfect parents.

Sometimes, disorganizing experiences happen despite the parents best attempt to avoid them, like when there is medical trauma. I can remember so clearly the time my son was sleeping in a different room--which was unique and probably already somewhat disorienting for him-- and the baby monitor was unintentionally not turned on. I woke to him crying but it was clear when I finally got to him that he'd been crying for a very, very long time. He was all alone with his fear; no one was available to co-regulate him. This one experience isn't enough to create disorganized attachment as his primary attachment pattern but the memory may still live in his nervous system.





If you are parenting a child who has bizarre behavior and you know that some of their previous attachment experiences would have been considered disorganizing, you also know the felt sense of disorganization because of being with them when their own pockets of disorganization have come alive in their nervous system (and the resulting bizarre behavior).

**Take another breath now.**

## THE TRAGEDY OF DISORGANIZED ATTACHMENT

Disorganized attachment is a tragedy. Seeking connection is how we develop regulation. It's how we develop our sense of who we are. Attachment experiences lay our foundation for how we see and view ourselves and the world.

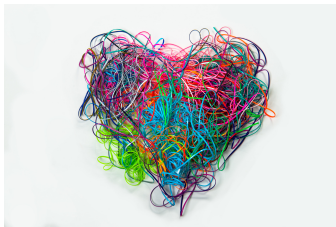
Children with disorganized attachment significantly lack the ability to regulate themselves and they lack the trust to turn to others. Their attachment system propels them toward the very thing they are terrified of. This system is innate- it doesn't go away. There is the constant chaos of 'go toward go away go toward go away' that swirls in their neurobiology. And no way out.

### **Anxious and Avoidant**

If you are parenting a child who has a history of experiences in attachment that would have been disorganized, you likely also recognize in them pieces from the blog on anxious attachment or avoidant attachment.



Most children who would be classified as disorganized also demonstrate behaviors of anxious attachment (extremely clingy or possibly indiscriminate with attachment- engaging in intense connection behaviors with almost anyone) or behaviors of avoidant attachment (extremely aloof, behaves as though they need no one, care about no one).



## UNTANGLING DISORGANIZED ATTACHMENT

**There is hope.**

Children with insecure attachment need to receive now what they should have received then.

In the next and final blog of this attachment series, we'll look a bit more closely at what that means.

What did a child who developed anxious attachment need but not receive?

What did a child who developed avoidant attachment need but not receive?

What did a child who developed disorganized attachment need but not receive?

It isn't easy to give children what they needed but didn't receive- particularly because they evoke in their caregivers what they expect, not what they hope for. Mostly what they need is to be seen, safe, soothed, and secure.

This is very very hard to do for a child who has behaviors that emerge from insecure attachment.

Very hard.

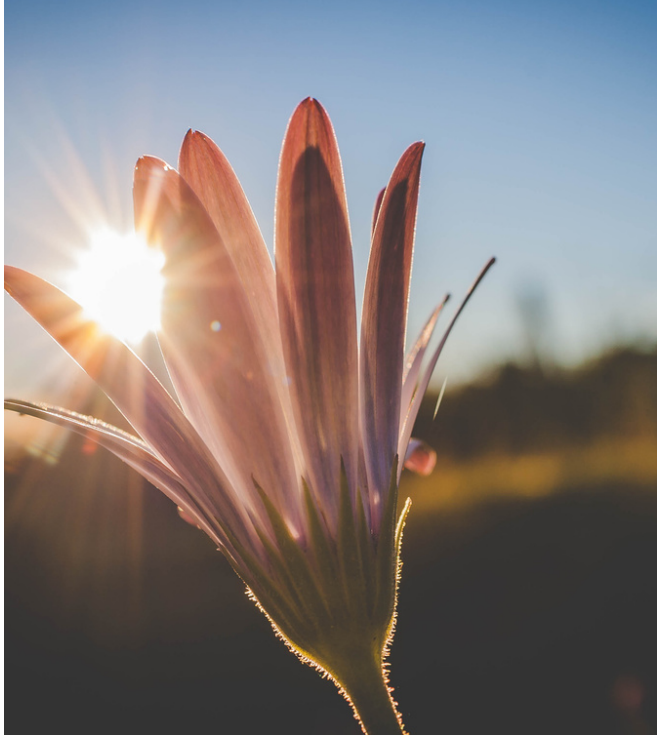
But not impossible.

### NOTES

ATTACHMENT  
ADAPTATIONS  
ARE *brilliant*

ATTACHMENT  
CAN *change*

ROBYN GOBBEL



# HOW ATTACHMENT CHANGES

We made it! Here we are, part 6 of this 6 part series on attachment!

After a closer look at anxious, avoidant, and disorganized attachment, you might be wondering “OK, so now what? What do we actually do? How do we change insecure attachment?”

Even when we fully lean into the truth that the insecure streams of attachment are protective, we can still feel the sense that there is something missing.

There is a longing and a sadness that continues to go unseen and unmet. A longing and a sadness that is covered up by the behaviors of insecure attachment that unfortunately tend to perpetuate their expectation in relationship instead of meeting their hope.







What happens if we think less about how to change attachment and more about how we can stay connected to the ways insecure attachment developed?

**Something was needed but not received.**

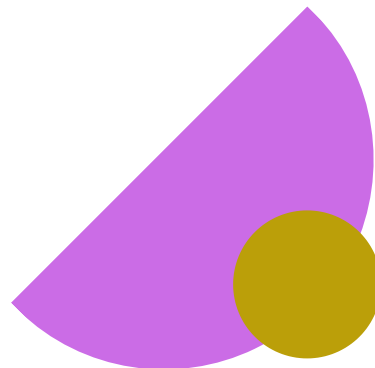
To be safe, seen, soothed, and secure are needs.

When we don't get the things we need, we develop all sorts of tactics to get that need met. We remain focused on the short-game, not the long-game.

What if, instead of focusing on changing attachment, we thought about what was needed in the moments that insecure patterns of attachment started to form, but not received?

Then we can stay curious and open to ways to help that person (or ourselves) receive what they need and are hoping for, and not what they are expecting.

**Helping kids move from insecure to secure attachment always starts with our own.**







## X-RAY VISION GOGGLES

Remember how one of the characteristics of secure attachment in caregivers is that they have what I call x-ray vision goggles?

They can see beneath the behavior and respond to the need, not to the behavior.

They can make sense of the child's behavior without personalizing it.

One way to help our children begin to shift to more security in attachment is to practice putting on our x-ray vision goggles.

This is why I'm so passionate about teaching parents to understand what's underneath behavior. For so many parents, making sense of the behavior and truly understanding the underlying neurobiology is a fast path toward developing that x-ray vision!

I have also found that understanding what's underneath a child's behavior helps caregivers stay more present and regulated in the moment is difficult behavior, even if they still have no idea what to do about it. They can more easily de-personalize the behavior and remain in a more compassionate state.

Not only does this mean that they are less likely to respond in a way that escalates the situation but it's also true that remaining grounded, present, and compassionate in the face of dysregulated behavior actually is an intervention.

**It's an intervention because it changes our children's neurobiology.**

# What was needed?

If insecure attachment means something was needed but not received, then healing insecure attachment means giving now what was needed then.

## ANXIOUS ATTACHMENT

Children who develop anxious attachment needed a caregiver who could stay present- not entangled- with their dysregulation without becoming dysregulated themselves.

Remember the Venn Diagram? The child's distress and the caregiver's distress merge too much.

Children with anxious attachment haven't had the opportunity to develop much internalized co-regulation and don't trust that they can rely on themselves to be OK.

### THESE CHILDREN NEED

- Caregivers who can be with their dysregulation without rescuing them from it or merging with them in it.
- Support and encouragement to discover who they are- their likes and dislikes- because they've prioritized figuring out what other people like and dislike so that they can regulate that person and be OK.

## AVOIDANT ATTACHMENT

Children who develop avoidant attachment needed a caregiver who could remain fully emotionally present and embodied, allowing some of the child's distress to resonate in the caregiver's body. Remember the Venn Diagram? The child's distress and the caregiver's don't resonate enough.

Children with avoidant attachment have learned to over-rely on what I call (and I first heard this term from Stan Tatkin) 'autoregulation'- a way of coping with their internal distress without relying on co-regulation but also not true self-regulation (since self-regulation is developed after repeated experiences of co-regulation).

### THESE CHILDREN NEED

- Caregivers who can be with their dysregulation even though they don't demonstrate dysregulation by offering presence, compassion, co-regulation, and attunement. These caregivers recognize that the 'miscue' of avoidant attachment is to look cool, calm, and collected; they trust that the child does have emotional needs even if they aren't demonstrating them.
- Help recognizing their own sensations and feelings as well as the feelings and sensations of others.

## DISORGANIZED ATTACHMENT

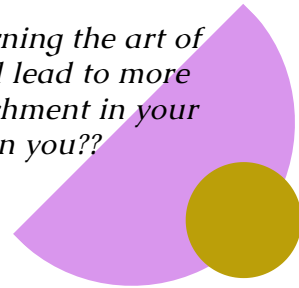
Children who develop disorganized attachment needed a caregiver who was not mean, weak, or gone (Circle of Security). These children have internalized the disorganization and chaos from the caregiver's nervous system. This internalization of chaos is what is causing the bizarre, chaotic and confusing behavior they now demonstrate.

### THESE CHILDREN NEED

- Caregivers who can stay present and regulated
- Caregivers who can see that it's the child's internal disorganization that is causing difficult behavior. It's actually very simple- but extremely challenging.



*What if learning the art of repair could lead to more secure attachment in your child- and in you??*



## **RUPTURE AND REPAIR**

One of the most fascinating aspects of attachment research is that children who develop insecure attachment receive relatively the same amount of attunement from their caregivers as children who develop secure attachment.

### **What's the difference then??**

*Caregivers with secure attachment offer repair to their child when there has been a rupture.*

Caregivers with secure attachment notice when they have fallen out of synchrony and attunement with their child.

They can regulate through the rupture themselves and then take a step in the dance toward repair.

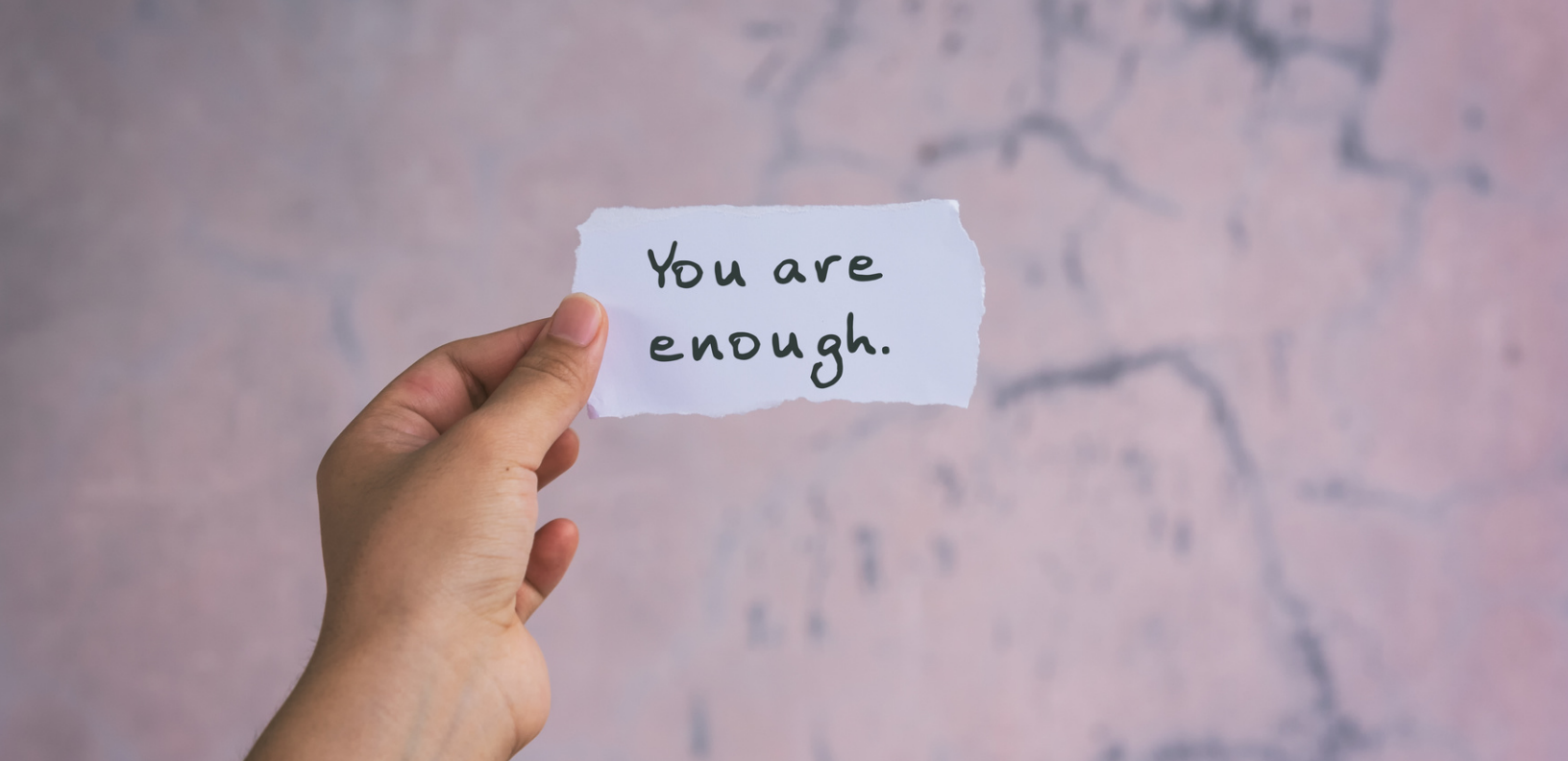
It is so brave and so vulnerable to repair with someone after there has been a rupture in your relationship.

It feels especially brave and vulnerable to do this with our children.

What if learning the art of repair could lead to more secure attachment in your child- and in you??

### **It can and it does.**

This simple truth has brought so much relief to the families I work with- and myself.



You are  
enough.

## HEALING ATTACHMENT HAS NOTHING TO DO WITH BEING A PERFECT PARENT.

**What children need** is for their parents to put their x-ray vision goggles on as often as possible so they can see their children who is hiding behind the behavior. They need parents who see their true selves- an imperfectly perfect child who is struggling in that moment.

**What children need** is for their parents to be regulated themselves enough that they can provide the co-regulation and soothing that the child needs. Not 100% of the time. Just enough.

**What children need** is for their parents to repair when things have gone awry. They need their parents to see that a relationship rupture has occurred and then be brave enough to make a repair.

**What children need** is parents who practice self-compassion because self-compassion leads to a more secure state of mind in the caregiver. A more secure state of mind makes it easier to put on those x-ray vision goggles, see beneath the behavior, soothe the dysregulation, and make a repair when they need to.



## Luckily, you are in the right place.

This is a place where you will discover you are worthy of self-compassion. Visit [my blog](#)- you'll see that quickly!

This is a place where you will learn about what's underneath your child's challenging behaviors so you can put on those x-ray vision goggles and meet their real need.

### **This is a place where you can go deeper if you want.**

Children with a history of trauma or big, baffling behavior are so overwhelming to parent! It's lonely, isolating, and just plain hard.



If you loved this series and want to go deeper, check out **The Club**, a unique virtual community with people who know what it's like to be you.

The Club is a virtual membership experience for parents of children with vulnerable nervous systems and big, baffling behaviors. You'll connect with Robyn, her team, and other parents in an active forum and live events, and have 24/7 access to a video library with over 50 video trainings.

You'll receive the connection and co-regulation you deserve so you can parent with connection and co-regulation.

Your brain will change because brains change inside relationship. You'll be able to use the parenting tools you already know.

Inside The Club you'll become the connected parent you want to be.

## Learn more on the following pages

### NOTES



# want even more?

## PODCAST



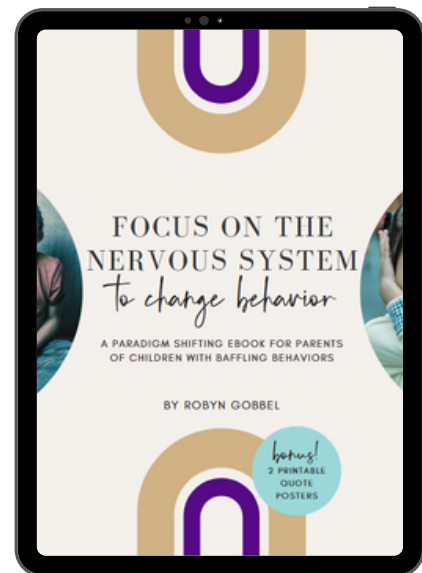
*As a parent (and a professional who works with youth), this podcast completely changed my perspective on behavior and my role as an adult. Before, I was just trying everything I knew, reading everything I could, and hoping for the best. Robyn's research-based (but in layman's terms) podcasts are giving me: (1) a better understanding of the brain and (2) the tools I need to "see" and respond with intention and empathy. So grateful for this resource.*

~ Listener Review

[LISTEN](https://robyngobbel.com/podcast)

<https://robyngobbel.com/podcast>

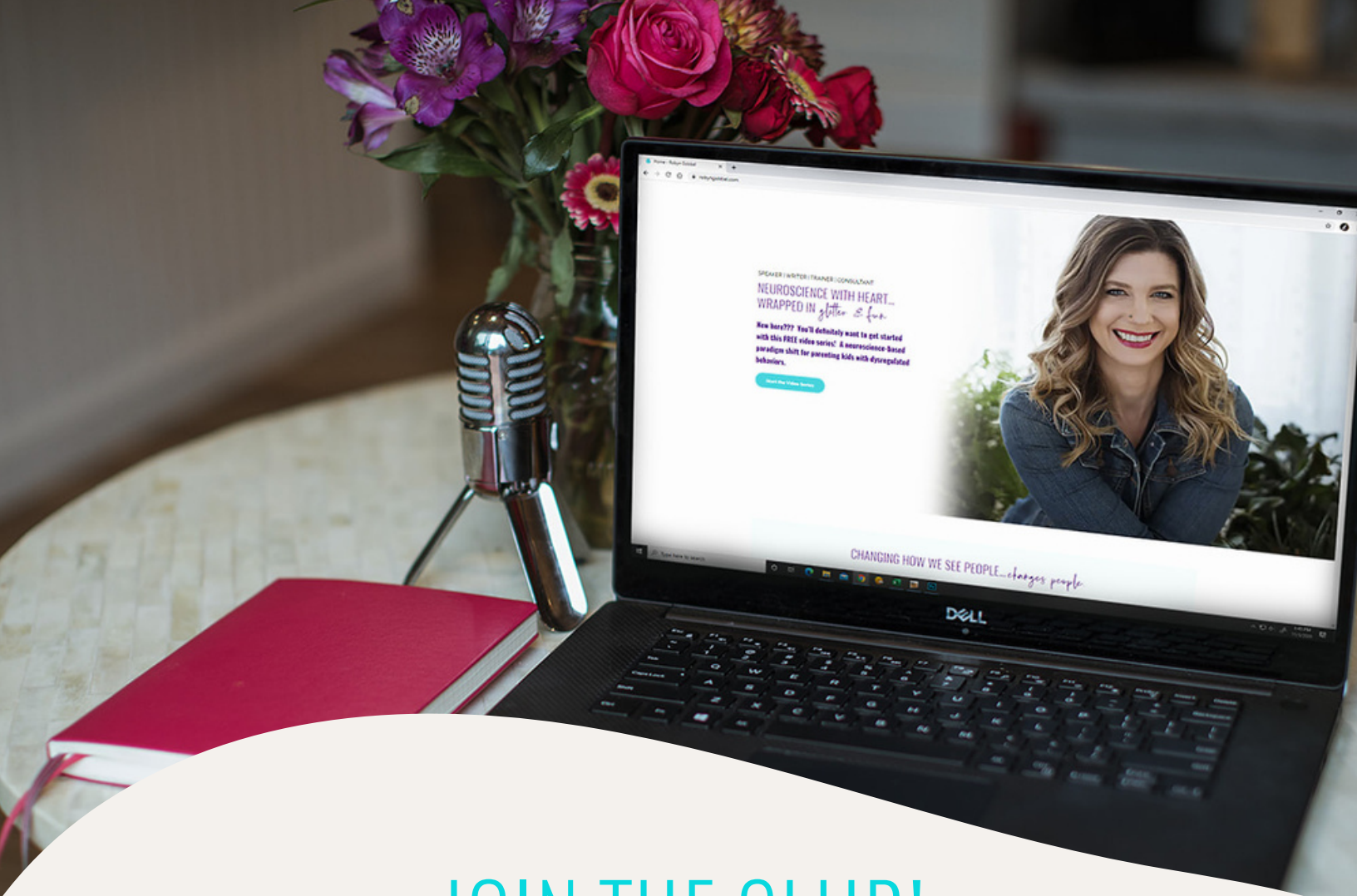
## EBOOK



Love this ebook? I also wrote the free Focus on the Nervous System to Change Behavior eBook, which accompanies a free, one-hour webinar on the same topic. =

[FREE DOWNLOAD](https://robyngobbel.com/webinar)

<https://robyngobbel.com/webinar>



## JOIN THE CLUB!

In **The Club**, you'll get what you need so that you can give your child what they need- more connection and more co-regulation. The Club is a virtual community just for parents of kids with a history of trauma (and the professionals who support them).

Children with a history of trauma or big, baffling behavior are so overwhelming to parent! It's lonely, isolating, and just plain hard. The Club is a place to be seen and known. It's a place to undo the aloneness. It's a place to give and receive the connection and co-regulation you need so that you can parent the way you want to.

[LEARN MORE](https://robyngobbel.com/theclub/)

<https://robyngobbel.com/theclub/>

# Being With

An **immersive and holistic** 12-month program where you'll become **solidly anchored into the science of relationship** and a robust set of **tools that help even the families with kids with the biggest behaviors**, all while **safely exploring your inner world**.



**The end result?** *Being as present for the parents you work with as they want to be with their kids. ....and you'll be way less burned out, too.*

**What would shift** in your work with families if you had the **confidence** to offer your resonant presence - *even in the midst of chaos*- while **teaching** parents tools that actually work? If you **understood the science of behavior** so deeply that no behavior -- from the children or their parents -- would **ever leave you dazed and confused again?**

Upon completion, students receive licensing rights to teach my parenting curriculum in their community or practice.

ARE YOU READY TO JOIN A COMMUNITY  
OF *radical change makers?*

<https://robyngobbel.com/beingwith/>



# THANK YOU!

However you stumbled upon this ebook, thank you. Thank you for being curious and brave. If your interest in attachment is driven by how much you love a child in your care, thank you. If your interest in attachment is driven by how much you love and care for your clients, thank you. If your interest in attachment is driven by curious self-exploration, thank you.

We are changing the world. Me and you. Together.

*Robyn*

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