

Attachment Influences in the Classroom

A proliferation of attachment research has documented a stable pattern of social, emotional and cognitive outcomes for children of various attachment styles. There are three primary classifications including Avoidant (about 20% of the population), Secure (about 60%), and Ambivalent (about 20%). A fourth style, Disorganized attachment, has been documented in a small portion (1% to 2%) in low-risk samples, but in a higher portion of high-risk samples (e.g., abuse, trauma victims).

SECURELY ATTACHED CHILDREN

Secure Infants typically have caregivers who:

- Are interactive and responsive to their children.
- Appropriately “read” the cues of their children.
- Are consistently available to their children and are attuned to them.
- Are physically and emotionally affectionate.
- Frequently pick up, hold and carry their infants.
- Appear to have joy in parenting.
- The strongest sense an observer would have in watching this dyad interact is a pervasive sense of “COMFORT, CONNECTION & WARMTH”.

In the classroom, a secure child is:

- More likely to exhibit learning-readiness.
- More likely to be enthusiastic about classroom activities.
- More likely to be socially competent with peers.
- More likely to engage in interactive play with peers.
- More willing to accept physical affection and/or comfort from adults.
- Less likely to demonstrate “instrumental aggression” (e.g., hitting another child with a toy).
- More likely to be involved with people as rather than objects or toys.
- More likely to exhibit deep trust in adults.
- More likely to ask adults for help.
- More likely to be “persistent on task” (i.e., more likely to continue trying on a difficult task).
- More likely to have rich, well-developed play themes.

AVOIDANTLY ATTACHED CHILDREN

Avoidant Infants typically have caregivers who:

- Are emotionally unavailable to their children.
- May push their children for early independence.
- Are emotionally unresponsive.
- Do not give their children warm, nurturing affection.
- Avoid intimate physical touch with their children.
- May deliver very competent “instrumental” care (e.g., making sure the child is fed and clothed), but are simply unable to deliver warm, nurturing care.

- The strongest sense an observer would have in watching this dyad interact is a pervasive sense of “DISCONNECTION”.

It is important to remember that these caregivers may be good people and people of character. They are not “bad” people – they simply are unable to connect in emotionally, meaningful ways with their children due to their past or current circumstances.

In the classroom, an Avoidant-Style child is:

- More likely to play alone or to engage in parallel play (i.e., beside, but not with).
- Less likely to engage in interactive play with peers.
- Less likely to accept physical affection and/or comfort from adults.
- More likely to demonstrate “instrumental aggression” (e.g., hitting another child with a toy).
- More likely to be involved with toys and objects rather than with people.
- Less likely to exhibit deep trust in adults.
- More likely to mask tender feelings.
- More likely to have an over activation of parasympathetic nervous system (e.g., more like to physically mask or hide signs of distress, appear calm on outside).
- Less likely to ask adults for help.
- Less likely to be “persistent on task” (i.e., less likely to continue trying on a difficult task).
- More likely to have “impoverished” play themes (e.g., going from toy to toy, picking up and discarding them).

AMBIVALENTLY ATTACHED CHILDREN

Ambivalent Infants typically have caregivers who:

- Are only intermittently available to their children.
- Are capable of responsive care at times, but are inconsistent.
- May be warm and loving at times and cool and unresponsive at others.
- Do not consistently “read” their children’s cues.
- Do not appear to have a strong sense of their children’s needs.
- Are typically still “caught up” in some unsatisfactory aspect of their own childhood histories.
- The strongest sense an observer would have in watching this dyad interact is a pervasive sense of “UNCERTAINTY & AMBIVALENCE”.

It is important to remember that these caregivers may be good people and people of character. They often have really good intentions about giving their children the best they can possibly give. They are not “bad” people – they simply are unable to be consistently, emotionally “present” for their children.

In the classroom, an Ambivalent-Style child is:

- More likely to engage in parallel play with peers.
- Less likely to engage in competent interactive play with peers.
- More likely to demonstrate “instrumental aggression” (e.g., hitting another child with a toy).
- More likely to be “clingy” and/or “needy” with adults.
- More likely to exhibit behavioral dysregulation.
- More likely to have an over activation of HPA sympathetic responses (e.g., more likely to be emotionally volatile).
- Less likely to exhibit deep trust in adults.
- Less likely to appropriately ask adults for help (e.g., they may whine or cry, but not ask directly for their needs).
- Less likely to be “persistent on task” (i.e., less likely to continue trying on a difficult task).
- More likely to have “impoverished” play themes (e.g., going from toy to toy, picking up and discarding them).

DISORGANIZED ATTACHMENT-STYLE CHILDREN

Disorganized Infants typically have caregivers who:

- May be physically, sexually and/or emotionally abusive to their children.
- Have mental disorders that cause them to exhibit “frightening” behaviors in the presence of their children (e.g., blank stares, dissociative episodes).
- Are emotionally unavailable to their children.
- Have behaviors that are confusing and frightening to their children.
- Do not give their children warm, nurturing affection.
- Are disconnected from their children’s needs, feelings and wants.
- The strongest sense an observer would have in watching this dyad interact is a pervasive sense of “FEAR & CONFUSION”.

It is important to remember that these caregivers are not necessarily “bad” people – they may be adults who are mentally ill, who are at risk for dissociative behaviors and/or are adults who were harmed themselves as children.

In the classroom, a Disorganized-Style child is:

- Less likely to exhibit learning readiness.
- More likely to exhibit “stereotypies” (i.e., repetitive, autistic-like behaviors).
- More likely to seem conflicted and angry.
- More likely to be behaviorally disordered and dysregulated.
- More likely to seem confused in approaching parents and other adults.
- More likely to exhibit unusual responses to the parent.
- More likely to play alone or to engage in parallel play (i.e., to play beside, but not with another child).
- Less likely to engage in interactive play with peers.
- Less likely to accept physical affection and/or comfort from adults.

- **More likely to demonstrate “instrumental aggression” (e.g., hitting another child with a toy).**
- **More likely to be involved with toys and objects rather than with people.**
- **Less likely to exhibit deep trust in adults.**
- **Less likely to reveal tender feelings.**
- **More likely to have an over activation of parasympathetic nervous system (e.g., more like to physically mask or hide signs of distress, appear calm on the outside).**
- **Less likely to ask adults for help.**
- **Less likely to be “persistent on task” (i.e., less likely to continue trying on a difficult task).**
- **More likely to have “impoverished” play themes (e.g., going from toy to toy, picking up and discarding them).**