

## ① Avoidant

Defendant children often understood as 'avoidant' in their interactions with others:  
The children will present as withdrawn and 'closed' in their attachment behaviours:

- He/She will avoid interactions with adults, that by very definition will call attention to the relationship in their 'unavailability'.
- These children can also be the quiet 'forgotten ones', minimised in their requests for help
- These children can either be very thin or present as overweight
- Their interactions with you as their day time carer could be understood as avoidant of taking any direction from you, they may appear neutral and unconnected.
- They are fiercely independent and prefer to explore their environment with little support of adults.
- These children can be seen as 'loners'
- These children will struggle to act as part of their peer group.

These children prove difficult to teach because they will attempt to remain 'unknown' they are attempting to keep themselves protected from distress and rejection by not letting others in to their mysterious inner world. These children can often inspire irritation in the very staff who are trying so hard to connect and engage with them. They may even provoke from their support staff and teachers a level of forgetfulness and disgust because they can present as at all times being compliant and attend to the needs of the adults and seeming like a 'little adult'.

Often there is a disparity in their peers understanding of them and an adult, as a norm they are not liked by their peers but seen as powerful and manipulative however adults may be unsure of why they struggle with these children based on the issue that they are compliant and do as they are told but there is a coldness or a fortress like presentation that gives rise for a mild concern.

These children in adulthood will struggle with depression and with feelings of passive anger and rage. As children they have little understanding of their own worth and indeed believe themselves to be 'lesser than' creating the escalating internal belief that they are stupid, worthless and or disgusting creating low mood and potential eating issues in teenage years and other long term problems.



- Have abrupt, neutral and unenthusiastic exchanges
- The child may have no close friends or friendships marked by exclusivity and jealousy
- The child will often be outside the group
- The child will exhibit poor recall and poor self awareness

Within the relationship with teacher and therapist;

- Will on a deep level only be able to understand the teacher/therapist as 'useless'
- Is mistrustful and in the extreme narcissistic
- The play will keep people out and away and will be grandiose in narrative and antisocial
- Responses are often all thinking and not feeling
- Therapist and teacher can often feel rejected, or indeed keep away from these seemingly compliant children because they have a strong relationship to task rather than acting out

Attachment behaviour strategy;

- This style of child's relationships will be inhibited and the style of relating to others is with an aim to manage the pain of rejection
- These children become skilled at managing their emotional state
- They learn to inhibit both behaviour and affect, on their internal world and focus on exploration instead
- At all costs the child's internal aim is to 'be neutral and not to call attention to relationship.

The child's internal working model;

- Other people are unavailable and rejecting
- I have to protect myself
- If I show my needs I will be rejected
- If I do what is expected of me, I will not be rejected
- If I take care of others and deny my own needs I will be loved

Prognosis in adulthood is resentment, overwhelm leading to long-term depression, and the same style of attachment passed to offspring.

This is the most common form of attachment type in Britain!



### *Avoidance: Type A*

Controlling, coercive  
Running away  
Laughing (as a defence) when confronted/told off  
Unable to trust  
Dread of closeness, distant,  
Emotionally unavailable  
Little visible display of emotion  
Dread of emotion, 'freezing'  
Depressed  
Repress, inhibit feelings and needs to avoid annoying parent  
Angry  
Detached, appearing cold, shy, awkward, gauche, too preoccupied to notice infant's needs  
Defended, dismissive with the attitude: "appearance is all that matters!"  
Wary, fearful of intimacy; appear abrupt, sharp or harsh towards their child  
Withdraw at sign of distress  
Parents appear agitated, distressed or hostile towards their young children  
Eye contact is difficult to maintain  
Denial of feelings "Stop it! You've nothing to cry about"  
Parent may be responsive when child doesn't come too near  
Punishing, punitive; "the child's got to learn self control!"  
Ignoring, shutting down  
Busyness, engaging in play to avoid closeness  
Too bright e.g. perpetually singing, yet falsely cheerful  
Strong feeling e.g. rage & hurt, is inhibited due to fear of rejection  
Self-reliant, solitary, self-sufficient  
Polite, stiff, formal way of talking  
Literal play, lacking in imagination  
Independent, competent at set tasks  
Comfortable in activity with low emotional content (solitary computer games)  
Perfectionism, workaholic  
Can be hostile in order to keep others at bay  
Lack of social interaction i.e. with feeling focus  
Conflict in play tends to lack solution  
Play reveals markedly little tension, exhibiting a life of not much happening  
Needs order, schedules  
Projects self as strong, invulnerable  
Others' emotions are a source of irritability, puzzlement, embarrassment  
Impatient, restrained, reserved  
Few friends, socially isolated  
Trapped, unconnected, resentful of responsibility parenthood demands  
Idealise memory of childhood attachments, minimising importance of hurts  
Those who sexually abuse are more likely to deny their involvement  
Reserved, so unable to share worries  
Lacking empathy, parent is un-attuned to their infant  
Children show compulsive care giving toward parents

