

# Circle of Security/Attachment Theory

## Terminology

### *Attachment—*

*Care Seeking (Attachment)*—an instinct, throughout the life span, to seek proximity to a specific person who will comfort, protect, and/or help organize one's feelings.

*Care Giving (Bonding)*—an instinct to monitor a specific person, and to comfort, protect, and/or organize that person's feeling when necessary.

*Exploration*—an instinct to follow one's innate curiosity and desire for mastery, when it feels safe to do so.

### *Attachment Strategies—*

*Secure*—a relationship that creates confidence in the availability of a specific protective caregiver if needed, and supports exploration when it is safe to do so. The child does not need to focus on the needs of the caregiver, but can simply attend to what s/he wants, needs, thinks, and feels and make that known all the way around the Circle.

*Ambivalent*—an organized strategy of attachment that overemphasizes the demonstration of closeness and proximity (safe haven/bottom half of Circle) while underemphasizing the exploratory aspects of the relationship (secure base/top half of Circle). The child seeks to keep an inconsistent caregiver available through a heightened display of emotionality and dependence. This attachment strategy is not considered a risk for significant psychopathology.

*Avoidant*—an organized strategy of attachment that overemphasizes the exploratory aspects of the relationship (secure base/top half of Circle) while underemphasizing the need for emotional closeness and comfort (safe haven/bottom half of Circle). This strategy allows a child to stay as close as possible to the caregiver while expressing a minimum of emotional need. This attachment strategy is not considered a risk for significant psychopathology.

*Disorganized*—attachment of a child to a caregiver who is either frightened of the child or frightening to the child (or both); a breakdown in organized behavior by the child when needing to seek comfort and protection from the attachment figure, particularly when under stress. This attachment style is considered to be at risk of significant psychopathology.

*Negative Attachment*—attachment to a “procedural script” regarding how to function within relationship; this script, learned within the context of an insecure or disorganized attachment, allows for a limited experience of connection (“This

may be painful, but at least it allows some predictability and some sense of connection.”)

### *Cue/Miscue*

*Cue*—a signal/request (direct or indirect) from the child or caregiver for a specific need to be met.

*Miscue*—a misleading or contradictory cue used to protect the child from the pain of having a specific need exposed and/or unmet. This concept is at the foundation of COS work as a way to teach caregivers how their child is cooperating with them in a well synchronized “dance” that allows both child and caregiver access to each other in a way that currently feels “comfortable” (comfort in the service of defense) to the caregiver.

*Disorganized Spiral*—the tendency to be pulled into a disorganized state of mind when working with someone with a disorganized state of mind; a lapse in reflective capacity; symptoms: 1. rescuing/taking responsibility, 2. becoming punitive/blaming the other.

*Earned or Learned Secure*—the achievement of a secure state of mind through “corrective attachment experiences” with a significant attachment figure (teacher, therapist, friend, partner, spouse, etc.) and/or an increase in reflective capacity concerning past and present attachment experiences.

*Emotional regulation*—the ability to respond to the ongoing demands of experience with a range of emotions in a manner that is socially tolerable and sufficiently flexible to permit spontaneous reactions, as well as the ability to delay spontaneous reactions as needed.

*Empathy*—the capacity to think with and feel with the experience of another.

*Internal Working Model*—mental models of self and attachment partner that regulate, interpret, and predict behavior, thoughts and feelings related to attachment.

*Learned Helplessness*—futility engrained within a context of unpredictable caregiving and/or predictable disregard for attachment needs; futility experienced within an environment that will not respond to requests for help.

*Multi-risk Families*—families with three or more of the following risk factors, \* placing their children at higher risk for cognitive and emotional difficulty. (\* Maternal mental illness, maternal anxiety, negative parental perspectives on childrearing, lack of spontaneous interactions with children, unskilled or unemployed, lack of high school diploma, minority status, lack of family support, stressful life events, family size/overcrowding, low SES, marital distress, parental criminality, foster care for children, drug abuse)

*Parenting Styles—*

*Authoritarian*—a parenting style that has a high level of control and a low level of warmth and affection. Children from these families tend to have lower self-esteem, be less trusting, and more withdrawn.

*“Bigger, stronger, wiser, and kind”*—a parenting style with a high level of the caregiver being “in charge” matched with a high level of caregiver warmth and affection. Children from these families tend to be more mature, independent and academically successful. “Bigger, stronger, wiser, and kind” becomes a central parenting focus/goal (repeated often) within the COS protocol.

*Permissive*—a parenting style that has a low level of control and a high level of warmth and affection. Children from these families tend to be low in self-reliance and self-control and have trouble adjusting to school.

*Reflective Capacity*—the ability to stand back, observe, and understand one’s own behavior, motivation, and needs and to observe and understand the behavior, motivation, and needs of others; the ability to “turn one’s self in;” to see in a genuine way how one may be a part of any given problem within relationship, while simultaneously recognizing that the other may also have responsibility.

*Reflective Functioning*—the capacity to reflect upon one’s self and one’s experience in relationship; the capacity to recognize and work with one’s Shark Music.

*Resiliency*—the capacity to be confident, competent, and caring despite significant risk factors throughout childhood. (e.g. develop social competence, problem-solving skills, capacity to reflect, autonomy, and a sense of purpose.)

*Rupture and Repair in Relationship*—a parent/child relationship is ruptured when the parent is unable (temporarily) to meet the child’s attachment needs. The relationship is repaired when the parent and child reestablish their attachment pattern.

*Shark Music* – the painful state of mind (feelings and memories, initially unconscious) of caregiver and/or child that emerges when certain needs on the Circle are evoked. This concept is central to the COS intervention model as a means of normalizing defensive process for caregivers, thus supporting increased reflective capacity.

*State of Mind*—the particular way in which we hold or view our experience.

*State of Mind Regarding Relationship*—conscious and unconscious beliefs, attitudes, and values regarding past and current attachment experiences.

*State of Mind Regarding Relationship—*

*Secure*—a state of mind that exhibits a coherent valuing of attachment experiences while maintaining the freedom to evaluate the quality of past and current relationships.

*Insecure*—a state of mind that exhibits a restricted ability to evaluate current and past relationships (either preoccupied with or dismissing of attachment experiences); a lack of coherence when considering issues of autonomy or closeness.

*Disorganized*—a state of mind that exhibits a lack of resolution regarding significant loss and/or abuse during childhood or adulthood; a lack of coherence when considering issues of loss or trauma.

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