

## Attachment Style and the Mirror of Self

**Rivka Edery\***

*Clinical and Applied Psychology Department, California Southern University, United States of America*

**\*Corresponding Author:** Rivka Edery, Clinical and Applied Psychology Department, California Southern University, United States of America.

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### Abstract

This brief article will explore the power of attachment theory, specifically insecure attachment style and the Mirror of Self. Through the lens of ruptured attachment, the Mirror of Self reflects the voice of the Critical Inner Parent that promotes the need for survival habits. Creating a Loving Inner Parent as a primary intervention activates an internal state affording the adult a permanent inner resource that can be activated anytime. The emotional re-parenting process is one strategy that serves to repair the inner ruptured attachment wounds that might otherwise remain a chronic disconnect.

This article will introduce the reader to three pertinent concepts:

- What is attachment style, and its relevance to one's sense of self?
- What are the core manifestations of insecure attachment as manifested in adult behavior?
- How does one interrupt the negative feedback loop of the Critical Inner Parent and cultivate a Loving Inner Parent?

**Keywords:** Attachment Theory; Attachment Style; Internal Working Model; Self-Concept; Adult Child; Loving Inner Parent; Inner Critic

### Abbreviation

IWM: Internal Working Model

### Introduction and Methodology

Attachment theory identifies the establishment of security through the relationship between a primary caregiver and the infant [2]. The reason is the universal need of infants for attachment with their key caregivers when distraught and in need of care. As infants develop and become adults, other ancillary caregivers create future connections that gratify their fundamental attachment needs and add to the development of identity [1]. Attachment theory has helped us understand human behavior for over fifty years. This understanding includes how individual variances in social contexts result from early relationships with primary caregivers.

The Four Attachment Styles are: 1) Secure - autonomous (self-directing, regulated), 2) Anxious - preoccupied, 3) Disorganized (fearful-avoidant) - unresolved, and 4) Avoidant (dismissive). All three, except for secure, are considered insecure (defensive forms) attachments.

As a general estimation, half of the American population has secure attachment, and the rest fall into one of the three insecure attachment styles. A free online assessment is available on the website: [TheAttachmentProject.com](http://TheAttachmentProject.com).

John Bowlby [2,3] framed the basic tenets of attachment theory. He perceived attachment as a strong, lasting emotional bond that attaches two relational partners through time and space. This initial experience with the primary caregiver [3] creates mental images of self and others that impact the character and anticipations of future social relationships with attachment figures. Cicirelli [4] has upheld that a surrogate attachment figure will surface when there is an extended separation of a child from their critical caregivers. This experience is a core working model function of an adult who becomes captivated, or drawn to, an object of attachment that symbolizes the primary caregiver. As religion is one standard coping method for this, this symbolic attachment influences adults to acquire religious viewpoints in which they identify a bond with God or a religious character as a symbolic attachment [5]. Religious attachment behavior is one way to exhibit this experience. Such behaviors include prayer practices, devotion to a sanctified space, reading religious texts, or rituals performed to maintain the relationship with the symbolic attachment figure [5,6].

### The Mirror of Self

Every human being contains an inner mirror through which the world has reflected them. Early childhood caregivers are the ones who place this initial mirror in the form of attachment-related beliefs and a sense of value. The parent's voice speaks loud and clear to the individual from behind the mirror and will be either the voice of the *Loving Inner Parent* or a harsh, dominant *Inner Critical Parent*. Adult children with either of the three insecure attachment styles carry a broken inner mirror with a voice that speaks pain, misgivings, and distortion to the adult. The voice and image garnished from this broken inner mirror fuel emotional starvation. The past several decades have seen an upsurge in research, data collection, and treatment methods to address the adult child of a dysfunctional, abusive, or addictive home.

The CDC-Kaiser Permanente adverse childhood experiences (ACE) study is a good starting place for the interested reader. The ACE study is notable and significant, being one of the most extensive and significant investigations of childhood neglect and abuse and its linkage to health and well-being. The study was initially piloted at Kaiser Permanente from 1995 to 1997, involving more than seventeen thousand voluntary participants, with two waves of data collection. The data support that the plight of the Adult Child carries internal tension that may remain unspoken, misunderstood, and a silent, cutting suffering. It is the fear of intimacy, fueled by feeling unsafe, having low self-worth, shame, and fear. The approach-avoidance cycle takes center stage in life: to approach is basic human biology, and to avoid when it is safe to approach, becomes a gripping dynamic in the uncertainty of the adult world.

Affecting key domains in life, the Mirror of Self becomes the internal opponent, with seemingly no end. For the insecurely attached adult, difficulties range from fundamental conflict to more extreme instigation of power struggles, to the furthest extent, applying to the victim of tyranny and its perpetrator. Confusion over interpersonal encounters perpetuates further victimhood as ruptured attachment wounds play out repeatedly. In essence, desperate attempts to drown out the Critical Inner Parent, behind the mirror, manifests as insecure attachment difficulties.

## Results and Discussion

### Changing the Mirror of Self

Creating a change of the Mirror of Self for the insecurely attached adult requires a brief discussion on the approach of transitional objects and phenomena formed by Winnicott (1960), a mid-twentieth-century psychoanalyst. Dr. Donald Woods Winnicott, an English pediatrician and psychoanalyst, was incredibly prominent in psychoanalysis, specifically in the parent-infant relationship. The core of his contribution is his elucidation of the parent's role in early object relations and its indelible impact on the infant's life. He proposed that icons, idols, and religious art frequently constitute transitional objects. These objects create psychological bridges, intermediaries,

or hopes for “transitions” from humans to invisible divinities that necessitate materialization in some fashion that the believer actively maintains in their mind. When creating or designing significant material forms, they frequently become considered “divine”.

The understanding of this attempt to attach securely to an entity is the starting point for making sense of attachment-motivated behaviors. Attempting to relieve the rupture, dial down the negative voice of the inner critic, and substitute it with a loving, secure attachment, requires the adult to cultivate the voice of the Loving Inner Parent. When adults turn to religious expression, they often desire to create and attach to this Loving Parent (Divine entity). Substantial evidence supports the attachment-religion premise in the study of the psychology of religion [7-10].

Understanding transitional objects and phenomena can significantly aid in understanding attachment-related phenomena, specifically self-negativity. The goal is to create an internal object of love, a state of activation known as the Loving Inner Parent. This inner state, once cultivated, becomes a mindset the adult can shift into, using it as a permanent inner resource. An initial step in cultivating a Loving Inner Parent is acknowledging one’s attachment style and related behaviors. The cultivation of a Loving Inner Parent can begin by taking an online attachment style assessment and seeking professional guidance. Following this would be to research what resources and tools best support the quest to link and understand specific habits that are reflections of the inner mirror. A writing inventory, daily journaling, guided meditation, talk therapy, and other therapeutic tools can readily help the interested adult accomplish this.

The second step would be to look at one habit or characteristic that is a pattern of secure attachment. If the habit is an attempt to “fight with the inner mirror,” that would be a good healing starting place. Personal survival habits are born at a very young stage and serve the defensive function of seeking security from the primary caregiver. The compassionate approach to this survival skill is an important beginning, not the final stopping place. Mindfully noticing when this attachment - survival habit is activated- and intervening as a loving parent might - interrupts the dynamic, negative feedback loop. A daily diary of this second step can shed light on whether the adult primarily operates from an activated survival system versus conscious co-creation of a loving inner space. The third step is to hone this habit change and share it with a safe other. Changing insecure attachment-related habits to secure attachment habits is a very doable process. A process rooted in the power of neuroplasticity: the phenomenal ability of the brain to create change. With this change, the adult’s life has the potential to go in a different direction.

### Conclusion

The association between attachment style and one’s relationship to the inner parent (loving or critical) points to a significant correlation between adult relationships, and attachment-related habits, as coping methods. One’s development of attachment relationships inspires the need to carefully examine the adults’ connection to their reflection in the mirror (Sense of self). It is not unanticipated to observe that an individual’s developmental attachment relationships are spoken for by what reflects in their seeking efforts to bond with others. Consequently, research on attachment may further explain the significance of childhood parental attachment regarding relationships, both romantic and otherwise. Early childhood ruptured attachment, developed into insecure attachment, creates an inner emptiness, hollowness, or coldness that echoes throughout one’s life.

Pursuing the right self-help initiatives can make the difference between a life considered in repair and healing - and a life that is a repetition compulsion, which should reflect on the following considerations. First, additional exploratory investigations into one’s attachment style, and its theory, are mandatory to reinforce the theoretical attachment contention on the effects of insecure attachment. Knowing one’s style, related communication, and affective patterns is necessary for epitomizing the three defensive operations in attachment disruptions (three insecure attachment styles). Second, exploring one’s attachment-related habits in past or present relationships, focusing on the dynamics of an approach-avoid cycle, hints at a perceived threat, and attempts at seeking safety. Attachment-related habits can return more personally significant results than a just study of attachment theory alone.

One reason for studying perceived threats is the defensive effect of attachment. Suppose there is a sense of endangerment to the insecurely attached adult's sense of safety and space. In that case, acts of defensiveness are not to be per se punitive or rejecting to a partner, though defenses incline the adult to behave aggressively. Third, the adult child can scrutinize the outcomes of likely diverse environmental influences in the relationship between general relationship coping and current attachment bonds. Lastly, consistent support may be required to assess necessary attachment bonding modifications towards a trajectory of secure attachment. One's pattern from significant relationships might deliver thought-provoking or significant findings. The results may uncover variations of a replicated model of the parental attachment relationship, internal working models, and coping tactics from the earliest age to adulthood.

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