

AMBIVALENT ATTACHMENT

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1. Core Definition and Taxonomy

Ambivalent attachment, also frequently referred to as **resistant attachment** or Anxious-Ambivalent Attachment, is one of the three primary types of insecure attachment relationships identified within the framework of Attachment Theory, originally formulated by John Bowlby and empirically tested by Mary Ainsworth. This pattern describes an emotional bond characterized by simultaneous desires for proximity and resistance toward the caregiver, typically displayed by infants in situations of stress or reunion. The defining feature is the child's inability to use the caregiver as a secure base or a reliable source of comfort, leading to intense distress when separated, followed by a failure to be easily soothed upon the caregiver's return. The resulting behavior is a profound paradox of approach and avoidance, manifesting as clinging dependency interspersed with angry rejection or passive resistance.

The core psychological mechanism underlying **ambivalent attachment** involves a profound uncertainty regarding the caregiver's availability and responsiveness. Unlike the secure child who trusts the parent to be accessible when needed, or the avoidant child who learns to suppress attachment needs entirely, the ambivalent child maintains a heightened state of vigilance, constantly monitoring the environment and the caregiver's behavior. This constant state of anxiety stems from an unpredictable caregiving environment, where the child cannot rely on consistent emotional regulation assistance. Because the attachment system is chronically activated without reliable resolution, the infant exhibits exaggerated displays of distress--often crying intensely or demanding attention--yet, when comfort is offered, they express frustration or anger toward the source of that comfort, essentially punishing the caregiver for their earlier perceived unavailability.

This classification is crucial because it highlights a specific malfunction in the attachment system: the inability to achieve secure base exploration or safe haven return. The infant's attempts to regulate emotions are disorganized and ineffective, consuming cognitive resources that would otherwise be dedicated to learning and exploration. The resultant emotional volatility and contradictory behavior pattern--clinging yet simultaneously pushing away--is a direct consequence of the internalized conflict between the biological drive for connection and the learned expectation of inconsistent response. Academically, this style is designated as the Type C pattern in Ainsworth's original classifications, distinguishing it clearly from the secure Type B and the avoidant Type A.

2. Historical Context: The Strange Situation Procedure

The empirical foundation for identifying **ambivalent attachment** rests heavily on the standardized laboratory procedure known as the Strange Situation Procedure (SSP), developed by Mary Ainsworth and her colleagues in the 1960s and 1970s. The SSP is a carefully choreographed sequence of separations and reunions designed to activate the child's attachment system under mild stress. The infant's behavior during the reunion episodes is the most critical factor in determining the attachment classification. For children later categorized as ambivalent, the key distinguishing characteristics emerge precisely when the caregiver returns after a brief absence, demonstrating a pattern of behavior that is both intense and contradictory.

During the initial separation, the ambivalent infant typically displays high levels of distress, often crying and seeking contact far more intensely than their secure peers. However, upon the caregiver's return, the expected relief and comfort-seeking behaviors are corrupted by resistance. This resistance can manifest physically, such as reaching out to be picked up and then immediately arching the back or pushing the parent away. Emotionally, the child might appear passive, sulky, or overtly angry, failing to settle down and resume play even after the caregiver is present and attempting to soothe them. This prolonged and complicated distress signifies that the reunion does not successfully terminate the activation of the attachment system, indicating a breakdown in the caregiver's function as a regulatory external source.

Ainsworth interpreted these behavioral signatures as evidence of the infant's deeply felt conflict. The infant desperately needs the comfort and connection (clinging behavior), but simultaneously expresses resentment or apprehension toward the parent whose previous inconsistency has created the distress in the first place (resistant behavior). This empirical observation allowed researchers to move beyond simple assessments of proximity-seeking and establish a nuanced understanding of how parental sensitivity shapes the child's trust and expectation of care. The data gathered during the SSP provided the necessary statistical weight to establish **ambivalent attachment** as a distinct, measurable pattern of insecure relating, fundamentally linked to specific caregiving histories.

3. Key Behavioral Manifestations in Infancy

The behavioral profile of an infant displaying **ambivalent attachment** is complex and highly recognizable within a clinical or research setting. One of the most prominent manifestations is the intense, almost exaggerated, preoccupation with the caregiver's whereabouts, which limits the child's capacity for independent exploration. Even when the parent is present, the child tends to stick close, often clinging or demanding constant attention, demonstrating difficulty in utilizing the caregiver as a secure base from which to confidently explore the surrounding environment. This proximity maintenance is driven by anxiety rather than simple affection, reflecting the child's fear that the parent might unexpectedly vanish or become unresponsive.

Furthermore, infants with this attachment style often exhibit disproportionately high levels of emotional expression, particularly related to negative affect. Minor frustrations or brief periods of inattention from the caregiver can trigger intense crying, tantrums, or dramatic displays of need. While all infants cry, the intensity and duration of distress in the ambivalent child are noteworthy because they appear less capable of self-soothing and rely almost entirely on the external regulation provided by the parent--a regulation they simultaneously reject. This pattern creates a demanding feedback loop where the child's high needs stress the caregiver, potentially reinforcing the very inconsistency that caused the attachment insecurity.

The most diagnostic behavior, however, remains the inability to calm down after a stressful event. During reunion episodes, the infants typically show conflicting signals: they may desperately seek physical contact, but once held, they often show anger, push the parent away, or remain tense and stiff. This resistance to comfort, sometimes described as sulkiness or passive hostility, confirms the ambivalence. They want connection, but they cannot trust the source of connection to be reliably comforting, leading to a state of sustained emotional dysregulation and relational frustration that extends well past the return of the caregiver.

4. Underlying Parental and Environmental Factors

The development of **ambivalent attachment** is strongly correlated with a specific pattern of parental responsiveness: inconsistency. Research suggests that caregivers of ambivalent infants tend to be unpredictable in their availability and emotional mirroring. Sometimes they are highly responsive, attentive, and warm; at other times, they may be intrusive, overly involved, or emotionally unavailable, failing to meet the child's needs. This lack of reliability prevents the infant from developing a coherent strategy for engaging the parent, leading to the anxious uncertainty that defines the attachment style. The child never learns a consistent pattern of cause and effect--that need leads reliably to comfort--instead learning that effort sometimes (but not always) yields a response.

Crucially, these caregivers are often not explicitly neglectful or abusive (which tends to lead to Disorganized Attachment), but rather are inconsistently sensitive. Their responsiveness might be driven more by their own needs or mood states than by the infant's clear signals. For instance, a mother might intensely respond to her child when she is feeling lonely or seeking distraction, but ignore the child's clear cues of distress when she is preoccupied or overwhelmed. This fluctuating level of engagement means that the child must amplify their signals (e.g., cry louder, cling tighter) to ensure attention, a strategy that results in the intense, hyper-vigilant behavior characteristic of the resistant style.

Furthermore, parental anxiety or unresolved trauma can contribute to this inconsistency. A parent who struggles with their own emotional regulation or who harbors significant anxiety about their

parenting role may project those feelings onto the child, leading to intrusive or highly demanding interactions interspersed with periods of withdrawal. The resulting environment is emotionally confusing for the infant, forcing them into a constant state of hyper-activation of the attachment system. The child's strategy, therefore, becomes one of attempting to maximize attention through overt displays of need, even if that attention is mixed with frustration or intrusion.

5. The Internal Working Model (IWM)

Attachment theory posits that infants construct an ****Internal Working Model (IWM)****, which is essentially a cognitive and affective schema used to predict how relationships function and how the self is viewed within those relationships. For the child with **ambivalent attachment**, the IWM reflects two core, conflicting beliefs: first, that others (caregivers) are potentially available but unreliable and unresponsive, and second, that the self is worthy of attention but only if needs are expressed in an extreme, demanding manner. The model lacks confidence in the enduring stability of the relationship.

This unstable IWM drives the characteristic adult counterpart: ****Preoccupied Attachment****. In adulthood, individuals with this IWM often remain preoccupied with their relationships, exhibiting a high need for intimacy and closeness while simultaneously worrying excessively about their partner's commitment or fidelity. They may display clinginess, jealousy, or possessiveness, fueled by the deep-seated fear of abandonment rooted in their early experience of unpredictable care. Their self-perception is often contingent on external validation; they feel valuable only when assured of their partner's unconditional love and presence, leading to cyclical patterns of distress and demand in romantic partnerships.

The preoccupation extends to their mental processing of attachment history. Unlike secure adults who integrate their past relationships smoothly, or dismissive-avoidant adults who minimize or intellectualize them, preoccupied adults tend to be overly engaged with past experiences. They may describe early relationships with great emotional intensity, often expressing anger toward parents for past perceived slights, yet remain confused or incoherent when trying to analyze the objective factors of their childhood. This lingering, unresolved engagement with their history demonstrates the continued activation of the attachment system, which is constantly seeking a resolution or validation that was denied in infancy.

6. Longitudinal Outcomes and Adult Manifestations

The long-term outcomes for individuals identified with **ambivalent attachment** in infancy often involve enduring challenges in emotional regulation and interpersonal functioning, particularly concerning intimacy and trust. In childhood, these children frequently struggle in peer relationships, sometimes exhibiting both dependence on teachers and aggression toward peers who do not

comply with their high demands for attention. They may have difficulty focusing on tasks because their cognitive resources are continuously allocated to monitoring their social environment for cues of rejection or abandonment.

As adolescents and young adults, this attachment style often manifests as hyper-vigilance in dating and friendship contexts. They may enter relationships quickly, seeking immediate fusion and intense intimacy, believing that rapid commitment will ward off rejection. However, their underlying anxiety often leads to behavior that pushes partners away, fulfilling the original schema of being inconsistently loved or abandoned. They might repeatedly test their partner's devotion, leading to exhaustion and instability in the relationship, or they might become easily offended by perceived slights, interpreting neutral actions as evidence of impending desertion.

In the workplace and social environments, preoccupied adults may seek excessive approval from superiors or peers, struggling with independent judgment because their self-esteem is highly externally dependent. The tendency toward emotional volatility and sensitivity to criticism can make long-term professional relationships challenging. Therefore, the longitudinal impact of **ambivalent attachment** is primarily characterized by chronic anxiety in intimate domains, a demanding interpersonal style, and a persistent internal conflict between the need for closeness and the fear of resulting pain.

7. Relationship to Other Attachment Styles

Understanding **ambivalent attachment** requires clear differentiation from the other major classifications: Secure, Avoidant, and Disorganized. The **Secure Attachment** style (Type B) is defined by the infant's ability to use the parent as a secure base for exploration and a reliable safe haven during distress. Secure children are easily soothed upon reunion, demonstrating trust and effective emotional regulation, which stands in stark contrast to the resistant child's inability to be comforted.

The distinction from **Avoidant Attachment** (Type A) is equally critical. Avoidant children cope with unresponsive care by suppressing their attachment needs; they appear independent, showing minimal distress during separation and actively ignoring or avoiding the caregiver upon reunion. While both are insecure, the avoidant child minimizes emotional expression, whereas the ambivalent child maximizes it. The avoidant child expects rejection and withdraws; the ambivalent child expects inconsistency and clings aggressively.

Finally, **Disorganized Attachment** (Type D) represents the failure of the attachment system, often linked to frightening parental behavior (e.g., trauma, abuse, severe parental mental illness). Disorganized infants display contradictory and unpredictable behaviors that lack a coherent strategy (freezing, sudden fear near the parent, contradictory approach-avoidance). While ambivalent children display conflicting behavior (clinging and resistance), their pattern is still

organized around maximizing attention, whereas disorganized behavior is truly strategy-less, signifying a fundamental breakdown in the ability to seek protection.

8. Therapeutic Interventions

Therapeutic interventions aimed at addressing the sequelae of **ambivalent attachment** often focus on improving emotional regulation, challenging negative IWMs, and enhancing relational security. For parents of infants and young children, interventions like Circle of Security (COS) or Video-Feedback Intervention to promote Positive Parenting (VIPP) aim to increase parental sensitivity and responsiveness consistency. By helping caregivers recognize subtle cues and respond reliably without intrusion, these programs attempt to repair the inconsistent caregiving patterns that fueled the infant's anxiety.

For adults displaying the Preoccupied Attachment style, psychotherapy typically centers on processing the unresolved anger and confusion associated with past relationships. Therapies such as Emotionally Focused Therapy (EFT) for couples are highly effective as they provide a secure environment to explore the underlying fears of abandonment and facilitate the development of new, more secure relational strategies. The goal is to move the individual away from demanding validation and toward genuine emotional interdependence and self-soothing capacity, thereby transforming the unstable IWM into a more coherent and integrated narrative.

Cognitive Behavioral Therapy (CBT) techniques can also be useful in challenging the cognitive distortions related to relationship monitoring--specifically, the tendency to catastrophize minor conflicts or misinterpret benign social cues as signs of rejection. By practicing mindfulness and techniques that reduce hyper-vigilance, the individual can begin to lower the chronic activation of their attachment system, leading to less demanding and more satisfying relationships. The overarching therapeutic objective is to foster what Attachment Theory calls "earned security," where, despite a challenging early attachment history, the individual develops the capacity for secure functioning through corrective emotional experiences in therapy.

9. Debates and Criticisms

While Attachment Theory, and the concept of **ambivalent attachment** within it, is highly validated, it is not without academic criticism. One primary debate centers on the cultural universality of the classifications. Critics argue that the Strange Situation Procedure, on which these classifications are based, may interpret culturally normative behaviors as insecure. For example, in cultures that emphasize extreme proximity and dependence, the typical "secure base exploration" might look more like "resistance" to a Western observer, potentially skewing the rates of ambivalent classification.

Another significant criticism relates to the stability of the attachment classification over the lifespan.

While Attachment Theory predicts relative stability, longitudinal studies show that classifications can change, especially in response to significant life events or highly successful therapeutic interventions. Critics suggest that the IWM may be more fluid than originally conceptualized, particularly when significant changes occur in the primary care environment or social support network. This raises questions about the deterministic nature often implied by early classification.

Finally, there is ongoing debate regarding the differentiation between **ambivalent attachment** and **disorganized attachment**. Some researchers argue that extreme forms of ambivalence, particularly when combined with high levels of parental fear or threat, may blur the lines with disorganized behavior, suggesting that the initial trichotomy (Secure, Avoidant, Ambivalent) fails to capture the full spectrum of insecure relational patterns, particularly those involving trauma or abuse. Despite these debates, ambivalent attachment remains a robust and critical concept for understanding anxiety-driven relational dynamics across the lifespan.

10. Further Reading

[Attachment Theory \(Wikipedia\)](#)

[Strange Situation Procedure \(Wikipedia\)](#)

[AMBIVALENT ATTACHMENT \(Psychology Dictionary\)](#)

[Attachment Theory Overview \(Psychology Today\)](#)