

Introduction to Dismissive-Avoidant Attachment & How to Heal

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What is Attachment?

Imagine yourself as a helpless infant, unable to care for yourself, dependent on the affection and attention of another, and lacking language that enables you to communicate your needs. During this period of time, we develop attachments to our caregivers as a method of survival and having our basic needs met. We learn to behave in a way that helps us get what we need and want for our survival – food, affection, love, trust, warmth, nurturing, safety, protection, consistency, and most of all, responsive presence. The attachment we develop shapes the way we relate to our caregivers, the way we express our needs and how we get our needs met.

When attachment is developed securely, adults and infants are attuned to one another – meaning the two are connected and able to feel one another. This quality of secure attachment provides the foundation for healthy relationships in the future. Attachment defines the child's sense of stability, quality of social interactions, and emotional and cognitive development as they grow into adulthood.

The attachment pattern we form in childhood carries into our adult lives as we attempt to have our more complex adult needs met in romantic relationships and friendships. If secure, our attachment pattern can help bolster of healthy, secure relationships, but if insecure, may also undermine our ability to establish and maintain healthy intimate relationships and friendships.

Attachment in adulthood influences how we build relationships and manage the highs and lows of social interactions – how we communicate, repair ruptures, and relate to one another. Adult attachment addresses our ability to connect, feel satisfied in our relationships, and how we develop and maintain intimacy.

Understanding Secure Attachment to Understand Insecure Attachment

When parents are attuned and connected to their child, the child learns that it is normal for others to be responsive to their needs. They also learn that others are reliable and that having and expressing needs is okay.

If you watch the way small children interact with their parent at a park or playground, you will often see toddlers and young children departing from their caretaker and heading out on their own to explore and interact with their novel environment. Look closely and you'll see that some children periodically look toward, or run back to their parents, as though their parent is a "home base." If the child falls down or feels startled by something, they often cry out and reference the parent. If the parent is attuned, they will respond to the cry of their child, comforting and consoling them until they feel calm and settled once more. This is an example of secure attachment at play.

As the child grows, they learn to distinguish between moments when they need their parents to comfort them, and when they can comfort themselves. Because the child learned emotion regulation and experienced safety through their parent, they can more easily engage in regulating and creating safety for themselves. At this point, parents will often notice when a child falls down yet wait to see their reaction before responding, giving the child an opportunity to choose their own response. Regardless, they are attuned and alert to the needs of their child.

Another example: Very young children who are securely attached will often become upset when their parent leaves, and they will feel comforted when upon their parent's return. As children mature, they develop trust that their caregiver will indeed return and feel confident that they are not being abandoned. This gives them confidence in their secure base and builds the foundation for future relationships that also resemble security.

Developmental Conditions That Lead to Dismissive-Avoidant Attachment

Recall the narrative of a family at the park or playground. The toddler wanders off from the parent to explore their surroundings, play with others, and exercise their independence, then falls down, hurting themselves. The child cries out, but the parent is deep in conversation with someone else or absorbed in their phone and doesn't hear or ignores the child's cry. Seeing that the parent is not responding, the child may begin to disconnect, self-soothe or ignore their own need for comfort.

Dismissive-avoidant attachment generally develops when the primary caregiver is absent (physically, mentally or emotionally), unavailable, neglectful, physically or mentally ill, or otherwise incapable of meeting the child's needs, perhaps due to their own attachment trauma – or simply because of common life circumstances like working and being away from the home much of the time. When a child finds that their needs are chronically unmet, they may begin to withdraw, assuming the belief that they are “on their own.”

The dismissive-avoidantly child learns to be overly self-reliant as an adaptive method of survival. They learn by experience that if they need something, they must attain it for themselves – this lends itself to a positive view of themselves and negative view of others. Their forced independence develops as a need to avoid feeling rejection and neglect. An individual with a dismissive-avoidant attachment pattern may feel shame and guilt over having needs or that they need help meeting them. They become over-attuned to themselves and under-attuned to others as a way to need others less. These are the children who seem very mature and “grow up too fast” often appearing precocious out of necessity for maintaining their own self-care.

Characteristics of Dismissive-Avoidant Attachment in Adults

Much of the dismissive-avoidant attachment pattern is fear-based – fear of rejection, fear of shame or guilt, and fear of true intimacy. This can result in surface level relationships and/or affairs that never deepen.

If you have a dismissive-avoidant attachment pattern, you might identify with some or all of the following characteristics in adulthood:

- You build walls and create distance in relationships to avoid being hurt.
- You are over-focused on self; extreme self-reliance
- You could have difficulty with maintaining eye contact.
- You have difficulty expressing needs or feel it's better to do everything yourself.
- You may search out faults in relationships or your partner.
- You may have a pattern of idealizing a past partner when in relationship with a new partner.
- You have strict, sometimes unequal, and often unrealistic boundaries.
- You might choose another insecurely attached person as a partner (most commonly a partner with anxious attachment).
- You may have one-night stands or short-term relationships to avoid commitment.
- You may avoid intimacy in your relationships by self-sabotaging, having affairs, keeping conversations surface-level, or deflecting/letting your partner take up more space in the relationship (this can be emotional, verbal, or physical space).
- Your friends and lovers might tell you that you send "mixed signals."
- You want companionship, yet also fear being hurt, so avoid emotional closeness.
- You might over-analyze your relationships "waiting for the other shoe to drop."
- You may long for your partner but feel stressed in their presence.
- You may live in your head or have difficulty relating to others when intimacy deepens.
- You might have difficulty feeling your own emotions and thus have a tendency to reject or dismiss others' emotions, giving the impression that you don't care.
- You might have an inflated sense of self, often judging others or viewing their vulnerability as weakness
- You might struggle with perfectionism and fear of failure
- You may believe that love is something to be earned.

Healing Dismissive-Avoidant Attachment

"Deep down, all of us are designed for intimacy, connection, awareness, and love."

– Dr. Diane Poole Heller

Despite attachment injury, our brains are hardwired to seek healing – this should give you hope! We all have the capacity to move toward secure attachment because we can all rewire our brain, create new neural pathways, and form new patterns of relating to ourselves and others.

That said, healing attachment injury isn't easy since our relational habits and responses are deeply ingrained in the brain throughout childhood. Breaking the cycle of behavior you learned in childhood as a matter of survival is difficult, but not impossible. Remember that healing is always possible – at any age! By learning and regularly practicing secure attachment skills, you can move toward more secure attachment.

Suggested practices for this pattern:

- Practice taking calculated risks with your partner by sharing your feelings and allowing vulnerability.
- Let your partner know that you hear them when they express their needs, and really listen to what they express.
- Practice sharing your own needs with your partner. You can start small and slowly increase your ask.
- Focus on the needs of your partnership rather than only your own needs. "We" or "us" versus "I" or "me" mentality.
- When confronted by your partner, practice empathy instead of defensiveness.
- Practice increasing your awareness beyond yourself and your thoughts.
- Learn to ask for help and to accept help when it's given – without being critical.
- Find a couples' therapist with attachment experience, enroll in an online attachment course, or read a book on attachment.
- Allow yourself to feel your original longing to connect with others. It may be uncomfortable at first but learn to sit with the discomfort without trying to numb, explain, or reduce the charge.
- Engage in activities that include your partner! Or include your partner in activities that you enjoy. This can be as simple as going on a walk or running errands together.

Loving a Dismissive-Avoidant Partner

Loving a dismissive-avoidant partner requires understanding how your partner is wired to receive and express love – so you're in the right place! Learning about their childhood experiences and being able to identify their dismissive-avoidant patterns can help you navigate behavior that might seem confusing at times. If your partner leans toward a dismissive-avoidant attachment pattern, it's easy to feel isolated and alone in your own relationship or to internalize your partner's tendency to close up.

When your partner shuts you out, you might press them harder, thinking they'll respond, only to find that the wall grows taller and become more difficult to navigate. Understanding how your partner is wired and responding to them in a loving way that reflects their attachment pattern can help them heal.

Don't chase your partner – they will outrun you. Remember they are experts at excessive independence. Rather than pressing your partner to "open up," let them know you are available when they are ready. They need to feel that they are in control. When your partner does begin to engage, refrain from making judgments. Making them feel guilty or ashamed of their feelings will only reinforce their dismissive-avoidant attachment injury. Likewise, you might find that after they open up to you, they experience relief but quickly withdraw once more. Give them time and space to process their conflicting emotions and remain available as the secure base to which they can always return once they are ready for more emotional contact.

It is also important to recognize that your partner's attachment pattern has little to do with you. Don't take their silence or distance personally. Remember that trust in another person is a tremendous obstacle and point of anxiety for someone with this pattern. Being steady, reliable, and present with your partner can help them learn that connection is safe and available to them.

It's also vital that you don't give up on your partner. Provide regular and consistent messages that their needs are important to you and that they are safe with you. Follow this up with action. Encourage communication and acknowledge the vulnerability that arises when they begin to feel the original longing to connect.