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ATTACHMENT STYLES AND ADOLESCENTS' PSYCHOSOCIAL FUNCTIONING – CASE STUDIES

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Summary: The main aim of the research was to establish the relations between the specific attachment styles and the disorders in adolescent psychosocial functioning. In order to understand how the early childhood experiences, parental attitudes and family system can lead to emotional and behavioural disorders in adolescence, a case study analysis was conducted.

Three qualitative methods were applied in this study: content analysis, regular participating observation, in-depth interview with adolescents, their tutors and members of families.

In the treatment group, three styles of attachment were distinguished: anxious-ambivalent, anxious-avoidant, and disorganized. Each attachment type is described in terms of its cognitive, emotional, behavioural and social characteristics. Moreover, each attachment style is related to specific child/adolescent mental problems, and to disorders observed in whole family functioning.

It seems that early negative attachment experiences constitute a risk factor for developing serious behavioural, emotional or social problems during the adolescence. Rejecting or overly permissive parental attitudes and disorders in family functioning and structure play a crucial role in this process. The attachment theory provides not only a useful explanation of the aetiology of such disorders, but also gives us an exhaustive explanation of the symptoms observed and provides useful proposals of treatment methods.

Introduction

Over 60 years have passed since the publication of the first Bowlby's work on attachment theory [1]. Since then, many researchers were concerned with the attachment in various clinical contexts, including reference to children and young people manifesting disorders and psychological problems [2, 3]. Although this theory grew out of case studies, in most cases it is subject to quantitative studies [4]. A qualitative approach presented in this paper allows for a wider and deeper recognition of the problem and a better understanding of the studied phenomenon. The aim of this study is to show how early experiences in the attachment relationship affect psychosocial functioning of adolescents with behavior issues

and manifesting some deficits in emotional, behavioral and social sphere. The role of the family system and educational attitudes of parents in shaping the observed disorders have been subject to analysis [5].

Attachment styles

Attachment is a biologically rooted tendency to form strong emotional bonds with caregivers in early years of life. It is a kind of base, frame for further development. Internalized experience of early relationship attachment accompanies an individual in adolescence and adulthood in the form of internal operating models. This term defines relatively stable elements of personality that store early experiences of bonds with caregivers and define important aspects of self-image, image of other people and the relationships with them [4].

Attachment styles are formed on the basis of early experience of bonds with caregivers. We can define them as a type of internal operating model, which controls not only feelings and behaviour, but also attention, memory and cognition [6]. The classical classification of Mary Ainsworth has three attachment styles: secure, anxious-avoidant and anxious-ambivalent [7, 8]. In the secure attachment a baby looks for intimacy and contact with a mother, which does not bother him in the effective exploration of the environment. In the situation of distress it is easy to calm the baby. The mother (or the person performing this role) is available — both physically and emotionally — responsive, attentive and sensitive to the needs of the juvenile. The child develops a self-image as a person deserving of love and satisfying his/her needs. The child develops a positive self-esteem and sense of competence in social interaction. Others are perceived as loving and supportive and relationship with them — as giving joy and satisfaction. Children who are assessed as attached with anxious-avoidant style, are apparently not interested in the mother, avoid her, but in a situation of being left by her they experience strong stress. Their caregivers are usually overcontrolling, rejecting or indifferent, and the child develops a belief that is not worthy of love, other people are unavailable, and contacts with them cause failure and frustration. Anxiety-ambivalent attachment style is characteristic of children whose mothers behave in an erratic and inconsistent way. They are more passive and irritable than other types, tend to stay close to their mother, but does not initiate contact with her and do not engage in exploration of the environment. Being left by the mother causes anger, which is not easy to sooth. Such children develop a belief of their own inefficiency and low value, and relationships with people appear to them as unpredictable and that could not provide satisfaction of needs.

Main and Solomon [9, 10] enriched the Ainsworth's classification with a disorganized attachment style — observed in children who experienced psychological or physical violence in relationships with caregivers. They do not develop a consistent way of coping with experienced stress and of regulating emotions; one can observe bizarre behaviour indicating confusion, such as contradictory: incomplete, interrupted movements, stereotypes and freezing [11]. In later years, these children often exhibit behaviour control, both in relation to their peers and caregivers.

Bartholomew and Horowitz [12] developed four-category model of attachment styles; they placed them on two dimensions — positive and negative image of oneself and others. Individuals with high self-esteem and appreciating others are characterised with secure type

of attachment. Low self-esteem with a positive image of other is typical of preoccupied individuals (style corresponding to the anxious-ambivalent attachment style of Ainsworth). The authors distinguish two avoidant styles — dismissive–avoidant that occurs in people with a positive self-image and a negative image of others, and fearful-avoidant, appearing when both self and the others are assessed in a negative way.

Attachment in adolescence

During puberty there is a transformation of attachment relationships. Adolescence brings with it the need to resolve the autonomy-dependence conflict and, therefore, the need to reformulate family relationships. In adolescence, a significant role is played by peer group, there are first romantic relationships. The family continues, however, to be the child's basic educational environment providing patterns of personal interaction and teaching social roles and rules of moral conduct. Despite a temporary weakening of the bond between teenagers and their parents, it is important to maintain a balance between closeness and independence, allowing optimal development [13]. Although the literature on attachment traditionally attributed greater importance to the mother, in recent years the important role of the father in the educational process have been increasingly emphasized [14–16]. Trustful attachment relationship is strongly related to the quality of psychosocial functioning of adolescents, providing not only secure base for the development of autonomy, starting new activities and facing challenges, but also the ability of adequate emotion processing in relationships with peers [17, 18].

Systemic concepts of the family assume that one cannot interpret symptoms presented by the patient in isolation from the family system in which they function. A key aspect of therapy then becomes not a psychopathology of the individual, but his/her relationships with significant others. Interactions between family members are circular, i.e. interactions are reciprocal and cause and effect relationships are complex. Reported symptoms of disorders are often understood as an attempt to preserve the family homeostasis, such as when focusing on the difficulties expressed by a child allows to divert attention from the problems in the marriage of parents. Triangulation, i.e. engaging a child in a conflict between parents by the retraction of the minor in coalitions with his/her mother or father against another caregiver is especially unfavourable for the proper development of a child. The reversal of roles between a child and a parent, i.e. parentification, is very common in broken or pathological families. Clear and flexible boundaries between individual members, subsystems of the family and between the family and the environment play an important role in proper functioning of the family. Too rigid or too permeable boundaries lead to the development of numerous abnormalities [19–21].

Children and adolescents with insecure attachment styles, compared to peers with secure attachment styles, often exhibit psychological disorders and problems [22, 23]. Attachment style is not determinant in this process but rather one of the risk factors. Although the results are varied and sometimes incoherent, there are correlations between attachment styles and the incidence of certain difficulties. Externalizing disorders: oppositional defiant disorder, conduct disorders, aggression, substance use, and antisocial behaviour are frequently observed in children and adolescents with anxious-avoidant attachment style. Anxious-ambivalent attachment style is usually associated with a tendency to internalize, while

depression and anxiety are the most common problems. Disorganized attachment, in addition to the tendency to aggressive or control behaviour, carries a higher risk of developing antisocial and borderline personality disorder [23, 24].

Method

The study was conducted in a group of eight teenagers aged 13 to 18 years, consisting of seven girls and one boy. The subjects are pupils of 24-hour care and educational centre of socialization type, in which they were placed by court order due to: non-compliance with compulsory school attendance, severe conflicts in the family preventing the normal development of a child, or as a result of an escape from the family home. The pupils during their stay at the educational centre fulfil compulsory education in schools or through individual learning. With the permission of the court and the facility management after some time the children are allowed to spend the holiday in the family home, they may also be visited by caregivers throughout their stay. On the daily basis they remain under the care of educators and a psychologist.

Data collection and analysis was performed using qualitative methods [25]. An analysis of the content of documents: expert opinions and service notes was conducted. The works of teenagers performed during psychological classes (psychodrawing, therapeutic collage, written utterance) were also analysed. Pupils were subject to systematic participant observation, which lasted from two to five months, depending on length of the stay. Children were observed during organized classes, activity in leisure time and free interaction with peers, staff and family members. Free and in-depth interviews regarding the history of life of teenagers, their future plans, and the current difficulties in inter- and intrapersonal sphere, with special emphasis on relationships with parents, partners and peers supplemented the observations. Additional interviews with family members and facility staff were also conducted. On the basis of observations and interviews regular notes were made.

Research problem and hypotheses

The problem, which prompted the author to conduct this study, were disturbances in the sphere of emotions, behaviour and social relations observed in teenagers. From the perspective of attachment theory these deficits can be explained by analysing early childhood relationships with parents, on the other hand, systemic theories highlight the role of the family system in the development of disorders in adolescents. Therefore, the following research hypotheses were formed:

1) The majority of the studied adolescents will display insecure attachment styles, determined on the basis of documents analysis, observation and interviews.
2) Deficits observed in emotional, behavioural and social sphere can be associated with early childhood disorders of attachment relationships.
3) Different attachment styles will be characterized by a different picture of psychosocial functioning and mental health problems of young people.
4) In the studied family systems, we will be able to distinguish certain common features affecting dysfunctions observed in adolescents.

Results

Three groups of adolescents were distinguished as a result of research procedures: group with anxious-ambivalent, anxious-avoiding and disorganized attachment style. Analysing and interpreting the results, the author decided to use Ainsworth's tripartite concept of attachment styles, Bartholomew and Horowitz's four-factor concept, as well as to take into account the disorganized attachment style described by Main and Solomon. The reason of reference to the concept of Ainsworth was strong theoretical and empirical background of this theory documented in numerous research. On the other hand, it seems insufficient to describe the diverse manifestations of disorders of attachment relationships. An important extension of Ainsworth's classification is the concept proposed by Bartholomew and Horowitz which divides anxious-avoidant style into dismissive-avoidant and fearful-avoidant, on the basis of differences in valuation of the Self (evaluated positively by dismissing and negatively by fearful respondents), as well as disorganized attachment style implemented by Main and Solomon. The above-mentioned styles are reflected in the collected material, and therefore it was decided to refer to all of these theories.

Anxious-ambivalent attachment style

The first group included three teenagers. In their statements, one can find references to depressive triad of Beck [26]: the conviction of their incompetence ("I'm hopeless", "I'm no good", "I'm stupid"), a negative image of the world ("nobody cares about me", "I'm never going to find anyone") and their own future ("I will fail anyway", "it doesn't make sense"). The observed cognitive schemas have their source in the internal operating models (knowledge about themselves, others and interactions between them) developed in the first years of life in relationship with the caregiver. If the mother responds to the child's needs in an erratic way, she is alternately overprotective, rejecting or indifferent, the child develops fear of abandonment, combined with a low sense of self-efficacy, passivity and reluctance to take on challenges, as well as a tendency to exaggerate the negative emotions in order to gain the caregiver's attention [16, 17, 28]. Excessive emotional dependence on attachment figures impairs the ability to carry out developmental tasks of adolescence: the development of autonomy and identity formation [27]. The observed adolescents have major problems with separation from caregivers — one of the surveyed teenagers is not able to leave the centre alone, he needs to be transported to school and dealing with all medical and official matters requires his mother's company. At the age of 15, he had problems with exercising basic household chores and preparing for school independently. Any separation from the mother or the mother's refusal to meet his needs causes severe distress and outbursts of anger inadequate to age. After several months of staying in the facility the teenager gradually began to learn how to be independent and how to control his emotional states.

Characteristic feature of interpersonal relationships in this group is excessive searching for closeness, probably due to fear of loneliness and conviction that "I will not be able to cope alone". The established romantic relationships and friendships usually are not satisfactory, however, they reduce the experienced anxiety [17]. On the other hand, adolescents are very sensitive to signs of potential rejection. They response with strong fear and anger, which are difficult for them to control; their behaviour somewhat provoke a real rejection [29, 30]. In relations with peers they play a role of a victim, becoming the scapegoat

of the observed group [31]. In the studied adolescents often appear psychosomatic symptoms (usually pain), which are probably a form of "cry for help" and a form of drawing their caregivers' attention to them [14, 16]. One of the girls, a victim of physical assault by another pupil, for a few days suffered from severe headaches and stomach aches, nausea and fainting, which required a number of medical consultations, which did not show anything. The more care she experienced, the more the pain intensified. When the caregivers and the girl were distracted from the problem, the symptoms suddenly disappeared.

A common feature of family systems of the studied teenagers are mental disorders (usually alcohol dependence) of one of the parents and educational failure of his/her partner forced to lone parenthood or caught up in long-term marital conflict. A direct consequence of this state of affairs is pulling a child in a coalition against the "evil" parent. In a situation where parents are preoccupied with solving their own problems and marital conflicts, upbringing of children becomes secondary. The symptoms presented by young people seem to be their cry for bestowal of attention and love. Unstable family situation (divorce, change of residence, a new partner of a parent) does not facilitate developing a sense of security. Interestingly, most of the study group came from large families, which may also affect the perceived deficit of parental care. Moreover, in the past, all the respondents suffered from psychological or physical violence and negligence on the part of the caregivers. As a result of these difficult experiences one of the teenagers was diagnosed with posttraumatic stress disorder, and emotional and behavioural disorders, and another one with elevated levels of depression and anxiety.

Anxious-avoidant attachment style

Anxious-avoidant attachment style was found in three adolescents. Referring to the classification of Bartholomew and Horowitz [12], one can identify the two poles of this style: fearful-avoidant and dismissive-avoidant. The first is associated with a negative image of oneself and the world resulting in low self-esteem, high levels of experienced anxiety and withdrawal from social contacts. Negative self-esteem leads to low self-efficacy, resulting in a large passivity and dependence on caregivers. A teenager with this attachment style is reluctant to establish relationships with peers and meeting new people causes severe discomfort. She is very shy, slowly adapts to new conditions, she looks for support and help from adults. Interestingly, these barriers disappear when she makes contact via the Internet — the network provides a secure distance and anonymity, one can withdraw from the relationship at any time, as well as create own image in any way. On the other hand, it offers emotional support and acceptance of a wide range of friends [17]. Contemporary adolescents more and more often establish partnerships in this way — in the study group, more than half of teenagers had a relationship with someone they met online.

The clinical picture of the difficulties of the described teenager includes anxiety and depressive disorders, school phobia, self-harm and substances use (nicotine) — problems characteristic of anxiety component. Dismissive-avoidant attachment style is somewhat different. Here, negative image of the world coincides with a positive self-esteem. Girls with this attachment style, are reluctant to talk about personal subjects. They rarely speak about the past and in very general way [32]. They show mistrust and latent hostility toward adults, taking the form of passive aggression. They have major difficulty in adapting to the prevailing

norms and social rules, revealing oppositional defiant and antisocial behaviour (taking risky behaviours, escapes, ignoring caregiver's commands, not fulfilling obligations, malice, teasing others, avoiding peer relationships) [3, 16]. Girls have a particular problem with constructive expression of anger — it is usually suppressed or repressed which leads to outbursts of verbal or physical aggression. All the described adolescents in this group also exhibit significant deficits in the skills of experiencing, expressing and reading emotions [33]. This is probably due to poorly developed mentalisation skill — the ability to understand interpersonal behaviour in terms of mental states. Mentalisation deficits occur when caregivers slightly reflect the emotions of a child, which is characteristic of overcontrolling, rejecting or indifferent parents of anxious-avoidant children [34].

Families of the described adolescents lacked significant person of the father because of addiction, absence or emotional rejection of the child by the father. Mothers' style of upbringing, however, was too permissive, thereby preventing the introduction of discipline and clear boundaries. Upbringing by submissive, lonely mother or the one experiencing violence from her husband on one hand gave the girls a sense of insecurity and lack of support of their family, and on the other, conviction that they need to cope on their own, which often appears in their statements: "I can handle alone", " I don't need help from anyone", "my life is my business, in which nobody should interfere". One of the girls at the age of four, had been put under the care of grandparents, so that the mother was be able to devote herself to bringing up another child. When she returned home, she witnessed many years of conflict between her parents — submissive, helpless mother and aggressive, dominant father, in which she was included by entering a coalition with her mother against her father. For many years, the symptoms presented by a girl (escapes from home, truancy, learning difficulties) were an axis of conflict between the parents. At the age of 16, the teenage girl decided to escape from the overly enmeshed and dysfunctional family system, searching for help in an emergency care. When she was admitted to the facility, family situation changed — the father entered into a coalition with the younger daughter against her mother, and the relationship between a teenager and her sister and father broke. The teenage girl became pregnant, perhaps in an attempt to compensate for the breakdown of the family of origin [19–21].

Disorganized attachment style

Features of disorganized attachment style can be seen in two pupils. The first of them was admitted to the facility due to significant problems in behavioural, emotional and social sphere. The girl had been abandoned by her mother in the first months of life, and the grandmother took the role of caregiver. The girl's father in her first years of life was in prison. Parents abused psychoactive substances. The house was emotionally cold, and after the return of her father arose conflicts in the family. The girl in the last years of primary school education began to cause problems which intensified in the lower secondary school. Then also appeared reports on the use of psychological and physical violence by the father.

The teenager was diagnosed with oppositional defiant disorder and conduct disorder (such as temper tantrums, constant opposing and arguing with adults, increased conflicts with peers, threats, extortion, beatings, truancy), accompanied by the characteristics of attention deficit hyperactivity disorder (ADHD) [35, 36]. The teenager used psychoactive substances

(alcohol, marijuana) and abused nicotine. She is very suspicious, especially toward adults which can be clearly seen in her statements ("I don't believe you", "you are always lying to me"). She perceives the world as a threatening place and attributes others with hostile intentions and willingness to act against her ("you want to put me in the juvy", "you don't care about me", "you are starting with me again"). She has problems with controlling and expressing difficult emotions, especially fear and anger [16]. In response to the perceived threat and experienced stress she behaves aggressively, directing anger directly at the other (physical and verbal aggression), or indirectly to herself (superficial self-harm, health- or welfare-threatening behaviour: alcohol consumption, an offense against the regulations, resulting in reduction of privileges). These behaviours can be understood as a form of acting-out — expressing the difficulties experienced in the inner world through a destructive action [37]. The girl has major problems with establishing bonds with peers, which are partly compensated by taking numerous online contacts. She tries to get attention and impress peers by deviant behaviour (vulgarity, substance use, truancy, provocative sexual behaviour). For this reason, she easily falls into the role of a scapegoat. Then she tries to gain control over the environment by means of threats, blackmail and denunciations. It seems that using improper behaviour she tries to attract the attention of adults [35] — they often appear in situations where caregivers are focused on the problems of other pupils or when the girl's father seems to lose interest in her.

The last of these pupils went to the facility as a result of an escape from the adoptive family. As in the previous case, the girl herself wanted to leave the family home and be placed in the centre because of experienced psychological and physical violence. The teenage girl was raised by a mother addicted to alcohol and an aggressive, repeatedly punished with imprisonment, father. In the family there were drastic scenes (brutal psychological and physical violence), of which the girl spoke reluctantly. From an early age she had been taking care of his younger brother, replacing inefficient mother. Her father treated her as his confidante and the head of the family, which on one hand had, to lead to a conflict of loyalty in relation to the mother, and on the other, led to the occurrence of the phenomenon of functional and emotional parentification — a situation in which the child takes over the duties of parents and sacrifices his/her own well-being to take care of satisfaction emotional and material needs of adults [38]. Perhaps the excessive need to control the environment, observed in children and adolescents with the disorganized attachment style [10], has its origins not only in a low sense of security, but also in the need to take over a premature and excessive responsibility for themselves and other family members.

At the age of 9, the girl found her way to an orphanage, after three years she was in the adoptive family, and after the next four years in the care and educational centre. According to the parents, apart from a few incidents at the beginning of the period of adoption, the teenager did not show serious educational problems. After coming into the facility she presented herself as a well-mannered person, conscientious and willing to cooperate. Over time, she revealed many deficits in emotional, behavioural and social sphere. The girl has great difficulty in coping with stress, frustration and criticism; she usually adopts a defensive-aggressive attitude in such situations. She is characterised by excessive emotional lability, and difficulty in expressing and controlling experienced feelings. In relation to the caregivers she shows divers and changing attitude, from excessive closeness to hostility and rejection. She

does not find herself in a peer group, in relation to other pupils she adopts superior and moralizing attitude. More and more often she also manifests oppositional defiant behaviour (not fulfilling her obligations, escaping from school and educational institution).

Despite the different climate and picture of disturbances in the described cases, similar mechanisms can be seen behind them. Both girls are trying to control their environment — one doing it by threats and blackmail, the other trying to impose her own rules [32]. Failure leads to outbursts of anger and grief. None of them can take responsibility for her behaviour or reflect on it, and they blame the environment for all the problems. The teenagers are trying to draw the attention of peers and caregivers by all means through deviant behaviour or over-emphasizing their own advantages. They also exhibit narcissistic features — grandiose sense of importance, expectation of special treatment, using others to achieve their goals, lack of empathy, jealousy and arrogance, with low self-esteem and difficulties in establishing satisfactory interpersonal relationships. Such features are common in people who did not receive enough parental support and love in childhood [39, 40]. In the past, girls experienced negligence and abuse by adults, which not only affected the development of low self-esteem, lack of self-competence and numerous difficulties in the sphere of emotions and behaviour, but also resulted in mistrust and aversion to the use of social support, which makes therapeutic work difficult.

Conclusions

Analysis of the collected data allowed to confirm the research hypotheses. Characteristic features of insecure attachment styles: anxious-avoidant, anxious-ambivalent and disorganized attachment style, were observed in all studied adolescents. Young people with anxious-ambivalent attachment style are characterised by low self-esteem, fear of loneliness and excessive dependence on caregivers, in adolescents with anxious-avoidant attachment style, one can observed reluctance to engage in interpersonal relationships and difficulties in experiencing and expressing emotions. Teenagers with disorganized attachment style present a wide range of anti-social and oppositional behaviour, attempt to control the environment, and, in stressful situations, response in an inconsistent and chaotic manner [3].

It was possible to link difficulties in emotional, behavioural and social sphere showed by the teenagers with disturbances of attachment relationships with their caregivers. It has been noted that rejecting attitudes of parents lead to the lack of trust in adults, and inadequate parental care leads to mentalisation deficits in children, leading to impaired emotional development [33]. It also seems that a lack of a significant person of the father, with overly permissive attitude of the mother may predispose oppositional defiant and antisocial behaviour. Upbringing by inconsistent parents who are in conflict with one another causes insecurity and intense fear of abandonment, resulting in either excessive dependence and searching for close relationships in adolescence, or exaggerated desire for independence and unwillingness to engage in interpersonal relationships.

The teenagers involved in conflicts between parents also present difficulties in direct expression of anger, low tolerance to frustration and a tendency to outbursts of anger and aggression [38]. The observed or experienced violence seems to be the factor that mostly affects the occurrence of difficulties in the sphere of emotions and behaviour through a

development of dysfunctional mechanisms to deal with stress, such as fixed patterns of aggressive and antisocial behaviour [41].

In the study it was observed that different attachment styles are characterised by a different picture of psychosocial functioning and mental health problems of young people. Adolescents with anxious-ambivalent attachment style, as well as those with fearful pole of anxious-avoidant attachment style, are diagnosed with anxiety and depressive disorders, posttraumatic stress disorder, somatization and abuse of nicotine, less frequently observed disorders are oppositional defiant disorder and aggression, characteristic of dismissive-avoidant attachment style [13]. The greatest intensity of mental problems is manifested by adolescents with disorganized attachment style — there are oppositional defiant disorders and conduct disorders, attention deficit hyperactivity disorder, substance abuse, interest in the sexual sphere which is inadequate to age, verbal and physical aggression, direct and indirect self-aggression, acting-out and dysfunctions in the emotional sphere. This confirms the findings of other authors who claim that this is the type most vulnerable to the development of mental disorders [10, 41].

The analysis of family systems allowed us to identify certain common features affecting dysfunctions observed in the pupils. The main risk factors include: the observed or experienced psychological or physical violence, total or partial deprivation of parental care, inconsistent, rejecting, neutral, overly restrictive or permissive attitudes of parents, lack or break of the emotional bond between a caregiver and a child, conflict between parents, involving children in the coalition against one of the parents, lack of clear boundaries and rules prevailing in the family home, lack of stability in the functioning of the family (moving to another place of residence, divorce, change of partners), alcohol abuse and other mental disorders of parents and a low socioeconomic status of the family [3, 24].

This study has, however, some limitations. Firstly, attachment styles have not been evaluated on the basis of standardized tool, and hence it is impossible to clearly assess the validity and reliability of the used methods [42]. The second weakness of the analyzes is too homogeneous composition of the sample and a small sample size. The group of eight teenagers subject to observation and interviews included only one boy which significantly reduces the possibility of concluding about the influence of attachment styles on the level of functioning in adolescent males. Moreover, none of the teenagers from the study group was identified as being attached in a secure manner. This may be a result of actual experience of the respondents, however, confirmation error committed by the researcher cannot be ruled out. To avoid these imperfections, in subsequent studies, qualitative methodology should be supported by quantitative methods, or participant observation and in-depth interview should be replaced by standardized qualitative methods. It would also be worth to involve competent judges to evaluate the collected material. Research should be conducted on a larger group, balanced in terms of gender. Perhaps a research project designed in such a way would allow to identify people with secure attachment style in the study sample.

On the basis of longitudinal studies published in recent decades one can say that attachment styles are characterised by moderately high stability in life of the individual, raging, according to different authors, from 57 up to 75% [2, 28, 43]. This does not mean, however, that the difficult childhood has irreversible impact on human life. Positive experiences can change insecure attached style, which is called “acquired trust” or “security

by learning". A so-called "resilience tutor" — a person with whom the individual establishes a strong relationship, based on trust, giving a sense of security and comfort, may play a significant role in this process [44]. In case of teenagers a tutor may be a specialist working with them — psychiatrist, psychologist, psychotherapist or educator. Stability of the environment facilitate the sustainability of attachment styles — it seems then, that temporarily disconnection of the child from the family system and parallel work on making changes in the family may facilitate working on the difficulties arising from inadequate parental care. It cannot be forgotten, however, that long-term institutional care can be a factor distorting patterns of behaviour [2–4]. Therefore, it is especially important to maintain a balance between care and educational interventions, so when eliminating undesirable behaviour of teenagers do not forget about their basic needs of security and closeness. Consistent and predictable responses of caregivers, establishing clear boundaries and rules, care full of genuine concern, empathy and unconditional acceptance, providing social support and caching experienced stress can modify early attachment experiences [6, 45].

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