ANXIOUS-RESISTANT ATTACHMENT

Authored by

Mohammed looti

November 23, 2025

ARABPSYCHOLOGY.COM

RECOMMENDED CITATION

Mohammed looti (2025). *ANXIOUS-RESISTANT ATTACHMENT*. Encyclopedia of psychology. Retrieved from https://encyclopedia.arabpsychology.com/?p=19566

Defining Anxious-Resistant Attachment in Context

The concept of **Anxious-Resistant Attachment**, often referred to synonymously as Ambivalent Attachment, represents a critical category within the study of human development and emotional bonding, specifically as delineated by the pioneering work of developmental psychologist **Mary Ainsworth**. This specific pattern of attachment is classified as an **insecure attachment style**, characterized primarily by the infant's intense distress upon separation from the primary caregiver, coupled with a strikingly contradictory mix of proximity-seeking and angry, resistive behavior upon the caregiver's return. Unlike the secure attachment pattern, where the caregiver serves as a reliable secure base for exploration and a source of effective comfort upon reunion, the infant exhibiting the anxious-resistant pattern displays a fundamental lack of confidence in the caregiver's availability and responsiveness, leading to an exaggerated emotional response system. This developmental phenomenon is not merely a transient mood but reflects an internalized working model of relationships where love and reliability are perceived as unpredictable and inconsistent, setting the stage for emotional ambiguity both in infancy and across the lifespan.

The identification and systematic classification of this attachment style were formalized through the revolutionary experimental paradigm known as the **Strange Situation Procedure (SSP)**, a meticulously structured observational technique designed by Ainsworth and her colleagues in the 1960s. The SSP involves subjecting infants, typically between 12 and 18 months of age, to a series of carefully choreographed separations and reunions with the primary caregiver and a stranger in an unfamiliar laboratory setting. The behavioral reactions observed during these specific transitions, particularly the level of distress during separation and the quality of interaction during reunion, provide the empirical data necessary to categorize the infant's attachment classification. The anxious-resistant classification, labeled as Group C in Ainsworth's original typology, is relatively less common than the secure or anxious-avoidant classifications, yet its underlying mechanisms offer profound insights into the effects of inconsistent parental responsiveness on early socio-emotional development and the subsequent development of hyperactivating strategies designed to ensure caregiver attention.

Understanding the anxious-resistant style requires recognizing the infant's underlying goal: maintaining proximity to the caregiver at all costs, even at the expense of effective exploration or self-soothing. Because the caregiver's availability is experienced as erratic--sometimes attentive and supportive, and sometimes rejecting or distracted--the infant must employ hyperactivating strategies to ensure attention. These strategies manifest as a heightened state of anxiety even when the caregiver is physically present, preventing the infant from using the caregiver as a true secure base from which to confidently explore the environment. Instead, the infant remains preoccupied with the location and mood of the parent, demonstrating an inherent conflict between the intense, biologically driven need for comfort and the expectation of frustration or rejection, a central tension that defines the entire attachment dynamic for this group. This inherent uncertainty

ARABPSYCHOLOGY.COM

fuels the intense emotional displays that characterize the anxious-resistant classification, making it a critical area of study for researchers examining the impact of environmental instability on infant mental health.

The Strange Situation Procedure and Behavioral Manifestations

The **Strange Situation Procedure (SSP)** serves as the definitive diagnostic tool for identifying the anxious-resistant attachment pattern, relying on standardized observation across eight distinct episodes, focusing heavily on the two separation episodes and the subsequent reunion episodes. When the infant is first observed in the presence of the mother (or primary caregiver), the hallmark behavior of the anxious-resistant infant is already apparent: a noticeable lack of enthusiastic exploration. Unlike their securely attached peers who actively engage with toys and the novel environment, using the parent as a "secure base," the anxious-resistant infant often remains highly focused on the parent, clinging, hovering, or displaying subtle signs of apprehension, suggesting a preemptive anxiety about potential abandonment or unavailability. This early reluctance to explore signals the underlying insecurity and the preoccupation with maintaining close proximity, highlighting that the caregiver's mere presence is often insufficient to quell the infant's deeply rooted emotional vigilance and anxiety.

The behavioral intensity peaks dramatically during the separation phases of the SSP. When the caregiver departs the room, the **anxious-resistant infant** typically exhibits extreme and overwhelming **distress**, often bordering on panic or despair. This reaction is usually far more intense, less regulated, and more prolonged than the distress shown by securely attached infants, who may cry but generally manage to recover quickly upon reunion and accept comfort. The deep level of agitation displayed by the anxious-resistant infant confirms their profound fear regarding the caregiver's reliability and presence, suggesting an internalized belief that the separation might be permanent. Crucially, while crying and distress during separation are normal for infants, the sheer magnitude, lack of habituation, and difficulty in accepting substitute comfort characterize the insecure nature of this attachment style. These infants often cannot be easily comforted by the stranger present in the room, demonstrating a highly specific attachment bond, despite its problematic nature, where only the primary caregiver holds the potential key to soothing.

The most defining and paradoxical manifestation of this attachment style occurs during the crucial **reunion episodes**, which reveal the core conflict driving the infant's behavior. When the caregiver returns, the anxious-resistant infant rushes immediately to seek proximity, often crying intensely, demanding to be held, and demonstrating a clear, urgent desire for contact and comfort. However, simultaneously, once contact is established, the infant begins to resist the comfort offered, exhibiting behaviors such as pushing the caregiver away, squirming dramatically to get down, hitting, kicking, or displaying generalized anger and passive resistance, such as slumping dramatically or refusing to make eye contact. This **ambivalent** response--the simultaneous desire

ARABPSYCHOLOGY.COM

for comfort and the expression of resentment--is what gives the style its alternative name. The infant is essentially communicating, "I desperately need you, but I am angry that you left me and I cannot trust you to be consistently reliable," indicating a profound difficulty in integrating attachment needs with the emotional frustration caused by perceived past inconsistency.

Separation Anxiety and Heightened Distress

The experience of **separation anxiety** in the context of anxious-resistant attachment is fundamentally different from the healthy, transient distress observed in securely attached children. For the anxious-resistant child, separation is interpreted not just as a temporary absence, but as a severe threat and a confirmation of the internalized fear that the caregiver is fundamentally unreliable and might not return, or might return only after extreme effort has been expended. This results in a state of chronic **hyperarousal** and sustained emotional protest that is difficult to terminate or de-escalate. The high-intensity crying, frantic attempts to follow the parent, and persistent searching observed during the SSP are manifestations of an attachment system that is constantly set to 'alarm' mode, designed to maximize the probability of the caregiver's return by signaling an urgent, non-negotiable need. This strategy, while often effective in forcing the parent's attention, is emotionally exhausting and reinforces the child's reliance on dramatic emotional displays rather than the development of internalized self-soothing mechanisms.

The physiological and psychological impact of this heightened distress is significant, often leading to challenges in emotional regulation. Infants displaying this pattern often exhibit signs of chronic stress, including difficulty modulating their emotional states, heightened physiological reactivity (such as elevated heart rate or cortisol levels), and a low threshold for frustration. Because their attempts to seek comfort are often met with confusion, frustration, or inconsistent responses from the caregiver, the infant never learns that distress signals reliably lead to predictable relief and soothing. Consequently, the anxiety escalates quickly and plateaus at a high level, making it difficult for the infant to utilize environmental cues or self-directed coping strategies to manage their fear. The persistent engagement with the caregiver's location and status means that cognitive resources that would normally be allocated to exploration, play, and learning are instead tied up in perpetual vigilance and relational monitoring, compromising their ability to engage effectively with the wider world and build new skills.

Furthermore, the inability of the stranger to console the anxious-resistant infant underscores the specificity and intensity of the attachment bond, even when it is dysfunctional. While the secure infant might accept some comfort or distraction from a friendly stranger after the initial distress subsides, the anxious-resistant infant remains intensely focused on the primary caregiver and is often inconsolable until that specific individual returns. This rigidity suggests that the infant views the primary caregiver as the sole, though flawed and unpredictable, source of security, highlighting a deep, almost desperate dependency. This dependency is rooted in the history of inconsistent

ARABPSYCHOLOGY.COM

responsiveness, which teaches the child that they must exert extraordinary emotional effort to elicit the necessary care, leading to the highly demanding and emotionally draining behavior characteristic of their separation responses and subsequent refusal to be easily settled by anyone else.

The Paradoxical Nature of Reunion Behavior

The **reunion phase** is the most diagnostically crucial period for identifying **Anxious-Resistant Attachment** because it captures the core psychological conflict--the struggle between the powerful biological drive for proximity and the emotional experience of anger, frustration, and distrust. When the caregiver returns, the infant's immediate response confirms the biological imperative of the attachment system: they urgently seek contact, often rushing forward or extending their arms. However, once contact is achieved, the infant cannot simply relax into the comfort and be soothed. Instead, the emotional memory of abandonment, coupled with the frustration arising from the perceived unreliability of the caregiver, manifests as active resistance. Examples include pushing the parent away, arching the back while being held, hitting the parent, or resisting being put down but also refusing to settle in the parent's lap. This behavior is deeply confusing and frustrating to the caregiver and illustrates the profound internal dilemma of the child: needing the source of comfort while simultaneously protesting and punishing that source for its prior unavailability and inconsistency.

This paradoxical behavior serves several functional, albeit maladaptive, purposes within the relational dynamic. Psychologically, the resistance acts as a clear form of protest and anger directed at the caregiver for failing to meet the infant's needs predictably and consistently. By pushing the caregiver away, the infant subtly controls the nature and duration of the interaction, regaining a momentary sense of power in a relationship where they usually feel powerless due to the caregiver's erratic behavior. Moreover, this resistance often ensures that the reunion remains prolonged and high-intensity, keeping the caregiver's attention focused squarely on the infant. This hyper-activation ensures that the caregiver cannot easily disengage, thereby maximizing the duration of proximity, which is the infant's ultimate, albeit unconscious, goal, even if the interaction is emotionally negative. This pattern establishes a self-perpetuating cycle where negative emotional exchange and conflict become the primary, though insecure, mode of attachment maintenance.

A key characteristic of the anxious-resistant reunion is the **failure to achieve full emotional regulation** or a return to baseline emotional state. Even after the caregiver returns and attempts to soothe the child, the infant remains difficult to settle and often continues to display irritability or fussiness. Securely attached infants are quickly soothed and return to exploration; avoidant infants suppress their need and return to play; but the anxious-resistant infant remains locked in a state of unresolved distress and conflict. Their crying often continues, or they remain irritable and

ARABPSYCHOLOGY.COM

demanding, failing to utilize the parent as an effective co-regulator of emotion. This prolonged dysregulation is indicative of the deep distrust in the soothing process itself, suggesting that the child anticipates that the comfort will be withdrawn or insufficient, thereby necessitating continued vigilance and protest, even in the immediate presence of the desired attachment figure.

Parental Correlates and Caregiving Inconsistency

The emergence of **Anxious-Resistant Attachment** is strongly correlated with a specific pattern of primary caregiving behavior: **inconsistency and unpredictability** in responsiveness. Unlike the outright neglect or consistent rejection associated with Anxious-Avoidant attachment, the caregivers of anxious-resistant infants are often available and highly responsive at certain times, sometimes even overly intrusive, but completely unavailable, insensitive, or preoccupied at others. For instance, a mother might respond immediately and dramatically to a minor distress signal one day, offering highly amplified and perhaps overwhelming comfort, but the next day, she might ignore a serious need because she is distracted, emotionally withdrawn, or preoccupied with her own stressors. This erratic responsiveness creates a psychological environment where the infant cannot form a stable, predictable expectation about the availability of comfort when needed. The infant learns that their distress signals are not intrinsically reliable communication tools, but rather a form of high-stakes lottery where only intense, persistent, and dramatic effort might yield a positive outcome.

This pattern of inconsistent caregiving forces the infant to adopt a hyperactivating strategy as a necessary survival mechanism. Since the caregiver's responsiveness cannot be assumed, the infant must continuously monitor the caregiver's mood and location, and when feeling vulnerable, must escalate their distress signals dramatically to break through the inconsistency barrier and secure attention. This often results in caregivers who are loving but overwhelmed, perhaps due to their own unresolved attachment issues, high levels of personal anxiety, or severe external stressors, leading them to oscillate between overly intrusive, controlling behavior (where they respond to their own anxiety rather than the child's actual need) and genuinely neglectful or passive withdrawal. The intrusion aspect is particularly damaging; when caregivers respond inappropriately by taking over tasks the infant could do or minimizing the infant's actual need through excessive emotional display, the infant learns that proximity does not necessarily equal true emotional attunement or respect for their autonomy, fueling the angry resistance observed during reunion.

Research also suggests that caregivers of anxious-resistant infants may struggle significantly with boundary maintenance and emotional regulation themselves, often displaying high levels of anxiety. They might subtly use the infant to meet their own emotional needs, seeking comfort or validation from the child, leading to the infant feeling responsible for the parent's happiness or distress. This subtle reversal of roles places an undue emotional burden on the child and

contributes significantly to the feeling of uncertainty and vigilance. The parent's anxiety about their own competence or the stress in their lives often translates into an unpredictable and emotionally charged climate for the infant, making it impossible for the child to develop a coherent, positive internal working model of the caregiver as both loving and reliably available. The long-term implication is that the child internalizes this pattern, believing that relationships inherently involve conflict, high emotional intensity, and chronic uncertainty about true availability.

Theoretical Foundations in Attachment Theory

The understanding of **Anxious-Resistant Attachment** is intrinsically linked to the broader theoretical framework established by **John Bowlby**, who posited that infants possess an innate, biologically driven system--the **attachment behavioral system**--designed to maintain proximity to a protective caregiver, particularly in times of threat or distress. Bowlby argued that the quality of the caregiver's responsiveness shapes the infant's **Internal Working Models (IWMs)**--cognitive and emotional blueprints for how relationships operate and how the self is viewed within those relationships. For the anxious-resistant infant, the IWM is characterized by a high degree of self-doubt regarding one's worthiness of consistent love (the self model) and a profound uncertainty regarding the availability and reliability of others (the other model), leading to a strategy of relational hyperactivation.

In the context of this attachment style, the attachment system is chronically hyperactivated because the infant has learned through experience that the caregiver is only sometimes responsive. Consequently, the system remains perpetually 'on guard,' maximizing the chances of eliciting care. The infant cannot risk deactivating the system to pursue exploration because the perceived threat of abandonment or insufficient care is too high. This constant state of emotional alert prevents the formation of a secure base and leads directly to the intense distress and vigilance observed in the SSP. Bowlby's theory explains the contradiction in reunion behavior: the proximity-seeking behavior is the attachment system operating to ensure physical safety and connection, while the resistant and angry behavior is an expression of the frustration and protest arising from the failed expectation of reliable, soothing comfort built into the IWM. The infant uses exaggerated distress signals because, in their relational history, only extreme emotional displays have successfully activated the parent's caregiving system effectively.

Furthermore, later developments in attachment theory, particularly dynamic systems approaches, emphasize that the anxious-resistant pattern reflects a difficulty in balancing the opposing needs of attachment and exploration, favoring attachment to the detriment of autonomy. The constant emotional pull toward the caregiver interferes with normative cognitive development and the natural drive toward independent mastery of the environment. The infant becomes trapped in a negative feedback loop: high anxiety leads to increased clinging and emotional escalation, which often strains the inconsistent caregiver, who then withdraws or responds defensively, confirming

ARABPSYCHOLOGY.COM

the infant's initial anxiety. This continuous reinforcement cycle solidifies the IWM of the world as dangerous, the self as chronically needy, and others as unpredictably available, providing a robust theoretical explanation for the enduring emotional challenges faced by individuals with this attachment history.

Developmental Trajectories and Later Life Outcomes

The persistence of the **Anxious-Resistant Attachment** style into childhood and adolescence has significant implications for developmental trajectories, particularly concerning peer relationships, emotional regulation, and academic engagement. In preschool and early elementary school, children with this attachment history often struggle with autonomy and may be characterized by teachers as overly dependent, emotionally reactive, or demanding of excessive attention. They may exhibit heightened levels of anxiety in novel situations and find it difficult to engage in solitary play or confidently separate from caregivers, preferring instead to hover near familiar adults or demanding constant reassurance. Their difficulty in regulating strong emotions often leads to frequent emotional outbursts, tantrums, or whining when faced with frustration or perceived rejection from peers or teachers, continuing the pattern of emotional hyperactivation observed in infancy.

In adolescence and adulthood, this attachment pattern often evolves into what is termed **Preoccupied Attachment** in adult attachment interview assessments. Adults with a preoccupied style tend to be highly focused, or "preoccupied," with past relationships, often feeling misunderstood or unappreciated by partners, and demonstrating a powerful need for intimacy coupled with an intense fear of rejection. They often exhibit a fluctuating self-esteem that is highly dependent on external validation and may struggle with boundary issues, becoming overly dependent on romantic partners or friends while simultaneously feeling resentful of that dependency. Their narrative style, when discussing attachment experiences, is typically characterized by long, rambling, and emotionally charged accounts that lack coherence, reflecting their unresolved emotional conflict and continued struggle regarding their primary caregivers and current relationships.

Crucially, the legacy of inconsistent caregiving manifests in adult relationships as a cyclical pattern of intense clinginess followed by inevitable withdrawal or conflict. The preoccupied individual intensely seeks closeness, interpreting any distance, lack of immediate responsiveness, or minor conflict from a partner as evidence of imminent abandonment (the hyperactivation strategy). This anxiety and subsequent demanding behavior often push partners away, confirming the initial fear and reinforcing the negative IWM that relationships are inherently unstable and require constant effort and emotional dramatics to maintain. Therefore, understanding the anxious-resistant roots in infancy is vital for predicting and addressing difficulties in establishing stable, reciprocal, and secure adult romantic bonds that support mutual growth and independence.

ARABPSYCHOLOGY.COM

Differentiation from Other Insecure Styles

It is essential to differentiate **Anxious-Resistant Attachment** (Group C) from the other primary insecure classifications identified in the Strange Situation Procedure: **Anxious-Avoidant Attachment** (Group A) and **Disorganized Attachment** (Group D). While all three represent deviations from the optimal Secure Attachment (Group B), their underlying psychological mechanisms and observable behavioral manifestations are distinct, reflecting different histories of caregiving failure. The core difference lies in the infant's chosen strategy for managing distress, regulating emotions, and maintaining proximity to the caregiver.

The **Anxious-Avoidant** infant, stemming from a history of consistent rejection or minimization of distress, adopts a deactivating strategy. They suppress their need for proximity and emotional expression, appearing outwardly independent and minimizing distress during separation by focusing on toys or the environment. Crucially, upon reunion, the avoidant infant actively ignores, turns away from, or avoids the caregiver, signaling that they have learned that seeking comfort is fruitless or leads to painful rejection. In stark contrast, the **Anxious-Resistant** infant employs a hyperactivating strategy, maximizing distress and exaggerating emotional displays; they aggressively seek proximity during reunion but then resist comfort, demonstrating the internal conflict and emotional protest rather than suppressing the need entirely.

The **Disorganized Attachment** style, often associated with parental frightening behavior, abuse, or unresolved trauma in the caregiver that makes the parent both a source of safety and a source of fear, represents a complete failure of any coherent attachment strategy. Disorganized infants exhibit unpredictable and contradictory behaviors simultaneously upon reunion, such as approaching the caregiver while looking away, freezing mid-action, or showing clear signs of fear or confusion. While the anxious-resistant infant is confusing to the caregiver (seeking and resisting), their strategy is still coherent (hyperactivation focused on maintaining attention through conflict). The disorganized infant's behavior lacks goal direction or predictability, suggesting a breakdown of the attachment system itself, whereas the anxious-resistant system is functional but operating in an overly intense, maladaptive manner due to relational uncertainty.

ARABPSYCHOLOGY.COM

Clinical Implications and Intervention Strategies

Given the powerful influence of early attachment patterns on later emotional and relational health, identifying and intervening in cases of **Anxious-Resistant Attachment** holds significant clinical importance. The primary goal of therapeutic intervention is to help the caregiver become more consistently responsive and emotionally attuned, thereby allowing the infant or child to shift from a hyperactivated, unpredictable internal working model to a more secure and regulated one. This often involves working directly with the caregiver to increase their reflective functioning--the crucial ability to understand and consider the infant's internal emotional state, needs, and perspective,

moving beyond the mere observation of disruptive behavior.

One of the most effective methods involves **Attachment-Based Interventions (ABI)**, such as the Circle of Security (COS) or Video-Feedback Intervention to promote Positive Parenting (VIPP). These interventions focus heavily on helping caregivers recognize the infant's true underlying needs beneath the resistant, angry, or demanding exterior. By reviewing video footage of their interactions, often with a trained therapist, caregivers can gain profound insight into how their own inconsistencies, emotional overwhelm, or defensive responses contribute to the infant's distress and subsequent resistance. The therapeutic focus is thus shifted from addressing the infant's disruptive behavior as a standalone problem to addressing the underlying need for security and predictable comfort, teaching the parent to respond reliably and sensitively without being overwhelmed or overly intrusive.

For older children and adults displaying the preoccupied attachment style, therapy--such as psychodynamic therapy, Cognitive Behavioral Therapy (CBT) focused on relational anxiety, or Emotionally Focused Therapy (EFT) for couples--aims to address the unresolved attachment issues and the pervasive fear of abandonment. The adult must learn to recognize when their attachment system is hyperactivated (e.g., intense anxiety, demanding behavior) and how to regulate their emotions without resorting to demanding or resistant behaviors in their current relationships. The therapist helps the individual develop a coherent narrative about their past, resolving the emotional turmoil associated with inconsistent early caregiving, allowing them to integrate their desire for intimacy with a healthier sense of self-worth and relational autonomy, thus paving the way for the formation of genuinely secure and mutually satisfying bonds.

ARABPSYCHOLOGY.COM