



CANAM INTERVENTIONS

Attachment Disorder

What is the Attachment Disorder?

This article explains how mental health and healing can be understood from an Attachment Theory and the writer's own perspective. It also draws on other ideas which clarified my understanding on Attachment Disorder and Addictive Personalities.

There are some theories/studies done from a neurological perspective. Psychotherapy has the potential to change the brain through increasing neurological integration, allowing all parts of our brain to function as a whole. This type of functioning increases one's capacity to regulate emotions, maintain a sense of self, connect and empathize with others, respond flexibly, manage fear, have moral awareness, and find meaning. It also shows how therapy, the practice of mindfulness and having loving relationships can all work to impact our neurology, our ability to form healthy attachments, and our overall mental health.

What is Attachment Disorder?

In order to understand the process of healing (and that of psychotherapy), it is important to know a bit about Attachment Theory. Attachment is a special emotional relationship that involves an exchange of comfort, care, and pleasure. The roots of research on attachment began with Freud's theories about love. However, another researcher is usually credited as the father of attachment theory. John Bowlby's beliefs are that connections between human beings are the essence of human beings.

More recently Attachment Theory gained prominence, largely due to exciting developments that shed light on how attachment (i.e. early childhood) experiences impact brain development. Attachment Theory explores the critical importance of an infant's early experiences with caregivers in terms of forming later patterns of relating. These patterns include sense of self (e.g., "I received lots of love, so I must be lovable"), expectations of others (e.g., "If I express need, I will be disappointed/punished"), and strategies for handling relationships.

Emotional dysregulation is the term used to describe a state in which the brain is having difficulty keeping emotion at a manageable level. People who did not have positive experiences of being regulated by their caretakers may have difficulty in effectively using others when dysregulation occurs. In couples counseling, teaching partners to successfully use one another for regulation is a key to therapy and can often make the difference between a safe, healing relationship, and an unsafe, damaging (or distant) one.

John Bowlby's beliefs/theories are the psychoanalytic view that early experiences in childhood have an important influence on development and behavior later in life. Our early attachment styles are established in childhood through the infant/caregiver relationship. In addition to this, Bowlby believed that attachment had an evolutionary component in that it aids in survival. The propensity to make strong emotional bonds to particular individuals [is] a basic component of human nature (Bowlby, 1988).

Characteristics of Attachment:

Bowlby believed that there are four distinguishing characteristics of attachment:

1. Proximity Maintenance - The desire to be near the people we are attached to

2. Safe Haven - Returning to the attachment figure for comfort and safety in the face of a fear or threat
3. Secure Base - The attachment figure acts as a base of security from which the child can explore the surrounding environment
4. Separation Distress - Anxiety that occurs in the absence of the attachment figure

Peter Levine - Beliefs/Practices:

While training with Peter Levine, I realized my next professional steps would be to connect the relationship between addiction and attachment disorders. His teachings include the following concepts:

- Revolutionary method for releasing trauma, taught step by step in five sessions
- Nature's lessons—the physiological roots of your emotions and gaining skills to connect
- How to determine if you are suffering the effects of trauma and walking through it
- Where trauma hides in your body and how to release it
- Specific exercises to thaw frozen physiological energies
- Coping with surgeries, accidents, illnesses, and other stressful events
- Emergency first-aid measures for emotional distress

What is Addiction?

More than three decades of research supported by the National Institute on Drug Abuse (NIDA) has proven that addiction is a complex brain disease characterized by compulsive, at times uncontrollable, drug craving, seeking, and use that persists despite potentially devastating consequences. Addiction is also a developmental disease. It usually starts in adolescence or even childhood and can last a lifetime if untreated. Additionally, when addiction takes hold in the brain, it disrupts a person's ability to exert control over behavior— reflecting the compulsive nature of this disease.

What is the Moral Model?

Unsurprisingly, viewing addiction as a moral failing led alcoholics and other addicts to be grouped with others who had demonstrated “moral failings.” In the 19th and early 20th century, alcoholism was associated with other socially undesirable situations and behaviors such as crime, poverty, sin, domestic violence, and laziness. Rather than proposing treatment methods for alcoholism, the moral model viewed punishment as a more appropriate response. Alcoholics were reluctant to publicly acknowledge their problem, as society had little sympathy for their struggle.

History of the Disease Model

The disease model of alcoholism was put forth as long ago as 1870, when the American Association for the Cure of Inebriety was founded under the principle that “Inebriety is a disease”. However, that premise did not rise in prominence until the founding of Alcoholics Anonymous in 1935. Led by Dr. E.M. Jellinek, the World Health Organization and the U.S. government began studying alcoholism and the medical community began to recognize the disease model of alcoholism. Humane treatment began to be provided as opposed to imprisonment or social contempt.

My Story

My 21 years of working as a professional in the Addiction and Mental health field in Canada and the United States and 23 years of personal recovery give me understanding of the meaning of the words addiction and attachment. Five years ago, attending a workshop in San Francisco Bay hosted by The Meadows in Arizona changed my entire personal and professional direction in helping patients and families. I discovered that the words connection and emotional regulation along with an understanding of how addiction and attachment disorder relate were missing gaps in the world of chemical dependency.

Peter Levine spoke about his perspectives and studies on Attachment Disorder. Within the 30 minutes of sitting in this six hour seminar, I was in awe of this man. His teachings made as much sense to me as the 12 step model that I was introduced to when I first got clean. I experienced a flow of energy that I had not felt before. Similar to the hope that I got when I arrived in the rooms of Narcotic Anonymous, it was deeper than anything that I ever felt before. I felt a glimmer of hope in understanding the level of my own disconnect which I had recognized after my acceptance of the disease of addiction. That day I could not believe what was happening to me emotionally, mentally and spiritually. For the first time, I looked at the loneliness I had felt my whole life and realized that I could find another way to connect with human beings. I needed to learn connection skills and figure how to take some basic steps that I missed learning as a child. I reflected back on my tendency not to connect. I realized I had no idea about the reasons other patients and families would run into a wall. Their loved ones often did excellent in treatment; however, when they left treatment, the identified patient relapsed and/or the family member went back to old behaviors. This is how I describe this crisis to families. I ask them to reflect on this scenario:

A person walks up to a street light and seeing the street light in front of them is unable to push the button to turn green so they can cross the street. People that do not have connection skills and/or are challenged from one transition to another have emotional dysregulation (unable to process emotions in the moment) meaning they do not have the skills to process their feelings. In the street light scenario, the person at the street light is without the experience of pushing the button to cross the street, so she or he just stands there and eventually turns around to go back to what they know. This is much like the addicted person. This is what I call addiction/attachment disorders that are combined together. What I often hear from families that sent their loved one to treatment is: "Our loved one did so well in treatment – he conformed to all levels of primary, secondary and outpatient treatment. He was so solid. I don't understand what happened. He was the model recovering person in treatment while he was getting treated for addiction/behavior issues. Then he relapsed as soon as he was not in a confined environment with someone telling them what to do." The next part of the story goes like this: "This is the fifth time he been in treatment and as soon as he completed the treatment program, he relapsed." Gathering information about the history of the family is crucial. I often discover that there are unresolved attachment issues within the family system. These patterns continue to influence the family dynamics. The reality is the identified patient has not been given the skills of emotional regulation, processing and/or transitioning into a place of safety. The Virginia Satir Model bases its beliefs in safety and security which is what all human beings strive for. Without that, a human being is lost in their own world. My theories on attachment, addiction, relapse, lack of transition and emotional regulation relate to this model. If a patient without attachment disorder goes into addiction treatment she or he has a good chance of successfully healing and improving their life. If a patient goes into a treatment program

that has an addiction/attachment disorder, both issues need to be addressed in order for the patient and the family to recover.

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