Attachment Disorders and Addiction

By Dr René Hollander
Table of Contents

2    Introduction
3    Drugs as a Substitute
5    Diagnosing Attachment Disorders
6    Anxiety Disorders and Attachment
8    “Contingent Communication” and Early Development
10   Emotions and Attachment Disorders
11   The Development of Attachment
13   Bowlby’s Behavioral System
14   The Inevitability of Attachment
16   Common Misconceptions About Addiction
18   Treating Attachment Disorders and Addiction
19   Reprogramming the Mind and Body
20   Changing How We Think about Attachment and Addiction
Without fail, people seeking treatment for addiction or mental illness come with a common problem: they have all suffered from a lack of adequate bonding or attachment with other human beings, especially in their early childhood. In other words, they may have an attachment disorder.

During the first few years of life, a child raised in an adequate parenting environment receives what is referred to as **unconditional positive regard**, or acceptance and support of a person no matter what they do or say. For a brief time in our early lives, we need and require the experience of being loved just for existing.

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Drugs as a Substitute

A lack of this type of experience in early childhood causes some people to turn to drugs to fill the need for unconditional positive regard. These individuals’ early life experiences, especially during the first 6 to 18 months, consisted of no reliable caretakers to provide for them.

The Harlow and Spitz studies in the 1950s established the fact that this period of life is crucial for the creation of a moral personality structure. It is also important for the development of responsible and productive social interactions, especially meaningful intimate relationships.

When individuals who haven’t experienced unconditional positive regard discover alcohol, drugs or addictive behaviors like gambling, a physiological response occurs that is similar to being unconditionally accepted.

This stimulating effect always delivers. Any time they partake, it is there for them in a way that their caretakers never were. The downside is that the initial high can never be exactly duplicated but is always chased after, which creates a need for more and more of the substance.
When individuals who haven’t experienced unconditional regard discover alcohol, drugs or addictive behaviors such as gambling, a physiological response occurs that is similar to being unconditionally accepted.
A diagnostic dilemma arises when attempting to separate or determine whether a patient’s symptoms point to one or more of the attachment behavior disorders, mood disorders, adjustment disorders or even psychosis.

Outcome measures of childhood traumatic stress have been restricted to symptoms of posttraumatic stress disorder (PTSD). However, some researchers – the author included – have found a strong negative correlation between those who suffer from PTSD and their early attachment experiences.

In studies about the numbers of soldiers developing PTSD, many soldiers exposed to identical horrific stimuli did not end up being afflicted with full-blown PTSD. This research led to the investigation as to why some did, and early attachment deficits appeared to be the leading factor.
Anxiety Disorders and Attachment

More recently, other co-occurring psychiatric conditions (including depression and separation anxiety disorder) have been assessed. It is both surprising and curious that there has been little attention paid to anxiety disorders and their relation to attachment, especially separation anxiety disorder.

Boundaries in the field of attachment disorder are still being defined. Symptoms of attachment disorder range from mild to severe in several areas of development: behavioral, cognitive, physical, moral, spiritual, social and affective.

Attachment disorders and separation anxiety disorder clearly have their roots in attachment deficits. Antisocial personality disorder tends to be associated with parental rejection and harsher disciplines. Abuse and inconsistent caregiving are associated with disorganized attachment. This can lead to dissociative symptoms as well as a correlation between resistant attachments (displaying passive or active hostility toward parents) and anxiety.

There is a presence of borderline personality disorder (BPD) in adults and persons who reported verbal or sexual abuse, or were witnesses to such abuse when they were children.
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“Contingent Communication” and Early Development

Attachment research is a field of developmental psychology that examines how communication patterns shape the development of a child in various domains: social, emotional and cognitive.

D.J. Siegel studied cross-cultural issues and discovered a process called “contingent communication.” This is a label describing which signals a child perceives and how the child makes sense out of them and the responses they trigger.

If the communication patterns provided are adequate, the signals of a child are perceived, understood and responded to in a timely manner. This form of caregiving makes the child feel safe and fulfilled and that the caregiver is a reliable source of protection.

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According to Bowlby, emotions are strongly associated with attachment. He also expressed the view that fear of separation, loss and abandonment was the fundamental emotion that impacts the attachment system. This fear disorganizes and immobilizes the attachment system.

The most intense emotions arise during the maintenance or disruption of attachment relationships. The threat of loss arouses anxiety, and the actual loss will cause grief. Both will arouse anger.

**Clinical Signs of Attachment Disorder:**

- Dissociated Mental States
- Depersonalization
- Pathological Levels of Anxiety or Self-Blame
- Aggressive, Reckless, Violent or Destructive Behaviors Toward Self and Others
- Compulsive Caregiving
- Compulsive Self-Reliance
The Development of Attachment

The quality of attachment creates the foundation upon which children build their sense of self and the way they relate to others throughout life.

Attachment behavior is generated by the perception of pain, the unavailability of the caregiver and traumatic experiences on the part of the child.

As social beings we place our attention first on the immediate family. From those family attachments we discover our strengths and weaknesses in our interactions with others. These permanent ties play essential determining roles in social and emotional function later in life.

According to Ainsworth, anxiously attached children are constantly concerned about the whereabouts of the caregiver, because the caregiver cannot be relied upon.

The unavailability and unpredictable responsiveness to the infant presents the constant fear of being left alone. This fear of abandonment, loneliness and separation continues beyond infancy into childhood and adulthood.
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Bowlby’s Behavioral System

Bowlby’s concept of a behavioral system describes a species-specific system of behaviors with inborn motivations that lead to predictable outcomes. This system defines patterns early in life and has a major impact on function. It suggests that relationship experiences have the potential to form an individual with a secure state of mind.

There is a biological component to attachment behavior in the child’s proximity to the parent, believed to provide survival needs and protection from predators. In the evolutionary process, infants who were biologically predisposed to stay close to the mother were protected from predators. The degree of proximity to the parent is thought to vary under different circumstances.

Infants can be cared for responsively or in an abusive, inconsistent manner and will still develop an attachment to their caregiver. The important difference is the quality of attachment between the child and the attachment figure.

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The Inevitability of Attachment

Children will become attached whether parents meet their physiological needs or not—even if their parents are abusive. The model of the incompetent or inconsistently available parent seems to be a direct cause of future disorders.

Object relations theorist Ronald Fairbairn wrote that a child can be object-seeking in order to keep connection with his parents. Object relations distinguish between an external world and an internal psychic world. The external world refers to the objects (the person or caregiver) that a child can seek and observe within their everyday social environment.

The internal is a world of mental representations and images of the object of that external world. The term “object” is distinguished between the observable person in the external world and the child’s internal mental representation of that person.

This representation is not necessarily an accurate or actual situation. For an addict, the addictive substance or behavior becomes the replacement sufficient to make attachment a reality.
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Common Misconceptions About Addiction

There is a cultural stigma associated with addiction that is composed of several misconceptions. Sadly, self-hatred, depression, feelings of isolation, desire to hide and often to commit suicide are the realities of what a substance abuser feels.

If they could stop their negative thoughts, they would stop the self-abuse. They seek the substance to numb the pain and inner turmoil that they are feeling.

Some misconceptions include:

- Substance abusers are of low moral character.
- Substance abusers have no motivation to stop and they are lazy.
- Substance abusers are liars and take advantage of those around them.
Sadly, the underlying self-hatred, depression, feelings of isolation, desire to hide and often to commit suicide are the realities of what a substance abuser feels.
It is clear that the addict has a long-term relationship with the substances or behaviors they have employed to survive their internal conflict.

The use of drugs or alcohol was initially an attempt to cure the pain. For a short while these attempts succeeded, until the attempted cure became worse than the disease.

By that time, a concrete relationship was created with the substance or behavior, and it becomes the only thing the addict is sure of. This relationship is so strong that it interferes with every other type of relationship they find themselves in. In the romantic domain, they are always in a relationship triangle.
Reprogramming the Mind and Body

Unfortunately, no amount of talk therapy of any type alone can effectively compete with the immediate gratification provided by the substances or behaviors the patient is addicted to.

This is the reason for the requirement of many months of abstinence coupled with talk therapies, behavior therapies and possible medications. In a sense, the patient’s physiological homeostasis must be reprogrammed, which takes at least a duration of three lunar cycles.

Another way of looking at the physiology of an addict is to realize that a type of reverse immunization has taken place. The body has been conditioned to expect the attack of the substances or the substances produced internally in response to adrenaline-fueled highs from partaking in behaviors like gambling and sex.

Once the patient is clean and sober, this physiological state remains hidden until one partakes again. This explains why just one drink, shot or behavior is always too little and tons of it never enough. This is the plight of the addict.
Changing How We Think About Attachment and Addiction

The fact that many individuals have successfully conquered the demons of addiction is good reason to be optimistic about those currently in treatment or thinking about seeking treatment. Successful recovery requires a sort of regrowing of the individual and providing experiences that can lead to productive attachments with others and society.
About Dr. René Hollander, PsyD, Ph.D

Dr. Hollander is a licensed clinical psychologist at Avalon Malibu in Malibu, California. He has worked in the mental health field in the greater Los Angeles area since 1980. He was born in the Netherlands at the end of World War II and is a survivor of the Dutch Hunger Winter of 1945.

Throughout his career, he has treated hundreds of patients for substance dependencies and mental illness. He is competent in crisis intervention and managing stressful situations, and his experience makes him exceptionally qualified to treat, manage and design treatment programs for patients with PTSD, addiction or attachment disorders.
Avalon Malibu is a center where respect, safety, compassion, and hospitality is extended to all who seek health, healing, and hope.

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