

## Attachment Disorder

“Doesn’t play well with others.” -Teacher’s report

“Why can’t we all just get along?” -Rodney King

Direct from Wikipedia, “Attachment disorder is a broad term intended to describe the disorders of mood, behavior, and social relationships arising from a failure to form normal attachments in primary care giving figures in early childhood.” It is likely that “helicopter parenting,” that is, micro-managing the child’s development, may also cause attachment problems by preventing the child from learning and growing through normal trial and error. Current research in the area of neuropsychology suggests that key brain development activity from birth to age three is highly influenced by interaction with care-givers. Accordingly, serious lapses or excessive scrutiny by care givers have the greatest effect in the earliest years. The most severe form of attachment disorder appears to be RAD, reactive attachment disorder for the inhibited type of attachment problem and DAD (disinhibited attachment disorder) for the disinhibited form. Some research psychologists maintain that attachment theory is in part “pseudo-scientific” because research has not yet fully explored or proven the theory to be entirely reliable.

Ironically, one of the best “proofs” of attachment theory and justifications for attachment disorder therapy is not found in child psychology, but rather in dealing with adults. Attachment theory literature tends to focus on infants, toddlers, and pre-pubescent children; an important question to ask is “What happens when they grow up?” The book *Addiction as an Attachment Disorder* by Phillip J. Flores, PhD., explains in great detail what happens to at least some of these children. Addictions. And not just one brief encounter with a beer keg or an illicit drug. Dr. Flores suggests that people with attachment disorders engage in “shopping addictions.” They move from one form of an addictive substance to the next, then to a “process” addiction such as sexual addiction or compulsive gambling, all the time seeking to fill an unfillable hole which began, according to the theory, with a childhood attachment disorder.

Among Flores’ most convincing arguments regarding addiction as an attachment disorder is his careful examination of the 12-step recovery process developed in the late 1930’s as in the book, *Alcoholics Anonymous*. His review of the “Big Book” and the recovery process itself as it takes place in thousands of meetings throughout the world shows that the founders of the process had instinctively developed an approach to recovery which ASSUMED attachment disorder was part of the problem. Flores further believes that the focus of treatment, based on attachment theory, should be as follows:

1. Resolve narcissism, moving from self-centeredness to a healthy psychology of self
  2. Learn healthy, interactive conflict resolution skills
  3. Learn to tolerate ambiguity
  4. Achieve mastery over life situations
  5. Learn relationship satisfaction: healthy, interdependent relationships.
- Flores points out that much of this was discovered early in the 12-step recovery

movement. However, due in part to its determined non-professional status and the complexity of issues often present in addicts, he and most other experts believe that solid addiction treatment must not be an “A.A. on steroids” program, but rather a process that will maximize the patients later ability to enter and succeed in 12-step recovery. Thus a solid addiction program which recognizes attachment disorder as a basic recovery issue will use its structure to help the patient begin the recovery process.

Therapy for attachment disorder involves first, a clear identification of the disorder and its manifestations. One form of attachment disorder, for example, manifests in avoidant behavior. Another form manifests in a boundary-less life style in which the person moves from one addiction to another, one relationship to another. Yet another form, very likely the adult version of the childhood reactive attachment disorder, might combine a history of intense, highly enmeshed and isolated relationships while avoiding any other relationships. At the core of all of these problems, attachment issues must be found and identified. Then, rather than forcing the client to give up all attachments, the patient is counseled and directed to simply modify and change attachments. Addiction is obviously a deep attachment to a drug or a behavior; recovery is a deep, interdependent attachment to a new lifestyle and to people sharing that new lifestyle. Patients who have experienced severe and early childhood abuse and neglect will need intensive trauma therapy to heal those wounds, and they will also benefit greatly from structured group therapy, where they can learn to identify and express feelings in an honest, supportive environment.

Treatment programs which recognize attachment disorder also understand the need to form an effective treatment alliance both with the patient and family. This is done by assigning consistent primary therapists who form a positive, supportive bond, teach non-enabling behavior to the family, and reveal the patient’s self-deception to the patient. A supervised living situation allows for effective professional staff intervention as needed without over-managing treatment.

New discoveries are constantly being made in the area of attachment disorders. For example, actual scientific research has proven that if infants or very young children do not experience the bonding and nurturing they need at that time, brain chemistry and brain development itself are impaired. The old hospital diagnosis for a frail baby, ‘failure to thrive’ was very likely often the result of either deliberate or inadvertent neglect and the beginning of what would later become an attachment disorder. A better discovery yet will be the scientific validation of this approach as more and more people enter into healthy and rewarding recovery through the formation of healthy, interdependent attachments.