DYING TO CONNECT; Addiction As an Attachment Disorder

Ellen E. Elliott, PhD
LCAS, LCMHC, CCS, CSAT,
ICRC Certified,
PhD Candidate
EllenEliot@aol.com
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What will you learn?

• The significance of attachment in addiction treatment
• Types of Attachment styles
• Meaning/Impact of Attachment
• Treatment modalities for healing attachment
We’ve come a long way....

Addiction is a primary, chronic disease involving brain reward, motivation, memory and related circuitry; it can lead to relapse, progressive development, and the potential for fatality if not treated. While pathological use of alcohol and, more recently, psychoactive substances have been accepted as addictive diseases, developing brain science has set the stage for inclusion of the process addictions, including food, sex, shopping and gambling problems, in a broader definition of addiction as set forth by the American Society of Addiction Medicine in 2011. (Pubmed, 2014)
A Treatment Deficit

- Addiction is a disease of isolation, secrecy, and dissociation

- Addicts use behaviors/substances to escape the discomfort of life and relationships

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Diagram: Maslow's Hierarchy of Needs

- **Self-Actualization**: Morality, creativity, spontaneity, acceptance, experience, purpose, meaning, and inner potential
- **Self-Esteem**: Confidence, achievement, respect of others, the need to be a unique individual
- **Love and Belonging**: Friendship, family, intimacy, sense of connection
- **Safety and Security**: Health, employment, property, family, and social stability
- **Physiological Needs**: Breathing, food, water, shelter, clothing, sleep
Trauma and Intimacy-Blocking Cognitions

- Victims develop a world view as rejecting
- Develop negative self-concepts
- “Other people will not care for me”
- “Others will not meet my needs”
- “I will never be loved.”
- “I do not deserve to be loved for who I am.”
- They organize their relationships around victimization or abandonment.
- Their narratives direct their behavior and choices.

What is Attachment?

Attachment is the emotional bond that forms between infant and caregiver, and it is the means by which the helpless infant gets primary needs met. It then becomes an engine of subsequent social, emotional, and cognitive development. The early social experience of the infant stimulates growth of the brain and can have an enduring influence on the ability to form stable relationships with others.
USA; Trauma and Stressor-Related Disorders

- 1. Posttraumatic Stress Disorder
- 2. Acute Stress Disorder
- 3. Adjustment Disorders
- 4. Reactive Attachment Disorder
- 5. Disinhibited Social Engagement Disorder
- 6. Other Specified Trauma- and Stressor-Related Disorder
- 7. Unspecified Trauma- and Stressor-Related Disorder
- Persistent Complex Bereavement Disorder (proposed for Section III, a section describing conditions that need more research)
What is the Adverse Childhood Experiences (ACE) Study?

The largest study of its kind that looks at the health and social effects of adverse childhood experiences over a lifespan.

Adverse Childhood Experiences Study (ACES)*

- Physical abuse by a parent
- Emotional abuse by a parent
- Sexual abuse by anyone
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Domestic violence
- Loss of a parent
- Emotional neglect
- Physical neglect
- Exposure to someone who is chronically depressed, mentally ill, institutionalized, or suicidal

We know that:

Early Adverse Experiences (ACEs) contribute directly to the risk for long-term physical and mental health.

Felitti et al. 1998
As the ACE Score increases, the risk of the following health problems increases:

<table>
<thead>
<tr>
<th>Health Problems</th>
<th>ACE Score</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Alcoholism/Alcohol abuse</td>
<td>0</td>
<td>35%</td>
<td>38%</td>
</tr>
<tr>
<td>• STDs</td>
<td>1</td>
<td>25%</td>
<td>28%</td>
</tr>
<tr>
<td>• COPD</td>
<td>2</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>• Depression</td>
<td>3</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>• Fetal death</td>
<td>4 or more</td>
<td>15%</td>
<td>9%</td>
</tr>
<tr>
<td>• Health related QOL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Liver disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Smoking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Unintended pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Suicide attempts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Intimate partner violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ischemic heart disease</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data from: www.cdc.gov/ACEstudy/adult

ADVERSE CHILDHOOD EXPERIENCES

<table>
<thead>
<tr>
<th>Event</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Abuse</td>
<td>55%</td>
</tr>
<tr>
<td>Witnessed Domestic Violence</td>
<td>39%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>27%</td>
</tr>
<tr>
<td>Traumatic Loss</td>
<td>26%</td>
</tr>
<tr>
<td>Witnessed Physical or Sexual Abuse</td>
<td>26%</td>
</tr>
<tr>
<td>Witnessed Community Violence</td>
<td>19%</td>
</tr>
<tr>
<td>Motor Vehicle Accident</td>
<td>13%</td>
</tr>
<tr>
<td>Other Medical Trauma (other than burns)</td>
<td>12%</td>
</tr>
<tr>
<td>Victim of Extrafamilial Violent Crime</td>
<td>7%</td>
</tr>
<tr>
<td>Burns</td>
<td>7%</td>
</tr>
<tr>
<td>Fire</td>
<td>7%</td>
</tr>
<tr>
<td>Witnessed Homicide</td>
<td>5%</td>
</tr>
<tr>
<td>Other trauma types include dog attack, school violence, abduction, torture, witnessing serious injury, hurricane</td>
<td></td>
</tr>
</tbody>
</table>

Impaired Caregiver                  | 54%        |
Neglect                             | 37%        |
Placement in Foster Care            | 30%        |
Death of Significant Other (not TL) | 26%        |
Unresolved Trauma History in Caregiver | 24%   |
Exposure to Drug Use or Criminal Activity in Home | 23%     |
Emotional Abuse                     | 22%        |
Exposure to Prostitution or other Developmentally Inappropriate Sexual Behavior in Home | 18%   |
Substitute Care (not foster care)   | 17%        |
Incarcerated Family Member          | 16%        |
Homelessness                        | 7%         |

Stolbach et al., 2009
### Trauma and Attachment

<table>
<thead>
<tr>
<th>Beginning (Early)</th>
<th>Theme of Connection</th>
<th>End (Late)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Trimester</td>
<td>Existence</td>
<td>3 Months</td>
</tr>
<tr>
<td>1 Month</td>
<td>Need</td>
<td>1 1/2 Years</td>
</tr>
<tr>
<td>8 Months</td>
<td>Autonomy</td>
<td>2 1/2 Years</td>
</tr>
<tr>
<td>2 Years</td>
<td>Will</td>
<td>4 Years</td>
</tr>
<tr>
<td>3 Years</td>
<td>Love/Sexuality</td>
<td>6 Years</td>
</tr>
<tr>
<td>5 Years</td>
<td>Opinions</td>
<td>8 Years</td>
</tr>
<tr>
<td>7 Years</td>
<td>Solidarity/Performance</td>
<td>12 Years</td>
</tr>
</tbody>
</table>

**Beginning (Early)**
- **2nd Trimester**: Developing a secure sense of existence.
- **1 Month**: Developing a sense that our needs are met.
- **8 Months**: Developing a sense & capacity to explore the world, moving away from mother.
- **2 Years**: Developing the sense of having our own power, will, & intention, & still being loved.
- **3 Years**: Developing the capacity for deep romantic and sensual/sexual feelings.
- **5 Years**: Forming & expressing deep beliefs & opinions about the world & reality.
- **7 Years**: Belonging to a group without needing to be special, but with our uniqueness valued.
Still Face Experiment
Dying to Connect: Addiction as an Attachment Disorder

Attachment Issues

<table>
<thead>
<tr>
<th>Attachment Style</th>
<th>Parental Style</th>
<th>Resulting Adult Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>Aligned with the child; in tune with the child's emotions</td>
<td>Able to create meaningful relationships; empathetic; able to set appropriate boundaries</td>
</tr>
<tr>
<td>Dismissive/Avoidant</td>
<td>Unavailable or rejecting</td>
<td>Avoids closeness or emotional connection; distant; critical; rigid; intolerant</td>
</tr>
<tr>
<td>Anxious/Ambivalent</td>
<td>Inconsistent and sometimes intrusive parent communication</td>
<td>Anxious and insecure; controlling; blaming; erratic; unpredictable; sometimes charming</td>
</tr>
<tr>
<td>Disorganized/Fearful-Avoidant</td>
<td>Ignored or didn't see child's needs; parental behavior was frightening/traumatizing</td>
<td>Chaotic; insensitive; explosive; abusive; untrusting even while craving security</td>
</tr>
<tr>
<td>Reactive</td>
<td>Extremely unattached or malfunctioning</td>
<td>Cannot establish positive relationships; often misdiagnosed</td>
</tr>
</tbody>
</table>

Causes of Insecure Attachment

- **Physical neglect** — poor nutrition, insufficient exercise, and neglect of medical issues
- **Emotional neglect or emotional abuse** — little attention paid to child, little or no effort to understand child's feelings; verbal abuse
- **Physical or sexual abuse** — physical injury or violation
- **Separation from primary caregiver** — due to illness, death, divorce, adoption
- **Inconsistency in primary caregiver** — succession of nannies or staff at daycare centers
- **Frequent moves or placements** — constantly changing environment; for example: children who spend their early years in orphanages or who move from foster home to foster home
- **Traumatic experiences** — serious illnesses or accidents
- **Maternal depression** — withdrawal from maternal role due to isolation, lack of social support, hormonal problems
- **Maternal addiction to alcohol or other drugs** — maternal responsiveness reduced by mind-altering substances
- **Young or inexperienced mother** — lacks parenting skills
Attachment & Relational Deficits

- Difficult to re-direct, reject support
- Highly emotionally reactive
- Hold on to grievances
- Do not take responsibility for behavior
- Make the same mistakes over and over
- Repetition compulsion / traumatic re-enactment

(Hodas, 2004)
Children presenting with complex trauma-related symptoms are at risk of being misdiagnosed with a variety of disorders and functional difficulties particularly when a comprehensive assessment for complex trauma issues is not conducted:

- ADHD
- Depressive Disorders
- Oppositional Defiant Disorder
- Conduct Disorder
- Reactive Attachment Disorder
- Psychotic Disorders
- Specific Phobias
- Learning/academic difficulties
- Juvenile Delinquency

Adults also presenting with complex trauma-related symptoms are at risk of being misdiagnosed with a variety of disorders:

- ADHD
- Depressive Disorders (66/35% ACE >4)
- Intermittent Explosive Disorder
- Borderline Personality Disorder (81% <7)
- Narcissistic Personality Disorder
- Psychotic Disorders
- Panic Disorders
- Learning difficulties
- Bipolar Disorder
- Substance Use Disorders (7x ACE>4, DA-4600% greater ACE>6)
- Eating Disorders
- Gambling, Sexual disorders, etc
An attempt at self-repair that ultimately fails

Addiction further prevents repair by creating isolation and emotional dysregulation

Without mutually satisfying relationships, a cycle of relapse continues

ADDICTION and ATTACHMENT
Healing Attachment Wounds

12-STEP PROGRAMS!

Dying to Connect: Addiction as an Attachment Disorder
The 12 Steps Backward

1. Felt alone and overwhelmed by life.
2. Came to believe alcohol/drugs could fix everything.
3. Unwittingly turned my life over to alcohol/drugs and flawed thinking.
4. Avoided like the plague any moral inventory of my attitudes.
5. Refused to admit to anyone anything inherently wrong with my choices.
6. Claimed entitlement as a victim with few shortcomings.
7. Believed other people/institutions should cater to my needs.
8. Kept a mental list of resentments against anyone who didn’t.
9. Avoided, imagined rebuffing, and talked shit about jerks on that list.
10. Continued to trust my flawed thinking and repeat my mistakes.
11. Privately rehashed grudges, licked wounds, and fantasized triumphs.
12. Disheartened as a result of these steps, I increased my alcohol/drug use and sought solace among people equally lost.

12 Steps

(1) We admitted we were powerless over alcohol – that our lives had become unmanageable.
(2) Came to believe that a power greater than ourselves could restore us to sanity.
(3) Made a decision to turn our will and our lives to the care of God as we understood him.
(4) Made a searching and fearless moral inventory of ourselves.
(5) Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
(6) Were entirely ready to have God remove all these defects of character.
(7) Humbly asked Him to remove our shortcomings.
(8) Made a list of all persons we had harmed and became willing to make amends to them all.
(9) Made direct amends to such people wherever possible, except when to do so would injure them or others.
(10) Continued to take personal inventory and when we were wrong promptly admitted it.
(11) Sought through prayer and meditation to improve our conscious contact with God as we understood him, praying only for knowledge of His will and the power to carry that out.
(12) Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

These steps are from the book, “Alcoholics Anonymous.”
Any Opportunity for Healthy Connections

- Spiritual group (NOT religion as recovery)
- Yoga
- Exercise class/ sports
- Dance class
- Hobbies (right brain and social)
- Cooking or baking class/ Any class
- Volunteer opportunities (homeless shelter, special Olympics, theater, animal shelter)
- Travel groups
- Artistic groups (Artist’s Way)
- NOT dating sites, pool tournaments, etc...

And, of course...

Therapy.
Therapeutic Environment

- Set up calm and nurturing environments
- Teach staff to meticulously observe for ‘triggers’ – when someone is beginning to move from a calm, continuous state to a discreet state of emergency
- Train to caring and compassion
- Meticulously interview for triggers
- Adjust the environment
- Adjust what we do (i.e., look at ourselves and our behaviors and actions as the key for success)

Recovery

- 12 step groups
- Maintain Safety
- Therapeutic relationship
- Emotional Stabilization
- Angel Egg
- Grief work
- Sponsor/home group
- Spirituality
- Finding meaning in the trauma
- Life purpose
Resources


Questions

35

36