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The Attachment Continuum from Child to Adult: How Childhood Trauma Impacts Future Relationships and Behaviour

We are adventurers by nature, exploring new possibilities, job opportunities, and taking healthy life risks. We cannot challenge ourselves however if our foundation is not secure. A secure foundation is built at home in the first year of life. As babies, our primary need is safety and security, and we rely on our mothers to provide this. If we lose trust that we can be kept safe, we interpret the world as a dangerous place and become entrenched in survival mode. Many professionals and parents don't recognise the signs of survival when dealing with these children and adults, and overlook the origins of their behaviour. In order to truly understand the mentality behind individuals with attachment issues, we have to return to the first two years of their lives and what that environment looked like for them.

Regulation is the Key

Our primary need in life is safety. We are born in a fairly vulnerable state of being and immediately look for someone to protect us. When we are hungry, have feelings or simply need to be held or soothed, we reach out to our mothers to satisfy these primal needs. In the first year of life, babies engage us in a specific cycle designed to build trust. A baby will 1) have a need, 2) elicit a rage reaction because of that need (crying), 3) a mother will pick her baby up and satisfy the need, and 4) baby will be soothed. If this cycle is repeated, after a time the baby will trust that his mother can protect and care for him. In that first year of life, a mother's job is to *externally regulate* a baby's world and soothe him in stressful situations. John Bowlby, one of the pioneers of attachment theory, referred to this as a 'secure base'. Bowlby stated "the initial relationship between self and others serves as blueprints for all future relationships ." The attachment between a mother and their child sets the stage for all future relationships and a child's ability to regulate their world.

The second year of life is equally important as the first. If we develop a secure base, we are comfortable enough to venture outside of our protected zone and start pushing the limits. This is where two year-old negativism starts. A toddler will test a mother by not following her directions to see if she is truly going to keep him safe. A good mother finds the balance between letting her child explore, and setting limits to ensure his safety. Being overprotective in this stage of life leads to a child not developing the confidence and skills necessary for taking healthy risks in life.

One might think that the attachment process is fragile and must be treated with utmost sensitivity, but that isn't true. When a child doesn't listen to his mother, there is a natural break in the attachment process. However, if there is trust between mother and child, that break can be repaired. Throughout life there are many breaks in the attachment process when there is conflict between parent and child or even between adults. This is normal and doesn't constitute a real threat to attachment if the underlying trust is secure.

If all goes well with the first two years of life, a child will have the necessary tools to function as a healthy adult. 75% of who we are happens in those first two years, a figure that tells us how crucial it is to give the proper nurturing to young children in order for them to be successful later on in life.

Cycle of Abuse

Unfortunately, many children experience serious disruption in the attachment process in those first two years. The disrupted cycle of 'trust' for children with attachment issues is 1) baby has a need, 2) elicits a rage reaction, 3) mother ignores, neglects, abuses baby, 4) baby learns to not trust mother.

There are several reactions that can happen when children learn they cannot trust a mother to satisfy their needs. One reaction is that a baby will stop crying and asking for things. This is the child who tends to be dissociative and withdrawn in later years, internalising her feelings. That child has come to the conclusion “my needs and feelings are not important and/or I can't trust others to take care of me, so I'm not going to ask anymore”. Then there's the child that keeps on raging and cannot be soothed – this is the child later in life that will throw a chair in the classroom or lash out at others. He has come to the conclusion that “nobody is listening or caring about me, so I need to cry louder to get my needs met”. This child externalises his feelings and is comfortable with negative reactions to his behaviour, because at least it's some attention. Lastly, there's the child that will both internalise and externalise their feelings. It's important to note that even though the externalising child appears the most self-destructive and usually commands greater attention, it is the internalising child that is cause for concern, because she turns her destruction inward and this is where we see cutting, self-mutilation, or suicidal ideation.

The Traumatised Brain

When a baby experience the abuse cycle or disruption in the attachment process, they launch into survival mode. The limbic system, our emotional filter - reads the world as an unsafe place, and springs into action, hijacking the hypothalamus. Our hypothalamus overrides our pre-frontal cortex, which is responsible for organising our world. The 'survival brain' is not worried about organisation, rather it expends all its energy trying to keep us safe and meeting our most basic needs. This is the reason that many children and adults with attachment disruption appear to have ADD or ADHD. Their brains have entered into a heightened state of alert and are trained to focus on reading and filtering out extraneous information that doesn't play a role in survival. This response is very much a reaction to trauma. The traumatised brain has extreme trouble in regulating itself and difficulty gauging threat levels.

Traumatised brains also have high levels of cortisol, a chemical that regulates stress in our bodies. In traumatised individuals, cortisol levels often remain high due to their consistently heightened state of alert. High levels of cortisol contribute to greater rage reactions, and not being able to properly temper the fight or flight response. These individuals have trouble regulating their reactions and reading cues from others. Everything becomes a risk or threat, and this takes an emotional and physical toll on the body. According to Dr. Bruce Perry, a leading expert in the field of childhood trauma, exaggerated levels of cortisol can lead to heart disease, immune suppression, and brain damage.

Attachment Trauma

Let's go back to the attachment trauma a baby experiences in that first year of life. Dr. Perry defines attachment trauma as the “deliberate threat or injury in the context of a relationship where the victim has some level of emotional involvement”. Due to the abuse cycle, a child learns not to trust their caregiver and thus gets 'stuck'. Instead of progressing to the second year of exploration, a baby with attachment disruption becomes very protective and focuses on keeping itself safe. With a secure foundation we can heal from trauma that happens later in life, but in those first three years of life the impact on us is much more deeply ingrained.

If we look at what happens to us when traumatic incidents occur, it will shed light on how children and adults operate having had attachment trauma. In the wake of the 9/11 attacks, instead of flocking to mental health providers, families of victims stuck close to home and family and didn't venture out of their comfort zone. In the face of a perceived threat, our foundation is shaken and we often retreat to protect ourselves. There are probably many stories like this surrounding the most recent Canterbury earthquake. We can understand why babies who experience trauma in such formative years do not venture out of their comfort zone.

How Do Attachment Issues Impact Adult Relationships?

Around twenty years ago we started turning our attention to the attachment system in regards to adult relationships. Hazan and Shaver were two of the first researchers who postulated that attachment patterns play out in adult romantic relationships. They developed a series of questions designed to isolate behaviours in adults that mimic attachment styles in infants; secure, avoidant, ambivalent, dismissive, disorganised and reactive. What they found was that not only were adults similar to infants in the way that these behaviours played out in relationships, but that there was a direct correlation between the style in which someone was parented and the attachment that person would develop later in life. Hazan and Shaver's research was pivotal for the way that we

see relationships today, and their work ultimately led to the development of many assessment tools attempting to gauge attachment styles in adults. One of the more popular tools today is the Adult Attachment Interview (AAI) developed by Mary Main. Yet the field of studying attachment in adults is still vastly unexplored, and this leaves many adults searching for answers and therapy that would address their issues.

Attachment disruption is one of the hardest problems to address by parents and professionals due to the fact that solutions are often counter intuitive and that the symptoms often go unrecognised. Below I have compiled a list of characteristics I often see in both children and adults with attachment issues. This is by no means a comprehensive list, rather a cluster of symptoms to look out for when treating a client with identified attachment problems originating from the first three years of their life.

Charming/Manipulative Behaviour

There are legitimate reasons for the various symptoms of attachment disorder, though they might appear more deliberate and intentional. If we look at it from the perspective of trying to survive, it makes sense. Because people with attachment issues do not trust that others have their best interest at heart, they manipulate and charm to ensure that they can get what they need. A primary reason for charming behaviour stems from the desire for recognition, praise, or superficial intimacy without investing any real emotional depth. Many of the children I work with become belligerent at home when asked to complete chores, but will gladly do them for a teacher at school. Others will not let parents touch them, but will cheerfully hug a stranger. To be able to manipulate others requires a degree of detachment and lack of empathy, which is another major symptom of attachment disorder.

Lack of Empathy/Remorse

I hear the word sociopathic around my office on a weekly basis. There is some speculation in the mental health community whether attachment disorder leads to sociopathic or borderline personality. Obviously it's more clearly defined in adults than children, and I try to get parents to be less pessimistic about the future of their children. The truth is, there isn't something inherently wrong with children who display a lack of empathy; rather it's a predictable reaction to their circumstance. Empathy isn't automatic upon childbirth – it's a learned attribute. Mothers teach empathy when they respond to a baby's needs and are able to soothe that baby. By doing so, a baby is able to have her feelings validated and develop a reciprocal relationship by showing appreciation (gurgling, cooing). When this reciprocity doesn't happen, empathy doesn't develop. In survival mode, lack of empathy has an advantage because one does not have to direct any energy towards the needs of others and can be purely egotistical. The problem is that this detachment from humanity can greatly hurt other people and living things, and often does. Many parents vocalise that they are scared their children will be standing over their bed with a knife at any given moment.

Playing the Victim

People with attachment issues began their lives by being victimised to some extent. Perhaps they were victims of their parents drug use or neglect, possibly a victim of a painful illness that made them lose trust that their mother could soothe their pain, others were victims of abuse and still others were the victims of birth mothers not being able to keep them. While we have empathy for them, it is easy for some to stay a victim. Many play the part well, and elicit great sympathy from others who feel sorry for their tragic upbringing. People with attachment issues will use this sympathy as a weapon of control in order not to change their behaviour. They will often feel sorry for themselves, which as a little baby was the only way they were able to get sympathy at times. As an older child or adult, the learned helplessness that comes from playing the victim only entrenches an individual in self-pity and despair. Their sense of powerlessness is pronounced and is often shared with others in their midst.

Intimacy Aversion

Intimacy equals pain, and this is one of the most characteristic symptoms of attachment disorder. The unspoken promise that these children made as little babies – that they will never allow themselves close enough to someone to get hurt again – is played out in countless future relationships. There are many games that people with attachment issues play in order to keep themselves protected and far from intimate relationships. They will say and do mean things, and cause chaos in order to obtain an adverse reaction from people. If people are angry at them, there is little chance of developing a closer bond. Many of my clients are isolated and have no

close relationships. They withdraw from family and friends, and often look very selfish by doing so. Although many of them desperately want friendships, they opt to push friends away first in an effort to control being hurt. Rejection is paramount, and any hint that a person may be upset with an attachment disordered individual might result in sabotage of that friendship by said individual. There are also many other ways to keep people away. Many of my clients have extremely poor hygiene, and even engage in purposeful enuresis in order to disgust people into leaving them.

Superficiality

Keeping relationships on a very surface level is part of the intimacy problem that many people with attachment issues utilise. They might appear to be engaged and are invested in others, but their reciprocity falls short. I get many reports from my clients that they have multiple friends and are very well liked. Upon further investigation however, it comes to light that they know nothing personal about these friends and have shared nothing of themselves with them. Convincing themselves that they aren't as lonely as they truly are because they're surrounded by all these 'acquaintances' is a way to avoid the risk of actually trying to get close to friends. Although living in this fantasy world is designed to protect them from getting hurt, it ultimately hurts them more because they do not take any action to rectify their loneliness.

Co-dependency

Loneliness is rampant with people who have attachment issues. Because of their fear of intimacy, they end up isolating themselves from many who truly care about them. Instead, they gravitate towards others who take advantage of them for their own purposes. I see this often in young women with attachment issues. There is a great sense of desperation with many people with attachment issues, and others tend to capitalise on it. It is common that two people with attachment issues will pair up because they both identify with how each other see the world. Unfortunately, one partner is usually controlling over the other, and the other partner steps into the co-dependent role. Both partners suffer from low self-esteem, the difference is that it manifests as control in one and co-dependence in another.

Apart from loneliness and self-esteem, co-dependent individuals are driven by their need to be needed. In adoption, many rationalise that if they proved that they could be just useful enough their birth mothers would take them back. This sets the stage for abusive relationships and domestic violence, and it's sad to watch how much they will tolerate without standing up for themselves.

Powerlessness

A sense of powerlessness accompanies control issues. Most clients I have struggle with feeling weak and powerless due to their prior experiences as infants. They are often attracted to images in our society that represent power and control – weapons, fire, violence. I have a client in a group home that will invariably attach himself to the largest, scariest and meanest looking staff that works there. My clients identify with 'bad' characters vs 'good' ones in movies, and have a tendency to gravitate towards gangs in their adolescence years.

Powerlessness is even more profound with the sexually abused clients I see. Due to their own power being taken away by another through sexual abuse, clients struggle with keeping their boundaries in tact throughout their lives. Many have no sense of other people's boundaries as well as allowing their own boundaries to be violated. When my son was a teenager, he took a driving course in which the instructor made several sexual advances towards him. My son minimised and excused this behaviour when we found out, and it wasn't until much later that the instructor was arrested for similar behaviour. Due to my son's prior abuse experience in a group home, he has always had a diffuse sense of his body boundary.

Not all sexually abused clients are left without a will to protect themselves. I have seen many engage in purposeful enuresis and encopresis as an effort to protect their bodies. The thought is that if they appear and smell disgusting enough, others will stay away from them. This device is highly effective, and is even utilised by attachment disordered children as as a way of controlling intimacy. It is one of the traits that upset parents the most, as it is truly out of their control and beyond their comfort zone. I have seen children as old as seventeen engage in this practice.

Control

Control is crucial to an attachment disordered individual, because lack of control meant possible death in their infancy. It was control that allowed them to survive a situation in which they felt helpless, and therefore control is needed to ensure future survival. Attachment disordered people will go to great lengths to have the control they so desperately need, battling many people along the way. Raising a child with these issues means having to prove yourself as a parent every hour of everyday. A child with attachment disorder is parentified and doesn't think authority figures are credible. Control can look like oppositional defiance, or it can come out in very subtle ways. I had a client who was told to clean his dad's car after he spilled his lunch all over the back seat. The child took eight times to complete the job as expected because each time he would leave something for his dad to find. The last time, he left one cracker on the seat in plain view. This is a typical move for children with attachment issues, because they resent being told what to do.

Egotistical Attitude

A benchmark symptom for attachment disorder, people dealing with attachment disordered individuals find it hard to tolerate their egotistical behaviour, and that's part of its purpose. Apart from keeping people at a distance, having a big ego serves the survival brain well. It allows a person to have sense of confidence (albeit false) and distract others from the reality of their low self-esteem and insecurity. It also allows absolution from everything that person has done, because the survival brain won't let itself feel the sting of hurting others. The last thing a person with low self-esteem can tolerate is recognising they made *another* mistake. Showing vulnerability is a sign of weakness to one who has had to be tough in order to survive. It is also an admission that they do not know everything, which is also scary if your life depended on relying on solely by your own resources. It is common to confront an individual with this quality on something they did, and it be met with no humility. In fact, any way that the blame can be deflected to another person or cause, it will. Accusation, even if it is done lightly, is seen as an attack that needs to be thwarted.

Sense of Entitlement

The sense of entitlement many people with attachment issues have comes partly from the egotistical survival brain, and partly from deep-seated anger. The anger stems from being overlooked and not getting what they needed as babies. There is great sadness at feeling 'less than', or not feeling worth being loved. From sadness, intense anger is born and this is the feeling usually displayed to others. The sadness is kept in a box and protected because it is at the very core of who they are. The anger often is manifested in taking what they want because that's what they feel is owed to them. It comes from the belief that everyone must pay and be punished for what has happened to them in early childhood. Often, even if people with entitlement issues get what they want, it is never enough. This is because the need they are trying to fill is recognition and validation, and most other things they seek do not fill this void.

I see a good deal of children that come into my practice looking like they have attachment issues, but when I conduct a family assessment there are no overt signs of trauma or attachment disruption in their lives. Through further investigation, it becomes apparent that the children have attachment issues because they have been overindulged. Parents who overindulge whether it is by spoiling their kids with materialism or emotionally overindulging them do a great disservice to their children. Children need leaders who provide structure, limits, and instill a sense of competence in them. Without that, they lose trust in their parent's ability to care for them and become very egocentric. Overindulged children are often harder to work with because they are living in the dysfunctional family system that created the problem. Therefore, changing the family structure and hierarchy is crucial to changing the child's behaviour.

Sabotage

A recurrent theme for people with attachment issues is the belief that “I don't deserve a good life” or “I don't deserve to be loved”. This was the message they received as infants when their feelings and needs were not addressed. This is a hard mentality to change, and even more difficult to watch. When life is going well for attachment disordered individuals, they have a tendency to sabotage it so they're back to feeling miserable. One

of the reasons that this happens is that it's unnerving to have their external environment out of sync with their internal environment. Therefore, many relationships or good things that come their way are destroyed.

Another reason that attachment disordered people are so self-destructive is that they have ultimate control over whether they lose valuable things in their lives. If they did not self-sabotage, perhaps a relationship or good thing might end or be taken away unexpectedly. It is too unpredictable for these individuals to leave things open by chance – they must end them before that is able to happen so they can feel 'secure' once again. After all, the most valuable thing they had in life – the security of a trusted parent – was 'stolen' from them at their most vulnerable time.

Clinical Interventions

I have compiled some helpful tips and interventions that have worked well with my clients over the years. It's important to note that each clinician must understand their own attachment style in order to be grounded when working with these clients.

Set Boundaries

People with attachment issues can lack boundaries themselves, and often cross others. They might try to engage you in their drama, elicit sympathy, redirect the focus to you, or be much more prone to transference due to their fluid sense of self. Know yourself and your triggers, and keep things in check. The tighter the boundaries, the safer a client will feel because they can't manipulate them. *Be proactive, not reactive.*

Remove the Constraint of Being Liked

The goal of establishing a therapeutic relationship with a client who has attachment issues is not to 'bond' as you might with other clients. Remember that if a person who has attachment issues has trouble attaching to the closest people in their lives – they will certainly not bond with you as a therapist. You are not in their family, see them on a limited basis, and will ultimately terminate the relationship, These are reasons why your job is to facilitate attachment with the family and not you.

Be Confrontational

Clients with attachment issues are often highly guarded and need some external pressure in order to initiate cognitive or behavioural change. A clinician must be adept at being able to recognise defensive 'games' and not be sidetracked by them. It is actually comforting to clients to be held accountable and not have the power to lead the therapy. They ultimately want a pathway out for their feelings, and feel a sense of relief when they are able to unburden themselves.

Don't Work Harder or Care More

This is something I preach to parents and professionals alike. In order to get our clients to develop the skills to implement change in their own lives, we have to step back and not work as hard. The comfort zone with attachment disordered clients is to stay protected and not change, because change is threatening. We can't care more about their lives than they do – they ultimately have to decide if they're worth having a better life than the one they're leading.

Study Body Language

A good deal of my clients will come into my office and lie. The lies aren't meant to be malicious, rather they are a protective mechanism to hide their true feelings. I have learned over the past many years to look past words and read their body language. Often the only crack in the armour I have is a slight glistening in their eyes or a brief flash of fear on their face. Being sad is vulnerable, so it's usually prefaced by a fear reaction.

Set High Standards

Expect the very best from your clients, and don't feed into their victim mentality. I have many clients who come to

me with various co-morbid diagnoses. Instead of getting mired in the confines of diagnoses, I always presume that there is nothing the clients can't overcome. With the exception of organic issues such as fetal alcohol or autism, a majority of the time it is astounding how far they are able to progress.

Be a Leader

A client with attachment issues will respond to a strong and confident therapist. They will put you through a variety of tests in order to figure out if you are strong enough to handle their biggest feelings. If you are able to be manipulated by them or have a more passive nature, they will not trust you. Many of my clients come in ready to engage me in a fight or are highly defensive. That's always a clue that they have feelings they want to protect, so I am careful not to react to this behaviour and instead focus on the underlying emotions.

Use Humour

Humour is an important tool to allow a client to see a different perspective and take themselves less seriously. Because many people with attachment issues are hypersensitive and have deep insecurities, you have to be careful humour will not shame or embarrass them. However, once you have their trust it is a fantastic tool to circumvent the defensiveness that is often displayed.

Validate Feelings

It's simple but effective way to build empathy. It's what clients needed when they were infants but didn't get – someone who understands and recognises them for their most basic feelings. I often have to stop parents or other loved ones from adding additional commentary to basic validation - "I know you feel that way, but..." . I have to remind others that the origins of attachment issues occur largely in the pre-verbal years, and not to try to persuade, explain, or 'fix' a situation. Trying to process with a client on an intellectual level can also be counter productive because intellectualisation is a defence mechanism often used. The feelings they have to pay attention to are in their bodies, not their heads.

At the Heart is Grief and Loss

In order to be effective with this population, we need to peel back the layers and access their core. We cannot address behaviour without recognising that it is fed by profound sadness due to their loss of trust and innocence. We cannot truly understand how deep this pain is unless we have experienced it ourselves. The frustrated mother of a client asked me one day why her adopted son still had grief and loss issues after living with them for fifteen years. I explained to her that in the case of childhood loss of trust in a caregiver, 'time does not heal all wounds'. I reminded her that even though she is bearing the brunt of her son's bad behaviour, the fact that he withstood tumultuous circumstances as a small baby and survived speaks to his inner strength. If we can tap into the strength and resiliency that these clients have, we might be able to redirect their focus from victim to survivor.

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