Attachment in the interplay between patient and therapist

KARL HEINZ BRISCH

SALZBURG/ÖSTERREICH
Outline

• Introduction to attachment theory
• Trauma
• Attachment disorders
• Prevention
• Video-demonstration
Motivational Survival Systems

- Attachment
- Physiological Needs
- Self-Efficacy
- Avoidance of Negative Stimuli
- Sensory Stimulation
- Exploration

Relationship
Attachment Theory (1)

• During the infant‘s first year he/she develops a specific emotional attachment to a primary attachment figure.
• The attachment system ensures survival
• The attachment figure is the “secure base” for the infant (“haven of safety”)
• The attachment system is activated by fear and separation.
Attachment Theory (2)

- The attachment system is reassured by the physical proximity of the attachment figure.
- The attachment system is in reciprocity with the exploration system.
- As soon as the attachment system is reassured, the infant is ready to explore his/her environment.
„Attachment – Exploration – Seesaw“
Development of secure attachment

- Sensitivity to infants signals
- Gaze
- Verbal interaction
- Rhythm of dialogue
- Touch
Window of Tolerance of Stress Regulation

Hyper-Arousal ➔ Sympathetic Nervous System ➔ Dissociation ➔ FREEZE

Hyper-Arousal ➔ Parasympathetic Nervous System ➔ Dissociation ➔ COLLAPSSUBMISSION

Panic state
Fear of death,
Activated Attachment System
Attachment quality of term infants (1)

- Secure (approx. 60%)
- Insecure
  - Avoidant (approx. 15%)
  - Ambivalent (approx. 10%)

- Beginning of psychopathology
  - Disorganized (approx. 10%)

- Attachment Disorder
  - Severe early psychopathology (approx. 5%)
Attachment Quality of the Infant

<table>
<thead>
<tr>
<th>Secure (B)</th>
<th>Insecure Avoidant (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insecure-Ambivalent (C)</td>
<td>Disorganized (D)</td>
</tr>
</tbody>
</table>
# Attachment quality of term infants

<table>
<thead>
<tr>
<th>Secure</th>
<th>Insecure Avoidant</th>
<th>Insecure Ambivalent</th>
<th>Disorganized</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>66 %</td>
<td>45 %</td>
<td>52,2 %</td>
</tr>
<tr>
<td>A</td>
<td>22 %</td>
<td>28 %</td>
<td>14,6 %</td>
</tr>
<tr>
<td>C</td>
<td>12 %</td>
<td>7 %</td>
<td>10 %</td>
</tr>
<tr>
<td>D</td>
<td>desorganisiert</td>
<td>(neu seit Main &amp; Solomon, 1986, 1990)</td>
<td>20 %</td>
</tr>
</tbody>
</table>

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Intergenerational transmission of attachment

- Correspondence between attachment of parents and child
  - Securely attached parents with securely attached children
    - mother-child approx. 75%
    - father-child approx. 65%
  - Insecurely attached parents with insecurely attached children
  - Traumatized parents with disorganized children
  - Attachment disordered parents with attachment disordered children
Origins of attachment disorders

• Early multiple traumatization of children by attachment figures
  – Severe emotional and physical deprivation and neglect
  – Physical violence
  – Sexual violence
  – Emotional violence
  – Verbal violence
  – Multiple separation from attachment figures
  – Loss of attachment figures without secondary attachment figure
  – Witness of violence between attachment figures
Triggers for re-traumatization

Traumatized parents react to trigger in the behavior of the infant, child or adolescent

• Attachment behavior
  – search for closeness, clinging, crying, pain, neediness

• Separation / exploration behavior
  – Distancing, autonomy,

• Trigger by affective arousal of the child

• Unconscious process!!!
Re-enactment of trauma

• In the interaction with the infant/child
  – Avoidance of contact and proximity with child
  – Abrupt/intermittend breaks in activity and relationship
  – Understimulation vs. overstimulation (sexual-sensory)
  – Aggressive behavior/violence

• In the affective communication
  – Transference of traumatic affects onto the child
    • Rage, shame, arousal, feelings of guilt
Types of attachment disorders

- No signs of attachment behavior
- Promiscuous attachment behavior (ICD 10)
- Hyper-vigilant attachment behavior
- Inhibited attachment behavior (ICD 10)
- Aggressive attachment behavior
- Role reversal attachment behavior
- Psychosomatic symptoms

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Video-Demonstration of Attachment Disorders

• Strange Situation Procedure
  – Promiscuous (indifferent) attachment disorder
  – Inhibited attachment disorder
Reaction to attachment trauma

- Search for an attachment figure
- Attachment Dilemma
  - Attachment figure is present, but source of great anxiety
- Activation of archaic reactions
  - Fight and flight are not possible
  - Freeze, submission
- Permanent stimulation of stress hormones
- Decrease in growth hormones
- Destructions of neurons in the brain
- Reduction of brain volume

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Consequences of attachment disorders

• Deficits in right brain development
  – Affective attunement
  – Affect control
  – Theory of mind
  – Empathy
  – Insightfulness
  – Mentalizing

• Deficits in cognitive development
Consequences of attachment disorders (continued)

- No development of secure emotional base
- No or fragmented inner working model of attachment
- No feeling of emotional security
- No ability to stay in relationships
- Severe behavior disturbance in attachment relevant situations
Consequences of attachment disorders (continued)

- Desorganisation
- Derealisation
- Depersonalisation
- Dissociation
Consequences of attachment disorders (continued)

- Panic attacks
- Anxiety disorders
- Severe depression
- Severe narcissitic disorders
Consequences of attachment disorders (continued)

- Somatoform disorders
- Psychosomatic disorders
- Eating disorders
- Addiction
Consequences of attachment disorders (continued)

• Chronic Posttraumatic Stress Disorder (PTSD)
• Aggressive behavior disorder
• Antisocial behavior disorders
Therapy I

• Attachment Based Therapy
  – Patient's anxiety "activates" his/her search for an attachment figure
  – Therapist must establish a secure therapeutic bonding with different attachment qualities of patients
  – New attachment experience of safety in therapy
  – Focus on exploration of
    • Traumatic experiences of loss, separation, violence
  – Psychotraumatherapy
Therapy II

- Attachment Based Therapy
  - Integration of segregated affects into inner working model
  - Mourning
  - New experiences in relationships
  - Separation from therapist
  - Interval-Therapy
Prevention of Attachment Disorders

„ Secure Attachment Formation for Educators“

- Group-Education in parenting from pregnancy till end of first year of life
  - Children need early attachment
  - Recollection of traumata
  - Information about re-enactment
  - Preventive treatment of traumata even before birth
  - Intervall-treatment of parents

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Baby-Watching in Kindergarten and School

B. = Baby-Watching
A. = Against Aggression and Anxiety
S. = For Sensitivity
E. = For Empathy
DVD and Homepage

• DVD "Embracing Closeness"
• DVD "BASE – Babywatching"
• Send Order to Karl-Heinz.Brisch@med.uni-muenchen.de

www.safe-programm.de
www.base-babywatching.de
Summary

• Attachment theory helps to understand
  – Human development
  – Psychopathology
  – Treatment process
  – Prevention
Reference

Brisch, Karl Heinz (2002)
Treating Attachment Disorders. From Theory to Therapy.
Guilford Press, New York, London

Japanese, Korean, Italian translation available!
Russian and Ukrainian translation in print
19th Internationale Attachment Conference
2020
Friday 11 – Sunday 13, September 2020

ATTACHMENT and MENTAL DISORDERS
Causes, Treatment and Prevention
Venue: CCU - Congress Centrum Ulm, Germany
Many thanks for your attention!