

# CHRONIC RELAPSE

## Addiction as an Attachment Disorder

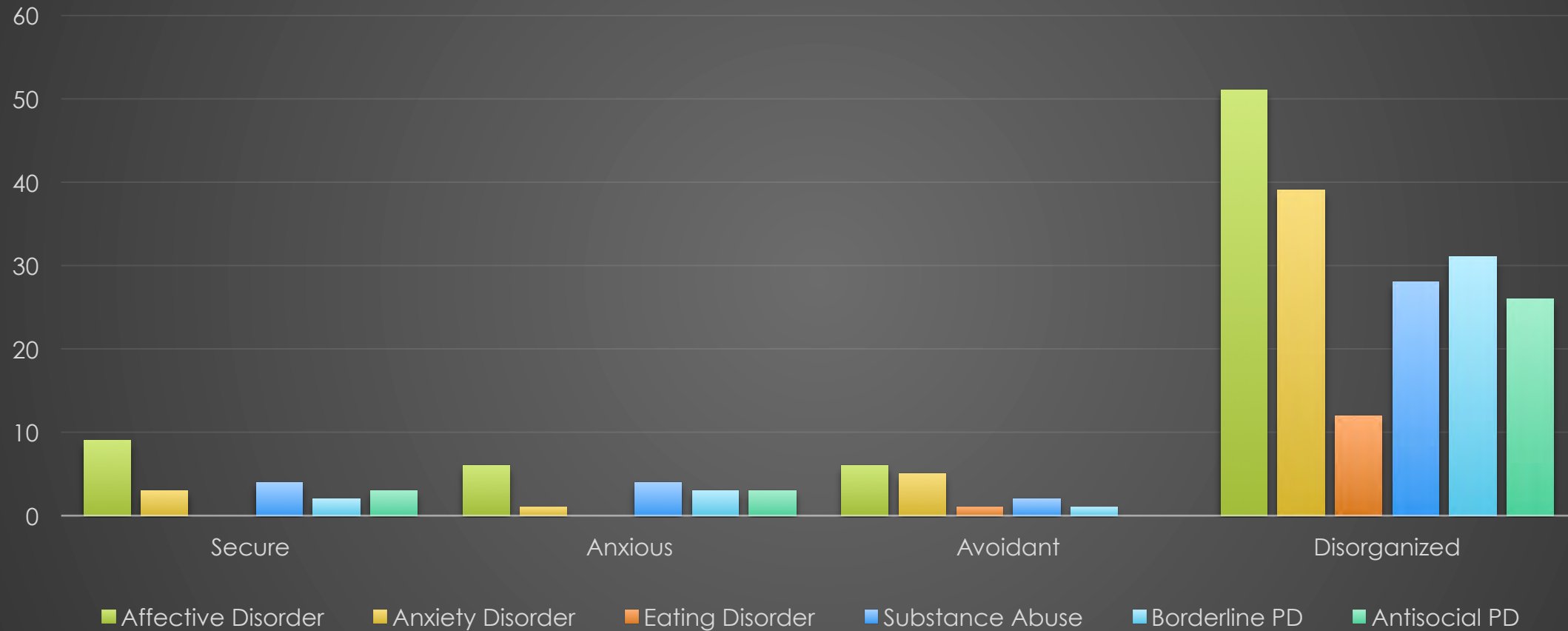
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# AAI Classification and Psychiatric Diagnoses





# Main

- ▶ Cecilia displays distress immediately upon finding herself in the unfamiliar laboratory environment, even though her mother— a slightly disheveled, overwhelmed-appearing woman—is present. When the stranger enters, Cecilia looks suspicious and ill-at-ease, and refuses to engage in interactive play. Immediately upon separation, she begins to cry, while angrily resisting the strangers attempts to comfort her.
- ▶ Reunited with her mother, Cecilia cries loudly; when picking up, she does not settle, but continues crying, wriggling uncomfortably on her mothers lap. She does not calm even after the mother has held her for a full minute. As her mother attempts to interest her in the toys, she looks momentarily out into the room, then turns back to cling again to her mother, crying and apparently still uncomfortable. The mother repeats, “Calm down, calm down, you're OK,” but Cecilia refuses to get off her lap and engage in play.



# Main

[ cont. ]

- ▶ When the mother leaves again, Cecilia begins crying loudly and crawls toward the door. The stranger enters at once, but Cecilia angrily resists her advances.
- ▶ The mother is sent in almost immediately and after a lengthy pause in which she watches as Cecilia continues to cry, she picks up and holds her. However, when she tries to put her down, Cecilia throws herself backward in a tantrum movement. When mother reaches out to comfort her, her crying increases and she closes her eyes, throwing herself about.
- ▶ Two minutes later, Cecelia remains focused on her mother, clinging to her knees and fussing in a petulant, dissatisfied way. She had never engaged with the toys.



# DISORGANIZED ATTACHMENT

## Clinical Manifestations

### Disorganized Internal World

- ▶ Dysregulated psycho-physiological state
- ▶ Affect dysregulation (too much or too little)
- ▶ Lapses in self-observation or monitoring
- ▶ Discontinuous self-states and affect states
- ▶ Cognitive distortion, confusion

### Disorganized Behavior

- ▶ Impaired self-agency and goal-oriented behavior

- ▶ Inhibition of exploration and play

### Disorganized Attachment Behavior

- ▶ Activation of contradictory attachment strategies
- ▶ Controlling behaviors
- ▶ Submissive or excessive care-taking behavior
- ▶ “Stable instability” in relationships
- ▶ Defensive aggression and helplessness
- ▶ Inability to elicit desired responses from others

# Compulsions

Larkin & Whiting, 1991

“Compulsions serve as clues to the deeper stories of our lives, an individual's history of emotional woundedness.”

A compulsion covers up an interior emptiness. It indicates the presence of a control mechanism, a way of escaping something that is ultimately inescapable and unavoidable

Compulsions represent attempts to compensate for low self-esteem and powerlessness

Chronic anxiety and sadness

Absence of a coherent and integrated narrative or sense of self

Impaired metacognition

Deep sense of aloneness and disconnection



# Triad for Relational Disturbance

## SEXUALITY

- Attachment
- Self
- Affect and Cognition

# Self-Regulation and Intimacy Disorder

## Affect

↓  
Flooding vs.  
Numbing

↓  
Alcohol (express emotion)  
or Amphetamine  
(relief from numbing)

↓  
Express Affection

## Self

↓  
Give up Self-care

↓  
Neutralize Rage  
(opiates)

↓  
More Confident  
for Partner

## Relationships

↓  
Soften Avoidant  
defense's (Benzos)

↓  
Connection

## Sexuality

↓  
Hypo vs. Hyper

↓  
Desire vs. Arousal



# Attachment Trauma

Attachment figure is unavailable

Attachment figure is a source of danger

Individual feels abandoned at times of crisis

Loss of Attachment figure

# Attachment Trauma [ cont. ]

## Loss

- Death of parent/sibling/friend/relative
- Injury of person
- Divorce
- Disaster

## Social Injustice

- Race
- Culture
- Sex
- Peer



# Failed Protectors

Where one part gets the idea that it has to coerce and shame her into dieting, working, being nice — usually a parent monitoring and scorning (this part is like a single parent). These parts are inner-censors and tyrants that control us, keep our noses to the grindstone, and do not risk any behavior that brings us the slightest embarrassment.

# Compulsive Self-Injury

## Functions

- ▶ ANGER 'acted in' when to direct it elsewhere is impossible
- ▶ GROUNDING – Mediates between psychic numbing too great to tolerate and affective intrusions that are too immense in proportion (mood regulator)
- ▶ MOOD ALTERER – Creates sense of well-being through release of endorphins
- ▶ WAY OF "REMEMBERING" – Enact instead of recollecting in context
- ▶ "COMMUNICATION" – This happened to me
- ▶ DEFENSIVE TACTIC – I'll hurt me before you hurt me, since being hurt is inevitable
- ▶ Mastery – I'm in charge of my pain (now)
- ▶ SHOW THE FEELING – Here's my inner reality
- ▶ EGO DISSOCIATION – Attempt at communicating or controlling other ego state/alter
- ▶ ALONENESS – Numb the distress, illusion of connection
- ▶ DOUBLE BIND – Either choice is injurious
- ▶ FEAR – Getting too close to remembering
- ▶ RELATIONSHIPS – Maintaining reactive distance
- ▶ BADNESS – Create what I deserve, familiar



# Attachment and Self Fantasy

Attachment becomes a highly structured vehicle through which increasingly complex information about the self becomes available. Developmentally, Attachment contributes to acquired selfhood structures.

Children abstract their uniqueness from the experience of being involved in a unique relationship with, and then transform that relationship, to identity.

A principle governing human life could be formulated in the following words:  
Only the true self can feel real.

— D.W. Winnicott



# Self



AWARENESS



COHESION



AGENCY



ESTEEM

# “INVOLVING”



Role Reversal: Child-caring for  
parent and meeting parents'  
emotional need



# Codependency

Chronic sacrifices of self  
in order to maintain an  
attachment (Flores, 2004)

Dependence on approval  
or affection

Hunger for appreciation  
from a person who has  
no real meaning for them

Contradiction between  
wishing for love and  
capacity for receiving

## Pair Bonding and Eating Disorder Some Initial Thoughts (All ED Clients)

1. Use ED as an internal object for agency, mastery, being in the world without a buffer – Developmental Disorder
2. Use ED as identity. False self or self covered over, need “I” before “we”
3. Schema of (4 Ps) – Play pleasure (eat pie slowly), passion, perfectionism
4. Connection – being with closeness/caring
5. OCD, touch, dirty – sensory
6. Shame
7. Intimacy



## DISORDER OF THE SELF

### Male Type

- ▶ Partial Affective/Intellectual Split
- ▶ Anger Prominence:
  - ▶ Walling off vulnerable core self
  - ▶ Shame sensitive | Shame phobic
  - ▶ Action blunting of empathetic recognition
  - ▶ Incapacity to translate feelings into action
  - ▶ Harsh, unconscious self-criticism projected onto others
  - ▶ Perfectionistic need to mask
  - ▶ Inability to grieve or mourn
  - ▶ Vulnerable to substance abuse

# Integration vs. Dissociation

Pathological Dissociation represents a profound distortion of core self-processes, such that development progresses toward greater complexity without complementary integration. The result can be internalizing a sense of defectiveness, self-criticism, and hostility to protect the idealized image of the caregiver. When dissociation prevails, there is fragmentation of self.



# Healing the Evolving Self

— Maggie Philips

Identity develops from the perception and reflection of one in someone else's mind (Kohut). Working models are actively constructed, enacted, and confirmed in present relationships.

Inability to allow connection — “can’t bind with the receptor”

# Metacognition

Metacognition means treatment of one's mental contents as "objects" on which to reflect, or in other words, the capacity for "thinking about one's thinking."

Distinct skills contribute to its characterization, such as the ability to reflect on one's mental states, elaborating a theory of the other's mind, decentralizing, and the sense of mastery and personal efficacy.



# The Hallmark of Secure Attachment is:

The ability to reflect on one's internal emotional experience

Make sense of it and at the same time...

Reflect on the mind of another

“Mentalizing” — Fonagy, 2001, 2002

## DISSOCIATION and SEXUALITY

- ▶ From a dissociative-process perspective, thinking about the normative-but-separate domains of sensuality and sexuality creates a need to discover the subjective nature of a person's sexuality and the extent to which real sensuality might exist during sexual activity.
- ▶ Sexuality without sensuality needs investigation. The absence of a clear and coherent sense “of being present” in the body, and, experiencing the sensations associated with sexual activity, including the simply sensual ones, is an indicator of the dissociative isolation of somatic experience from awareness. The human need to hold and be held is missing in action when this isolation of somatic experience occurs.

*“I’d rather be knitting than having sex, and while I’m doing it with him, I’m a million miles away — but he never notices.”*

— Chefetz, 2015



# TOP TEN SEXUAL PROBLEMS from using Porn

- ▶ Avoids or lacks interest in sex with real partner
- ▶ Experiencing difficulty becoming sexually aroused with a real partner
- ▶ Experiencing difficulty getting or maintaining erections with a real partner
- ▶ Having trouble reaching orgasm with a real partner
- ▶ Experiencing intrusive thoughts and/or images of porn during sex
- ▶ Being demanding or rough with a sexual partner
- ▶ Feeling emotionally distant and not present during sex
- ▶ Feeling dissatisfied following an encounter with a real partner
- ▶ Having difficulty establishing or maintaining an intimate relationship
- ▶ Engaging in out-of-control or risky sexual behavior



# Abuse-related, Tension-reducing Behavior

- ▶ Experiences or anticipates interpersonal stressors (perceived abandonment, unfairness, betrayal or significant conflict with a loved one or authority figure).
- ▶ Stressors similar to unresolved abuse issues lead to reemergence of powerful feelings of rage, anxiety, helplessness, self-loathing and/or emptiness.
- ▶ Psychic pressure arising from these internal states, in combination with abuse-related dread of painful feelings and relative lack of affect-regulation skills, motivates (a) a tendency toward dissociation; and (b) the search for any means of tension reduction.



# Abuse-related, Tension-reducing Behavior

— Briere, 1992)

- ▶ Engages in activation designed to provide one or more of the following: (a) temporary distraction; (b) interruption of dissociative or dysphoric states; (c ) anesthesia of psychic pain input; and (h) specific relief from guilt or self-hatred.
- ▶ Sense of calm and relief ensues. Subsequent guilt or self-disgust at having engaged in such activities may also be present, along with a sense of not being in control of one's actions.
- ▶ Reinforces use of tension-reducing mechanisms in the future: "Behavior that reduces pain is likely to be repeated in the presence of threat of further pain."

The calming or stimulating effect, which the addict obtains from the drug is impermanent — whatever the chemical nature of the substance that is employed. No psychic structure is built, the defect itself remains. It is as if a person with a wide-open Gastric Fistula were trying to still his hunger through eating. He may obtain pleasurable taste sensations by frantic ingestion of food, but, since the food does not enter that part of the digestive system where it is absorbed into the organism, he continues to starve.

— Kohut 1977



# Emotions Dissociated from Awareness

I feel sad = I feel fat

I need comfort = I want cookies

I need intimacy = I want sex

I need control = I decide what to eat and when to stop

# Bowlby

Attachment systems in infancy prepare to regulate arousal by affective utilization of others for self-soothing and self-control.



# Trauma Survivors Have Symptoms Instead of Memories

—Harvey, 1990

- ▶ Chronic over-activation of the adrenal stress-response system
- ▶ Chronic states of fear and dread
- ▶ Heightened fears of abandonment
- ▶ “Disorganized Attachment”
- ▶ Hypervigilance: Constant “looking over one’s shoulder”
- ▶ Attention becomes narrowly focused on potential threat
- ▶ Overwhelming affect and arousal
- ▶ Difficulties with “stimulus discrimination”
- ▶ Impairments in self-care and self-compassion
- ▶ Distorted cognitive schemas
- ▶ Trauma results in an increased risk of victimization

# Early Maladaptive Schemas...

Are self-perpetuating

Are more resistant to change

Are at the core of self-concept

Are actively maintained

Are tied to high levels of affect and arousal

Lead to distress



# Trauma Learning

## Trust

- I can't trust anyone.
- I can't trust my own judgment.
- It's foolish to trust.
- Trust is an illusion.
- Others wouldn't trust me if they knew what was inside me.
- People will trick you, get you to believe in them, act like they like you, then hurt you and leave.

# Trauma Learning

## Safety

- Safety is necessary
- Safety is not possible
- It's not safe to owe anyone anything
- It's not safe to want anything
- It's not safe to love anything



# Trauma Learning

## Grief

- Sadness means you care; I can't afford to care.
- If I ever started crying, I might never stop.
- If I cry, "they" win.
- I don't think I can realize this loss and its implications and go on living.
- I'm scared that grief will consume me; I'll drown in it.
- I need to do something to distract myself.
- Grief will weaken me when I need to be strong.

# Trauma Learning

## Fear

- Fear is frowned upon.
- Fear is no excuse.
- Nobody likes a “fraidy cat.”
- Showing fear will make it worse.
- When you feel fear, try to go numb or get angry — fear’s too vulnerable.
- Leave them before they leave you, so you don’t have to live in fear.
- When you feel fear, act tougher.
- Don’t think about it.



# Trauma Learning

## Perfectionism

- I must get it right.
- I never get it right.
- I have to do it myself.
- Failing can be fatal.
- I shouldn't even try.
- I always fail.
- I must try harder.
- Something is wrong with me.

# Trauma Learning

## Anger

- If I get as angry as I am, I'll lose something or someone important to me.
- If I get angry, I'll lose myself.
- If I let anger out, I might kill someone or myself or hurt someone who should not be hurt.
- Anger is something to fear – it has immense destructive potential.
- I won't be like "them."



# Trauma Learning

## Needs

- I can't meet my needs.
- It's weak to have needs.
- I don't deserve to have needs.
- My needs will overwhelm you.
- I must keep my needs hidden.
- My needs are a source of vulnerability and potential exploitation.
- I must meet others' needs in order to be loved.
- I'm tired of not having my needs recognized and met.

# Trauma Learning

## Self

- I am bad.
- It's my fault.
- If only I had/had not.
- I am to blame.
- I have some horrible capacity to change people into monsters.
- I must be crazy.
- I am making it up.
- I am just ungrateful.
- I don't deserve anything good.



# Stages of Therapy

Unmet  
developmental  
needs

- Self-structure impairment

Shame  
(Inadequate,  
inferior)

Can't control  
themselves

Narcissist  
Defense  
Grandiosity  
(I'm the only  
one here who is  
unlovable)

False Self

- REAL SELF
  - I need people
- THERAPY
  - Activities the attachment system
  - Allows reflection on actions and behavior in relation to others (meta cognition)

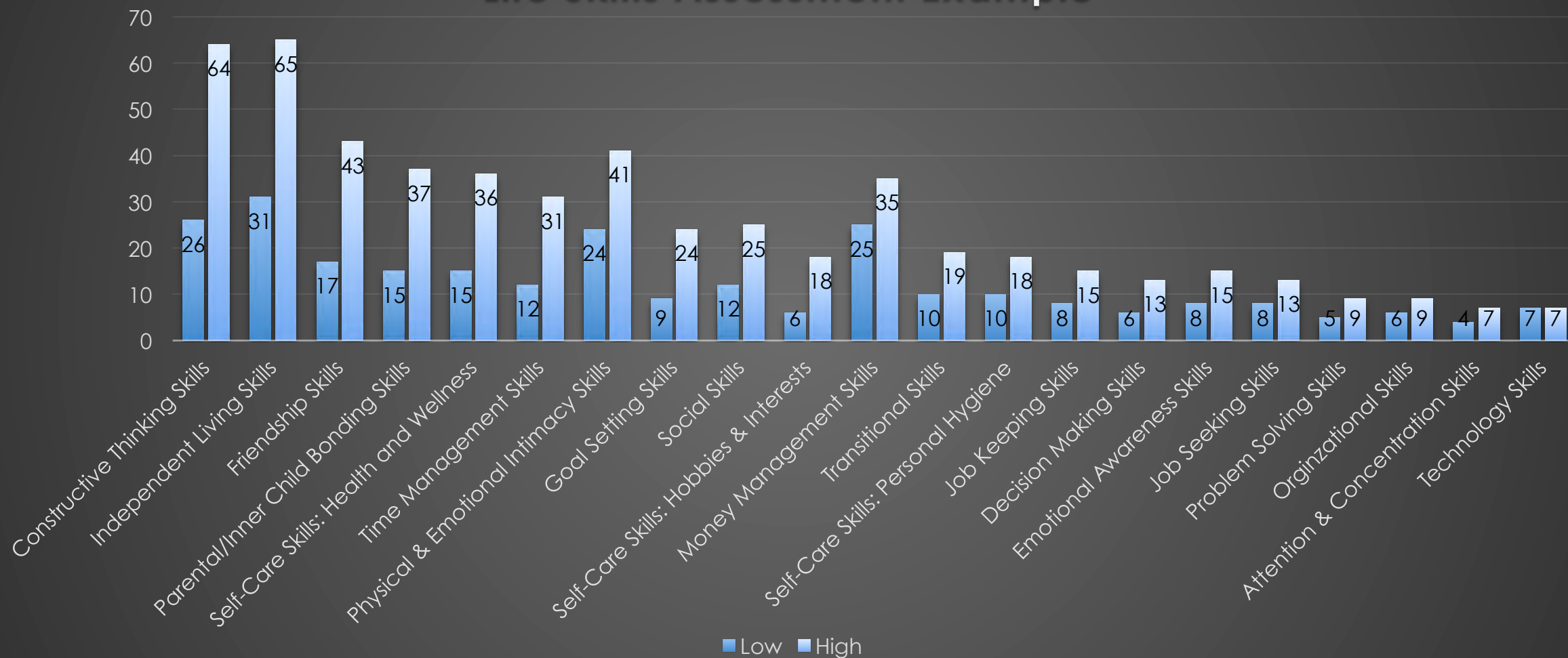
In therapeutic terms, how does one build the ego structure? Including, for example, regulation of attention, mood and behavior; forming, maintaining, and negotiating relationships; understanding the intentions and emotions of others; organizing and controlling one's impulses; and learning to delay, pause, and tolerate frustration.

How does one learn to represent feelings, affect, and wishes that have never been represented before? How does one learn to differentiate and build bridges between different wishes and feelings? How does one build bridges between the past, present, and the future, when one's past interactions may have been concrete and grounded in the day-to-day meeting of needs? How does one work to increase the depth of intimacy and relatedness and overcome a sense of empty deadness or hollowness, when one doesn't have the ability to represent or deal with affects, feelings, and failures of empathy, and, when there is no ability to represent or put the feelings into words and when the therapist's attempted verbalization has no symbolic reference point?

Similarly, how does one deal with issues of merging and separation-individuation for which there are no verbal or representational analogues in the patient's personality? How does one deal with proclivities for aggression and fears of annihilation when these potential conflicts exist as fragmented pre-representational, behavioral, and somatic tendencies — a series of fragmented, affect and behavioral discharge states?



## Life Skills Assessment Example



# Premise

*Derive more pleasure from chemical-free life*

*Alcoholic remains attached to alcohol; she will not be able to establish therapeutic alliance*

*Therapist's attachment style*

*Narratives early in therapy with a sense of coherence and consistency*

*Use emotions as signals*

- Affect tolerance (anxiety and depression)
- Affect expression
- Affect awareness

*Self-care*

- Instability and chaos too good or too bad — anhedonia

*Non-addictive relationship partner capable of bonds*

# AA

## Self-focus disconnection from self and others

- Entitlement, complaining, self-sufficient, dependent
- Helplessness, loss, despair, aloneness
- Surrender
- Help self/others, storytelling, not suffering alone
- Dry drunk — cross-addictions
- Connection/Commitment purpose
- Attachment to treatment detached from object or addiction
- People and feelings
- Secure attachment to self and others



## Target Symptoms for “**Earned Secure Attachment**”

1. Turning towards other people for self-soothing and intimacy
2. Establishing a coherent narrative regarding one's life
3. Establishing metacognitive thinking in relation to family of origin.
4. Minimize idealization and family loyalties
5. Establish clarity with regards to self and self in relation to significant others
6. Resolution of significant losses in one's life



# Identifying the Addicted Trauma Survivor

- ▶ Use of denial/dissociation
- ▶ Strong need to be in control
- ▶ Tendency to be oversensitive and take things personally
- ▶ Difficulty trusting others
- ▶ Distorted sense of responsibility
- ▶ Difficulty being assertive and dealing with anger
- ▶ Unusual thinking and behavior
- ▶ Self-defeating behavior patterns
- ▶ Sexual/Somatic problems
- ▶ Alienation from others
- ▶ Blackouts
- ▶ Life Problems — social, familial, legal
- ▶ Loss of control — moderating and limiting is impossible; although, they can stop using for a while
- ▶ Other issues of control — manipulating people and circumstances
- ▶ Making rules and breaking them
- ▶ Denial — minimal insight and distorted thinking patterns



# Dual Recovery Features of Both Disorders

- ▶ Deal with triggers that lead to relapse
- ▶ Notion of recovery as an ongoing process
- ▶ Must deal with denial
- ▶ Promote self-acceptance
- ▶ Transform sense of self
- ▶ Creating new internal dialogue
- ▶ Issues dealing with shame
- ▶ Dealing with grief
- ▶ Learned helplessness



# Scanning

And as I count back now from 7 to 6, you'll be able to begin to move back safely and comfortably through the years, and from 6 to 5 now, (just continue back and allow your mind to begin to scan, much like the tuner on a radio dial, just look for any strong signal indicating some significant event) and continue back – from 5 to 4, back through more and more years, and allow your mind to continue to scan through the years — just look for any strong signal – now 4 to 3. And as your mind moves toward some strong signal indicating some significant event, you'll be able to focus in and talk about where you are and what's happening. You'll be able to stay with that event as long as you want and then, move to the next strong signal. And now from 3 to 2 (pause) to 1 — and just allow your mind to move towards some significant event and as you focus in, just talk about where you are and what you're aware of.



People go to great lengths to maintain the illusion of connection. Many select mates who remind them of their parents to try to recreate their past. They ignore their children's individuality and try to mold them into an image of themselves in an attempt to achieve a kind of immortality. Others work compulsively, take refuge in routines, or choose addictions to avoid real experiences that threaten their illusions.

In contrast, individuals living a self-actualized existence discover what lies beyond defenses and illusions of connection. They make real contact and establish genuinely loving relationships with actual people in real life, despite the awesome specter of existential aloneness and interpersonal pain.