Why does taking an early childhood history matter for adults?

Taking a detailed childhood history, provides three key pieces of information including:

#1 how you view yourself *(i.e. do you think you are worthy of love or not)*.

#2 how you view others *(i.e. do you believe that others are generally trustworthy or not).*

#3 how you function in close relationships *(i.e. do you tend to expect that you can rely on others for comfort and support).*

Researchers John Bowlby and Mary Ainsworth began developing attachment theory in the mid-20th century. They devised a simple experiment called the Infant Strange Situation and categorized children as having either **a secure** (50%), **anxious** (20%)**,** or **avoidant** (25%) **attachment** style. A fourth attachment style called the **disorganized attachment** (5%) style came to be understood later as a combination of anxious and avoidant. It is important to note that **our attachment style occurs along a spectrum** *i.e. one can be securely attached with some degree of anxious attachment and another person could have a dismissive style with some signs of valuing attachment.*

Anxious attachment develops in children whose parents/caregivers were inconsistent. In adult relationships, anxious attachment shows up as a fear of abandonment. If this fear of abandonment is triggered, they can panic and sometimes push away the very person that they want support from. They want intimacy but also tend to expect disappointment. This expectation of disappointment creates a sense of hypervigilance to any real or even perceived threat to the relationship and they may act out – meaning that they may become critical or threaten a break-up or divorce- all in an effort to show how much pain they are in, hoping that others will notice and give them the love and security they crave. However, this can backfire and ultimately reinforce their expectation of disappointment and works against their efforts have stable and secure relationships. They tend to play the rescuer in adult relationships because they may have been put in the unfair position as children to help or protect their caregivers. Generally speaking, as children, they had to be more attentive to their caregiver's needs to feel safe and

secure. As an adult, they can continue to be so tuned into what everyone else needs that they may not be as aware of their own needs and can have difficulty setting limits with others.

On the other hand, the **avoidant attachment** style can develop if parents/caregivers are emotionally unavailable, rejecting, or not responsive. In adults, this would look like someone who fears being overwhelmed by their partner and their needs. Those with an avoidant attachment style can have difficulty with responding to their partners needs as well as difficulty with expressing their own needs. In adult relationships, others are viewed as unreliable - and dependence on others is viewed as a sign of weakness which must be avoided. They present themselves as self-reliant, independent and strong and have beliefs such as "There are two kinds of people in the world, the weak and the strong" or "Always be on your guard with people" but underneath this armor of protection is a strong desire to be loved and cared for. There is a tendency to distance themselves from their close relationship when they feel too heavily relied upon.

Finally, the third type of insecure attachment, called **disorganized attachment** can develop if the parent/caregiver is frightening or frightened themselves. In adults, this is can look like someone who longs for intimacy but is simultaneously afraid of this closeness. Similar to their upbringing, they are stuck re-enacting their childhood conflict in which the caregiver that was supposed to soothe them is also the source of terror. Often times, at the point in the relationship when things seem to be going well, there is an unconscious urge to sabotage the relationship. Meaning, that they may be able to start relationships but at a certain point, the intimacy can trigger unconscious memories of insecure attachment, leading them to want to flee from healthy relationships.

If you have an insecure attachment style, it was likely **adaptive**- meaning it was the best way for you to connect with your caregiver. In other words, children will psychologically adapt to their caregivers to survive in their environment. However, when these attachment strategies are rigidly applied to adult relationships, it can be difficult to have healthy relationships. In that case, we would work on the counter-productive defensive strategies that may be keeping you from creating and maintaining healthy relationships.

While we know that the most dramatic neural wiring occurs in the first years of life, the brain continues to have the ability to be shaped by later experiences with an empathic therapist or a secure partner. **We aren't locked into our behaviors** and we can form stronger relationships in what is called an **"earned secure attachment"**.

The research has shown that we are basically **wired for connection** and having close connections with others is important to every aspect of our health including our mental, emotional, and physical health.

From a neurobiological perspective, psychotherapy helps to rewire the neural circuitry and changes the brain in a long-lasting way. It is also important to note that medications can be life-saving and sometimes psychotherapy is impossible without medication - so please discuss your case with your mental health providers.

Excerpts from **Right-Brain Psychotherapy** by Allan Schore:

"The earliest stages of life are critical because they form the foundation of all that follows. **Our early attachment relationships, for better or worse, shape our right brain unconscious system and have lifelong consequences. An attuned early attachment relationship enable us to grow an interconnected, well-developed right brain and sets us up to become emotionally secure. A traumatic early attachment relationship impairs the development of a healthy right brain and locks us into an emotionally dysregulated, amygdala-driven emotional world.** Then our only way to defend against intense unregulated emotions is through dissociation. Over time, dissociation becomes characteriological. Faced with relational stress, we cut off from the world, from other people, from our emotions, from our bodies, and from our sense of self. We can not respond adaptively to what is happening in our environment. We can not grow emotionally. Instead, we are stuck with a limited, crude, and rigid emotional repertoire, a left brain that is desperately trying to keep control, and a deep-seated feeling of disconnection and insecurity.

For somebody struggling with this [attachment insecurity], the way to emotional security, and to a more vital, alive, and fulfilling life, does not come from making unconscious conscious, which is

essentially a left brain process, rather it arises through physically restructuring, growing, and expanding the emotional unconscious itself. That is, it arises through growth-promoting relationships to change the physical substrate of the right brain. **Eric Kandel, the recent Nobel Prize winner recently stated, 'There is no longer any doubt that psychotherapy can result in detectable changes in the brain.' The most effective way to achieve these changes is through relationally based, emotionally focused psychotherapy with an empathic and psychobiologically attuned therapist who is willing and able to be an active participant in the process. It is the attuned interaction between the nonverbal right hemisphere of the involved therapist and the non-verbal right hemisphere of the patient that enable the patient to tolerate emotions that previously had to be dissociated, to grow as an emotional being, and ultimately to develop the emotional security that was previously beyond reach.**

In the critical moments of any session, the patient must sense that we're empathically with them. Research shows a difference between the left brain understanding of cognitive empathy and right brain bodily-based emotional empathy. In other words, we're experiencing and sharing the patient's right brain emotional subjective states, being with the patient rather that doing to the patient. In this therapeutic context, we have to also be in the right brain to make therapeutic contact, and for the patient to make contact with her deeper emotions. Later we may engage our left brains to more cognitively understand the emotional state, but while we're attempting to 'listen beneath the words' in order to 'reach the affect' and work with the affect, we must, as Reik said, abandon 'sweet reason' and 'rigidly rational consciousness' and 'abandon yourself' to intuitive hunches that emerge from the unconscious.

Intuition and empathy are right brain functions, and both operate at levels beneath conscious awareness.

The patient has to trust that the therapist is benevolent and that the therapist understands him in a deep way that incorporates both mind and body. That means that the patient's right brain needs to feel that it is seen, so although a therapist's left brain must listen to the words created by the patient's left brain in order to form an objective assessment of the patient's problem, the therapist must be sensitive enough to pick up, and empathize with, what is going

on implicitly within the client's right brain and within his body. All therapeutic techniques sit on top of the therapist's ability to access the implicit realm via the right brain and body. A strong therapeutic alliance depends on the therapist knowing the patient from the inside-out rather than from the top-down.

Another way to express this is to say that the therapist must develop her 'intuition.' Intuition is defined as 'the ability to understand or know something immediately without conscious reasoning.' Intuition is implicit gained through embodied, right brain learning […] ***A patient's emotional growth depends on the therapist's ability to move, and to be moved by, those that come to him for help."***