

Attachment Theory & Interpersonal Neurobiology

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If I experienced abandonment or abuse from early caregivers/parents, why do I seem to experience the same in adult relationships? And why do these adverse experiences negatively impact my ability to successfully transition into adulthood? These are questions that many of us have asked in various different forms at some point in our lives, either about our own experiences or in regards to people we know.

Caring and supportive relationships provide an individual with trust in self and others, while at the same time increasing levels of self efficacy. Relationships shape and form how we view ourselves, as well as how we view the world around us.

Research has demonstrated that it is not the traumatic events in our lives that determine resiliency so much as *how we make sense of* those events that determine our ability to experience resiliency (Siegel, 1999). For example, if I were physically abused as a small child and my way of making sense of the abuse was that I was to blame, I might expect similar traumatic abuse from others when I make a mistake. However, if I were to make sense of the abuse by viewing my abuser as having anger issues that are not related to me ("They are the jerk, not me!"), I might not expect others to abuse me in a similar manner.

When caring and supportive relationships are present in our lives, we are often able to verbally express thoughts and feelings because it is safe to do so. This verbal expression enables something magical to happen in the brain: *the left hemisphere integrates with the right hemisphere.*

Integration of Cerebral Hemispheres

The left brain is responsible for logic and is in charge of verbalizing internal thoughts and feelings. The left hemisphere is also responsible for creating our life story, our autobiographical narrative. The right brain is predominantly non-verbal and is largely responsible for our perception of emotion, as well as mediation of the body's physiological and emotional state. "Retrieval of autobiographical memory appears to be mediated by the right hemisphere" (Solomon, 2003). Without this coherent narrative, we are less likely to be able to make sense of past traumatic experiences.

Additionally, we are less likely to have the ability to regulate posttraumatic responses (such as fight or flight) to perceived threats that may not be a threat at all (such as

smelling something that takes us back to survival mode due to a triggered traumatic memory). All of us have witnessed external reactions from others that might have appeared extreme given the context. Perhaps we determined that the individual had "anger issues" or was "emotionally instable". It is highly probable that what we really witnessed was an external response to an internal unconscious trigger concerning a past adverse experience.

When we are able to verbalize our feelings and life experiences, we enable our left brain (verbal) to work with our right brain (non-verbal). In essence, we are giving ourselves the ability to *make sense* out of our past and present life experiences. Recall that how we make sense out of actual traumatic events impacts resiliency more than the actual trauma itself...caring and supportive relationships are key to resiliency for this and many other reasons (safety, bonding, self identity, self efficacy, etc.).

Caring and Supportive Relationships Reshape Our Brain

Traumatic experiences are associated with reduced connectivity of left and right brain hemispheres. Research indicates this separation as being due to hindered growth of a brain structure called the *corpus callosum*, which connects the two hemispheres and enables neural integration to occur (Teicher, 2002; De Bellis et al., 1999a, 1999b). If the corpus callosum is unable to adequately integrate the left and right brain, a person's ability to achieve a coherent narrative of their life story is compromised (Solomon, 2003).

One of the benefits of caring and supportive relationships (i.e., healthy attachments) is the opportunity for individuals with a history of emotional trauma to *integrate both hemispheres* of their brain through verbal expression. This integration affords the ability to change internalized perceptions of causation, increase levels of emotional regulation and self awareness, and even influence the continuation of healthy brain development for individuals under age 30. When the entire brain is afforded its natural purpose of working holistically, resiliency is more likely to take place. Interpersonal neurobiology explains this resiliency through the notion that neural integration provides an individual with a renewed ability to biologically and psychologically make sense of past trauma on one's own terms without threat of negative repercussions.

Although there are many benefits to long-term attachment formation, it is important that we *not discount* the benefits from short-term interactions between individuals and helpers. Individuals who have overcome adversity often point to brief interactions that were pivotal in assisting with resiliency. Jerry Fest, expert on homeless and runaway youth, discusses a former homeless youth describing their turning point as taking place when a nurse in an emergency room sat with her for 20 minutes and cared. She couldn't remember the name of the nurse, or even specifics of what was discussed. But she identified that interaction as the beginning of a positive change that got her off the streets. Sometimes it's the brief experience with a supportive stranger that assists us in

overcoming some of life's greatest challenges. Most likely, this is because the social human connection reminds us that we are not alone in this world.

Attachment Theory

The primary objective of Attachment Theory is to provide both descriptions and explanations behind how human beings interrelate to one another. With these descriptions and explanations, we can implement changes in our social environments to make positive change possible.

Attachment theory originated with John Bowlby, PhD., who described attachment as a "...lasting psychological connectedness between human beings" (Bowlby, 1969). Bowlby emphasized the significance of *how* we are treated by those that mean the most to us and the ways in which these attachments impact our psychological development. His work has enabled us to recognize the biological and evolutionary necessity of secure early childhood attachments (Wallin, 2007). Countless research studies have verified, in both social and biological sciences, that the attachments we form with primary caregivers in our early childhood years significantly impacts our psychological and neurological development.

The attachments we form early on in life guide us in our perceptions and development. If we form attachments that support and validate our internal and external experiences, we can learn to trust our perceptions (both internal and external) and can progress to a positive self identity. However, if the attachments formed are unpredictable, judgmental, unapproachable and/or disinterested, one is likely to view themselves and others in a similar fashion whether it is true to the reality of a situation or not.

We are introduced to ourselves, and the world around us, through our caregivers. It is their interaction with us that determines whether or not we believe ourselves to be valuable or unworthy, loved or unlovable, emotionally valid or crazy, smart or unintelligent, capable or helpless, etc. It is these attachments that determine whether we view the world around us as safe and worthy of exploration, or dangerous and worthy of either hiding from or fighting against.

How we perceive ourselves and others is largely shaped by how primary caregivers introduce us to ourselves and the world around us.

Accordingly, it is crucial that interventions aimed at improving lives of individuals experiencing adverse living conditions (mental health challenges, homelessness, running away from home, delinquency, behavioral challenges, etc.) provide caring and supportive relationships to those in need of services.