How Does Neurological Reorganization Address Attachment Spectrum Disorders?

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People from all walks of life and cultural backgrounds are vulnerable to developing attachment spectrum disorders. Individuals with diagnoses such as reactive attachment disorder and oppositional defiance disorder fall onto this spectrum. Any form of an attachment spectrum disorder interferes with an individual's ability to form appropriate relationships and feel safe, secure, and worthy to be in the world. Behaviors observed include poor peer relationships, hyper vigilance, anxiety, destruction to self or others, superficially engaging phoniness, indiscriminate affection with strangers, extreme measures to gain and exert control, lying, extreme anger, clinginess, manipulation, violence, poor impulse control, lack of conscience, poor causal thinking, abnormal eating patterns, lack of eye contact except when lying, cruelty to animals, and learning delays or disabilities. [Note: symptoms may present differently in a very young child.] Neurological reorganization addresses and resolves the underlying neurological condition, so that the effected individual can form lasting and strong relationships, and feel safe, secure, and worthy to be in the world.

Attachment spectrum disorders primarily affect the part of the brain called the pons. The pons typically develops between one to five months of age and is responsible for all vital, life-preserving function, including respiration, heart rate, and other necessities for survival. It identifies threats to our safety and regulates the response to those threats. Because the pons develops in very young infants, it has no spoken language and is reliant on movement, reflex, and sensory experience.

Normal infants complete a specific sequence of developmental tasks to establish healthy pons function, including crawling on the belly and whole body reflexive patterns. Visually, a pons-level infant loves to gaze at the outline of faces and into another human's eyes. Gazing into another's eyes, especially the biological mother's, establishes a sense of safety and security. Indeed, babies' initial vision extends from mother's breast to mother's eyes, because this function is so critical. Pons-level infants develop horizontal eye tracking so that they can track their caregivers coming and going from their environment. In both terms of hearing and sensory perception, a pons-level infant identifies threats. Any loud or threatening sound, such as a dog barking, causes the baby to cry for help. Similarly, this baby feels extremes of heat, cold, hunger, and pain and, upon feeling any of those, cries for help. No normal adult can resist a pons-level infant's cry as it says, "Help me! Help me! I'm dying!" A pons-level infant perceives the world in terms of black and white: "I'm not with Mom, I'm going to die; I'm hungry, I'm going to die; I'm cold, I'm going to die." Crying is the way this baby exerts control over her environment and is assured by her primary caregiver that her needs will be met. This assurance that her needs will be met when she cries is also how she begins to feel safe, secure, and bonded. To insure healthy pons function, it is critical that an infant completes this entire developmental sequence. Any gap in the developmental sequence will result in impaired neurology and behavioral, emotional, academic, or motor problems.

Pons-level dysfunction occurs when the infant's needs are not adequately met and/or her ability to complete developmental movements is restricted. (Developmental movements are the set of activities infants automatically do to grow neural connections and acquire functional neurology.) An infant's inability to grow these connections and develop healthy pons function results from a number of issues, most notably a separation from her biological mother. At this point of development, the infant believes that she and her mother are a single unit. Any separation, whether as a result of maternal illness, hospitalization, neglect, adoption, or long working hours, triggers the "Help me, help me, I'm dying!" stress response in the infant. This stress response also occurs as a result of infant illness, injury, trauma, abuse, or cultural interference that limits the infant's ability to complete developmental movements, such as excessive time spent in walkers, jumpers, bouncy seats, carriers, car seats, or other containment devices. The pons regulates response to threats and, when stressed, high levels of neurochemicals related to the "fight or flight" response are released for a prolonged period of time. The infant's neurology accommodates this toxic level of stress hormones; her brain literally behaves as if it is threatened at all times. Consequently, even if the individual's needs are met, normal function does not occur, because the correct neural pathways to support healthy pons function are absent. No amount of nurturing will lead to normal neurological function due to this faulty wiring. The only way for healthy pons function to occur is to

directly stimulate the pons and facilitate healthy neurological development.

A spectrum of behavioral and emotional issues characterize pons dysfunction. Recognition of threats and dangers, a perpetual state of fear, and diminished pain perception are the three largest hallmarks.

One of the most critical purposes of the pons is the recognition of external threats and dangers. Pons dysfunction skews this recognition, so that the individual cannot accurately identify threats in his external environment. Individuals with this issue often behave recklessly. They cause deliberate harm to themselves without a sense of the risk involved. For instance, children with this issue take inappropriate risks, such as riding their bicycle off a steep jump or leaping off the roof, and, when confronted with the danger of the situation, respond nonchalantly with statements such as, "It's not a big deal," or, "But I didn't get hurt; stop worrying". A skewed recognition of threats and dangers has emotional and social ramifications as well, including social promiscuity. The socially promiscuous individual tries to win the favor and attention of almost everyone she meets, as she fails to discriminate between her relationships with family members and those outside of the intimate circle. She may share personal information with strangers or develop superficially close relationships immediately. Due to the inability to appropriately recognize danger, an individual may assign it to an innocuous source and feel isolated from those around him. Feelings of loneliness, despair, and abandonment predominate. Pons emotions develop pre-verbally, so there are no words an individual can use to adequately express them. This contributes to a sense that no one understands. The inability to verbalize her emotions erects another barrier between her and the outside world. Sometimes individuals release these emotions through rages which tend to be extreme and, possibly, violent. Inappropriate recognition of threats and dangers disconnects and isolates the individual from those around him and risks incalculable physical harm.

The pons controls the internal, "Help me! Help me! I'm dying!" response to stressful situations. An individual with this issue's homeostasis is constant life or death struggle, a perpetual state of life-threatening fear. This fear expresses itself in an array of behaviors. Individuals attempt to exert control over their environment to mitigate this fear. Feeling at a loss, the individual attempts to gain as much control as possible. This is the child who tries to control his environment and those around him. He creates his own set of arbitrary rules, which he expects others to follow. If those around him fail to do so, he becomes angry, although the anger often remains unexpressed. Consequently, the individual's belief that the world is hostile and unsupportive is confirmed and his sense of security further deteriorates. This behavior appears incredibly manipulative to those around him. Control can also be self-directed, such as in the case of eating disorders. Additionally, this individual may be hyper-alert and anxious, behaving as if even the most innocuous situation is dangerous. Children with this dysfunction often cannot sleep alone or become hysterical when left with a caregiver other than a parent. Individuals may be clingy, never physically letting go of their caregiver. This individual perceives she is literally hanging on for dear life. The individual may need to know exactly what is going to happen in the future and is unable to cope with change. This dysfunction may also manifest as over attentiveness to the feelings and wishes of others. The individual may go out of her way to appease those around her; she has no sense of what those around her feel, so behaves conciliatory. Others may be angry or pleased, but, with no way of interpreting, she assumes the worst and does her best to prevent it. This appears as phoniness or superficial charm. Additionally, pons-level dysfunction impairs an individual's ability to receive and interpret love. The emotion of love requires a sense of safety and security which individuals lack due to their sense of perpetual fear. Life-threatening fear drives all emotional interactions.

The third major hallmark of pons-level dysfunction is diminished pain perception. Pain is our friend, telling us when an activity causes us harm and should cease. Additionally, pain teaches us empathy and compassion: if I don't feel the same way that you feel, what is there to stop me from laughing if you are hurt? It wouldn't hurt me, so I can't comprehend why it hurts you. Diminished pain perception can manifest as the individual who seriously injures herself without the injury causing any distress. For instance, this is the child who does not fuss when teething or who suffers an accident without appropriate crying. Parents say, "He's such a tough little toddler; he just gets right back up again," or, "He has bruises all over his body and doesn't remember how he got them." Diminished pain perception becomes self-directed as well. Individuals attempt to stimulate sensation through self-mutilation and extreme forms of sensory input, such as picking at scabs until they bleed, biting fingernails until they bleed, head banging, cutting, and stabbing themselves. When asked about these self-destructive behaviors, a common reply

is, "I just wanted to feel something, anything at all." Because of this desire to stimulate sensation, individuals with diminished pain perception often create chaos in their environment. They wreck havoc, physically and/or emotionally, so that they feel something, however negative. This is the child who plays too rough with other children or animals, without comprehending that this causes pain or distress. This individual may also deliberately hurt an animal or other person and then laugh about it. If an individual's own sense of pain is hindered, he has nothing to which to compare another's pain; hence, it becomes amusing. This is one of the more dangerous characteristics of attachment and bonding disorders and easily leads to violence.

The net sum of these hallmarks is a profound sense of displacement and mistrust of the external world. Individuals lack sufficient means of receiving signals from the world or appropriately interpreting them. The individual may believe the world revolves around him or assign blame of any problems to those around him. Statements such as, "No one could get by without me," or "You're the one with the problem; I'm fine," are common. This individual only trusts his own experiences and, consequently, does not trust or believe the words and actions of others. Even as a caregiver assures the individual of her benign intent, he views that through a lens of mistrust, keeping him isolated.

When these foundational level deficits remain, the individual's emotional growth is stunted and, when taken to an extreme, results in psychopathic behavior. Because advanced neurology is built upon the successful completion of more basic levels, dysfunction in the foundational levels halts healthy emotional growth. All that develops from that point forth is predicated on a shaky foundation, much as a house built on a poor foundation. This leads to the other characteristics of attachment spectrum disorders, such as learning disabilities and difficulty with causal thinking. In extreme situations, all function shuts down, resulting in sociopaths. These are the withdrawn individuals, who fail to form any bonds. These individuals are unmitigated by conscience, or the ability to make good decisions even when unmonitored; they feel nothing at all and lack sensation of the external world. Because of this, these individuals go to extremes to elicit sensation, such as luring younger children and hurting them or killing pets. This behavior escalates to violent crime. As a convicted serial killer said, "I don't have any feelings about what I did, I don't remember ever having any feelings."

Neurological reorganization addresses the underlying structural dysfunction so that normal function can occur. We provide a program of activities that stimulates the damaged or absent neural pathways to grow. Once those are in place, normal function can occur and the constellation of emotional and behavioral problems subside. The individual gains the capacity to form appropriate bonds and relationships. He gains the tools to trust those around him. He identifies and respects his emotional and physical boundaries, which, in turn, allows him to respect others. His behavior adjusts to become more appropriate to his current circumstances. Cortical psychiatric care becomes effective in dealing with the consequences of appropriately recognizing threats and dangers, diminished pain perception, and a state of fear.

Bonding and attachment disorders can be debilitating to those who experience them and to those individuals' loved ones. Due to the neurological basis of the disorders, traditional therapies are largely unsuccessful. Stimulation of the injured part of the brain and repetition of neurological development allows healthy function to occur. While the individual must address those lingering emotions, he is now free to form appropriate relationships. As the mother of such a child remarked, "He still has much to learn about the emotions that were so long locked away from him, but now he has the ability to be a healthy and happy child."

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