





Layers and the role of attachment in mental and social-emotional processing III: Attachment pain and addictions

André H. Roosma¹

[Dutch](#)  [edition](#): November 2008; [English](#)   [edition](#): April 2009²
 last updated: 2 January 2010)

Introduction

This article is a sequel to [Part I](#) and [Part II](#), where I noted that our mental and social-emotional processing of experiences is characterized by a hierarchy of layers, and how the development of these processing abilities is strongly relationally determined. I also paid attention to the significance of the stepwise, alternating development of the right and left hemispheres of the brain as part of this developmental process. And to the crucial role of synchronization and interpersonal attunement in this.




In [Part II](#), I illustrated the consequences this has for our growth into a full and adult being, and for recovery from painful experiences that could otherwise seriously hinder such growth. A good understanding of the hierarchical layering in our mental and social-emotional processing of experiences can be of great help when we want to stimulate this recovery and growth.

In this [Part III](#), I will present another example of application of the model from [Part I](#). This example originates in real-life pastoral practice. It addresses attachment pain and our natural reactions to it, that often lead to addictions and the like. We will look at the significance of the layered model and of connection, to release from addictions. In my pastoral practice and in talks with other helpers I notice that there is a lot of zeal in spiritual and mental care that, unfortunately, does not reach her goal or yields limited results, because of a lack of insight and knowledge. For good psycho-pastoral care we need a good insight into the dynamics of the layers and the role of connections in that.

Attachment pain

At the basis of a lot of addictions and psychopathology lies attachment pain – that very nasty feeling that somehow we are fundamentally not connected with others, or no longer connected to a specific significant other (parent, partner, child, friend, ...). This is one of the most horrible forms of emotional pain that we can experience in our soul, worse than most other emotions, if not worse than *all* other forms of pain and sorrow.³ As humans, we have been made for relationship with God and others. If, for some reason, we suddenly or slowly cannot experience being connected to God and some significant others (anymore), we sense that as a kind of deep pain. This pain is described sometimes as a feeling of loneliness, unworthiness or insignificance, or of being amputated – at least partly. It also has been described as a feeling of homelessness, rootlessness or lack of goal, associated often to not being able to find a home or place of your own in this world. In fact it also overlaps with what John Bradshaw and others have dubbed 'toxic shame' (that, too, is relational and contains an element of feeling rejected or rejectable). The terms

¹ The author gives thanks to Werner Hurlings, for his friendly assistance in translating [the Dutch original of this document](#) into English.

² Part I: www.12accede.org/layers_and_attachment.pdf ; Part II: www.12accede.org/layers_and_attachment_2.pdf ; the most actual version of this document: www.12accede.org/layers_and_attachment_3.pdf .

See Part I for the references to the works of E. James Wilder, Karl Lehman, Allan N. Schore a.o. who inspired me to write this series of articles. This part strongly builds on my own pastoral experience and on the articles:

E. James Wilder en Raymond Jones: '[Catastrophic Failure to Reach Adult Maturity and the Onset of Addictions](#) – Three Factors Leading to Increasingly Severe Difficulties – Implications for Faith Communities', 2003, previously available on the [Life Model website](#).

Thomas R. Insel, '[Is social attachment an addictive disorder?](#)', *Physiology & Behavior* 79 (2003), p.351– 357.

³ Amongst others Prof. Matthew D.Lieberman and his team of the [Social Cognitive Neuroscience Laboratory](#) of the University of California in Los Angeles has done [a lot of research](#) investigating this relational emotional pain. It appears that this pain is experienced in the same brain parts as physical pain, and that it is felt as least as strongly.

people use to describe their attachment pain often refer to experiences in relationships or to the heart (as seat of emotions and deep bonds), and it is significant with regard to its intensity; compare words and expressions like: '*attachment* pain', 'lonely', 'desolate', 'left alone', 'left behind', 'cheated', 'dumped', 'rejected', 'downcast', 'isolated', 'lost', or as having: 'a broken heart', 'a bleeding heart', 'a broken soul', or 'being broken inside'. However, very often it is not recognized as attachment pain and is seen as an undefined or vague feeling of soul pain, dissatisfaction or apathy.

What is the cause of attachment pain? There are two situations that can cause attachment pain. In the sequel, I will go into more detail on each of them:

1. Someone never had the opportunity to bond or attach him/herself well to anyone.
2. The cause can lie in a serious breach of attachment.

Never having had the opportunity to bond or attach finds its roots mostly in a deficit in the earliest relationship of the person: the relationship to his/her mother. In theory it may be caused by a lack of attachment initiative in the person him-/herself. However, in the large majority of the cases, the cause can be found in a form of emotional unavailability of the mother in the first years of life. Research has demonstrated that all babies show attachment behaviour, but that there is a varying sensitivity to the degree in which the mother is able to attune to or synchronize with the child emotionally. As babies we all need a person who is emotionally attuned to us and thereby can help us regulate our emotions and feelings. How is it possible that a mother is not emotionally available or not able to attune to her child's emotional needs? With Wilder and Jones, I see a number of causes for this:⁴

- Some mothers are preoccupied. They are too absorbed in their own personal affairs, schedules, activities, work, duties, career, marriage, other children, sick children, aging parents, or be emotionally unavailable for other personal reasons.
- A mother might have a negative, or painful response to her child. Perhaps the child was born out of wedlock, or at a time of financial distress, or is malformed.
- A mother might have to be, or might choose to be separated from her infant for an extended period of time.
- A mother might have negative experiences in pregnancy or complicating factors during delivery.
- Some mothers are themselves fragmented in personality and not very relational.
- A mother who is a first time mother, or one who lacks the presence and wisdom of her mother, grandmother, or older woman, as well as a mother who lacks knowledge of how to regulate her infant might try to regulate the child too early or too late, thus causing a trauma to the child.
- A mother may be in the midst of a serious emotional reaction herself at the time of the birth of her baby.
- A mother unprepared for the changes in her body might not want to experience the child as different from herself.
- A mother who is limited in her own emotional and relational responsiveness to the baby's creative encounters.
- A mother who is herself frightened of such deep relatedness, and neediness of the child, might defend against the child's need to emotionally and physically attach.

As a consequence of all these causes the baby will not experience that there is someone for him/her, right from the very first beginning. Only one conclusion remains: "there is no safe place for me on this world". Another consequence is that the baby is not adequately supported in learning to regulate his or her emotions. A baby experiences a great variety of feelings and emotions – both impressions from the world around and feelings from the body itself (think of a sense of hunger or bodily pain, e.g. by a stomach cramp) – and they are all new and therefore frightening. An emotionally attuned mother (or father) will recognize this in the eyes or gestures of the baby, and especially non-verbally she will assure the baby that it is not as bad as it may seem. She will then guide him or her back to the peace and quiet of being together and enjoying each other. Bodily nourishment and breastfeeding can play an important role in this. A deficit in this may result in some form of attachment pain that often will remain 'in the air' for the rest of one's life – or as long as it is not met in some other way.

It may as well be, that at some time a reasonable attachment has been established, but that it has been brutally broken down or damaged at some point or period in time. This can happen by the death of a parent when a child is still young or by divorce or frequent fights among the parents. Treason or abuse of a teenager by a parent can also brutally disturb and erase the attachment bond with the parent. De-attachment and loss of attachment bonds we also encounter in the adult age by loss of the life partner or a very good friend through death or arguments (including divorce). However, at this point we should note that loss of attachment by external forces (death of parent or partner by natural disaster or by an accident outside his/her control) is not easy to process, but processing loss of attachment by treason, abuse or mali-

⁴ E. James Wilder & Raymond Jones, *ibid*, see note 1.

scious conscious abandonment by the other, is even much more intense and difficult.

The attachment pain that results from this kind of experiences can be very intrusive and overwhelming and tremendously complicate life. This pain is located in the sub-cortical attachment center in the brain. In the diagram from [Part I](#), we therefore have to place it at layer I.a (level 1. of the *Life Model*). It has large effects on layers II.a and III.a as well, and thereby on all mental processing.

Wilder and Jones write about this:⁵

Attachment pain is sub-cortical and can be unrecognized even when severe. When an infant is unable to bond with his or her mother, the infant prematurely closes its capacities to bond with another and this results in trauma or injury to the individual very early in life. This injury becomes the basis for severe personality disorders, which many therapists are unskilled at treating. This is not a new phenomenon as many therapists from the beginning of psychology as a profession have written about the subject. Michael Balint spoke of the “basic fault,” Wilfred Bion referred to this as an “infantile catastrophe,” Donald Winnicott (pediatrician turned psychoanalyst) referred to the infant’s “failure to go on being,” Margaret Mahler called this the “separation anxiety,” and Francis Tustin, Larry Hedges and James Grotstein referred to the same entity as the “black hole anxiety.” In short, the infant, not making an emotional attachment early in life to an external/transcendent caretaker, will tend to focus in and attach to him/herself in some way. This attachment to self has been referred to as an “auto-sensuality.” The infant who becomes an adult can focus in on fantasy relationships within his or her mind, parts of their own personality, or parts of their body. The skin becomes an incredibly powerful symbol to the person in question as being representative of not really needing another person, a pseudo-self-sufficiency, if you will. In shorter form, the infant who has not bonded properly becomes the adult trapped in a fantasy world. They are tormented by the painful, persistent, unfulfilled and unrecognized desire for true human contact.

It is the unconscious nature of attachment pain that makes it so obsessive, so compelling, and so powerful. Because it is sub-cortical, (often called unconscious, denied, or split off) attachment needs might grow to seem like an uncontrollable disease. This may be why the disease model has gained such strong support in the previous decades.

Attachment is so critical to an infant’s development that one might ask why it is a child might not attach to a mother. Simply stated, every child without medical problems looks and searches to find their mother to connect with. In many situations, the mother is unavailable for attachment, physically, emotionally, mentally, or spiritually; she literally cannot be found by the child.

The treatment of attachment pain is complicated by a number of issues, such as:

- a. Many workers in the mental health care and pastoral care sectors are not well equipped in this area; a reason why attachment pain is often under-diagnosed or not recognized as such; the chosen remedies for the symptoms for which someone seeks relief, seldomly treat the cause effectively as they do not meet the large need for basic attachment and security.
- b. Our society with its individualism and focus on the ratio (and associated neglect relational and affective elements) is absolutely not equipped for meeting the needs of people with attachment pain.
- c. Attachment pain often leads to servile and/or performance oriented behavior and to socially acceptable addictions (like workaholism), which suits well to many others around the person. The environment therefore stimulates the person to stick to his/her pattern, and hinders recovery and healing.

These issues are very tragical, the last one in particular; often people with attachment pain are the first to be abused in other ways, and often consecutively by multiple perpetrators (people or organizations). That reminds me of a woman who never received good attachment, due to an illness of her mother in most of her first year in life. Later a man in the family found in her a willing victim for his incestuous advances. Vulnerably looking for some appreciation and acknowledgement she gave herself extensively to volunteer work in a church that in fact exploited her: “she was such a fantastic zealous worker!” Nobody saw the deep pain in this woman and nobody met her in what she needed so badly. Extremely poignant.

Some consequences and effects of attachment pain

The effects of attachment pain may well be called enormous. If the cause is the experience of A-traumas early in life (see Part I), the complete developmental trajectory often is damaged significantly. With regard to this, Allan N. Schore cites⁶ an investigation by Tronick and Weinberg about emotional neglect:

When infants are not in homeostatic balance or are emotionally dysregulated (e.g., they are distressed), they are at the mercy of these states. Until these states are brought under control, **infants**

⁵ E. James Wilder & Raymond Jones, *ibid*, see note 1.

⁶ Allan N. Schore, ‘[The Effects of Early Relational Trauma on Right Brain Development, Affect Regulation, and Infant Mental Health](#)’, *Infant Mental Health Journal*, 22, 2001, p.201-269. Boldface mine.

must devote all their regulatory resources to reorganizing them. While infants are doing that, **they can do nothing else** (1997, p. 56).

In other words, infants who experience chronic relational trauma too frequently **forfeit potential opportunities for socioemotional learning** during critical periods of right brain development.

In summary: all kinds of basic social and emotional skills are not or only partly developed, because the child is too occupied and stressed trying to regulate its own emotions as a result of a lack of adequate early support in this.

Schore also mentions that a well-developed *orbitofrontal cortex* (just behind/above the eye) at layer II has the possibility to regulate and adjust the automatic reactions at layer I – in particular those of the *amygdala*. But stress (and attachment pain in particular) can switch off this conscious *orbitofrontal cortex* at layer II to a large extent at any moment (as happens often with *dissociation* or *tonic immobility*; AHR) resulting in momentarily regression to behavior, largely consisting of early-learned automatic reaction patterns of layer I.⁷

"... stress may also take the prefrontal areas "off-line", allowing the "more habitual" responses mediated by the subcortical structures to regulate behavior ..."

Allan N. Schore⁶

As a result of attachment pain people often experience problems in regulating emotions. This may express itself in being unruly or unmanageable as a child or adolescent, or later in irritability or even in marital fights and/or delinquency. Elsewhere a lot of attention is paid to this; here I leave it at this note for now.

One of the major effects of attachment pain that I see around me has to do with how unbearable it may be, that makes us search for some form of sedation or anesthesia. Below, I will explore this in more detail.

A specific effect: from attachment pain to addictions

Because attachment pain is so severe and painful to the bone, most people suffering from it seek some sort of relief. There are a lot of 'agents', 'substances' or 'remedies' (in the broadest sense of the word) that can provide some relief to the attachment center in the brain. The attachment center works via various chemicals (it reacts amongst others to a dopamine deficit; other chemicals that play a role are oxytocin and vasopressin). And there are other ways to bring those chemicals into our body or stimulate our body to produce them itself. Think of sugar and chocolate, or a processed form of sugar that is absorbed and reaches the brain even faster: alcohol. Distinctive soft and hard drugs also have the direct effect that the attachment center thinks that the need for closeness and security is satisfied. During sexual activity the body itself produces chemicals that have this effect. And even hard work or certain sports (like long distance running) can induce the production of such chemicals, as can self-mutilation and eating disorders. In all these cases the 'remedies' soon lose their potency. The pain is felt once more, such that we need a new 'portion'. In this way, an addiction is set on. The attachment center has become attached to the 'remedy' or 'agent', instead of being safely attached to God and (a few) others. So, we see that attachment pain must be regarded as the number one cause of addictions.

Wilder and Jones say about the role of the so-called *nucleus accumbens* – the reward and pleasure centre in our brain:⁸

The nucleus accumbens can be fooled. Since the nucleus accumbens is a general-purpose pain/pleasure center and attachment is our greatest pain, any substance or experience that temporarily shuts off the attachment pain (recognized as such or not) in the nucleus accumbens will cause the addict to become attached to the source of the rush. Anything that blocks our attachment signal also reduces the awareness of being alone in this world and can become addicting.

The nucleus accumbens registers all different kinds of pain and pleasure so overwhelming it with sugar, partly processed sugar like alcohol, alcohol in solid form like amphetamines, natural pleasure like orgasms, chemical pleasure like cocaine or natural pain like cutting, all "blow the mind" of the attachment pain center thus masking the pain and creating the illusion that the pain has been controlled and stopped. When the attachment pain becomes "visible" again (often within moments) another dose of the pain stop-

⁷ Allan N. Schore, 2001, *ibid*, says literally:

"An efficient mature orbitofrontal system can adaptively regulate ... hyper- and hypoarousal. It can also facilitate or inhibit the defense reactions of the amygdala.... But stress may also take the prefrontal areas "off-line", allowing the "more habitual" responses mediated by the subcortical structures to regulate behavior ... This occurs all-to-frequently in a severely developmentally compromised immature frontolimbic system, especially one with an inefficient medial orbitofrontal area involved in processing and regulating negative emotional states ..."

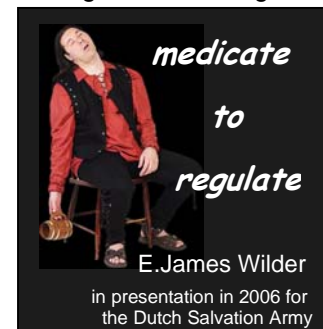
⁸ E. James Wilder & Raymond Jones, 2003, *ibid*.

per is needed. Each time it works, our attachment circuit registers a false message that our need for personal closeness has been met.

This says something about addictions and how they can be a reaction to attachment pain. Again: we are talking here about addiction in the sense of any attachment to 'remedies' or 'agents' in the broadest sense of the word; both attachment to 'agents' like alcohol, drugs, tobacco, caffeine, solvents (as in glue!) or medications, and unhealthy attachments to people (as in codependency), behaviors like workaholism, certain sports, or to sex and porno.⁹ Likewise, eating disorders and self-mutilation can be a reaction to attachment pain and can be regarded in a context of addiction; certainly in case the person cannot or hardly do without it for any prolonged period. We will refer to all these drugs, persons, experiences or behaviors as to the 'addictive agent' in broad sense.

All these addictions arise in general because we – consciously, or more often: unconsciously – seek some relief or anesthetic for attachment pain or some other awkward emotion. Such an awkward emotion may be an – again: conscious, or unconscious – form of deprivation, pain, shame, anxiety, sorrow or powerlessness. Such emotions translate – amongst others – into a dopamine deficit in the brain. The reward and pleasure center in our brain – the *nucleus accumbens* – then gives an alarm signal. Something has to be done about the situation!

Many of these forms of pain or deficit are positioned, like the attachment pain that we focus on here, in the realm of relationships. Those forms of sadness, shame, pain, deprivation or powerlessness also demand a relational solution.¹⁰ But exactly that is the side where it hurts, or where we feel sad, shameful or powerless... This implies a kind of deadlock that amplifies the pain and feelings of powerlessness. This causes us to seek for another 'solution' that will relieve the pain, or help us forget our sadness or powerlessness for a while. In general we seek an 'agent' or 'remedy' that modifies our feeling into a more desirable feeling – a feeling of peace and quiet (low energy) or a feeling of joy (high energy).¹¹ That 'agent' can be: alcohol or a cigarette, but also our work, sports, sex, too much or too little eating, or something else that will 'improve' our feeling. I once heard E. James Wilder summarize this phenomenon to "(we) medicate to regulate" – we regulate our feelings by 'taking something'. And it 'works' – at least in first instance it seems to have the desired effect. Many of these 'agents' and activities stimulate our brain's dopamine secretion or inject a similar looking chemical into our brain; such that the reward and pleasure center there thinks that the situation has improved and stops sounding the alarm. For a moment we feel somewhat happier. However, the 'agent' does not solve the underlying problem and soon it loses its power, such that we need another portion. Habituation of our body lets the effect of each subsequent portion shrink, such that we need a bigger portion all the time. This makes the addiction stick.



Attachment pain and addiction in the context of the model from Part I

A note on the place of attachment pain and addictions in our layered model. The root-problems often emerge in the lower left corner at layer I, taking the form of a vague sense that something is missing in attachment and basic security (and/or not feeling 'safe'). The relational character of it signifies that they are predominantly in the left half of our diagram. Attachment pain is centered in cell I.a of the diagram. This is also where the reward and pleasure center of the brain is located (the *nucleus accumbens*). In the *Life Model* addiction has its center at the border of levels 2 and 3, with a root in the attachment center at level 1. It is the attachment center which is responsible for the attachment to the 'addictive agent', much in the same way as we are meant to attach to God and a few significant others. So, in essence, addiction predominantly falls within the red cadre in the diagram, though the effects of it can be large in all parts, in general.

⁹ Ed Khouri and E. James Wilder, in the webdocument ['What is Addiction, How can Thriving: Recover Your Life help me?' \(2006; also at the Life Model site\)](#), describe addiction succinctly as: "An attachment to a Behavior, Event, Experience, Person or Substance (BEEPS) that is used to regulate emotion, increase pleasure or decrease pain."

¹⁰ E.g.: connect to the other who caused the difficult or awkward emotion, and together seek to take away the cause of the emotion (like talk out a conflict, raise the matter how he/she gave you a feeling of powerlessness, etc.), or re-find one's way to inner peace/quiet and joy again, with the support of a trusted third person (often an attachment figure).

¹¹ The most common drugs of abuse mostly work either way: producing a sense of peace and quiet (low energy) – as with heroine and marijuana –, or a sense of joy (high energy) – as with cocaine and 'speed'. See also the *Life Model / Thrive* teaching video [Banana Baseball](#), with teaching by E. James Wilder on brain science and addictions (Shepherd's House, 2004).

The fact that addiction is located on the edge of layers I and II means that, initially, we are often not or hardly aware of the above mentioned nasty feelings and our corresponding addictive response to them. This corresponds with observances from pastoral practice. Addictive behaviour is largely unconscious. In most cases, it can hardly be influenced directly via conscious thinking. From this, it is easily seen that advices like ‘Try harder to stay away from that stuff’ mostly don’t work.

Fear for discovery, confrontation or loss of the addictive ‘remedy’, along with shame for loss of competence (though the addiction itself is proof of incompetence) strengthen the effect. These emotions are located in the red framed area in the diagram, on layers I and II as well. They usually enforce de-tachment and isolation, which hinders a release from addiction considerably.

connection /attachment hierarchical layer	a. interpersonal: with God and others	b. intrapersonal: within oneself
III analytical, explanatory, placing in larger context	level 5a: coherence with the world around us	level 5b: coherence in own experiences & stories
II complex / differentiated / potentially conscious	level 3: attunement, joy of connection	level 4: identity, be who you are
I basic / elementary / unconscious	level 1: attachment, basic safety	level 2: pleasure, fear/control, basic coherence

© André H. Roosma, *Accede!*, Zoetermeer, NL, www.12accede.nl / www.12accede.org; May 2007 / Dec. 2009; based on research in own practice and literature, and on the *Life Model* research by E. James (Jim) Wilder et.al.

Diagram 1. Connection and layering in mental and social-emotional processing

A further elucidation to this diagram can be found in [Part I](#).

Every level corresponds to an area in the control centre of the human brain.¹²

Every layer has its own limits for handling difficult emotions (such as pain, sadness, shame, powerlessness, etc). On every layer we try to remove those difficult emotions. For instance on layer I we may find shelter with another person or switch off (dissociation), on layer II.a we try to tame them by synchronizing emotionally with another person who is able to handle these emotions (e.g. a child with a good enough parent), on layers II.b and III we try to reason and so bring ourselves to peace (inner peace, shalom; this kind of reasoning is related to what is called *mentalizing*). If this process fails on any layer, naturally we often feel that there is only one hope left: stop them by use of an ‘agent’, as discussed above.

Some problems of addictions – also the socially acceptable ones!

Addictions, both those that are generally considered objectionable and the socially acceptable ones, have one crucial element in common: they prevent us to be the person God intended us to be. An addiction hurts both the addicted and God. In that sense, we can call this sin – the addiction stops the person from reaching the goal God has for his or her life.

This has some important side effects: spiritually, it bring the darkness into play and weakens the person further; and emotionally/neurologically, the person’s further growth is halted – there may even be regression. Additionally, it lowers a person’s feelings of worthiness and competence, which often makes the situation worse and worse.

Therefore it is very lamentable that some addictions, such as workaholism in ministry or similar activities, are warmly welcomed in many churches and Christian organizations – or even encouraged! After all, John or Mary do such a tremendous job for the organization!... The same is true for codependency of members towards leaders. What strikes me is that this reveals so much about the healthiness of the church, organization or leadership. Wherever workaholism or codependence is valued or even encouraged, grace and riches from intimacy with God give way to human poverty and performance thinking. At the end these activities tend to yield unstable results, which are also less pleasing to God.¹³

¹² As a complement: On the influence of addictive substances on the brain, at the microscopic level of neurons and transmitters, I like to refer to [the good and very illustrative video-presentation](#) by the Dutch Jellinek clinics (at their website).

¹³ Compare what Jesus Himself said in Matthew 7: 21-23: “I never knew you”. There never had been any intimate bond or relationship. In this context, the writer of the letter to the Hebrews speaks about ‘dead works’ (Hebrews 6: 1; 9: 14) – they do not stem from connection with the True Vine (John 15).

A healthy church of Christian organization functions as a sound organism: every member does what he or she is made for, without excess and in harmony with the body. There is peace and joy in **being** together, even when nothing is 'accomplished'. Everyone is valued for the good God put in each person specifically. Growth comes from within, not from outward rules. Thus produced fruits are good and pleasing to God.

Another problem is persistency. Because addictions are rooted in such a low point in our control centre, it is very difficult to fight them with conventional rational, cognitive-verbal, will-oriented methods. The addicted person can be convinced (cognitively) that his/her addiction is undesirable, and be determined to get rid of it, but still be unable to accomplish it. In that case, some may say something like: "you lack sufficient determination", others may suppose demonic activity, but these kind of quick diagnoses only demonstrate a lack of understanding of the deeper nature of addiction, and the impossibility to reach deeper brain parts with rational arguments. If the reward center yearns for a remedy against the pain, inner sadness, powerlessness or shame, and the attachment centre only refers to the 'remedy' it knows to help (it is attached to it as a means to regain calmness), the rational cortex loses all control!

Addictions and maturity, and how our society promotes addictions

The *Life Model* by E. James Wilder and others describes healthy growth to various stages of maturity. It connects addiction to spiritual-emotional failure in the transition from child to adult (generally around the 12th or 13th year of age). Having reached only the limited maturity of a child (that is, without being able to cherish and nourish yourself and others at the same time), someone is posed for mature responsibilities and tasks. This will not succeed – in particular because of isolation: at a deep personal level someone with child-level maturity will not be able to cooperate well with others and find a mutually satisfying solution when in conflict. This is manifested in a lack of healthy attachment skills (attachment is seen as frightening; either because of fear of becoming overwhelmed or controlled by the other person, or by separation anxiety: the fear of becoming left alone, humiliated or rejected). Mostly one has neither learned how to find one's way from awkward emotions back to peace and joy. And the *nucleus accumbens* is not well trained, which is related to not knowing what really satisfies.¹⁴ Relationships that are formed during such a period are mostly based on 'mutual use and abuse', and not intended to serve a higher goal together, also in terms of satisfaction.

Where deep emotional satisfaction is not found in relationships, we seek (as we said before) another 'remedy'. And once the attachment center in the brain has become attached to something, it will not let go easily. That one 'remedy' becomes *the remedy* to deal with all awkward emotions and difficult situations, even when that 'dealing with' is rather defective.

Our western society is conducive for the development and maintenance of addictions by her focus on rationality and by her denial of the big role of emotions and relationships (specially the importance of concepts like *attachment* and *basic security* is often heavily underestimated), and by the performance drive and achievement orientation that is related to it (you are important by what you *do*, not because of who you *are* in relation to others). Next to that an early trauma history can contribute significantly to a vulnerability for addictions.

Darrell Brazell of the Lawrence, USA based, *New Hope* fellowship, a community directed at recovery from addictions, gives the following list of things we need, in order to prevent becoming entangled in addictions, or to get rid of them when this already happened:¹⁵

- Being cherished and celebrated by one's parents simply by virtue of one's existence.
- Having the experience of being a delight.

¹⁴ This is described in: '[Addictions and the LIFE Model](#)', at the *Life Model* website.

See also:

E. James Wilder & Raymond Jones, *ibid*, 2003.

E. James Wilder, '[Five to Thrive Maturity](#)', presentation at *Cornerstone*, Canada, 2004, available at the *Life Model* website. Wilder discerns here what -in his view- are the 6 most difficult emotions: sadness/sorrow, anger, terror (extreme fear), shame, disgust and hopeless despair.

¹⁵ See chapter [IV. How Did I Get Here?](#) from a forthcoming book by Darrell Brazell. There he states that any one or more of the following issues (forms of passive emotional abuse) may feed addiction later in life:

- Not being cherished and celebrated by one's parents simply by virtue of one's existence.
- Not having the experience of being a delight.
- Not having a parent take the time to understand who you are – encouraging you to share who you are, what you think and what you feel.
- Not receiving large amounts of non-sexual physical nurturing – laps to sit on, arms to hold, and a willingness to let you go when you have had enough.
- Not receiving age-appropriate limits and having those limits enforced in ways that do not call your value into question.
- Not being taught how to do hard things – to problem solve, and to develop persistence.
- Not being given opportunities to develop personal resources and talents.

- Having a parent take the time to understand who you are – encouraging you to share who you are, what you think and what you feel.
- Receiving large amounts of non-sexual physical nurturing – laps to sit on, arms to hold, and a willingness to let you go when you have had enough.
- Receiving age-appropriate limits and having those limits enforced in ways that do not call your value into question.
- Being taught how to do hard things – to problem solve, and to develop persistence.
- Being given opportunities to develop personal resources and talents.

It seems clear to me, that all and each of these issues are becoming scarcer in our performance-oriented society.

I find it striking how often I see that someone has become familiar with his or her addictive 'agent' already early in life. A woman struggling with Bulimia or a chocolate addiction often appears to have been 'kept sweet' (as the Dutch say) with candies; the workaholic manager appears to have been forced to work hard from early on, or was left to himself to experience on the street that one has to work hard to be the best and so gain some recognition and human dignity. In the parental home of many porn addicts the healthy intimacy between the parents was seriously lacking and the concept of 'satisfaction' was filled in only in ice-cold sexual terms.

Yes, this is an issue that provoked a large increase in sexual addictions in the last decades (including addiction to unreal romance and porn): the way our society sexualizes all relationships. Love is eroticized, all kinds of touch are quickly interpreted sexually; even a concept like 'satisfaction' is narrowed to sexual satisfaction (as by an orgasm). When someone, by his or her attachment pain, feels attracted to another vulnerable person, it is immediately sexualized and/or romanticized. No room is left for ordinary brother-sister or parent-child intimacy. People no longer know how to feel valuable to someone else in a normal, non-sexual way, and mutually fully enjoy each other's company.

Our society – driven by commercial expressions of large companies – shouts louder and louder that every need has to be satisfied immediately and without limits. People estrange more and more from the idea that being tested (e.g. by postponement of satisfaction) is not necessarily bad, but, on the contrary, can help to build a strong identity. Even in Christian circles I observe this. There is little fasting, for fasting is experienced as alien or strange. This development also promotes the formation of addictions.

Sometimes, Christians put 'control' up against 'addiction'. One sees people take things too far into a kind of obsessive behavior (with strictness, Puritanism, keeping strict diets, trying to be really neat). It's like the adolescent who does not want to be controlled or influenced by the opinion of his parents and therefore does everything different, or even choosing opposite positions. That behavior is controlled by the behavior of the parents as much as a yielding style... Control is not the answer to attachment pain. Living from God's healing grace and in His fellowship and in community with others is – very briefly stated – the answer.

The meaning of some of what God says about these things in His Word

Below I briefly give some elements of the meaning of what God says about these things in the Bible, as I encountered them in the course of time. In other articles I elaborate more on this spiritual aspect.

Elsewhere ample attention has been given to the fact that God doesn't want us to be addicted or in bondage – as a slave of something else – but only serve Him. He sent His Son Jesus Christ to release us from the slavery in which we were held captive. What strikes me are the words of the author of the letter to the Hebrews (2:15): **"so that [Jesus] ... free those who all their lives were held in slavery by their fear of death."** (NIV) Here, too, the Bible points out clearly that underneath slavery lies fear of death (the attachment pain as described here is literally a kind of fear of death!). Jesus has come to set us free from this fear of death – in particular by restoring us into fellowship/attachment with God, ourselves and each other. The model presented here is in line with this biblical fact. Without Jesus a full recovery is impossible.

The bible teaches that God is our healer by excellence, but also that He is 'one' (Deuteronomy 6:4). The Hebrew word used here is *Échad*, which means 'undivided'. In this context, I associate this with 'as Trinity well attached and synchronized in Himself'. If we want our different layers to be synchronized (including Layer I that seems so inaccessible), there is One who can help us fully. He is the perfect Source or Attachment Person for synchronization.

An illustration on how this works in practice I see for instance in Psalm 27. David is rejoicing in the safety he experiences with God, and therefore glorifies and worships God. **"For in the day of trouble He will keep me safe in his dwelling; He will hide me in the shelter of his tabernacle and set me high upon a rock. Then my head will be exalted above the enemies who surround me; at his tabernacle will I sacrifice with shouts**

of joy; I will sing and make music to the LORD.” Then suddenly – I see this happen often in practice, specially at the moment the safety on layer II/III increases –, he is overwhelmed by fear of abandonment (at layer I): “Hear my voice when I call, O LORD; be merciful to me and answer me... Your face, LORD, I will seek. Do not hide your face from me, do not turn your servant away in anger; you have been my helper. Do not reject me or forsake me, O God my Savior.”

I think we may assume that David still carried some attachment pain with him. Think of the time that the prophet Samuel came to his father and asked him to put his sons in a row. All sons were gathered together by father Isai and presented to Samuel... except David. He apparently didn't count as 'son'. David had felt abandoned by his parents and as he praised God this caused tension on layer I: “Yes, but He will also abandon you after a while.” It takes a little while before David recognizes this. I find his response very striking. He is not angry with himself (or with his layer I that floored his worship). He shows understanding for his layer I response, as he says: “**Though my father and mother forsake me, the LORD will receive me.**” In other words, “I understand my own layer I response. This is a reaction from my childhood experiences with my parents. But fortunately, God is different. He is faithful.” This way, by knowing God consciously on layers II and III, he corrects his layer I experience – lovingly and full of understanding. Not by beginning to say that it is wrong (not battling against it), but by giving additional information about God: that He is different from his parents. After that he can continue his worship untroubled. His inner unity had grown some more.

I recognize this model also in Romans 12:1-2. Fully contrary to Greek philosophy of that time, Paul declares that it is all about surrendering to God – in the first place *with our body!* He mentions that this means a metamorphosis of the minds of his Greek thinking audience, as it even means a revolution in our thinking. Especially the body is strongly connected with emotions and feeling at layer I. Addictions also have a strong physical component. Therefore, surrendering the body will have enormous consequences for all of our life.¹⁶ It is one of the ingredients of a life that can diminish and heal attachment pain.

The meaning of this all for recovery from addictions: some aspects of adequate care and the role of Christian communities

Both on a national and international scale, lots of effort have been devoted to addiction recovery care. A lot of research has been carried out on effective methods and approaches for it. Therefore I will not try to give another complete theory. However, I do give a few aspects that derive from the layered model.

A large and important part of the addiction problem is located at layer I, so we observed. The addiction provided some sense of security, regardless its limitations and however big the hangovers that came along. At layer II we can help someone with structure, with motivation (e.g. by showing the horrible consequences of continuing the addiction), but when layer I obstructs, it becomes a very cumbersome and tiring process. So, parallel to giving up the addiction (either *cold turkey* or gradually), one has to work on a new form of emotional security – a form that fits in with God's purposes for us. Phrased differently: The strong involvement of the attachment center at layer I.a means that a part of the problem cannot be addressed directly and cognitively. The question arises: What *will* reach the attachment center? Firstly, the attachment center is sensitive to loving and emotionally attuned contact from an attachment figure – someone who is experienced as safe at layer I. That takes time and attention. A loving community that has a big resource of love, can provide that attention. And, fundamentally seen, which community has this resource more than the local church? If there are people in the local church who see that the pain under the addiction demands devoting time and attention to the person, and actively provide that time and attention, a lot is gained. People need a home – not only a place to physically belong, but also a place to feel secure and safe emotionally and spiritually and to be fully 'at home' with others. Only there, trust can grow – trust in the other, in God and a healthy dose of trust in oneself. Such trust is needed in the midst of nasty emotions, to keep a sense of “I will get through”, such that one is not overcome with fear at Layer I that will take control, switch off the rational abilities and make the person go back to the old 'remedy'.

Finally this is all about the unity within the Body of Christ: the worldwide Church. To what extent are we familiar with the picture of God that He is a suffering God – Who now still suffers the suffering in His Body

¹⁶ Cf my article: '[Life Renewal](#)', at www.12accede.org, the Int'l **Accede!** website. There I show that Romans 12: 2 is often ill-quoted out-of-context, as a supposed Christian (but in fact Greek) foundation for a cognitive-behavioral approach that says that our lives will be renewed by a renewal in our *thinking*. The context is that Paul is going almost out of his mind when he memorizes the goodness and greatness of God (Romans 11: 33-36). In Romans 12: 1-4 he then goes on to say that in regard to that goodness and greatness of God, it is only fair to give *our bodies* (as ultimate seat of what we feel, think and do) as a living sacrifice to God. And he argues, that *this awe-filled and love-filled surrender* then implies a total metamorphosis in our thinking (a.o. directing it to support this surrender), and that *this awe- and love-filled surrender* will change all of our life.

and the suffering of His creatures? When we feel deeply connected to that God, we will suffer with our fellow human being who is in pain and who sought some relief from a 'remedy' that fundamentally cannot help him or her really (see Isaiah 53 and Isaiah 55: 1-3). Then, sooner or later, those fellow human beings will experience that we do not judge them but will stand next to them and help them find a better, more adequate solution to the deep pain. That does mean that we must be able to withstand that pain ourselves, with the help of God by His Spirit in us, otherwise we will only stimulate pain avoidance.

I have heard helpers complain about addicts, because –so they said– the addicts are so lacking in boundaries. What is observed as 'a serious lack in boundaries' in many addicts (many times also by themselves!) has a lot to do with the fact that attachment pain at layer I cannot be controlled consciously and rationally, as I illustrated above. As long as attachment pain at layer I exists, it will draw the addict over any boundary – even right against the own will and good intentions. This does not give the addict an excuse for any irresponsible behavior. It does have an implication for *what* the addict can or cannot do about it. Not a "from now on, I will try harder and pay better attention", or "I will do my best more" or something like that will 'work', but especially a commitment to seek recovery and healing for the underlying pain. And in the meantime look for possibly less harmful ways to relieve the pain when it becomes too overwhelming. It is especially important that the inward road (to isolation, separation, closing others out) is bent into an outward road: sharing the pain and experiences with others. In the light and in the truth we become free, says also the Bible.

With many underlying problems that keep the addiction fire going, people have the experience that they did not receive what they needed and/or were not allowed to give. However, receiving and giving of life is essential for emotional health. Anyone must have the possibility to give and to receive. That starts out small and can end in large things. In the contextual approach it is recognized that many problems stem from an early imbalance between giving and receiving. A child that always has to give and rarely receives love and things like that, tends to feel 'destructively justified' – feeling justified in a destructive manner – to take from other people. On the other hand, a person that is never allowed to contribute something meaningful will not develop a healthy self esteem.

For instance, at *De Wending*, a Salvation Army recovery center for addicted people¹⁷, every resident gets attention on his own, but also forms part of a community and contributes significantly to the community and the institution (care for cattle, transport, maintenance, housekeeping, cooking, etc.)

Any person needs to learn how to recover from things that go wrong in life. Room to quietly re-open a question or retract a statement, and adequate help in re-finding piece and quiet where emotions were running high, these are vital. Sometimes it is also necessary to accept that recovering is not a (short term) possibility so that one should be taught to bear the suffering. Postponement of gratification can help people to tame their *nucleus accumbens* and to learn that you won't die if you have to wait for something. Fasting and sobriety in the use of stimulants can be of considerable help.


People are called to bear responsibility in their lives. Sometimes people have not grown up that far and are still predominantly consuming. These people need a place where they are allowed to develop further, to discover what they can and may contribute to themselves, their neighbours and the society.

It is extremely important that during that growth and development process people are not condemned for being different. Then it is safe for them to be open on the things that are on their minds or in their feelings, in order to get to know themselves. Then there is also room for trial-and-error learning, when up to now there was not enough safety at layer I to change, and then there is the support that creates that safety.

Wilder summarizes this quite well when he describes – based on a similar model – five ingredients of an environment that people need to grow up in a healthy way, and consequently also to get free from addiction:¹⁸

1. A place to belong (come home & feel at home) (physically as well as spiritually).
2. A place to give and receive freely.

*"Love is more important than recovery.
Healing is more important than pain
reduction. Pain reduction is more important
than proving faith, hope or independence."*

E. James Wilder,
in: [Life Model Guidelines for Community](#) ; at the [Life Model website](#). In this valuable article Jim Wilder explains, what a Christian community should look like, based on directions from the *Life Model* principles.

¹⁷ *De Wending (The Turning)* is one of the recovery centers of the Dutch Salvation Army in Gelderland (Netherlands); see also the jubilee brochure *'25 Jaar De Wending in portret'*, published by the Centre for Living, Care and Welfare Gelderland, part of the Dutch Salvation Army foundation on Welfare and Family Care, 2006.

¹⁸ E. James Wilder, *'Five to Thrive'*, presentation at the 25-year anniversary of *De Wending*, recovery center of the Dutch Salvation Army, 2006. See also: E. James Wilder & Raymond Jones, 2003, *ibid*. These five ingredients are also applied at *De Wending* – see previous note.

3. A place where recovery from things that went wrong can take place.
4. Room for as well as stimulation of growth and development towards true maturity..
5. A place where people can be uniquely themselves and learn to know the heart Jesus gave them and learn to live from that heart.

So in all of this, the important issue is that there is a safe environment where people can learn to connect with others and develop relational skills. Another important aspect is that people gain insight in the joy and dynamics of relationships, including the way our brains can be healed from addiction. There must also be room to learn to live everyday life with Jesus and receive inner healing from Him.

In fact this is a growth process toward maturity, having ingredients that appeal to all three layers:

- a. **Experience security/safety, peace and joy** with God and other people; also experience that out of difficult emotion one can find a path back to joy and peace, by emotionally synchronizing with someone who already knows such a path (assumed that such people are available!).¹⁹
- b. **Gain insight** into the joy and dynamics of relationships, including the way our brains can be healed from addiction, among others by providing attuned (illustrative) education and by modeling (living by example).
- c. **Receive inner healing** from Jesus, through a daily growth in intimacy and attuning to Him.
- d. **Develop** emotional and relational **skills** that will also contribute to the construction of a well trained attachment centre in the brain. Well-focused but still relaxed exercises can be of help in that, such as having a meal together or learning Old Testament Jewish dances together.

Providing some structure can be of great help on each of these issues.

The Bible states quite clear that no one is without sin. Therefore it makes no sense for a Christian congregation to condemn addicted people as 'sinners'. Jesus already said: "If any one of you is without sin, let him be the first to throw a stone at her." The important thing is that we don't hide our sins, but confess them (1 John 1). "Walk in the light" (1 John 1), "confess your sins to each other" (James 5) and "the truth will set you free" (John 8:32). I often see in Christian churches so much shame and condemnation on addiction that it withholds the addicted to address his addiction in the church, or even tell something about the pain or difficulties he or she is suffering. In that case such a church is not a healing community helping an addicted from the swamp, but on the contrary pushing him even deeper into it. The Gospel is above all a *joyous message* – certainly also for addicted people.

Physical aspects

As we saw before, the Bible emphasizes the importance of physical aspects more than the Greek did or than our society (strongly influenced by Greek thinking) is used to. In this context I already referred to Romans 12:1, in its proper context. In the Old Testament you notice a lot of room for 'enjoying together', during regular big festivals in Jerusalem, and smaller ones in between in the local communities. There was abundant eating and dancing together – activities labeled by recent neuropsychology as healthy for body, soul and spirit, and a stimulus for attachment and community building.²⁰

Psychiatry and neurology also reveal that stress and pain (including the more hidden variants) heavily drain vitamins – especial B-vitamins. Some supplemental use of these, along with some extra Omega 3 (as well as 6) oils (found in linseed and fish oil) are commonly very welcome as well.²¹

Not easy

Working with addicts and people suffering from attachment pain is not easy. What the development psychologist John Bowlby said already two decades ago, speaking on "... the art of therapy...", about working with people suffering from attachment pain and/or deprivations in emotional and relational development,

¹⁹ E. James Wilder et al say of this in various articles at the [Life Model website](#) (a.o. 'The Brain's Control Center') things like:

Two-way bonds involve simultaneous activation of the attachment centers (Control Center level 1) between two people. This activation helps create a state of mutual mind at the cingulate cortex level (Control Center level 3) that can only be maintained by direct facial contact with one other person at a time.

The capacity of the brain's control center is built through experiences of joy in our significant relationships. When we lack capacity or skills we are in need of quality brain training.

²⁰ It has become well known that people who suffer from Post Traumatic Stress and/or depression benefit a lot by exercise – especially if that is combined with real joy in relationships with others, like it was the case at the great feasts that God ordained in the Old Testament, with a lot of worship dance, et cetera.

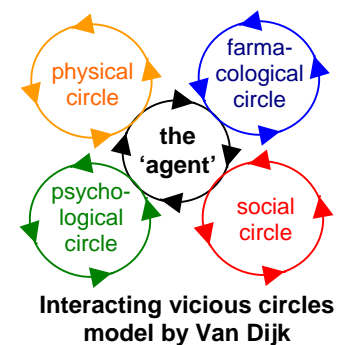
²¹ See a.o. 'Anxiety and Depression: How Brain SPECT Imaging Can Help', by Dr Daniel G. Amen.

has become even more apparent in today's practice:²²

To provide, by being ourselves, the conditions in which a patient of this kind can discover and recover what Winnicott calls his real self, and I call his attachment desires and feelings, is not easy. On the one hand, we have really to be trustworthy and we have also genuinely to respect all those yearnings for affection and intimacy that each of us has but which in these patients have become lost. On the other, we must not offer more than we can give and we must not move faster than the patient can bear. To achieve this balance requires all the intuition, imagination, and empathy of which we are capable. But it also requires a firm grasp of what the patient's problems are and what we are trying to do. This is why it is so very important that the problems of aetiology and psychopathology should be clarified as far as the application of scientific method makes possible and, further, that analysts should be thoroughly informed about the whole range of family experiences, from birth on through adolescence, that, increasing evidence shows, affect how a child's emotional life develops. ...

The legitimate need to learn what attachment is all about demands a lot from the helper or from the helping community in their ability to give with patience. Often, the addict or person with attachment fear or pain is not able by him-/herself to appreciate others as fellow human being (neighbor). At first, the other is -totally sub-consciously- only seen for what he or she offers (relationship at the basis of exchange). This can easily lead to feelings of 'being used' in the one providing help or hospitality.

There are many more factors that complicate working with addicts, like it is well known in the systems approach. One of the people who have investigated and written about this extensively is Professor Van Dijk (of Groningen, Netherlands), as in his model with the vicious circles in which the addiction operates (see the simplified illustration on the right).²³ All circles influence each other, thus complicating the process of coming free from addictions.



Another aspect is the lack of boundaries often seen in addicts, as it often drives helpers and significant others to despair, especially when they do not see the origin of this lack of boundaries. A consistent way of providing healthy boundaries and love can be a great help in this.

See Part II of this series of articles for more suggestions on adequate care to these people and about the course of recovery processes, including important conditions for a their progress.

The above demonstrates that a good orientation is recommended before a Church or other community or an individual helper decides to dedicate itself or him-/herself to the recovery of addicts or the healing of people suffering from attachment pain or similar.

Striving for total control: 180 degrees different, and yet the same

Besides addictions, there is another possible reaction to attachment pain; one that I encounter especially amongst Christians and higher educated people. That is the reaction characterized by a search for extreme control.²⁴ Where addicts often show a lack of boundaries, these people draw extremely rigid boundaries. Where the addict may appear somewhat sloppy, these people frantically try to keep every-

²² The citation is from: John Bowlby, *A Secure Base: Parent-child attachment and healthy human development*, Basic Books (Perseus), New York USA, 1988 / Routledge (Taylor & Francis Books Ltd.), 1988; ISBN: 0-465-07597-5, p.57. Recently this has been further affirmed by various experts like the neuro-scientists Allan N. Schore, and Bruce D. Perry, the Christian psychologist E. James Wilder and many others.

²³ The Dutch Prof. W. K. (Kuno) van Dijk (1924-2005) has done a lot for addiction care & recovery. The circle-model was published a.o. in: W.K. van Dijk, 'De miskende alcoholist', *Ned. Tijdschr. Geneesk.*, 123, nr. 29, 1979. At the web it can be found in [this Dutch overview of 'the Circles of Van Dijk'](#), by 'the AA team'.

²⁴ In this context I find it sad that some Christians think they need to demand of others a larger measure of control than the Bible does. Even on the emotionally deeply wounded they put high burdens, and each and every form of sedation or analgesic, as discussed here, is considered sinful (except certain, socially accepted forms, that is). The following advice from Proverbs 31: 6-7 is not wholeheartedly repeated by all those Christians: "Give ... wine to those who are of heavy hearts. Let him drink, and forget his poverty, and remember his misery no more." Cf. Ecclesiastes 10: 19, that reads: "Bread is made for laughter, and wine makes merry..." The fact that such analgesics or pain killers are not to be used by priest, king or prophet – anyone providing leadership –, is clear from the verses before the first text just mentioned: Proverbs 31: 4-5 "It is not for kings, O Lemuel, not for kings to drink wine; nor for princes to lust for strong drink; lest they drink, and forget the law, and pervert the judgment of any of the afflicted." (cf. 1 Tim. 3: 3,8; Titus 1: 7; 2: 3). Optimal leadership requires a spiritual-emotional maturity that does not need wine or other sedation to regulate emotions. That this is a goal to strive for, for everybody, is not to say that the church should not provide room for those who – because of severe attachment pain – may need some external help in regulating difficult emotions. Blessed be the Church where that help is offered mutually in such a way that the need for less desirable 'agents' or 'remedies' for pain reduction disappears!

thing under control and/or be extremely neat. However, it is not a free and joyful form of being in control or orderly, but a fear-driven form. Everything *must* be neat and clean and well organized; everything *must* be fully under control (at least on the outside). There is no flexibility, no room for an exception or an experiment, or for 'a little time to play'. Some Christians add a fat layer of super spiritual rationalization on top, to keep the underlying attachment (or other) pain hidden at all cost.

Something similar can sometimes be observed when people have been harshly confronted with the brokenness of our existence, like it was the case after World War II. Cities and infrastructures were ruined and in reaction to that, every effort was carried out to restore everything to a neat and well-structured state as fast as possible (again, at least on the outside). Seldom in history has there been anywhere an era with so much stress on order, tidiness and (somewhat 'fabricated') happiness and coziness (the 'happy family' in a nice house with sweet kids and a nice car in front), as in the first decades after that war in Western Europe. In this way, people tried to erase every thought of suffering and disorder. It didn't last. The next generation (Provo's, Flower Power, Hippies, etc.) opposed the emptiness of that outside-focused and rigid control and soon fell back into the lack of boundaries associated with addictions.

Yet, this reaction does not differ essentially from that of the addiction. In the claim of 'being able to control one's happiness' often hides a kernel of avoiding or reducing pain. The diagnosis and treatment for this condition are similar to those for addictions, as treated above.

For Christians in fact this control-focus to avoid any pain at all cost surprises me: didn't Christ leave us an ultimate example that suffering can work out something good?

Summary and conclusions

Attachment pain is one of the most severe forms of emotional pain. It stems either from an early childhood deficit in the opportunities for attachment formation or from losing a good attachment bond, later on in life. Because it is so unbearable, it is the most important ground under addictions in the broadest sense.

Because a large part of attachment pain and addiction is sub-cortical (found at Layer I), it is not susceptible to rational arguments. However, it is sensitive to love and emotional attunement by others. The opportunity to attach to others, either as a first time attachment or as a restoration of earlier attachment, is crucial in the healing of attachment pain.

This insight shows that for coming free from addictions it is important that there are others who can offer emotional attunement and attention and who can bridge the gap for the addict. Therefore, exactly the Christian community – connected to the God who chose to suffer with us while at the same time being the Source of joy and peace – is the most suitable place to offer a true home to addicts, full of grace and truth. For many a Church or Congregation, forming such a healing community may require a change in thinking, feeling and acting.

More information or suggestions

For more information, questions or suggestions you can contact me via e-mail: andre.roosma@12accede.nl



[to Part I](#) 

[to Part II](#) 

[to Part IV](#) 

[Accede! home](#) 

or [back to the articles index](#)

Thanks for your interest!
