Unresolved-disorganized attachment, psychopathology, and the adolescent brain

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Scientific research consists in seeing what everyone else has seen,
but thinking what no one else has thought

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When working as a resident in paediatrics I met a girl admitted to the hospital because of not being able to stand or walk (astasia-abasia in medical terms), while the function of her legs and brain regarding standing and walking was intact and no organic cause was found. While I was running after all sorts of somatic investigations, she turned out to have been sexually abused within the family. What she presented with was a severe conversion disorder that only gradually could be lifted after she disclosed her experiences.

In 1996, I got the opportunity to study the brain in a functional magnetic resonance imaging study (fMRI) in patients with psychotic disorders at New York State Psychiatric Institute/Columbia University. After a few months it turned out that the planned research could not be continued to be conducted due to non-availability of the fMRI scanner. Instead I participated amongst others in a study measuring the volume of hippocampi and amygdalae of patient groups, and a study on Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections (PANDAS). The study on cortisol in posttraumatic stress disorder (PTSD) I initially had wanted to conduct died an untimely death without sponsor.

In 2001, when about to finish my residency in psychiatry, I noticed a training gap concerning trauma and PTSD in the curriculum, for which I wanted to cover up at Sinai Centre in Amsterdam. However, my attendance at the regular residency training program was required and trauma judged to be non-essential for psychiatric practice despite a longstanding Dutch tradition to study psychotrauma (Vermetten & Olff, 2013).

During my childpsychiatric training that followed, I once had to assess a child whose behavior was severely disorganized and in which case a serious suspicion of Childhood Sexual Abuse (CSA) was raised. However, trauma was not assessed and the clinic had an eleven-step protocol, that prevented anyone from reporting this suspicion out of fear to be sued or to be proven wrong, leaving the child to its fate, the professionals standing by in bloodshed. My cheeks still flush from shame at the very thought. This girl, adding concern and evidence to the one described before, has ignited my advocacy activities for the sake of childabuse and neglect.

In 2004, I happened to read the book “Destructive Emotions” by Daniel Goleman describing the dialogues between His Highness the 14th Dalai Lama of Tibet and Western scientists on the topic, exchanging knowledge on emotions from Buddhist and Western psychology. Paul Ekman showed results of his study of facial expression of emotions and Richard Davidson showed e.g. that brain function altered according to experience, facial emotions and meditative state of mind. In these years Frans de Waal published one book after another about emotions in chimps and bonobos and how these resembled and sometimes differed from human emotions. Damasio’s books were the literary and philosophical

framework against which all new findings were resonating. It became clear to me that the interplay between cognition, emotion and the brain in development intrigued me.

At that time, I started working with children and adolescents admitted to a residential mental health institute. They puzzled me through the presentation of their symptoms: a lot of destructive emotions and equal behaviour. At the same time parent-child relationships were poor and most had had a lot of Adverse Childhood Experiences (ACE). As a child and adolescent psychiatrist, I had to diagnose according to the Diagnostic Statistical Manual of Mental Disorders (DSM). As an orthopedagoge I wondered about the role of parent-child interaction and attachment problems. As a medical doctor, educated that trauma apparently did not belong to the psychiatric field, I noticed their severely traumatized histories and behaviour. Now which aspect had to prevail? Psychiatric diagnosis, attachment or trauma? And how were these aspects associated?

GGZ Kinderen en Jeugd Rivierduinen, Curium-LUMC and the Department of Child and Family Studies at the Faculty of Social Sciences of Leiden University gave me the opportunity to research these questions, which resulted in this PhD thesis. It describes a brave sample of adolescents that had the guts to participate in a scientific study. They endured interviews and questionnaires assessing psychiatric symptoms, attachment representation, and MRI scanning for emotion recognition. They did so out of idealism, curiosity, lack of pocketmoney or hope to move science forward despite their own troubles and tribulations. This baseline study on attachment, psychopathology and emotion regulation in association with the brain, part of a longitudinal neuro-imaging study, will be presented below.