How do attachment, trauma and anxiety disorders interact? Linking early attachment trauma (EAT) to the development of anxiety disorders and treatment possibilities

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In this workshop, I want to broaden the vision on attachment trauma and highlight the importance to acknowledge EAT as a hidden epidemic. The significance of EAT in the development of anxiety symptoms becomes more and more apparent. Recognizing the effect, which the quality of the attachment relationship has on the development of a secure attachment bond, is important to understand the factors underlying the development of anxiety symptoms. The availability, responsiveness, mentalizing possibilities, etc. of the parent creates a secure base from which the child can explore and develop. The absence of those features in the child-parent relationship causes traumatic stress within the child and impacts his psychological and neurological well-being. Insecure attachment influences the neurobiology and results in dissociative processes (hyper- and hypo-aroused) expressed through different types of anxiety disorders. Deriving from neurobiology, there is a clear link between anxiety, depression and aggression. The internal working model rises from insecure attachment and influences the child’s capability to regulate and relate adversely. From an intergenerational point of view, an insecure attachment style of the parent implements the absence of affect and stress regulation capabilities and leaves the child with the inability to regulate his anxiety. Treatment strategies combine neurobiological, attachment and trauma insights and include body oriented therapy, affect and stress-regulation strategies, restructuring the internal working model, the therapeutic relationship, etc.

Biography
Doris D’Hooghe was graduated in Psychiatric Nursing and has 22 years of experience as a Psychotherapist and Child Therapist. She has worked in the Psychiatric Ward at the Onze-Lieve-Vrouw Hospital in Knokke from 1980 to 1990. In recent years, she has worked as a Therapist in the Ergotherapy Department and was in part responsible for the implementation of a treatment and work model for patients

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