



## “Silent ACEs:” The Epidemic of Attachment and Developmental Trauma

Niki Gratrix, The Abundant Energy Expert

<http://www.nikigratrix.com/silent-aces-epidemic-attachment-developmental-trauma/>

A 2004 landmark study of over 300,000 adults confirmed that *social support was a stronger predictor of survival* than physical activity, body mass index, hypertension, air pollution, alcohol consumption and even *smoking 15 cigarettes per day*.

Clearly healthy supportive relationships are critical for our health. Extensive research shows that the quality of our adult human relationships and social interactions is defined by how we attached with our primary caregivers as a young child.

Over 6000 mother-baby interactions in the “Strange Situation” studies from 1970-1999 found that a blockbusting **45% of babies insecurely attach with their mother.**

These statistics have been confirmed by over 10,000 Adult Attachment Interviews over 25 years up to 2009.

As of 2017, probably only 50% of adults are capable of secure, happy loving adult relationships.

What does this mean for our health and what can be done about it?

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The original 1998 study by the CDC and Kaiser Permanente of over 17,500 adults found that 67% of adults have experienced at least one Adverse Childhood Event or “ACE.”

However this likely to be an underestimate, because the study relied on people being able to self-report emotional abuse and neglect when being asked only two relatively short questions on this category in the study about their childhood.

Assessing for emotional abuse and neglect would include assessing for “attachment trauma,” also called “development disorder” or “complex trauma.”

Attachment trauma occurs in the first 1000 days of life – from conception (including time in utero) up to the age of approximately two years, when a baby does not securely bond with the mother (or primary caregiver).

This is a major trauma which, as you will see, affects the child's development, how they respond to stressful events in adulthood, and how they bond in key relationships in adulthood as well.

Before the age of two, the frontal cortex or the thinking part of the brain, has not yet developed and there are no explicit memories from this time period, so it is very difficult to self-report attachment trauma.

The developmental psychologist Dr Mary Ainsworth observed over 6000 mother-baby interactions in the "Strange Situation" studies from 1970-1999.

**Stunningly, her studies found that only 55% of babies securely attach with the mother.**

Attachment trauma causes a type of relational or ambient trauma where there is no specific incident to recall such as a physical act of violence or sexual abuse, so this will often go unreported as a "silent ACE."

When a mother does not express love or emotionally attune to her baby causing attachment trauma, it then leads on to what experts have termed Developmental Trauma Disorder in the growing child.

Symptoms of Developmental Trauma include the inability to self-soothe, self-destructive behavior patterns, difficulty with regulating emotions, core shame and self-loathing, inability to concentrate, chronic anger, fear, anxiety, aggression and difficulties with social relations according to a paper by Dr van der Kolk on Developmental Disorder in 2005.

Bessel van der Kolk MD, the world leading expert in trauma and professor of psychiatry at the Boston University School of Medicine reported that he ran a study of over 40,000 children nationally being treated for multiple traumas and found that most of them "do not meet the criteria for PTSD... (as) the majority of issues are not specific traumas, but *issues in their attachment relationships.*"

To qualify as a diagnosis of Post Traumatic Stress Disorder (PTSD), a person must witness or be an actual or possible victim of a specific event that threatens to cause death, physical injury or serious injury. Developmental Trauma Disorder does not qualify as PTSD which explains why attachment and developmental order have gone underfunded and ignored by the psychiatric profession.

PTSD diagnosis, according to the Diagnostic and Statistical Manual of Mental Disorders (DMS-5) published by the American Psychiatric Association requires 1/ reliving the event (intrusive nightmares, flashbacks) 2/ avoidance of events, people or situations which triggers flashbacks and 3/ numbing and negative changes on feelings and beliefs and lastly 4/ hyperarousal – being keyed up and for example, having poor sleep.

These symptoms are not the same as those described in the paper above by Dr van der Kolk on Developmental Trauma Disorder. Currently the American Psychiatric Association only recognizes PTSD



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and not Developmental Trauma Disorder. Until it is in the DMS-5 it will not be diagnosed nor treated by psychiatrists and will not be covered by insurance.

## **The Strange Situation Study Results**

In Dr Ainsworth's Strange Situation studies, the mother and her baby and a stranger are in room. The mother leaves the room for a while, and then returns while researchers carefully observe the baby's responses.

A securely attached baby will cry and be upset when the mother leaves. When she returns, the baby will cling to his or her mother, be soothed by her, and then will quickly return to playing.

Of the 45% of adults that do not securely attach, 23% are were found to be "avoidant" types and 22% are ambivalent or "disorganized."

The avoidant babies did not react when the mother left the room or returned. She was no different than a stranger to her baby. Dr Ainsworth found that the mothers of these babies were not emotionally expressing love for their babies and were rejecting.

In the ambivalent types, the babies would be angry and cry when the mother comes back in the room and cling to her, but would not calm down. In these cases, the mother was found to be emotionally attuned part of the time, but not consistently.

## **Results of 10,000 Adult Attachment Interviews**

The psychologist Professor Mary Main who originally worked under Dr Ainsworth, went on to create the Adult Attachment Interviews as a way to assess for attachment trauma in adults.

Over 10,000 interviews were conducted over 25 years up to 2009. Stunningly, by interviewing adults about their own childhoods, the researchers were able to predict with 85% accuracy the attachment style *with their own children*.

These enormous studies also confirmed Dr Ainsworth's original findings, an average of only 58% of adults had secure attachment with their primary caregivers, 23% of adults were dismissing (avoidant types), and 19% were preoccupied (ambivalent).

Assessing for attachment trauma in adults in these interviews takes a lot of time. The interview takes 75 minutes to complete by the participant in the study, 10 hours to transcribe and 4 hours to assess by a qualified professional.

The assessor is trained to assess HOW the participant responded, and are not concerned so much with the content. Clearly two questions in the ACEs questionnaire is too superficial to really assess accurately for attachment trauma.



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## Attachment Trauma and Your Health

The blueprint for our ability to create healthy relationships in adulthood is defined during our formative childhood years. As of 2017 – possibly as many as 50% of adults have attachment trauma and cannot maintain secure, loving adult relationships, or are in unsatisfying long-term relationships.

Resolving attachment trauma may be critical for our health. Consider the 2004 landmark study of over 300,000 adults confirming that *social support was a stronger predictor of survival* than physical activity, body mass index, hypertension, air pollution, alcohol consumption and even *smoking 15 cigarettes per day*.

A meta-analysis of all relevant published studies in medical literature from 1980-2014 confirmed that loneliness and social isolation increase the likelihood of mortality by **30%**.

One of the most robust findings in the science of psychoneuroimmunology (PNI) is that there is a strong correlation between healthy close personal relationships and immune function.

PNI researchers have found social isolation, lack of social integration and interpersonal conflict are associated with increased inflammatory markers as well.

One of the top reasons a person may not be recovering from an illness is because they are currently in an insecure or conflictual relationship in the present and their body is in a perpetual fight-flight and inflammatory response as a result.

Attachment trauma sets up the blueprint for the types of relationships we attract in adulthood and this affects all our relationships including with our boss, children, friends and our main romantic relationships.

Resolving current relationship issues involved exploring our early attachment relationships and healing the traumatized child.

## The Brain Develops in Social Context

The outdated conventional medical model was predicated on the idea that the human brain develops in isolation, in a closed system unaffected by the environment. So neuronal pathways and synaptic connections would develop due to nature and our genes.

However, brain research clearly shows that our physical brains are directly impacted by our social interactions. The fact our brains and identity develop as self-as-changed-by-the-other confirms human interactions are critical to physical and emotional development. Nurture and not just nature (our genes) is critical.

The expression of emotional love, not just physically going through the motions of feeding and clothing a baby is critical for a child's physical and psychological development.



The now infamous studies of children in Romanian orphanages where babies were emotionally but not physically neglected and developed symptoms of failure to thrive syndrome (stunted physical and emotional growth) are testament to this.

## **Attachment Styles and Your Adult Response to Stress**

According to the authors of the book “Attached: The New Science of Adult Attachment and How it Can Help you Find-and Keep-Love” researchers have found that BOTH babies who were classified as the ambivalent (anxious) types and the avoidant (ignored mum) types were found to have higher heart rates and cortisol levels, so they were both in fight-flight responses.

We know from multiple researchers now that early life stress changes the epigenetic expression of glucocorticoid receptors in the brain over the lifetime and changes the entire genome predisposing people to most major types of chronic complex illnesses in adulthood.

An expanding area of research now includes assessing for adult stress responses per attachment style to both relationship conflict and non-relationship stress. Research has been somewhat conflicting, but so far those with an ambivalent (anxious) attachment style have been found to have higher stress responses to tasks like public speaking and acute stress. However avoidant types experience high levels of stress in response to relationship conflicts and times of separation.

The upshot is that early life stress reduces resilience to the inevitable stresses we will face in our adulthood. These stressful events in adulthood usually then trigger the manifestation of a chronic complex illness. In truth, these illnesses started many, many years before the trigger, when our genetic expression shifted in response to attachment then developmental trauma.

## **How Can We Assess Ourselves for Attachment Trauma as an Adult?**

If you answered “no” to questions one and four in the ACEs study questionnaire you may want to revisit and dig a little deeper into your past.

The Strange Situation and Adult Attachment Interviews aren’t viable methods of assessing for attachment trauma, however researchers have been using the Close Relations Questionnaire which is an assessment of adult romantic relationships to assess for attachment styles.

Experiences in Close Relationships Scale can be assessed online free here: <http://personality-testing.info/tests/ECR.php>

This questionnaire is based on research which identified four different attachment types.

## **According to researchers,**

“Those classed as secure (low anxiety, low avoidance) hold a positive view of self and others because of the consistent responsive care they received. They are comfortable relying on others, and are easily comforted.

Preoccupied individuals (high anxiety, low avoidance) hold a negative view of themselves, but a positive view of others due to inconsistent caregiving. This style is characterised by emotional dependency on others, negative affect, being hyper-vigilant to any potential threats, and having low self esteem.

Dismissive persons (low anxiety, high avoidance) have a positive view of self, where they view themselves as resilient and not needing others, but a negative view of others due to early unresponsive care. Although they are uncomfortable being close to others, they have a positive view of themselves. This strategy leads to the denial of attachment needs, avoidance of closeness, intimacy, dependence in close relationships, and self reliance and independence.

Finally, fearful individuals (high anxiety, high avoidance) have a negative view of both themselves and others. Akin to preoccupied styles they seek social contact, but in this case are inhibited by fear of rejection. This leads to a behaviour style of approach and avoidance in inter-personal interactions in adult life. In common with preoccupied styles they experience high levels of negative affect and poor self esteem.”

From: Kidd T, Hamer M, Steptoe A. Examining the association between adult attachment style and cortisol responses to acute stress. *Psychoneuroendocrinology*. 2011;36(6):771-779.

