JONATHAN: A CLASSIC CASE OF ATTACHMENT DISORDER

TWIN CAUSES OF DISORGANIZED SOCIAL BEHAVIOUR

Generally, two disrupting circumstances interact in the early life and contact of a later AD child:

A. A dysfunction/ immaturity in the nervous system after birth, which does not fully allow the child to perceive sensory input or to reorganize input into stable patterns of impression and emotional recognition of the mother, guiding behaviour. This is usually caused by poor life conditions for the foetus during pregnancy, and often birth complications.

B. A lack of continuous, empathic early care, food and stimulation from one or two adults before age 2.

The mother can be unable to provide this care, mostly on account of her own unstable personality, or external factors (such as a war) may disrupt regular daily contact.

Sometimes, one of these factors alone may be enough to inhibit development, but usually they interact, and in combination they amplify the devastating effects. This may produce a child developing much slower than children of the same age, emotionally and socially.

For all we know, the cornerstones of emotional and social capacities must be laid before the age of 2. If this does not happen, the process of emotional maturation will be seriously handicapped. Emotionally the child will at the age of 14 still react as it did at, let's say, the age of 1-2.

However, this delay does not necessarily apply to other areas of development, such as motor development and intellectual capacity. What we usually call "intelligence" and language are neurologically really accelerating only from the "start walking" age to the age of 14 and may therefore seem relatively unaffected, if the child is put into a normal environment at that age. The intellectual faculties of the AD child will however, be put to use in a very primitive way, since the child does not understand the emotional and social meanings that underlie intelligence faculties, including the emotional significance of the words we use. The intelligent psychopath may become a skilled broker or a doctor, but he will probably ruin many companies or malpractice quite unaffectedly.

A point in this is, that the causes are at work much earlier than the social symptoms of early contact disruption. Treatment is therefore often out of scope, since you may

try to teach social behaviour to a 5 year old by using 5-year level methods such as appealing to conscience or using words, but the child is, in an emotional sense, no more than 1 year old, and therefore responds negatively or not at all to your efforts. He or she will simply not understand or be able to respond to your communication. To develop complex social skills, the child needs a solid foundation in the earlier stages of development. It is therefore crucial to determine what happened to the child before the age of 2, and how this has produced such a frail and primitive a-social personality.

The social symptoms that become increasingly visible after the age of 3 only indicate, that earlier stages of development have not matured to functional efficiency. So the foundations of social skills are too frail to let the child develop such qualities as empathy, patience, entering close relationships, endure frustration, feel safe enough to be curious and learn, etc. In the following I shall go deeper into the matter of what may create the AD person, who for a lifetime must keep fighting problems that normal children have resolved at the age of 3.

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What happens, if the early phases of development have not been sufficiently matured?

A common example of AD behaviour, described to me by a pair of equally devoted and exhausted foster parents:

"Jonathan moved in with us when he was 18 months old. His mother, who had alcohol problems, had finally agreed to let him live with us for at least two years. She was very disappointed with the course of her pregnancy and the birth process. She had been exposed to violence from her husband when pregnant, and Jonathan had been a very frail baby. She had experienced a lot of complications during birth, and Jonathan's birth weight had been 2.200 grs. He had not gained weight properly. After the first month, we never saw her again. We spent a lot of time stimulating Jonathan, and from being a very over-sensitive, withdrawn baby who cried for hours when fed or nursed, he slowly got more active, began to learn words and crawl like other babies. We were triumphant and optimistic. But the older he got, the more obvious it became that he was restless.

He became more and more active, and could not stay with anything or anyone for very long. He was all over the house; in drawers and closets, often destroying things or breaking them apart, and then lost interest in favour of anything new. He would often sleep for five minutes and then be hyperactive again for hours, including nights.

He was very impulsive, and had a narrow focus of attention: At the age of 4 he would walk out in front of cars because he just saw something at the other side of the street. Sometimes he disappeared without warning, and we would find him at the neighbours begging for cookies or whatever. It was hard to fence him in, since he was extremely charming and talked to anyone as if they had always been friends. He was everybody's pet, and he soon learned how to squeeze his role to the last drop of immediate satisfaction. At this age, he was also expelled from our daycare, mainly because the other children were afraid of him, and at the same time looked up to him, because of his lack of natural fear and second thought. He knew a lot of children for a short time, but he never had any real friends. In child groups he always wanted to define the rules invented by himself, but he was unable to subdue to common rules of play. Power and dominance seemed to be his goal in child groups, rather than enjoying each other's company.

Jonathan was very bright, and if we scolded him or talked to him about rules, he would quickly learn them by heart, but he was never able to remember them in practice and forgot all about it as soon as he turned away. He would deny the facts and raise suspicion towards others in a very innocent manner. We were confused - on the one hand we couldn't resist him, on the other we got more and more frustrated and annoyed. We were very much in doubt about how to handle him, apparently he only understood an absolute, harsh and simple command.

We got more and more worried as time went by. Jonathan could be very sweet and loving to our daughter, who was a little younger, but he often got jealous and accused us of favouring her, though things were really the other way round. One day we found her crying with black marks on her neck, Jonathan denied for hours, and when forced to admit, he blamed her for getting in his way. Two minutes later, he had forgotten all and asked her to play with something. One day we denied him a ride to town, and five minutes later, he tried to put the car on fire. We also discovered along the way, that Jonathan had taken a lot of things, money, shiny objects and food and had hidden them in the basement. He would deny this, unless the evidence was right under his nose. In that case, he would blame us and our feelings towards him as the cause of what he had done. When we tried to talk to him about it, he fiercely denied it or made up some fancy explanation. If we kept talking about it, he would say we were evil and wanted to hurt him. He knew exactly how to find our weak spots.

When Jonathan started in the local private school the same pattern was repeated as in the daycare.

The teachers liked him and denied that any problems should exist in class. We were beginning to relax, when we suddenly learned that he had been put in an observation class. Later we learned that other parents had threatened to take their own children out of school unless Jonathan was removed. The other children sometimes adored him for doing forbidden things, and the rest of the time feared for his temper

tantrums. A young female teacher had, in spite of our warnings, taken a fancy towards him only to find one day, that he hit her from behind with a chair. She was hospitalised for two months. He seemed to hate anyone who got too close to him. The school recommended therapy for us as a couple, with the unspoken prejudice that our marital relation must be disharmonic and the cause of Jonathan's behaviour. Nobody seemed to understand us, and we gradually isolated ourselves from the social life in the community.

At eleven, his wanderings had increased, and people miles away would call us up in the middle of the night, asking if we had "forgotten" our son.

One fine morning, all the money we had in the house was missing, and so was Jonathan. He then came to another foster family, as he had wanted to for years, but only stayed there for six months. They told us, that he had never mentioned us unless he wanted to avoid a demand from them. We had been on the verge of divorce and had to move to another community, and we felt guilty because we were really so relieved when he ran off for good. We have never met anyone, who didn't secretly blame us, unless they had had such children themselves. Today he is 17, and has been arrested several times for fraud, attempted rape and violence. You should see him melt a judge, including the story of his terrible and cruel foster parents. What did we do wrong?"

The answer to this last question is of course: "Nothing, that lacking knowledge of a rare emotional problem doesn't account for".