

The Interpersonal Neurobiology of Addiction

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01-07-2013

The brain, mind, affect regulation and the ability to securely negotiate relationships are not just hardwired into DNA and blossomed independently, rather, they are constructed and organized by the brain and mind of the child's caregiver. Attunement promotes healthy emotional, biological and relational development and occurs in the fractional moments when caregivers allow their own mind and body to be organized around the internal workings and rhythms of their child's mind and body. In the moment of true resonance/attunement the child has the experience of "feeling felt." This "feeling felt" coupled with the experience of consistent, warm, predictable responses to the child's needs creates a secure attachment. Secure attachment underpins healthy emotional, psychological and neurological development, hence, regulatory systems.

Psychologically, the internal working model (IWM) is constructed and imbedded into implicit memory in the right hemisphere of the brain. This psychological regulatory system is the cognitive filter which quickly and unconsciously informs us about how we feel about ourselves, and what we can expect from others. When there is mis-attunement and trauma then what's developed is an IWM that filters through the lens of insecurity, fear, mistrust, avoidance and a negative internal dialogue running in the mind that reinforces insecurity. The opposite of this is true for the securely attached child who had a positive/secure IWM built.

Neurobiologically, Siegel (1999) states, that when we are "feeling felt" in early childhood, our dopamine system expands, and the psychological correlate tethered to this experience is the allowing or wanting to "be seen." Conversely, he defines shame as simply the absence of attunement. Moreover, most clinicians understand that shame can be an even more explicit weapon in families. Siegel goes on to purport that shame contracts the dopamine system and the tethered psychological experience is a person who wants to be "unseen."

In addition, Schore's (2003) research has shown that in the attuned moment between child and caregiver, both have that biological experience of the opiate system firing. These systems serve to reinforce the attachment and bond within the relationship. When people have healthy relationships both the dopamine and opiate systems are sustained.

Connecting the variables shows us that relationships, psychology and neurobiology are all intertwined and working simultaneously. Moreover, understanding how our regulatory systems get built or disrupted helps to inform our assessments and treatment plans for each client as we work towards their wellness. The peak of intoxication is a dopamine and opiate release. If

their regulatory systems weren't properly built in past relationships and are not supported from current relationships then the person is prone to rely on drugs to regulate stress, experience relief from internal tension and/or stabilize their mood.

Translation to treatment:

Addicts are not addicted to drugs, they are addicted to a pathological relationship to intoxication which can often be a cause of and a solution for failed relationships. When we peel away their drug of choice, they often switch drugs. When we peel away all chemical addictions, they move to process addictions, and when we peel away those, we see an affect regulation disorder. Finally, when we get to the heart of an affect dysregulation disorder we see that they don't know how to manage relationships in a co-regulating way. Herein lies a way of thinking about your client's etiology and treatment plan.

I find it helpful to educate clients about these concepts in early treatment. I help them to understand that being drug free doesn't equal wellness. I then go on to help them understand that the task for regulation is learning to turn into their emotions and turn to attuned relationships. To connect with people who "get them" so that they can "be seen and feel felt."

In a Session

When I am in a therapeutic relationship with someone and it feels like we are truly in resonance which means that they are feeling safe and seen and okay, I will point it out. I will say, "You know this feeling within our relationship right now feels very connected and good to me. Are you having that experience too?" They answer "Yes." Then I say, "You know this experience right now, in this moment, is the activation of your opiate and dopamine system as a result of a relationship, not a drug. Right now would you rather stay with this feeling which emerged from a relationship or would you rather get up, leave the office and shoot up oxycontin again?" 100 % of the time they say that they would choose the relationship. I then go on to educate them that relationships where they are "seen and feel felt" help to sustain those neurobiological systems and rewrite their IWM and that is what we are working on in therapy. The way therapy works is that they will feel this with me, then in group, and then meetings and then build a world with healthy supportive relationships. This work is the development of "earned secure attachment" which underpins a reconstructed regulatory system and wellness.

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