

SOCIAL PSYCHIATRY: ABRAHAM L. HALPERN  
HUMANITARIAN AWARD LECTURE

*Pillars of Mental Health: Attachment and Social  
Connectedness over the Lifespan*

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# DISCLOSURES

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NO CONFLICTS OF INTERESTS TO DECLARE

***Goals of lecture are to:***

Emphasize the critical importance of attachment in the first year of life.

Establish the relationship between attachment and trust.

Understand how and why the above form the underpinnings of social relatedness and connectedness.

Appreciate the critical role of social connectedness in maintaining mental health.

- Bio-psycho-*Social*.
- **Sociocultural** factors play an important role in socialization, thinking, behavior, feelings, perceptions. Therefore, they have significant impacts upon the mental health of individuals and upon the population. COVID pandemic provides an excellent example of the increase in population psychiatric morbidity, especially in adolescents. Unemployment, poverty, violence, socio-economic and health disparities, racial and ethnic discrimination, leading to demoralization, despair and hopelessness contribute to mental illness, drug addiction and rising mortality. Think Maslow's hierarchy of needs. When basic needs are not met individuals react with anxiety, depression, abandonment fears, and uncertainty about survival.

*“Attachment may be defined as the organization of behaviors in the young child that are designed to achieve proximity to a preferred caregiver at times when the child seeks comfort, support, nurturance, or protection. Typically, preferred attachment appears in the latter part of the first year of life as evidenced by the appearance of separation protest and stranger wariness. (JAACAP 44:11 p. 1207).”*

- Begins during pregnancy.
- Is a major driving force for development of regulatory processes in the brain.
- Is essential for healthy social-emotional development.

# PATTERNS OF ATTACHMENT

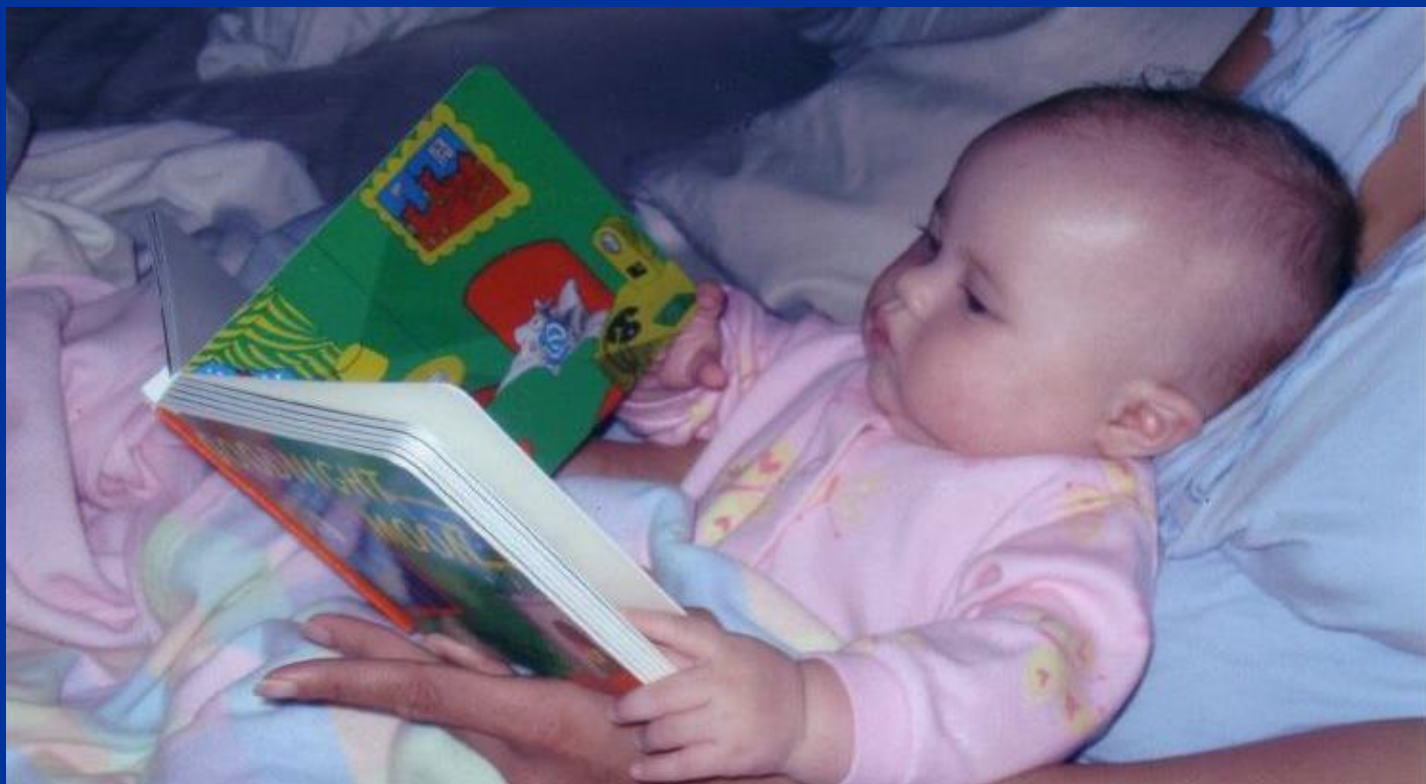
(STRANGE SITUATION: AINSWORTH & MANN)

- Secure
- Insecure: *Avoidant & Resistant*
- Disorganized: *most associated with clinical psychopathology.*

- Zeanah et al proposed that disturbances of attachment become “clinical disorders” when the emotions and behaviors displayed in attachment relationships are so disturbed as to indicate, or substantially to increase, the risk for persistent distress or disability in the infant. (*JAACAP 44:11* p. 1208 ).”



***“The disruption of attachment is itself a primary form of trauma, which may intensify the effects of other stressors, particularly if disruption occurs at critical stages of development.” (Bowlby).1973***



- Acquisition of basic trust is the goal of the infant's first emotional developmental stage and is established in the first year of life. (Erikson)
- Trust develops within a positive attachment relationship where the infant feels secure, nurtured, and appropriately responded to by attuned parents.

- Once trust is established, parents function as the external regulators of the infant/toddler who then internalizes such regulation over time.
- Regulation of important behaviors: learning, eating, sleeping, affect expression, attention, interpersonal interactions, aggression, and impulses take place within the context of an attachment relationship.

- Prosocial behavior
- Empathy
- Sense of well-being and self-esteem
- Development of a coherent “life-story”

- (Dan Siegel)

- Attachment style determines how one navigates social interactions.
- All relationships are challenged at times. Such ruptures are followed by the experience of disappointment.
- In childhood where attachment is secure, rapprochement occurs with subsequent repair of the relationship. Trust in the caregiver is restored and even strengthened.
- In insecure and disorganized attachment there is actually an erosion of trust. This can lead to a pattern of lack of trust and predictability in others over subsequent developmental stages and be the genesis of mental health problems over the lifespan.

# IMPACT OF TRAUMA ON ATTACHMENT & SOCIAL CONNECTEDNESS

Infliction of trauma (physical, sexual abuse, neglect , witnessing domestic violence, emotional abuse) in what should be a trusted and safe relationship/environment shatters attachment bonds.

The longing for repair persists and sets up a process of repetition compulsion that often leads to dysfunctional and destructive interpersonal relationships.

In infancy and early childhood this can be manifested as “failure to thrive” syndrome.

# DIAGNOSES RELATED TO ATTACHMENT FAILURES COVER THE WATERFRONT OF DSM DISORDERS

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- AD/HD
- RAD
- DSMD
- PTSD & OTHER TRAUMA DISORDERS
- BI-POLAR D/O NOS
- CONDUCT DISORDERS
- OPPOSITIONAL DEFIANT D/O
- MOOD D/O NOS
- PSYCHOSIS NOS
- DISSOCIATIVE DISORDERS
- ANXIETY DISORDERS
- BORDERLINE PERSONALITY D/O



- Children have history of having been reared in abnormal environments of maltreatment e.g. depriving institutions; child abuse.
- They demonstrate inhibited or disinhibited interactions ; hypervigilance; poor regulation of sleep, affect, attention, aggression, impulse control.

- A secure attachment in childhood prepares adolescents for a healthy separation process as they move into the second separation/individuation phase that will eventually launch them into adulthood, prepared to navigate relationships.
- A disorganized attachment will lead to a more tumultuous adolescence with relationship challenges, which, in turn, compromise the work of adolescence i.e. to move towards independence.

“Protective factors are the characteristics, conditions, and behaviors that improve health outcomes or reduce the effects of stressful life events and other risk factors. School connectedness, which is the feeling among adolescents that people at their school care about them, their well-being, and success, has long-lasting protective effects for adolescents. Youth who feel connected at school are less likely to experience risks related to substance use, mental health, violence, and sexual behavior. School connectedness also protects against the co-occurrence of these risks.”

YRBS report for years 2011-2021, p.72

- AACAP & AAP jointly declared a youth mental health crisis as a result of the long duration of separation from peers, and the traumatic interruption of not just school and academics, but all the after-school activities that allow adolescents to explore different experiences (theatre, sports, dating, working, community projects etc.) where they work alongside their peers and work through relationships and their complexities.
- Above allows them to grow emotionally, even with some drama!!!
- The isolation took its toll, more-so among young girls. The very Internet that connected the youth served as a platform for cyberbullying which increased during the pandemic. Mental health ER crisis visits, suicidality, and psychiatric in-patient occupancy reached an all time high, and persist today.

“Parental monitoring is another important protective factor for adolescents. High parental monitoring, defined as parents or other adults in a student’s family most of the time or always knowing where they were going or who they would be with, is associated with decreased sexual risk, substance use, experiences of violence, and suicidal thoughts and behaviors.” *Healthy attachment fosters above.*

YRBS report for years 2011-2021, p.72

## HEALTHY SOCIAL RELATIONSHIPS PROVIDE CORRECTIVE EMOTIONAL EXPERIENCES

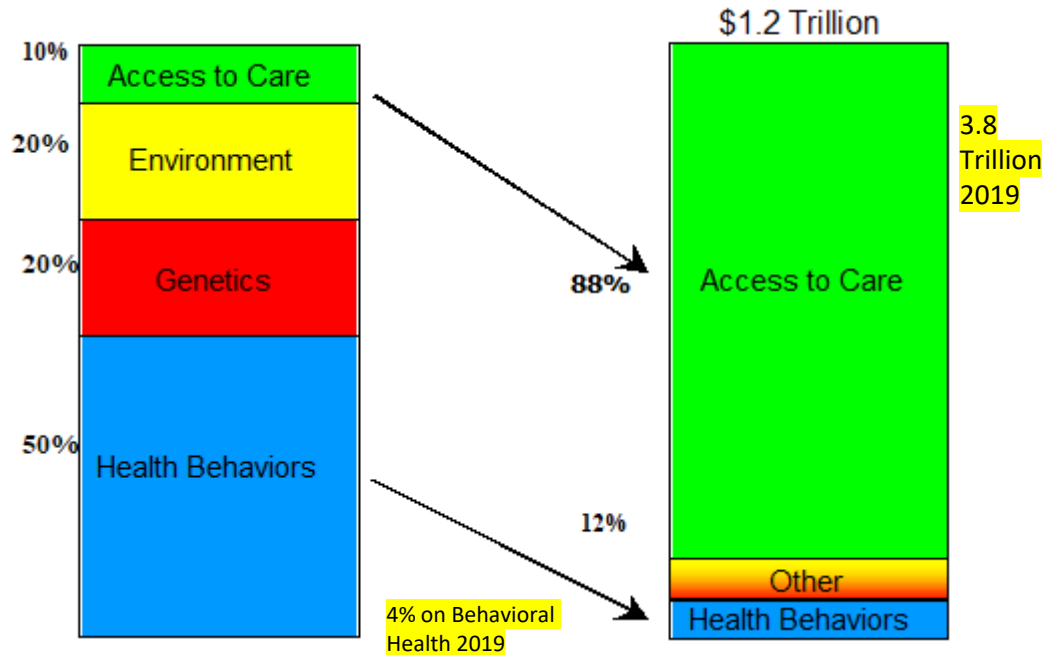
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- SMI patient with hunger for social connectedness: formed friendships that allowed her to experience socializing, dancing, joining a group for summer beach house rental, holding a job, learning to drive and buying a car, providing care for the homeless and giving back to the needy.
- My adopted grandchildren who were victims of maltreatment and were in foster care before being fostered by my daughter and her husband. They now have sustained friendships. My grandson was able to go on “Travel for Teens” trip with strangers to Portugal, Spain & Morocco.

- ACEs study was published in 1998 but it took two decades for this important information to be embraced by medicine that has focused on physical health without considering the impact of toxic elements of the non-physical environment on people's morbidity (multiple chronic illnesses) and mortality (early death...as many as 20 years). (Anda & Filetti)
- Public health practitioners have known of the SDOH but it was not until recently that medicine has adopted a focus on this area.
- We have to convince legislators that the social ecology within which a population lives has significant impacts on the physical and mental health of people.

# ALLOCATION OF HEALTHCARE \$\$\$

## Health Status



CDC



- The USA is one of the most ethnically and racially diverse countries in the world.
- SES and health disparities may co-vary with minoritized groups.
- The APA has made valiant efforts to promote culturally sensitive practice of psychiatry, and it is encouraging to note that more training programs are including this topic in the curriculum.
- My concern, however, is that older supervisors and attendings have not been adequately trained and therefore may fail to focus on these variables in the assessment of patients, and on trainees' unconscious/implicit biases they bring to the patient encounter. e.g. AA male student self-described as "paranoid."

# IMPACT OF ACES

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ACEs are the most basic and long-lasting cause of:

- Health risk behaviors
- Mental illness
- Social malfunction
- Disease
- Disability
- Healthcare costs
- Death

Dr. V. Felitti 2011

- Community psychiatry of the 60's to 80's provided opportunities for the mentally ill to have social connectedness needs met.
- With loss of government funding, we have had to turn to philanthropy to fund organizations like the Clubhouses, which provide safe places for those with SMI and addictions to learn pro-social skills including socializing, employment skills, community networking, assist with housing and food security needs.
- I am a patron of the Capital Clubhouse in Washington, DC, where I recently participated in a Town Hall to speak about the crisis of Youth Mental health.

A treatise on the need for psychiatry to re-focus on strengthening social connectedness. This is critical to promoting healing, while utilizing the various evidence-based treatments available. He emphasizes the three P's that we all need:

- People
- Place
- Purpose

My father's story: found a safe place, developed social connectedness, married wisely and found purpose in a career in education.

Lionel Francis Bartolo  
1910-2002





Parents with nine offspring and two grandchildren

# OUTCOMES OF SOCIAL CONNECTEDNESS IN ADULTHOOD

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- Mental health tripod: LOVE, WORK, PLAY
- Being in community and forming social relationships
- Forming intimate relationship
- Creating a family
- Having meaningful work
- Demonstrating the capacity to have fun and experience joyfulness

- Often marked by physical health problems, with increasing morbidity.
- In American culture families often separated by large distances, though some ethnicities and immigrant families are more likely to have multi-generational families, with high grandparent engagement.
- This period may be one of losses of people, place and purpose, resulting in depression, and anxiety about one's own mortality.
- Loneliness and isolation can set in and contribute to both physical and mental illnesses.
- Senior centers around the country attempt to fill this void by providing activities and outings for senior citizens, maintaining connectedness.



Insel states: “Families, long blamed unfairly as the source of the problem, are in fact critical for the solution, arguably more than in any other medical illness.” (p.22) and he continues:

“most mental illnesses have a way of not fading away. Instead they tend to metastasize to substance abuse, relationship problems, and disability. And, ultimately, they contribute to homelessness, incarceration, chronic medical problems, and, too often, an early, lonely death.” (p.22)

- SAMHSA 'S Building Bridges and Peer Support initiatives.
- Harvard Global Health & Social Medicine initiative
- Lay population training in under-served areas, some examples : Tanzania, San Salvador, Puerto Rico, India, South Africa
- International Clubhouse movement

## Current Research Priorities:

- Developing and evaluating non-specialist provider delivered interventions to detect, assess, care for, and prevent mental health problems.
- Developing and evaluating digital technology enabled approaches to train providers, assess cognitive development and mental health, and assist management of self care.
- Developing and evaluating approaches for improving the quality of mental health care delivered through primary health care systems.

<https://mentalhealthforalllab.hms.harvard.edu>

Promotes *RECOVERY* which is described thus:

“It is holistic, addresses the whole person and their community, and is supported by peers, friends and family members....Recovery is characterized by continual growth and improvement in one’s health and wellness and managing setbacks.”

*[Samsha.gov/find-help/recovery](https://www.samsha.gov/find-help/recovery)*

# CONCLUSION

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- Healthy attachment is critical in promoting healthy social connectedness.
- As a society, we need to invest heavily in families, in promoting family planning, healthy infant/parent attachment and childcare, and addressing mental health needs of parents.
- Ensure that families' basic needs for housing, food security and health are met.
- Be aggressive about preventing child maltreatment, domestic violence, neighborhood violence, drug abuse.
- Re-boot and generously fund community psychiatry.
- Maintain our focus on social justice, equity, diversity, inclusion.

***“I have come to think of mental illness as a medical problem that requires a social solution.” (p.167)***

“You are born alone. You die alone. The value of the space in between is trust and love.”

Diary entry of Louise Bourgeois, artist

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# THANK YOU