Prolonged ruptured attachment syndrome (PRAS) – A fate worse than trauma or grief

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This paper introduces Prolonged Ruptured Attachment Syndrome (PRAS), a newly conceptualised framework for understanding a form of psychological distress that extends beyond conventional notions of grief and trauma. PRAS is characterised by an unresolved emotional state arising from attachments that are neither entirely severed nor fully intact. Unlike traditional grief and trauma models, which assume the possibility of adaptation or healing over time, PRAS addresses the psychological impact of attachments that remain in a state of indeterminate rupture, leaving individuals unable to process their pain or find closure. Drawing on the bio-psycho-social model, this paper situates PRAS as a universal phenomenon that underscores the fundamental human need for secure attachments. PRAS manifests through key dimensions, including loss, helplessness, fear, and persistent anxiety. We argue that PRAS adds a critical perspective to existing grief and trauma theories by accounting for the unique harm caused by unresolved and prolonged disruptions to attachment. Case examples illustrate the potential clinical application of PRAS, emphasising its relevance in contexts such as refugee experiences, alienated parents, and families of missing persons. By formally defining PRAS, we aim to broaden psychological understanding and provide a lens for addressing this previously unclassified but widespread source of human suffering. Recognising PRAS within mental health science and practice offers an opportunity to develop more compassionate and targeted responses to individuals grappling with the enduring pain of ruptured attachments.

Keywords: attachment theory; grief; mental health; prolonged ruptured attachment syndrome; trauma

This paper proposes Prolonged Ruptured Attachment Syndrome (PRAS) as a new theoretical framework for understanding unresolved emotional states resulting from ambiguous and enduring disruptions in key attachments. By integrating elements of trauma and grief, PRAS provides a lens to explore the profound mental health impact of attachments that cannot be fully relinquished or restored. The discussion situates PRAS within the bio-psycho-social model, highlighting its applicability to diverse contexts, including caregiving, family relationships, and social systems. This paper aims to conceptualise PRAS, articulate its defining features, and propose a clinical scale for its measurement, contributing to a more nuanced understanding of attachment-related mental health challenges.

What happens to a person when a key attachment becomes ambiguous? This uncertain state was experienced by billions of people in 2020 when they lost physical contact with family and friends for uncertain periods due to COVID-19 lockdowns (Nitschke et al., 2021). When grandparents met their grandchildren but could not touch them, it was like being haunted, stuck in an in-between state. A key attachment figure was neither there nor absent. One could neither grieve the loss nor ameliorate the pain through action. There was no tangible event or ending and there could be no processing of the loss.

Mental health research, science and practice has rightly evolved to recognise trauma (from the Greek meaning "wound") as one of the primary causes of mental distress – the concept of "trauma-informed" services is now in fact the fashion and the standard to which service providers are held accountable, although this may be tokenistic, and it is not quite clear how consistently the term is being applied.

One positive aspect of the concept of trauma for all mental health theorists and practitioners is that it can be seen to entail an integrated syndrome in all the three major domains of human functioning: biological, psychological, and social. Putting it simply, trauma impacts on and even resides in the body (van der Kolk, 2014), in the mind and in the social relationship patterns of individuals. The concept of trauma therefore can integrate to some extent medical, psychological, and social science. Given that the human condition is bio-psycho-social, trauma is a unifying concept (Emanuel, 2021).

The concept of trauma derives primarily from the notion of an event or experience that is so damaging and out of the range of normal or healthy life that it leaves a clear wound or toxic imprint. Simple trauma might be defined as a terribly damaging or threatening event that occurs in the context of an otherwise secure or stable existence. Complex trauma refers to multiple, ongoing events and experiences that imprint upon the developing personality, particularly in earlier life, which therefore have a more powerful impact on global mental health, global outlook on life and relationships. For some children this kind of trauma is their normality, leading to what can be termed "personality disorder" in medicalised parlance.

What is true for trauma can equally be said for the concept of attachment, which is another universal theory within biological, psychological, and social science (Ainsworth & Bowlby, 1991). The nature of the attachments between developing humans and their caregivers is now widely acknowledged as fundamental to healthy development. However, because attachments are relatively invisible and do not involve highly dramatic or striking events, they can often go unnoticed by those looking for concrete causes for mental health problems. In the case of core attachments (to partners, children, or close family) the rupturing of such attachments can be devastating.

These ruptures might be said to happen in three major ways: (1) *temporary* separations that can follow from such causes as disagreements, fallings out, illnesses, hospitalisations, changes to working arrangements or boarding school. These may provoke feelings of loneliness and longing, yet with an end in sight; (2) *permanent* loss of a loved or hoped for person, relationship, role, object, or dream involving a clear bereavement or grief process; and (3) indeterminate and uncertain separation and detachment from someone or something loved, with no end in sight or closure.

Grief occurs in direct proportion to the love of the lost attachment (Russ et al., 2024), and it could be added that most trauma is attachment-based too. Trauma can happen within relationships or outside them, but even with the latter the severity of the trauma depends in part on whether the person has a history of relationship-based trauma. If they do, any further traumatic event may trigger unhealed wounds that were caused by other traumas that happened within previous relationships.

When a much-loved teacher leaves her job, her students may experience a profound sense of loss. However, if she avoids informing them to spare their feelings, the children are left in a state of uncertainty, unsure if or when she might return. This ambiguity can disrupt their cherished attachment to her and, by extension, influence their broader relationship with attachment itself, potentially undermining their emotional resilience (Relojo-Howell et al., 2024). Similarly, when a child loses contact with a parent following a family separation, the degree of harm they experience hinges on whether the rupture is temporary, permanent, or indeterminate.

Indeterminate ruptures, characterised by prolonged uncertainty and lack of closure, are particularly damaging. In many cases, such ambiguous separations have become embedded in our healthcare systems, where professional carers frequently change, and patients are transferred between providers without consistency, clear boundaries, or predictable continuity of care (Seager, 2014). This normalisation of disrupted attachments within caregiving settings underscores the pervasive impact of indeterminate ruptures on emotional well-being.

The classification of a syndrome that describes the insoluble nature of such indeterminate ruptures in attachment and the special harm that they cause is missing from biological, psychological, and social science. Here we are calling it “Prolonged Ruptured Attachment Syndrome” (PRAS). We would argue that as a lens through which to understand human suffering, it adds something important and perhaps universal to traditional models of grief and trauma.

Key features

The defining characteristics of Prolonged Ruptured Attachment Syndrome (PRAS) reflect its pervasive impact on mental health. These features encompass a range of psychological and emotional responses that arise from unresolved and indeterminate ruptures in attachment. By examining these elements, we can better understand how PRAS manifests as a distinct and multifaceted syndrome. PRAS might be said to contain every single core mental health symptom in one syndrome.

1. Aspects of loss, mourning and grief but without closure or resolution
2. Aspects of trauma through emotional damage that may have elements of perpetration and victimhood if involving deliberate separation or alienation
3. Lack of control, helplessness, depression, low mood
4. Fear and anxiety arising from uncertainty, risk of loss and powerlessness over the future
5. Stress arising from constant conflict, constant reminders, anxiety, or despair

Key premise

Attachment to loved ones (i.e., the love bond) is the key foundation for all human security, health and well-being and is the core motivational factor for all human endeavour (Martela, 2024). Finding a mate and protecting, nurturing, and watching offspring grow is a key evolutionary drive, coupled with what may be said to be the core human spirit or will to live. All other motives may be said to be secondary to this primal instinct.

The breaking of a love bond, therefore, through enforced and unwanted ruptures that cannot be controlled, reversed, or eased through personal effort is one of the greatest sources of strain upon the human heart and psyche.

All human artistic endeavours (e.g., love songs) reflect the pain caused by the rupture of love bonds and the celebration of intact love bonds — and yet mental health science itself remains highly

medicalised and relatively mind-blind or even emotionally illiterate in this regard (Seager, 2013). Although mental health science has now begun to recognise trauma more widely, therefore, it is perhaps not surprising that it is slow to see this even wider cause of mental distress: the ruptured love bond.

This rupture becomes even more damaging to the human psyche the more it is: (1) uncontrollable and enforced; (2) indeterminate and of unpredictable duration; (3) lacking in resolution or closure; and (4) involving a loved one (partner, child, close family) for whom there are instinctive yearnings and drives for closeness

Types of rupture: Some key examples

The experiences that can lead to Prolonged Ruptured Attachment Syndrome (PRAS) are varied and complex, reflecting the diverse ways in which key attachments can be disrupted. These examples highlight the breadth of circumstances that may result in unresolved or indeterminate separations, causing profound emotional and psychological distress. By exploring these types of ruptures, we can better understand the wide-ranging applications of PRAS as a framework for mental health science and practice.

- Missing person presumed dead or otherwise
- Abandoned child where parents may still be alive
- Adoption and fostering experiences (involving complete or partial removal from the original family)
- A prisoner on "death row"
- Lengthy childhood separations: e.g., boarding school, hospitalisations
- Nursing and care home separations
- Abductions or hostage-taking
- Loss of contact with a child e.g., limited prison visits, uncertain access (where a non-resident parent does not know whether cards and letters are being received) and full parental alienation (where the non-resident parent is maligned and/or rejected)
- Separations due to immigration and emigration
- Disruptions to work or personal relationships due to COVID -19
- Military service and long-distance postings
- Being in constant sight of an unfulfilled dream or passion that all personal effort and power cannot realistically change (including unrequited love)
- Painful demotion within a work or professional context with constant reminders of a previously enjoyed role or position

PRAS as an expansion of traditional grief & trauma theories

The key feature of traditional grief models (e.g., Kubler-Ross & Kessler, 2005) and trauma models (from Sigmund Freud onwards), is that they allow for a process of natural or facilitated adaptation, adjustment and even healing over time. In essence this means that the mental and bodily pain of loss or trauma can lessen in one of three primary ways: (a) the acute pain triggered by the stimulus is reduced by constant exposure or "working through; (b) new experience develops and new attachments form to take up competing emotional space in the dynamic psyche or; (c) adaptive emotional defences form to compartmentalise painful memories, making them more manageable and less intrusive.

PRAS theory therefore adds another important dimension, that of an open wound that cannot be naturally closed or healed for the simple reason that there is no definite or predictable end to the situation that is triggering the pain. Where an individual is subject to the most extreme forms of PRAS, hope cannot be entirely given up or wholly kindled. In these indeterminate situations, a person cannot really "move on" because there is no definite place to move on from. The attachment is not fully dead or alive. The clock can never be set going on the healing process.

Developing a clinical scale for PRAS

If the validity of the concept of PRAS is accepted in theoretical terms, then any practical application would require the development of a scale that might enable it to be described, measured, and tested in clinical and other settings.

Eight potential dimensions for a clinical scale for PRAS

To facilitate the clinical measurement of Prolonged Ruptured Attachment Syndrome (PRAS), we propose eight key dimensions. These dimensions reflect the critical factors that influence the severity and impact of ruptured attachments. By assessing these elements, practitioners can better understand the complexity of PRAS and tailor interventions to address its unique challenges.

1. Defining the object of attachment: loved one, homeland, way of life, cherished dream
2. The intensity and strength of the attachment being ruptured
3. The duration of the detachment
4. The probability of the rupture being maintained vs healed
5. The degree of lack of control over the repair of the rupture
6. The degree of human malevolence or animosity behind the separation
7. The absence vs. availability of other compensatory attachments, support and comforts
8. The degree to which the rupture is shared with others vs. experienced in isolation

Two case examples to illustrate the potential clinical value of a PRAS scale

To illustrate the potential value of such a scale, two case examples will now be provided under ameliorating and exacerbating conditions. Clinical measurements will be attempted for the first case using a prototype scale and the reader is invited privately to score the second example following the same methodology:

Case example 1

A: Ameliorating conditions

J, a 7-year-old boy, moves to the UK with his older brother when conflict in his home country made life there unsafe. His parents and sister have been killed in riots two years earlier and his grandparents were too old and frail to move. They encouraged their grandsons to leave the country with good neighbours who had also planned to make the journey out of the country. On arrival the two boys are fostered by a loving couple from the same country. Their neighbours who had travelled with them were also housed nearby. J was able to sleep without the sound of gunfire. Language classes were provided for the boys, and they made good educational progress with supportive teachers. A truce between warring factions in the home country enabled telephone contact with the grandparents.

B: Exacerbating conditions

J, a boy aged 7, came from a loving and close family consisting of a brother, sister, parents and grandparents. Violent civil war broke out in their country and his family were in a minority that was being persecuted. His parents and sister were murdered. His elderly and frail grandparents were devastated and broken, telling the older boy to try and escape with J. Alone the two boys faced a nightmare journey until they reached the UK. Placed in an adult facility with no helpful figure their mental health deteriorated. There was no interpreter for months and no-one who spoke their language. The older brother felt powerless to protect his little brother. There were no other refugees from the same country and no contact with their grandparents was possible.

Table 1
PRAS Scale scores for two hypothetical scenarios

Dimension	Scenario A	Scenario B
1. Number of objects of attachment affected	4 (Maximum of 5 – The brother was still available)	4 (The same pattern)
2. Intensity/strength of attachments ruptured	3 (Not such close family relationships to begin with)	4 (Closer family relationships being ruptured)
3. Duration of the detachment	3 (Some telephone contact and prospect of return visit)	4 (Indefinite, little prospect of return)
4. Probability of rupture remaining unresolved	3 (Some political hope and contact with family/home country)	4 (Little hope, no contact)
5. Lack of control over rupture repair	3 (Some political hope and contact with family/home country)	5 (Little hope, little control, no contact)
6. Degree of human malevolence/animosity	3 (Civil conflict, but no specific persecution)	5 (Civil war and deliberate persecution)
7. Lack of other attachments/support	1 (Brother, foster parents, neighbours, school, grandparents via telephone)	4 (Brother primarily)
8. Rupture experienced in social isolation	1 (Shared with brother, foster parents, neighbours, grandparents)	4 (Shared mainly with brother)
Total PRAS score	21/40	34/40

Case example 2

Here is one further example which we invite the reader to attempt to score if they wish using the same scale as above (Table 1).

A: Ameliorating conditions

K, an 11-year-old girl, moves to a new home with her mother when her parents separate. It is in the same town and K still sees her friends and elderly grandparents. She hasn't seen her father since he was arrested for domestic abuse 3 years ago. He was cleared of the charges which came after false allegations from K's mother. Following the case a family court case establishes that contact between the children and their father is safe. K's grandparents support the idea. Her mother receives psychological assessment and therapy as part of a family court order. A social worker visits K and her brother regularly. After months of visits the social worker asks K if she wants to see her father. They begin to work through her difficult feelings around this.

B: Exacerbating conditions

K, a girl aged 11, moves 400 miles away from the home and community she lived in all her life when her parents separate. She misses her grandparents, who are too frail to come to see her, although they make weekly video calls. She hasn't seen her father for years and remembers he did something bad. There are no friends or family to see, and K feels lonely and sad. Her mother begins drinking every day. K is left alone at home sometimes without food and doesn't know where her mum is. She is bullied at school for her accent and her mental health deteriorates. After an incident at school, she is referred to social services who arrange for her to be fostered.

These two hypothetical examples, whilst crude and lacking in several of the subtleties of the human condition in all its biological, psychological, social, spiritual and political complexity, do at least show the potential value of the concept of PRAS and its clinical application to assessing the risk and severity of the impact of ruptured attachments with a view to ameliorating their impact on individual lives. Such an approach although universally applicable, may be particularly valuable for example within the realms of work with refugees and asylum seekers, alienated parents and families of missing persons.

CONCLUSION

The world of mental health science and practice is familiar with the concepts of trauma and grief. However, less attention has been given to protracted mental states involving ongoing traumatic distress and broken attachments, characterised by indeterminate outcomes where hope of relief can neither be fully grasped nor entirely abandoned. By introducing the concept of Prolonged Ruptured Attachment Syndrome (PRAS), we aim to broaden psychological understanding and encourage the development of more humane and targeted responses to this universal yet under-recognised form of human suffering. Future research and clinical applications could explore tailored interventions to alleviate the enduring pain caused by unresolved ruptured attachments, offering new hope to affected individuals.

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