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Substance Abuse and Insecure Attachment Styles: A Relational Study

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Abstract

The attachment styles an individual forms while they are growing up can impact the type of relationships they form as adults. Research has shown insecure attachment styles can be correlated to substance abuse, emotional distress, and interpersonal problems. More specifically, this study focuses on the correlation between insecure attachment styles and substance abuse. Nineteen participants (nine male, ten female) between the ages of 18 to 32 were selected. Participants were given a 20-question survey that measured substance abuse and attachment styles. A t-test was conducted to compare the differences between participants who abuse substances and participants who do not abuse substances and as well as their attachment styles. These findings suggest there is a correlation between substance abuse and insecure attachment styles.

Attachment styles are formed between infants and their caregivers at very young ages, and these attachment styles are very important factors that impact an individual as they grow into adulthood. When an individual enters adulthood, the attachment styles they formed as they were growing up impact the outcomes of the various relationships they have with their family, friends, and romantic partners. If individuals have formed an insecure attachment, their attachment styles are either: anxious-preoccupied, which is when they seek high levels of intimacy, approval, and responsiveness from their partners, and is sometimes colloquially referred to being clingy; dismissive-avoidant, which is when they desire a high level of independence and view themselves as being invulnerable to feelings associated with being closely attached to others; or fearful-avoidant, which is when they have mixed feelings about close relationships—they desire to have close relationships, but then they feel uncomfortable with being emotionally close to someone. Previous research has suggested that attachment styles can be correlated to substance abuse, emotional distress, and interpersonal problems in adults (e.g., Davidson and Ireland 2009; Dumas, Blasey and Mitchell 2006; Molnar, Sadava, De Courville, Perrier, and Colin 2010; Thorberg and Lyvers 2010).

For example, Davidson and Ireland (2009) recruited two groups of participants, one group who had abused substances and one group who had not abused substances. They examined each individual's drug use in relation to their coping styles, personality traits, and attachment

styles. The results demonstrated that individuals with personality disorder traits had less secure attachment styles, but the relationship between drug use and insecure attachment style was found to be non-significant. Even though this particular study did not find a correlation between insecure attachment style and substance abuse, there is strong reason to believe that insecure attachment is associated with dysfunctional attitudes about the self. In the present study, the researcher tested the hypothesis that the relationship between insecure attachment and substance use is mediated by dysfunctional attitudes about the self and low self-esteem (Kassel, Wardle, and Roberts 2006).

From this research, Kassel and colleagues (2006) concluded that individuals with insecure attachments may lack the necessary skills to form social relationships, which may cause distress or anxiety. Also, those individuals with insecure attachments may be less likely to be involved in supportive partner relationships. Thus, during times of stress those with insecure attachments may resort to abusing substances in order to cope with their circumstances. Thorberg and Lyvers (2006) stated that clients who were undergoing treatment for alcoholism, heroin addiction, or cannabis abuse reported higher levels of insecure attachment and fear of intimacy. More recently Thorberg and Lyvers (2010) stated that their findings support that attachment is associated with and predicts affect regulation abilities, difficulties with intimacy, and intrapersonal as well as interpersonal functioning in a sample of substance use disorder inpatients. The association between attachment style and illicit substance use can be seen within a sample of adoptees. Logistic regression analyses showed a higher prevalence of illicit substance use among both insecure attachment groups as compared to the secure group (Caspers, Cadoret, Langbehn, Yucuis, and Troutman 2005). The results demonstrated that those with higher levels of attachment anxiety were more vulnerable to experiencing adverse consequences related to their drinking. These findings emphasize the importance of attachment styles as a risk factor for high-risk drinking and experiencing alcohol-related consequences (Molnar et al. 2010). One strategy discussed in order to help adults who are in alcohol and drug dependency treatments is to assess attachment styles to identify patients who may need early intervention strategies, targeting emotional and interpersonal problems. These strategies may improve other drug dependency treatment outcomes. (Doumas, et al. 2006). Previous research has shown the contributions of attachment styles and their relation to substance misuse, emotional distress, personality traits, and interpersonal problems within adults, whether male or female. However, in this study my main hypothesis is that there is a correlation between substance abuse and insecure attachment, which my findings demonstrate. More specifically, participants exhibiting a higher level of insecure attachment in their romantic relationships will show a higher tendency to abuse substances, and the participants who exhibit lower levels of insecure attachment in their relationships will show a lower tendency to abuse substances.

Method

Participants

Nineteen participants were recruited (nine male, ten female) between the ages of 18 to 32. They were selected from Saddleback College in California and were willing to participate in this study without any incentive. Participants were recruited randomly at various locations at Saddleback College based on the criteria if they had been in a romantic relationship before. All of the participants are either married, engaged, dating, or have been in previous relationships in the past.

Materials and Measures

Each participant was given a 20-question survey measuring substance abuse and insecure attachment style. The participants' substance abuse was measured by a nominal scale of 11 yes and no questions, which was placed randomly in between the nine other questions that measured attachment styles. The attachment styles are based on a seven-point Likert scale and are comprised from the Experiences in Close Relationships-Revised (ECR-R) Questionnaire (Fraley, Waller, and Brennan 2000). There are 36 items on this questionnaire, but I chose nine items that are judged on a seven-point scale from one (*Strongly Disagree*) to seven (*Strongly Agree*). Each of these nine items was scored from one (*low insecure attachment* or *low attachment-related anxiety*) to seven (*high insecure attachment* or *high attachment-related anxiety*). However, some of the items needed to be "reverse-keyed" (i.e., high numbers represent low insecure attachment or low attachment-related anxiety), and therefore they needed to be changed before they were scored. Both sets of questions were comprised to form the 20 questions the participants answered, as well as including questions about their gender, age, and romantic relationship status.

Procedures

I administered the surveys to 19 participants at various locations at Saddleback College. All participants were told the purpose of my study is to measure alcohol and drug consumption in order to relate that to attachment styles in romantic relationships. Prior to completing the survey I handed out consent forms to each participant and explained that they were going to be answering 20 questions that would take ten minutes to complete. After agreeing to complete the questionnaire, participants were instructed to answer the 11 "yes" and "no" questions measuring substance abuse (alcohol and drugs) and the nine questions measuring insecure attachment styles that were scored on a seven-point Likert scale.

Results

The data were analyzed by comparing participants who abuse substances and the participants who do not abuse substances and then by running a t-test comparing the two groups, which compared the differences across all of the continuous seven-point attachment measures. The distinction between participants who abuse substances and participants who do not abuse substances was based on whether they had ever blacked-out while under the influence of drugs or alcohol. There were ten participants who said they had blacked out and nine participants who said they had not blacked-out. Then a t-test compared the non-blackouts with the individuals who had previously blacked out and compared the differences across all of the continuous seven-point attachment measures. The data show significant differences from the participants who blacked out and participants who did not. The participants who blacked out are more likely than those who did not black out to believe that their romantic partners compare them to past relationships [$t(17) = -3.89, p < .05$]. Participants who blacked out are significantly more afraid than participants who did not black out that once their partner gets to know them, they will not like who they are [$t(12.18) = -2.63, p < .05$]. Participants who blacked out are significantly less comfortable sharing private thoughts with their romantic partner than participants who did not black out [$t(12.18) = -2.63, p < .05$]. Participants who blacked out are more likely to worry about their romantic partner leaving them than participants who did not blackout [$t(13.10) = -2.13, p = .053$]. Thus, these results provided some evidence that there is a relationship between substance abuse and insecure attachment style.

Discussion

The results show significant differences between substance abuse and insecure attachment style, similar to what Kastle et al. (2006) found. My findings show that there is evidence that participants who exhibit higher levels of insecure attachment in their romantic relationships will have a higher tendency to abuse substances and that the participants who exhibit lower levels of insecure attachments in their romantic relationships will have a lower tendency to abuse substances. These support what Thornberg and Lyvers (2010) have recently demonstrated in their findings, that attachment is associated with and predicts regulation abilities, difficulties with intimacy, and intrapersonal as well as interpersonal functioning in a sample of substance abuse patients. There are some limitations to consider from my study, such as that the participants who did black out and the participants who did not black out did not have equal variances. Other variables need to be taken into consideration, such as the emotional state of the participants, their age, and how this affects the results. Also, since the number of participants was so small I cannot generalize this to all individuals. More participants would need to be recruited for each group (blackouts and non-blackouts), so there would be more evidence to either support or reject my hypothesis, which could then be applied to all individuals.

Although further research is required to gain a more complete understanding of the

relationship between insecure attachment styles and substance abuse, the findings of my study proved the overall hypothesis that there is a relationship between insecure attachment styles and substance abuse.

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Figure 1

Mean on a Scale of 7

Figure 1. The bar graph shows the mean on a scale of 7 between the participants who black out and the participants who do not black out.

Appendix A

Are you male or female?

How old are you?

Are you involved in an exclusive relationship No/Yes?

If yes, are you married, engaged, dating?

Top of Form
1. I often worry that my partner doesn't really love me.
<i>Strongly Disagree</i> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <i>Strongly Agree</i> 1 2 3 4 5 6 7
2. I am confident that my partner does not compare me to his or her past partners
<i>Strongly Disagree</i> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <i>Strongly Agree</i> 1 2 3 4 5 6 7
3. I worry that my romantic partner won't care about me as much as I care about them.
<i>Strongly Disagree</i> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <i>Strongly Agree</i> 1 2 3 4 5 6 7
4. Have you ever used alcohol or other drugs? (such as wine, beer, hard liquor, marijuana, coke, heroin or other opioids, uppers, downers, hallucinogens, or prescription pills)

5. Does your spouse or girlfriend/boyfriend ever complain about your drinking?

6. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.

Strongly Disagree 1 2 3 4 5 6 7 *Strongly Agree*

7. I don't feel comfortable opening up to my romantic partner.

Strongly Disagree 1 2 3 4 5 6 7 *Strongly Agree*

8. Have you ever lost friends because of your drug use?

9. Have you ever been arrested while driving under the influence of alcohol?

10. Have you ever been arrested for possession of illegal drugs?

11. I rarely worry about my partner leaving me.

Strongly Disagree 1 2 3 4 5 6 7 *Strongly Agree*

12. I feel comfortable sharing my private thoughts and feelings with my partner.

Strongly Disagree 1 2 3 4 5 6 7 *Strongly Agree*

13. Does your spouse or girlfriend/boyfriend ever complain about your drug use?

14. Can you get through the week without drinking?

15. Can you get through the week without using drugs?

16. It's not difficult for me to get close to my partner.

Strongly Disagree *Strongly Agree*
 1 2 3 4 5 6 7

17. It's easy for me to be affectionate with my partner.

Strongly Disagree *Strongly Agree*
 1 2 3 4 5 6 7

18. Have you ever gone to anyone for help because of your drinking? (such as Alcoholics Anonymous, counselors, or a treatment program)

19. Have you ever gone to anyone for help because of your drug use? (such as Alcoholics Anonymous, counselors, or a treatment program)

20. Have you ever had "blackouts" as a result of drinking or using drugs?

Appendix B

SADDLEBACK COLLEGE
MISSION VIEJO, CA
Consent to Act as a Research Participant

Yasmin Borhani is conducting a research study to find out more about *attachment styles and substance abuse*. You have been asked to participate because you are an *adult female or male between the ages of 18-60*.

If you agree to be in this study, you will be asked to *answer a survey that will only take up 15 minutes of your time*.

Participation has no foreseeable risks or discomforts of discussing *substance use*.

There will be no direct tangible benefit to you from these procedures.

You may contact the Research Methods Instructor, Dr. Kelly Neff, at kneff@saddleback.edu for information should you have any research-related problems or to inquire about your rights as a participant.

Yasmin Borhani has explained this study and answered questions. If you have questions or research-related problems to discuss on another occasion, you may reach *Yasmin Borhani* at 949-266-4242.

Participation is entirely voluntary. You may refuse or withdraw at any time without jeopardy to your rights. Research records will be strictly confidential to the full extent required by law. You have received a copy of this document to keep. Your signature below certifies that you agree to participate in this study:

Participant's Signature

Date

