

Attachment Style, Defense Style, and Resiliency in People with Substance Abuse

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PREVIEW

Author Note

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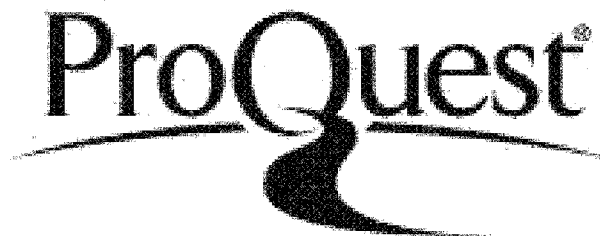


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PREVIEW

CHAPTER 1

Introduction

Excessive use of drugs and alcohol is a worldwide phenomenon dating back thousands of years. Many different cultures have adopted a variety of uses for illicit substances, including increasing energy and arousal, and treating sleep problems, symptoms of depression, sexual dysfunction, and pain. With improvements in technology, drugs have stronger effects than they used to, and the marketing and accessibility of drugs has increased. Consequently, there has been a dramatic increase in the prevalence of substance abuse and dependence. Based on the diagnostic criteria outlined by the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition*, there were approximately 22.2 million Americans, or 8.9% of the population aged 12 or older, classified with substance dependence or abuse. This staggering statistic is likely an underestimate as many substance abusers do not accurately report their usage, and many others minimize the presence and impact of their substance abuse.

Despite the disturbingly high incidence of substance abuse, there are currently very few effective treatments that have been developed for the treatment of substance abuse. Much of the research on substance abuse has been aimed at developing programs to help facilitate and maintain abstinence. However, there is still much to be learned about the etiology of substance abuse and the individual differences in personality that contribute to substance abuse. The current dearth of effective treatment programs for substance abusers implicates the need for a better understanding of the individual factors that predisposes some people to become more susceptible to substance abuse than others. In order to successfully treat or prevent substance abuse, it is crucial that research focuses on developing a better understanding of the psychology of substance users.

This study seeks to build upon the psychological understanding of substance abusers by exploring the relationship between substance abuse and attachment style, defense style, and resilience. The investigation of attachment style may help uncover the relationship between early life relationships and substance abuse. An investigation into defensive styles displayed by substance abusers may provide insight into the function that substances serve in supporting a person's ego. Finally, a closer look at the resiliency of substance abusers may help determine why certain people are more resilient in the face of distressing feelings or situations, and thus less likely to use and abuse substances.

PREVIEW

CHAPTER II

Literature Review

Substance Abuse

With the high prevalence of drug abuse, there have been a large number of research studies devoted to understanding the effects of illicit substances on a person. However, despite increased knowledge of the physical effects and the social and environmental implications of drug use, there still exists a large deficit with respect to the understanding of the psychology of a drug abuser. Considering that children are taught about the negative effects of drug use at a young age, why do many of them later use and abuse drugs? Family environment may or may not prevent future drug use and abuse, based on prevailing values and whether this message is relayed within the family. Also, it is not clear whether children later decide to use drugs, or if other factors (other than intention) leads to drug abuse.

One of the most common responses given by adolescents when asked why they first tried drugs is peer pressure (Volkow, 2005). A study conducted in Hong Kong, China found that 68.3% of substance abusers reported that social influence from their peers was the main factor contributing to their substance abuse (Narcotics Division, 2006). Many people feel that it is necessary to drink or experiment with drugs when at parties and social gatherings. Environmental forces are clearly implicated as a major cause in why people use drugs and alcohol, but there are also individual differences that make some people more vulnerable than others to succumbing to forms of social influence.

Arnett (2005) examined young adults to determine why substance use is so prevalent during this developmental period. He found that for many adolescents and young adults, substance use is closely tied to identity exploration, as it facilitates a wide range of experiences.

Developmentally, adolescents and young adults are faced with the task of individuation and forming a stable sense of self. However, this process can be temporarily interrupted by substance use, as the user experiences altered states of consciousness, which fosters feelings of instability and identity diffusion. Substance use is further promoted in adolescence and young adulthood, as many emerging adults are not working full-time jobs and have the ability to use substances more frequently. If immersed in a culture where drugs and alcohol are used frequently, such as many college campuses, substance use will also be reinforced through association with other substance users. Substance use is often viewed as a normative behavior during young adulthood, and its use can be justified by believing that the behavior will dissipate into adulthood. Many young adults possess an optimistic and naïve outlook that there will be no negative consequences of their substance use and that everything will work out in their favor (Arnett, 2005).

There are also several mechanisms by which parents' drug use may influence children's drug use. Chassin, Pitts, and Prost (2002) identified parental alcoholism as an indicator of adolescent substance use through associated environmental stress, negative affect, and ineffective parental control and monitoring. Families in which drug use is modeled as normal behavior are more likely to encourage drug use in children through their tacit approval. Sibling studies have implicated both genetic and environmental components in the etiology of substance abuse disorders. However, it is often difficult to isolate genetic and environmental contributions to substance abuse since parents of substance abusers are responsible for not only their genetic composition but also much of their environmental conditions (Brook, Whiteman & Finch, 1993). In general, children of alcohol-dependent parents are considered by many to be a high-risk group. Parental psychopathology has been implicated as well, as many children of parents with

alcoholism, antisocial personality disorder, depression, and anxiety presented with heavy drinking behavior in a longitudinal study of drinking behavior from adolescence through emerging adulthood (Chassin, Pitts, & Prost, 2002). Numerous studies have supported links between adolescent substance abuse and “low family cohesion”, “enmeshment”, and a parenting style called “affectionless control” (e.g., Lee & Bell, 2003; Maunder & Hunter, 2001; McArdle, Wiegersma, Gilvarry, Kolte, McCarthy, Fitzgerald, et al., 2002). Further understanding of the psychological factors that are common amongst substance abusers will be imperative in developing prevention and treatment programs for substance abuse.

Attachment Style

During early childhood, infants are entirely dependent on their caregivers for fulfillment of their basic needs. The interpersonal dynamics between infant and caregiver help define this relationship, which is paramount for the child’s development. Research by John Bowlby was aimed at better understanding the child’s first relationship, or primary attachment, as he theorized that this primary attachment to caregiver served as a protective factor in early childhood development. He later expanded his theory of attachment in early infancy to include a model of attachment that exists throughout the lifespan, and has implications for an individual’s psychological health (Bowlby, 1969). In search of support for Bowlby’s theory of attachment, Ainsworth and colleagues examined the nature of the infant’s attachment to its caregiver in a paradigm called the Strange Situation (Ainsworth, Blehar, Waters, & Wall, 1978). Through observing a series of separations and reunions between infants and caregivers, three patterns of attachment were identified: secure, anxious-resistant, and avoidant. In later research conducted by Main and Solomon, a fourth attachment pattern emerged known as disorganized attachment (Main & Solomon, 1990). These patterns of interactions between caregiver and infant, known

as *attachment style*, refer to “patterns of expectations, needs, emotions, and social behavior that result from a particular history of attachment experiences” (Mikulincer & Shaver, 2007, p. 25).

Children with secure attachments are easily soothed as they often seek to use their caregiver as a secure base. They are able to let their wants and needs known through emotional expression, which facilitates a more timely and sensitive response from their caregiver (Honig, 1998). A secure attachment with caregiver has lasting implications for the child’s development. Securely attached infants typically develop into toddlers who are empathic and can adeptly read social cues, which allows them to comfortably approach peers for play and successfully negotiate conflict (Kestenbaum, Farber, & Sroufe, 1989). Children with anxious-resistant attachments seek caregiver comfort when upset but are not easily soothed. They often vacillate between seeking proximity and rejecting the feeble support that their caregiver offers (Honig, 1998). This form of attachment typically leads the child to become the target of bullying and other forms of victimization (Troy & Sroufe, 1987). In contrast to the secure and anxious-resistant child who seeks caregiver comfort when distressed, children with avoidant attachments do not approach their caregiver when distressed, and prefer not to outwardly display their distress. Unbeknownst to their caregivers, these children are in fact experiencing physiological arousal associated with distress, but they have incorporated feedback from their caregivers that is it unacceptable to express negative emotions (Spangler & Grossmann, 1993). As the avoidant child grows up, they tend to become more outwardly hostile than securely attached children (Troy & Sroufe, 1987). Disorganized children present as confused and odd, as they often lack a preferred strategy for coping with distress. They will display a variety of unsuccessful and seemingly arbitrary attempts at regulation, such as approaching a stranger instead of a caregiver, freezing, and

stereotyped behavior. Infants with disorganized attachments often grow up to be children who frequently aggress on their peers (Lyons-Ruth, Alpern, & Repacholi, 1993).

A secure attachment is clearly ideal for a child's development and future psychological health, and it has come to be known as the primary attachment strategy for children. Each of the relational patterns between infant and caregiver has lasting implications for the child's future relationships and interpersonal behavior. The attachment style becomes internalized and serves as a model for future social interactions. Bowlby referred to this as a person's internal working model, or a preconceived notion of what to expect and how to handle potential distress (Bowlby, 1977). Internal working models tend to remain static throughout a person's life and the same interpersonal patterns exhibited by the child tend to be seen in adulthood. When distressed, securely attached individuals seek and expect to be comforted by others. People with insecure attachments have learned other strategies of coping that tend to be less effective at ameliorating their distress.

The field of psychology has long acknowledged the effects of early object relations on an infant's immediate survival and long-term psychological health (Brook, Whiteman, & Finch, 1993). Attachment theory distinguishes different styles of attachment, each of which have particular implications for how an individual copes and regulates intense emotions (Shaver & Mikulincer, 2002).

It is important to understand the relationship between attachment style and substance abuse since they both relate to emotional regulation and coping strategies (Belksy, 2002; Newcomb, 1995; Weinberg, Rahdert, Colliver, & Glantz, 1998). Based on research findings that support the protective nature of a secure attachment, it would follow that individuals with a

secure attachment may be less likely to become substance abusers later in life (Honig, 1998; Kestenbaum, Farber, & Sroufe, 1989). Additionally, since individuals with avoidant attachment styles do not typically seek emotional comfort from others when distressed, they may be more inclined to seek comfort from drugs and alcohol (Spangler & Grossmann, 1993). Individuals with anxious-resistant attachments who are not easily soothed when upset are also likely to be susceptible to substance abuse, as drugs and alcohol may offer an alternative means of coping (Honig, 1998).

In a study of a clinical sample of 56 drug addicts, in which recently detoxified drug addicts rated themselves on the Hazan and Shaver self-report measure (HSSR) to determine attachment style, the majority of participants classified themselves as avoidant (61%), while only 27% as secure, and 12% as anxious/ambivalent (Finzi-Dottan, Cohen, Iwaniec, Sapir, & Weizman (2003). Cooper, Shaver, and Collins (1998) also used the HSSR to study attachment styles, different types of problem behavior, including substance use (assessed by self-report as 6-month prevalence), and emotion regulation in 1989 adolescents. Heavier use, which was seen as a significant problem behavior used mainly to cope with distress, was most highly associated with individuals with anxious and avoidant attachment styles. Interestingly, experimental substance use was highest amongst securely attached adolescents, as they were more successful at trying a substance, identifying it to be problematic in nature, and adeptly avoiding heavier use.

Defense Style

According to the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision, a defense mechanism is an “automatic psychological process that protects the individual against anxiety and from awareness of internal or external stressors or dangers” (American Psychiatric Association, 2000, p. 821). In an 1894 paper, Sigmund Freud proposed