Attachment Theory: Understanding and Applying Attachment Style in Addiction Counseling

Denise Kagan, PhD
Pavillon Psychologist
• Attachment Theory
• Mentalization and Attachment Studies
• Neurobiology of Attachment and Addiction
• How Attachment impacts Addiction
• Treatment Issues
Attachment Theory
Give me a dozen healthy infants, well-formed, and my own specified world to bring them up in and I’ll guarantee to take any one at random and to train him to become any type of specialist I might select – doctor, lawyer, artist, merchant chief, and, yes, even beggar-man and thief, regardless of his talents, penchants, tendencies, abilities, vocations, and race of his ancestors.

John Watson, 1930
Secure

**Child**
- Uses caregiver as secure base for exploration
- Protests caregiver’s departure
- Seeks proximity to caregiver
- Comforted by caregiver’s return
  can return to exploration

**Caregiver**
- Responds to child’s needs consistently, promptly and appropriately
<table>
<thead>
<tr>
<th>Ambivalent</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Child</strong></td>
<td><strong>Caregiver</strong></td>
</tr>
<tr>
<td>Unable to use caregiver as secure base</td>
<td>Inconsistent response to child’s needs (appropriate/neglectful)</td>
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<tr>
<td>Seeks proximity before separation</td>
<td>Increased responsiveness with increased agitation/demand</td>
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<tr>
<td>Slow to warm on caregiver’s return</td>
<td></td>
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<tr>
<td>Slow to return to exploration upon caregiver’s return</td>
<td></td>
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<tr>
<td>Seeks contact but angrily resists when provided</td>
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</table>
**Avoidant**

<table>
<thead>
<tr>
<th><strong>Child</strong></th>
<th><strong>Caregiver</strong></th>
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</thead>
<tbody>
<tr>
<td>Little emotional sharing in play</td>
<td>Little to no response to child’s distress</td>
</tr>
<tr>
<td>Little to no distress in caregiver’s departure</td>
<td>Discourages crying</td>
</tr>
<tr>
<td>Little to no response upon caretaker’s return</td>
<td>Encourages independence</td>
</tr>
<tr>
<td><strong>Fearful</strong></td>
<td></td>
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<tr>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>Child</strong></td>
<td></td>
</tr>
<tr>
<td>Freezing, rocking</td>
<td></td>
</tr>
<tr>
<td>Lack of coherent coping</td>
<td></td>
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<tr>
<td>Disorganized behaviors (e.g., approaches caregiver but with back turned)</td>
<td></td>
</tr>
<tr>
<td><strong>Caregiver</strong></td>
<td></td>
</tr>
<tr>
<td>Frightened/frightening behaviors</td>
<td></td>
</tr>
<tr>
<td>Oscillation between intrusive and withdrawn engagement</td>
<td></td>
</tr>
<tr>
<td>Parental role confusion (taking role of the child, asking child to take role of caregiver)</td>
<td></td>
</tr>
<tr>
<td>Emotional communication errors</td>
<td></td>
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</table>
Prevalence Rates in Children

<table>
<thead>
<tr>
<th>Type</th>
<th>Rate</th>
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</thead>
<tbody>
<tr>
<td>Secure</td>
<td>65%</td>
</tr>
<tr>
<td>Ambivalent</td>
<td>14%</td>
</tr>
<tr>
<td>Avoidant</td>
<td>21%</td>
</tr>
<tr>
<td>Fearful</td>
<td>&gt;1%</td>
</tr>
</tbody>
</table>
Adult Attachment Styles

Autonomous (Secure): positive view of self and partner; comfortable with intimacy and interdependence

• relationships serve as a protective factor from stress
Adult Attachment Styles

Preoccupied (Ambivalent): seek approval through responsiveness of partner; emotionally impulsive and expressive in relationships; ongoing preoccupation with past painful experiences with parents

- difficulty regulating emotions
- low frustration tolerance
**Adult Attachment Styles**

**Dismissing (Avoidant):** value independence; uncomfortable with emotional intimacy

- loneliness
- few social supports
- low levels of positive affect
Mentalization and Attachment
Mentalizing

• Makes the actions of ourselves and others understandable
• Occurs through narrative – feelings/behaviors get “clearer”
• Learned through social feedback, mirroring, and accurate empathy
Situational Trauma

“T” traumas

- Physical Abuse
- Sexual Abuse
- Emotional Abuse/Cruelty
- Significant Neglect
- Traumatic Loss
- Witnessing Violence
Experiential/Relational Trauma

“t” trauma
• Emotional Unavailability
• Interpersonal Neglect
First we are mentalized by others

Then we mentalize ourselves

Later, we can mentalize others

This helps us to contextualize our experiences, particularly “t” traumas

Strengthens our bonds with others
Repeated experiences of parents reducing uncomfortable emotions (fear, anxiety, sadness, anger), enabling the child to feel soothed and safe when upset, becomes encoded in implicit memory as expectations and then as mental models or schemata of attachment, which services to help the child feel an internal sense of a secure base in the world.

Dan Siegel, MD
Caregivers

Stressed parents have difficulty offering their children a specific quality - attunement - due to their own concerns and worries

- Parents can love but be misattuned
- They can be physically present but emotionally unavailable

It’s the child’s *perception* of being “gotten”

- We all strive to be understood
Adolescents

Adolescents who perceive a lack of emotional attunement rely on their peers for support

• Leaves them vulnerable to experiencing immaturity and insensitivity in their peers' responses

• Increases the experience of feeling distressed and alone
Research Findings
The strongest predictor of adolescent substance abuse was the strength of the attachment between the adolescent and his mother.

Brook, Gordon, Whiteman & Cohen (1986)
Cooper, Collins & Shaver (1998)

Individuals low in secure attachment were significantly more likely to report alcohol dependence and experience negative consequences from alcohol use.

Curtis & Reis
Substance abusers mandated to residential treatment were more likely to have insecure attachment styles

Shivpuri (2006)

Insecure attachment styles correlate to increased levels of anxiety, the use of cognitive avoidance to control anxiety, and increased levels of overall pathology

Wedekind, Bandelow, Heitman et al. (2013)
Those with insecure attachment styles were more likely to have parents who reported a history of abuse, adverse events (marital problems, substance abuse, domestic violence) and psychological problems

Wedekind, Bandelow, Heitman et al. (2013)
Early intervention education that promoted parental behaviors such as cuddling resulted in children being 33% less likely to have behavioral or intellectual problems later on, and 50% less likely to have been arrested by age 15.

Center on the Developing Child, Harvard University
Attachment, Addiction and the Brain
Dopamine Pathways

- Frontal cortex
- Striatum
- Substantia nigra

Functions
- Reward (motivation)
- Pleasure, euphoria
- Motor function (fine-tuning)
- Compulsion
- Perseveration

Serootonin Pathways

- VTA
- Nucleus accumbens
- Hippocampus
- Raphe nucleus

Functions
- Mood
- Memory processing
- Sleep
- Cognition

NIDA
Attachment and Addictions
<table>
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<tr>
<th>Low Distress</th>
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<tbody>
<tr>
<td><strong>Seek Contact</strong></td>
</tr>
<tr>
<td>Secure</td>
</tr>
<tr>
<td>weathering the storm together</td>
</tr>
<tr>
<td>Ambivalent</td>
</tr>
<tr>
<td>angry dependence</td>
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High Distress
Attachment Trauma happens when you feel alone and distressed

- Easily triggered
- Try to avoid reminders
- But how do you avoid your own emotions?
Original Attachment Trauma

Re-Experience
(relation/relational/emotional triggers)

Avoidance
(substance use, other self-destructive behaviors)
Original Attachment Trauma

Unbearable Emotional Event
(loss, ridicule, rejection)

Unbearable Emotional Response
(anger, shame, fear, loneliness)

Self-Destructive Behavior
(POTENT RELIEF)

Impact on Relationships
(anger, fear, powerlessness)
Impact on Relationships

Reminder of the Trauma (trigger)

Emotional Pain

Problematic Behavior

Relational Problems
Reminder of the Trauma (trigger)

Emotional Pain

Problematic Behavior

Relational Problems

Reminder of the Trauma (trigger)

Emotional Pain

Problematic Behavior

Relational Problems
Reminder of the Trauma (trigger)

Emotional Pain

Problematic Behavior

Relational Problems

Coping
Being able to process these traumas becomes essential to recovery and health, and to more fulfilling relationships.
Treatment Issues
Self-Regulation Skills

Includes:

• Breathing
• Meditation
• Prayer
• Exercise
• CBT Techniques
• Journaling
Relational Coping

Includes:
- Sober Network
- AA
- Sponsor
- Friends
- Pastor/Church
- Therapy
- Support Groups
Family Support

Includes:

• Communication Skills Building
• Al-Anon
• Support Groups
• Family/Couples Therapy
Denise Kagan, PhD

Pavillon Treatment Center
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