ATTACHMENT STYLES IN A SAMPLE FROM A CORRECTIONAL DRUG TREATMENT FACILITY

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Substance abuse and dependence causes many problems in our society. Attachment style may be useful in the etiology of this problem. Using archival data, this study hypothesizes men in a court-ordered facility will be more likely to have an insecure attachment style. The participants were 73 males ages 18-49. The Adult Attachment Scale (AAS) was used to measure adult romantic attachment style. Through cluster analysis and conversion of the subscales of the AAS, four attachment styles were measured. Men were more likely to have an insecure attachment style especially a Fearful style. The study concludes with limitations of the results and a discussion about possible interventions based on attachment style.
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CHAPTER I
SIGNIFICANCE AND NEED FOR STUDY

Substance abuse in our society is a problem of enormous proportions. The Centers for Disease Control has collected statistics on alcohol and drug use from 1991 to 2003, and they have linked alcohol and drug use to many detrimental outcomes in young adults (Grunbaum, Kann, Kinchen, Ross, Hawkins, Lowry et al., 2003; Mokdad, Marks, Stroup, & Gerberding, 2004; Naimi, Brewer, Mokdad, Denny, Serdula, & Marks, 2003; Substance Abuse and Mental Health Services Administration, 1999; U.S. Department of Transportation, 2004;). “Alcohol is the third leading preventable cause of death in the United States” according to the CDC (Mokhad, Marks, Stroup, & Gerberding, 2004). Alcohol and drug use contributes to “…41% of all deaths in motor vehicle crashes” (Mokhad et al., 2004). The CDC reports, “Long-term alcohol misuse is associated with liver disease, cancer, cardiovascular disease, and neurological damage as well as psychiatric problems such as depression, anxiety, and antisocial personality disorder” (Grunbaum et al., 2003). Another problem associated with substance use is crime and criminal behavior. Illicit drug possession and/or use is not only a criminal act, many crimes are committed either by someone under the influence of drugs or trying to obtain more drugs. Drug use contributes directly and indirectly to the HIV epidemic, and alcohol and drug use contribute markedly to infant morbidity and mortality (Grunbaum et al., 2003). The study of drug use in adults is necessary and important in order to solve these medical and social problems.

Due to the myriad of problems substance use creates, it is important to learn more about the etiology of these problems. Determining the attachment styles of
substance abusing clients becomes an important endeavor. Attachment theory provides a foundation to study the styles or bonds of substance users to help better understand the etiology of their problems. In the present study, the men who committed a crime relating to substance abuse and were considered by the court to have a substance abuse problem have been sent to a court residential treatment center (CRTC). The purpose of this study was to determine correlations between attachment styles and drug use in a sample of adult males in the CRTC. For this study, attachment style is the independent variable. Substance abuse or dependency is the dependent variable.

Deliminations and Limitations of the Study

This study was limited to archival data from male residents of a residential treatment center in the Southwestern US. Given the criminal and clinical nature of the population, the findings may not be generalizable to females or other alcohol or drug abusers.

Definitions of Terms

1. Substance abuse is defined as the misuse of a chemical or substance or using a chemical or substance in a way that it was not intended for. The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV)* states:

   The criteria for diagnosis are:

   [A] maladaptive pattern of substance use leading to clinically significant impairment or distress… [and], continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights). (2000, 182-183).
2. Substance dependence is use of a chemical or substance to the point where either physical or psychological dependence has developed (DSM IV, 2000).

3. A Secure attachment style in this study is operationalized by its scores on the Adult Attachment Scale (AAS) developed by Collins and Read (1990). Persons with a secure attachment show high scores on the Close and Depend subscales but low scores on the Anxiety dimension. Persons with a secure attachment find it easy to be close to someone, to depend on someone, and feel little anxiety about the relationship.

4. Persons with a preoccupied attachment are high on all three subscales. Persons with a preoccupied attachment style feel highly close, highly dependent and highly anxious about the relationship. They may appear to be clingy or enmeshed in a relationship.

5. Persons with an avoidant attachment are low on all three subscales. Persons with an avoidant attachment feel little closeness, less dependence, and little anxiety. They may appear to be distant in a relationship.

6. A new scale used in this study was pulled from the original Collins and Read (1990) measure to produce a fourth style, the fearful attachment. Persons with a fearful attachment are high on anxiety and low on approach. These persons will feel anxious, but appear distant in the relationship.

7. Nonviolent offenders are the participants in this study. They have been sentenced to the court residential treatment center for charges such as DUI and DWI, not violent crimes such as rape or murder.
Implications of Project

By studying the relationship of attachment with substance dependence and abuse, possible direction can be given for interventions through the important relationships in individual lives. Current interventions are aimed at treating substance abuse or dependence alone. If it can be shown that certain attachment styles are more likely to lead to substance abuse or dependency, then attachments may provide an additional area to focus interventions on, thus providing a joint effort at dissolving the problem. The prevention of substance problems and criminal behavior may be facilitated through increased knowledge related to attachment as a factor. There are many areas where interventions in a person’s behavior can take place; therefore, it would logically follow that if these styles of attachment are able to be changed, then in future studies it may be a fruitful venture to study interventions based on attachment style.
Attachment theory (Bowlby, 1969) has become a useful framework for studying a variety of areas in human behavior. In the 1940s, John Bowlby began presenting some of his major tenets that developed into attachment theory. He trained as a child psychiatrist and became very interested in the adjustment of children in situations of separation as in hospitalization or loss of parents. Attachment theory postulates an inherent and necessary biological need for children to form an attachment to a caregiver as a means of survival.

Bowlby’s (1969) ideas about attachment focused on a mother’s response to her baby’s crying, babbling, and smiling. In his view, the baby’s signals create a natural desire in the mother to respond to some need of the child. These signaling cues are designed to keep the child in close proximity to the mother to foster the bond of attachment, thereby, increasing the infant’s chances of survival and healthy development. Bowlby proposed that without these bonds, children would likely become maladjusted and may possibly not thrive in adulthood. His work brought focus to the necessity of stable parental behavior and the needs of children to have stable, sensitive caregivers (Bretherton, 1995).

As Bowlby started to develop his theory of attachment more formally, Mary Ainsworth became involved in Bowlby’s research. Her observations of infants and toddlers in England, Uganda, and Baltimore led to the development of the Strange Situation, a standardized means of measuring infant attachment (Ainsworth, Blehar,
Waters, & Wall, 1978). Her research involved the classification of mother-Infant attachments. Ainsworth was able to demonstrate at least three definite types of attachment; a) secure, b) anxious-ambivalent, and c) anxious-avoidant. Later, she identified a 4th type, disorganized/disoriented attachment.

Bowlby later further refined his theory with the help of Ainsworth’s studies to include the concept of a goal-corrected partnership between the mother and infant. This idea would eventually become the internal working model (IWM) of current attachment theory. The IWM is the internal representation of an attachment relationship. The theory suggests that the IWM will form the basic structure for all future relationships including peer, romantic, and parent-child. The IWM is the framework that develops in childhood providing a view of the world, based on those early attachments. It is a working model, so, future interactions will add to and refine the Internal Working Model. Although Attachment Theory has grown since its original inception, these are the basic tenets that are reflected in the theory as it is studied currently (Grossman, 1995).

**Effects**

Effects of insecure attachment include child depression and early delinquency (Bowlby, 1944). Later, there are poor marriages and weak friendships, and links to crime. Adult criminal offenders show problems with attachment when compared to community samples. In a sample of violent criminal offenders, researchers used the Adult Attachment Interview (George, Kaplan, & Main, 1985) to determine the prisoners’ early attachment patterns. Controlling for psychiatric disorders, they found that these offenders were more likely to be dismissive in their attachment patterns when compared to other personality disordered patients without an offending history, and normal
individuals (Levinson & Fonagy, 2004). Violent male criminal offenders with a mental disturbance evidence more insecure attachments as well as personality disorders than non-clinical populations (IJzendoorn, Feldbrugge, Derks, Ruiter, Verhagen, Philipse, Staak, & Riksen-Walraven, 1997).

**Stability of Attachment**

It is important in any study to contemplate the stability of attachment so that situations that may change attachment are clearly documented. One study states that attachment style remains stable over a two year time in approximately 70% of the population (Davila, Burge, & Hammen, 1997). Changes in attachment style occur for several reasons including but not limited to the development of a new relationship, loss of an attachment object in childhood, or changes within the individual due to, for example, stress. So without intervening relationships or situations, people will react to others in the same way repeatedly.

**Social Control Theory**

Social control theory (Hirschi, 2002) is often used when studying substance use. In this theory, one of the factors believed to lead to substance abuse and criminality is a weak attachment to others and social institutions. Using data from a longitudinal study by Glueck and Glueck (1950, 1968), Sampson and Laub (1990) utilize what they refer to as *informal social control theory*. They found that a poor marital bond and job instability are the indicators most predictive of adult deviance. Another study using social control theory found that higher attachment to parents resulted in less criminal activity while higher attachment to peers was positively related to criminal behavior (Alarid, Burton, & Cullen, 2000).
Current research on substance abuse suggests that social bonds are weaker in criminals (Sampson & Laub, 1990). Social control theory (Hirschi, 2002) postulates that weak social bonds are one of the important variables in the etiology of crime. Shorey (2001) states:

Recent conceptualizations of juvenile delinquency, based on problem behavior and social control theories, and other etiological factors, postulate that problem behavior in youth has various contributing factors including familial, sociocultural, socioeconomic and individual personality characteristics. An analysis of various causal factors however, reveals that they may contribute to delinquency via a common mechanism: interfering with the attachment process between a child and other individuals and social institutions in his/her environment (p 1598).

Attachment theory offers an explanation of the factors influencing an individual to commit crimes as well as use substances at an early age. Early delinquency and early substance abuse are likely to lead to adult delinquency and serious substance abuse. Both attachment theory and social control theory consider attachment important and emphasize the value of attachment in predicting substance use and other problematic behaviors. This course of substance use creates a multitude of societal and individual problems as discussed previously.

Attachment and Substance Abuse

One of the tenets of attachment theory is that the attachment formed in childhood creates the basis for how the individual will interact with others into adulthood (Bretherton, 1992). Insecure attachments are believed to create a vulnerability to the development of many types of problems (Burge et al., 1997). There is evidence against
the connection between attachment and delinquent behaviors. Children with a secure attachment are less likely than those with an avoidant attachment to have parents and teachers report behavior problems (Fagot & Kavanagh, 1990). Using the externalizing scale on the Child Behavior Checklist (Achenbach, 1985) and the aggression subscale scores, they found no differences in reported problem behaviors (Fagot & Kavanagh, 1990).

Adolescents

Disruptions in the development of attachments are thought to lead to many types of problems including substance abuse. Adolescence is a time where an individual tends to rely more on friendships or peers. If early attachment experiences were negative and have left that individual with a deficit in making and maintaining relationships, it seems logical that this would create a fertile ground for the development of many types of problems. One problem of interest here is in juvenile delinquency, including substance use. Shorey (2001) argues that, out of various causal factors, it is the unhealthy attachment to parents, peers, and social institutions that may contribute to juvenile delinquency. Weaker parental attachments allow for the formation of bonds with delinquent peers resulting in increased criminal behavior (Verhegge, 2001). As discussed previously, attachment theory posits that, without an intervening relationship or situation, the attachment pattern formed in infancy and childhood will influence relationships in adulthood. Some investigators found that, among several variables such as mother and adolescent personality traits, one of the strongest predictors of adolescent substance abuse was the strength of the attachment between the adolescent and the mother (Brook, Gordon, Whiteman, & Cohen, 1986). Adolescent
substance abuse may be related to a specific type of attachment style. Researchers state that attachment styles can predict adjustment, and that insecure attachments create deficits in emotional regulation (Cooper, Collins, & Shaver, 1998). Anxious-ambivalent adolescents were the most likely to engage in substance abuse compared to avoidant or secure adolescents. Overall, Cooper, Collins, and Shaver “… found that anxious-ambivalent adolescents were especially prone to risk or problem behavior” (1998, p. 1392) even though the level of symptomatology between the groups of anxious-ambivalent and anxious-avoidant adolescents was the same. In a group of psychiatrically hospitalized adolescents, those who had a dismissive attachment style, and who, at an 11-year follow-up, had not resolved previous trauma, were more likely to have developed criminal behaviors (Allen, Borman-Spurrell, & Hauser, 1996). Those in the group who held derogatory feelings about their attachment to parents and also idealization of their parents were more likely to be drug users (Allen, Borman-Spurrell, & Hauser, 1996). It seems that an insecure attachment style especially an anxious-avoidant one in adolescence can lead to substance abuse in adulthood.

**Adults**

In adults, the correlation of attachment style to substance abuse may be more complex. When studying attachment styles, it may be important to differentiate whether the measure being used is based on an adult's memories of attachment experiences (developmental psychology tradition of Ainsworth) or on the person’s current romantic attachment pattern (social psychology tradition). In a study of adult children of alcoholics (ACOA) and participants in substance abuse treatment programs, the Reciprocal Attachment Questionnaire (social psychology tradition) found no difference between the
ACOA group, current substance abusers, or the control group of participants (El-Guebaly, West, Maticka-Tyndale, & Pool, 1993). Only female ACOA’s showed disturbed attachment patterns.

Most professionals have found that an insecure attachment is seen more frequently in both male and female substance abusers than in a normal population. Utilizing measures of the couples’ current romantic attachments, avoidant attachment styles characterized the marital relationship in both the drug-using husband and the wife in a sample taken in Israel (Finzi-Dottan, Cohen, Iwaniec, Sapir, & Weizman, 2003). Based on the participants’ romantic attachments, there were more problems in attachment styles (for example, a dismissing style) in the substance abusing group than in normal controls (Sicher, 1998). Using the Adult Attachment Interview, a measure that uses the adult’s recollections of attachment experiences as a child to determine current attachment style, individuals out of a group of adoptees with an insecure attachment style had a higher incidence of lifetime substance abuse (Caspers, Cadoret, Langbehn, Yucuis, & Troutman, 2005). This does not mean that having an insecure attachment style will definitely lead to substance abuse; however, it does seem to create a susceptibility where, apparently, other factors come into play and lead the individual to turn to substance abuse.

One of the consequences of a difficulty in the attachment process seems to result in an inability to regulate emotions (Cooper, Collins, & Shaver, 1998). In a study previously discussed, the researchers also assert that insecure attachment styles are associated with ineffective emotional regulation leading to problem behaviors in adults. In their study, they found that a person’s perception of social support mediates the
relationship between attachment style and substance abuse in insecure-preoccupied individuals (Caspers et al., 2005). Other researchers found coping motivations mediate the relationship between attachment and alcohol consequences. This finding also contributes to the theoretical tenet that one function of attachment is to regulate emotions (McNally, Palfai, Levine, & Moore, 2003). An insecure attachment style may cause feelings of loneliness, and in reaction, the person uses substances to alleviate these uncomfortable emotions. Using social control and social learning theories, researchers concluded that drug use in adult boot camp inmates was influenced by feelings of alienation (Toombs, Benda, & Tilman, 1999). Measuring psychological adjustment and its correlation to attachment style, researchers used the Inventory of Parent and Peer Attachment (IPPA) and found that a lack of closeness to peers predicted substance abuse. They summarize most research on attachment styles and problem behavior such as substance abuse with the statement, “Overall, the findings in this study are consistent with predictions based on attachment theory that insecure attachment cognitions would predict future symptomatology” (Burge et al., 1997, p. 165).

Research can be the basis for developing prevention and intervention programs. For example, the rapport or bond developed between a client and therapist is considered by many professionals to be the vehicle where change occurs. Therefore, treatments based on attachment theory might focus on changing a person’s attachment style. One suggestion made in a study is to teach adolescents how to reintegrate into society by learning how to develop healthy attachments (Shorey, 2001). In a study by Markus (2003), 206 recovering addicts were sampled using the Attachment History
Questionnaire to determine childhood attachment and the Revised Adult Attachment History Scale to determine current attachment style. In this sample, there were more adults with an insecure attachment than would be found in a normal population regardless of the person’s family history. The more hopeful finding in this study, however, was that recovering addicts who stated that they had ten or more years of abstinence did have more changes in attachment style from insecure to secure than those who reported less than ten years of recovery (Markus, 2003). Recovering addicts often attend 12-Step groups in order to maintain sobriety. Perhaps the social support of these groups eventually allows recovering addicts to rely on others and themselves in a healthier relationship. More research to determine the factors that are most likely to lead a person to form a secure attachment with others seems to be an important and relevant course of action.

Purpose

The purpose of this study was to examine the adult romantic attachment styles of non-violent criminal offenders with substance abuse and/or dependence problems in a court-ordered drug treatment program. Criminal behavior is also often linked to substance abuse. It is considered a crime to possess some substances, and addicts may commit crimes such as theft in order to support their habits. Public intoxication and driving under the influence of alcohol or drugs are offenses that may reach felony level. Domestic violence, assault and murder are all linked to substance use.

Recovery from alcoholism and/or addiction is often difficult for a person. Also, relapse rates are often high (National Institute on Drug Abuse, 2004). If there is a correlation between attachment style and substance use, it would be important for
research to determine the nature of these relationships so that clinical applications can be developed and validated. Attachment interventions may help substance abusers.

Determining the attachment styles of men with substance abuse and/or substance dependency problems is important because of the many interpersonal and social problems associated with substance abuse. Substance abuse and dependency are detrimental to our society as well as to the person affected. There are several problems associated with substance use. It causes many medical problems and costs for our government. Many people die as a result of either using substances or by being killed by those under the influence of substances. Many types of crime are also a result of the substance abuse and/or dependency. It should be a goal in our field to develop interventions that may help alleviate some of these problems.

In determining attachment styles of substance users, it is the hope of this study to add to the body of knowledge in this field. The current literature provides support for the idea that preoccupied and avoidant attachment dimensions described by Collins and Read (1990) are correlated to substance abuse and substance dependency. This study attempts to add support to the same conclusion. This paper proposes the subjects at the court residential treatment facility will be more likely to have preoccupied and avoidant attachment styles than the control group.
CHAPTER III

METHODS

Participants

This study used archival data from a research project at a Southwestern US university. Participants for this study were 73 males recruited from a Regional Court Residential Treatment Center (CRTC) housing approximately 40 residents at a time. The CRTC is located in a small town in a Southwestern state. The resident’s ages range from 18 to 49. There were only three ethnic groups in this sample. These groups consisted of 36 Anglo-Americans, 33 Hispanics, and 4 Black participants. Of the 73 men at the CRTC, 27 were never married, 26 were married, 13 were divorced, 1 was widowed, 2 were separated, and 4 had missing answers. Residents are non-violent offenders convicted of alcohol or drug-related charges, and the facility is a treatment center meant as an alternative to a prison sentence.

Measures

Adult Attachment Scale (AAS)

The Adult Attachment Scale is an 18-item self-report instrument designed to measure underlying attachment dimensions (Collins & Read, 1990). Instrument items were based on Hazan and Shaver’s (1987) adult attachment styles. The instrument is a Likert-type scale ranging from (1) not at all characteristic to (5) very characteristic. This measurement produces three attachment dimensions: closeness, dependency, and anxiety. Collins and Read (1990) report Cronbach’s alphas of .75, .72, and .69, respectively (n = 390). The three attachment dimensions correspond to theoretical
descriptions of secure, preoccupied, and avoidant attachment styles (Collins & Read, 1990).

Procedure

The AAS and several other measures were administered approximately 6 weeks after each participant’s entry into the CRTC. These measures were read aloud to residents as a group in order to help residents who might have had trouble reading since many of these men had less than a high school education.

Informed consent was obtained on a voluntary basis from the residents in order for researchers to have access to data. Forms were marked only after data collection and by the principal investigator so research assistants had no way of knowing whose information they entered into the database was, thereby, ensuring anonymity and confidentiality. Approval from the Institutional Review Board for the initial and present study was obtained at Texas Tech University, and the present study was also approved by the Institutional Review Board at the University of North Texas.

Analysis

The analysis of this sample utilized the three attachment dimensions described by Collins and Read (1990). These are referred to as secure, preoccupied, and avoidant attachment styles. Using the Adult Attachment Scale (AAS), a cluster analysis based on means for close, depend, and anxious (Collins and Read, 1990) was used for the analysis. The k-means cluster analysis procedure (SPSS Quick Cluster, Andersberg, 1973; Romesburg, 1984) was first used to classify participants into one of the three attachment dimensions listed above. The cluster centroids were fixed at the published means of each attachment style according to Collins and Read (1990, p.649). The
Collins and Read (1990) sample consisted of 406 undergraduates at the University of Southern California.

Bartholomew (1990; Bartholomew & Horowitz, 1991) and Brennan, Clark, and Shaver (1998) support the concept of a 4-way classification of adult romantic attachment styles. To obtain a 4-way classification, the z-scores for Close and Depend were inverted to create an Avoidance Scale (the opposite of approach). By doing this, a new scale can be made labeled fearful. Fearful is defined as high in anxiety and low on approach. The means and standard deviations from Collins and Read (1990) were used to compute a z-score for each scale. It was assumed that the centroid centers are fixed at -1 or +1 standard deviation. A second cluster analysis was then run to categorize participants into one of the 4-way classification quadrants.
CHAPTER IV

RESULTS

This paper attempts to add to the knowledge of attachment theory employing archival data in order to study attachment styles in relation to substance use. Prior research shows those with substance abuse problems are more likely to have an insecure attachment style (Caspers et al., 2005). Although this paper focuses on adult attachments, it is important to examine the attachment style from early adolescence through adulthood since; as discussed previously; attachment styles may be relatively stable over time. Most of the current research does infer that there is a correlation between having an insecure attachment style and a substance abuse problem, as well as other problems mentioned in the literature review. The hypothesis of this study is that the men in the treatment center are more likely to have an insecure (either avoidant, anxious or fearful) attachment style than those in the comparison group (utilizing Collins and Read’s 1990 data for the comparison group).

Cluster Analysis

As described previously in the analysis, two Quick clusters (Andersberg, 1973; Romesburg, 1984) were calculated. The first categorized the participants into one of the 3 attachment styles discussed by Collins and Read (1990). Because there are no published norms for different populations for the AAS, the cluster centroids were fixed at the published means given by Collins and Read (1990, p. 649). Using the means and standard deviations from Collins and Read (1990), a z-score was established for each scale. The Collins and Read (1990) scales of Depend and Close were normalized,
summed, and averaged to create the *approach* scale. Anxiety was used to create the *anxiety* scale. Assuming the centroid centers to be fixed at + or – 1 standard deviation, each participant was then categorized into one of the 4 resulting clusters.

Cluster 1 (*n*=11) was defined as participants who scored low in anxiety and high in approach. This cluster is the secure group. The second cluster (*n*=15) scored high in anxiety and high on approach. This cluster is the preoccupied group. The third cluster (*n*= 12) scored low on anxiety and low on approach. This cluster is the avoidant or dismissing group. The fourth cluster (*n*=33) scored high in anxiety and low in approach. This is the fearful group. The results from the cluster study show 11 men or 15.5% in the secure category, 15 or 21.1% in the preoccupied category, 12 or 16.9% in the avoidant category, and 33 or 46.5% men in the fearful category. Significance was tested using chi-square with *df*=2 and *p*<=.005. This result supports the hypothesis that more men will be classified as insecure in the substance abuse group.

Comparatively, Collins and Read (1990) found 53 of their sample to be secure, 43 were anxious and 17 were avoidant. Zegers, Schuengel, IJzendoorn and Janssens (in press) established non-clinical norms (*n*=225) with 107 or 48% secure, 27 or 12% in the preoccupied category, 47 or 21% in the avoidant or dismissing category, and 44 or 19% could not be classified or unresolved/disorganized. It is important to note, however, Zegers et al. (in press) population is on adolescents. It is argued here, however, that this result is appropriate with which to compare because attachment is stable over time. More discussion of this comparison will be included in the next chapter.
Description

Once each participants z-score is plotted on a graph using + or – 1 standard deviation above and below 0, it is observed that the scores fall within -2.5 and 2.5 standard deviations on the Anxiety level, and -2.0 to 1.5. on the approach level. The majority of the scores appear to be into or closer to the fearful category (see figure 1).

Figure 1. The plotted scores of each respondent as they fall into each of the four quadrants.

This figure appears to describe how close secures are to falling into one of the insecure groups, that is to say the secure group may not have been as high in approach as
would be expected of a firm secure group member. However, this is based purely on reading Figure 1; therefore, caution should be taken in this interpretation.

Summary

The Adult Attachment Scale, an 18-item self-report instrument designed to measure underlying attachment dimensions (Collins & Read, 1990), was administered to 73 adult substance abusing men in a residential treatment center. Cluster analysis classified participants into attachment style categories. The hypothesis that substance abusers are more likely to have an insecure attachment style was supported by the findings in this paper. The men in the substance abuse CRTC are more likely to have an insecure attachment style. Furthermore, that style may be more likely to be a fearful one.
CHAPTER V
DISCUSSION

Substance use is a major cause of many problems in our society. Attempting to discover the underlying reasons for the development of these problems is a pertinent route of investigation. The current literature states that an insecure attachment style is associated with substance abuse problems in both adolescence and adulthood. This study tried to determine if adult males at a regional court residential treatment center are more likely to have an insecure attachment style than a normal population. This study found that males with substance abuse and or dependency problems are more likely to have an avoidant, anxious or fearful attachment style, and they are more likely to fall into the fearful category of insecure attachment styles.

Suggested Therapeutic Interventions

As stated previously, attachments seem to be relatively stable over time; however, this is under the assumption of no intervention, especially not an intervention specifically aimed at altering a person’s attachment style. Many therapeutic theories and/or techniques state that it is the bond between client and therapist that allows for progress. This rapport may be the effective route to treat substance abusers. It may also be the therapist-client relationship or sponsor-addict relationship that can become a means of changing the attachment style of the user.

Some research has already been done using attachment styles as the focus of change (Lawson, Barnes, Madson, & Francios-Lamonte, 2006; Travis, Bliwise, Binder, & Horne-Moyer, 2001). Outpatient psychotherapy was the vehicle of change for both
studies. Other approaches could incorporate not only psychotherapy but adjunctive therapies such as animal assisted therapy, art therapy, and experiential therapy.

Animal assisted therapy (AAT) is one adjunctive therapeutic tool suggested here to support an individual to make healthy attachments. The Delta Society is one of the most recognized organizations that certifies and maintains a set of standards for AAT. The Delta Society states:

AAT is a goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process. AAT is directed and/or delivered by a health/human service professional with specialized expertise, and within the scope of practice of his/her profession…AAT is designed to promote improvement in human physical, social, emotional, and/or cognitive functioning [cognitive functioning refers to thinking and intellectual skills]. AAT is provided in a variety of settings and may be group or individual in nature. This process is documented and evaluated. (Standards of Practice for Animal-Assisted Activities and Therapy) (http://www.deltasociety.org/AnimalsAAAAbout.htm).

It may be an initial stepping stone to being able to build better attachments when an individual is allowed to bond with an animal initially. Animals provide a safe attachment source and it is through this safety that it is suggested here may be useful in altering an unhealthy attachment style.

Art therapy has been suggested here as another adjunctive therapy that could be useful in altering a person’s attachment style. An art therapist helps group members to express their feelings through some art media. If an art therapist can reach people in a group setting, sharing feelings may be the beginning of a trusting relationship. This
A trusting relationship could perceivably be the beginning of being able to form a secure attachment. Though this therapy is often used with children and adolescents, adults may benefit if they are actually able to safely express their emotions in a group setting.

Trust in a group setting is the objective of another adjunctive therapy tool such as ROPES courses, and other experiential exercises. These experiential exercises are “defined as a collection or series of events or obstacles…; and/or activities that provide participants with unique problem solving opportunities for self-discovery, physical challenge, risk-taking, and group support (Attarian, 2005).” There is little to no research on the effect this type of therapy has on individual’s attachments. It is suggested here that this might be an effective approach with males since our society has made it somewhat difficult for males to be expressive. It is the hopes here that this type of trust building exercise is essential to any prevention or intervention based on attachments.

Trust is one of the first steps to forming a bond. It seems reasonable then to expect that an intervention based on building trust within a group would also increase the ability to form a bond with another. Future research will hopefully continue to explore the possibilities this particular therapy may hold.

**Limitations**

There are several factors that influenced this study and may have impaired the findings of this paper. The first is in regards to the generalizability of the study. Because this was a relatively small number of non-violent offenders who were all male, it limits the findings to males with substance use problems.

The men in this study evidenced insecure attachment styles in higher proportions than more populations. A high proportion of these men evidenced a fearful attachment.
They were court-ordered to a drug treatment facility because of their substance abuse problems. Substance use and abuse cause many detriments to the individual, their families, and society as a whole. This study attempted to increase and support similar findings about adult male substance abusers. After supporting the hypothesis that substance abusers are more likely to have an insecure attachment style, some interventions were suggested. Hopefully some of these ideas can be further studied so that more effective interventions can be made to help an individual move from an insecure attachment to a secure one.

As discussed earlier in this study, the relapse rate of substance users tends to be high (National Institute on Drug Abuse, 2004). Since there is support for the hypothesis that substance users will have a higher incidence of insecure adult romantic attachment styles, perhaps interventions on those attachment styles can augment treatment. This study does not profess that treatment for substance abusers is not significant, only that; in addition to treatment, adult romantic attachment styles may provide an element to treatment that may increase the probability of long-term substance use abstinence. This approach may also benefit the people whose lives are affected by the user. Better interventions need to be researched to benefit the larger society.
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