

**Attachment - The Ties the Bind Us:  
Using Adult Attachment Patterns to  
Inform the Treatment Process**

Kentucky School of Alcohol & Other Drug Studies  
July 27, 2017  
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**Learning Objectives**

- Explore and discuss core components of attachment theory and the four patterns of attachment
- Identify adult attachment patterns and behavioral features of these patterns
- Evaluate the implications of attachment as a factor influencing vulnerability for the development of substance use disorders
- Consider the implications of and apply attachment theory tenets to treatment planning, the development of therapeutic alliance and capacity for client engagement in the treatment process

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**What is Attachment?**

“Attachment behavior is any form of behavior that results in a person attaining or maintaining proximity to some other preferred or differentiated individual . . . . While especially evident during early childhood, attachment behavior is held to characterize human beings from the cradle to the grave.”

John Bowlby, 1979

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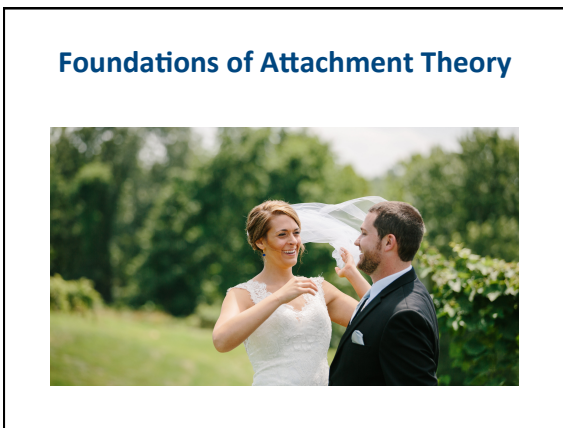
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### Attachment

- Fundamental need that has a biological basis – universal phenomenon in humans
- Goal of infant's attachment behavior is to maintain proximity to a preferred person, to maintain a sense of security
- Protective – babies need the care of adults to survive
- Quality of these relationships form the foundation for future growth and development across all domains

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### Attachment

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### Key Attachment Researchers

- John Bowlby – “Father” of attachment theory, by late 1950’s his work indicated importance of attachment from birth for healthy emotional development
- Mary Ainsworth – Protégé of John Bowlby, developed the Strange Situation protocol facilitating the identification of 3 (and subsequently 4) patterns of attachment

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### Strange Situation

- Designed by Mary Ainsworth to “test” attachment
- Conducted between 9 – 15 months
- Designed for use in research settings
- Key factor to observe is infant’s response upon parent’s return

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### Functions of Attachment



- Sense of **security**
- **Regulation** of affect and arousal
- **Expression** of feelings and communication
- A secure base for **exploration**
- A **survival based** strategy

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### Patterns of Attachment



- Secure
- Insecure – Avoidant
- Insecure – Ambivalent/ Resistant
- Insecure - Disorganized

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### Secure Attachment

**Functions:**

- Sense of **security**
- **Regulation** of affect and arousal
- **Expression** of feelings and communication
- A base for **exploration**

**Looks like:**

- Responsive, emotionally available mothers
- Mothers accept full range of feelings and help with difficult feelings
- Infants express feelings openly
- Flexibility of emotions, responses, expression
- Infants explore actively

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### In Secure Attachment

- Children with secure attachment:
  - Seek less frequent physical contact or reassurance from teachers in everyday situations
  - Respond more often with positive emotion to peers
  - Carry forward these patterns into middle childhood and adolescence
  - Have fewer emotional problems

Source: The development of the person: the Minnesota study of risk and adaptation from birth to adulthood by L Alan Sroufe et al

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### Insecure: Avoidant Attachment

**Functions:**

- Sense of security
- Regulation of affect and arousal
- Expression of feelings and communication
- A base for exploration

**Looks Like:**

- Mothers often ignore or reject infant's needs
- Did not appear distressed when mother left, ignored her when she returned
- Did not display strong emotions
- Are self-reliant and rigid in their exploration
- In preschool less likely to ask for help from teacher, more aggressive, poorer peer relationships

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### In Avoidant Attachment

- **Parent –**
  - Rejecting of or unresponsive to child’s emotional needs
- **Child’s Adaptation –**
  - Internally minimizes emotional needs and distress to remain closer to parent
  - Appears to not “need” parent
  - Becomes self reliant – I don’t need anybody – I can only count on me, I am not worthy of care

Source: The development of the person: the Minnesota study of risk and adaptation from birth to adulthood by L Alan Sroufe et al

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### Avoidant Attachment

- Children with avoidant attachment patterns:
  - Are disconnected from other children
  - Emotionally over-controlled and/or aggressive
  - Do not tend to seek out teachers when disappointed or distressed
  - Are at greater risk for conduct disturbances

Source: The development of the person: the Minnesota study of risk and adaptation from birth to adulthood by L Alan Sroufe et al

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### Insecure: Ambivalent/Resistant Attachment

**Functions:**

- Sense of **security**
- **Regulation** of affect and arousal
- **Expression** of feelings and communication
- A base for **exploration**

**Looks Like:**

- Mothers tended to be inconsistently responsive
- Strong need, but not confident in availability
- Anxious pre-separation
- Distressed and angry, but resist soothing from mother
- Preoccupied with proximity at expense of exploration
- At school-age are socially withdrawn and have poor peer interaction skills

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### In Ambivalent/Resistant Attachment

- **Parent –**
  - Care is inconsistent & unpredictable
- **Child's Adaptation –**
  - Tries to regulate by being hyper vigilant regarding parent's proximity, exaggerated emotional expression – child goes to great lengths to keep parent close
  - Does not feel effective in relationships, does not have experience regulating distress

Source: The development of the person: the Minnesota study of risk and adaptation from birth to adulthood by L Alan Sroufe et al

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### Ambivalent/Resistant Attachment

- Children with ambivalent/resistant attachment patterns:
  - Persistently hover near teachers
  - Are easily frustrated
  - Fall apart in the face of stress
  - Have difficulty maintaining peer relationships
  - Are at an increased risk for anxiety and behavioral disorders

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### In Disorganized Attachment

- **Caregiver –**
  - Source of both comfort and fear
- **Child –**
  - Unable to develop any effective strategy to maintain proximity and emotional regulation
  - Fright without solution – wants to be close to and run from parent at the same time
  - Experience relationships as threatening

Source: The development of the person: the Minnesota study of risk and adaptation from birth to adulthood by L Alan Sroufe et al

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### Disorganized Attachment

- Possible outcomes include:
  - Problems with affect regulation
  - Dissociation
  - Lack of impulse control
  - Controlling stance in peer and caregiving relationships
  - Higher risk for psychopathology particularly oppositional defiant disorder, aggression, personality disorder

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### PSYCHALIVE

Features

Dr. Dan Siegel

Disorganized Attachment and Violence

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### Attachment is . . . .

- A distinct system organized by mutual influence and regulation
- Characterized by interconnectedness between attachment behavior, caregiving in adult, and exploration in child
- Activated by fear, sickness and fatigue

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### Distribution Across Attachment Patterns

Population	Secure	Avoidant	Ambivalent	Disorganized
General	62%	15%	9%	15%
High-risk	33%	25%	12%	30%

vanIjzendoorn, M, Schuengel, C. et al (1999) Disorganized Attachment in Early Childhood: Meta-analysis of precursors, concomitants, and sequelae. *Development and Psychopathology*, 11(2) 225-249

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### Essential Components for Healthy Development & Secure Attachment

- Attunement
- Regulation/Co-Regulation
- Maternal Reflective Functioning
- Attachment



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### The Concept of Attunement



- Being aware of and responsive to another
- Influences the development of our abilities in terms of non-verbal communication
- Closely related to maternal sensitivity or mother's ability to perceive and accurately interpret infant's signals and then respond appropriately

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### Role of Regulation

- Transition from caregiver to self-regulation primary task of early years
- Capacity for self-regulation at school age (and beyond) is highly influenced by the relationship with the primary caregiver
- Many behavior challenges faced by children, and subsequently adults, are rooted in a diminished capacity for self-regulation
- Infants require sensitive, responsive caregivers to be well-regulated

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### Maternal Reflective Functioning

- Psychological process behind our ability to understand ourselves and others in terms of affective states
- Ability to understand the “why” behind behavior in relationship to feelings, beliefs, intentions and desires
- Parents with high RF capacity can think about the “why” behind their child’s behavior – from the child’s emotional perspective
- Our capacity for RF lie within our early parent child dyadic experiences and stem from mother’s capacity for contingency

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### Early Relationships

- Provide expectations of how relationships work
- Provide expectations of what we can expect from others in terms of responsiveness and care
- Foster belief in own effectiveness in maintaining emotions and own self worth
- Promote positive expectations toward others and a sense of connectedness

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**Adult Attachment – Parental Models  
&  
Intergenerational Transmission**

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**Parental Models of Attachment**

- Models of attachment tend to persist throughout life
- Models of attachment are activated by parenthood
- Attachment patterns tend to be transmitted across generations
- Parental adult attachment prior to a baby's birth predicts the infant's attachment at 1 year in about 70% of infants

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**Adult Models of Attachment**

- Secure
- Insecure dismissive
- Insecure preoccupied
- Unresolved



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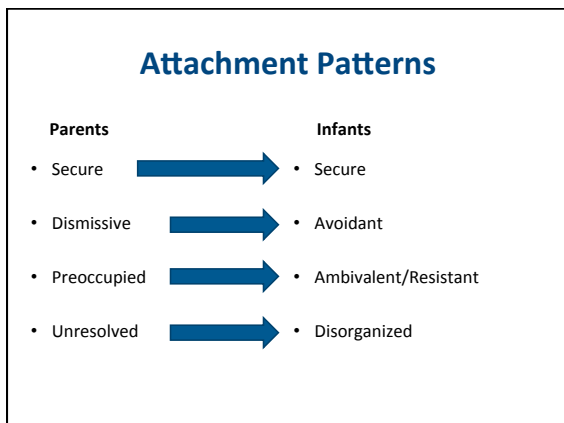
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### Secure Adults

- Value attachment relationships
- Believe their attachment relationships had a major influence on their personality
- More likely to display personal warmth
- More empathically accurate in relationships
- Better able to seek and provide support during stressful/challenging situations
- Took a realistic view of parents and attachment experiences

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### Insecure Dismissive Adults

- Dismissed attachment relationships as being of little concern, value or influence
- Emotionally distant, over-regulation emotions
- Minimize effects of past trauma as “no big deal”
- Did not have vivid memories of attachment experiences
- Current relationships with parents distant or cut off
- Self-reliant

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### Insecure Preoccupied Adults

- Preoccupied with dependency on their parents – struggle to please them
- Self-centered “all about me”
- Tend to idealize parents or hyper-focused on what parents did wrong
- Have difficulty regulating emotions
- Hold self responsible for challenges in current attachment relationships and show anxiety and worry about them




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### Insecure Unresolved Adults

- History of unresolved childhood trauma
- Fearful about loss – continuing grief issues
- Accounts of attachment memories were disorganized, lost track of what they were saying
- Frequently have issues with SUD
- May lack coherence in conversation, especially when discussing sensitive issues

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### In Adult Relationships

- Those who are secure are:
  - More likely to report high levels of commitment in romantic relationships
  - Less likely to have relationships characterized by conflict
  - Tend to be more resistant to divorce
  - Less likely to report depressive symptoms
  - More likely to report higher self-esteem
  - Better able to cope effectively in response to stressful events

Fraley, C. et al J Personal Social Psychology, 2013 May

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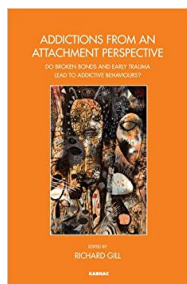
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## Attachment & Connection to Addiction: Theoretical Constructs



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## Addiction & Attachment

Khantzian (Harvard Medical School, American Academy of Addiction Psychiatry) posits:

- Addiction not so much about pleasure seeking or self-destruction
- Those with SUD are in pain and seek and need contact and comfort
- Roots of addiction lie in early attachment and relational trauma

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## Addiction From An Attachment Perspective

- Attachment to a dependable (but dead) object
- Offering predictability regarding what you are going to feel and when
- Reliable and predictable way to regulate affect
- Effort to fill internal emptiness
- Offering freedom from deep internal fear of emotional intimacy

*"There is a compulsion to fill this void with a substance or process. To salve suffering with something from the outside that fills the void, even if only temporarily."*

Jason Wright – Addictions From An Attachment Perspective

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### Implicit vs. Explicit Memory

- Explicit memory
  - Small percentage of memory
  - Information that can be retrieved and remembered
- Implicit memory
  - Greatest percentage of memory
  - Includes things we can do, but can't articulate (like riding a bicycle)
  - Is relational and driven by affective states
  - Includes memory that precedes language development
  - Anatomically driven by affect states often connected to survival (hunger, fear, anger)
  - Hardwired to emotions

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### Self-Medication Hypothesis & Attachment Theory

- Suffering is relieved temporarily by addictive substances
- Vague sense of dysphoria (down-regulated D<sub>2</sub> receptors?)
- Feelings/emotions are confusing, overwhelming and sometimes unbearable
- Substances provide a reliable means to end a wide range of uncomfortable affective states

Khantzian, 2013 - Bowlby Memorial Lecture

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### Self-Medication Hypothesis & Attachment Theory (con't.)

- Addiction grounded in human desire for comfort and contact (as opposed to pleasure)
- Relieve psychological suffering
- Considerable degree of specificity in an individual's "drug of no-choice"



Khantzian, 2013 – Bowlby Memorial Lecture

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### Opiates

- Calming and "normalizing" effect
- Counter internal effects of rage
- Counter externally threatening and disruptive effects of rage on interpersonal relations



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### CNS Depressants

- Short acting depressants reduce rigid defenses – "ego solvents" or "social lubricants"
- Reduce feelings of isolation and emptiness
- Reduce anxious states
- Mask fears of closeness and dependency
- Create the illusion of relief



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### Stimulants



- Mask depression
- Appeal to those who are de-energized and bored
- Augment hypomania
- Can also calm and counteract hyperactivity and inattention

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### Addiction as a Self-Regulation Disorder

- Feeling and emotional states:
  - Play a significant role in development of SUD
  - Cut across all other aspects of self-regulation
  - Organizing basis for sense of well being
  - Foundation for a sense of well-being
  - Currency for human connection and attachment
  - Primary ingredient for guiding behavior and self-care

Khantzian, 2013 – Bowlby Memorial Lecture

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### Frustrated Attachment & Self-Medication

- Attachment issues persist from infancy through adult life
- Secure individuals possess a sense of comfort and confidence in interactions
- Insecure attachments lead to relational retreat, isolation and attachment to inanimate dependencies
- Inanimate attachment to substances as a substitute for inconsistent and insecure attachment issues from childhood

Khantzian, 2013 – Bowlby Memorial Lecture

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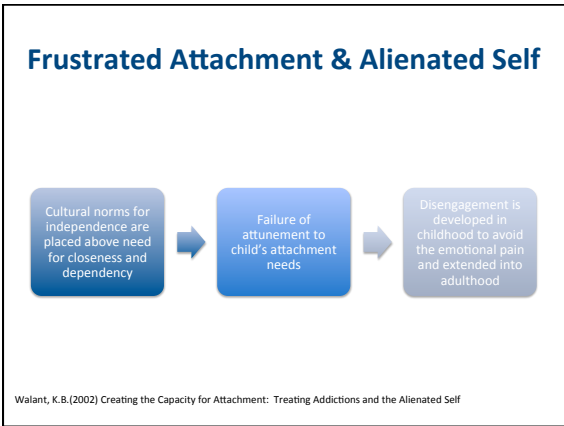
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- ### Stopping Use Represents
- Saying goodbye to a loved one
  - Releasing a main caregiver
  - Letting go of a partner that can be depended upon for comfort in a multitude of situations
  - Increasing affective experience of guilt and shame
  - Ultimately facing the denial that has been present

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“Exposure to people changes people-or more correctly, a powerful attachment experience alters a person’s nervous system. Individuals in an attachment relationship are provided help in regulating their nervous system, and they unconsciously acquire implicit knowledge about the rules that govern healthy interpersonal relationships.”

Flores,P. (2004) Addiction as an Attachment Disorder

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### Therapy & Implicit Memory

- Attachment in therapy engaged implicit memory and the biological mechanisms that allow it to be modified
- The new “rules” that govern the relationship with the counselor are extracted and promote modification of the nervous system
- The language of emotional life and how relationships work is not part of explicit memory

Flores,P. (2004) Addiction as an Attachment Disorder

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### Facts About Implicit Knowledge

- Knowledge without awareness
- Can be demonstrated through actions, but not described
- Direct experience rather than explanations are needed to alter or modify
- Lens through which we view the world
- Can be self-perpetuating
- People can have implicit bias outside of their own consciousness
- Demonstrated in a behavioral pattern w/n relationships (transference)

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### The Therapeutic Alliance

- Careful promotion of a regulatory attachment relationship
- Attunement
- Emotional regulation
- Creation of a safe space to express full range of emotions and from which to explore
- Support towards integration of a cohesive sense of self

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### Attachment Driven Guidelines for Effective Therapy

- 1) Therapy alters the structure of the brain
- 2) Even good therapy has its limits
- 3) Therapy is not an intellectual exchange of words
- 4) Experience-not explanations or ideas-effects change
- 5) Emotional neutrality doesn't work
- 6) The worst therapists are either out of touch with own feelings or in bondage to them – their feelings should not dictate their actions

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### Attachment Driven Guidelines for Effective Therapy

- 7) Contriving emotional experiences doesn't work
- 8) Just being nice doesn't work
- 9) Rotating counselors works against what secure attachment demands
- 10) Therapy that works is intersubjective and mutually regulating

Flores,P. (2004) Addiction as an Attachment Disorder

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### 12 Step Fellowship From an Attachment Perspective

- Provides a consistent and predictable “holding” environment
- Allows for attachment needs to be met in a non-threatening or shameful way
- Promotes acceptance of self and need for human responsiveness
- Experience of empathy and emotional attunement
- Higher Power as affect regulating influence
- Reliable and consistent relationship experience with sponsor

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### 12 Steps From a Subjective Perspective

- Telling of life histories allows for interpretation of the past in a way that gives meaning and hope for the future
- Promotes an understanding of basic being within the context of being an addict/alcoholic
- Emphasizes spiritual malady as opposed to physical disability
- Redefinition of the meaning and experience of active addiction
- Separates the substance from the person – i.e. individuals are alcoholics whether or not they drink – alcohol is but a symptom

Flores, P. (2004) Addiction as an Attachment Disorder

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### Application of These Concepts

Reflective case consultation is a process whereby we think together about a specific case example and apply our knowledge of attachment to build an understanding of how the client is experiencing the world while developing a hypothesis regarding the client’s inner working model of how relationships work along with strategies to support a healthier relationship experience.

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