

Attachment and SUD



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Substance Use Disorders



DSM-5

“THE DIAGNOSIS OF A SUBSTANCE USE DISORDER IS BASED ON A PATHOLOGICAL PATTERN OF BEHAVIOR RELATED TO THE USE OF THE SUBSTANCE” WHICH INCLUDES CHANGES IN BRAIN CIRCUITRY.

Substance Use Disorder



- Criterion : impaired control, social impairment, risky use, and pharmacological criteria
- Differential diagnosis: rule out medical conditions
- Substances: can be legal (alcohol, nicotine, OTC medication)
can be prescription
can be illegal/street drugs

Cycle of Addiction



Substance Use Disorder



- Recognized by the American Medical Association as a disease in 1956 (“chemical dependency”)
- Progressive and predictable; follows a course of increasing dysfunction
- Primary disease; causes problems rather than being caused by problems
- Permanent; can be put into remission but not cured
- Can be fatal if left untreated

Substance Use Disorder



NIDA lists addiction as a brain disease caused by long term changes in the brain structure and functioning.

Substance Use Disorder



Signs and symptoms include emotional instability or a flat affect, fatigue, memory problems, anger control problems, shame, guilt, slowed cognitive processing, trouble making and maintaining healthy relationships, lack of meaningful support system

Attachment



**HOW DOES ATTACHMENT THEORY INTERACT
WITH SUBSTANCE USE DISORDERS?**

Shame, the Common Denominator



- The quality of the self (guilt is awareness of harm)
- Makes one feel overly self-conscious or judged
- Becomes the cognitive template reflecting interpersonal expressions
- When shame constitutes the identity of self, it becomes self-initiating

Shame



- Desire to hide
- Feeling of inadequacy
- Feeling of being unworthy of love
- Uncomfortable with self-reflection
- Feeling of inferiority
- Sense of failure

Shame



Reaction to shame is defense:

withdrawal

attack self

avoidance

attack other

How Attachment Theory Applies



- Tomkins, 1987

Affect is the innate primary biological motivator

Positive: interest/excitement, enjoyment/joy, surprise/startle

Negative: fear/terror, distress/anguish, anger/rage, dissmell, disgust, shame/humiliation

How Attachment Theory Applies



Differentiation of self is the degree to which the individual can balance emotional and intellectual functioning, intimacy, and autonomy in relationships.

Without this differentiation there is anxiety, mood disturbances, trouble with emotion regulation, and substance use.

How Attachment Theory Applies



Insecure attachment leads to abnormal development in the orbito-frontal cortex, which controls affect regulation.

What do we look for?



- Insecurity leads to defensive distortions which are perceived as a feeling of threat
- Insecure attachment leads away from utilizing people as support and into using substances as support
- Severity of drug use is positively correlated with fearful attachment, but negatively with dismissive attachment
- Trait anxiety is related to attachment (state anxiety is transitory)
- Poor attachment is linked to internalized shame which often leads to SUD

In Theory.....



- **Nathanson, 1997**
 - Alcohol—reduces acute shame
 - Cocaine and amphetamines—increases interest/excitement
 - Heroin—increases enjoyment/joy
 - Lithium salts/anticonvulsants—reduce inappropriate interest/excitement
 - Benzodiazepines—reduce fear/terror
 - Phenothiazines—reduce anguish
 - The use of drugs is an attempt to overcome uncomfortable affective states

In Theory.....



Flores, 2006

- Alcoholism—emotional regulation
- Cocaine—restlessness
- Heroin—angry or negative behaviors
- The relationship with the substance *becomes* the attachment

In Theory....



- Anxious/preoccupied attachment predicts treatment retention
- Fearful/avoidant attachment is linked to addictive disorders
- Insecure attachment is linked to anxiety over abandonment and to frequency of drug use and stress-related drug use

Treatment



WHAT CAN WE DO TO HELP?

What Can We Do?



- Edward Khantzian focused on addiction as attachment disorder in the 1970's
- A goal of treatment needs to be earned attachment security
- Social support mediates the link between attachment and substance use
- Treatment retention is mediated by the interpersonal connection with counselors
- Attachment style predicts treatment retention more than co-morbidities do

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