Attachment, Fear of Intimacy and Differentiation of Self among Clients in Substance Disorder Treatment Facilities

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Attachment, Fear of Intimacy and Differentiation of Self among
Clients in Substance Disorder Treatment Facilities

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Attachment

Abstract
Attachment, fear of intimacy and differentiation of self were examined by means of self-report questionnaires in 158 volunteers, including 99 clients enrolled in addiction treatment programs. As expected, clients (who were undergoing treatment for alcoholism, heroin addiction, amphetamine/cocaine addiction or cannabis abuse) reported higher levels of insecure attachment and fear of intimacy, and lower levels of secure attachment and differentiation of self, compared to controls. Insecure attachment, high fear of intimacy and low self-differentiation appear to characterize clients enrolled in addiction treatment programs. Such characteristics may reflect a predisposition to substance problems, an effect of chronic substance problems, or conceivably both.
A primary function of attachment is the interpersonal regulation of affective experiences (Sroufe & Waters, 1977). Individuals with a secure attachment style seek social support to cope with emotional stress, whereas individuals with an insecure attachment style tend to seek other means, such as use of alcohol or illicit drugs, as a coping mechanism for emotional self-regulation (Brennan & Shaver, 1995; Cooper et al., 1998; Dottan et al., 2003; McNally et al., 2003). Hazan and Shaver (1987) reported that individuals with an insecure attachment style were both needy and fearful of intimacy. According to Descutner and Thelen (1991), fear of intimacy merits attention as a risk factor for emotional problems, including those associated with substance abuse. Fear of intimacy was defined as “...the inhibited capacity of an individual, because of anxiety, to exchange thoughts and feelings of personal significance with another individual who is highly valued” (p.219). Hoefler and Kooyman (1996) proposed that drug abuse can reflect a delayed maladaptive attachment transition in young adults and associated fear of intimacy.

Bowen’s (1978) concept of differentiation of self refers to the ability to experience intimacy with, and autonomy from, others. High differentiation is associated with a strong sense of self (Bowen, 1976; Kerr, 1988) as well as the ability to alleviate one’s own anxiety and resist being overwhelmed by or reactant to the anxiety of others (Schnarch, 1997). Well-differentiated relationships are characterized by low anxiety levels, giving room for flexibility and intimacy without the fear of merging with the partner (Kerr & Bowen, 1988; Kerr, 1988). Less differentiated individuals experience more chronic anxiety, become more dysfunctional under stress and experience more physical and psychological symptoms such as dysphoric mood, somatization, anxiety and alcoholism (Bowen, 1978).

The purpose of the present exploratory study was to examine attachment, fear of intimacy, and self-differentiation in clients undergoing treatment for substance problems. Clients undergoing treatment for substance disorders (referred to below as “addicts” for ease of expression) were
expected to report lower levels of secure attachment and self-differentiation, and higher levels of insecure attachment and fear of intimacy, compared to non-addict controls.

Method

Participants

The addict group consisted of 99 clients recruited from drug addiction/alcoholism treatment centers on the Gold Coast, Queensland, Australia. The sample included 59 men and 40 women at least 18 years old with a mean age of 36 years (SD = 10.2 yr). There were 42 clients being treated for alcoholism, 21 for opiate (heroin) addiction, 19 for stimulant (amphetamines or cocaine) addiction and 17 for cannabis abuse. The 59 subjects in the control group (41 females, 18 males) had no self-reported history of substance problems and included university students and full time workers recruited from Bond University and the local community. The mean age was 36.3 years (SD = 13.4 yr). No incentive was offered for participation. The protocol was approved by the Bond University Human Research Ethics Committee prior to commencement of data collection.

Materials

Demographic Questionnaire - A brief questionnaire asked for the participant’s age, gender, education level, and information on substance use history.

Revised Adult Attachment Scale (AAS) - designed by Collins (1996) to assess adult attachment style and relationship quality. This 18-item scale has three subscales to measure the attachment dimensions of Close (how comfortable the participant is with closeness and intimacy), Depend (how much the participant feels they can depend on others to be available when needed), and Anxiety (how anxious the participant feels about being abandoned or unloved). High scores on Close and Depend, and low scores on Anxiety, indicate a secure attachment style (Collins, 1996).

Fear of Intimacy Scale (FIS) – Developed by Descutner and Thelen (1991) to assess the degree of inhibition of an individual’s capacity to exchange thoughts and feelings of personal significance with another highly valued individual. A high score on the FIS indicates a high fear of intimacy.
Differentiation of Self Inventory (DSI) - A 43-item instrument designed to evaluate an individual’s significant relationships (Skowron & Friedlander, 1998), with four subscales: Emotional Reactivity (ER), I-Position (IP), Emotional Cut-off (EC), and Fusion with Others (FO). Higher scores overall and on each subscale indicate greater differentiation of self.

Procedure

Prospective client participants were brought into a room where only the student researcher and the treatment center director were present. The study was described and clients were asked if they would like to participate. Those who said no then left the room, whereas those who said yes completed the questionnaires in groups of approximately 20-40. Prospective control participants were recruited via door-to-door solicitation in the community and at Bond University. They completed the questionnaires at home and returned them in the provided self-addressed return envelope. Instructions given to both groups specified that no identifying information was to be written on any of the questionnaires, ensuring anonymity of all responses. Of 210 questionnaire packets distributed, 146 (70 %) were returned with usable data.

Results

Intercorrelations of all measures are shown in Table 1. A two way multivariate analysis of covariance (MANCOVA) was performed with the independent variables of group (addicts, controls) and gender and the dependent variables of AAS Attachment scores (Close, Depend, Anxiety), FIS, DSI (Total) and the four DSI subscale scores of ER, IP, EC, and FO. Education level (1-7, year 8 to university) was included as a covariate given the greater number of university students in the control sample, however, education level was not significantly associated with any of the outcome variables. The overall MANCOVA was significant for group, $F(8, 144) = 2.94, p < .01$, and gender, $F(8, 144) = 2.25, p < .05$. There was no interaction.

Univariate effects were significant for all three AAS attachment scores: Depend, $F(1, 151) = 10.59, p < .001$; Anxiety, $F(1, 151) = 15.80, p < .0001$; and Close, $F(1, 151) = 11.61, p < .001$. As
shown in Table 2, controls scored higher on Close and Depend, and lower on Anxiety, than all addict subgroups, indicating that controls had more secure attachment styles than addicts. There was no univariate effect of gender and no interaction. The univariate effect of group on FIS scores was also significant, $F(1, 151) = 4.87, p < .05$. The addict group scored higher on FIS ($M = 99.48$, $SD = 21.79$) than controls ($M = 84.20$, $SD = 18.53$). There was no univariate effect of gender and no interaction. The univariate effect of group on DSI Total Score was significant, $F(1, 151) = 17.87, p < .0001$. The univariate effect of group was also significant for the subscales ER, $F(1, 151) = 10.32, p < .01$; IP, $F(1, 151) = 11.90, p < .001$; and EC, $F(1, 151) = 11.82, p < .001$. As shown in Table 3, controls scored higher than all addict subgroups on DSI Total Score and all DSI subscales except FO. The univariate effect of gender was significant only for DSI Total Score, $F(1, 151) = 4.08, p < .05$, and ER, $F(1, 151) = 9.80, p < .01$. On DSI Total Score, males ($M = 151.67$, $SD = 26.29$) scored higher than females ($M = 150.14$, $SD = 24.50$). On ER, males ($M = 37.88$, $SD = 8.40$) again scored higher (indicating less emotional reactivity) than females ($M = 35.58$, $SD = 8.68$).

Discussion

As predicted, clients in addiction treatment programs scored lower than controls on the AAS attachment dimensions of Close and Depend, and higher than controls on Anxiety, indicating a more secure attachment style in the control group (Collins, 1996). A number of previous studies (Brennan & Shaver, 1995; Burge et al., 1997; Cooper et al., 1998; Dottan et al., 2003; Ognibene & Collins, 1998) have similarly reported associations between an insecure attachment style and high levels of alcohol consumption or drug abuse. As predicted, addicts also reported significantly higher levels of fear of intimacy compared to controls, and scored lower overall on self-differentiation compared to controls, consistent with other evidence that substance disorders are associated with relationship problems and low levels of self-differentiation (O’Farrell & Birchler, 1987; Skowron & Friedlander, 1998). The results of the present investigation indicated that addicts were more emotionally reactive (as shown by lower ER scores) than controls, in line with previous evidence of
a link between addictions and neuroticism (Prescott, Neale, Corey & Kendler, 1997; Rankin, Stockwell & Hodgson, 1982; Sieber & Angst, 1990). As expected, addicts also showed lower EC scores compared to controls, reflecting maladjustment, heightened levels of anxiety, emotional aloofness, isolation from others and an exaggerated facade of independence (Nichols & Schwartz, 1998; Skowron & Friedlander, 1998). Controls scored significantly higher on IP compared to addicts, indicating that controls felt more capable of maintaining a clearly defined sense of self and adhering to their convictions despite pressure from others (Bowen, 1978).

Because all addicts in the present study were more than two weeks abstinent at the time of testing (as confirmed by regular urine tests conducted by the treatment centers), the observed group differences are not attributable to residual drug effects or withdrawal effects. However the present findings leave open the important issue of causality. High fear of intimacy, insecure attachment and low self-differentiation could be risk factors for the development of substance abuse/dependence as suggested by Bowen (1976, 1978); alternatively, they could be direct or indirect consequences of chronic substance problems. Another possibility is that these characteristics of addicts stem from an upbringing in alcoholic, drug abusing or otherwise dysfunctional families (Maynard, 1997). The notion that a secure attachment style, low fear of intimacy and high self-differentiation help protect against the development of substance abuse/dependence makes obvious psychological sense, but definitive evidence of this is lacking until appropriate longitudinal investigations are conducted.
References


Table 1. Intercorrelations between scales (see text for definitions).

<table>
<thead>
<tr>
<th>Scale</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Depend</td>
<td></td>
<td>-.57**</td>
<td>.57**</td>
<td>-.41**</td>
<td>.45**</td>
<td>.33**</td>
<td>.38**</td>
<td>.48**</td>
<td>-.12</td>
</tr>
<tr>
<td>2. Anxiety</td>
<td>-.58**</td>
<td></td>
<td>.57**</td>
<td>-.64**</td>
<td>-.52**</td>
<td>-.47**</td>
<td>-.60**</td>
<td>-.02</td>
<td></td>
</tr>
<tr>
<td>3. Close</td>
<td>-.63**</td>
<td>-.63**</td>
<td></td>
<td>.45**</td>
<td>.24**</td>
<td>.60**</td>
<td>.35**</td>
<td>.39**</td>
<td></td>
</tr>
<tr>
<td>4. FIS</td>
<td></td>
<td>-.49**</td>
<td>-.20*</td>
<td>-.37**</td>
<td>-.72**</td>
<td></td>
<td></td>
<td>.18*</td>
<td></td>
</tr>
<tr>
<td>5. DSI (Total)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.84**</td>
<td>.78**</td>
<td>.69**</td>
<td>.37**</td>
<td></td>
</tr>
<tr>
<td>6. ER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.60**</td>
<td>.35**</td>
<td>.39**</td>
<td></td>
</tr>
<tr>
<td>7. IP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.37**</td>
<td>.02</td>
<td></td>
</tr>
<tr>
<td>8. EC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-.06</td>
<td></td>
</tr>
<tr>
<td>9. FO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*p < .05. ** p < .01. N = 158.

Table 2. Mean scores and standard deviations for substance disorder subgroups and control group on the subscales of the Adult Attachment Scale (AAS).

<table>
<thead>
<tr>
<th></th>
<th>Controls (n = 59)</th>
<th>Alcoholics (n = 42)</th>
<th>Opiate Addicts (n = 21)</th>
<th>Stimulant Addicts (n = 19)</th>
<th>Cannabis Abusers (n = 17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close</td>
<td>3.54 (.91)</td>
<td>2.98 (.89)</td>
<td>2.53 (.82)</td>
<td>2.91 (.63)</td>
<td>3.13 (.84)</td>
</tr>
<tr>
<td>Depend</td>
<td>3.04 (.88)</td>
<td>2.63 (.73)</td>
<td>2.32 (.64)</td>
<td>2.63 (.83)</td>
<td>2.71 (.72)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2.49 (1.06)</td>
<td>3.33 (1.08)</td>
<td>3.67 (1.05)</td>
<td>3.61 (.71)</td>
<td>3.20 (1.03)</td>
</tr>
</tbody>
</table>
Table 3. Mean scores and standard deviations for substance disorder and control groups on the Differentiation of Self Inventory (DSI) and subscales Emotional Reactivity (ER), I-Position (IP), Emotional Cut-off (EC) and Fusion With Others (FO).

<table>
<thead>
<tr>
<th></th>
<th>Controls</th>
<th>Alcoholics</th>
<th>Opiate Addicts</th>
<th>Stimulant Addicts</th>
<th>Cannabis Abusers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n = 59)</td>
<td>(n = 42)</td>
<td>(n = 21)</td>
<td>(n = 19)</td>
<td>(n = 17)</td>
</tr>
<tr>
<td>DSI</td>
<td>162.53 (23.04)</td>
<td>142.55 (28.24)</td>
<td>144.76 (23.87)</td>
<td>144.53 (20.42)</td>
<td>144.59 (17.70)</td>
</tr>
<tr>
<td>ER</td>
<td>39.12 (8.93)</td>
<td>34.55 (9.15)</td>
<td>37.57 (8.47)</td>
<td>35.05 (7.12)</td>
<td>33.76 (5.38)</td>
</tr>
<tr>
<td>IP</td>
<td>44.63 (9.86)</td>
<td>37.52 (11.26)</td>
<td>35.14 (9.36)</td>
<td>31.75 (8.18)</td>
<td>38.00 (8.14)</td>
</tr>
<tr>
<td>EC</td>
<td>51.05 (9.06)</td>
<td>42.48 (11.07)</td>
<td>39.86 (10.85)</td>
<td>41.32 (8.04)</td>
<td>47.35 (13.16)</td>
</tr>
<tr>
<td>FO</td>
<td>28.73 (6.54)</td>
<td>28.00 (7.50)</td>
<td>32.19 (4.14)</td>
<td>28.84 (5.77)</td>
<td>25.47 (4.73)</td>
</tr>
</tbody>
</table>

Note. Higher scores indicate greater self-differentiation.