

Early Affliction and Later Addiction: Is Childhood Maltreatment and Adult Insecure Attachment Style Related to Substance Abuse?

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Abstract

This study examined how past exposure to various types of childhood maltreatment relates to attachment styles in adulthood, and how these two variables are associated with levels of alcohol/drug use and addiction issues. Understanding how substance use problems develop is important to prevention efforts and in treating addicted individuals. Frequently, drug addiction has been explained under the concept of the “disease” model, and research indicates there are various factors involved in this concept, such as maltreatment during childhood and adult insecure attachment styles. Childhood maltreatment has also been found to be associated with an insecure attachment style of adulthood (Hankin, 2005). Additionally, insecure attachment may increase susceptibility to, and/or maintenance of, substance problems (Thorberg & Lyvers, 2006). Participants came from a convenience sample of psychology classes at a middle-sized Southeastern university, who participated via an online participant management system, after IRB approval was obtained. It was hypothesized that experiences of childhood maltreatment would be significantly and positively correlated with adult insecure attachment scores, and that childhood maltreatment and insecure attachment would have significant, positive correlations with levels of alcohol/drug use and addiction issues. Pearson’s product-moment correlation analyses findings supported H1, but only partially supported H2. There were significant positive correlations between types of childhood maltreatment and insecure attachment. However, adult insecure attachment scores were positively but weakly correlated with one measure of substance abuse/addiction, specifically the DAST.

Keywords: childhood maltreatment; attachment; substance abuse

1. Introduction

Substance abuse issues are prevalent in our society, causing vast amounts of damage. In 2013, the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) estimated for those aged 12 and above in the U.S., there were roughly 137 million drinkers of alcohol ($\approx 52\%$) and about 52 million illicit drug users ($\approx 9\%$). Further, abuse of alcohol and illicit drugs has been estimated to cost society over \$400 billion annually, in terms of negative health outcomes, lost work output, and related crime (National Institute on Drug Abuse (NIDA), 2015). Drug use has become saturated with stigma, paralleled by mostly punitively oriented drug laws (Van Olphen, Eliason, Freudenberg, & Barnes, 2009).

In the past, drug addiction and alcoholism have been explained under the concept of the “disease” model. Building on work by Arbulu, Holmes, and Asfaw (1991) and others, and according to National Institute on Drug Abuse (2012), “Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her” (p.1). While the disease concept is associated with a medical model of addiction, further research indicates other factors are involved in this concept, such as maltreatment during childhood and adult insecure attachment.

Childhood maltreatment seems to be a risk factor for later substance abuse issues, possibly by thwarting supplementary coping mechanisms. Bernstein, Stein, and Handelsman (1998) illustrated that then-contemporary studies of addicts' and alcoholics' histories revealed a relatively high prevalence of self-reported experiences of child abuse and neglect, in populations seeking treatment. Persistent childhood maltreatment denotes being raised in a volatile environment that victimizes the child and consistently frustrates a universal need to feel worth as an individual (e.g., Maslow, 1943). The need to belong is an omnipresent and fundamental motivating factor (Baumeister & Leary, 1995).

The fabric of a child's social environment with the caregiver is imperative and is seen in the earliest days of bonding between the caregiver and the child (Bowlby, 1980). The child's predictability of their own and their caregiver's behavior comes from exposure to attachment experiences, and thus experiences of abuse likely challenge the child's sense of secure attachment (Muller, Thornback, & Bedi, 2012). Comfortability is present with securely attached individuals who pursue contact and comfort from others, such as caregivers, whereas individuals who are less comfortable with interpersonal relationships are insecurely attached (Hankin, 2005). Mennen and O'Keefe (2005) noted that early parent-child experiences are critical to children developing concepts of self, others, and relationships.

The interaction between the caregiver and child, enables the child to receive interaction information through socially learning how to process relationship settings. Research from the trauma literature provides evidence that childhood maltreatment has negative effects on patterns of attachment (Muller, Thornback, & Bedi, 2012). Insecure attachment has been demonstrated in maltreated children (Haskett, Nears, Ward, & McPherson, 2006). Thus, attachment security may be challenged by children who experience abuse.

Attachment issues are believed to persist into adulthood and have implications for development of social support, particularly in dyadic relationships (Ravitz, Maunder, Hunter, Sthankiya, & Lancee, 2010). Secure attachment predicts that individuals under stress or in negative situations would be able to activate supportive and protective social relationships. On the other hand, insecurely attached individuals might be more vulnerable to the effects of adverse conditions. Negative outcomes, such as increased incidence of depression, stress, and physical health problems, have been related to adult insecure attachment (Nicholls, Hulbert-Williams, & Bramwell, 2014).

Increased reliance upon substances has been hypothesized by some to be at least partially a result of relationships becoming increasingly difficult to manage (Flores, 2004). Individuals may be more likely to use drugs and alcohol to cope with deficiencies in intimacy, perhaps especially for those who find it difficult to establish emotionally regulating attachments (Flores, 2004). Interpersonal regulation of affective experiences has been considered as a main function for relationship attachment (Sroufe & Waters, 1977). Further, interpersonal skills can depreciate even further as a result of substance abuse issues (Flores, 2004).

Substance abuse can be a devastating illness for the person suffering, and for the people who are involved in the addict's life. According to Thorberg and Lyvers (2006), there are factors that lie outside the issue of substance abuse, including insecure attachment, fear of intimacy, and poor differentiation of self. Fear of intimacy has been defined as being unable to share views or emotions with another person who is valued, because of underlying anxiety. Lastly, self-differentiation refers to an operational definition provided by Bowlby (1978), referring to it as being able to experience intimacy and also autonomy from other individuals central to the person in question. Specifically, Thorberg, and Lyvers (2006) found that individuals who were in treatment for substance addictions had higher levels of insecure attachment, lower levels of secure attachment, and relatively low self-differentiation, compared to a control group. Additionally, results indicated the substance abusing participants were more "emotionally reactive" than the control group (Thorberg & Lyvers, 2006).

The present study examined how self-reported levels of past exposure to various types of childhood maltreatment related to attachment styles in adulthood. In turn, experiences of childhood maltreatment and adult attachment were examined in relation to levels of self-reported substance use and addiction issues. Specific hypotheses were:

H1: Experiences of childhood maltreatment would be significantly and positively correlated with adult insecure attachment scores, as measured by the Childhood Trauma Questionnaire (Bernstein, Ahluvalia, Pogge, & Handelsman, 1997) and the Adult Attachment Questionnaire (Revised; Collins & Read, 1990).

H2: Childhood maltreatment experiences and insecure attachment scores would have significant, positive correlations with levels of alcohol/drug use and addiction issues.

2. Methods

Participants came from a convenience sample of various psychology classes at a southeastern regional university, via the Sona online participant management system. Participants were automatically assigned ID codes, allowing for their

identities then to remain anonymous. Participation was voluntary and yielded modest course credit. This research was approved by the Institutional Review Board prior to data collection.

The current study included 364 participants. A total of 229 (62.9%) were female and 130 were male. Ages ranged from 18 to 53 (mean was 21.06, and $SD = 5.36$). With regard to race/ethnicity, 75.8% reported being Caucasian/White, 8.2% as African-American/Black, 3.3% as Hispanic American, and 1.1% as Citizens of Foreign Country. Except for Other 5.8% and Missing 2.5%, the rest of the race/ethnicity responses were distributed across smaller groups.

2.1 Measures

The Childhood Trauma Questionnaire (CTQ) was developed by Bernstein, Ahluvalia, Pogge, and Handelsman (1997). The CTQ short-form (Thombs, Lewis, Bernstein, Medrano, & Hatch, 2007) was used to measure childhood maltreatment. This 28-item self-report that measures 5 types of maltreatment: Emotional Abuse (EA), Physical Abuse (PA), Sexual Abuse (SA), Emotional (EN), and Physical Neglect (PN). A 5-point Likert scale ranged from “Never True” to “Very Often True.” The current measure yielded an alpha of .91.

The Adult Attachment Questionnaire (AAQ, Revised) was developed by Collins & Read (1990). Based on a primary components factor analysis with an item loading cut-off of .50, the AAQ was modified for the present study to use 11 of the 18 original items. These items focused on general insecurity in relationships, and did not support subtypes. Answers were measured on a 5-point Likert scale, ranging from 1 = “not at all characteristic of me” to 5 = “very characteristic of me.” This measure yielded an alpha of .87.

The Michigan Alcohol Screening Test (MAST) (Selzer, 1971) is composed of a 24 item scale, developed to detect alcoholism. Answers are measured on a scale of “YES” or “NO.” Each item is assigned a 1-5 weighting, with a total of 5 being considered diagnostic of alcoholism. This measure yielded an alpha of .75.

The Drug Abuse Screening Test (DAST) (Skinner, 1982) is a 20 item scale, used for identifying individuals who are abusing drugs. Answers are measured on a scale of “YES” or “NO.” Each item is assigned a 0-1 weighting, with a total of 5 or more being considered a diagnostic of drug abuse. This measure yielded an alpha of .80.

3. Results

Pearson’s product-moment correlation analysis findings supported H1, but only partially and weakly supported H2. There were significant positive correlations between types of childhood maltreatment (Emotional Abuse (EA), Physical Abuse (PA), Sexual Abuse (SA), Emotional (EN), and Physical Neglect (PN)) and insecure attachment. However, adult insecure attachment scores were only weakly correlated with one measure of substance abuse/addiction, as measured by the DAST. Similarly, only one type of childhood maltreatment was correlated positively, and again weakly, with one measure of substance abuse/addiction, as measured by the MAST. See Table 1 for a summary of the various correlation coefficients for the relevant measures.

Table 1. Correlation Matrix for the CTQ, AAQ, MAST, and DAST. (* = $p < .05$; ** = $p < .01$)

	AAQ Total	MAST Total	DAST Total	CTQ Physical Neglect	CTQ Emotional Abuse	CTQ Emotional Neglect	CTQ Physical Abuse	CTQ Sexual Abuse
AAQ	--							
MAST	.05	--						
DAST	.15**	.13*	--					
CTQ PN	.28**	.15*	.08	--				
CTQ EA	.41**	.03	.10	.70**	--			
CTQ EN	.41**	.01	.09	.70**	.77**	--		
CTQ PA	.23**	.08	.05	.73**	.71**	.57**	--	
CTQ SA	.12*	.03	.01	.62**	.50**	.38**	.62**	--

4. Discussion

According to these findings, insecure adult attachment has a reliable relationship to forms of childhood maltreatment (Emotional Abuse (EA), Physical Abuse (PA), Sexual Abuse (SA), Emotional (EN), and Physical Neglect (PN)). However, the same results suggest that there is a much less reliable relationship between childhood maltreatment and adult substance use, and this is also the case for adult insecure attachment style and substance use.

While it is plausible that childhood maltreatment leads to a greater likelihood of insecure attachment, the nature of correlational research does not support making such a statement. Additionally, the sample was relatively homogenous with regard to race/ethnicity, age, and education, possibly limiting generalizability of results. And, there are inherent limitations with all self-reported data (e.g., social desirability, inaccurate memory/estimates).

Future research should focus on investigation of drug/alcohol abuse, insecure attachment, and childhood maltreatment to further understand the complexity of these relationships, and potentially make more conclusive findings. A larger sample size would increase the power to potentially detect significant relationships. Other studies could benefit from a more diverse sample with regard to age, geography, and ethnicity, use of a community sample, and possibly different surveys and/or methods to measure variables.

In conclusion, substance abuse in the United States is a public health crisis (Fletcher, Nutton, & Brend, 2015; NIDA, 2015; SAMHSA, 2014). Better understanding about what may predispose some individuals to substance abuse issues should lead to better ideas about how to prevent and treat addiction, as well as better understanding about potential barriers to treatment access and/or use by affected individuals.

5. References

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