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Relationship between attachment styles and alexithymia components among patients with substance use disorder and normal people

Hadi Dadgar\textsuperscript{a}, Atefe Abdolmanafi\textsuperscript{b}, Reza Rostami\textsuperscript{c}, Shabnam Hamidi\textsuperscript{d}

\textsuperscript{*} Department of Psychology, University of Beheshti. \textsuperscript{b,c,d} Department of Psychology, University of Tehran, P. O. Box 14155-6456, Tehran, Iran

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Abstract

This study aimed at the comparison of relationship between attachment styles (secure, avoidant, ambivalent) and alexithymia components (difficulty identifying feeling, difficulty describing feeling, externally oriented thinking) among patients with substance use disorder and normal people. To achieve the goal, 71 patients were selected among clients referring to addiction renunciation centers in Tehran city, and 68 normal subjects were selected using at-hand sampling. Data from the subjects were collected using the Adult Attachment Inventory and Toronto Alexithymia Scale. Data were analyzed using logistic regression. The predictor variables are attachment styles and alexithymia components. The criterion variable is addiction. Results showed a significant difference between attachment styles and alexithymia components in addicted men and normal men. In other word, avoidant attachment and all components of alexithymia have significant relation with substance use.

Keywords: Attachment Styles, Alexithymia, Substance use disorder

1. Introduction

The theory of attachment was originally developed by John Bowlby (1907 - 1990). Bowlby argued that, over the course of evolutionary history, infants who were able to maintain proximity to an attachment figure (i.e., by looking cute or by expressing in attachment behaviors) would be more likely to survive to a reproductive age (R. Chris Fraley, 2004). Developmental theory and research suggest an alternative conceptualization of the linkages between family bonding and adolescent risk behaviours (Nancy J. Bell, Larry F. Forthun and Sheh-Wei Sun, 2000). Earlier studies on attachment and substance use disorders using the Hazan and Shaver (1987) self-report mainly indicate a link with “avoidant” attachment styles. Studies working with the Adult Attachment Interview (Main &
The strength of attachment to and reported substance use of other adolescent social contexts are important in transmitting pro-social or deviant norms (MacKinnon, D., 2007).

Alexithymia is the term used for a disturbance in emotional processing which results in difficulty identifying and verbalizing feelings, and in elaborating fantasies. Also characteristic of this condition is the tendency to be exclusively aware of the physical sensations of emotional arousal (Bagby; R. Michael; Taylor, Graeme J.; Parker; James D.A., 1990). Features of alexithymia and hostility coexist in substance abusers (Leonard Handelsman and et al, 2000). In substance abusers, alexithymia tends to be a stable trait and is not significantly altered as a result of abstinence (Louis Pinard and et al, 1996).

Cognitive alexithymia especially was predicted by the avoidant attachment style and a lack of warmth perceived in the relationship to the father (Ann De Rick and Stijn Vanheule, 2005). Alexithymia may be a significant mediator of the relationship between family dysfunction and client attachment to therapist (Brent Mallinckrodt; Julie L. King and Helen M. Coble, 2002). Alexithymia is an additional predictor of symptom reporting in individuals with fearful attachment. This difference is thought to be linked to the model of others developed in early interactions with caregivers (Alison J. Wearden; Naomi Lamberton; Nicola Crook and Victoria Walsh, 2005). We hypothesized that there is a relationship between attachment styles (secure, avoidant, ambivalent) and alexithymia components (difficulty identifying feeling, difficulty describing feeling, externally oriented thinking) among patients with substance use disorder. Thus, we compared this group with healthy men (men without substance abuse).

2. Method

2.1. Participants

The society for this study contains two groups. First all addicted who refer to addiction renunciation centers in Tehran city. Second group was all normal men of Tehran city who are not substance abuser. To achieve the goal, 71 patients were selected among clients referring to addiction renunciation centers in Tehran city. They were assumed addicted according to self-report and the recognition of psychiatrist. 68 normal subjects were selected too. Both groups were selected with at hand sampling.

2.2. Instruments

2.2.1. Adult Attachment Inventory

Data were collected by means of Adult Attachment Inventory (Hazan and Shaver, 1987). This scale has 15 questions which measures three attachment styles (secure, avoidant, ambivalent) on a 5-point Likert scale. The Cronbach α coefficients for the subscales of secure, avoidant, ambivalent was calculated 0.85, 0.84 and 0.85. It shows the good internal consistency of the test. Correlation coefficients were calculated between scores of 300 of subjects in two different times, with the interval of two weeks. They were: 0.87, 0.83 and 0.84, which these coefficients reveal satisfactory test-retest reliability of attachment scale.

2.2.2. Toronto Alexithymia Scale

In order to collect data, Toronto Alexithymia Scale (Bagby, et.al, 1994) was utilized. This scale is a 20-item questionnaire which measures three aspects of alexithymic problems, namely difficulty identifying feelings, difficulty describing feelings and externally oriented thinking, on a 5-point Likert scale. Psychometric properties of Toronto Alexithymia Scale-20 has been studied and confirmed across different studies (Park, et.al, 2001). Ghorbani, et.al (2002) estimated the validity of the scale among Iranian and American samples and calculated α coefficients for the subscales of difficulty identifying feelings, difficulty describing feelings and externally oriented thinking at .50, .74 and .61 respectively, for the Iranian samples; for the American group the coefficients were estimated at .60, .82 and .77, respectively. Cronbach α coefficient for the questionnaire was calculated .85 in the current study.
3. Results

The whole sample was 139 men. 71 addicted and 68 normal. There was no missing data. Both groups completed both questionnaires with a week interval. Substance abuse was dependent variable and attachment styles and alexythimia components were predictor variables. The full model was significantly reliable ($t<0.01$, $df=6$, $k^2=20.422$), this model explain the variance of normal group between 13.7 and 18.2. 66.2 percent of predictions for normal group were correct (table 1). 69 percent of predictions for substance abusers were correct. Totally 67.6 percent of predictions were correct. Table 2 shows df for all groups, and their probabilities. We can see the the oriented group is the only one which can predict addiction (sig:0.009).

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>Df</th>
<th>sig</th>
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<tbody>
<tr>
<td>Descrip</td>
<td>.046</td>
<td>1</td>
<td>1.047</td>
</tr>
<tr>
<td>Identify</td>
<td>-.051</td>
<td>1</td>
<td>.950</td>
</tr>
<tr>
<td>Oriented</td>
<td>-.131</td>
<td>1</td>
<td>.877</td>
</tr>
<tr>
<td>Avoidant</td>
<td>-.052</td>
<td>1</td>
<td>.949</td>
</tr>
<tr>
<td>Secure</td>
<td>.058</td>
<td>1</td>
<td>1.060</td>
</tr>
<tr>
<td>Ambivalent</td>
<td>-.086</td>
<td>1</td>
<td>.918</td>
</tr>
<tr>
<td>Constant</td>
<td>3.661</td>
<td>1</td>
<td>38.883</td>
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Table 3. Classification and Percentage

<table>
<thead>
<tr>
<th>Groups</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Substance abusers</td>
<td>69</td>
</tr>
<tr>
<td>Normal</td>
<td>66.2</td>
</tr>
<tr>
<td>Total</td>
<td>67.6</td>
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features of alexithymic subjects may render people more vulnerable to alcohol and more prone to subsequent
development of the dependence (Janusz Rybakowski and et al., 1988). Two predisposing factors to alcohol
dependency such as family history of alcoholism and alexithymic personality determine the different clinical and
biochemical features of the disease (Janusz Rybakowski, Marcin Ziókowski, 1991). Implications are that substance-
exposed children, and nonexposed children with comparable social risk, are likely to need intervention to enhance
maternal sensitivity and involvement to improve psychiatric outcomes (Christi Bergen, 2009).
Some studies also reveal a pattern of correspondence between the severity of psychiatric symptoms—personality
disorder traits (ADP-IV), anxiety (STAI), and depression (BDI-II-Nl)—and the severity of the attachment system's
impairment (Ann De Rick and et al, 2009). So we should know that, we are measuring attachment effects ore the
variables which have impact on it.

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