Attachment relationships among alcohol dependent persons

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Abstract – Introduction. This article presents the results of a study on alcohol dependent patients attachment style and its various dimensions. Method. There were 94 alcoholic and 94 non-alcoholic participants (both 53 women and 41 men). Plopóś's Questionnaire of Attachment Styles (KSP) and Collins and Read's Adult Attachment Scale (AAS) were used. The variable of having a dependent parent was also taken into consideration. Results. The study has shown that people with alcohol dependence significantly differ from non-alcoholics in terms of attachment style and its dimensions. They also receive significantly lower scores on secure attachment style and higher scores on insecure attachment style – anxious-ambivalent and avoidant style, and higher scores on attachment dimensions – anxiety and avoidance. There were no differences in attachment styles and their dimensions for patients with alcohol dependent and non-dependent parents. Conclusions. Alcohol dependent persons rarely present secure connection to others and more often manifest mistrust in interpersonal relationships and avoid closeness and intimacy.

Key words: alcohol dependent persons, attachment styles, attachment dimensions, alcohol dependent parent

INTRODUCTION

The purpose of this article is to present and discuss the results of research on a group of alcohol dependent persons in the context of attachment styles and their dimensions. Growing interest in issues of attachment, socio-cultural, psychological, and above all clinical perspectives, is also reflected in the emergence of research on the relationship of attachment styles in patients addicted to different psychoactive substances. In Poland, as of yet, there are no studies in this field. Their implementation, dissemination, reflections and analysis are particularly important because of broad practical implications in many fields such as the therapeutic relationship, the therapeutic process and in-depth understanding of alcohol dependent patients.
Attachment theory described by Bowlby refers to people’s biologically rooted tendencies to create strong emotional bonds with attachment figures (caregivers) in their first years of life [1, 2]. Empirical studies clearly confirm that the history of the attachment relationships significantly affects the shape and quality of interpersonal relationships formed in adulthood, shaping personality and developing a sense of identity, emotional functioning, coping with stress, the presence (or not) of psychopathological symptoms and even health conditions (see examples 1, 3–7). Early interactions with caregivers become a source of knowledge, comprising among others, beliefs, expectations, emotions concerning relations to oneself, others and the world of human relationships. Such knowledge gets expressed in internal operating models throughout the course of one’s life [4]. Internal models that guide the perception and experience of oneself and others in interpersonal relationships are attachment patterns which are defined as strategies of “being with another person”. Research pioneered by Ainsworth involving children has shown that there are qualitatively different ways of functioning in close relationships. Ainsworth et al described three main patterns of attachment: secure, ambivalent and avoidant [8]. Each pattern contains a different representation of one’s own internal “me” and the other person, and only the secure attachment style is based on a positive experience of themselves and others. Subsequent researchers have created similar or slightly modified, but still consistent typologies: Main and Solomon continuing research on children added a disorganised pattern; Hazan and Shaver examining the specifics of romantic relationships of adults distinguished three adult attachment styles: secure, anxious-ambivalent, and avoidant [9]; Bartholomew created a typology of attachment styles with four different categories: secure, preoccupied, dismissive, fearful [2, 4, 8, 10]. Other researchers used several questionnaires that measure various aspects of adult attachment and examined over a thousand people and discovered two distinct dimensions with regards to bonds: anxiety – corresponding to fear of rejection, and avoidance – referring to avoidance of intimacy (closeness). These dimensions are now often used to explain individual differences in the ways that adult humans form bonds. They reflect the basic elements of the behavioural attachment system. The anxiety dimension is associated with evaluating events in the context of the goals pertaining to attachment, such as physical and psychological proximity to the attachment object, or its achievability. The behavioural system keeps track of signs of possible dangers to one’s sense of security in interpersonal relationships or rejection signals. The avoidance dimension, in turn, regulates behaviour associated with search for contact and support for their object of attachment in the event of attachment anxiety or withdrawal and coping alone [4]. It is worth noting that the tradition of thinking about attachment as a categorical variable (style) is derived from clinical and developmental approaches, while thinking about attachment as a dimensional variable stems from the fields of personality and social psychology [11]. The literature provides information of different predictive value extracted from dimensional and categorical approaches, and it is still unclear which approach is the most reliable [11, 12].

Taking into account the fact that insecure attachment patterns increase the risk of psychopathology throughout life, theories that treat alcohol dependence as a disorder
that stems from attachment disorders seem interesting [13]. Theoretically advanced psychodynamic theory sheds some light on this issue, which also includes rich descriptions of trials [14–19, see 20]. Empirical studies confirm that patients addicted to alcohol and other psychoactive substances are very likely to have insecure attachment styles and to display severe anxiety and avoidance in attachment dimensions [21–24], as well as showing that in the group of alcoholics displaying insecure attachment styles there is a higher level of anxiety as a trait, depression, schizoid traits and alexithymia [23, 25, 26]. It is worth noting that there is still very little research in this area, and also that critical analysis shows certain inconsistencies in the existing research in the relationship between styles/dimensions of attachment and alcohol abuse [cf. 27, 28].

The aim of this study was to determine patterns of attachment in Polish alcohol-dependent patients, taking into account gender, as well as addiction in the family (having an addicted parent), which seems to be of importance taking into consideration attachment theory as a theoretical framework. It was assumed that there are significant statistical differences in groups of people dependent and not dependent on alcohol in terms of styles and dimensions of attachment, also taking into account the division of groups based on gender. It was expected that the group of addicts would exhibit a significantly more frequent insecure attachment style and less frequent secure attachment style, as well as significantly more severe dimensions of anxiety and avoidance than the control group and that there would be no statistically significant differences between alcohol dependent men and women. The gender variable was emphasised (treated as the main independent variable). This was motivated by a small amount of research on attachment patterns in groups of addicts disaggregated by gender, especially among alcohol dependent women, and the inconsistency of the results of such studies [27, 29]. Moreover, the hypothesis was tested that statistically significant differences will not occur in the styles and dimensions of attachment in alcohol dependent patients with or without a parent dependent on alcohol. This assumption is based on the dominant contemporary thesis and research showing that symptoms of psychopathology in patients with addicted parents are probable phenomena and not determined by addiction occurring in the family [30, 31], as well as studies suggesting that insecure attachment styles are a risk factor for the development of alcohol dependence, regardless of the risks associated with the occurrence of alcohol dependence in the family [32].

MATERIAL AND METHODS

Participants. The study was carried out between 2011 and 2012. Ninety four alcohol dependent persons were examined (with diagnosis of alcohol dependence according to ICD-10 criteria). They were patients from outpatient alcohol treatment centres in Bydgoszcz and Torun, comprising 53 women and 41 men. The authors conducting the study had not worked in any of the centres where recruitment was carried out for the study. All patients participated in a primary addiction treatment
programme; they maintained abstinence from the shortest period of one week to the longest of three months. Due to the above mentioned small amount of research on patterns of attachment among women studies have focused on their recruitment. Approximately 10% of addicts refused to participate in the study. The control group was selected using “the snowball method” paired with addicted people according to gender and age, 94 non-alcoholics, including 53 women and 41 men. Table 1 shows the characteristics of the two groups. Both groups were similar in terms of gender and age.

**Measures – research tools**

Mieczysław Plopa’s *Attachment Style Questionnaire (KSP)* consists of twenty four statements to which the examined person shall respond by selecting a position on a 7-point scale (where the number 1 represents strong disagreement with regard to the content of statements, while 7 represents total acceptance). The scale has good psychometric properties. The structure of the questionnaire was based on the idea of Hazan and Shaver [9], which implies that the quality and depth of a current romantic relationship with a partner depends on one’s history of attachment relationships created in childhood. The questionnaire allows the identification of three attachment styles:

- **Secure attachment style** is characterised by feeling a high level of satisfaction in relationships with loved ones, and communication based on mutual trust and openness. Dependence on others is perceived positively by persons presenting this style of attachment, and behaviour of a loved one aimed at increasing closeness is accepted. Persons presenting this attachment style have conviction about the availability of a loved one in important and difficult situations. In

<table>
<thead>
<tr>
<th>Age</th>
<th>Non-alcohol dependent persons</th>
<th>Alcohol dependent persons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women N = 53</td>
<td>Women N = 53</td>
</tr>
<tr>
<td></td>
<td>Men N = 41</td>
<td>Men N = 41</td>
</tr>
<tr>
<td></td>
<td>Together N = 94</td>
<td>Together N = 94</td>
</tr>
<tr>
<td>M (SD)</td>
<td>39.77 (11.93)</td>
<td>41.53 (11.32)</td>
</tr>
<tr>
<td></td>
<td>45.20 (10.97)</td>
<td>46.34 (10.90)</td>
</tr>
<tr>
<td></td>
<td>42.14 (11.78)</td>
<td>43.63 (11.34)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td>2 (4%)</td>
<td>6 (11%)</td>
</tr>
<tr>
<td>Vocational</td>
<td>5 (9%)</td>
<td>15 (28%)</td>
</tr>
<tr>
<td>Secondary</td>
<td>25 (47%)</td>
<td>19 (36%)</td>
</tr>
<tr>
<td>University</td>
<td>21 (40%)</td>
<td>13 (25%)</td>
</tr>
<tr>
<td>Addicted parent</td>
<td>19 (36%)</td>
<td>26 (49%)</td>
</tr>
</tbody>
</table>

Table 1. Study group characteristics
problematic situations they reveal a variety of effective coping strategies, including seeking the support of other people. They convey a clear feeling of security.

- **Anxious-ambivalent attachment style** is characterised by frequent concern about the stability of the relationship with a close person, as well as increased vigilance, fear of losing a loved one, and worrying that a loved one may seek alternative relationships. These concerns need not be objectively justified, and states of anxiety are further exacerbated when the partner is not behaving as expected. Persons presenting this type of attachment may cause people close to them to become distant through their ambiguous behaviour, which in turn increases these people’s fear regarding the quality of the relationship, and even increase their uneasiness about its duration. Anxiety often stems from a reduced sense of security.

- **Avoidant attachment style** is characterised by a tendency to avoid close and open relations with partner, strong anxiety and lack of trust in relationships. This style is also characterised by a sense of discomfort in close relationships, and lack of internal approval regarding dependence on a loved one. Intention of loved ones towards greater intimacy can arouse resistance in persons presenting this style of attachment and can cause tension, nervousness, and embarrassment. These individuals feel better when clearly discernible boundaries exist between them and others. In addition, such people lack openness to intimate dialogue or spontaneity. In difficult situations they actively avoid the support of others [33].

Values of Cronbach’s alpha for the scale described above is successively: 0.91; 0.78 and 0.80 [33].

**Nancy Collins and Stephen Read’s Adult Attachment Scale**\(^1\) was constructed on the basis of descriptions of prototype attachment styles distinguished by Hazan and Shaver, also taking into account the availability and sensitivity of the object of attachment and the types of reactions to separation [4, 9]. The questionnaire consists of 18 items and a 7-point scale response (see above) [9]. The authors propose scale analysis of responses to three (relationship, closeness, avoidance) or two (anxiety, avoidance) variables [11, 34]. The highlighted variables turned out to be correlated with styles of love, self-esteem and confidence in other people, among others [4]. In the described studies the two-factor version was accepted, and the conducted factor analysis confirmed the validity of its adoption. The following dimensions of attachment were extracted:

- **Attachment anxiety** determines a person’s level of anxiety regarding feeling rejected and unloved (model of self). Anxiety refers to the anticipated risk sense of security in interpersonal relationships. One of the scale’s statement sounded: “I often worry that my friends do not really like me”. Cronbach’s alpha for the scale was 0.79.

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\(^1\) The scale is in the process of being adapted by Katarzyna Lubiewska, Ph.D. (Institute of Psychology, Kazimierz Wielki University, Bydgoszcz).
Avoidance determines the extent to which the examined person avoids intimacy and is dependent on the other person (model of others). People with higher levels of avoidance will retreat in interpersonal relationships and avoid the support of other people in dealing with difficult situations. Example statement of the scale was: “I am nervous when anyone gets too close”. Cronbach’s alpha for the scale was 0.77.

The statistical analyses used two-way analysis of variance and Student’s t-test for independent samples. The calculations were made using STATISTICA 10.

RESULTS

Table 2 shows the average scores obtained by the investigated persons and the standard deviations in the range of styles and dimensions of attachment.

To test the hypothesis with regard to occurrence of differences in styles of attachment in relation to alcohol dependence and gender, a two-way analysis of variance was used in a 2 (dependence) × 2 (gender) scheme. The data comparison met the basic assumptions for the analysis of variance. Based on the results of the analysis of variance shown in Table 3, it can be concluded that, in accordance with the assumptions, between the groups there were statistically significant differences in styles of attachment. Non-alcoholics differed significantly from alcohol dependent persons who scored lower on the secure attachment scale, and higher on avoidant and anxious-ambivalent attachment scales. In the case of anxious-ambivalent and avoidant attachment styles the scores are also related to the interaction of alcohol dependence and gender.

Table 2. Means and standard deviations (SD) for attachment styles and dimensions in the non-alcohol dependent and alcohol dependent persons

<table>
<thead>
<tr>
<th>Attachment styles</th>
<th>Non-alcohol dependent persons</th>
<th>Alcohol dependent persons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 94</td>
<td>N = 94</td>
</tr>
<tr>
<td>Women</td>
<td>Men</td>
<td>Together</td>
</tr>
<tr>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
</tr>
<tr>
<td>Secure</td>
<td>8.77 (1.99)</td>
<td>8.66 (1.92)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2.36 (0.84)</td>
<td>2.58 (0.70)</td>
</tr>
<tr>
<td>Avoidant</td>
<td>2.11 (1.98)</td>
<td>2.85 (2.35)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2.91 (0.80)</td>
<td>3.02 (0.75)</td>
</tr>
<tr>
<td>Avoidance</td>
<td>3.75 (2.32)</td>
<td>4.73 (2.85)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2.89 (0.83)</td>
<td>3.81 (0.96)</td>
</tr>
<tr>
<td>Avoidance</td>
<td>3.34 (0.80)</td>
<td>3.61 (0.97)</td>
</tr>
</tbody>
</table>
Attachment relationships among alcohol dependent persons

The secure attachment style is differentiated by the presence of alcohol dependence and the results are statistically significant, $F(1.184) = 45.59; p < 0.001$. Non-dependent persons are characterised by a higher level of security in interpersonal relationships ($M = 8.72$) than addicts ($M = 6.36$). Gender and the interaction of dependence and gender in differentiation of the secure attachment style proved to be statistically insignificant (Table 3).

The level of the anxious-ambivalent style is differentiated both by the presence of dependence, $F(1.184) = 58.40; p < 0.001$, and the interaction of dependence with gender, $F(1.184) = 5.03; p < 0.05$, however, is not differentiated itself by gender variable (Table 3). This means that people with alcohol dependence are characterised by achieving higher results in terms of anxious-ambivalent attachment style ($M = 7.01$) than non-alcoholics ($M = 4.18$). The interaction shown in Figure 1 indicate that in the group of non-alcoholics men achieve higher scores ($M = 4.73$) than women ($M = 3.75$); in the case of a group of addicts, women with alcohol dependence are

\[
\begin{array}{|c|c|c|c|c|c|}
\hline
\text{Attachment styles} & \text{Alcohol dependence} & \text{Gender} & \text{Dependence-gender interaction}^* \\
\hline
\text{Secure} & 45.59^{**} & 0.20 & 0.43 & 0.00 & 1.00 & 0.01 \\
\text{Anxious-ambivalent} & 58.40^{**} & 0.24 & 0.24 & 0.00 & 5.03^* & 0.03 \\
\text{Avoidant} & 47.51^{**} & 0.21 & 0.00 & 0.00 & 4.90^* & 0.03 \\
\hline
\end{array}
\]

$^{*}p < 0.05; \; ^{**}p < 0.001$

Table 3. The results of two-factor variance analysis for attachment styles

![Interaction](image1.png)

Figure 1. Interaction of factors: alcohol addiction and gender for dependent variable “ambivalent”
characterised by higher levels of the anxious-ambivalent style \((M = 7.28)\) compared with men \((M = 6.66)\).

Testing the effect of interaction, through the analysis of simple effects using analysis of contrasts revealed that men addicted to alcohol do not differ in a statistically significant way from women addicted to alcohol when taking into account anxious-ambivalent attachment style, \(F(1.184) = 1.53; p = 0.22\), which confirms the hypothesis put forth in the study, while both alcohol dependent men and women vary significantly from male and female non-alcoholics; respectively, for the differences among addicted and non-addicted men: \(F(1.184) = 76.11; p < 0.001\); for addicted and non-addicted women: \(F(1.184) = 56.01; p < 0.001\).

With regards to the avoidant style similar regularities appear. Alcohol dependence differentiates the level of avoidant style in a statistically significant manner, \(F(1.184) = 47.51; p < 0.001\). Persons dependent on alcohol have a higher level of the avoidant attachment style \((M = 4.90)\) than non-dependent individuals \((M = 2.44)\). In addition, the interaction between addiction and gender is also important, \(F(1.184) = 4.90; p < 0.05\). Among non-alcoholics men achieve higher scores \((M = 2.85)\) than women \((M = 2.11)\), whereas among the alcohol dependent, women receive higher scores \((M = 5.25)\) than men \((M = 4.46)\). Differentiation in the avoidant attachment style through the interaction of addiction and gender is shown in Figure 2. The gender variable itself does not differentiate the levels of the avoidant attachment style.

Examination of the effect of the interaction between alcohol dependence and gender in terms of the avoidance attachment style by testing simple effects using analysis of contrasts revealed that alcohol dependent women do not differ in a sta-

![Figure 2. Interaction of factors: alcohol addiction and gender for dependent variable “avoidant”](image-url)
Attachment relationships among alcohol dependent persons

Table 4. The results of two-factor variance analysis for attachment dimensions

<table>
<thead>
<tr>
<th>Attachment dimensions</th>
<th>Alcohol dependence</th>
<th>Gender</th>
<th>Dependence-gender interaction*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>$\eta^2P$</td>
<td>F</td>
</tr>
<tr>
<td>Anxiety</td>
<td>48.24**</td>
<td>0.21</td>
<td>20.61**</td>
</tr>
<tr>
<td>Avoidance</td>
<td>16.88**</td>
<td>0.09</td>
<td>2.35</td>
</tr>
</tbody>
</table>

*p < 0.05; **p < 0.001

Statistically significant way from dependent men, $F (1.184) = 2.58; p = 0.11$, confirming the hypothesis. Both groups however differ in a statistically significant way from non-alcoholic men and women; for dependent and non-dependent women: $F (1.184) = 47.53; p < 0.001$; for dependent and non-dependent men: $F (1.184) = 9.71; p < 0.01$.

To verify the hypothesis concerning the occurrence of differences in the dimensions of attachment for groups of alcoholics and non-alcoholics taking gender into account, a two-way analysis of variance in a $2 \times 2$ (dependence) $\times$ (gender) scheme was also conducted. Based on the results of analysis of variance shown in Table 4 it can be concluded that in accordance with the assumptions there were statistically significant differences between the groups in the dimensions of attachment. Persons with alcohol dependence receive statistically higher scores on scales of attachment anxiety and avoidance compared with non-dependent persons.

The level of avoidance as attachment dimension is differentiated by alcohol dependence, $F (1.184) = 16.88; p < 0.001$. The group of non-dependent persons is less diversified internally, and its members have achieved lower scores in the study ($M = 2.96$) than those with alcohol dependence ($M = 3.46$). In both groups, the results are on a medium level. No significant differences between men and women and interaction effects have been found (Table 4).

The level of attachment anxiety is differentiated in a statistically significant way by alcohol dependence, $F (1.184) = 48.24; p < 0.001$, by gender, $F (1.184) = 20.61; p < 0.001$ and the interaction of both variables, $F (1.184) = 8.21; p < 0.01$. People dependent on alcohol often exhibit higher levels of anxiety ($M = 3.29$) versus non-dependent ($M = 2.45$). In terms of attachment anxiety men dependent on alcohol have the highest scores ($M = 3.81$). Dependent women represent a higher level of anxiety ($M = 2.89$) than their non-dependent counterparts ($M = 2.36$). Differentiating the attachment anxiety variable in relation to alcohol dependence and gender is presented in Figure 3.

Testing the effect of the interaction between alcohol dependence and gender in terms of attachment anxiety, by testing simple effects using a contrast analysis, revealed that men dependent on alcohol differ from the other three groups in a statistically significant manner in terms of attachment anxiety (they achieved higher scores): from dependent women: $F (1.179) = 28.13; p < 0.001$; from non-alcoholic men: $F (1.179) = 41.89; p < 0.001$; from non-alcoholic women: $F (1.179) = 68.24; p < 0.001$. 

153
Dependent women differ in a statistically significant way in terms of attachment anxiety from alcohol dependent men (addicted women achieve lower scores), $F(1.179) = 28.13; p < 0.001$, and from non-alcoholic women (dependent women receive higher scores), $F(1.179) = 9.78; p < 0.01$.

Given the hypotheses and their verification the result indicates that the existence of differences between men and women dependent on alcohol requires further examination by checking the strength of the effect. The partial eta squared coefficient was $0.04$ and showed that the interaction effect of alcoholism and gender in the field of attachment anxiety is very weak (Table 4). It can be assumed, therefore, that in terms of attachment anxiety alcohol dependent men differ from dependent women, but the differences are very poorly defined.

To verify the hypothesis concerning the differences in the styles and dimensions of attachment in alcohol dependent patients with or without a parent addicted to alcohol, thirty alcohol dependent patients (15 men and 15 women) that had a dependent parent were randomly selected, and thirty (similar in age and education) without an addicted parent. The characteristics of two subgroups are presented in Table 5. The requirement to be eligible for the first subgroup – the parent became addicted before the patient was 16 years old, and lived with him/her. For the majority of respondents the addicted parent was the father. Student's t-test was used; found no basis for rejecting the assumption of normal distribution and homogeneity of variance in the compared groups. Statistical analysis showed that between subgroups of alcohol dependent persons with and without a dependent parent there are no statistically significant differences in attachment styles and dimensions (Table 6).

![Figure 3. Interaction of factors: alcohol addiction and gender for dependent variable “anxiety”](image-url)
The results of this study confirm our hypothesis that alcohol dependent persons are significantly more likely to exhibit insecure attachment styles (anxious-ambivalent and avoidant styles) than non-alcoholics, and significantly less likely to display secure attachment style. As indicated by the results obtained, alcohol dependent persons also differ from non-alcoholics in terms of anxiety and avoidance attachment as they received higher scores on these dimensions.

These results are consistent with the results of other studies in which the percentage distribution of the occurrence of the secure style in people addicted to alcohol varies from 5.4 to 40%, while insecure attachment styles vary from 66 to 94.6% [21, 23, 24, 35]. Studies have also shown that among addicts variables such as the avoidance of closeness and fear of intimacy assume much higher values than in patients.
without addiction [22]. It seems therefore, that the occurrence of insecure attachment styles and dimensions of such intensity (that indicates feelings of mistrust in interpersonal relationships) is prevalent in patients with alcohol dependence. In addition, there are also a number of studies conducted in non-clinical groups, especially among adolescents and students, which show that the presence of insecure attachment styles and high levels of anxiety and avoidance attachment dimensions is associated with alcohol abuse and experiencing serious consequences of drinking [29, 36, 37].

However, when analysing the relationship between alcohol dependence and individual insecure patterns of attachment, there are some discrepancies in the literature, mainly consisting of the fact that the importance of this relationship concerns either the avoidant attachment style only, or only the anxious-ambivalent style, or both styles [27, 38]. On the one hand, this is because of methodological differences, including the use of various scale test patterns to distinguish the attachment and the utilisation of three or four category patterns. Moreover, the available studies often include groups dependent on different psychoactive substances without division into subgroups dependent on individual substances, which in accordance with the concept that there is a phenomenon of preferences of substances depending on the patient’s comorbid psychopathology [14, 39] appears to be a simplification and perhaps contributing to the confusion resulting from these studies. On the other hand, the researchers admit that this variation in the results for individual styles of attachment occurring in addicts is still unclear and requires further study [27, 28, 38].

In the dimensions of attachment studies tend to be a bit more consistent, but those that emphasise the importance of the relationship between alcohol dependence and one dimension of attachment can also be found [29]. The results of our study show that in the group of alcohol dependent persons two insecure attachment styles as well as strengthening of both attachment dimensions, unfavourable for building interpersonal relationships, occur significantly more often. These results are comparable with other studies [24, 35, 40].

According to the initial assumptions, differences in the styles and dimensions of attachment were also found in alcohol dependent men and women compared to non-dependent persons. Both men and women dependent on alcohol exhibit difficulties in establishing secure, trusting interpersonal relationships and at the same time have an increased tendency to feel anxiety and fear about the stability of the relationship, resulting from the lack of a sense of security and/or actively avoiding forming close, intimate relationships. These results are comparable with other studies [23], although there is very little research which takes into account the gender of persons addicted to alcohol. The results of those available are also inconsistent; some of them emphasise the existence of relationships between insecure attachment styles and unfavourable attachment dimensions in men and no association or an association to a limited extent in women [27, 29]. In the context of this study the only variable differentiating attachment styles in alcohol dependent men and women is anxiety; men addicted to alcohol tend to exhibit greater anxiety about being rejected, although it is worth noting that the strength of the correlation is weak. Taking into
account the fact that in women more often than in men the understanding of alcohol dependence is based on a model for reducing stress and anxiety, and the concept of self-medication [41], the results of greater attachment anxiety among dependent men seem to be surprising and require further verification. Similarly, the results indicating the ambiguous relationship between the variables of attachment and gender in the group of addicts require further verification. The results obtained indicate differences between dependent men and women, but these groups are differentiated to a low degree. It seems that results obtained by the authors of the study, showing similar trends occurring in men and women suggest a certain universality of such theoretical assumptions. On the other hand, the results of other studies, as well as a small number of subjects in this study, require one to be cautious about these results.

A striking result demanding attention is the absence of statistically significant differences in terms of styles and dimensions of attachment in alcohol dependent patients with and without a dependent parent. In the context of very broad literature on co-dependency and adult children of alcoholics, there is a very large emphasis on the detrimental effect that a parent’s addiction has on their relationship with their children, the lack of deepened “pathological” ties in this group of patients (having the dependent parent) requires comment. Firstly, it is recognized today, as mentioned in the first part of the article that psychopathological symptoms in patients with addicted parents are not deterministic phenomena and the complex and multidimensional relationships between an individual, including his/her resources and the risk factors occurring at different stages of development need to be considered [30]. Second, as Gąsior noted [31], in a group of adult children of alcoholics a negative image of their mother (as non-drinking parent) and not the image of their father (drinking parent) is associated with the severity of general psychopathological symptoms, post-traumatic stress, anxiety and a reduction in the sense of meaning of life. Thirdly, according to some research, the impact of memories of mothers’ and fathers’ parenting styles on the perception of each other plays a smaller role in dependent persons than in healthy subjects [42]. Moreover, with regard to clinical experience, internalised representation of parents (including addicted parents) often seems to be complicated, ambiguous, and containing a number of defence mechanisms, including idealisation or identification with the aggressor [cf. 43, 44]. It seems, therefore, in accordance with the assumptions of the theory of relations, that besides the fact of addiction in the family, the relationship between the dependent parent and a child is also significant, often complicated [cf. 45]. From the perspective of further research, it would be interesting and important to distinguish the effects of the fathers’ and mothers’ addictions and perception of the addiction on attachment patterns, specifically in a group of addicts. Very little research has been done in this area [cf. 46]. In the context described in this article and earlier studies it can be assumed that conclusions drawn from studies of non-dependent adult children of alcoholics do not necessarily apply to addicted children with addicted parents.

Taking into account the results obtained in this study the practical implications seem important, especially in the therapeutic relationship and the therapeutic alliance
established with alcohol addicted persons. The present study shows that among alcohol dependent patients there will be some that initially experience distrust, fear and insecurity in the therapeutic relationship, not necessarily due to unstable motivation for treatment. These patients may unconsciously recreate old relationships in their interaction with a therapist which probably lacked a sense of security, support and hope driven by internal operating models and styles of attachment. This sheds new light on the issue of termination of psychotherapy by patients or relapse in the treatment of addiction, and – in the opinion of the authors of the article – on the aims of in-depth psychotherapy for alcohol dependent patients. The problems of working with people with insecure patterns of attachment is taken into account in the literature [8], including literature on addiction [13].

A serious limitation of the study is the inability to answer the question of how insecure attachment styles and unfavourable attachment dimensions coexist with or precede alcohol dependence, and to what extent they are the result of psychological changes and changes in interpersonal areas, as consequences of alcohol dependence. Some answers are brought by theoretical assumptions and by empirical studies emphasising that suspicious patterns of relating to other people are not associated with the length and depth of dependence [26]. However, this requires further studies, which would also include a greater number of people. Also, the impact of the prevalence of addiction in the family on the distribution of attachment styles and dimensions imposes the need for further, in-depth research, including the division of the subjects by gender and the gender of the dependent parent. Another limitation of the study is purposeful selection of subjects from patients in rehabilitation centres involved in psychotherapy, which does not allow for generalisation of the results obtained for the entire group of people addicted to alcohol. In further studies, it would also be worth taking into account such variables as education and data such as duration of addiction, the number of treatment episodes, and the presence or absence of an intimate partner, particularly in a group of dependent persons. Lack of such information is treated also as a limitation of the study.

CONCLUSIONS

The results demonstrate that alcohol dependent men and women differ from non-alcoholics in terms of styles and dimensions of attachment. Dependent persons are significantly less prone to manifest secure, trusting attachments to others, in contrast, they are more likely to exhibit distrust, fear, insecurity and to avoid closeness and intimacy in relationships with loved ones. According to our theoretical assumptions, maintaining such attachment styles with other people could contribute to the development of addiction. It was also shown that there is no statistically significant difference in the styles and dimensions of attachment between patients with or without an alcoholic parent.
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Submitted: 05.11.2013
Accepted: 12.03.2014