

GROWING INTO ADDICTION: EXAMINING THE RELATIONSHIP BETWEEN CHILDHOOD ATTACHMENT AND SUBSTANCE USE DISORDER

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ABSTRACT

This article reviews the literature on attachment theory and substance use disorder (SUD), risk factors, and treatment for SUDs. The purpose of this article is to help foster a deeper understanding of what attachment theory is and what it could offer treatments involving people suffering from SUD. When looking at attachment-based therapies for SUD, little research has been done in a clinical or longitudinal study to confirm short-term attachment-based therapies' success when treating people suffering from SUD. It is crucial to discover a more comprehensive treatment for SUD to help those in recovery abstain from substances over the long term, avoid relapse, and establish healthier relationships. Exploring this could fuel further longitudinal research and give more populations access to comprehensible care that addresses the underlying factors of addiction instead of merely addictive behaviors.

Keywords: Substance use disorder (SUD), Attachment theory

INTRODUCTION

Attachment Theory is becoming a well-researched phenomenon in psychological research. Attachment Theory suggests that the parent and child relationship is the foundation of an individual's future cognition and behaviors across the life span (Liu & Ma, 2019). It can be either secure or insecure and is formed during infancy. Exercised when infants are scared, uncomfortable, or stressed, attachment causes them to reach out to parents or caregivers to soothe and comfort them (Fearon & Roisman, 2017). If caregivers are attentive and sensitive to their infants' needs, responding to the infant's cues, the infant is likely to develop secure attachment. Contrastingly, if the caregivers neglect or ignore the infant's needs, the infant is likely to form insecure attachment (anxious, avoidant, disorganized). Whether secure or insecure, attachment

is an adaptive function used to cope with environmental stimuli long after infancy, remaining consistent over the lifespan (McNelis & Segrin, 2019). Notably, both types of attachment impact personal relationships. People with secure attachment tend to have more instances of long-term and committed romantic relationships, regulate emotions more effectively, seek more social support, and achieve short- and long-term goals more often (Szepeswol & Simpson, 2019). However, Szepeswol and Simpson (2019) found that people with insecure attachment may externalize their issues, turning to maladaptive coping mechanisms, expressing higher levels of substance abuse and overall less appropriate behaviors. After reviewing the literature, it is clear there is a connection between attachment and maladaptive coping, such as substance use disorder

(SUD), that begins in infancy rather than merely adulthood.

Substance use disorder is a highly researched behavior in psychology due to the life-and-death nature of the disorder. SUD is defined as habitual and excessive drug and/or alcohol usage that affects the user's social, emotional, physical, and psychological health (Mafa & Makhubele, 2020). Aside from affecting the user of a given substance, SUDs have significant social impacts on others. As such, drug abuse is associated with lower levels of emotional intimacy in families, friendships, and relationships across all areas. Strathearn et al. (2019) detailed in their review that substance use, and the related behaviors also affect parent-child attachment (Strathearn et al., 2019). Children with parents who are addicted to drugs are more likely to develop SUD. Moreover, neglect and maltreatment may be transmitted over generations (Greene et al., 2020). It seems there is a link between relationships with primary caretakers and future instances of drug use disorder (Strathearn et al., 2019). There is also a significant relationship between SUD and the development of insecure attachment, as utilizing substances can be a way to externalize unmet needs in infancy, triggering the same processes that would be available if they pursued emotionally intimate relationships.

These two topics have several intersections that may be beneficial to investigate. Cockroft et al. (2019) analyzed the literature on women seeking treatment seeking SUD. They found that trust may impact help-seeking behaviors for substance use problems (Cockroft et al., 2019). Attachment theory suggests that this trust is developed in childhood and helps people navigate the world (Kim & Miller, 2020). So, if there was a lack of trust in childhood, it would affect individual trust in the healthcare system and the likelihood that one will pursue treatment for SUD (Cockroft et al., 2019). When considering the various specifics of attachment, individuals with insecure attachment may not seek treatment to avoid needing to trust someone and depend on them for care and rehabilitation due to their drug abuse disorder.

This literature review seeks to highlight the link between attachment and SUD and provide context as to if shifting attachment style could help treat people abusing substances. Understanding attachment theory and the contributing factors

to addiction may help further academic research about treatments in rehabilitation centers specifically focused on how attachment can help treat SUD. This can potentially provide more comprehensive and accessible treatment to underserved populations.

This paper will first provide definitions for and implications of SUD. It will also explore the relationship of SUD and its impact on interpersonal relationships. It will do this by looking at the origins of SUD, the effects of parental SUD on children, how peers affect the development of SUD, and SUD treatment. Gaps in treatment for SUD will also be explored. Following this, attachment theory will be explained, differentiated, and applied to understand associated maladaptive behaviors and coping mechanisms. Finally, the intersection of these two topics will be synthesized and analyzed, highlighting the role of attachment in the development of SUD, and further, how this affects how people form and maintain their relationships. Treatments of SUD will also be discussed concerning attachment theory. Finally, this paper will provide suggestions for how this literature can be applied to clinical and longitudinal research to add evidence to the effectiveness and comprehensiveness of attachment theory treatment in in-patient, support groups, and other SUD treatment options.

SUBSTANCE USE DISORDER

There are many explanations as to why someone may become habitually addicted to substances. Pinedo (2019) identified SUD as a disease that results in dependence on illicit substances such as drugs and alcohol (Pinedo, 2019). The study utilized a cross-sectional design to examine SUD. Researchers found that after exposure to these substances, users grow dependent on them and grow a tolerance, indicating the amount needed to get the same effect rises, causing the user to need more to achieve the desired outcomes. Other research defines SUD, specifically alcohol abuse, as a disorder in emotion regulation rather than a disease (Zdankiewicz-Scigala & Scigala, 2020). Zdankiewicz-Scigala and Scigala (2020) utilized questionnaires to come to their conclusions. In their interpretation, people use alcohol for the short-term benefits of coping with emotions instead of engaging in adaptive and healthy coping. Still, other research views SUD as a result of personal condi-

tioning (Ray et al., 2019). Ray et al., 2019 utilized a qualitative literature review, and they theorized that people condition themselves to use alcohol or illicit drugs because of perceived social and short-term benefits (Ray et al., 2019). According to the figures gathered by the Substance Abuse and Mental Health Services Administration (2022), 37% of the 2.2 million adolescents suffering from SUD in 2021 were using illicit drugs. Of the aforementioned 37% of adolescents, 27.7% were diagnosed with major depressive episodes (MDEs), and 10.7% who recorded as not suffering from MDEs (Substance Abuse and Mental Health Services Administration, 2022). Hence, a significant risk factor in drug abuse is an individual suffering from depression. Some research cites adult attachment as one pillar of why SUD occurs (Naeim & Rezaeisharif, 2021). For example, researchers looked at adult attachment, finding that attachment combined with poor skills in mood reconstruction utilizing emotional intelligence, attention, and differentiation were the factors that put some men at risk for SUD (Naeim & Rezaeisharif, 2021). Finally, some research cites the environment as a potential indicator and risk factor for future occurrences of SUD (Naeim & Rezaeisharif, 2021; Pinedo, 2019; Ray et al., 2019; Substance Abuse and Mental Health Services Administration, 2022; Zdankiewicz-Scigala & Scigala, 2020). Despite differing ideas of where SUD comes from, the foundation of SUD may come from childhood.

CHILDHOOD AND SUD

The literature on SUD shows a significant relationship between substance use and childhood environment, parenting, and attachment. For example, Kendler et al. (2021) utilized a control study to examine childhood environments effects on Alcohol Use Disorder. Researchers suggested that the way children are raised when parents suffering from alcohol use disorder may themselves have a significant chance of developing alcohol use disorder. This was true, accounting for more than biological effects, as results were significant accounting for biological siblings, half-siblings, and adopted siblings (Kendler et al., 2021). Further, Goldschmidt et al. (2019) used a longitudinal study to examine the correlation between prenatal alcohol exposure and levels of alcohol dependency in specifically 22-year-olds. They found that indi-

viduals exposed to at least one drink per day during gestation are at risk of higher levels of drinking and alcohol abuse at the age of 22. Research consistently shows that childhood maltreatment, such as neglect and abuse, is notably correlated with alcohol-related problems in young adulthood (Shin et al., 2019). Maltreated children are 2-6 times more likely to use alcohol later in life compared to children who were not exposed to adversarial conditions in childhood (Shin et al., 2019). Further, paternal warmth is a significant connection between emotional abuse in childhood and alcohol abuse in adulthood (Shin et al., 2019).

Parental behavior is not the only basis for SUD risk. Shin et al. (2018) found that exposure to multiple adverse childhood experiences (ACEs) is related to substance use during young adulthood and that ACEs occur together rather than in isolated circumstances. An increased number of ACEs is correlated with an increased risk for SUD in young adulthood. To measure this, the 10-point ACE questionnaire was developed and included questions that highlight parent-child relationships (Zarse et al., 2019). This is important to mention because the questions particularly consider the dysfunctionality in parent-child relationships through parental incarceration, substance use/abuse, divorce, and (lack of) support. This highlights the critical role that parental relationships have in a child's life, thus influencing the child's decisions even in late adulthood. Crouch et al. (2018) showed that ACEs are associated with an increased likelihood of reported binge drinking habits and that the presence of an individual in a household with a mental illness increased binge drinking odds in men. Exposure to emotional abuse in childhood increased binge drinking odds in women. Men and women who reported having four or more ACEs were correlated with increased binge and heavy drinking habits when compared to respondents with three or fewer ACEs. It is clear environment affects the risk of people developing SUD.

Important environmental factors in childhood are a child's parental figures. Parental figures can be the same as parents but are defined as people who function as parents in children's lives (Power Definitions of Parental Figure, 2023). For example, a mom can be a parental figure. But if both parents die or are absent, someone not biologically related can be a parental figure, too (Power Definitions

of Parental Figure, 2023). As noted by Mathibela and Skhosana (2020), the relationship between parents and their children determines their children's choices. Children are three times more likely to abuse substances if they have a parent who abuses substances (Gallop et al., 2020). Gallop et al. (2020) utilized a case study design to examine the effects of a child's upbringing on SUD. Results suggested that children can develop substance addiction due to their upbringing, attachment style, and the traumatic events associated with having an addicted parental figure. Along with genetic and biological influences, psychosocial factors such as fitting in with peers can further motivate SUD.

Peers may affect the risk for SUD. Greene et al. (2020) further highlight this fact, finding that parents who were neglected themselves are more likely to neglect their children and withdraw emotionally from them. This is similar to avoidant attachment (Kim et al., 2021). Neglect and maltreatment are also correlated with higher occurrences of SUD (Greene et al., 2020). Furthermore, adolescents raised within conflict-heavy households have a higher chance of developing SUD (Imam et al., 2021). Imam et al. (2021) used 200 clinically diagnosed patients, 100 of whom were diagnosed with SUD. They were investigated utilizing scales about depression, temperament, family environment, and more (Imam et al., 2021). They found that highly conflict-oriented families may foster anxious-ambivalent or avoidant attachment styles in adolescents, who are then likely to turn to substances to escape their stressors (Andersen, 2019; Imam et al., 2021). These environments lead to high stress and, thus, may contribute to the adolescent developing SUD (Andersen, 2019; Mathibela & Skhosana, 2020). Marital conflicts and divorces are other sources of family conflict that lead to feelings of detachment; as a result of distress, while feeling detached from their support (i.e., their parents), adolescents amidst the split family are prone to higher rates of SUD (Mathibela & Skhosana, 2020). Peers are just as crucial in understanding environmental risks and influences of SUD as parental figures.

Parental figures may transmit behaviors and attachment throughout generations. Strathearn et al. (2019) found that components of avoidant attachment may be transferred throughout generations. For example, neurobiology may help develop

attachment cues in parents to respond accurately to their infant's needs (Strathearn et al., 2019). Neurobiology systems signal the release of dopamine, oxytocin, and glucocorticoid after parents respond to the child in a secure way (Strathearn et al., 2019). This triggers feelings of reward and closeness in the child that reinforces that caregivers will meet their needs. When parents do not answer the infant's stress-related cues, the infant must use other ways to cope (Strathearn et al., 2019). This can result in avoidance of relationships or overly seeking them. Interestingly, these same systems are the same ones that are triggered during substance use (Strathearn et al., 2019). It is obvious to see that there is ample literature to show that attachment may play a prominent role in why some people abuse illicit substances and why others do not.

TREATMENT FOR SUBSTANCE ABUSE DISORDER

There is much debate over what is the best way to treat SUD. The most common responses are medication, psychosocial therapies, and in-patient/outpatient treatments, all of which show a large amount of variation in their efficacies (Connor et al., 2021; Kreek et al., 2019; Presnall et al., 2019; Ray et al., 2019). For example, a study by Kreek et al. (2019) found no cognitive or behavioral treatments have been entirely effective for treating opioid disorders, and only 10% of opioid abusers ever achieve long-term or permanent abstinence without medication. This has been explored in many capacities. For example, Presnall et al. (2019) conducted a study utilizing Medicaid information that found cognitive behavioral therapy is not necessarily effective for treating opioid addiction (Presnall et al., 2019) but is helpful for alcohol (Ray et al., 2019) and certain substance use addictions like cannabis (Connor et al., 2021). Connor et al., 2021 found that cannabis abuse can be treated using motivational enhancement therapy and contingency management. Still, there is little evidence to show that utilizing these types of therapy helps reduce relapse and reduce abstinence from cannabis over the long term.

Moreover, researchers found cannabis addictions are associated with poor mental health and social functioning, which causes psychosocial treatment alone not to be effective (Connor et al., 2021). Presnall et al. (2019) found that opioid addiction was best treated with medication and psycho-

social therapy, but one needed both to effectively treat SUD. There are challenges with this approach also (Pinedo, 2019). For example, daily medications are easy to administer in in-patient facilities, but once people leave in-patient facilities, it may be hard for them to get the support and resources they need to continue their pharmacotherapy. Psychosocial treatment also has a 30% dropout rate, and higher dropout rates are associated with higher relapse-rates (Lappan et al., 2019). Moreover, these types of therapies can be challenging to access. There are many gaps in the therapeutic process that make SUD treatment ineffective. Some treatments need more social support. Some treatments have higher rates of relapse. Medications do not always solve SUD-related symptoms. There is a need for better SUD treatments.

There are many reasons that one may not be able to access the mental health resources needed to cope with SUD. Meyer et al. (2019) utilized InWomen's 2017 meeting to further understand the mental health resources for SUD treatment. Pinedo (2019) utilized a cross-sectional national survey to investigate the same issue. These researchers found that trauma (Meyer et al., 2019), finances, access, or culture (Pinedo, 2019) all limit specific populations from getting the help they need to treat their SUD. For example, Meyer et al. (2019) found that women dealing with SUD also report dealing with other factors such as homelessness, trauma, domestic violence, medical issues, and social expectations. This makes treating this population difficult (Meyer et al., 2019). Insurance also causes a disparity between White, Black, and Latino populations (Pinedo, 2019). Pinedo (2019) looked at the cost of SUD treatment using a cross-sectional design on a national level. Researchers found that the cost of specialized treatment for SUD is expensive, and insurance coverage is denied for Non-White populations at a higher rate than for White people. They also found that cultural factors make it difficult for these populations to access treatment for their SUD. There is an obvious need for a different therapy that addresses not only addictive behavior but treats and prevents underlying factors of SUD (Schindler, 2019). Attachment-based therapy may be the best way to treat SUD moving forward. It may mitigate the lack of social, biological, and psychological contributions to relapse and future hardship with SUD symptoms.

ATTACHMENT STYLES

There is a growing interest in Attachment Theory in the world of psychology. Attachment Theory is defined as a pattern of a relationship between individuals (Thompson et al., 2019). Much of this theory focuses on the development of parent-child relations and parental relationships' significance for social and personality development. John Bowlby originally proposed attachment theory to describe the emotional impact of child-parent relationships throughout the lifespan (Liu & Ma, 2019). There are two primary attachments: secure and insecure (Kim & Miller, 2020). These affect how much people feel they can rely on others for support and how they form emotional connections and relationships throughout their lifespan. One can have secure attachment if their stressors and needs are met with sensitive, attentive responses by caretakers (Szepeswol & Simpson, 2019). Individuals with secure attachments can confidently ask for support from others while maintaining close emotional relationships with them.

Insecure attachment results when parents do not effectively meet the infant's emotional needs. Insecure attachment occurs when infants experience harsh, unresponsive, or neglectful parenting (Szepeswol & Simpson, 2019). Under the umbrella of insecure attachment, there are two further responses: anxious and avoidant attachment (Kim & Miller, 2020). Anxious attachment helps individuals to gain emotional closeness with others, even if it costs them their own needs. It often stems from the belief developed in infancy that they are not worthy of love and comfort. Avoidant attachment causes individuals to avoid closeness and emotional dependence. This is often created as a response to protect themselves from rejection.

SECURE ATTACHMENT

Secure attachment is another subtype of attachment. Secure attachment results when consistent and responsive caregiving is administered to the infant by its caregiver (Liu & Ma, 2019). Secure attachment styles are formed in childhood when parents respond to children's needs (Üstündağ-Budak et al., 2019). In this way, the primary strategies that form secure attachment are found in relationships that seek help and express emotions to reduce stress. This allows those with secure attachment styles to be more available to express

their emotional state, demonstrate higher abilities with emotional regulation strategies, and are generally more optimistic about life.

While difficult, someone can develop a secure attachment style at a later period in their life. This can be done through a multitude of positive, healthy habits that promote one's relationship with themselves and others. Individuals with a secure attachment style believe they are worthy of love. They are also reported to be more positive in emotion and deal with conflict in a much more effective way (Dansby Olufowote et al., 2020). Therefore, secure attachment is when an individual has been shown what a healthy relationship is like and uses that information towards their personal relationships.

ANXIOUS ATTACHMENT

Anxious attachment is a type of insecure attachment. Researchers Shtayermman and Zhang (2022) found that anxious attachment may be shown through insecurity and fear of abandonment resulting from early ACEs. Other issues have been theorized when individuals are anxiously attached. For example, researchers found that anxiously attached children may express high levels of aggression towards themselves and others, resulting from the inability to adequately convey their emotions (Maalouf et al., 2022). This was found in Lebanese populations by utilizing a national study. De Sanctis & Mesurado (2022) utilized a meta-analysis and found that anxious attachment is also correlated with hostility, irritability, and anger issues. This anxious attachment and empathy meta-analysis demonstrated an inconclusive relationship between both variables (De Sanctis & Mesurado, 2022). However, research indicates that children experiencing inadequate care affect their adulthood by causing fear and anxiety of abandonment in future relationships (De Sanctis & Mesurado, 2022). Individuals with anxious attachment seek social acceptance from others to feel they belong (De Sanctis & Mesurado, 2022).

Parents and caregivers play an essential role in a child's development as their role establishes guidance, protection, trust, and nurture (Shtayermman & Zhang, 2022). In Australia, an online questionnaire was used to study adulthood attachment, abandonment, parental separation, and divorce (D'Rozario & Pilkington, 2022). The researcher's

results demonstrate a small positive correlation between parents' divorce or separation and abandonment schema, indicating that children under-raised through those situations experience fear of abandonment. (D'Rozario & Pilkington, 2022) The effects on the children progressed until adulthood, disclosing the issues children experience in future relationships.

Furthermore, in a bivariate correlational study, researchers observed 'attachment anxiety' in a hypothetical abusive relationship and security priming scenario (Kural & Kovacs, 2022). Participants primarily remained in the abusive relationship in fear of abandonment, tolerating the long-term consistent abuse (Kural & Kovacs, 2022). Individuals experiencing attachment anxiety perceive themselves as undeserving of love and care, which leads them to stay in abusive relationships. Overall, anxious attachment can lead to vulnerability in adulthood, leading many individuals to suffer in terrible situations that can often guide them to finding acceptance elsewhere (Shtayermman & Zhang, 2022).

AVOIDANT ATTACHMENT

Avoidant attachment is another type of insecure attachment. According to attachment theory, avoidant attachment develops in response to dismissive and fearful parenting styles toward their child (Santrock, 2021). Avoidantly attached people usually have consistently unavailable parents, rejecting, resistant towards their children, and lacking affection. Out of all the attachment styles, avoidant styles are most likely to produce negative relationships in families and promote parental neglect and abuse. Avoidant attachment may be transmitted to offspring in the family.

Further, Tumasian III et al. (2023) found there may be a correlation between mental health and avoidant attachment, particularly in parenting styles. Tumasian III et al. (2023) also found that depressed adults have a higher rate of insecure attachment as caregivers with increasing socioemotional difficulties and psychopathology. Researchers found that caregivers with an insecure attachment positively correlate with raising insecurely attached children (Tumasian III et al., 2023). Avoidant attachment reduces the impairment of social adjustment, contributes to emotional prob-

lems, and perpetuates low self-esteem and depression (Tumasian III et al., 2023).

ATTACHMENT AND COPING

Coping mechanisms are associated with attachment styles. Children begin to process patterns of emotional expression and regulation about their parent-child relationship at an early age (Tabachnick et al., 2022). This study utilized a clinical Attachment & Biobehavioral Catch Up intervention on half of the population and a control condition on the other half. The population, children recruited by child protected services, looked at attachment and parent-child interaction over ten weeks (Tabachnick et al., 2022). Researchers found that children with secure attachment styles utilize more optimal coping skills than insecurely attached children (Tabachnick et al., 2022). Children with secure attachment styles also tend to have better emotional recovery from perceived stressors (Tabachnick et al., 2022). People with secure attachment styles use primary attachment strategies that seek help and express emotions in response to stressors to reduce stress (Üstündağ-Budak et al., 2019). People with anxious attachment styles more often demonstrate different, dysfunctional emotional regulation strategies that are likely to contain rumination and increase negative emotions. Avoidant attachment styles also promote the use of deactivating strategies that implement denial and suppress an individual's need for help when facing life stressors. Avoidant attachment styles also tend to doubt support systems' availability and effectiveness.

ATTACHMENT STYLES AND SUBSTANCE USE DISORDER

Attachment theory can be used as a predictor to determine how someone will cope with stress and change in their life (Wang et al., 2022). Cockroft et al. (2019) found that attachment theory also correlates with who will seek treatment for their issues with SUD. By this logic, it is of the utmost importance to repair this attachment to boost adaptive coping mechanisms and get addicted populations the help they need (Cockroft et al., 2019). Treating SUD can be difficult due to the many factors that could go into addiction. One theory, self-medication theory, states that addictive vulnerability is a result of drug exposure, in addition to one's inability

to understand or tolerate their feelings, which stems from insecure attachment (Khantzian, 1997).

Substances offer relief when individuals cannot regulate their sense of self. Addiction, therefore, may not always be about pleasure-seeking but rather seeking comfort and contact, where substances are taken to self-medicate for self-regulation issues (Khantzian, 1997). Therefore, addicts utilize substances to cope with feelings of alienation from their sense of self instead of using social support (Khantzian, 1997). This results in a decreased effort to establish and foster interpersonal relationships, driving them further from a healthy sense of self. This disengagement from the self and others creates more dependence on substances and drives individuals further into addiction (Khantzian, 1997). In summary, there is a correlation between addiction and a lack of interpersonal relationships and social support.

It is also difficult to decide whether to address behavior or underlying behavior factors. Different counseling approaches disagree on how to approach treatment in this way (Owour & Karega, 2019; Thompson, 2018; Wang et al., 2022). Owour and Karega (2019) utilized a correlational study of Kenyan students to draw associations between drug use and student attachment. They found that counseling tends to address addictive behaviors but not the underlying factors related to why someone may abuse substances (Owour & Karega, 2019). Understanding attachment theory can help address underlying factors to create better relationships and coping and then stop maladaptive coping using illicit substances. One approach to this is family-based therapy, which may work on developing conflict resolution strategies built on healthy attachment, built-in emotional regulation, autonomy, and communication, all of which are effective in dealing with adolescents suffering from SUD (Lewis, 2020). Lewis (2020) utilized quantitative and qualitative methods to research the effects of family-based therapy on SUD. Healthy social attachment may be just as strong of a deterrent to substance abuse as any 12-step program.

Family therapy is not the only approach for incorporating attachment-based therapy into SUD treatment. Attachment-based treatment can also be applied to couples through emotion-focused therapy, which is helpful for couples where one partner is struggling with addiction due to attach-

ment (Thompson, 2018). Thompson (2018) found that emotion-focused therapy targets relational stress and issues that fuel addiction. A change in attachment can occur by bringing attention to and understanding their own emotions. Along with this change in attachment, behaviors of the partner using drugs can also be addressed and treated. Interventions are also used if maltreatment or neglect is seen and addressed in adolescence (Hayre et al., 2019). Hayre et al. (2019) utilized self-report data from caregivers of at-risk teenagers before the intervention. They found that avoidance is one of the main risk factors for drug use in adolescents; adolescents may not confide in authority figures about their struggles or may have no one to go to at all (Hayre et al., 2019). Both types of therapy utilize others to help switch attachment, which many people facing many years of addiction may not have access to.

Studying attachment may also be helpful for therapists who wish to employ it in individual therapy. Suppose an adult is dealing with anxious attachment. In that case, they may engage in more closeness during the start of therapy to address the needs for this attachment and then distance themselves as the client begins to work on applying strategies and coping to shift to secure attachment (Wang et al., 2022). The opposite may be helpful for avoidant clients, where they begin with a more comprehensive therapeutic distance, and then clinicians shorten the distance as treatment continues. Research done by Owour and Karega (2019) showed that therapists that utilized attachment theory in their practice made their treatment more effective for adults utilizing their treatments and services. It may yield better results if mental health professionals could incorporate attachment theory into their SUD therapy.

Coping strategies may also be addressed on an individual level. Wang et al. (2022) found through questionnaire research of 257 college students that instead of coping with stress using alcohol, clinicians can be more helpful by emphasizing the importance of managing with peer support (Wang et al., 2022). To further deal with coping, mindfulness exercises can be used to create mental resilience and emotional coping. Mindfulness can be an effective stress-reducer for SUD (Biedlingmaier et al., 2022). Avoidance of negative thoughts and feelings is a factor of SUD, so by fixing coping

mechanisms, SUD can also be treated (Stevenson et al., 2019). This may occur in the form of mindfulness, which can be used to process emotions and cope with them instead of avoiding them. Mindful attention negatively correlates with avoidant attachment in substance-addicted patients (Tekin et al., 2020). Further, a moderate positive correlation exists between emotion regulation difficulty and anxious attachment level. This is important in SUD treatment because this knowledge can help practitioners increase patient trust in treatment by fostering mindful attention, positively impacting treatment outcomes.

Attachment may help strengthen any treatment for SUD by decreasing psychological distress. There is a significant relationship between psychological distress and attachment style (Gidhagen et al., 2018). Gidhagen et al. (2018) utilized questionnaire data from psychological treatment outpatients to assert that more patients express higher levels of secure attachment after treatment. There may be a correlation between better mental health outcomes when utilizing these practices and pairing them with an attachment-based approach (Stevenson et al., 2019). By using these practices and theories in an individual, couple, or family setting, there are innate strengths to using an attachment-based approach to treating SUD.

CONCLUSION

There needs to be a more comprehensive treatment of SUD in the United States, far surpassing what we have established as commonplace thus far. Promoting and utilizing the theories of attachment may be the answer to addressing underlying factors leading to addiction, and further, the treatment and prevention of SUD. This article provided context to this call by reviewing relevant literature on current treatments of substance abuse and current theories of attachment to provide insight into how attachment could inform better treatment for people suffering from SUD. Exploring this will help develop more comprehensive treatment options for SUD in both in-patient and support group settings. By connecting SUD and attachment theory, one can understand that addressing childhood environment and relational factors may hold the key to producing lasting change in the lives of those suffering from SUD.

As discussed, someone develops secure (trusting and intimate) or insecure (avoidant or anxious) attachment in response to how their needs were responded to in infancy. One plausible explanation for addiction is that people with SUD cope with stress by using substances instead of other adaptive behaviors, such as seeking social support. Attachment in childhood may be a driving force behind addiction, and by repairing attachment, SUD could be treated as well. Future research must investigate attachment therapy alongside traditional medication, in-patient, and support group strategies to treat addicts on an individual, couple, or family basis. By using research to give more clinical trials and longitudinal studies to assess effective ways to shift attachment away from avoidant or anxious to secure attachment, healthcare can comprehensively treat SUD in a way that is cheaper, more accessible, and longer lasting than current treatments.

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