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Investigating the relationship between attachment styles and addiction severity



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ABSTRACT

Introduction: The results of some studies show that personality patterns in response to stressful stimuli play an important role in the possibility of developing psychological trauma. The present study investigates the relationship between attachment styles and severity of addiction in patients referred to drug rehabilitation center of Dr. Ali Shariati Hospital Fasa in 2016.

Method: In this cross-sectional study, by using random sampling method, 150 of those addicts who had referred to drug rehabilitation centers of Shariati Hospital were selected. Therefore, Collins and Read's standard questionnaire of attachment styles and addiction severity index (ASI) were used to collect data. Data were analyzed with SPSS software version 19, using descriptive statistics (mean, standard deviation) and inferential statistics (correlation coefficient and ANOVA).

Results: The mean age of subjects was 33.14 ± 2.49 years, and all of them were men. Sixty percent ($n = 90$) were married and 40% (60 patients) were single. The results of this study showed that the type of drug used by participants is different and most of them use opiates. There was a significant relationship between insecure anxious and ambivalent attachment styles and severity of addiction ($p = 0.001$).

Conclusion: Most addicts have insecure attachment styles including ambivalence and avoidant style. Also, people who have insecure attachment styles, have a more severe addiction. Therefore, it is suggested to the authorities to hold some classes and workshops to increase the awareness of families on the impact of attachment styles on psychological characteristics of individuals, such as addiction.

Keywords: attachment styles, addiction, Fasa

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INTRODUCTION

Nowadays, governments are incurring heavy costs to fight drug abuse. This phenomenon, as a personal and social dilemma, has been the focus of attention of many specialists in different areas. Undoubtedly, the importance of establishing effective prevention and treatment strategies has been obvious to all for many years. The emphasis on effective factors in drug addiction and repeated relapse more than anything is associated with the formation of durable personality patterns, and this personality pattern is hugely influenced by the orientation of character development. Personality patterns and attachment styles are among the main factors affecting drug addiction and its repeated consumption.¹

One of the factors affecting the quality of life involves early childhood experiences. Mother and child are two creatures whose lives are astonishingly connected with each other.² Bowlby's attachment theory which was introduced in 1969, suggested that initial emotional bonds which are internalized between mother and child in the form of mental models will be extended to the wide range of interpersonal relationships of the child in the future, and the pattern of these relationships (or attachment styles) will almost remain stable

throughout life.³⁻⁵ According to various studies, attachment style is an important predictive factor for mental health.^{6,7} In a general definition, there are three major attachment styles: secure attachment, insecure avoidant attachment, and insecure anxious-ambivalent attachment. For people with secure attachment styles, it is easy to establish close relationships with others, and they feel comfortable when they rely on the others or if they allow the others to rely on them. People with avoidant attachment style feel uncomfortable when they are close to the others, and they cannot completely get closed to the others. People with anxious-ambivalent attachment style are people who feel that the others are not willing to have close relations with them as much as they want. They are often worried that their spouse does not love them or does not want to live with them in the future.^{8,9}

In recent years, several types of research have been conducted regarding the relationship between character backgrounds and addiction. During a research which was conducted by Finzi-Dottan et al. in 2003, the attachment styles of the drug addicts reported as follows: 61% avoidant attachment style, 27% secure attachment style, and

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12 percent ambivalent attachment style.¹⁰ In 2007, Rick et al. conducted a research and reported that 34% of alcoholic patients had secure attachment style. Most of them (66% of the patients) had insecure attachment styles, and these findings were consistent with the results of Vungkhanching.^{11,12}

Keshavarz and Broodin believed that attachment style and parenting style is effective in drug abuse and expressed that parenting styles are influenced by the culture of each community.¹³ Kheiri in 2013 stated that in his study of an addict group, the highest percentage of perceived attachments were related to insecure and avoidant attachments.¹⁴ Findings of Zarieie et al. in 2011 showed that secure attachment style is a negative predictor and insecure style is a positive predictor of drug abuse. Also, it is believed that drug addiction occurs when people fail to grab the attention of others in the form of attachment.¹⁵

Drug abuse incurs huge costs on governments and leads to many personal and social problems for the individual. So far, a few studies have been conducted to investigate the severity of addiction with regard to personality traits, but these studies show different results. Thus we decided to design a study with the aim of investigating the relationship between attachment styles and addiction severity index to identify attachment styles and its existing relationships. This can be used to develop cultural programs and provide them to people with different personality patterns, in order to prevent their further side effects.

METHOD

This study was a cross-sectional study. The sample size in this study was 150 subjects, which were obtained based on former studies and by using Cochran formula in the population of drug addicts.¹⁶ Samples were selected by using convenience sampling method. Inclusion criteria include drug addiction and consent to participate in the study, while the exclusion criteria include: unwillingness to cooperate and having a psychiatric record. In accordance with ethical principles and to encourage drug addicts to get their consent, we assured them about their anonymity. In this study, three questionnaires were used to collect the data. In order to obtain personal information demographic questionnaire was used, including age, gender, marital status, and income. In order to measure the severity of addiction in patients the standard questionnaire of addiction severity index (ASI) was used. This questionnaire is a semi-structured interview which is conducted by trained researchers as a face-to-face interview with patients and collects patients' problems in every area during the last 30 days, during the last year, and over

their lifetime. Each section provides a combined total score between (0-1), and it ranks the status of the individual in that section. This questionnaire contains 116 questions: 8 questions about medical condition, 21 questions about job status, 24 questions in the areas of drug and alcohol consumption, 27 questions about legal status, 23 questions on family status and 13 questions about the mental state of the patient. The reliability and validity of the Persian version of this study have been measured by the research department of Tehran University, with the collaboration of Center for Addiction Studies and Budget, Headquarters for Combating Drugs.¹⁷ Collins and Read's standard questionnaire of attachment styles was used to determine the attachment styles of the subjects. This scale includes a self-assessment of relationship building skills and self-descriptive method of forming attachment relationships towards close attachment figures and consists of 18 questions. This scale is measured by marking on a 5 point scale (Likert-type scale), and it ranged from "it does not match with my characteristics at all (1)," to "it perfectly matches with my characteristics (5)." In this questionnaire questions 1, 6, 8, 12, 13, and 17 measure secure attachment. Questions 2, 5, 7, 14, 16, and 18 measure avoidant attachment and finally questions 3, 4, 9, 10, 11, and 15 measure anxious-ambivalent attachment. In cases where the questions should be scored with using a reverse approach (which are marked with an asterisk in the scoring instruction) scores of 4, 3, 2, 1 and 0 must be considered for items 1 to 5, respectively. Questions marked with an asterisk should be inversely scored, before summing up. The scores of 6 items of each scale are added to obtain the sub-scale score. These questionnaires will be completed either in a face to face manner or with a combined approach (both by researcher and in some cases by the patient). After collecting data, they will be analyzed by using descriptive statistical methods, Pearson correlation coefficient, Mann-Whitney test and one-way ANOVA. The tests were performed in SPSS version 19.

RESULTS

This study was conducted on 150 drug addicts referred to drug rehabilitation center of Shariati Hospital. The mean age of subjects was 33.14 ± 2.49 years and range from 22 to 54 years old. All participants were male. Also, 60% ($n = 90$) of them were married and 40% (60 patients) were single. Most of the participants had educational degree lower than a diploma. The average income of most of the participants in the study was above one and a half million Tomans. Most of the participants were

Table 1 Number and percentages of demographic variables of participants

Variable	Percentage	Number	Amount
Income	9.2	14	500,000 to 1,000,000 Tomans
	63.2	96	1,000,000 to 1,500,000 Tomans
	27.6	42	More than 1,500,000 Tomans
Education	21.4	32	Illiterate
	36	54	Under Diploma
	16	24	Diploma
	16.6	25	Undergraduate
	10	15	Graduate
Job	4	6	Retired
	24	36	Employee
	26	39	Unemployed
	46	69	Self-employed

Table 2 Number of participants and the type and percentage of drugs consumed by them

Variable	Percentage	Number	Type
The type of drug	57	85	Opium
	14	21	Heroin
	43	65	Burnt juice
	8	12	Marijuana
	29	43	Alcohol
	1	2	Barbiturates
	10	15	Benzodiazepines
	41	61	Opiates containing medicines

Table 3 Scores of each section of ASI questionnaire; in the form of mean \pm SD

Variable	Mean \pm SD	Combined score of each section
Addiction Severity Index	0.19 \pm 0.33	Combined medical score
	0.62 \pm 0.27	Combined score of employment
	0.14 \pm 0.07	Combined score of alcohol
	0.32 \pm 0.11	Combined score of drugs
	0.07 \pm 0.07	Combined score of legal issues
	0.25 \pm 0.22	Combined score of family issues
	0.33 \pm 0.19	Combined score of psychiatry

Table 4 The scores of different attachment styles and the number of people related to each attachment

Variable	Percentage	Mean \pm SD	
Different attachment styles	21% (n=32)	3.09 \pm 3.03	Secure
	37% (n=53)	15.13 \pm 4.02	Avoidant
	42% (n=63)	16.59 \pm 3.20	Ambivalent

self-employed. As much as 121 of them had a driving license. Table 1 shows number and percentages of demographic variables including income, education, and job.

The results of this study showed that participants use different types of drugs; most of the participants use opiates. Table 2 shows different types of drugs used by the participants. Findings indicated that the lowest age of onset of drug abuse was related to the consumption of cannabis at the age of 12 and the highest age of onset of drug abuse was related to heroin at the age of 33.

Based on the findings and according to the addiction severity index, the scores of each section of ASI questionnaire were obtained, and the scores of attachment styles were obtained by using Collins and Read's standard questionnaire of attachment styles which are reported in Table 3 and Table 4, respectively.

In this study, by using Pearson correlation test the relationship between demographic variables and the severity of addiction was evaluated and which is shown in Table 5.

Also, after conducting posthoc ANOVA tests, the results showed that there are significant relationships between insecure attachment styles (ambivalent style and anxious style) and severity of addiction. Since the significance level of posthoc test (regarding the comparison of avoidant and ambivalent attachment styles) is more than 0.05, thus there is no significant difference between these groups regarding the severity of addiction. Considering that the significance level of posthoc test (regarding the comparison of different educational levels) is less than 0.05, there is a significant difference between these groups regarding the severity of addiction. The results of mean difference column show that the severity of addiction in people with insecure attachment styles is more than those who have secure attachment styles.

We also evaluated the relationship between attachment styles and severity of addiction by using one-way ANOVA test. Since the significance level is less than 0.05, so there are significant differences between different attachment styles and severity of addiction. The data obtained from this test are shown in Table 6.

DISCUSSION AND CONCLUSION

The aim of the study was to investigate the relationship between attachment styles and severity of addiction in patients referred to drug rehabilitation center of Shariati Hospital. The results showed that most substance users have insecure attachment styles; including ambivalence and avoidant styles. Findings indicated that 42% of the participants had

Table 5 Pearson correlation coefficient between demographic characteristics and severity of addiction

7	6	5	4	3	2	1	Age	
							0.095	1
						-0.168	0.254	2
					0.322	-0.321	0.034	3
				-0.346	-0.091	-0.011	0.116	4
			0.225	0.302	0.041	-0.242	0.084	5
		0.255	-0.111	0.422*	0.112	-0.151	-0.286	6
	0.321	0.627**	0.350	0.456*	0.046	-0.236	0.112	7
0.620**	0.525**	0.612**	-0.011	0.521**	-0.258	-0.310	-0.086	8

1-Education, 2-combined medical score, a 3-combined score of employment, a 4-combined score of alcohol 5-combined score of drugs, a 6-combined score of legal issues, a 7-combined score of family issues, and an 8-combined score of psychiatry; P <0/05*; P <0/01**.

Table 6 One-way ANOVA test between different attachment styles and severity of addiction

	Sum of squares	Degree of freedom	Mean Square	F-statistic	P-Value
Between groups	27.692	6	6.726		
Within groups	24.932	72	6.177	38.045	0.001
Total	52.692	75			

ambivalent attachment style and 37% of them had avoidant attachment style.

According to the findings, people with insecure attachment styles (including avoidant and ambivalent attachment styles) had more severe addictions. The high number of addicts with insecure attachment styles is consistent with former studies reported in this area.¹⁸ This finding supports the results of studies which have investigated the relationship between attachment styles and psychopathology.¹⁹ Moreover, it seems that this finding is consistent with the studies of Dozier et al., also on the prevention and treatment model of Liz and Franz and finally with the cognitive conceptualization of addiction proposed by Judith S. Beck.^{20,21} Dozier has highlighted the role of compensatory strategies of insecure children as a risk factor in mental health. Liz and Franz emphasize the role of difficult and traumatic experiences in early life on the establishment of basic opinions, negative emotions, and increasing the possibility of drug abuse. Also, Beck has specified the crucial role of childhood experiences in the establishment of basic opinions, and compensatory strategies that probably play the most important role in drug abuse. The possibility of experiencing negative emotions, poor coping skills, immature mechanisms, defective cognitive style, and personal and interpersonal

psychological conflicts is higher in people with insecure attachment styles, and these factors may increase the risk of substance abuse.²⁰ It seems that mentioned problems in insecure people put them at a greater risk of substance abuse; as a self-healing mechanism for mitigation and suppression of negative emotions and experiences. Significant long psychological silhouette in addicts is also consistent with the reports of relevant studies.²⁰ Reviewing the research literature in this area suggests that people who are at the risk of substance abuse and have mental disorders are more likely to follow the interaction principle; meaning that people who show signs of desire for drug abuse in adolescence are more likely to have abnormal behavior patterns. With the beginning of drug abuse, these patterns will intensify, and intensification of these patterns will exacerbate the drug abuse too. Finally, this vicious cycle -which undoubtedly numerous other factors are involved in its emergence, may lead to the occurrence of clinical syndromes and personality disorders.

According to the findings of this study, combined score of severity of addiction, in different aspects were as following: combined medical score: 0.19 ± 0.33 ; combined score of employment: 0.62 ± 0.27 ; combined score of legal issues: 0.07 ± 0.07 ; combined score of alcohol: 0.14 ± 0.07 ; combined score of drug abuse: 0.32 ± 0.11 ; combined score of psychiatry: 0.33 ± 0.19 ; and combined score of family issues was 0.25 ± 0.22 . These scores were different in comparison with domestic studies and studies which have been conducted in other countries. In the study conducted by Jazaieri et al. smaller combined score was reported.²² Also, these scores were higher in the study of Coleman et al. conducted in 2013.²³ This difference can be attributed to different sample sizes. In addition, the rate of addiction differs in different parts of the world or even in different areas of our country, and therefore this difference may be attributed to the differences between studied areas.

This study showed that the severity of addiction correlates with the characteristics of age and less education in addicts. These findings are consistent with the findings of a study of Fleury et al. which was conducted in 2014 and also with the study of Camila Guindalini et al. and Avants et al. which was performed on the duration of cocaine use.²⁴⁻²⁶ Fox et al. in their study in 2005 showed that longer consumption of cocaine results in experiencing a more severe addiction.²⁷ This inconsistency (regarding the longer use of cocaine) can be due to the nature of dependence on this substance; because this substance creates less physical dependence, compared to other narcotics such as heroin. Another issue that can help us to justify a reduction

in the severity of addiction as the age of people increases is the referring new theories of analyzing addicts' behaviors, based on the conversion of the process of impulsive consumption to a compulsive process. Based on this approach, enjoyable and rewarding aspects of drug use will decrease during the progress of addiction, and the addict will be engaged in an obsessive-compulsive process to reduce his anxiety, due to lack of substance in his body.

The present study suggests that insecure attachment styles (ambivalent and avoidant styles) are important factors in increasing abnormal behaviors in the future. Therefore, it is suggested that academic authorities, psychologists, and counselors hold classes and workshops in order to raise the awareness of parents and families about the effects of attachment styles on later psychological characteristics of individuals, such as addiction and other abnormal behaviors. It is also suggested to conduct professional consultation with parents and organize proper planning to prevent the establishment of insecure attachment styles during childhood. Regarding research background in Iran, the novelty of the subject is considered as one of the strengths of this study. One of the limitations of this study was a limitation in the generalization of the results; because all the participants were at the rehabilitation center. This study used the cross-sectional method in a specific location to provide better access to the addicts. This sampling method limits the possibility of generalization of the findings. Moreover, since the most important factor of returning after quitting is former craving and severity of addiction; so more and more recognition of this phenomenon and other related factors has special therapeutic importance. Another limitation was that the whole sample size consisted of men and because of this gender differences, results could not be generalized to the whole population. Considering existing differences in the features of addiction and drugs in Iran and other countries, it seems essential to conduct further and more detailed studies on the severity of addiction to these drugs in Iranian samples.

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CONFLICT OF INTEREST

This study had no conflict of interest for the authors.

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