

Attachment Styles of Adolescent Substance Users

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Abstract

An individual's attachment style develops during infancy and influences that individual's adulthood. During adolescence, as attachment is replaced by individual freedom, adolescents are likely to engage in risky behavior. This research study, which investigates the relationship between adolescents' attachment styles and substance use, was conducted in November and December 2012 with a sample of 1,095 (51.2%) male and 1,045 (48.8%) female students in Istanbul, Turkey. The students were selected using a multistage cluster sampling method and were of various socioeconomic levels. The data were collected through administration of a questionnaire in 86 high-school classrooms. The results showed that 10% of the students used some type of substance, 9.7% used multiple substances, and 3.8% habitually used cannabis. The dismissing attachment style was most prevalent, displayed by 48% of the students. Significant correlations were found between substance use and both the dismissing and preoccupied attachment styles. Continuous use of cannabis was highly correlated with lack of a secure attachment style.

Keywords: Adolescent • Attachment • Attachment styles • Substance use

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Attachment behavior was defined by John Bowlby (1980), the British psychoanalyst who formulated attachment theory, as a “desire for intimacy and to seek proximity with the attachment figure when upset or threatened.” Attachment or binding behavior begins to emerge during infancy and has an impact on one’s attachment style in adulthood.

Adolescence is the period of life in which biological, emotional, and sexual changes are most rapid and intense. During this period, individuals experience significant changes in both family and peer relationships. The adolescent shows autonomous behavior and makes more decisions by himself or herself (Santrock, 2005). Young individuals who resolve their role and identity conflicts develop a unique identity and move toward adulthood. Adolescents who cannot complete this process successfully experience identity confusion. The family has a deep influence on this process, as it provides children and adolescents with economic, cultural, and social support and thus contributes to the successful completion of the development process (Olson, 2000).

The process of attachment begins in the first days of our lives. Attachment is a normal, healthy process that involves emotions and behavior patterns such as giving positive reactions to the attachment figure, having a desire to spend most of one’s time with that figure, seeking proximity in case of a threat, and feeling a sense of relief when the figure is nearby (Morgan, 1991; Soysal, Bodur, İşeri, & Şenol, 2005). Attachment theory provides an explanation for the function of the mother-child relationship and how a disruption in that relationship could affect the child. This theory explains the individual’s tendency to form strong emotional bonds with others; it also explains the presence of emotional distress such as anxiety, anger, and depression in cases of unwanted separations or the loss of a loved one (Bowlby, 1988; Waters, Posada, Crowell, & Lay, 1994). Bowlby, the originator of attachment theory in the 1950s, observed that children experienced intense distress when separated from their mothers. According to Bowlby (1980), the attachment does not end when the child moves beyond infancy; rather, secure attachment continues in early childhood, but different behaviors based on attachment are observed

during infancy, childhood, adolescence, and adulthood (Ward, Ramsay, & Treasure, 2000; Ward, Ramsay, Turnbull, Benedettini, & Treasure, 2000).

Over the years, many researchers have applied attachment theory in order to understand individual differences in the counseling process (Lopez & Brennan, 2000; Mallinckrodt, 2000). Studies have dealt with the relationship between attachment and mental health (e.g., depression and anxiety) or distress in interpersonal relationships (e.g., loneliness and interpersonal conflict). Wei, Shaffer, Young, and Zakalik (2005) emphasized the importance of identifying the mediator variables between attachment and negative feelings in the counseling process. They concluded that, rather than focusing on attachment (which is a difficult variable to impact), counselors should instead focus on mediator variables such as coping skills, social skills, and self-esteem to provide more effective assistance for their clients. Also, many studies have investigated the mediator variables between adolescents' attachment styles and their well-being (La Guardia, Ryan, Couchman, & Deci, 2000; Raja, McGee, & Stanton, 1992). In particular, various problems and deprivations that may arise in the binding relationship are regarded as signals of potential problems in the child's future personality and interpersonal relations (Pearson, Cowan, Cowan, & Cohn, 1993). Although adolescents move toward closer interaction with peer groups and away from dependence on parental figures, early attachment relationships have a lasting and powerful impact for the adolescent (Hamarta, 2004).

Adolescents who perceive their parents as authoritarian rather than democratic are reported to be more likely to engage in substance use. Higher self-esteem protects people from risky behavior (Carroll & Rounsavill, 1995). Personality development and behavior patterns learned at an early age directly affect an individual's future habits, and this fact underscores the importance of family in cases of substance use (Uğur, 1994). Substance use that begins out of curiosity or affinity or as a symbol of rebellion can rapidly become an addiction. Parent-child relationships established in infancy are important for an individual's future relationships (Smart, Chibucos, & Didier, 1990). Longitudinal studies of children from infancy to middle childhood

have proven that children who are classified as securely attached are more likely to be loved and valued by their peers. When compared to children with insecure attachment, these children were shown to build more successful relationships with friends (Lieberman, Doyle, & Markiewicz, 1999). Isohanni, Moilanen, and Rantakallio (1991) posited that the child's immediate family relationships are effective in helping him or her to avoid friends who use substances, whereas destructive attitudes result in almost double the use of alcohol and four times the frequency of smoking among young people. Poor parental supervision, dysfunctional peer relationships, and easy access increase the risk of alcohol and drug use and smoking among young people (Adelekan, Ağabeyodum, Imovokhome-Obayan, Oni, & Ogunremi, 1993). Smart et al. (1990) implemented FACES II to measure the perceptions of addicted adolescents regarding their family functions, finding that drug-addicted adolescents had extreme perceptions on the family integrity and compatibility dimensions of the scale, whereas non-addicts had more balanced perceptions. This study aims to analyze the relationship between substance use, a major threat to young people's well-being, and their attachment styles.

Method

Population of the Study

This study used the data collected through the Youth Family Survey. Multistage cluster sampling was used to select the sample. The cluster is considered heterogeneous, and thus the margin of error is considered to be low. The classroom was used as the smallest research unit for sampling purposes. In the first stage of sampling, 15 school districts of Istanbul, with varying socioeconomic levels, were chosen. The number of students to be included in the study was calculated based on the number of tenth-grade students in each district. Schools in each district were randomly selected, and the number of classes to be included from each district was determined. Classrooms in both general and vocational high schools were then selected by systematic randomization.

The research involved a total of 2,140 students in 86 classes at 32 different schools within the 15 selected districts. The size of the sample is within the confidence limits of 1% to 50%, and it could be generalized to the full population (power 90%, estimated confidence limit from 1% to 50% \pm 5). The number of questionnaires completed was 2,306, but the removal of incomplete and inaccurate forms left 2,140 valid responses.

Data Collection and Data Collection Tools

Fieldwork was conducted in November and December 2012. Questionnaires were distributed with the help of 28 guidance counselors specially trained. The questionnaire contains 184 questions measuring various risk areas. To improve reliability of implementation, classroom teachers were asked to leave the room while students completed the survey. Informed consent was obtained from all participating students. Questionnaires were completed anonymously and were collected in a sealed envelope. Each interviewer recorded the class size and the number of absent students on the day of the questionnaire's administration. Results were transferred into a computer using an optical reader.

Relationship Scale Questionnaire: The Relationship Scale Questionnaire (RSQ), developed by Griffin and Bartholomew (1994a; 1994b), originally consisted of 30 items and is intended to measure four attachment prototypes. The RSQ was formed from Hazan and Shaver's (1987, 1990, 1994) paragraphs on measuring attachment, Bartholomew and Horowitz's Relationship Questionnaire (1991), and Collins and Read's items in the Adult Attachment Scale (1990) (Sümer & Güngör, 1999a, 1999b). This scale has been translated by Sümer and Güngör (1999a) into Turkish and reduced to 17 items. Participants were asked to what extent each item described themselves and their general attitudes regarding close relationships; answers were given using a 7-point scale (1 = does not describe me at all, 7 = completely describes me). The scale measures secure and dismissing attachment styles with five items each, and preoccupied and fearful attachment styles with four items each. One item is reverse-coded in two subscales and used twice.

Subscale scores range from 1 to 7. Continuous scores obtained in this way are grouped within the participants' attachment styles. During the grouping process, each participant is assigned to the attachment category in which he or she has the highest score (Sümer, 2006). Studies have shown that the reliability of the RSQ subscales is relatively low. According to Griffin and Bartholomew (1994a), this results from the fact that the subscales contain two models—one for oneself and another for other people—and not because there are too few items or because the scale lacks psychometric quality. However, despite the low reliability of the subscales, construct validity has been shown to be adequate (Sümer, 2006; Sümer & Güngör, 1999a). No factor analysis has been conducted in order to determine whether the factor structure of the scale applies to adolescents; therefore, validity and reliability analyses were carried out again as part of the present study.

Data Analysis

Statistical analyses were conducted using SPSS 18.0. The numbers are given in tables for categorical variables in descriptive statistics. For independent group comparisons, when a normal distribution existed, one-way analysis of variance was conducted for numeric variables, and the chi-square test was used for categorical variables. For questions regarding substance use, respondents were placed in two groups (substance users and non-substance users) for purposes of comparison to the independent variables. The statistical significance level was defined as $p < 0.05$.

Findings

With regard to descriptive statistics, the sample contained 1,095 males (51.2%) and 1,045 females (48.8%). Fifty percent of the participants were between the ages of 7 and 16, 38% had at least one sister or brother, 90.6% lived with their parents, 82.2% lived in a residence belonging to their parents, and 17.2% of them ($n = 369$) had six or more people in their family.

With regard to school enrollment, 39.4% of the respondents ($n = 844$) were attending a general high school. As for the educational status of the participants' parents, 33.8% of fathers ($n = 724$) and 44.4% of mothers ($n = 950$) were primary school graduates.

With regard to substance use, 10.5% of the participants ($n = 224$) indicated that they had tried an intoxicating substance, 3.8% ($n = 82$) stated that they used cannabis, and 9.7% ($n = 207$) said they had used more than one substance. Overall, 71.4% of the participants ($n = 1,572$) were found not to have a secure attachment style; 11% ($n = 236$) had a fearful attachment style, 14.6% ($n = 313$) had a preoccupied style, and 48% ($n = 1,028$) had a dismissing style.

According to the results, the cannabis-using group tended to lack a secure attachment style ($X^2 = 6.855$, $sd = 1$, $p = 0.009$), and this result was statistically significant. Those respondents who had tried some substance had a greater tendency to exhibit a dismissing attachment style; again, the relationship between these two variables was statistically significant ($X^2 = 5.370$, $sd = 1$, $p = 0.020$). The same group had a statistically significant, greater likelihood of a preoccupied attachment style ($X^2 = 14.778$, $sd = 1$, $p = 0.000$). The group that indicated use of multiple substances also had a statistically significant tendency toward both preoccupied and dismissing attachment styles ($X^2 = 15.016$, $sd = 1$, $p = 0.000$) ($X^2 = 4.544$, $sd = 1$, $p = 0.033$). The relationships between substance use and attachment styles are shown in Table 1.

There is thus a relationship between dismissing or preoccupied attachment styles and substance use. Continuous use of cannabis seems to be highly correlated with not having a secure attachment style. Multiple substance use is correlated with both dismissing and preoccupied attachment styles.

Table 1*Relationship between Substance Use and Attachment Styles*

Attachment Style	Have Tried any Substance n (%)	Multiple Drug Use n (%)	Continuous Use of Cannabis n (%)
Secure			
Yes	75 (12.2)	71 (11.6)	34 (5.5)
No	149 (9.8)	136 (8.9)	48 (3.1)
$p < .05$	$(\chi^2 = 2.864, sd = 1, p = 0.091)$	$(\chi^2 = 3.585, sd = 1, p = 0.058)$	$(\chi^2 = 6.855, sd = 1, p = 0.009)$
Fearful			
Yes	25 (10.6)	23 (9.7)	5 (2.1)
No	199 (10.5)	184 (9.7)	77 (4.0)
$p < .05$	$(\chi^2 = 0.004, sd = 1, p = 0.947)$	$(\chi^2 = 0.002, sd = 1, p = 0.968)$	$(\chi^2 = 2.113, sd = 1, p = 0.146)$
Preoccupied			
Yes	52 (16.6)	49 (15.7)	17 (5.4)
No	172 (9.4)	158 (8.6)	65 (3.6)
$p < .05$	$(\chi^2 = 14.778, sd = 1, p = 0.000)$	$(\chi^2 = 15.016, sd = 1, p = 0.000)$	$(\chi^2 = 2.546, sd = 1, p = 0.111)$
Dismissing			
Yes	124 (12.1)	114 (11.1)	45 (4.4)
No	100 (9.0)	93 (8.4)	37 (3.3)
$p < .05$	$(\chi^2 = 5.370, sd = 1, p = 0.020)$	$(\chi^2 = 4.544, sd = 1, p = 0.033)$	$(\chi^2 = 1.598, sd = 1, p = 0.206)$

Discussion

An individual's attachment style has a great importance for his or her personality development. Studies of attachment styles have shown that adolescents with a secure attachment style can express their feelings more easily and experience less conflict in relationships with parents and peers (Ducharme, Doyle, & Markiewicz, 2002). Adolescents with insecure attachment styles tend to be unwilling to build close relationships with others or to open up to others, and they have less self-confidence (Allen et al., 2002; Laible, Carlo, & Roeschc, 2004). In short, emotional ties and close relationships with both mother and father and the support received from parents retain their importance for adolescents' positive identity development (Allen, Hauser, Eickholt, Bell, & O'Connor, 1994). Parents who show unconditional closeness and love and who consistently meet their children's needs at an early age help children to develop secure attachment styles (Sümer & Güngör, 1999a).

A study conducted on 242 college students (Shaver & Brennan, 1992) showed the impact of attachment style on an individual's personality. In this study, individuals with a secure attachment style were less neurotic, more extroverted, less anxious, and friendlier than those with insecure attachment styles. Also, individuals with a dismissing attachment style were more depressed, more frequently incompatible, and less satisfied in relationships, and their relationships tended to last for shorter periods. Those with a fearful attachment style avoided social relations and were not able to establish emotional relationships (Shaver & Brennan, 1992). Another study found that individuals with insecure attachment styles tended to have insecure family relationships as well, resulting in greater problems in interpersonal relationships during adolescence. In addition, adolescents with insecure attachment styles were more prone to delinquency, anti-social behavior, low self-esteem, difficulty in establishing close relationships, loneliness, and shame (Cooper, Shaver, & Collins, 1998).

There are not many studies on the relationship between attachment style and substance use. One study found a link between high-school students' perceptions of their own attachment styles and substance use (Kesebir, Özdoğan Kavzoğlu, & Üstündağ, 2011). Caspers, Cadoret, Langbehn, Yucuis, and Troutman (2005) conducted a study on 148 adopted children and found that substance use was more prevalent among individuals with insecure attachment styles (Casper et al., 2005). A study in Canada investigated alcohol and drug use and its influencing factors among 4,296 children age 12 to 15. Among this sample, the reported rates were 42% for alcohol, 22% for alcohol intoxication, 19% for marijuana use, and 11% for hallucinogenic use (Hotton & Haans, 2004). Individuals who had alcohol or drug users among their friends, who had friends in a difficult situation, and who were exposed to aggressive attitudes in their parents had a higher risk of alcohol or substance use. Kassel, Wardle, and Roberts (2007) analyzed the relationship between adult attachment styles and cigarette, alcohol, and marijuana use among 212 U.S. university students; they found that insecure attachment, especially the anxious attachment style, was significantly correlated with substance use and stress-induced substance use. A study conducted in Turkey (Görgün, Tirkayi, & Topbaş, 2010) with 2,013 university students (58% male, mean age 23.2 years) found that 5.6% of the

participants used some substance. The most frequently used substance was reported as cannabis (3.8%). As for attachment styles, non-substance users tended to have more positive styles than substance users. The study identified insufficient parental attention to their children, displaying negative attitudes and behaviors, and parents' own substance use as risk factors for substance use in children (Görgün et al., 2010).

In the present study, continuous use of cannabis was significantly higher among students with insecure rather than secure attachment styles (5.5% versus 3.1%, $p = 0.009$). Individuals with a secure attachment style can easily approach people and are happy to be affiliated with them. They are not concerned about being abandoned or about experiencing discomfort in their relationships with other people. They form long-term relationships well, have high levels of self-respect, and tend to both respect and confide in others. They seek social support under stress. Continuous users of cannabis lack these qualities, apparently because of their insecure attachment style. Individuals with a fearful attachment style have low self-esteem and regard other people as unreliable and rejecting. These individuals want social contact and intimacy but, because they do not trust others and fear rejection, form dysfunctional social relationships. Participants with a preoccupied attachment style indicated significantly greater frequencies of having tried an intoxicating substance and having used multiple substances when compared to other students (16.6% versus 9.4%, $p = 0.000$, and 15.7% versus 8.6%, $p = 0.000$, respectively). These data support previous findings indicating that adolescents with a preoccupied attachment style have a greater tendency toward substance use. Individuals with a dismissing attachment style, meanwhile, tend to have high self-esteem and negative attitudes towards others. These individuals avoid intimate relationships, place great value on independence, and tend to believe that social relations are not so important. As a result, they tend to focus on work or leisure activities that do not depend on an attachment figure. Individuals with a dismissing attachment style were significantly more likely to use a substance and to become involved in use of multiple substances (respectively 12.1%, vs 9%, $p = 0.020$ and 11.1% vs 8.4%, $p = 0.033$). These findings suggest that a dismissing attachment style increases the incidence of substance use.

One of the most important factors in preventing substance use by adolescents is to help them have a positive self-image of themselves and their ability to solve problems. Every factor that may protect adolescents from substance use must be investigated and identified. Attachment styles formed in childhood show their effects in adolescence, and adverse effects of insecure attachment styles may result in substance use at this time. Insecure attachment to parents, negative parental attitudes, and inadequate social support all present increased risk of adolescent drug use. Therefore, the adolescent attachment process, parental attitudes, and perceptions of social support should be carefully analyzed in the diagnosis and treatment of childhood and adolescent psychopathology. As a conclusion, both children and their parents should be guided with appropriate training programs.

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