

Access this article online
Quick Response Code:

Website: www.jehp.net
DOI: 10.4103/jehp.jehp_397_18

Comparison of attachment styles of addicted parents and non-addicted parents in health-care referents

Marzeiyeh Feizi, Mahboobe Gholami¹, Akram Poosti², Fatemeh Azizi Mayvan³, Zahra Kamali¹, Minoo Toghraee²

Abstract:

BACKGROUND: Growing interest in issues of attachment, sociocultural, psychological, and above all clinical perspectives is also reflected in the emergence of research on “attachment style and parental parenting style in referrals to addiction treatment centers.”

METHODS: This was a cross-sectional study. Three health centers were selected randomly from among the health centers of Neyshabur city in 2015–2016 year. The sampling was done so that all individuals who had the characteristics of the research unit and had the consent to participate in the study were justified by the researcher and completed questionnaire form. We used Chi-square, one-way analysis of variance, Mann–Whitney, and Kruskal–Wallis tests.

RESULTS: In the present study, safe attachment scores in children with healthy parents were significantly more than children with addicted parents.

CONCLUSION: Addiction has an important role in reducing attachment to children, and because this decrease in attachment has dangerous consequences in child’s life.

Keywords:

Health care, object attachment, substance abuse

Introduction

The term attachment refers to the creation of a strong relationship between two individuals, in which each role plays a role in the continuation of that relationship. Attachment in the developmental psychology refers to the deep and lasting emotional bond between the child and the caregiver. There are many theories about the attachment of the child.^[1]

The family is the first and most unique social institution in which the health and success of each society are considered to be the health and safety of its members and its impact on the individual, and each of its positive

and negative relations is durable and highly tolerant.^[1] The role of interpersonal communication, the relationship of parents, the relationship of parents and children together, in the personality formation, comfort, self-confidence, ability to adaptation, and the emergence of appropriate behaviors and the prevention of mental disorders are noteworthy.^[2] The family is also the first base to create a link between the child and the surrounding area. The child’s conception of the family takes on the initial conception of the world. It grows physically and mentally and learns the basic norms of behavior. Finally, his morality and morale form and he is being socially.^[3] In society, addiction is one of the factors that put the foundations of their families and religious beliefs at the risk of destruction and disintegration.^[4]

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

How to cite this article: Feizi M, Gholami M, Poosti A, Mayvan FA, Kamali Z, Toghraee M. Comparison of attachment styles of addicted parents and non-addicted parents in health-care referents. *J Edu Health Promot* 2019;8:182.

For reprints contact: reprints@medknow.com

Department of Psychology, Neyshabur University of Medical Sciences, ¹Department of Midwifery, School of Nursing and Midwifery, Neyshabur University of Medical Sciences, ²Department of Midwifery, Student Research Committee, Neyshabur University Medical Science, ³Department of Biostatistics, Neyshabur University of Medical Science, Neyshabur, Iran

Address for correspondence:

Dr. Mahboobe Gholami, 27 Imam Khomeini Street, Building No. 1, Neyshabur University of Medical Sciences, Neyshabur, Iran.
E-mail: gholamim1@num.s.ac.ir

Received: 25-11-2018

Accepted: 09-01-2019

Addiction is a chronic condition due to the repeated use of narcotics caused by this habitual habit and due to the discontinuation of the drug; the syndrome of deprivation in the addict is caused.^[5,6] Based on the previous research, there is a meaningful relationship between family function and mental health of adolescents.^[7] The functions of the addicted families are influenced by emotional introverts of girls and their use.^[8-10]

Maternal addiction is a long term and still persistent significant problem that establishes high levels of public health concern, given its association with negative outcomes for both the mother and her child; in fact, it is the most common psychosocial risk factor for referral to child protective services.^[1-4]

Fathers' children have more addictive behavioral disorders than nonaddicted fathers.^[11] Furthermore, there was a significant difference in educational status, interpersonal disturbance, and anxiety levels among adolescents of the addicted father.^[12] In fact, the condition of being a healthy family is that people are healthy, so in order to improve the social status, trying to improve the family and the community is the most important issue, and occupation can be considered as a particular pattern of behavior that is critical to healthy growth in most communities.^[13]

Human studies have investigated the neurobiological pathways through which drug use can collusion parenting; the data indicate that addiction mechanisms involve the same neural circuitries accountable for the beginning and expression of maternal behavior cues.^[13]

It was showed that there are significant differences in addicted people and addicted in terms of styles and dimensions of attachment. It was anticipated that the group of addicts would represent a more frequent insecure attachment style and less secure attachment style, therefore more severe girth of anxiety and evasion than the control group. This was motivated by a low research on attachment patterns in groups of addicts and the inconsistency of the results of such studies.^[14,15] Moreover, the hypothesis was tested that statistically significant differences will not occur in the styles and dimensions of attachment in addicted patients with or without a parent dependent on substance. This hypothesis is based on the dominant current thesis and research showing the relationship between psychological hardiness also ego-resiliency and Prosocial development.^[15,16] Growing interest in issues of attachment, sociocultural, psychological, and above all clinical perspectives is also reflected in the emergence of research on "attachment style and parental parenting style in referrals to addiction treatment centers."

Methods

This was a cross-sectional study. Three health centers were selected randomly from among the health centers of Neyshabur city in 2015–2016 year. The sampling was done so that all individuals in selected centers who had the characteristics of the research unit and had the consent to participate in the study were justified by the researcher and completed questionnaire form questionnaire and Other questionnaires . Entry criteria include adults referring to health centers, have at least 6 months from the date of referral to the health center, have children aged 8–18 years, their parents have written consent to participate in the research, and if there are psychological problems or lack of cooperation would not enter the study. The sample size was estimated to be 140, and among 152 people, 92 were healthy and 60 were drug addicts. Ten out of 60 addicts did not complete the questionnaire. Hence, 50 addicts were enrolled in the study.

The Hazan and Shaver attachment style questionnaire was used. The Hazan and Shaver attachment style questionnaire includes three styles: avoidant insecure attachment style, secure attachment style, and anxiety insecure attachment style. The scores of the Hazan and Shaver attachment style questionnaire are graded according to the Likert scale of five degrees from 0 (for the totally opposite) to 4 (for the totally agreeable). For each attachment style, five materials are considered. The minimum and maximum score for each style is from 5 to 25, and the higher score the individual gets, the greater degree of attachment in each style. Seven items are assigned to each of the safe, avoidant, and ambivalent attachment styles. To determine the attachment of each person, the numerical value of the related items is collected and divided into seven. In this study, the coefficient of validity of the test using Cronbach's alpha for the individuals of each of the three anxiety avoidance, safe, and anxiety attachment styles was 0.68, 0.70, and 0.70, respectively, indicating the internal consistency of the questionnaire. Content validity was also evaluated by calculating correlation coefficients among the scores of five psychologists. The variables studied included addiction, attachment style, age, gender, occupation, number of people, education level, and income. First, for describing the individuals in two groups, the frequency and frequency of quantitative variables are reported from mean and standard deviation and for qualitative variables. Then, in one-variable mode, two groups were used for comparing the two groups according to the conditions. We used SPSS version 16 (SPSS Inc. Released 2007. SPSS for Windows, Version 16.0. Chicago, SPSS Inc.) and Chi-square and one-way analysis of variance tests for data analyzing.

Results

Group 1: Healthy people and Group 2: Addicted people.

The mean age of the parents in addicted group was 42.53 ± 8.90 and in healthy groups were 43.38 ± 9.31 (at least 20 and at most 66 years); there was no significant difference between the two groups ($P > 0.05$). The sex of the parents, the gender of the children, and the number and age of the children were presented in Table 1 by groups and did not show a significant difference between the two groups ($P > 0.05$). The age of children was between 4 and 21 years old [Table 1].

Most of the individuals (58, 71.1%) of the first group and 75 (60%) of the second group had family income between 500 thousand tomans and 1 million tomans, which was not statistically significant between the two groups. Furthermore, most of the individuals (40%) were from the first group and 45% from the second group who had a diploma. There was no significant difference between the two groups ($P > 0.05$).

In evaluating the association of attachment style and addiction, we found sex, income, and education level as confounder variables, so we used the linear regression model to modify the confounders. We considered the attachment style as dependent variable and addiction status (group) and the confounders as explanatory variables. According to the results of the regression analysis, addiction status was significantly associated with attachment style. [Table 2]. The amount of attachment style in addicted group increased by 0.712 units to the non-addicted one.

Discussion

In the present study, safe attachment scores in children with healthy parents were significantly more than children with addicted parents.

One of the risk factors for family conflict, the lack of family organization, deviance of family relationships, poor parent-child relationship, and mental illness and addiction in family members.^[16] In the present study, the attachment of addicted parents was lower than healthy person that confirms this subject.

Studies have shown that in the history of people with depression, parental-style streaks are characterized by

low levels of care and excessive support, poor attachment relationships, and abusive childhood.^[17,18] These results are also consistent with the results of the present study and indicate a poor attachment between addicted parents and the child.

It is showed a significant difference between the addicted and nonaddicted parenting style in two groups in mental health.^[18] Although attachment has not been studied in this study, the indexes affecting attachment has been studied and is consistent with the results of the present study. In a 15-year longitudinal study (1991–2006), which was conducted by Skinner *et al.* in family relationships of 144 addicts under methadone maintenance treatment and their 3–14-year-old children, it was shown that children often have problems with lack of attention, stress, and depression.^[19] This study confirms the present study because the parent and child's attachment is directly related to the parents and reduces stress and depression in the child.

Some study showed that children with addicted parents had symptoms such as lack of sympathy with others, reduced social performance and interpersonal adjustment, low self-esteem, and lack of control over the surrounding environment more than the normal population.^[20]

In this study, lack of sympathy with others can be due to psychological problems caused by a reduction in the correlation between parents and Because the addicted parent acts violence instead affection, and the amount of family members together decreases considerably.^[20] Other studies have also shown that exclusion and lack of warm and emotional relationships among addicted families are very high.^[19-21]

Mother addiction represents a risk state for a child's socioemotional development, especially in terms of the caregiving conditions.

Bergin and McCollough's work^[21] showed that parent skills have an higher predictive effect on the quality of the infant's attachment. Maltreatment in the child-training environment, which is characterized by several risk factors with a stored effect, reveals children to a higher probability of developing insecure and disarrange attachment bonds in infancy.^[22] It is showed by a recent meta-analysis study, insecurity and especially, avoidant type results is the most attachment pattern in at-risk

Table 1: Demographic characteristics according to the study group

Group	Mean±SD			Gender of the children (%)		Sex of the parents (%)	
	Age of the parents	Sex of the children	Number of the children	Female	Male	Female	Male
Healthy group	43.38±9.31	13.47±3.61	2.56±1.24	56 (60.9)	34 (3.1)	40 (45.5)	48 (52.2)
Addicted group	41.12±8.12	12.66±3.29	2.58±1.44	20 (41.7)	28 (58.3)	20 (41.7)	28 (58.3)

SD=Standard deviation

Table 2: Attachment style in addicted group versus healthy group

Variable	Addicted group	Healthy group	P
Safe*	13.66±3.52	17.57±4.36	0.009
Avoid insecure	17.03±6.15	13.62±3.56	0.214
Insecure anxiety disorder*	16.81±5.36	15.12±5.18	0.0001
Attachment index*	1.41±0.32	0.59±0.23	0.0001

*:significant

children, is related with disorganized-disoriented classification.^[23]

In the literature, distributions of attachment patterns in groups of children with addicted mothers tend to present significant differences with respect to the normative population, but the results are not free from ambiguity and contradictions and require further investigations.

Espinosa *et al.*^[24] attribute, to the disorganized-disoriented (D) attachment category, the ability to discriminate groups at high risk with respect to the general population. Beeghly *et al.*^[25] describe these children's socioemotional behavior in terms of higher levels of disorganization and dismissing behavior, even if they do not reach the required levels to be categorized as established patterns. Overall, the empirical evidence indicates the disorganized-disoriented pattern (D) as the trait that can better distinguish the attachment organization of the children of mothers with substance use disorders.^[26]

Limitations

The addicted parents often did not get bored that is with good and sincere encounters and welcoming them would be resolved.

Conclusion

A potent need has appeared for interventions more specially focused on parent's addiction and able to support their motherhood and fatherhood and the making of a positive parent-child relationship. Although different interventions aimed at improving parenting skills have been performed for addicted women and their children, attachment-focused therapy for addiction is still rare; More integrated procedures and on the other hand, the importance of focusing specially on the relational features of parent-child interactions. As a topic of fact, not only might home-based programs be make rich by the education and instruction of social workers about attachment hypothesis but also the above all local treatment protocols seem to suggest the ideal context in which to understand attachment-informed interventions.

Acknowledgments

This article is part of the approved thesis of Neyshabur University of Medical Sciences with code of ethics in the number IR.NUMS.REC.1395.10. We are appreciating Ms. Dr. Aghebati and Student Research Committee of Medical Sciences University of Neyshabur for their cooperation and approval of the study with code of 1157.

Financial support and sponsorship

This study was financially supported by Neyshabur University of Medical Sciences.

Conflicts of interest

There are no conflicts of interest.

References

- Goldberg H, Goldberg T. Counseling Today's Family. 3rd ed. Belmont, CA: Brooks, Cole Publishing; 2000. p. 124.
- Rahmati A, Etemadi A, Mehrabi SH. Comparison of mental disorders of adolescent girls due to parental parenting practices in Jiroft high schools. *Psychol Stud* 2007;3:9-23.
- Xu J, Ni S, Ran M, Zhang C. The relationship between parenting styles and adolescents' social anxiety in migrant families: A study in Guangdong, China. *Front Psychol* 2017;8:626.
- Brown AM, Whiteside SP. Relations among perceived parental rearing behaviors, attachment style, and worry in anxious children. *J Anxiety Disord* 2008;22:263-72.
- Shamlo Sh. Psychological Astronomy. 4th ed. Tehran: Roshd; 2000. p. 80.
- Baron-Oladi S, Navidian A, Kaveh-Farsani Z. The study of relationship between addiction potentiality and personality characteristics, conformity and gender among pre-university students. *J Shahrekord Univ Med Sci* 2013;15:33-42.
- Murray J, Farrington DP, Sekol I. Children's antisocial behavior, mental health, drug use, and educational performance after parental incarceration: A systematic review and meta-analysis. *Psychol Bull* 2012;138:175-210.
- Barnard M, McKeganey N. The impact of parental problem drug use on children: What is the problem and what can be done to help? *Addiction* 2004;99:552-9.
- Jansson LM, Di Pietro JA, Elko A, Williams EL, Milio L, Velez M, *et al.* Pregnancies exposed to methadone, methadone and other illicit substances, and poly-drugs without methadone: A comparison of fetal neurobehaviors and infant outcomes. *Drug Alcohol Depend* 2012;122:213-9.
- Liraud F, Verdoux H. Clinical and prognostic characteristics associated with addictive comorbidity in hospitalized psychiatric patients. *Encephale* 2000;26:16-23.
- Koohi L. Comparison of psychological status of children with addicted fathers and children with non-addicted father. *Soc Welfare* 2002;3:11-5.
- Baumrind D. Effective Parenting during the early adolescenttransition In: Cowan PA, Hetherington EM, editors. *Family*. Vol. 2. Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.; 2005. p. 111-63.
- Lemmens GM, Buysse A, Heene E, Eisler I, Demyttenaere K. Marital satisfaction, conflict communication, attachment style and psychological distress in couples with a hospitalized depressed patient. *Acta Neuropsychiatr* 2007;19:109-17.
- Berk LE. Exploring Lifespan Development. Tehran: Arabaran; 2001. p. 44-55.
- Nanavaty KM, Verma V, Patki A. The relationship between

- psychological hardiness also ego-resiliency and mental health in adolescent and adult survivors of bam earthquake. *Iran J Psychiatry Clin Psychol* 2016;14:69.
16. Eisenberg N, Spinrad TL, Knafo-Noam A. Prosocial development. In: *Handbook of Child Psychology and Developmental Science*. 7th ed.. Hoboken, NJ: Wiley; 2015. p. 1-47.
 17. Reinares M, Vieta E, Colom F, Martínez-Arán A, Torrent C, Comes M, et al. What really matters to bipolar patients' caregivers: Sources of family burden. *J Affect Disord* 2006;94:157-63.
 18. Brown JA, Hohman M. The impact of methamphetamine use on parenting. *J Soc Work Pract Addict* 2006;6:63-88.
 19. Skinner ML, Haggerty KP, Fleming CB, Catalano RF, Gainey RR. Opiate-addicted parents in methadone treatment: Long-term recovery, health, and family relationships. *J Addict Dis* 2011;30:17-26.
 20. Temmen CD, Crockett LJ. Adolescent predictors of social and coping drinking motives in early adulthood. *J Adolesc* 2018;66:1-8.
 21. Bergin C, McCollough P. Attachment in substance-exposed toddlers: The role of caregiving and exposure. *Infant Ment Health J* 2009;30:407-23.
 22. Cyr C, Euser EM, Bakermans-Kranenburg MJ, Van Ijzendoorn MH. Attachment security and disorganization in maltreating and high-risk families: A series of meta-analyses. *Dev Psychopathol* 2010;22:87-108.
 23. Cassibba R, Sette G, Bakermans-Kranenburg M, van Ijzendoorn M. Attachment the Italian way. In search of specific patterns of infant and adult attachments in Italian typical and atypical samples. *Eur Psychol* 2013;18:47-58.
 24. Espinosa M, Beckwith L, Howard J, Tyler R, Swanson K. Maternal psychopathology and attachment in toddlers of heavy cocaine-using mothers. *Infant Ment Health J* 2001;22:316-33.
 25. Beeghly M, Frank DA, Rose-Jacobs R, Cabral H, Tronick EZ. Level of prenatal cocaine exposure and infant-caregiver attachment. *Behav Neurotoxicol Teratol* 2003;25:23-38.
 26. Swanson K, Beckwith L, Howard J. Intrusive caregiving and quality of attachment in prenatally drug-exposed toddlers and their primary caregivers. *Attach Hum Dev* 2000;2:130-48.