

Comparing Attachment Styles, Coping Skills, Early Maladaptive Schemas, and Resiliency in Drug Addicts and Non-Addicts

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ABSTRACT

This research aims at comparing attachment styles, coping skills, early maladaptive schemas, and resiliency in drug addicts and non-addicts. The bulk of the research population is 108 people consisting of two 54-person groups. The first group includes addicted persons aged 20 to 60 who have visited certain clinics for treatment. The second group consists of healthy non-addicted persons who very much resemble the people of the first group in every aspect. This study was conducted in causal-comparative form and in order to gather data, following questionnaires were used: adults' attachment style, fighting psychological stress, resiliency scale, and maladaptive schema. Regression analysis and the statistical t-test were used in order to analyze data for independent groups. Results showed that there is a significant relationship between the addiction status and problem-focused coping style. However, there is no significant relationship between emotion-focused and avoidant styles and the addiction status and they are excluded from the model. Moreover, there is a significant relationship between addiction and closeness; however, there is no significant relationship between two other dependency styles and anxiety and addiction status and they are excluded from the model. Comparing two groups with respect to having maladaptive schemas and resiliency in addicted and non-addicted persons showed that addicts have maladaptive schemas more than non-addicts do, but the average of having resiliency in non-addicts and addicts is almost equal and there is no significant relationship between the two groups.

KEYWORDS: Attachment Styles, Coping Skills, Early Maladaptive Schemas, Resiliency, Drug Abuse

1. INTRODUCTION

Drug abuse is one of the most important problems of the current era that has spread worldwide. It is a problem that has ruined millions of lives and causes huge national capitals to be spent on fighting and treating drug abuse as well as damages caused by it. There is a considerable daily increase in the number of addicted persons and hence, its side effects including bodily, psychological, familial, cultural, and socioeconomic disorders cause the society cultural borders to wear away and human's psychological and economic health to be jeopardized. Owing to numerous cultural reasons such as people's wrong traditional beliefs and geographical location and adjacency with two large countries producing drugs, Iran is in a critical sensitive situation and addicts cause huge economic and cultural loss to society on a daily basis [1]. According to Bowlby's theory, separation from the source of security (mother) can be in connection with the person's detachment from other society members and tendency for drugs to escape fears, anxieties, and taking shelter in dreaming, etc. Children who develop insecure attachment styles will have an affectless personality the characteristic of which is emotional isolation, unfeelingness, and inability in establishing affectionate caring relationships with others. According to Bowlby's research, this fact may be understood that the effective contribution of attachment styles to formation of disorders resulting from drug abuse should not be neglected [2]. Different research has demonstrated that attachment is an important determinant in formation of personality patterns. Furthermore, scientific evidence indicates that there is a relationship between attachment and psychopathology in childhood, adolescence, and adulthood. For example, Shiver et al. reported a significant relationship between attachment styles and temperament, anxiety, personality disorders and drug abuse [3]. One of other personality factors the evaluation of which seems logical with regard to accounting for preparedness for addiction is psychological stress coping styles. On the whole, fighting is described as an effort to increase person's compatibility with the environment or trying to prevent the negative consequences of stressful conditions [4]. Lewinsohn et al. [5] also considered the lack of sufficient coping skills to be an important factor of threat in adolescents' starting to take drugs. In *McCromick* et al. study [6], most of drug abusers were reported to possess non-adaptive coping skills. McKee et al. [7] conducted a research for experimenting the intensity of relationship between coping styles and anticipating alcohol and drug abuse consequences with respect to the relevant behavior in youngsters. Anticipating the threat

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of aggressiveness and the capacity of cognitive-behavioral damage in men, and social capacity and negative self-image in women predicted addictive behavior. Finally, the person's overall coping style was identified as the predictor of addictive behavior more than other variables [8]. From among all factors affecting the addiction phenomenon, special characteristic traits may be mentioned as individual factors that seem to give rise to person's addiction even in case other reasons and damaging conditions are not present and plays an important role in the continuation of the person's drug abuse [9]. An individual's psychological structure determines his personality and is defined in view of certain constant structural factors that may be considered the way schemas are. Young holds early maladaptive schemas are the deepest level of cognition. They are additionally a constant long-term pattern developed in childhood and will live on through adulthood. They are to a great extent ineffective and play primary basic roles in the experiences of addicts and influence the process of subsequent experiences. Early maladaptive schemas significantly affect addicts' way of thinking, feeling, and behavior or the way they communicate with others [10]. Early maladaptive schemas and maladaptive methods that addicts learn for fighting them are often the basis of symptoms of axis I chronic disorders such as drug abuse, depression, anxiety and psychosomatic disorders [9]. Johnson and Jackson [11] found out during a research that there is evidence in relation to alcohol and drug abuse addicts' beliefs. Findings of the research by Cecero et al. [12] suggest a correlation between early maladaptive schemas and the intensity of axis II disorders in addicts suffering from personality disorders. They found out that acute anti-social personality disorder has a significant relationship with distrust/misbehavior schemas, emotional inhibition, and vulnerability to loss; borderline personality disorder with abandonment, volatility, and distrust/misbehavior; and depression personality disorder with distrust/misbehavior, social isolation, defect/shame, failure and obedience [13]. In new approaches of preventing addiction, identifying and enhancing protective factors including resiliency factors, and identifying and reducing dangerous factors is of particular importance. Resiliency is one of concepts that is recently posed in regard to preventing addiction and other psychological disorders and damages and it can be the key to prevention. Resiliency is used concerning people who are subject to danger but do not suffer from disorders [14]. Middlemiss [15] conducted a research in order to compare resiliency-based multi-sided approaches with process-oriented approaches aiming at preventing social damage. The goal of conducting this study was to present a solution for preparing children to fight dangers that they face throughout life. Results indicated that resiliency-based approaches are very effective in this respect. In addition, in Braverman's research [16], it is specified that there is considerable overlap between resiliency literature and drug abuse prevention. Even though resiliency focuses on more expanded subjects such as compatibility and adaptation, it can be used as a preventive factor in preventing addiction [14]. Therefore, by considering the four variables of attachment styles, coping skills, early maladaptive schemas, and resiliency, the researcher strives to answer this question: Is there a relationship between the aforementioned four variables and addiction to drugs?

2. MATERIALS AND METHODS

The present research is of causal-comparative type. Although causal-comparative methods are basically used for investigating causal relationships, they can be used for determining the effect of differences observed among groups [17].

The statistical population of the present research includes all male persons with or without addiction to opiates in Laar town. There is a total of 150 people according to statistics.

The sampling method used in this research is simple random sampling and the number of participants under study determined according to Morgan's table and Cochran's formula is 108. Hence, the sample consists of two 54-person groups. The first group encompasses people aged between 20 and 60 who visit Shafa Gostar and Ayandegan clinics in Laar town for treatment since the beginning of this year. The second group consists of non-addicts who are accessible and very much resemble the people of the first group in terms of age, gender, education, etc.

The researcher makes use of the following four questionnaires in this research: Revised Adults Attachment Scale questionnaire by Collins and Read (RAAS), Coping Inventory for Stressful Situations by Endler and Parker (CISS), Connor-Davidson Resiliency Scale (CD-RISC), Young's maladaptive schema questionnaire, as well as the researcher's demographic form.

Adults' attachment scale investigates the way a person evaluates communicative skills as well as the style of the person's intimate relationship. This questionnaire has 18 statements and three subscales of closeness, dependency, and anxiety. The reliability test-retest coefficient of this test for each of closeness, dependency, and anxiety subscales is reported to be 68%, 71%, and 52%, respectively [18].

The test of fighting psychological stress is developed by Endler and Parker in 1990. It has 48 statements and encompasses three main components of coping behaviors including problem-focused, emotion-focused, and avoidant coping. In Iran, the alpha coefficient of problem-focused coping, emotion-focused coping, and avoidant

coping subscales is reported to be 0.75, 0.82, and 0.73, respectively. The construct validity of the test subscales is as follows: problem-focused coping – 0.48, emotion-focused coping – 0.41, avoidant coping – 0.45[19].

The resiliency questionnaire developed by Connor and Davidson has 25 statements which are scored on a Likert scale from zero (completely incorrect) to five (always correct). Test scores may be between 0 and 100. Higher scores indicate participant’s higher resiliency. Connor and Davidson reported the resiliency scale’s Cronbach alpha coefficient to be 0.89. Additionally, the reliability coefficient resulting from the test-retest method in a four-week period is 0.87 [20].

Young’s schema questionnaire (short form) is a questionnaire with 75 questions designed for measuring the 15 primary cognitive schemas. This questionnaire is developed by Young and Brown [21]. The initial form consisted of 205 items. The short form of this questionnaire was developed in 1998. The psychometric characteristics of Young’s questionnaire were investigated in Iran. All 15 Young’s schemas are of proper stability in Iran. The internal stability for seventeen factors was obtained in the interval between 0.62 and 0.90 via Cronbach’s alpha coefficient. This coefficient was 0.94 for the general scale [22].

3. RESULTS

In this section, the descriptive findings of the research are presented at first. Then, findings pertaining to research hypotheses are presented in what follows. Table 1 shows descriptive statistics of attachment styles and their subscales in addicted and non-addicted persons.

As can be seen in Table 1, scores of closeness and dependency subscales in both addicted and non-addicted groups is higher than the average. As a result, from among three types of secure, anxious, and avoidant attachment, attachment is of secure type in both groups. Table 2 demonstrates descriptive statistics of coping styles in addicts and non-addicts. Given Table 1, the average of problem-focused coping style in addict and non-addict groups is high. However, this value is higher in non-addicts than in addicts. The average of emotion-focused and avoidant coping styles has an equal medium value in both groups. Table 3 shows descriptive statistics of maladaptive schemas in addicts and non-addicts. In view of Table 3, the average of maladaptive schemas style in addicts and non-addicts has a medium value. Even though the average of this style in two addict and non-addict groups is generally medium, this value is more in addicts than in non-addicts.

Table 4 demonstrates descriptive statistics of resiliency in addicts and non-addicts. In view of Table 4, although the average of this style in two addict and non-addict groups is generally high, resiliency is more in non-addicts than in addicts. Regression analysis is used for testing research hypotheses. On this basis, R, R², and R² coefficients are normalized in Table 5 and 6 and standard coefficients pertaining to the relationship between addiction status and problem-focused coping style are presented. Table 7 shows variables excluded from the model. Given the Table 7, it can be seen that there is a significant relationship between addiction status and problem-focused coping style; however, there is no significant relationship between two other emotion-focused and avoidant styles and addiction status and they were excluded from the model. R, R², and R² coefficients are normalized in Tables 8 and 9 and standard coefficients pertaining to the relationship between addiction status and attachment style (closeness) are presented. Table 10 shows variables excluded from the model pertaining to the analyzed model.

Table 1. Descriptive statistics of attachment styles and their subscales in addicted and non-addicted persons

Addiction Status	Statistic Scale	Attachment	Closeness	Dependence	Anxiety
Non-Addict	Average	53.60	21.80	15.80	16
	Number	50	50	50	50
	Standard Deviation	6.75	4.57	3.76	3.05
Addict	Average	54.14	20	17	17
	Number	50	50	50	50
	Standard Deviation	4.98	3.24	3.02	3.24

Table 2. Descriptive statistics of coping styles in addicts and non-addicts

Addiction Status	Statistic Scale	Problem-focused Coping	Emotion-focused Coping	Avoidant Coping
Non-Addict	Average	55.14	47.48	44.94
	Number	50	50	50
	Standard Deviation	6.91	4.57	3.76
Addict	Average	49.80	47.98	43.04
	Number	50	50	50
	Standard Deviation	7.13	8.84	8.70

Table 3. Descriptive statistics of maladaptive schemas in addicts and non-addicts

Addiction Status	Statistic Scale	Maladaptive Schemas
Non-Addict	Average	191.30
	Number	50
	Standard Deviation	43.84
Addict	Average	210.90
	Number	50
	Standard Deviation	43.20

Table 4. Descriptive statistics of resiliency in addicts and non-addicts

Addiction Status	Statistic Scale	Resiliency
Non-Addict	Average	66.26
	Number	50
	Standard Deviation	15.02
Addict	Average	65.66
	Number	50
	Standard Deviation	16.86

Table 5. Regression analysis of addiction status and problem-focused coping style

Model	R	R ² Determination Factor	Standardized Determination Factor	F	Significance Level
1	0.358	0.129	0.120	14.452	0.000

Table 6. Coefficients of regression equation and its statistics in addiction status and problem-focused coping style

Statistical Index	Non-Standardized Coefficients		Standardized Coefficients	T	Significance Level
	B	Standard Error	Beta		
Variables					
Constant	2.763	0.336		8.235	0.000
Problem-focused Coping	-0.024	0.006	-0.358	-3.802	0.000

Table 7. Variables excluded from the model

Coping Styles	Beta in	t	Sig
Emotion-focused	-0.05	-0.521	0.603
Avoidant	0.006	0.06	0.925

Table 8. Correlation between addiction status and attachment style (closeness)

Model	R	R ² Determination Factor	Standardized Determination Factor	F	Significance Level
1	0.231	0.053	0.044	5.527	0.021

Table 9. Regression equation and its statistics between addiction status and attachment style (closeness)

Statistical Index	Non-Standardized Coefficients		Standardized Coefficients	T	Significance Level
	B	Standard Error	Beta		
Variables					
Constant	2.260	0.327		6.913	0.000
Problem-focused Coping	0.036	0.015	-0.231	-2.351	0.021

As can be seen in Table 10, there is a significant relationship between addiction status and closeness; however, there is no significant relationship between two other styles of dependency and anxiety and addiction status and they are excluded from the model.

In order to compare the average of maladaptive schemas and resiliency in addicts and non-addicts, the statistical t-test is used for independent groups. Findings are presented in Table 11.

As can be seen in Table 12, the average of maladaptive schemas in addicts is more than that of non-addicts. That is to say, addicts have greater levels of maladaptive schemas compared with non-addicts. Furthermore, the average of resiliency is almost equal in addicts and non-addicts and there is no significant difference between the two groups.

Table 10. Variables excluded from the model

Attachment Styles	Beta in	t	Sig
Dependence	0.125	1.259	0.211
Attachment	0.140	1.391	0.167

Table 11. T-test of two independent groups in addiction status and maladaptive schemas

Variable	T-test	Significance Level
Maladaptive Schemas	-2.251	0.02

Table 12. Average and standard deviation of addiction status and maladaptive schemas

Variable	Addiction Status	Number	Average	Standard Deviation	T Value	Significance Level
Maladaptive Schemas	Non-Addict	50	191.30	43.84	-2.251	0.02
	Addict	50	210.90	43.20		
Resiliency	Non-Addict	50	66.26	15.02	0.188	0.85
	Addict	50	65.66	16.83		

4. DISCUSSION AND CONCLUSION

Data analysis results showed that the average of attachment styles in non-addicts is 53.60, a little lower than the average level. In addicts it was 54.14. On the whole, it may be said that the average of this style in two addicts and non-addict groups is not considerably different. The average of closeness subscale was obtained to be 21.80 and 20, the average of dependence subscale 15.80 and 17, and the average of anxiety subscale 16 and 17, in non-addicts and addicts, respectively. As can be seen, the scores of closeness and dependence subscales is higher than usual in both addict and non-addict groups. Consequently, from among secure, anxious, and avoidant attachment styles, attachment is of secure type in both groups. The average of problem-focused coping style was obtained to be 55.14 and 49.80 in non-addicts and addicts, respectively. This value is higher in non-addicts than it is in addicts. The average of emotion-focused coping style is 47.48 and 47.98 in non-addicts and addicts respectively. This value is at an almost medium level and equal to each other. The average of avoidant coping style was 44.94 and 43.04 in non-addicts and addicts, indicating the almost medium level of this value in both groups and the scores of both groups are equal. The average of maladaptive schemas is 191.30 and 210.90 in non-addicts and addicts, respectively; suggesting that it is at a medium level. The average of resiliency was 66.26 and 65.66 in non-addicts and addicts, respectively; indicating that resiliency is higher in non-addicts. Investigating the results of research questions shows that from among coping styles, there is a significant relationship between the problem-focused coping style and addiction status; however, there is no significant relationship between emotion-focused and avoidant coping styles.

The obtained results are consistent with previous studies [23, 24]. From among attachment styles, there is a significant relationship between addiction status and closeness; however, the relationship between dependent and anxious attachment styles and addiction status is not significant and they are excluded from the model. That is, addicts have higher levels of maladaptive schemas compared with non-addicts. The average of resiliency is almost equal in non-addicts and addicts. The results of the present research can assist psychologists and consultants in their consultations with addicts.

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