

Abstract

Objective: The present study aims to compare self-perception, emotional self-regulation, and attachment styles between normal individuals and drug-dependent people. **Method:** The research method of this study was causal-comparative. All the addicts referring to the rehab center of Nir City (situated in Ardabil) constituted the statistical population of the study. Then, the number of 60 participants (two 30-person groups) was selected as the participants of the study via convenience sampling. For data collection purposes, self-perception scale, self-regulation scale, and adult attachment questionnaire were used.

Results: The results showed that drug-dependent individuals received lower self-perception and self-regulation scores compared to normal individuals and received higher scores in insecure attachment styles than the normal participants.

Conclusion: The results of the study suggest that low levels of self-perception and self-regulation along with insecure attachment styles are probably considered as risk factors for individuals' tendency to substance use.

Keywords: Self-Perception, Self-Regulation, Attachment Styles, Addiction

On the Comparison of Self-Perception, Emotional Self-Regulation, and Attachment Styles between Normal People and Drug-Dependent People

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**Research on Addiction
Quarterly Journal of Drug
Abuse**

Presidency of the I. R. of Iran
Drug Control Headquarters
Department for Research and Education

Vol. 8, No. 32, Winter 2015
<http://www.etiadpajohi.ir>

Introduction

Addiction is a psychological and physical condition that threatens all aspects of life, health, family, and community. In fact, this is a major personal and social problem that threatens the social, economic, political, and cultural health of the society in addition to the consequences of physical and mental health for addicts. In the research associated with drug dependence, it has been attempted to lay emphasis on the variables that are directly or indirectly involved in individuals' tendency towards substance use in addition to explaining the different aspects of this issue. Among these variables, self-perception, emotional self-regulation and attachment styles are prominently notable. Self-perception is one of the variables that can be considered as a predictor of drug use. The collection of consciousness and imaginations towards the internal and external features that have been developed in a complex and dynamic system constitutes self-perception. Self-perception is a socio-cognitive concept and is associated with other areas of social cognition (Besharat, Golinejad & Ahmadi, 2003). Self-perception as a system of social cognition involves all aspects of considerations about self and is applied to differentiate one person from the other. Among these considerations are physical characteristics and financial assets such as height, properties, activities and capabilities (pastime and joy), social and psychological characteristics, mode of actions, habits, talents, and philosophical beliefs (Mohseni, 1996). Due to these points, it can be stated that addicted people to some extent have difficulty in terms of the development of self-perception and it seems that they may be subject to delay in the completion of development levels, as well. Studies show that addicts have difficulty with self-perception; in other words, these people display delays in their developmental levels of self-perception (Barabadi, Younesi & Taleghani, 2009; Tang, Wiste, Mao & Hou, 2005; Roszell, Mules, Glickfeld & Dudley, 1975).

Researchers believe that self-regulation can operate under the influence of narcotic drugs (Khanjani, 2003). Self-regulation has been defined as psychological efforts to control internal states, processes, and functions to achieve defined goals (Pakdaman, 2001). Self-regulation is the process whereby a person can control his/her thoughts, emotions, and behavior in accordance with his/her objectives. Self-regulation also entails cognitive processes such as attention formation, planning, design, and implementation status. Self-regulatory efforts gradually go on their survival without encountering external obstacles or personal deficiencies. However, people sometimes face difficulties in what they want to do. For example, low self-regulation can be involved in addiction to alcohol and drug consumption and, indeed, is considered as one of the most important causes of addiction since abstention from drug use becomes very difficult after the stabilization of drug use regulation. Studies have shown that drug-dependent individuals enjoy lower levels of self-regulation than other individuals (Ahadi, Abolghasemi & Narimani, 2009; Glassman, Werch & Jobli,

2007; Dewall, Baumeister, Stillman & Gailliot, 2007; Moradi, Hashemi, Farzad, Beirami & Keramati, 2009; Cole, Logan & Walker, 2011; Luszczynska, Diehl, Gutierrez-Dona, Kuusinen & Schwarze, 2004).

Attachment styles are among the other factors that can have a role in people's tendency to narcotic drugs. Attachment has been defined as an emotional bond between two individuals. Styles of attachment to parents as a developmental factor play an important role in psychological and social adaptation and in the growth of personality trends and in shaping personality characteristics. Despite the fact that a simple curiosity can be the reason for the initiation of drug use, the continuation of drug use can be associated with attachment styles. Separation from the safety source can be correlated with the breakdown of one's relation with the neighboring human sources and one's tendency to drug use in order to escape from fear and anxiety. Addiction can be viewed as the interaction of an individual, the environment, and drugs. In practice, drugs become the interface between the individual and the environment and a safe relationship with the environment is established because of the drugs. It is asserted that an individual will be equipped with security in the light of drugs (Mohamadzadeh, Khosravi & Rezai, 2011; Navidfar, Aghamohammadian & Tabatabai, 2010; Borjali, Barshan & Dortaj, 2009; Fathi & Mehrabizadeh, 2009). In a study entitled "The role of attachment styles and defense mechanisms in the differentiation of smoking and non-smoking students", Abolghasemi, Mahmoodi & Soleimani (2009) reached the conclusion that insecure attachment styles and immature defense mechanisms make people vulnerable to smoking and drug use and these people experience more negative emotions. Thus, smoking and non-smoking students can be differentiated through immature defense mechanisms and insecure attachment styles.

Given the devastating effects of addiction on people, the need to identify and recognize the information sources and contribute to the prevention, diagnosis, and treatment of addiction is strongly felt. This study was an attempt to compare self-perception, self-regulation, and attachment styles between drug-dependent individuals and normal people. Having identified the variables that cause drug dependence, one can pave the way for further experimental and interventionist researches and, thereby, a more effective prevention in this regard can be arranged.

Population, sample, and sampling method

The research method of this study was causal-comparative. All the male addicts referring to the rehab center of Nir City (situated in Ardabil) in 2013 constituted the statistical population of the study. Then, the number of 60 participants (two 30-person groups) was selected as the participants of the study. The two groups had been peered based on age, gender, and education. The first group consisted of 30 male addicts who were selected by convenience sampling

while the second group consisted of 30 male non-addicts who were selected by purposive sampling. The criteria for the inclusion of the participants into the sample size were as follows: the enjoyment of the diagnostic criteria listed in the Diagnostic and Statistical Manual of Mental Disorders-Revised for drug dependence; then, those being diagnosed of drug dependence were informed on the overall objectives of the study. Finally, after receiving their consents, the researcher asked them to respond to the questionnaires.

Instrument

Self-perception scale: This scale was developed by Pourhossein (2007) based on Damon and Hart's cognitive-development theory (1982). This scale contains 30 items that are presented as "I am ...". Each person is required to determine his/her state about each item in the form of very high, high, moderate, low, very low, and never. In this scale, some points are assigned to each of the choices, 5 points are assigned to the choice very high, 4 to the choice high, 3 to the choice moderate, 2 to the choice low, 1 to the choice very low, and no point is assigned to the choice never. Accordingly, the total score of self-perception scale ranges from zero to 150. This scale consists of four dimensions, the first three of which contain 7 items each and the final one contains 9 items, i.e. self-financial, self-active, self-social, and self-psychological dimensions. The internal consistency of the scale through Cronbach's alpha was reported to be .84.

Self-regulation scale: This questionnaire was developed for the evaluation of self-regulation (Brown, Miller & Lawendowski, 1999). The questionnaire consists of 63 questions and 7 subscales that measure the overall ability to regulate behavior. Each question is scored based on a 5-point Likert scale (strongly disagree, disagree, not sure, agree, strongly agree). The scores greater than or equal to 239 represent high self-regulation, the scores ranging from 214 to 238 indicate moderate high self-regulation and the scores less than 213 suggest low high self-regulation. The reliability of this questionnaire was obtained via internal consistency (Cronbach's alpha) and test-retest equal to .91 and .94, respectively. Self-regulation scale has been shown to have significant associations with related scales. Aubrey et al (1994; cited in Carey, Neal & Collins, 2004) showed that this scale was negatively correlated with severity of alcohol use. In the same way, Brown et al (cited in Carey et al., 2004) conducted a study on a sample of 300 students and reported the correlation of low scores in this scale with alcohol consumption, alcohol-related consequences, and high consumption of marijuana.

Adult Attachment Scale (AAS): This inventory was constructed by Hazan & Shaver (1994). It has two sections where participants respond to three main clauses of the scale in the first section based on a 7-point Likert scale (strongly disagree zero, slightly disagree 1, disagree 2, Not sure 3, slightly agree 4, agree 5, and strongly agree 6). It consists of three subscales, namely secure, anxious-

ambivalent, and avoidant attachment styles. In the second section, participants read the three previous descriptions and select one of them that is most similar to their own features. In this way, the scores 1, 2, and 3 are assigned to the nominal subscales of avoidant, anxious-ambivalent, and secure attachment styles, respectively. The repeated selection of the three descriptions in the second section is made in order to confirm the results of the first section. If there is no agreement between the results of the first and second sections, some kind of disorganization might have happened in the formation of attachment styles. Cronbach's alpha coefficients have been reported to be .65, .58, and .65 for secure, avoidant, and anxious-ambivalent attachment styles, respectively. Several researchers have reported the psychometric properties of this self-report instrument to be satisfactory. This scale can strongly predict communication features and attachment styles in adults. The content validity of the questionnaire was also met, which means that the content of the items are consistent and coordinated with the structural concepts of the attachment theory (Khanjani, 2003).

Results

Descriptive statistics of the variables are presented for each group in the table below.

Table 1: Descriptive statistics of the variables and their components for each group

<i>Variable</i>	<i>Normal group</i>		<i>Drug-dependent group</i>	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
Self-perception	112.80	16.38	46.53	11.67
Self-financial	25.10	4.56	10.40	2.81
Self-active	25.90	4.82	9.87	2.92
Self-social	26.50	5.20	12.17	3.40
Self-psychological	35.23	5.04	14.20	1.00
Secure attachment	4.67	1.27	2.03	1.40
Avoidant attachment	1.40	1.16	2.90	1.83
Anxious-ambivalent attachment	1.10	1.03	3.07	1.95
Self-regulation	222.87	10.62	168.27	18.54

Multivariate analysis of variance should be used to compare the two groups in the linear combination of variables. One of the assumptions for using this test is the equality of error variances. To this end, Leven's test is used whose results are presented in the following table.

Table 2: Results of Leven's test representing the equality of error variances for the two groups

<i>Variable</i>	<i>F</i>	<i>Df (between groups)</i>	<i>Df (within groups)</i>	<i>Sig.</i>
Self-perception	1.230	1	58	.312
Self-financial	1.644	1	58	.216
Self-active	1.073	1	58	.342
Self-social	1.706	1	58	.263
Self-psychological	2.170	1	58	.146
Self-regulation	.066	1	58	.798
Secure attachment	1.218	1	58	.313
Avoidant attachment	1.781	1	58	.209
Anxious-ambivalent attachment	1.416	1	58	.239

As it is indicated in the above table, the assumption of the equality of error variances has been met in all components.

The results of MANOVA test implicated the existence of a significant difference between the two groups in the linear combination of the components of the variables ($\eta^2 = .995$, $P < .001$, $F = 45.859$, Wilks Lambda = .108). Univariate analysis of variance was used to evaluate differences in patterns as follows.

Table 3: Results of univariate analysis of variance representing differences in patterns between the two groups

<i>Variable</i>	<i>Mean square</i>	<i>F</i>	<i>Sig.</i>	η^2
Self-perception	65869.07	325.577	.0005	.849
Self-financial	3856.02	242.526	.0005	.807
Self-active	3241.35	225.987	.0005	.796
Self-social	3081.67	159.349	.0005	.733
Self-psychological	6636.02	320.163	.0005	.847
Self-regulation	44717.40	195.872	.0005	.772
Secure attachment	33.75	14.404	.0005	.199
Avoidant attachment	58.02	23.939	.0005	.292
Anxious-ambivalent attachment	104.02	58.215	.0005	.501

As it is indicated in the above table, there is a significant difference between the two groups in all the components. According to the descriptive statistics, the normal group received higher scores in the components of self-perception, self-financial, self-active, self-social, self-psychological, self-regulation, and secure attachment, but received lower scores in avoidant attachment and anxious-ambivalent attachment compared to the experimental group.

Discussion and Conclusion

This study was an attempt to compare self-perceptions, emotional self-regulation, and attachment styles between normal and drug-dependent persons.

The results showed that drug-dependent people have lower self-perception compared to the normal group. This finding is consistent with the findings of the studies conducted by Barabadi et al. (2009), Tang et al. (2005), and Roszell et al. (1975). Developmental delay, regardless of its cause, leads to the intensity and continuation of behavioral disorders and mental health problems because they do not give importance to their attraction from the perspective of others due to the delay and lag in the development of "self" whereas they are supposed to reach it at the third developmental level of self-perception. Thus, they themselves do not see any obstacles to show undesired and maladaptive behavior. The consequence of such undesired and maladaptive behavior is retarded growth since the rejection of "self" by others causes the notion of "self" in relation to others to be annoying and this situation leads to the consolidation of the second level of self-perception (comparative evaluations). As the durability of people's problems in self-perception of the social context is higher, their problems in academic, social, and legal areas will be more intense, as well. Hence, efforts to strengthen and enhance self-perception and levels of reasoning should be included in addiction treatment programs. In addition the results of this study showed that drug-dependent patients benefit from lower level of self-regulation compared with normal subjects. This finding is consistent with the finding of the studies carried out by Cole et al (2011), Glassman et al (2007), Salo, Nordahl, Natsuaki, Leamon & Galloway (2007, Dewall, et al (2007), and Robinson (2007). Since addicts have some problems in executive behavioral system, attention, judgment, and logical reasoning, they cannot have constructive performance. In addition, these people are not able to implement effective strategies to adapt their behavior and this creates problems in behavioral areas and interpersonal relationships. In the same way, based on cognitive perspective, it can be argued that drug-dependent people rely too much on external structures (including substance dependence) rather than stick to internal planned actions in order to maintain physical and mental balance.

According to the research findings, the mean score of avoidant and ambivalent attachment styles in addicts is higher than that in normal people and the mean score of secure attachment styles in normal persons is higher than that in addicts. These findings are directly and indirectly consistent with the results of the studies undertaken by Borjali et al. (2006), and Fathi & Mehrabizadeh, (2010), Abolghasemi et al (2009), Besharat, et al (2003), and Jahangiri & Gholamzadeh Natanzi (2011). Research has shown that people who have a secure attachment style are involved in fewer interpersonal problems compared with the people with insecure attachment styles. Similarly, the interpersonal problems of people with avoidant attachment styles outnumber those of the people with anxious-ambivalent attachment styles. In addition, research also suggests that insecure attachment styles and immature defense mechanisms make people vulnerable to smoking and drug use and such people experience more negative emotions.

In terms of the results of the present study, it can be argued that the lack of attention and care in childhood and adolescence, experienced shortages, feeling of loneliness and sadness, and inability to communicate lead a person to substance use. Given these facts, it can be claimed that the absence of a good interaction between the child and the mother, non-responsive parents, low self-confidence, the distance between parents and children, and countless and unexpected criticisms from the adolescents can all probably lead to drug use. The effect of narcotic drugs directs individuals to the discovery of the issue that they are able to relieve their pain and sorrow resulting from failure in communication by means of narcotic substances and, thereby, to alter their emotional state. Despite the fact that a simple curiosity can be the reason for the initiation of drug use, the persistence of drug use can be associated with attachment styles. Separation from the safety source can be correlated with the breakdown of one's relation with the neighboring human sources and one's tendency to drug use. Substance users with avoidant and ambivalent attachment styles constituted a greater percentage of sample size compared to the drug users with secure attachment styles. It seems that drug-dependent individuals have weak and immature coping skills for dealing with the problems of life. The right way to solve problems is not avoidance and isolation. Such a procedure leads to the reinforcement of avoidance strategies, avoidance of direct confrontation with difficult situations in life, and the abundance of stress. This approach finally paves the way for substance abuse as a way to balance emotions and to temporarily release from stress.

Overall, the results of this study suggest that drug-dependent individuals have lower degrees of self-perception and self-regulation, have insecure attachment styles, and experience more problems in these fields in comparison with normal people. These findings suggest that such variables are considered as risk factors for drug addiction. It seems that the treatment programs that are designed to improve these factors can help a lot in the success of the treatment of drug dependent people. One of the limitations of this study was that the participants in the drug-dependent group were not randomly selected. It is also suggested that similar studies get conducted on female participants as well as males. Due to limitation of human resources in the study, it was not possible to categorize different groups of addicts; therefore, it is recommended that this issue be addressed in other studies. Preferably, it is suggested that other researchers conduct a longitudinal study to examine the role of these variables in the initiation and persistence of addiction. In terms of applications and implications of the findings, it is recommended that training courses of self-perception and self-efficacy be held for drug-dependent people in rehab centers. In addition, it is possible to apply the content of training courses of self-regulatory skills in the form of therapeutic plans.

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