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**INSECURE ATTACHMENT AS A PREDICTOR VARIABLE OF
DEPENDENCE TOWARDS PEOPLE AND SUBSTANCES IN
YOUNG PEOPLE**

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Summary. The attachment created in childhood is one of the factors that shapes our personality and guides our behavior patterns in our youth. Contingent parental responses to the infant's demands create a secure attachment. However, if these responses are incongruent, the infant will grow up with an insecure attachment. Insecure attachment creates in the infant a series of distorted cognitive schemas and dysfunctional emotional interaction patterns that lead to dependency-prone personality profiles. This dependence can be shown towards relationships (emotional dependence) or substances (drug dependence), among others. The present research, quantitative and cross-sectional, has 81 participants between 18 and 30 years of age to whom the corresponding tests were administered (informed consent, sociodemographic test, CAA, IRIDS-100 and DAST-10). The data obtained were analyzed with SPSS-20 using Student's *t* test for independent samples and a linear regression model. The results indicate that there are differences between the secure and insecure attachment groups with respect to emotional dependence and substance dependence, with higher scores for the insecure attachment group. However, if we speak of a predictive relationship, it is only between insecure attachment and emotional dependence. These results are congruent with the findings of other research and, although certain considerations and limitations must be taken into account, they broaden the knowledge of attachment in relation to emotional dependence and substance dependence in youth and possible forms of prevention from childhood.

Key words: secure attachment, insecure attachment, emotional dependence and substance dependence.

**APEGO INSEGURO COMO VARIABLE PREDICTORA DE LA
DEPENDENCIA HACIA PERSONAS Y SUSTANCIAS EN
JÓVENES**

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Resumen. El apego que se crea en la infancia es uno de los factores que configuran nuestra personalidad y guía los patrones de comportamiento en la juventud. Si se dan por parte de los progenitores respuestas contingentes a las demandas del bebé se crea un apego seguro. Sin embargo, si estas respuestas son incongruentes el bebé crecerá con un apego inseguro. El apego inseguro crea en el bebé una serie de esquemas cognitivos distorsionados y pautas de interacción emocional disfuncionales que provocan perfiles de personalidad tendentes a la dependencia. Esta dependencia se puede mostrar hacia relaciones (dependencia emocional) o hacia sustancias (dependencia hacia tóxicos), entre otras. La presente investigación, cuantitativa y transversal, cuenta con 81 participantes de entre 18 y 30 años de edad a los que se administraron las pruebas correspondientes (consentimiento informado, test sociodemográfico, CAA, IRIDS-100 y DAST-10). Los datos obtenidos se analizaron con el SPSS-20 utilizando *t* de Student para muestras independientes y un modelo de regresión lineal. Los resultados indican que existen diferencias entre los grupos de apego seguro y apego inseguro respecto a la dependencia emocional y dependencia hacia sustancias, siendo las puntuaciones más altas para el grupo de apego inseguro. Sin embargo, si se habla de una relación predictiva, esta sólo se da entre el apego inseguro y la dependencia emocional. Estos resultados son congruentes con los hallazgos de otras investigaciones y, aunque se deben tener en cuenta ciertas consideraciones y limitaciones, amplían los conocimientos del apego en relación a la dependencia emocional y la dependencia hacia sustancias en la juventud y posibles formas de prevención desde la infancia.

Palabras clave: apego seguro, apego inseguro, dependencia emocional y dependencia hacia sustancias.

Introduction

Attachment

Currently, it is known that parenting style is a determining factor in the process of development of the individual's personality, which is why numerous studies have been carried out on attachment and how this has consequences in youth because of the way in which the infant learns to relate to him/herself, to others and to the world. Bowlby (1989), author of the attachment theory, conceptualizes it as the way of creating affective bonds with certain people whose biological function is protection. The infant's primary caregivers are usually the main attachment figures and are responsible for meeting the infant's needs and demands. The primary attachment bond that is established with the primary caregiver and the behaviors that develop based on this act as a model for the development of behavioral patterns that will be observed in youth (Bowlby, 1995; Martínez et al., 2014). The person with whom this bond is usually established is usually the mother, but it can be established with any person who provides security and is sensitive to the child's demands (Narváez et al., 2019). This suggests that attachment is not only present in the first years of life, but that its influence can be observed at different stages and towards people outside the primary family nucleus. Nevertheless, it is in these early moments that attachment is shaped by the type of responses of the primary caregiver. These responses, according to Ainsworth (1969), must be sensitive, i.e., the person must adequately perceive the signal, interpret it correctly, select the ideal response to satisfy it, and show consistency in the range of

responses. In case of not responding adequately to the signal or making a wrong interpretation of it, the attachment figure will not provide security and the baby will not learn correctly to regulate his emotions (Di Bartolo, 2016). Thus, the configuration of an insecure attachment in childhood could explain the inadequate capacity to regulate negative affection or rejection from others in youth (emotional dependence), as well as the difficulties that people addicted to substances have in abandoning their consumption (Hernández Figueroa and Cáceda Mori, 2021; Ospina Castaño et al., 2015).

In the following, we will discuss in detail both dependence on people (emotional dependence) in the first place, and dependence on substances (addiction) in the second place.

Emotional dependence

As explained above, attachment is not only reflected in the first stage of life. During youth, peer and early couple relationships become the primary attachment figures (Romera et al., 2016), i.e., adult couple relationships resemble the infant's relationship with primary caregivers (Heffernan et al., 2012; Holland et al., 2021). In other words, the characteristics of primary attachments and the attachment style established in the first years of life act as models on which later relationships will be based (Dávila, 2015; Talavera, 2012).

Emotional dependence, also called sentimental dependence, affective dependence or love dependence, has had many definitions throughout history. However, Castelló's (2015) definition is the one that is most current today: "a persistent pattern of unmet emotional needs that are maladaptively attempted to be met by other people." In short, emotional dependency exists when one or more interpersonal relationships are maintained in which support/protection by the other party is needed to maintain the person's self-esteem, identity and overall functioning. People with emotional dependence are characterized by a need for affection and continuous contact from a partner or other members (friends, family, etc) (Momeñe et al., 2017). He tends to take submissive behavioral styles and idealization of the partner (Momeñe & Estévez, 2019), so he lives in a constant lack of correspondence due to his intense fear of abandonment or rejection. This is related to a long history of usually uninterrupted relationships. It should be taken into account that the dependent person is a real sufferer, as he/she is capable of even enduring disinterest, humiliation, mockery, disrespect, or even in the most serious cases, violence (Jiménez and Sáez, 2020). Likewise, they manifest high possessiveness, pseudosymbiosis (inability to feel complete without the partner) and low resilience (Aiquipa Tello, 2015). As is logical as a consequence of these symptoms, they also present a withdrawal syndrome in the absence of the partner (Momeñe et al., 2021), and mental problems may appear. The most common are anxiety, depression, feelings of guilt, obsessive thoughts of the ex-partner and thoughts of suicide (Urbiola et al., 2017).

It is important to differentiate people with emotional dependence from people diagnosed with dependent personality disorder, since emotional dependence by itself is not a pathological diagnosis, while a disorder is a much more complex entity in which, although an altered personality trait predominates over others, a multitude of personality, environmental, social, family and occupational factors, among others, must be taken into account. It is also important to mention that emotionally dependent people unconsciously look for profiles with specific personality characteristics (being conceited, emotionally distant, egocentric and, sometimes, hostile, possessive or confrontational). In other words, a person is dependent on the type of relationship, not so much on the specific person (Castelló, 2015). This search for a profile characterized

by a certain emotional coldness and a behavioral pattern defined by isolation or compulsive approach due to fear of rejection is consistent with people who have developed an insecure attachment in childhood. In fact, nowadays, it is proposed that early affective deficiencies are one of the factors linked to the origin of emotional dependence, which can lead to distorted self-schemas and dysfunctional emotional and behavioral interaction patterns (Huerta et al., 2016). In contrast, secure attachment predicts having more positive relationships (high trust, communication and caring) (Barroso, 2014).

Substance dependence

In addition to emotional dependence on people, there are other ways of manifesting dependence, such as drug addiction. The consequences of the increasingly high consumption of toxic substances in the youth population raises a serious problem at the international level (2.6% of the world population has a substance use disorder) (Degenhard et al., 2017), not only because of the effects on physical health, but also because of the consequences at the psychological and social level (Hernández Serrano et al., 2016). This is why numerous countries have incorporated prevention or intervention strategies for substance abuse through general advertising campaigns, or outpatient treatment focused on vulnerable groups (Becoña Iglesias and Cortés Tomás, 2016). However, although positive results are obtained, efforts remain insufficient, as the numbers of people receiving treatment for drug use in the EU continue to rise (of Drugs, 2019). The relevance of substance use is such that addiction is currently considered a psychiatric disorder, being included in different manuals such as the DSM-5 or the ICD-10. According to the DSM-5, substance dependence is characterized by a maladaptive pattern of use involving significant impairment or distress, expressed by three or more of the following symptoms over a continuous 12-month period:

- Tolerance is defined when there is a need to increase the amount of the substance to achieve the desired intoxication or, when the effect of the same amounts clearly diminishes with continued consumption.
- Withdrawal occurs with the presence of certain physical or psychological symptoms in the absence of the substance and this causes a clinically significant discomfort that leads the person to consume the same (or very similar) substance to alleviate these symptoms.
- The substance is taken in larger quantities or for a longer period than initially intended.
- There is persistent desire or unsuccessful efforts to control or discontinue substance use.
- Much time is spent on activities related to obtaining the substance, consuming the substance, or recovering from the effects of the substance.
- Reduction of important social, occupational or recreational activities due to substance use.
- You continue to take the substance despite awareness of recurrent or persistent psychological or physical problems that appear to be caused or exacerbated by the substance use.

Some of the most common addictions today in Spain are, in order of prevalence, alcohol (93.5% of the general population) tobacco (72.5%), cannabis (30%), cocaine (10%), ecstasy, amphetamines, hallucinogens, heroin and volatile inhalants (5%) (Blas González, 2019). At this point, it is important to differentiate alcohol and tobacco from other substances because their consumption is socially accepted, there is no legal control over their consumption, production or sale and it is favored by consumerist

advertising (Monsalve and Meléndez, 2011), so their measurement to consider a dependent use should be assessed under other parameters than the rest of substances. Nor can we fail to mention the relationship between early onset of consumption and later problematic consumption. Numerous studies have shown that early alcohol consumption is associated with more intense and habitual consumption of other substances. Early tobacco use is related to tobacco use in adulthood and to problematic alcohol consumption. Regarding early cannabis use, this has been related to problematic use of cannabis and other substances (Hernández-Serrano et al., 2015). The average age of onset also depends on the type of substances, with alcohol and tobacco being the first to be consumed (16 years), followed by cannabis (18-19 years) and cocaine (20-21 years) (Blas González, 2019). Therefore, age can be considered as a risk factor for problematic substance use, being from 16 to 23 years of age a risk stage. In addition, it is important to distinguish between the different types of consumption according to their frequency. In this case, we would be talking about experimental use, regular or social use, harmful use and abuse or dependence (Mercado Barrientos, 2017). Experimental use is when a person tries the substance to test its effects and, after a number of uses, stops taking it. Regular or social use is maintained over time after experimental use and is incorporated into the person's habitual life. Harmful use occurs when the pattern of regular use of the substance begins to create some type of physical or mental impairment in the individual. Finally, substance abuse or dependence occurs when there is a disease associated with the use of a substance, and involves an intense and sustained use over time that causes changes in brain physiology, behavioral, mental or emotional disorder.

In recent decades, numerous studies have been conducted with the aim of analyzing whether family functioning influences the onset or maintenance of drug use and, indeed, these studies have shown that there is a relationship between insecure attachment and substance addiction (Carmona and Lever, 2017), as well as between some patterns of family functioning in which punishment predominates, low cohesion and the presence of problematic behaviors in youth, including substance use (Hernández Serrano et al., 2015). Regarding attachment, it was reflected that the higher the substance consumption, the lower the secure attachment styles and the higher the parental permissiveness, self-sufficiency and resentment against parents, i.e., secure attachment would act as a protective factor against consumption (Olivares et al., 2018). The same is confirmed by other studies such as those of Meredith et al. (2020), Momeñe et al., (2021) and Serra et al. (2019). Substance abuse is considered as a compensatory behavior, i.e., the strong "connection" the person has with the addictive substance would act as a substitute for non-existent or insufficient connections with primary attachment figures (Delvecchio et al., 2016). Neglectful paternal or maternal-filial relationships often predict a psychopathological picture of anxiety, hostility, depression, paranoid ideation, and substance abuse (Musetti et al., 2016; Schindler and Bröning, 2015). In short, attachment styles guide the behavior that the child has internalized to cope with situations of stress or frustration, so insecure attachment patterns are a risk factor that increases vulnerability to consumption (Barbarias et al., 2019; Berruero Quintero, 2017). However, this does not mean that people with a secure attachment do not consume, but rather that this consumption tends to be more experimental and sporadic (Rodríguez Pellejero and Núñez, 2018), while those with an insecure attachment tend to consume pathologically, eventually persisting into adulthood. This consumption is linked to an attempt to reduce emotional distress (Castilla Puerta, 2019).

Conclusions

It is of great scientific interest to address the issues of substance addiction and emotional dependence for several reasons. The first is the high prevalence of use disorders, especially in young people (12-26% in college students and 3-6% in adults) (MacLaren and Best, 2010). Second, because of the high comorbidity of disorders that addiction to certain substances can cause, especially psychiatric disorders (41% mood disorders, 30% anxiety disorders, 40% psychotic disorders). Furthermore, it should be noted that a low proportion of people with addiction problems receive treatment (11%) and of these, there is a high percentage of dropout or relapse rates, so there is still a need for further research on new effective interventions in substance dependence (Degenhardt et al., 2019). Third, because research on emotional dependence is of great interest due to the prevalence rates and the implications of emotional dependence at multiple levels, one of the most important of which is violence. 12% of the general population acknowledges being emotionally dependent, of which 8.6% severely and in young people the percentage shoots up (12-25%) (Valle and Moral, 2018). For all the above reasons and due to the scarce scientific research that addresses the relationship between substance use and emotional dependence with attachment styles, it is attractive for the field of clinical psychology to create new ways of approaching from childhood and to study patterns of family functioning that predict or intervene to reduce or eliminate substance use behaviors and/or emotional dependence in youth. The results of this study could expand the knowledge we have about the effects of attachment in childhood with respect to dependence behaviors towards people or substances and offer a new path of orientation for intervention with young people with substance dependence problems or emotional dependence, which, as we have seen, is a population at risk for this type of behavior (Esteban García, 2020).

Hypothesis and objectives

The general hypothesis of the study is to corroborate that an insecure attachment style predicts the presence of emotional dependence as a personality trait and, in parallel, substance dependence in youth.

General Objective:

- To assess whether insecure attachment in childhood functions as a predictor variable for emotional dependence and substance dependence in youth.

Specific objectives:

- To analyze whether those with insecure attachment present a higher level of emotional dependence than those with secure attachment
- To analyze whether those with insecure attachment present a higher level of substance dependence than those with secure attachment.
- To determine that insecure attachment acts as a predictor variable of emotional dependence.
- To determine that insecure attachment acts as a predictor variable for substance dependence.

Method

Participants

The study consists of a sample of 81 participants obtained by convenience sampling by the researcher, of which 32% are men ($n = 26$) and 68% women ($n = 55$),

whose mean age is 24 (ages between 18 and 30 years) and a standard deviation of 4.44. The mean age of men is 25.5 and the standard deviation is 4.12, while that of women is 23.8 and the standard deviation is 3.3. All met the inclusion and exclusion criteria set forth. Inclusion criteria were based on age, i.e., young people aged 18-30 years. The only exclusion criteria included are people who have been diagnosed with a psychological personality disorder, specifically dependent personality disorder, and substance use, abuse or dependence disorder.

Type of design

This research uses a quantitative design, since standardized measurement instruments will be used for the variables studied, of a cross-sectional correlational type (non-experimental), since the researcher will not exert any type of influence, change or intervention on the variables and these are measured at a single moment to observe if there is a relationship between them.

Variables studied

Attachment: the way of creating affective bonds towards certain people whose biological function is protection (Bowlby, 1989). It is shaped during the first years of life by the type of responses offered by the primary caregiver. If these are sensitive to the infant's demands, security will be provided and a secure attachment will be established, whereas, if they are not congruent, an insecure attachment will be established and the person will have difficulty regulating his or her emotions.

Emotional dependence: the emotionally dependent person is characterized by feelings of voracity for the person on whom they are dependent, experiencing an inner emptiness that is never filled, permanent dissatisfaction with the feeling that something is missing, intolerance to loneliness, emotional changes and lack of a true sense of self. In other words, it is a persistent pattern of unmet emotional needs that are maladaptively attempted to be met by other people (Castelló, 2015).

Substance dependence: a group of cognitive, behavioral and physiological symptoms that indicate loss of control over the use of a psychoactive substance and in which the subject continues to use the substance despite the appearance of significant problems related to it. There is a pattern of repeated self-administration that often leads to tolerance, withdrawal and compulsive ingestion (DSM-IV).

Instruments

Ad-hoc questionnaire that collects sociodemographic data (age, sex and diagnosis of a psychological disorder).

Adult Attachment Questionnaire (CAA), originally authored by Melero and Cantero (2008). This self-applied instrument assesses adult attachment styles (secure attachment and insecure attachment) in a non-clinical population and consists of 40 items with a six-point Likert-type scale (where 1 is "completely disagree" and 6 is "completely agree"). Its administration time is approximately 5 minutes. As for the factor analysis, the instrument consists of four factors. The first one groups "approval needs" which are negative self-concept, relationship concerns, dependency, fear of rejection, and behavioral and emotional inhibition problems. The second, "hostile conflict resolution, resentment and possessiveness" describes anger towards others, resentment, easy anger, possessiveness and jealousy. The third, "emotional expressiveness and comfort with intimacy" assesses sociability, ease in expressing emotions and trust in others in expressing and solving interpersonal problems. Finally, the fourth factor, "emotional self-sufficiency and discomfort with intimacy" focuses on

the undervaluing of intimate relationships, difficulty committing and overvaluing personal independence. The form of correction is based on observing the score of each factor and assessing as a whole to which type of attachment it corresponds. The total variance explained was 40%. The psychometric properties of the AAC are satisfactory. The internal consistency indexes were evaluated using Cronbach's Alpha coefficient and the results were that factor 1 obtained an index of .86, factor 2 of .80, factor 3 of .77 and factor 4 of .68.

Sirvent's (2007) Inventory of Interpersonal Relationships and Emotional Dependencies (IRIDS-100). This self-applied instrument assesses emotional dependence with 100 items with a five-point Likert-type scale (where 1 is "strongly disagree" and 5 is "strongly agree"), which are divided into three emotional dependence scales (affective dependence, codependence and bidependence) with seven subscales: interdependence, situational accommodation, self-deception, negative feelings, identity, personal background and heterocontrol. These seven dimensions explain 53.72% of the total variance, of which the first factor "dependent triad" explains 24.13%. Its administration time is approximately 10 minutes. The overall internal reliability of the IRIDS-100 was very high, obtaining a Cronbach's Alpha of .97. It is important to mention that in the present investigation this instrument has not been used in its entirety, but only the global scale of affective dependence has been used, since the other two scales do not provide information relevant to the general hypothesis.

Drug Abuse Screening Test (DAST-10), whose original author is Skinner (1982) and whose Spanish adaptation corresponds to Gálvez et al. (2010). This self-administered instrument consists of 10 items (although there is a version with 20, the DAST-20) with dichotomous responses (Yes and No) that determine substance dependent or abusive subjects (excluding alcohol and tobacco) under the DSM-IV-TR diagnostic criteria for Substance Use Disorders. The factors it measures are "consumption and consequences" and "dependence or inability to abstain". Its application time is approximately 2 minutes. Construct validity was measured with an exploratory factor analysis of the components, which explained 62.18% of the variance. Internal consistency was assessed with Cronbach's alpha and obtained excellent results, with alpha .89 for the DAST-10.

Procedure

The sample was recruited thanks to the researcher's convenience sampling and the application of the tests was carried out using the Google Forms platform. Prior to the administration of the instruments, an information sheet and informed consent form was provided to each subject, explaining the objective of the study, the results expected to be obtained, a brief summary of the concepts, the voluntariness to participate and the confidentiality of their data (Declaration of Helsinki, 1975), and the use of the data exclusively for research purposes. The instruments were administered in the following order: Ad-hoc questionnaire, CAA, IRIDS-100 and DAST-10. The sociodemographic data collected were sex, age and diagnosis of a psychological disorder. It was not necessary for participants to provide further data, so the surveys were completely anonymous. After data collection, they are transferred to the SPSS database and analyzed with the statistics detailed in the following section. Finally, the results and conclusions of the study are drawn up.

Data analysis

Data analysis was carried out using Student's *t* test for independent samples in order to observe whether there are differences between the secure and insecure

attachment groups in relation to emotional dependence and substance dependence. A linear regression model was also performed to analyze whether there is a predictive relationship between them. Descriptive statistics were used for sociodemographic data. The analyses were performed with the SPSS statistical software, in its twentieth version.

Results

Table 1 details the sociodemographic data. A sample of 81 subjects was observed, of which 81.5% had not been diagnosed with any disorder ($n = 66$), while 18.5% had ($n = 15$), corresponding to depression, anxiety, ACT, OCD, PTSD and ADHD. According to these sociodemographic data, there is no subject that meets the exclusion criteria for the research, so all subjects are valid for the study.

Table 1

Table of sociodemographic data

		n = 81	Percentage
Sex	Man	26	32%
	Woman	55	68%
Disorder	No	66	81.5%
	Yes	15	18.5%
		<i>M ± DT</i>	
Age	Man	25.5 ± 4.12	
	Woman	23.8 ± 3.3	
	Total	24 ± 4.44	

To observe whether there are differences in emotional dependence and attachment style, a Student's *t-test* for independent samples was performed (see Table 2). It shows that for all subscales of the dependence variable there are significant differences between groups, except for the subscale "recreation of negative feelings" or RSN ($p = .60$). In addition, it is observed that the insecure attachment group scores higher on average on all dependency scales and subscales. If these results are analyzed in depth, it is observed that the total study sample scores very significantly ($p < .001$) on the general dependence scale, within which they score very high on the interdependence scale (pure dependence and sensation seeking subscales), situational accommodation, self-deception (denial subscale), negative feelings (loneliness, guilt, self-destructiveness and emotional inescapability subscales) and identity (identity and weak ego subscales). The variables that score moderately significant ($p < .01$) are subscale craving (interdependence scale), repetition (self-deception scale) and rigid ego (identity scale). The scales that score significantly ($p < .05$) are self-deception (self-deception and manipulation subscale) and personal history. In terms of consumption, it is also observed that there are differences between the secure and insecure attachment groups, although they are close to the borderline ($p = .048$), with insecure attachment scoring higher on average. These results show that, indeed, if we talk about emotional dependence and substance use, there are differences between people who have grown up with an insecure attachment and people who have grown up with a secure attachment.

Table 2

Student's t-test for secure and insecure attachment in emotional and substance dependence

	Secure attachment (n=16) <i>M ± SD</i>	Insecure attachment (n=65) <i>M ± SD</i>	gl	t
DPD	.19 ± .40	1,82 ± ,82	79	-7.62***
3DPD	.12 ± .34	1,56 ± ,82	79	-6.8***
DPDP	.0 ± .0	2.12 ± .83	79	-10 ***
BQS	.18 ± .4	1.06 ± .89	54.9	-5.81***
C	.0 ± .0	.69 ± .91	79	-3**
ACM	.0 ± .0	.67 ± .68	79	-3.92***
AUTE	.0 ± .0	.2 ± .47	79	-1.67*
aute	.0 ± .0	.5 ± .85	79	-2.37*
MNP	.0 ± .0	.32 ± .64	79	-2.01*
RTR	.0 ± .0	.86 ± 1.14	79	-2.99**
N	.18 ± .4	1.01 ± .83	79	-3.82***
SNTN	.062 ± .25	1.4 ± 1.05	79	-5***
S	.062 ± .25	1.53 ± 1.11	79	-5.22***
CLP	.0 ± .0	.73 ± .81	79	-3.6***
AUTD	.31 ± .47	1.32 ± 1.16	79	-3.39***
INESE	.25 ± .57	1.44 ± 1.18	79	-3.9***
RSN	.93 ± 1,12	1.47 ± 1.25	25	-1.68
IDN	.0 ± .0	1.35 ± 1.13	79	-4.73***
idn	.0 ± .0	1.3 ± 1.07	79	-4.84***
EGD	.062 ± .25	.86 ± 1.17	79	-4.34***
EGR	.062 ± .25	.86 ± 1.07	79	-2.94**
ANTP	.37 ± .8	.87 ± 1.12	79	-1.67*
Consumption	.68 ± 1.13	1.24 ± 1.19	23.8	-1.74*

Note. * p<.05, ** p<.01, *** p<.001

Note. DPD = Dependence, 3DPD = Dependent triad, DPDP = Pure dependence, BQS = Sensation seeking, C = Craving, ACM = Accommodation, AUTE = Self-deception, aute = Self-deception, MNP = Manipulation, RTR = Reiteration, N = Denial, SNTN = Negative feelings, S = Loneliness, CLP = Guilt, AUTD = Self-destructiveness, INESE = Emotional inescapability, RSN = Recreation of negative feelings, IDN = Identity, idn = Identity, EGD = Weak ego, EGR = Rigid ego, ANTP = Personal antecedents.

Finally, to test the general objective of the study, a linear regression was performed. Specifically, the means of secure and insecure attachment were compared with emotional dependence and substance dependence, respectively. First, linear regression was performed for attachment style and emotional dependence. As the independent variable in this case is qualitative (secure and insecure attachment), it was transformed into a dummy variable, where the value 0 is absence of secure attachment (insecure attachment) and the value 1 is secure attachment. The results showed that the R^2 adjusted is .417, the coefficient B of constant is 1.81 and that of attachment is -1.62, so the linear regression equation for insecure attachment $\hat{Y} = 1.81 + (-1.62) * 0$, i.e. $\hat{Y} = 1.81$, while for secure attachment $\hat{Y} = 1.81 + (-1.62) * 1$, i.e. $\hat{Y} = .19$. These data explain that people with secure attachment score on average .19 in dependence and people with insecure attachment score 1.81, so it can be said that insecure attachment better predicts

emotional dependence behaviors, specifically, insecure attachment explains 41.7% of the variance (see Table 3).

Table 3

Linear regression of attachment and emotional dependence

	<i>B</i>	<i>ET</i>	β	<i>t</i>
(Constant)	1.81	.09		19.1***
Attachment	-1.62	.21	-.65	-7.6***

Note. Adjusted^{R2} = .417, *** p<.001

Second, a linear regression was performed for secure attachment style in relation to substance dependence (see Table 4). The results obtained show that R^2 adjusted is .022 and the coefficient *B* for constant is 1.24 and that for attachment -.55, so the linear regression equation for insecure attachment is $\hat{Y} = 1.24 + (-.55) * 0$, i.e., $\hat{Y} = 1.24$, while the equation for secure attachment is $\hat{Y} = 1.24 + (-.55) * 1$, i.e., $\hat{Y} = .69$. These data explain that, when modeling prediction, insecure attachment style on substance dependence explains only 2.2% of the variance.

Table 4

Linear regression table for attachment and substance dependence

	<i>B</i>	<i>ET</i>	<i>B</i>	<i>T</i>
(Constant)	1,246	,147		8,457***
Consumption	-,559	,332	-,186	-1,685

Note. Adjusted^{R2} = .022, *** p<.001

Discussion and conclusions

Once the results have been presented, the data obtained are clarified and contrasted with both the theoretical background and the objectives proposed for the research.

If we analyze the data referring to sociodemographic variables, all the participants were between 18 and 30 years of age, with an average of 24 years, of which 68% were women and 32% men. 81.5% had never been diagnosed with any disorder and the remaining 18.5% had. The rest of the results show that there are indeed differences between the group that grew up in a safe environment and the group that grew up in a dysfunctional family in terms of emotional dependence. In addition, the results of the linear regression (Table 3) confirm that insecure attachment can act as a predictor variable of emotional dependence in youth, explaining 41.7% of the variance. Similar results are obtained in studies such as those of Andrade Buñay (2018), in which the greater the family dysfunctionality the higher the emotional dependence scores. Momeñe and Estevez (2018) add the importance of warm maternal responses that are warm and contingent on the infant's needs so that the infant does not develop emotionally dependent compensatory behaviors in the future. In the same line, Valle and Moral (2018) associate secure attachment with absence of emotional dependence, which is consistent with the data of this research, in which subjects with secure

attachment ($n = 16$) do not score in numerous scales and subscales (pure dependence, craving, accommodation, self-deception, manipulation, reiteration, guilt and identity) and, in the rest of scales they always score a lower mean than insecure attachment. Cerdán Fievez (2016) also confirms that people with secure attachment show an attitude of confidence, stability and satisfaction in their personal relationships. If the subscales of emotional dependence are analyzed in depth, it is observed that there are significant differences for the insecure attachment group in all of them, except for the subscale of "recreation of feelings", so it could be said that this sample does not have a repetitive and constant perception of emotions that cause dissatisfaction. However, they do score very significantly ($p < .001$) on the general dependence scale, within which they score very high on the interdependence scale (pure dependence and sensation seeking subscales), situational accommodation scale, self-deception scale (denial subscale), negative feelings scale (loneliness, guilt, self-destructiveness and emotional inescapability subscales) and identity scale (identity and weak ego subscales). These results explain that the sample has a strong need for the other person to the point of feeling complete only in his/her company, is not able to differentiate his/her personality from that of his/her partner, and therefore opens up excessively and the line of intimacy is blurred. He/she has a constant need for stimuli in order to reach high levels of excitement and to make up for affective deficiencies; he/she has a lack of initiative or ease to passively adapt to the orders of others; feelings of loneliness and guilt. Shows inability to be aware of the negative aspects of the relationship, or rejects them outright and therefore believes he/she is incapable of leaving a toxic situation even though he/she is aware of the harm he/she is doing to him/herself. The variables that score moderately significant ($p < .01$) are subscale craving (interdependence scale), subscale repetition (self-deception scale) and subscale rigid ego (identity scale). These are defined as a feeling of intense longing in the absence of a partner, constant relapse into the same mistake and an impenetrable personality, with difficulty in opening up to others. The scales that score significantly ($p < .05$) are self-deception scale (self-deception and manipulation subscale) and personal history scale. It is defined as attempts to modify the partner's behaviors or feelings for one's own benefit and past history or events that may influence psychological well-being (abuse, mistreatment, separations, etc.). Similar results are found by Arocena and Ceballos (2017) referring to seeking attention from the partner, modification of plans, perceiving the partner relationship as fundamental, showing distrustful behaviors and high anxiety. Along the same lines, Medina et al. (2016) found that insecure attachment causes anomalies in future couple relationships such as low satisfaction in the relationship environment, infidelities, violence, jealousy, low self-esteem, negative self-concept, lack of commitment and trust, and emotional dependence. This is also related in other research to dependent personality disorder (Hoyos et al., 2012), which is why in this study they were marked as exclusion criteria to avoid contaminating variables.

The results of this research, together with numerous previous studies, show the importance of the disposition and quality of the affective response of the attachment figure in childhood stages, since this will forge the type of attachment and, this in turn, will guide the type of behaviors, emotions and relationships in the future. In case these responses are not contingent with the baby's demands, personality maladjustments will be created in later stages, typical of an insecure attachment, which will lead, among others, to a wrong attitude towards affective relationships, resulting in emotional dependence. This dependence is shown in emotional preoccupation, desires to cover unmet emotional needs in childhood, fear and anxiety of being rejected, among others (Rosas Cárdenas and Toledo Pasti, 2018).

As the results of this research show, differences are also found in attachment style in relation to substance dependence ($p < .05$), obtaining a higher mean in insecure attachment, so it can be said that insecure attachment is related to substance use in youth. Similar results are obtained in other studies such as those of Ríos (2013) and Alvarado and Duchi (2021), which affirm a correlation between insecure attachment and the diagnosis of dependence on a psychotropic substance. Along these same lines, Cornellá-Font et al. (2020) adds that the risk of problematic use of certain substances in adolescence decreases with high scores on secure attachment. However, linear regression shows that, although these differences between attachment styles are significant, substance dependence explains only 2.2% of the total variance, so insecure attachment cannot be considered to predict youth consumption. This maintains a certain correspondence with the results obtained in the Student's *t* test, since this significance was borderline ($p = .049$). Del Castillo (2015) and López Castillo (2019) also affirm the importance of insecure attachment in substance use, but add a multitude of more influential variables (low risk perception, peer group, high stress, avoidant coping strategies, low resilience, and low emotional intelligence).

As shown, this study is consistent with the results of previous studies. However, certain considerations must be added to this. Regarding attachment, there are numerous definitions (explained in the theoretical framework), different nomenclatures of insecure attachment styles (anxious/ambivalent/preoccupied, avoidant/devaluative/fearful or disorganized/unresolved) and different ways of assessing attachment (the person's representation of attachment or attachment in childhood). It is also important to mention the multitude of instruments that exist to assess attachment style and that, although there is no dissent for secure attachment, there are no solid agreements among researchers to assess insecure attachment. This explains the fact that there is no correspondence between research on which type of insecure attachment is more prevalent in people with dependence or addictions (Esteban García, 2020). With regard to emotional dependence, the importance of the diversity of psychological instruments that exist (IRIDS-100, DPE, DEN, IDE, ACCA, etc.) should not be forgotten either, and which do not start from the same definition nor, therefore, assess it with the same factors or subscales. With regard to substance dependence, it is also important to mention the relevance of the type of evaluation carried out in each investigation, i.e., it is not the same to consider substance use or abuse as to assess substance dependence. This multiplies its importance if we talk about the young group, since experimental drug use is very common in these ages, which does not mean that there is a real addiction (Trujillo et al., 2013). In conclusion, all these aspects mentioned are going to vary according to the study and the type of questionnaire used, therefore, it is inferred that only a moderate correspondence between investigations can be considered (Iglesias et al., 2014).

The results obtained in this research leave the general objective (to assess whether insecure attachment in childhood functions as a predictor variable of emotional dependence and substance dependence in youth) half-fulfilled. Specific objectives 1 and 2 are confirmed, since insecure attachment scores higher on average in all the dependency subscales and, moreover, the differences with the secure attachment group are significant (except for the emotional repetition subscale). The same is true for substance dependence. Specific objective #3 has been met, as insecure attachment predicts the onset of emotional dependence in youth. However, objective 4 is discarded, since there is no predictive relationship between insecure attachment and substance dependence.

This study is not without limitations. On the one hand, the sample has a total of 81 participants, of whom 65 have an insecure attachment type and 16 have a secure attachment. It would be useful to have a larger sample of people with secure attachment in future studies, since the scarcity of data on secure attachment may not reliably represent the data on emotional dependence and substance dependence. The same is true for the male group ($n = 26$), which could explain the similarity between groups in attachment because they are underrepresented. As for the limitations in relation to the instruments, it is important to mention that the DAST-10 measures dependence on substances excluding alcohol and tobacco which, although it is true that they need other scales to be considered as problematic use due to their great social acceptance, their use is very widespread in the general population and also cause physical or mental, social, occupational, family or personal health problems. On the other hand, we should not forget the influence of third variables that could not be measured in this research and that could add to the relationship between attachment and emotional and substance dependence. The literature mentions the importance of intimate partner violence, low emotional regulation (Momeñe et al., 2017), low self-esteem, psychological background (Santamaría et al., 2015), parental supervision, parental personality, whether the parents have used drugs or have a history of dependence (Álvarez and Maldonado, 2017) and the relationship with the peer group (Martínez and Gómez, 2013). Moreover, as this was a cross-sectional study, it is not possible to speak of causality between the variables. Conducting a longitudinal study could help to obtain more information in this regard. For further research on this problem, it would be interesting to analyze the relationship of each attachment style as a risk or protective factor for a type of consumption and a type of drug, since there is considerable controversy in the literature in this regard, i.e., there are no clear results on whether a particular attachment style predominates as a risk factor for a given consumption (alcohol, tobacco, cannabis, cocaine, etc.). Finally, it would also be interesting to add to research on dependence and attachment the factor of violence, since in youth population it is confirmed that young victims of intimate partner violence have greater dependence (De la Villa Moral et al., 2017). It has been found that psychological abuse, emotional regulation and emotional dependence correlate with each other and that psychological abuse and difficulties in emotional regulation would be predictors of emotional dependence. These results could be of interest to include aspects such as emotional regulation and emotional dependence in the approach to prevention and intervention in psychological violence.

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