

The Effect of Parental Attachment Patterns on Drug Addiction Among Adolescents

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ABSTRACT

This study aimed to identify the parental attachment patterns characterising adolescents addicted to drugs. To this end, three representative case studies involving adolescents who use drugs and who were receiving care at the Intermediate Addiction Treatment Centre in Bouira were examined. The study adopted the clinical approach, using a semi-structured clinical interview and the Attachment Patterns Scale developed by Dr Khadija Mebarki.

The findings revealed that insecure attachment was the predominant pattern among the adolescents with drug addiction. Specifically, two cases exhibited an insecure-avoidant attachment pattern, with attachment scores of 81 for the second case and 76 for the third case. One case displayed an insecure-ambivalent attachment pattern, with an attachment score of 79.

Keywords: Attachment patterns, addiction, drugs, adolescence, adolescent with drug addiction.

INTRODUCTION / PROBLEM STATEMENT

Adolescence is a transitional stage that begins with the end of childhood and the onset of adulthood. It is characterised by physical, psychological, cognitive, emotional, and social changes. It is also regarded as one of the developmental transitions an individual undergoes from childhood to adulthood. Rather than being an independent stage in its own right, adolescence is closely connected to the preceding stages of life (Slim, 2002, p. 31). Freud considers it an extension of childhood, arguing that many psychological problems and disorders cannot be properly understood or explained without taking childhood into account. This means that adolescence forms part of an integrated developmental process connected to both earlier and later stages of life. Accordingly, a clear break cannot be established between the various developmental stages an individual experiences (Hamdawi & Boulahouch, 2018, p. 45).

Drug addiction is one of the most serious problems facing adolescents today, given its negative consequences for their psychological and physical well-being. Adolescents may turn to different types of drugs in search of pleasure and euphoria, or in an attempt to avoid pain and escape the realities of everyday life and its various challenges, whether developmental, psychological, social, or family-related (Kaour, 2023, p. 101). In this regard, the National Centre for Social and Criminological Research, under the supervision of Mostafa Soueif, reported that, between 1982 and 1987, drug use generally began between the ages of 15 and 17 (Bournane & Ghamras, 2022, p. 165).

Amid the different explanations offered for drug addiction, psychological factors emerge as key determinants in understanding both the onset and persistence of addictive behaviour. Particular attention must be paid to the emotional and relational foundations established during the early stages of life. Attachment theory, developed by Bowlby

(1988), emphasises that attachment patterns formed between a child and their caregiver contribute to the development of internal working models that influence how individuals regulate their emotions and respond to life's stresses (Idriss, 2025, p. 307). Through her Strange Situation experiment, Mary Ainsworth identified three attachment patterns in the relationship between a child and their caregiver: secure attachment, insecure-avoidant attachment, and insecure-anxious/ambivalent attachment. Main and her colleagues subsequently added the disorganised/disoriented insecure attachment pattern (Closer & Prior, 2022, p. 42).

John Bowlby attached considerable importance to emotional bonds, or attachment, in an individual's life. Ainsworth (1991) defines an emotional bond as an enduring relationship with a person who occupies a central place in one's life, becomes particularly important, and whom one wishes to retain (Guedeney & Guedeney, p. 9). Such bonds protect the child's life through maternal love and continuous care, serving a vital survival function. They are also considered among the most important foundations of a child's mental health, since they play a major role in personality functioning and establish the foundations for future attitudes towards life, other people, and relationships. Consequently, the quality of the relational bond established between a child and their caregiver is one of the principal determinants of future personality development (Meziane & Karkouch, 2016, p. 240).

For Bowlby, attachment is an innate tendency present in every individual that encourages the formation of an intimate emotional bond with the people who matter most in their life. Its foundations are established from birth and persist throughout life. Bowlby further argues that an infant's mental equilibrium depends on the ability to maintain a continuous, intimate relationship with the mother or caregiver, one that enables both parties to experience happiness (Meziane & Karkouch, 2016, p. 240). In this context, a study by Loeber (1991) demonstrated that separation from the mother during the early stages of life, inconsistency in maternal figures, and poor-quality relationships may create conditions conducive to the emergence of addictive behaviours (Hafri, 2020, p. 166).

In another definition, Kenny (1994) views attachment as a strong emotional bond that persists between two individuals and promotes psychological security and personal autonomy, thereby supporting subsequent emotional and social development (Ben Aissa, 2018, p. 114).

An adolescent's attachment is an extension of the attachment established during early childhood. For adolescents, this bond constitutes a fundamental basis for subsequent social relationships with peers and other adults, as it contributes to personality development and shapes their attitudes towards themselves and others (Bougham & Beddad, 2023, p. 312).

Several studies have examined the relationship between attachment and drug use among adolescents. Among them is Schindler's study (2019), which found that individuals with insecure attachment are more vulnerable to addiction. This vulnerability is not attributable solely to difficulties in self-regulation, but also to the absence of secure relational models that could provide support during periods of stress and emotional breakdown. As a result, individuals may resort to drug use as a means of psychological escape (Idriss, 2025, p. 327).

Similarly, Youbare's study (2008) found that insecure attachment patterns play an important role in drug addiction. The study also suggested that addiction may serve as a means of drawing the attention of parents who have withdrawn emotionally or physically from their parental responsibilities (Hafri, 2020, p. [page number not provided]).

Furthermore, Dervaux's study (2014), based on observations of a group of individuals addicted to drugs who were receiving care in psychiatric institutions and clinics, concluded that these individuals exhibited attachment disorders, particularly insecure-avoidant, disoriented, and ambivalent attachment patterns. These patterns may be associated with personality disorders or may occur independently of them. Ultimately, the researcher concluded that such behaviours can be understood as adaptive strategies for coping with the external environment and alleviating intense emotional distress, including psychological suffering, anxiety, sadness, and anger. In the absence of an internal sense of security, or when threatened and insecure attachment bonds undermine the individual's autonomy, those struggling with addiction may resort to drugs as a relatively manageable means of regulating their emotions (ibid., p. 167).

In our professional capacity as a clinical psychologist at the Intermediate Addiction Treatment Centre in Bouira, we have provided care for several adolescents with drug addiction from different age groups and both sexes. While investigating the underlying causes of their drug use, we repeatedly encountered an important factor across several cases: early parental relationships and their potential influence on drug use. This observation prompted us to examine

parental attachment among adolescents and its relationship with drug use.

In light of the foregoing, the present study seeks to answer the following question:

What parental attachment pattern characterises adolescents with drug addiction?

1. Study Hypotheses

To answer the research question, the following hypotheses were formulated:

Adolescents with drug addiction are characterised by an insecure parental attachment pattern.

Adolescents with drug addiction may exhibit an insecure-avoidant parental attachment pattern.

Adolescents with drug addiction may exhibit an insecure-ambivalent parental attachment pattern.

Adolescents with drug addiction may exhibit an insecure-detached parental attachment pattern.

2. Significance of the Study

The significance of this study can be summarised as follows:

The study addresses drug addiction, which has become a serious social crisis threatening adolescents' lives. This has drawn the attention of numerous psychology specialists because of its psychological and physical consequences for both individuals and society.

The study may constitute a scientific contribution that enriches existing knowledge of adolescence, a stage characterised by exploration and the re-emergence of psychological conflicts experienced during earlier stages of life. It also seeks to understand how these earlier experiences may influence an individual's future life.

The study seeks to assist specialists working at the Intermediate Addiction Treatment Centre by providing practical findings that may help them understand the nature of parental attachment among adolescents and how it may influence drug addiction.

3. Objectives of the Study

This study aims to identify the following:

The role of early relationships between children and their parents in later stages of life.

The effect of parental attachment during childhood, particularly attachment to the caregiver, on an individual's psychological development.

The attachment pattern characterising adolescents with drug addiction, as assessed using Khadija Mebarki's Attachment Patterns Scale.

The presentation of practical case studies that may contribute to understanding the parental attachment pattern characterising adolescents with drug addiction.

4. Operational Definitions of the Study's Concepts and Terms

4.1. Attachment Patterns

According to Schaffer, attachment is a strong emotional bond between two individuals, characterised by emotional reciprocity and a desire to maintain proximity. A child's primary attachment is generally formed with the mother, although attachment may also develop towards other individuals who interact regularly with the child, such as the father or another relative (Boughalem & Beddad, 2023, p. 308).

Ismail (1986), meanwhile, considers attachment a manifestation of emotional and social behaviour in children during the early stages of life. Few other processes have such a profound influence, such effectiveness, or such importance for development in subsequent stages as attachment. This behaviour is manifested in the child's attachment to the caregiver, usually the mother (Madouri, 2016, p. 70).

Selami defines attachment as a set of bonds that develop between an infant and their mother through a reciprocal relationship in which the mother responds to the infant's needs (Meziane & Karkouch, 2023, p. 240).

Kim Bartholomew (1991) defines attachment patterns as a set of internal representations of the self and others that determine how individuals perceive themselves in terms of their worthiness of care and support, or, conversely, as unworthy of such care. These representations also shape how individuals perceive others in terms of their reliability and emotional availability (Idriss, 2025, p. 310).

Operational Definition

Attachment patterns refer to the highest scores obtained by adolescents with drug addiction on the Attachment Patterns Scale developed by Khadija Mebarki. The scale comprises the following patterns: secure attachment and insecure attachment, including avoidant, ambivalent, and detached attachment.

4.2. Addiction

Addiction is a condition characterised by the repeated consumption of one or more psychoactive substances. The individual develops a strong desire to consume the substance and experiences difficulty stopping or modifying their use. When consumption ceases, withdrawal symptoms may emerge. Addiction also affects the individual's personal and social life, eventually making them dependent on the substance. The main dimensions of addiction include:

A desire to increase the amount of the substance consumed, a phenomenon known as tolerance.

Dependence accompanied by clear physiological manifestations.

An acute or chronic state of intoxication.

A strong desire to obtain the substance by any possible means (Soueif, 1996, pp. 17–18).

According to the World Health Organization (WHO), addiction involves a set of psychological and cognitive phenomena that develop following repeated substance use. These include an intense desire to obtain the substance. The individual experiences difficulty controlling consumption and continues using the substance despite the harm it causes. Substance use takes priority over other activities and personal responsibilities, and tolerance may increase over time (Allalqa, 2025, p. 15).

Another definition describes addiction as the repeated and continuous consumption of one or more addictive substances, resulting in persistent preoccupation with substance use and an inability to stop. When consumption is discontinued, psychological and physical symptoms may occur; these are known as withdrawal symptoms (Chinar & Boulahbal, 2020, p. 215).

Operational Definition

Addiction refers to an adolescent's intense need to use drugs and the difficulty they experience in giving them up. When drug use is discontinued, psychological and physical withdrawal symptoms may appear.

4.3. Drugs

Drugs are defined as active substances that affect an individual's nervous system. Repeated use of these substances leads to habituation and produces negative consequences for both the individual and society (Richard, 2005, p. 7).

The World Health Organization (WHO) defines drugs as any natural or synthetic substances containing hypnotic, analgesic, or stimulant components which, when used for purposes other than medical treatment, may lead to a state of habituation and cause psychological, physical, and social harm (Al-Hassani, 2023, p. 14).

Operational Definition

In this study, drugs refer to various substances, including cannabis, hallucinogens, cocaine, and psychotropic substances such as pregabalin. These substances differ in their effects, which may be hypnotic, sedative, stimulant, or hallucinogenic. Adolescents may resort to their use in search of pleasure and gratification, or as a means of avoiding pain and escaping their lived reality.

4.4. Adolescence

The word adolescence derives from the Latin term *adolescere*, meaning “to grow”. It is considered a transitional stage between childhood and adulthood and is characterised by the search for independence, a desire for exploration and adventure, risk-taking behaviours, the formation of intimate relationships, the search for identity, and the ability to integrate into peer groups (Cristine & Wallon, 2019, p. 13).

Adolescence is also defined as the stage that begins with puberty and ends with the completion of adulthood. During this period, individuals move from childhood dependence on adults towards greater independence. This transition is marked by a range of physical, psychological, cognitive, and emotional changes through which the adolescent develops towards maturity and prepares for the future (Achouri, 2019, p. 60).

In this regard, Kestenberga argues that, contrary to the common perception of the adolescent as being both a child and an adult at the same time, the adolescent is, in reality, no longer a child but has not yet become an adult (Marcelli & Braconnier, 2008, p. 1).

Operational Definition

For the purposes of the present study, adolescence refers to the stage between the ages of 17 and 20, characterised in the cases examined by addictive behaviours involving drug use.

4.5. Adolescent with Drug Addiction

An adolescent with drug addiction is an individual who has developed a dependence on natural, synthetic, or medicinal substances and is unable to give them up despite repeated attempts to stop using them. Such adolescents experience psychological and physical urges and are unable to control their substance use when the urge to consume arises (Achouri, 2019, p. 60).

Operational Definition

An adolescent with drug addiction is an individual aged 20 or younger who is receiving treatment at the Intermediate Addiction Treatment Centre in Bouira as a result of drug use.

5. Methodological Procedures of the Study

5.1. Research Method

This study adopted the clinical approach, which relies on the case-study method and focuses on the individuality and uniqueness of each case. The case study is considered a data- and information-collection tool that seeks to develop a comprehensive understanding of the individual through the use of clinical interview techniques, psychological tests, and assessment scales. These tools may serve research, diagnostic, or therapeutic purposes (Pedinielli & Fernandez, 2020, p. 47).

5.2. Place and Duration of the Study

The study was conducted between February and November 2025 at the Intermediate Addiction Treatment Centre, located within the Abu Bakr Belkaid Multiservice Health Clinic, which is affiliated with the Public Health Establishment for Proximity in Bouira.

5.3. Research Group

The research group consisted of three (03) adolescents with drug addiction, aged between 17 and 20, who were receiving treatment at the Intermediate Addiction Treatment Centre in Bouira.

5.3.1. Selection of the Research Group

As a clinical psychologist working at the Intermediate Addiction Treatment Centre in Bouira, we selected the research sample using purposive sampling, based on the following criteria:

The adolescent must be between 17 and 20 years of age.

The adolescent must be addicted to drugs, regardless of the type of substance used.

The adolescent must demonstrate continued drug use.

The adolescent must be receiving treatment at the centre with the aim of overcoming addiction.

6. Research Instruments

We used the clinical interview to collect as much information as possible about each case, alongside Dr Khadija Mebarki's Attachment Patterns Scale, as it was considered suitable for the purposes of our study.

6.1. The Semi-Structured Clinical Interview

Chiland defines the interview as an exchange of verbal communication with one or more individuals. It is also described as an organised encounter involving at least two people (Chiland, 2013, p. 10), in which the participants' functions, roles, objectives, and rules governing the interaction are established in advance in accordance with the purpose of the interview (Bouvet, 2022, p. 9).

The clinical interview is defined as a tool or process through which a psychologist seeks to understand an individual's psychological life, identify underlying conflict dynamics, and explore the various psychological

difficulties experienced by the person being assessed. This is achieved by collecting information and data relating to the individual, which must be handled with accuracy and objectivity (Bouvet, 2022, p. 15).

To test the study's hypotheses and identify the attachment patterns characterising adolescents with drug addiction, we designed a semi-structured interview guide. The questions were intended to give participants the freedom to express themselves about their past and present relationships without restricting their responses or leading them towards particular answers. They also enabled the researcher to develop a comprehensive understanding of the subject under investigation.

The semi-structured interview consisted of five main thematic areas, as follows:

First Theme: Personal Information

This section covered age, educational level, financial status, type of drug used, and duration of substance use.

Second Theme: Family and Relational Life

This section explored the relationship with the mother and father during childhood, the emotional quality of these relationships, and emotional interaction with the parents.

Third Theme: Social Life

This section examined relationships with friends and close acquaintances, as well as intimate relationships.

Fourth Theme: Drug Addiction

This section addressed the onset of drug use, the reasons for consumption, the place drugs occupy in the participant's life, and the emotions and behaviours experienced during and after drug use.

Fifth Theme: Outlook on the Future

This section explored the participant's perceived ability to give up drugs and disengage from substance use, develop positive interests, and establish healthy and positive social relationships.

6.2.1. Attachment Patterns Scale

6.2.2. Description of the Scale

The Attachment Patterns Scale was developed in 2017 by Khadija Mebarki, Mohamed Boufateh, and Salami Bahi. The original version of the scale consists of 80 items distributed across four attachment patterns: secure attachment, avoidant attachment, ambivalent attachment, and detached attachment, with 20 items assigned to each pattern.

The scale was administered to a sample of 385 first-year undergraduate students enrolled in the common core programme at the Faculty of Humanities and Social Sciences, Amar Telidji University of Laghouat. The items are divided into the following four attachment patterns:

- **Secure Attachment Pattern**

Scores for this pattern range from 20 to 100. It consists of 20 items: (1, 2, 3, 10, 12, 14, 15, 17, 22, 23, 24, 25, 28, 31, 44, 49, 50, 64, 68, 77).

Individuals with this attachment pattern are characterised by independence, positive perceptions of themselves and others, and an ability to recall both positive and negative experiences within the family. Their thinking tends to be flexible, and they can establish new social relationships and adapt to them with ease.

- **Insecure-Avoidant Attachment Pattern**

Scores for this pattern range from 20 to 100. It consists of 20 items: (6, 7, 8, 9, 19, 27, 29, 32, 34, 35, 38, 39, 40, 41, 55, 56, 59, 66, 72, 80).

Individuals with this pattern tend to attach little importance to emotional attachment. They avoid establishing relationships and interacting with others for fear of rejection, exclusion, or avoidance. They tend to hold negative perceptions of others while maintaining a positive view of themselves. They also experience difficulty trusting others and may attempt to redirect painful feelings towards another source.

- **Insecure-Ambivalent Attachment Pattern**

Scores for this pattern range from 20 to 100. It consists of 20 items: (16, 18, 20, 26, 33, 36, 42, 43, 46, 47, 51, 53, 54, 58, 65, 67, 70, 73, 75, 78).

Individuals with this attachment pattern are characterised by anxiety and ambivalence. They may experience dependent relationships with their mothers and fear losing them. They tend to rely on others and display inconsistency when describing their past experiences.

- **Insecure-Detached Attachment Pattern**

Scores for this pattern range from 20 to 100. It consists of 20 items: (4, 5, 11, 13, 21, 30, 37, 45, 48, 52, 57, 60, 61, 62, 63, 69, 71, 74, 76, 79).

Individuals with this attachment pattern do not appear to experience anxiety when recalling their childhood experiences. However, they may display emotional reactions and physical tension when discussing them. Their recollections of childhood experiences tend to be limited, although they do not necessarily experience difficulty remembering their past experiences (Mebarki, 2017, p. 40).

6.2.2. Scoring the Scale

Each item is answered using a five-point Likert scale: Never, Very rarely, To some extent, Often, and Very often. Participants are asked to place an (x) in the box corresponding to the response that best reflects their personality.

Scores ranging from 1 to 5 are assigned, respectively, to the response selected by the participant. Each attachment pattern is scored separately, with the total score for each pattern ranging from 20 to 100.

After calculating the scores for all four patterns, the participant's predominant attachment pattern is identified as the one that receives the highest score on the scale (Mebarki, 2017, p. 40).

7.The Case

7.1.Presentation of the First Case

Samir is a 20-year-old adolescent who lives in a family consisting of his father, mother, and five siblings: three girls and two boys. He is the fifth child in the family. He holds a baccalaureate certificate and enrolled in the first year of mechanical engineering but discontinued his studies during the same academic year. He comes from an educated family with a comfortable financial situation. He began using drugs at the age of 16, following the discovery that his mother had cancer. He is currently dependent on psychotropic medication and cannabis and is receiving treatment at the Intermediate Addiction Treatment Centre.

7.1.1.Presentation and Analysis of the Interviews

Samir was admitted to the centre for treatment at his mother's request after she discovered his indiscriminate use of psychotropic medication and noticed a deterioration in his psychological and physical condition. These difficulties were apparent during our first meeting, when he displayed signs of fatigue and psychological exhaustion. He remained silent for much of the time, and sadness was clearly visible on his face.

Initially, Samir was reluctant to cooperate, displaying a degree of resistance and an unwillingness to speak. We understood his reaction, as the decision to seek psychological consultation had not been his own. As he put it: "It wasn't me who wanted to come; I came because of my mother."

He remained largely silent and gave very limited answers. His manner of speaking was marked by fear and hesitation. He appeared highly anxious and irritable, and he also displayed signs of trembling. These symptoms occurred while he was experiencing deprivation of the substance he had been using, following the onset of withdrawal symptoms after his mother prevented him from consuming it. This may indicate the strictness of his mother's attitude towards him, as reflected in his statement: "My mother took everything away from me. I'm not doing well."

We sought to establish an atmosphere of trust and initially focused on motivational interviews designed to encourage his participation in and acceptance of treatment. During subsequent interviews, we observed greater engagement and a growing sense of ease in his interactions with us.

Regarding his relationship with his mother during childhood, Samir described it as troubled, explaining that she was strict while also showing them affection. He stated: "My mother was very strict. Whatever she said, we had to do, but sometimes I felt that she was very affectionate towards me."

He further explained that his mother had played the roles of both parents because his father was absent most of the time due to work far from their place of residence. As he put it: "My mother was everything in my life. My father was hardly ever around; she was the one who did everything at home."

This may partly explain the strictness that characterised his mother's relationship with him. As for his relationship with his father, Samir considered him irresponsible and blamed him for placing the entire burden of family responsibilities on his mother. He stated: "He left all the responsibility to my mother. She couldn't manage everything alone; she became exhausted and started taking her anger out on us."

Here, we can observe that Samir directs his feelings of blame towards his father and considers him responsible for the difficulties that currently characterise his relationship with his mother. While discussing his father, his facial expressions revealed anger and anxiety, and he began speaking in a raised voice. This contrasted with his calmer demeanour when talking about his mother.

Regarding his relationships with others, Samir considers them important, although he believes they are often based on personal interests. He remarked: "I have friends, but once someone gets what they want, they leave you." This may suggest difficulties in establishing and maintaining satisfying social relationships. As for his intimate relationships, he is currently involved with a girl, but the relationship lacks stability because he fears that she may abandon him one day.

Turning to the issue of drug use, Samir reported that his first experience occurred at the age of 16, coinciding with the discovery of his mother's cancer. He explained: "I couldn't bear it when I heard that my mother had that disease. I was afraid she would die and leave me. She is everything in my life; I don't know how to do anything without her."

These feelings may reflect his fear of losing the sense of security provided by his mother, as well as his difficulties in developing other relationships. His account also reveals the extent of his dependence on her throughout his life, as he stated: "My mother helps me a lot in my life."

Initially, his substance use was controlled and limited to one type of psychotropic medication. He recalled: "I used to take just one pill a day." Regarding his first experience, he explained that the substance had a sedative and intoxicating effect, allowing him to avoid emotional pain. He stated: "The day I took it, I felt great. It made me sleep; I went into a kind of coma and couldn't remember anything."

Over time, however, his consumption became uncontrolled, involving different types of psychotropic medication in addition to cannabis. This escalation became particularly pronounced when his mother's condition deteriorated and she was temporarily hospitalised. He recalled: "The day my mother was admitted to hospital, I went crazy. I thought that was it, that she was gone, and I started swallowing pills constantly."

This behaviour may be interpreted as a manifestation of separation anxiety and an attempt to compensate for the anticipated loss through substance use. For Samir, his previous experiences, his mother's illness, and his fear of losing her appear to have driven him towards drugs as an immediate means of coping with emotional pain and sadness.

Regarding his outlook on the future, Samir described it in bleak terms, expressing a loss of the desire to live. He stated: "My life will be over if my mother dies. I'll go after her; she is everything in my life." This statement reflects his dependent relationship with his mother and his fear of losing her. He added: "I'll be left alone. I can't manage on my own."

These statements may indicate that the prospect of abandonment represents a significant threat to Samir's emotional security. They also suggest difficulties in developing autonomy, assuming responsibility, and coping independently with psychological stress.

7.1.2. Results of the Attachment Patterns Scale

The results presented in the table above indicate that the predominant attachment pattern in this case is insecure-ambivalent attachment, with a score of 79.

7.1. Presentation of Case Two:

Aymen is a 19-year-old adolescent who is the second-born in a family consisting of six boys, in addition to their father and mother. He dropped out of school in the second year of middle school and works as a day labourer. He comes from a family experiencing financial hardship; his father also works as a day labourer, while his mother is a

Table 1 presents the results of the Attachment Patterns Scale

Attachment Patterns	Score
Secure Attachment	39
Avoidant Attachment	56
Ambivalent Attachment	79
Disorganised Attachment	70
Predominant Attachment Pattern	Ambivalent Attachment

homemaker. He began using drugs at the age of 12, while still a pupil, as a result of associating with classmates who used drugs. In addition, his older brother used and dealt in drugs. He is currently receiving treatment at the Intermediate Addiction Treatment Centre.

7.2.1. Presentation and Analysis of the Interviews

Aymen contacted the centre to seek psychological and medical assistance in overcoming his drug addiction. At the beginning of the interview, he expressed his desire to undergo treatment, as the negative consequences of drug use had begun to affect him, particularly his professional and family life, including his neglect of work. He had previously undergone treatment, but was now experiencing a relapse following treatment. This may be attributed to his strong psychological dependence on drugs. As he put it: "I got treatment and managed to quit, but then I went back to them. I couldn't help it; something keeps pulling me back."

His relationship with his parents during childhood was marked by conflict, disputes and instability, largely because of the family's poor financial circumstances. His family did not provide him with the support and security he needed. He explained: "My father couldn't keep up with everything. We grew up in poverty and misery, with problems every day. All he could do was try to put food on the table for us."

He also experienced neglect and indifference on the part of his parents, who failed to meet his emotional and material needs. He said: "They brought us into this world and then left us to fend for ourselves. Nobody cares about how we feel; they're too busy dealing with problems. When my mother gets angry, she goes to her family and leaves us behind."

During this part of the interview, the participant displayed signs of sadness and distress and remained silent for some time. This reaction reflects the depth of the pain he experienced during childhood. He explained that his mother's neglect of the children was due to the pressure she was under within the family. Although he loves his mother, he cannot rely on her as a secure base or share his daily struggles and concerns with her. As he stated: "I love her, but I don't tell her anything about my life."

Family problems and poverty drove him to leave school at an early age in search of financial self-sufficiency and independence, while also attempting to reduce the pressure and burden on his father. He explained: "I got tired of all the problems, so I left school. That way, I could manage on my own, and maybe even help them instead of having to depend on them."

When we asked questions about his family, we noticed that the participant avoided talking about it. This may be due to his difficulty in revisiting the psychological conflicts he experienced, which he may perceive as a psychological threat.

As for his relationships with others, he considered them unimportant and believed they brought nothing positive into his life. He remarked: "I don't need them. They only wear you out." This attitude appears to have contributed to his loss of trust in others, as most of his relationships had been strained. The participant displayed a strong sense of independence and an unwillingness to form friendships for fear of rejection. He stated: "I don't need anyone. I can manage on my own. You can never trust anyone; they'll stab you in the back."

His relationship with his siblings was also weak: "I don't get along with them. Everyone keeps to themselves." He therefore preferred solitude and isolation to social interaction. As for intimate relationships, he perceived them as a

threat and tended to avoid them because of the possibility of rejection and abandonment. He had been in a relationship that lasted three years, but his partner eventually left him and married someone else. He recalled: “I loved one woman in my life, but she left me. She replaced me with someone else.” This experience led him to reject the idea of entering another relationship for fear of reliving the same feelings of disappointment and abandonment.

He began using drugs at the age of 12, initially experimenting with cannabis and later moving on to psychotropic medication. As he explained: “I started with cannabis, then I moved on to pills.” These substances made him feel relaxed and reassured, and he used them as a refuge from the reality of his life. He stated: “I forget everything when I get high.”

He attributed his involvement with drugs to his childhood experiences and the frustrations and conflicts he continues to face. Drugs gradually became a substitute for the emotional security and relief he had lacked. The participant appeared to have developed a strong attachment to drugs, describing them in deeply personal terms: “They’re my mother, my wife, my whole life.” Drug use helped him escape pressure and cope with psychological pain that he had never fully overcome.

Regarding his outlook on the future, it was characterised by a desire for change. This was evident in his decision to seek psychological support to overcome his addiction, stabilise his professional life and find an alternative to drug use, such as marriage. This may indicate a desire to establish new relationships that could provide him with psychological security and emotional stability.

7.2.2. Results of the Attachment Patterns Scale

Table 2: Results of the Attachment Patterns Scale

Attachment Patterns	Score
Secure Attachment	61
Avoidant Attachment	81
Ambivalent Attachment	70
Disorganised Attachment	69
Predominant Attachment Pattern	Avoidant Attachment

The results presented in the table indicate that the predominant attachment pattern in this case is insecure-avoidant attachment, with a score of 81.

7.3.Presentation of Case Three:

Hamza is a 20-year-old adolescent who lives with his parents and three siblings: two boys and one girl. He is the second-born in the family. He comes from a family with a middle socioeconomic status; his father is an employee, while his mother is a homemaker. He dropped out of school in the fourth year of middle school and is addicted to various substances, including psychotropic drugs, cannabis and hallucinogens. He began using drugs at the age of 12 and has continued to do so to the present day. He is currently receiving treatment at the Intermediate Addiction Treatment Centre.

7.3.1. Presentation and Analysis of the Interviews

The participant was referred by the police for treatment after being found in possession of drugs, including pills and a piece of cannabis intended for personal use. He did not resist the referral; rather, he expressed his own desire to receive treatment. During the interview, we observed that he was calm but reserved, giving short and limited answers. He also tended to avoid eye contact.

His relationship with his parents was unbalanced in relation to his needs and expectations, most of which had not been met. His father was harsh and violent, particularly during his earlier years, relying more on punishment and reprimands than on dialogue. This created an emotional distance between them. As Hamza put it: “My father is extremely harsh. All he knows is hitting and swearing.”

The participant experienced ongoing conflict with his father, particularly during his school years, when he repeatedly failed to achieve satisfactory academic results. This exposed him to punishment and humiliation. He recalled: "Whenever I didn't do well at school, he would beat me and make me stay outside."

His father's poor treatment led him to leave school at an early age. This came as a shock to his father, who refused to accept his decision, further intensifying the tension between them. His father began subjecting him to various forms of humiliation and psychological degradation, repeatedly describing him as a failure. This affected his self-esteem. As he explained: "My father broke me. He made me feel worthless."

In response, the participant began going to his grandfather's house to avoid further conflict and seek a sense of security and psychological comfort. In this case, the father appears to have failed to provide his son with the support and reassurance he needed, and made little effort to understand his needs.

As for his relationship with his mother, it was based on respect, but there was little communication between them. He stated: "I love and respect my mother, but I never tell her anything about myself. I keep so much inside until it hurts me."

His mother was occupied with household responsibilities and raising the children. She was not violent towards him; rather, she tended to be permissive and largely indifferent to his distress and to his reactions, which took the form of deviant behaviours. He explained: "My mother is kind, but she doesn't understand me. There have been so many times when I needed her and couldn't find her by my side."

This may reflect a failure to recognise and respond to his emotional needs. Consequently, the participant developed coping strategies to deal with the various problems and pressures of daily life, attempting to resolve them on his own rather than turning to either parent. Neither had provided him with sufficient care or served as a source of security. As he stated: "I've stopped expecting anything from them. I do everything on my own. I can manage by myself."

His relationships with others were limited and superficial, as he found it difficult to trust people or confide in them about personal matters. He therefore tended to avoid social interaction. He remarked: "I have friends, but they don't know anything about me."

The participant appeared reluctant to invest emotionally in relationships because, in his experience, they tended to end in disappointment and conflict. He added that his intimate relationships were also limited, as he had experienced rejection on several occasions. This led him to avoid such relationships for fear of experiencing the same feelings of frustration again. He explained: "Some girls didn't accept me, while others did, but then went off to live their own lives. May God grant each of them what is best."

His drug use began at around the age of 13, driven by curiosity and a desire to experiment after associating with a group of friends who were addicted to drugs. He recalled: "I started when I was young. I just wanted to try it with my friends."

At first, he believed he could control his use and give it up whenever he wished. Adolescence is often a period characterised by experimentation, exploration and imitation; however, his initial experimentation soon developed into a persistent search for drugs. He became attached to them quickly because they gave him a sense of security and comfort. Drugs gradually came to occupy a central place in his life. As he put it: "They're my mother, my wife, my whole life."

For him, drugs became a refuge to which he turned whenever he encountered a problem. It is also worth noting that the participant tended towards isolation and withdrawal, with drugs serving as a form of compensation and a way of coping with loneliness. He explained: "I isolate myself when I'm alone; they're the only ones that understand me."

Regarding his outlook on the future, he believes that living without drugs would be difficult because they are currently the only source of support he feels he has. Nevertheless, he intends to continue treatment in the hope of finding solutions and developing coping strategies that can replace his reliance on drugs.

7.3.2. Results of the Attachment Patterns Scale

The results of the Attachment Patterns Scale recorded in the table indicate that the adolescent's predominant attachment pattern is insecure-avoidant attachment, with a score of 76.

7. General Discussion of the Findings

Table 3: Results of the Attachment Patterns Scale

Attachment Patterns	Score
Secure Attachment	61
Avoidant Attachment	76
Ambivalent Attachment	68
Disorganised Attachment	67
Predominant Attachment Pattern	Avoidant Attachment

The analysis of the clinical interviews, together with the results of Khadija Mebarki’s Attachment Patterns Scale administered to three adolescents with drug addiction, revealed that all three cases were characterised by insecure attachment, although the specific pattern differed from one case to another. In this regard, Gudeney points out that addictive behaviours are associated with insecure attachment (Hafri, 2020, p. 168). Schindler (2019) likewise argues that insecure attachment patterns are strong predictors of various forms of addiction. In the present study, insecure-avoidant attachment was identified in Cases Two and Three, while Case One displayed insecure-ambivalent attachment.

Adolescents with an insecure-avoidant attachment pattern tend to attach little importance to emotional bonds and avoid establishing relationships or interacting with others for fear of rejection and exclusion. They often hold negative views of others and positive views of themselves, find it difficult to trust people, and attempt to redirect their emotional pain towards another source.

The clinical interviews supported the results of the scale. The two adolescents with insecure-avoidant attachment shared similar experiences in their relationships with their parents, which were marked by conflict and tension, particularly in their relationships with their fathers. Their fathers had failed to provide adequate support, both during childhood and in adolescence. Their relationships with their mothers were also characterised by a degree of neglect during childhood, partly because their mothers were occupied with other responsibilities. Consequently, their mothers did not provide the secure base that might have helped protect them from various difficulties.

According to John Byng-Hall, the secure base is a characteristic of secure attachment, whereas insecure attachment constitutes a risk factor for various forms of deviant behaviour. Bowlby also argues that painful experiences, a negative family environment, and a mother who fails to provide love and care may contribute to the development of deviant behaviour and personality disturbances in children (Ouzegla, 2025, p. 4).

The participants also displayed difficulties in forming relationships and interacting with others, whether within their families or with people in their wider social environments. Their fear of rejection and exclusion was accompanied by considerable anxiety about relationships and a desire to remain independent, particularly by preventing others from interfering in their personal lives. They also expressed little need for other people, especially their parents, who had failed to meet their emotional needs. As a result, they were reluctant to turn to their parents when facing problems or psychological distress.

In an attempt to avoid difficult family conflicts, psychological pressure, and the fear associated with forming and maintaining relationships, these adolescents turned to drug use and became emotionally attached to substances. Drug use thus became a means of avoiding emotional pain and seeking psychological comfort.

Samir, by contrast, displayed an insecure-ambivalent attachment pattern. Individuals with this pattern are often characterised by anxiety and ambivalence in their relationships. They may develop dependent relationships with their mothers, fear losing significant others, rely heavily on other people, describe their past experiences inconsistently, hold negative views of themselves, and maintain positive views of others.

These characteristics were clearly reflected in Samir’s case. His childhood was unstable, marked by family problems, conflict and neglect. His father was largely absent, both physically and emotionally, which led Samir to blame him and express feelings of anxiety and anger towards him. His relationship with his mother was more

complex. Although he was dissatisfied with their relationship because she had not provided him with adequate protection and support during childhood, he had developed a dependent relationship with her in adolescence. His mother's illness triggered intense anxiety and a profound fear of loss and abandonment. To cope with these feelings, he turned to drugs, investing them with a compensatory role in response to his fear of losing his mother.

Thus, Samir used drugs as a coping strategy to manage the pain associated with the fear of loss, as well as the psychological pressures and conflicts he had been unable to overcome. Through substance use, he sought to regain a sense of security and reassurance.

Overall, the findings of the present study are consistent with those of Sinnasser and Terno (2016), whose study of 88 individuals exhibiting addictive behaviours found that attachment to drugs was most strongly associated with the insecure-ambivalent pattern, followed by the insecure-avoidant pattern. Similarly, Fenzi's study identified a relationship between drug addiction and insecure-avoidant attachment (Hafri, 2020, p. 168).

CONCLUSION

In light of the findings of the present study on the effect of parental attachment patterns on drug addiction among adolescents, we conclude that insecure attachment formed during childhood may persist throughout an individual's life and adversely affect personality development. The study found that adolescents with insecure-avoidant or insecure-ambivalent attachment may turn to drug use as a coping strategy because they struggle to confront the psychological conflicts and pressures encountered in their daily lives. They also experience difficulties in establishing social relationships and interacting with others.

Consequently, drugs may become a source of gratification that compensates for the unmet needs associated with early relationships. Through substance use, these adolescents seek the psychological comfort and sense of security that they failed to experience in their primary attachment relationships.

Based on the findings of this study, we propose the following recommendations:

Involve the family in the psychological treatment of adolescents with drug addiction, with the aim of building and strengthening family relationships and guiding parents on how to interact with their children.

Provide psychological care for adolescents with drug addiction within the framework of attachment theory.

Give greater consideration to parent-child bonds when interpreting adolescents' resort to drug use.

Establish counselling and follow-up units in intermediate addiction treatment centres to facilitate early detection...

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