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**Extended Abstract**

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# Examining of the Attachment Style to Parents, Depression Levels, and Stress Management Styles of Private Soldiers in terms of Substance Abuse\*

Kemal Koçhan<sup>a</sup>Tahsin İlhan<sup>b</sup>**Abstract**

This study compares parental attachment, coping strategies, and depression scores of soldiers and recruits who use substances with those who do not. Furthermore, we also explore reasons for substance use of the soldiers and recruits and how their parental attachment, coping strategies, and depression scores differentiate by the absence and severity of the addiction. The study group comprised 200 soldiers and recruits (all of them were male) who served in a Turkish Infantry Training Brigade Command in 2014, of whom 100 were substance abusers and 100 were not. The age of the participants ranged from 20 to 32 ( $\bar{X} = 21.69$ ,  $SD = 2.38$ ). The Personal Information Form, the Addiction Profile Index Questionnaire, the Parental Bonding Instrument, the Coping Strategies Inventory Short-Form, and the Depression Anxiety Stress Scale were used for data collection. The data were analyzed using a frequency analysis, *t*-test, and one-way Analysis of Variance (ANOVA). The study results showed that parental attachment, coping strategies, and depression scores of substance abusers differed significantly compared to the scores of non-abusers. Furthermore, a significant number of substance abusers indicated that the attitudes and problems within the family were main reasons for starting to abuse substances.

**Keywords:** Substance use • Parental attachment • Coping with stress • Depression • Soldiers and recruits

\* The present study was derived from Kemal Koçhan's master's thesis titled "Investigation of Parental Attachment and Coping Strategies, Depression Scores Associated with Substance Use Status in Soldiers and Recruits" which was carried out under supervision of Associate Prof. Tahsin İlhan.

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Although substance abuse in Turkey seems lower compared with other countries, studies conducted by Turkish Monitoring Center for Drugs and Drug Addiction [TUBİM], (2013) showed that the issue of substance abuse is gradually increasing and that the large youth population appears as a significant and serious risk factor (Evcin, 2014). The prominent reason that causes individuals to indulge in drug abuse is the family in which they are raised and the environment in which they live (Beyazyürek & Şatır, 2000). Depending on this, it is noted that the average age of substance abuse is gradually decreasing, and substance abuse is increasing swiftly (Çalgı & Erten, 2014). As a result of a study conducted by Gezek (2007), it was observed that 88% of substance abusers committed crimes at least once. It has also been observed that the use of other addictive substances (predominantly smoking, alcohol, and cannabis) is increasing (Öztürk, 2004).

Kılıç (2007) emphasized the necessity for parents to have a democratic attitude towards substance abuse. As a matter of fact, factors increasing the family-related risks were established to be associated with substance abuse (Ögel, Taner, Eke, & Erol, 2004). An increase in parents' attention causes a decrease in the risk of substance abuse (Tanter, Sambrano, & Dunn, 2002). The attitudes of parents constitute a role model for children (Kaya, Bozaslan, & Genç, 2012) since the child learns and adopts everything from the family (Bulut, 1983). A positive attitude shown by parents bears significance for children to become individuals at peace with themselves (Kaya et al., 2012). The structure of a family in which a child is raised affects his or her social development (Yavuzer, 1993). In addition, healthy relationships established within the family were suggested to protect children from peer pressure (Ünlü & Evcin, 2010). The parenting style of the family determines whether the child develops an adaptive personality (Sarı, 2007). In a study (Peterson, Bush, & Supple, 1999 as cited in Kılıç, 2007), it was suggested that substance abuse was observed to a lesser extent in individuals feeling close to their families.

It was observed that substance abuse was higher among individuals with weak relationships with their parents (Gezek, 2007; Gürol & Ögel, 1996; Korkut, 2004). In a study conducted in Turkey (Tamar, Ögel, & Çakmak, 1997), substance abuse was higher among young adults who had father has low education level. In a similar study, Gezek (2007) suggested that young

individuals make an effort to replace positive emotional reactions that they cannot find in their families with other behaviors. Parents abusing substances was also noted among the risks for substance abuse (Alikashiřođlu, 2005).

Attachment styles also hold a significant place in substance abuse. According to Bowlby (1969), attachment is a strong tie developed by the child with people in general, particularly with parents, who meet their needs. The ties established between the child and the people who raise them are noted to have an effect on development throughout their lives. Kapçı and Küçüker (2006) also reported that the manner of attachment during the first years of life affects mental health. It was noted that individuals develop their relationships based on the quality of their attachment styles (Günaydın, Selçuk, Sümer, & Uysal, 2005). Ainsworth, Blehar, Waters, and Wall (1978) noted secure attachment, insecure/ambivalent, and insecure/avoidant attachment styles based on the theory by Bowlby (1969). Secure attachment allows children to control their instincts, and has been observed to be a protective factor for substance abuse (Drapela & Mosher, 2007) and successfully managing stress (Janssen, Schuengel, & Stolk, 2002). In insecure attachment (i.e. ambivalent and avoidant), improper behaviors such as negative self-esteem, antisocial tendencies, and telling lies have been observed (İlhan, 2012). Individuals with insecure attachment were found to be involved in more risky behaviors (Görgün, Tiryaki, & Topbař, 2010).

Researchers reported that individuals abusing substances experienced more issues in managing stress compared to individuals not abusing substances (Hasking, Lyvers, & Carlopio, 2011; Holahan, Moos, & Holahan, 2001). It was suggested that individuals abusing substances were not able to manage stress, and turned to substances instead of finding solutions to problems (Aki, Arıkan, & Iřıklı, 2008). It was also noted that substance abuse was chosen to lower stress (Garland, Boettiger, & Howard, 2011), and the risk of depression was higher later in life for individuals abusing substances at a young age (Nurmedov, 2011).

In a study conducted on private soldiers (Bakır et al., 2003), the education levels of soldiers and their parents, their circles of friends, and socio-economic statuses were established as risk factors. Sevincok, Küçükardalı, and Dereboy (1997) conducted studies on the frequency of substance abuse of recruits and their ages. However, the literature specifies that family-related (i.e. attachment) and personal (i.e. coping) factors affecting substance use bear importance, and

that substance abusers are more inclined to depression (Parker & Roy, 2001) and have maladaptive coping strategies and insecure attachment styles (Drapela & Mosher, 2007; Hasking et al., 2011). It has been observed that studies conducted on private soldiers in Turkey are limited in this sense. This study is considered significant due to an insufficient number of studies currently available on this issue which include not only private soldiers who abuse substances, but also comparisons with a healthy group during the first three months of service, which is the period of adaptation to a military environment, posing a risk in terms of substance abuse.

### **Aim of the Study**

The aim of the present study is to investigate whether soldiers' and recruits' attachment styles, depression levels, and styles of dealing with stress differ based on substance abuse or not.

### **Method**

This is a comparative study (one of the relational screening models) of private soldiers' styles of attachment to parents, ways of dealing with stress, and depression scores among substance abusers and non-substance abusers.

### **Population and Sampling**

Sampling was established by deviant sampling, which is a purposive sampling method (Büyüköztürk, Çakmak, Akgün, Karadeniz, & Demirel, 2012). The study group consisted of a total of 200 individuals, including 100 private soldiers who were doing their military service in Turkey in 2014 at a training brigade command and were found to have abused substances, and another 100 private soldiers who did not abuse substances; these were requested from the battalion by an official letter. The age of the participants ranged from 20 to 32 ( $\bar{X} = 21.69$ ,  $SD = 2.38$ ). Of the participants, 80.50% were single, 10.50% were engaged, and 9% were married, and all of them were male.

## Data Collection Tools

**Personal Information Form:** The Personal Information Form, which consisted of 15 questions, was prepared by the researchers to obtain demographic information from the participants. In this form they were asked to identify their general statuses of age, marital status, education level, place of residence, parents' education levels, age of first substance abuse, and reason for starting to abuse substances.

**Addiction Severity Index Scale (ASI):** The Addiction Severity Index (ASI) was developed by Ögel, Evren, Karadağ, and Gürol (2012). The scale consisted of 37 questions and five sub-dimensions. The scale was found to be sensitive to both alcohol and non-alcohol substance abuse. Each sub-scale was scored within itself and the score of each sub-scale determined the total equiponderant ASI score.

**Coping Styles Scale Short Form (CSS-SF):** The Coping Styles Scale Short Form (CSS-SF) was developed by Carver, Scheier, and Weintraub (1989) and was then established with fewer articles by Carver (1997) based on the long form. It was adapted to Turkish by Bacanlı, Sürücü, and İlhan (2013). The scale consisted of 28 articles and 14 sub-dimensions with each dimension having two articles. A higher CSS-SF score obtained in the sub-dimensions indicated that the said dimensions were more frequently used.

**Parental Bonding Instrument (PBI):** The Parental Bonding Instrument (PBI) was developed by Parker, Tupling, and Brown (1979) based on the attachment theory of Bowlby (1969). The perceived behavior of the mother and father can be scored separately according to these two dimensions. The scale was adapted to Turkish by Kapçı and Küçüker (2006). The interest dimension, which also included behavioral control by the parents of their children, was labeled as interest/control, and the second dimension, which consisted of articles of overprotection behaviors, was labeled as overprotection. In the study, high scores were evaluated as positive attachment. Dimensions that produced an internal consistency coefficient lower than 0.50 were not included in the analyses (Nunnally, 1967 as cited in Öztürk, 2011).

**Depression, Anxiety, and Stress Scale (DAS):** The Depression, Anxiety, and Stress Scale (DAS) was developed by Lovibond and Lovibond (1995).

The DAS consists of a total of 42 articles, 14 of which were associated with depression, 14 with anxiety, and 14 with stress. High scores obtained from the dimensions indicated that the individual has the problem in question. Total scores of the scale range between 0 and 42 for each sub-dimension. The scale was adapted to Turkish by Akın and Çetin (2007).

## Collection and Analysis of Data

A total of 200 individuals (100 private soldier recruits who were substance abusers and another 100 who did not abuse substances) were included in the study, which was conducted in 2014. In the study, the percentage and frequency analysis, *t*-test, one-way ANOVA, and post-hoc multiple comparison test (Tukey) analysis were conducted to determine in which groups the differences were present.

## Findings

### Findings Concerning Frequency Analysis

A frequency analysis was conducted to find an answer to the question, “What is the age of first substance abuse and reasons for substance abuse of the recruits?” Analysis results are presented in Table 1.

Variables	Categories	<i>n</i>	%
Age of Starting Substance Abuse	Age 8–14	17	17.00
	Age 15–19	76	76.00
	Age Above 20	7	7.00
Total		100	100
Reason to Start Abusing Substance	Family Related Reasons	42	42.00
	Circle of Friends and Curiosity	27	27.00
	Reasons Based on Family and Circle of Friends	26	26.00
	Reasons Based on Opposite Sex	5	5.00
Total		100	100

Of the participants, 17% started abusing substances in the age range of 8–14 years old, 76% began during the 15–19 year-old range, and only 7% started after the age of 20. As for the reason for starting substance abuse, there was no

single reason for participants, but top reason was family-related. Almost half of participant (42%) indicated family related reason and second was circle of friends and curiosity (27%).

### Findings of the *t*-Test and One-way ANOVA Analyses

A *t*-test was conducted to analyze whether coping styles differ based on substance abuse status. As observed in Table 2, all subscale of coping strategies (except turning to religion subscale) scores of substance abusers significantly differed compared to scores of non-abusers. Non-substance abusers had significantly higher scores on adaptive coping strategies (i.e. positive reinterpretation, humor, planning) than substance abusers. The non-substance abusers also had lower scores on maladaptive coping strategies (i.e focus on and venting of emotions, denial, behavioral disengagement, substance use) compared to substance abusers.

Table 2  
*Differences in t-Test Findings on Stress Coping Style Sub-dimensions Based on Whether or not Abusing Substances*

Variables	Status of Substance Abuse	<i>n</i>	$\bar{X}$	<i>S</i>	<i>t</i>	<i>p</i>
Positive Reinterpretation	Abuser	100	4.75	1.41	-5.34	.00*
	Non-abuser	100	5.90	1.61		
Focus on and venting of emotions	Abuser	100	4.81	1.93	2.03	.04*
	Non-abuser	100	4.30	1.59		
Denial	Abuser	100	4.84	1.80	3.16	.00*
	Non-abuser	100	4.06	1.68		
Turning to Religion	Abuser	100	6.44	1.70	-.96	.33
	Non-abuser	100	6.66	1.53		
Humor	Abuser	100	3.79	2.02	-2.38	.01*
	Non-abuser	100	4.40	1.56		
Behavioral disengagement	Abuser	100	4.96	1.61	8.40	.00*
	Non-abuser	100	3.20	1.33		
Substance Use	Abuser	100	6.45	1.79	14.61	.00*
	Non-abuser	100	3.07	1.45		
Planning	Abuser	100	5.03	1.39	-3.53	.00*
	Non-abuser	100	5.85	1.85		

\**p* < .05.

A *t*-test was conducted in order to establish the difference of depression scores, attachment to parents, and their sub-dimensions in terms of whether or not the participants were abusing substances. In attachment to parents, both the

interest/control and overprotection dimensions scores as well as the total scores were higher among abusers compared to non-abusers. As can be observed in Table 3, attachment and depression scores of substance abusers differed significantly compared to the scores of non-abusers.

Table 3  
*t-Test Findings of the Difference of Depression, Attachment to Parents, and their Sub-dimensions Based on Substance Abuse or No Substance Abuse*

Variables	Status of Substance Abuse	<i>n</i>	<i>X</i>	<i>S</i>	<i>t</i>	<i>p</i>
Mother–Overprotection	Abuser	100	10.69	4.59	-2.92	.00*
	Non-abuser	100	12.48	4.04		
Mother–Interest Control	Abuser	100	31.60	6.49	-12.97	.00*
	Non-abuser	100	44.02	7.03		
Father–Overprotection	Abuser	100	9.52	3.63	-4.60	.00*
	Non-abuser	100	12.25	4.69		
Father–Interest Control	Abuser	100	26.86	6.72	-13.18	.00*
	Non-abuser	100	41.27	8.61		
Mother Attachment Total	Abuser	100	44.08	7.72	-9.57	.00*
	Non-abuser	100	54.71	7.97		
Father Attachment Total	Abuser	100	36.38	7.38	-13.98	.00*
	Non-abuser	100	53.52	7.78		
Depression	Abuser	100	25.14	9.37	13.35	.00*
	Non-abuser	100	8.39	8.32		

\* $p < .05$ .

A *t-test* was conducted in order to establish the difference of ASI scores of the private soldiers in terms of the education levels of parents. As can be observed in Table 4, no difference was present based on the education levels of parents among the total scores and among the rest of the sub-dimensions, other than the diagnosis sub-dimension.

ANOVA test was conducted in order to test whether the attachment to parents differed based on the Addiction Severity Index (ASI). As can be observed in Table 5, mean scores of the private soldiers obtained from the attachment to parents scales, except for the total score, from the attachment from parents and mother overprotection sub-dimension differed based on ASI levels. Post-hoc multiple comparison (Tukey) analysis was conducted in order to establish between which groups the significant difference occurred.

Table 4  
*t-Test Findings of the Differences in ASI and its Sub-dimensions Based on the Education Levels of Parents*

Variables	Level of Education	N	X	S	t	p	
Addiction Severity Index Total	Mother	Literate Elementary School and Above	52 48	13.15 11.79	3.14 3.83	-1.93	.05
	Father	Literate Elementary School and Above	34 66	13.29 12.09	3.22 3.65	-1.62	.10
Substance Abuse Characteristics	Mother	Literate Elementary School and Above	52 48	3.65 3.18	1.39 1.63	-1.53	.12
	Father	Literate Elementary School and Above	34 66	3.76 3.25	1.37 1.58	-1.58	.11
Diagnosis	Mother	Literate Elementary School and Above	52 48	17.17 14.75	4.33 6.10	-2.27	.02*
	Father	Literate Elementary School and Above	34 66	17.52 15.22	4.90 5.46	-2.06	.03*
Effects on Life	Mother	Literate Elementary School and Above	52 48	26.71 24.74	7.56 8.81	-1.36	.17
	Father	Literate Elementary School and Above	34 66	27.82 24.51	7.01 8.61	-1.93	.05
Strong Urge	Mother	Literate Elementary School and Above	52 48	11.40 10.20	3.35 3.71	-1.69	.09
	Father	Literate Elementary School and Above	34 66	11.58 0.43	3.00 3.77	-1.53	.12
Motivation	Mother	Literate Elementary School and Above	52 48	8.98 8.35	2.76 2.86	-1.11	.26
	Father	Literate Elementary School and Above	34 66	8.58 8.72	2.75 2.86	.23	.81

\* $p < .05$ .

Table 5  
ANOVA Findings of the Difference of the Attachment to Parents Based on ASI Levels

Variables	Levels	N	$\bar{X}$	S	F	p	Difference (Tukey)
Mother Overprotection	1.Low Addiction Severity	28	10.10	5.16	.49	.61	
	2.Medium Addiction Severity	35	11.25	4.62			
	3.High Addiction Severity	37	10.59	4.13			
Mother Interest Control	1.Low Addiction Severity	28	34.64	6.92	5.12	.00*	1>2
	2.Medium Addiction Severity	35	29.65	6.48			
	3.High Addiction Severity	37	31.13	5.42			
Father Overprotection	1.Low Addiction Severity	28	8.10	3.05	3.37	.03*	3>1
	2.Medium Addiction Severity	35	9.74	3.55			
	3.High Addiction Severity	37	10.37	3.86			
Father Interest Control	1.Low Addiction Severity	28	30.42	6.72	7.57	.00*	1>2
	2.Medium Addiction Severity	35	24.20	5.56			
	3.High Addiction Severity	37	26.67	6.66			
Mother Attachment Total	1.Low Addiction Severity	28	45.17	7.28	.41	.66	
	2.Medium Addiction Severity	35	43.45	9.08			
	3.High Addiction Severity	37	43.83	6.70			
Father Attachment Total	1.Low Addiction Severity	28	38.53	7.29	3.41	.03*	1>2
	2.Medium Addiction Severity	35	33.94	7.20			
	3.High Addiction Severity	37	37.05	7.15			

\* $p < .05$ .

The ANOVA test was conducted in order to establish whether the sub-dimensions of coping with stress and the mean depression scores differed based on ASI levels. As can be observed in Table 6, the rest of the mean scores of the sub-dimensions of coping with stress, except for substance abuse and mean depression scores, did not differ based on ASI levels.

## Discussion

A significant number of the private soldiers who abuse substances (42%) indicated that the attitudes and problems within the family were reasons for starting to abuse substances. There are studies in the literature which support this finding. For instance, Evcin (2011) established that individuals not spending time with their families abused substances more frequently compared to those who spent time with their families. Similarly; Akfert, Çakıcı, and Çakıcı (2009) found that individuals who abuse substances suffer from maladaptation in the family environment. Another study (Kayır, İpekdağ, Evrensel, & Uzbay, 2000)

Table 6  
ANOVA Findings of the Difference of Coping with Stress Sub-dimensions and Depression Based on ASI Levels

Variables	Levels	N	$\bar{X}$	S	F	p	Difference Tukey
Positive Reinterpretation	1.Low Addiction Severity	28	5.00	1.63	0.66	.51	
	2.Medium Addiction Severity	35	4.71	1.17			
	3.High Addiction Severity	37	4.59	1.46			
Focusing on and Exposure of Emotions	1.Low Addiction Severity	28	4.35	2.31	1.11	.33	
	2.Medium Addiction Severity	35	4.91	1.72			
	3.High Addiction Severity	37	5.05	1.80			
Denial	1.Low Addiction Severity	28	4.39	2.09	1.31	.27	
	2.Medium Addiction Severity	35	4.91	1.44			
	3.High Addiction Severity	37	5.10	1.85			
Leaning to Religion	1.Low Addiction Severity	28	6.57	1.83	0.13	.87	
	2.Medium Addiction Severity	35	6.34	1.47			
	3.High Addiction Severity	37	6.43	1.83			
Humorous Approach	1.Low Addiction Severity	28	3.42	1.77	1.23	.29	
	2.Medium Addiction Severity	35	4.20	2.01			
	3.High Addiction Severity	37	3.67	2.18			
Behavioral Interruption	1.Low Addiction Severity	28	4.50	1.81	1.63	.20	
	2.Medium Addiction Severity	35	5.08	1.26			
	3.High Addiction Severity	37	5.18	1.71			
Substance Abuse	1.Low Addiction Severity	28	5.32	2.27	9.45	.00*	3>1
	2.Medium Addiction Severity	35	6.68	1.49			
	3.High Addiction Severity	37	7.08	1.21			
Planning	1.Low Addiction Severity	28	5.21	1.28	0.50	.60	
	2.Medium Addiction Severity	35	5.05	1.34			
	3.High Addiction Severity	37	4.86	1.53			
Depression	1.Low Addiction Severity	28	20.89	8.99	7.99	.00*	3>1
	2.Medium Addiction Severity	35	24.00	9.34			
	3.High Addiction Severity	37	29.43	8.02			

\* $p < .05$ .

reported that a negative family environment posed a risk for substance abuse. In a study conducted on substance abuse (Saraçlı, 2007), individuals with no close relationship with their fathers were noted to more frequently abuse substances. Bircan and Erden (2011) also found that the interaction between the child and the father was an important factor in terms of substance abuse.

Based on the study results, the ASI scores of the private soldiers who abused substances did not differ according to the education levels of the parents. It was believed that the reasons for the absence of a difference included the similar education levels of the private soldiers and their parents and similar sociocultural

characteristics. These findings largely overlap with the findings in the literature. Görgün et al. (2010) did not find any differences according to the education levels of parents in their study on substance abuse and the styles of attachment. Similarly, Keskinoğlu et al. (2006) also reported that substance abuse did not differ based on the education levels of parents. Ceylan, Yanık, and Gencer (2005) investigated the attitudes of students towards substances, and concluded that substance abuse did not differ according to the education levels of parents.

In contrast, several studies exist in the literature reporting that substance abuse results from the education levels of parents. For instance, Erci (1999) reported that substance abuse differed according to the education level of the parents. Aras, Günay, Özcan, and Orçın (2007) found in their studies conducted on risky behaviors that substance abuse showed differences according to the education levels of the parents. Similarly, Hogan (2000) established that parents had lower education levels in cases of substance abuse. There are also studies reporting that a higher level of education of parents poses a risk for substance abuse (e.g., Şaşmaz et al., 2006).

Based on these findings, a difference was observed in substance abuse depending on the style of attachment to parents. The high scores obtained from the attachment sub-dimensions of the PBI indicate that parents are more concerned and less controlling, thus indicating positive attachment characteristics. Identically, lower scores are interpreted as parents being less concerned and more overprotective. The obtained findings show consistency with studies in the literature. Görgün (2009) established the families of substance abusers as unconcerned and overprotective. Aydoğdu and Çam (2013) found that adolescents with substance abuse disorders were insecurely attached to their families. Similarly, Tarı, Cömert, and Ögel (2014) also established that insecure attachment poses a risk in terms of substance abuse.

On the other hand; Cooper, Collins, and Shaver (1998) found that adolescents with secure attachment presented fewer risk-taking behaviors. Uluman (2011) concluded that positive attachment decreased substance abuse. Görgün et al. (2010) also found that negative attachment poses a risk for substance abuse. One study also reported that substance abuse resulted from insufficient concern (Rick & Vanheule, 2006).

Scores obtained from the rest of the sub-dimensions of the styles of coping with stress differ significantly with respect to substance abusers and non-substance abusers, except for the sub-dimensions of leaning to religion. The mean scores obtained from the sub-dimension of leaning to religion came out as quite close to each other. In a study conducted on substance abusers (Ögel, 1999), the majority believed in religion, but most of them also abused substances. Similarly, in other studies (Özbay, 2004, 2007), substance abuse was found not to significantly differ compared to being religious. There are also studies noting that it significantly differs. For instance, Koenig's (2001) study proposed that more religious individuals abused substances less. In another study (Ellison, Jason, Boordman, Williams, & Jakson, 2001), religious beliefs were reported to prevent individuals from abusing substances. Such a difference in the literature is believed to result from the diversity of the religious perception of individuals and the presence of intercultural differences (Bradby & Williams, 2006).

It was observed that the private soldiers who abused substances tended to utilize passive coping mechanisms, while those who did not abuse substances utilized active coping mechanisms more frequently. These findings support the outcomes of previous studies (Britton, 2004; Chelf & Ellis, 2002; Şenel, 2013; Tarhan, 2011; Walitzer & Dearing, 2006). Another study (Toker, Tiryaki, Özçürümez, & İskender, 2011) established that an emotion-oriented coping mechanism increases parallel to the increase in the tendency toward substance abuse. Karahan and Koç (2005) reported that the individual manifested the behavior of substance abuse instead of changing the condition that causes stress. In their study conducted on the members of the military; Bray, Fairbank, and Marsden (1999) found that substance abuse showed differences in dealing with stress. Identically, avoidant and maladaptive coping contributed to an increase in substance abuse (Britton, 2004; Walitzer & Dearing, 2006). Similarly, Hasking et al. (2011) reported that avoidant coping mechanisms increased substance abuse. Thoits (1994) also found that individuals who lack of problem solving skills in family life and work places tend to substance abuse.

Based on the findings, it was established that the private soldiers abusing substances had higher levels of depression compared to the private soldiers who did not. Özbay et al. (1991) reported that substance abuse significantly differed according to depression levels. Evren and Ögel (2003) and Sireli (2012) noted

higher levels of depression among individuals who abused substances. Similarly, Saraçlı (2007) also established that students with higher levels of depression abused substances more frequently. Another study (Pelissier & O'Neil, 2000) reported that the level of depression increased parallel to the increase in the type of substance abused. In their study conducted on heroin addicts, Brooner, King, Kidorf, Schmidt, and Bigelow (1997) established depression as a widespread disorder. Hantaş, Maner, Erkıran, Turan, and Gökalp (2003) found that the group with substance addiction manifested more characteristics of depression. In another study conducted on substance abusers (Öner, Tamam, Levent, & Öner, 2002), a higher rate of depression diagnosis emerged among substance abusers. As a result, it may be noted that the levels of depression were higher among private soldiers who abused substances, which stemmed from substance abuse.

A post-hoc multiple comparison (Tukey) analysis was conducted in order to establish in which groups the significant difference occurred. When addiction might be an indicator of the severity in substance abuse, it was noted that scale scores were expected to be higher among addicts (Ögel, Aksoy, Topuz, Liman, & Coşkun, 2005). Based on this, the private soldiers who developed low severity addiction under the parent interest/control dimension perceived their parents as more concerned and less controlling. In the dimension of father overprotection, the private soldiers who developed low severity addiction perceived their fathers as more overprotective. Although studies on this subject are limited in the literature, there are studies that support these findings. For instance, Yancar (2005) reported that the individuals with family issues developed higher addiction severity. In a similar study (Dixon, McNary, & Lehman, 1998), individuals developing substance addiction had higher severity of addiction compared to other groups.

Private soldiers had higher mean scores of high addiction severity under the substance abuse dimension, which is a coping styles sub-dimension. Despite the limited number of studies found in the literature on this subject, there are studies supporting this finding. For instance; Mezzich, Tarter, Kirisci, Hsieh, and Grimm (1995) did not find a directly significant correlation between the severity of substance addiction and coping styles (as cited in Franken, Hendriks, Haffmans, & Meer, 2001). Another study (Hamdan-Mansour, Puskar, & Sereika, 2007) concluded that the severity of addiction in substance abusers was high.

The depression levels of the private soldiers who developed high severity of addiction were higher. Existing studies in the literature support these findings. For instance, Rounsaville, Weissman, Kleber, and Wilber (1982) concluded that individuals with a high severity of substance addiction also had higher depression levels. Şenel (2013) also found a significant relationship between addiction and depression in individuals with drinking problems. Identically, İnce, Doğruer, and Türkçapar (2002) symptoms of depression were strongly and positively related to severity addiction.

Consequently, it is believed that providing families with educational seminars and preparing substance abuse prevention programs, and including families in such programs would prove to be helpful. The preparation of programs that educate people on appropriate coping mechanisms in stress management and their implementation would also be beneficial. It would be useful to include instructional and informative activities in these educational practices on issues such as healthy parental attitudes and communication methods in families. This study investigated substance abuse in terms of attachment to parents. It would be helpful in future studies to tackle parental attitudes and domestic relations to better understand the correlation between substance abuse and family factors. Effective coping mechanisms for dealing with stress are needed in order to prevent negative situations in the military, such as absences without leave, disciplinary actions, problems of adaptation to a military environment, and suicide. Within this scope, it was concluded that it would be beneficial to provide private soldiers with educational trainings such as stress management, anger control, and the harmful effects of substance abuse, especially during the first three months of military service by ranking superiors and psychological counselor/psychologists working at Guidance and Counselling Centers (GCC).

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