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Gender, attachment, and parenting style: protective or risk factors of alcohol misuse in young adults?

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ABSTRACT

Early adulthood is characterized by a growing risk of developing alcohol abuse, especially among students. Gender, attachment and parenting style are strongly associated with alcohol consumption, but the precise influence of these variables is poorly understood, with much inconsistency in the literature. This study examined the link between gender, attachment, perceived parenting style, and drinking among a sample of 279 first-year students. It was hypothesized that secure attachment and perceived strong parental support predicted lower levels of drinking, and insecure attachment and perceived weak parental control higher levels. Men were more likely to drink problematically than women. An interaction effect was expected between attachment and parenting style. The results showed a protective effect of high perceived parental support and no perceived control effect. An interaction effect was found, but only between attachment style and gender. Insecure men had higher levels of drinking than insecure women. In women, secure attachment style was significantly associated with high use. The results underline the importance of studying both attachment style and parenting style, as they can affect different dimensions of drinking. Psychological interventions for prevention and care can be suggested.

1. Introduction

1.1 Alcohol consumption in young adults.

The transition between late adolescence and early adulthood is characterized by the search for one's identity and place in society, a quest often underpinned by a fear of the future. It is also the period when there is a risk of developing substance use disorders, such as abuse or dependence.

Substance use among young adults is a major public health issue. 2.3% of 18 to 24 year-olds consume alcohol daily, and regular drunkenness is observed in almost 20% (Nguyen-Thanh & Guignard, 2019). By the age of 17, 85.7% have already experimented with alcohol, 8.4% drink regularly (at least 10 times a month), and 44% report occasional heavy drinking in a month (Spilka, Le Nézet, Ngantcha, Janssen, Brissot, Philippon, Shah, & Chyderiotis, 2018). 87% of students have consumed alcohol at some point in their lives, 5% have had no alcohol in the past 12 months, 55% drink occasionally (maximum three times a month), and 40% drink at least once a week (Gierski & Morvan, 2020). One in 10 students has alcohol more than three times a week. Regular drinking varies according to age and sex: men and older students are more likely to drink alcohol several times a week or every day (45% of men compared with 35% of women, 48% of 23 to 25 year-olds compared with 27% of those under the age of 20).

The use of psychoactive substances can be viewed from a variety of biological, psychological and social perspectives. Khantzian (1997, 2013) proposes a hypothesis according to which vulnerability to addiction is the result of exposure to substances associated with an inability to tolerate or understand one's own feelings. We would therefore be in the search not of pleasure, but of closeness and comfort. Khantzian defines dependence as a self-regulatory disorder in which substance use is a self-medication strategy that allows the individual to heal his negative affects. Substance use would therefore be a way of coping with unpleasant internal emotional states and/or external stress-generating situations. Individuals would act as if close interpersonal relationships were not necessary (Khantzian, 2012), but such distancing would generate very significant distress, thus reinforcing substance dependence. On the other hand, also according to his self-medication hypothesis, Khantzian (1997) adds that the consumer's choice of substance is linked to the nature of the dysfunction of emotional regulation, as confirmed by other studies (Chakroun, Swendsen & Doron, 2004; Chakroun, Johnson & Swendsen, 2010; Flores, 2004).

It has been suggested that substance use disorders are in fact an attachment disorder (Flores, 2004, 2006), with the relationship with the substance replacing the relationship with others. This then creates a vicious circle, with substance use gradually becoming an obstacle to the development of interpersonal relationships. The relationship the person establishes with a substance, be it tobacco, alcohol or other, would allow him or her to be free of dependency on others. The possibility of disposing of the substance at will gives the person what he or she lacks in interpersonal relationships, namely a feeling of control. Substance use can be understood as a response to insecurity of attachment (Miljkovitch, 2013).

1.2. Attachment in Young Adults

Attachment is defined as a primary social need, an innate behaviour that consists of bringing the child closer to the caregiver for protection-seeking purposes in times of distress (Bowlby, 1977). A small child will have privileged interactions with his or her parents. Depending on the quality of these interactions, the child will develop a particular attachment style. Depending on the nature of this attachment, he or she will construct positive or negative representations of him- or herself (worthy/unworthy of being loved) and of others (available/unavailable) (Bowlby, 1984). These internal working models will condition the way the child reacts in stressful situations. As the child grows older, his or her parents will no longer be the sole interlocutors and relational models. The young person will develop close relationships with his peers, whether friendly or loving. New representations will be built, internal models of self and others will evolve and eventually distance themselves from the initial models.

Attachment can be defined along two dimensions: anxiety and avoidance. Anxiety refers to the fear of being abandoned and avoidance to the fear of intimacy and dependency. Bartholomew & Horowitz (1991) propose considering avoidance as a "role model of others" that is either positive (when avoidance is low) or negative (when avoidance is high) and anxiety as a role model of self that is either positive (when anxiety is low) or negative (when anxiety is high). Thus, there are four attachment styles: secure (positive self and other role models/low anxiety and low avoidance), dismissing (positive self and negative other role models/low anxiety and high avoidance), preoccupied (negative self and positive other role models/high anxiety, low avoidance) and fearful (negative self and other role models/high anxiety and avoidance).

Adult attachment theory can also be regarded as a theory of emotion regulation (Cassidy & Kobak, 1988; Kobak, Cole, Ferenz-Gillies & Fleming, 1993) or affect regulation (Sroufe, 1996). Mikulincer, Shaver & Pereg (2003) have thus defined this capacity for self-regulation of emotions as being linked to the quality of both current relational experiences and past internalised experiences. This is characterised in people with high anxiety by a tendency to use hyperactivity strategies, i.e. to adopt very controlling or stifling behaviours to obtain support, help or attention. Anxious people will tend to overflow emotionally on a regular basis and have difficulty interpreting information because of being emotionally overwhelmed. Conversely, in stressful situations, people with a high level of avoidance will employ deactivation strategies, relying on autonomy and independence. People with a detached style will repress their emotions and exclude emotionally charged information. An individual with fearful attachment (high anxiety and high avoidance) implements contradictory emotional regulation strategies: the emotional overactivation strategy and the emotional deactivation strategy (diversion and

repression of emotions, dismissing strategy). He or she oscillates between emotional overflow and emotional repression. Secure people on the other hand will have a balanced regulation of their emotions and good processing of emotional information.

If we look at the relationship between attachment styles and drinking, the results of a recent review of the literature confirm the role of insecure attachment in the risk of alcohol misuse (Fairbairn, Briley, Kang, Fraley, Hankin & Ariss 2018). Insecurely attached individuals have more alcohol-related problems and higher alcohol consumption than those with a secure attachment style. However, the results as regards the impact of different forms of insecure attachment on alcohol consumption are inconsistent. Some studies show a positive and significant link with alcohol consumption only for insecure attachment, some only for detached attachment, and some for both (Anderson, Connor, Voisey, Young & Gullo, 2019; Sinnasse & Tereno, 2016; Kopak, Chia-Chen, Haas, & Gillmore, 2012; Kassel, Wardle & Roberts, 2007).

1.3. Parenting styles

Through repetition and consistency over time, these parental practices become normative and constitute family rules (Darling et Steinberg, 1993). The rules are also intended to help the young person socialise (Goodnow, 2006). Educational practices can be defined in terms of two dimensions (Baldwin, 1948; Becker, 1964; Baumrind, 1971): support or control. Support corresponds to the expression of affection along a continuum ranging from affection, emotional warmth, support, sensitivity, and listening to indifference, coldness, hostility or rejection. Control corresponds to the rules set, the limits not to be crossed, the framing of behaviour, and measures taken to sanction any misconduct. On the basis of these two dimensions, four typologies of parenting styles have been defined (Claes, Debrosse, Miranda & Perchec, 2010; Durning and Fortin, 2000; Kellerhals and Montandon, 1991): 'authoritarian' (high control, low support), 'democratic' (high control, high support), 'permissive' (low control, high support) and 'disengaged' (low control, low support). Children exposed to a democratic parenting style are less likely to use drugs and alcohol (Benchaya, Bisch, Moreira, Ferigolo & Barros, 2011). In European countries, for example, children exposed to an authoritarian parenting style are more likely to abuse alcohol in adolescence (Glozah, 2014; Calafat, García, Juan, Becoña & Fernández-Hermida, 2014). Overall, the permissive style seems to result in less substance use than the authoritarian style, but more than the democratic style (Tanski, McClure, Li, Jackson, Morgenstern, Li, & Sargent, 2010; Reimuller, Hussong & Ennett, 2011). Children exposed to a disengaged parenting style are those with the most emotional and behavioural difficulties. The longitudinal study by Martínez-Loredo and colleagues (2016) shows that adolescents who

perceive their parents as disengaged have a significantly higher risk of developing alcohol use disorders. Consequently, it is the perception of high support that appears to be protective against alcohol misuse. On the other hand, low parental control appears to be significantly associated with adolescent alcohol use (Alati, Maloney, Hutchinson, Najman, Mattick, Bor & William, 2010).

1.4. Rationale and hypotheses

The period of late adolescence and early adulthood is critical for the development of an alcohol use disorder. Secure attachment and high perceived parental support are two important protective factors against misuse, while low control and insecure attachment are more likely to be risk factors. But what about their combined effect? The aim of this study is to explore the direct and indirect roles of attachment and perceived parenting style on young adults' drinking while taking into account important gender differences at this time.

We therefore hypothesise that women should drink less alcohol than men. Furthermore, having a secure attachment and high parental support should be associated with lower alcohol consumption. On the other hand, insecure attachment and low perceived control should be associated with a higher risk of misuse. We also hypothesise that there is an interaction effect on drinking between attachment and perceived parenting style once the gender effect has been controlled for.

2. Method

2.1. Participants

As part of their Psychology course, 279 first-year UCA students agreed to complete a paper questionnaire about their alcohol consumption and various psychological dimensions. They were asked to sign a No Objection Form which reminded them that they were free to stop participating at any time, and that the collected data were anonymous and confidential. The study had previously been submitted to the ethics committee for approval, which was granted. The initial sample was 12.9% male (36 participants), with more than half of the students (53.2%) living in independent accommodation and about a third (32.4%) with their parents. The average age of the participants was 19.2 years (SD=1.3): 19.1 years (SD=1.2) for women and 19.8 years (SD=1.6) for men.

2.2. Questionnaires

The overall questionnaire included a first part on socio-demographic data and a second part consisting of the following sub-questionnaires:

Relationship Scale Questionnaire (RSQ) (Griffin & Bartholomew, 1994; Guedeney, Fermanian, J. & Bifulco, 2010). Participants are asked to indicate their similarity to each of the 30 items in this questionnaire on a 5-point Likert scale. There are several ways of coding this questionnaire. We chose to use Kurdek's (2002) method, which uses only 13 items and two dimensions, relationship anxiety and avoidance, with good psychometric qualities. In our sample, we obtained alphas of .78 and .61 respectively. From the two previous scores, we then defined the four adult attachment styles as follows: secure (low anxiety and low avoidance), fearful (high anxiety and high avoidance), preoccupied (high anxiety and low avoidance) and detached (low anxiety and high avoidance).

Alcohol Use Disorders Identification Test - short version (AUDIT-C) (Saunders, Aasland, Babor, Babor, de la Fuente, & Grant, 1993; Bush et al. 1998). This questionnaire consists of three questions designed to assess the risks associated with alcohol consumption. The first identifies the frequency of alcohol consumption, the second the quantity consumed on a typical day. The third item focuses more on binge drinking behaviour by assessing the number of occasions when the person drinks more than 6 glasses. Adding up the responses to the three items gives a drinking severity score ranging from 0 to 12. Some authors (Gual, Segura, Contel, Heather & Colom, 2002) have defined a threshold value beyond which consumption poses a risk (5 for men and 4 for women). In our sample, we obtained a reliability coefficient of .75 for this assessment.

Measuring instrument for parental practices (Claes et al. 2010). This instrument examines the main aspects of parenting practices during adolescence. Emotional closeness corresponds to the conviction of being loved, understood, and supported by one's parents. This score is broken down into one dimension of empathy and one of affection. The feeling of rejection corresponds to emotional coldness, hostility, and conflict. Tolerance refers to the parents' ability to cope with situations such as going out, friendships, etc. Communication refers to listening, parental availability, and the extent to which the adolescent is willing to confide in others. The supervision sub-scale includes the need to ask for permission before going out and supervision in the form of family rules. Finally, disciplinary styles include punishment (presence of

sanctions), coercion (the extent to which the adolescent feels the parent is aggressive, insulting, or threatening to impose his or her will), and induction (the extent to which the parent negotiates and seeks solutions with the adolescent). The support dimension was obtained by adding the sub-scores of emotional closeness, communication, tolerance, and rejection (inverted). The control dimension was obtained by summing up the sub-scores for supervision and discipline. The questions were asked once for mothers and once for fathers. In the validation, the alphas of each scale ranged from .71 to .86. In our sample, the 'support' dimension has an alpha of .94 for mothers and .93 for fathers. The control dimension has an alpha of .76 and .84 respectively.

2.3. Data analysis

The data were processed using the software Jamovi 1.1.9.0 for Mac. ANOVA, ANCOVA, *post-hoc* comparisons and linear regressions were carried out.

3. Results

3.1 Descriptive Analysis

3.1.1 Socio-demographic and consumption data

A large majority of the participants (86.5%) drank alcohol, 9.7% no longer drank (between 1 month and 5 years off), and only 3.9% had never drunk alcohol. Over the past year, 48.9% of the participants had drunk alcohol on average at least once a month, 31.2% at least two or three times a month, and 11% at least once a week. Over the past month, 31.4% said they had drunk alcohol at least once, 31% at least two to three times, 17.1% at least once a week, and 16.3% never. The average AUDIT score was 3.50 (SD=2.03). 53.3% of the sample was below the threshold for risky consumption. 60.9% of the users first started drinking with their best friends, 32.6% in a family setting (19.3% with their parents, 3.9% with siblings, and 9.4% with other family members), with the remaining percentages split between alone, with party acquaintances, or with their boyfriend or girlfriend. Concerning parental alcohol consumption, 56.5% of participants declared that both parents drank alcohol, 22.3% only their father, 15.2% neither parent, and, lastly, 5.9% only their mother.

3.2. Preliminary analysis

3.2.1. Perceived parenting style

Regarding perceived parenting, mothers were perceived as significantly more supportive, $\text{mean}_{\text{mother}}=11.78$, $\text{sd}=2.145$, than fathers, $\text{mean}_{\text{father}}=10.59$, $\text{sd}=2.32$, $F(1,520)=36.8$, $h^2=.066$, $p<0.001$, and more controlling than fathers, $\text{mean}_{\text{mother}}=5.12$, $\text{sd}=0.851$, $\text{mean}_{\text{father}}=4.89$, $\text{sd}=1.02$, $F(1,522)=7.31$, $p=0.007$, $h^2=.014$. There was no difference in the perception of support or control according to the gender of the participant, $F(1,518)=0.387$, $p<0.05$; $F(1,520)=0.194$, $p<0.05$.

3.2.2. Attachment

The participants had a mean relationship anxiety score of 2.69 (SD=0.891) and a mean relationship avoidance score of 2.97 (SD=0.538). There was no significant difference in the distribution of attachment styles between men and women, $\chi^2(3)=4.43$, $p=0.218$. Table 1 shows the anxiety and avoidance scores for each attachment group.

Table 1: Mean relationship anxiety and avoidance scores according to attachment style (standard deviations shown in brackets)

M (SD)	Secure n=75	Dismissing n=54	Preoccupied n=51	Fearful n=96
Anxiety in relationships	1.92 (.482)	1.94 (.509)	3.39 (.535)	3.35 (.565)
Avoidance in relationships	2.47 (.285)	3.35 (.340)	2.57 (.283)	3.35 (.399)

3.2.3. Relationships between perceived parenting style and attachment

For mothers

ANOVAs carried out show that participants with a secure attachment style have significantly higher perceived maternal support than those with an insecure style, $F(1,265)=8.68$, $p=0.003$, $h^2=.038$. More specifically, there is a significant linear increase of perceived support, $t_{263}=-3.928$, $p<0.001$. Secure participants obtained the highest score ($m=12.4$, $\text{sd}=0.246$), followed by dismissing participants ($m=12.1$, $\text{sd}=0.292$), then preoccupied participants ($m=11.9$,

sd=0.295), and finally fearful participants (m=11.0, sd=0.215). No significant difference was found for control, $F(1,265)=0.151$, $p>0.05$.

For fathers

Results are similar to those for mothers. Participants with a secure attachment style have significantly higher perceived paternal support than those with an insecure style, $F(1,249)=5.33$, $p=0.022$, $r^2=0.023$. There was a significant linear increase of perceived support, $t_{247}=-3.276$, $p<0.001$. Secure participants obtained the highest score (m=11.8, sd=0.282), followed by dismissing participants (m=10.9, sd=0.321), then preoccupied participants (m=10.7, sd=0.332) and finally fearful participants (m=9.9, sd=0.241). No significant difference was found for control, $F(1,251)=1.95$, $p>0.05$.

3.3. Relationships between gender and alcohol use

ANOVAs showed significant differences in alcohol severity scores, drinking frequency, number of drinks in a typical day, and binge drinking between men and women. Men have significantly higher indicators of alcohol consumption than women (Table 2). This result matches the hypothesis put forward.

Table 2: Average alcohol consumption scores for men and women (standard deviations shown in brackets)

Alcohol consumption indicators	Gender			
	Men	Women	p	r ²
Severity score	4.85(2.4)	3.28(1.9)	<0.001	0.071
Frequency of consumption	1.88(0.74)	1.58(0.66)	0.016	0.024
Number of glasses in a typical day	1.64(1.4)	0.99(1.0)	0.002	0.040
Binge drinking (more than 6 glasses per occasion)	1.33(0.82)	0.71(.72)	<0.001	0.080

3.4. Relationships between attachment style and alcohol use

A first series of ANOVAs was carried out to compare secure and insecure participants. A second series served to make an exploratory comparison of the secure, detached, dismissing and fearful participants.

When adjusted for gender, comparing secure and insecure participants, ANOVAs showed that there was no significant difference in the severity score for alcohol consumption, $F(1,236)=0.210$, $p=0.647$), number of glasses drunk in a typical day, $F(1,237)=0.385$, $p=0.536$, and binge drinking, $F(1,237)=0.416$; $p=0.520$. On the other hand, there was a significant gender interaction effect for the frequency of consumption, $F(1,236)=5.802$, $p=0.017$, $\eta^2=0.024$. In fact, it would appear that secure women have a higher consumption frequency than insecure women, respectively $m=1.75$, $SD=0.54$ vs $m= 1.51$, $SD=0.69$, $t(236)=2.46$, $p=0.014$, whereas no significant difference was found for men, $t(236)=-1.60$, $p=0.110$ (Fig.1). On the other hand, among only those men and women who were insecure, it would appear that men have a significantly higher consumption frequency than women, respectively $m=2.00$, $SD=0.67$ vs $m= 1.51$, $SD=0.69$, $t(236)=-3.35$, $p<0.001$, $t(236)=0.723$, $p=0.470$ (Fig.1).

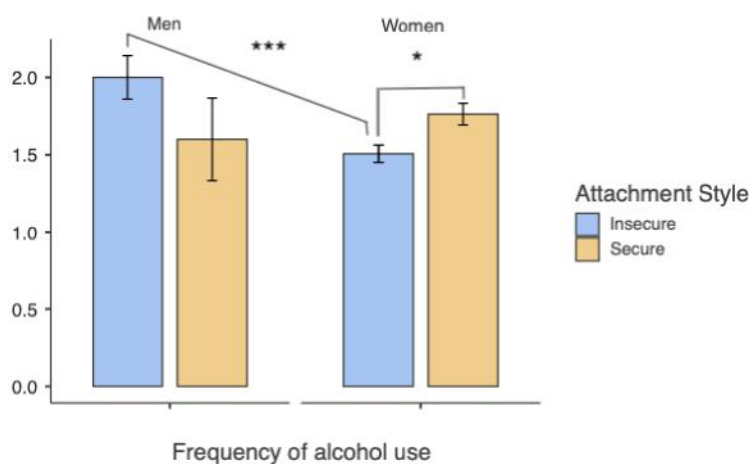


Figure 1: Frequency of alcohol use as a function of gender and secure/insecure attachment style.

* $p<0.05$ *** $p<0.001$

Gender-adjusted ANOVAs performed on the four attachment styles after using the Bonferroni method to correct for the multiplicity of tests showed no significant difference between participants.

3.5. Relationships between perceived parenting style and alcohol use

For mothers

When adjusted for gender, the higher the perceived maternal support score, the greater the significant reduction in the severity of drinking and binge drinking ($\beta=-.135$, $t=-2.21$, $p=0.028$, $R^2=0.093$; $\beta=-.049$, $t=-2.12$, $p=0.035$, $R^2=0.099$). There was no significant difference in perceived control.

For fathers

This analysis produced no significant results for the relationship between alcohol consumption and perceived paternal parenting practices.

3.6. Interaction effect between attachment and perceived parenting style for alcohol use

Regarding the alcohol severity score, after adjustment for gender, regression analysis showed no interaction effect between attachment style and perceived parenting practices, ($\beta=0.088$, $t=0.618$, $p=0.537$). The same results were obtained for other consumption indicators, ($\beta=0.064$, $t=1.33$, $p=0.186$ for frequency of consumption; $\beta=0.002$, $t=0.028$, $p=0.977$ for number of glasses in a typical day; and $\beta=0.022$, $t=0.407$, $p=0.684$ for binge drinking).

4. Discussion

The aim of the current study was to examine the link between gender, attachment, perceived parenting style, and drinking in young adults. First of all, the results confirm what has already been shown in past research. Although only a few of the participants in our sample were men, the results showed men have a higher alcohol consumption than women, which is characteristic of men, especially in this age group. However, even if they drink more moderately overall, women have a higher risk of developing alcohol use disorders due to their biological specificities (CDC, 2020; Erol & Karpyak, 2015).

This study also highlights the protective effect of a high perceived level of parental support on alcohol consumption. In fact, for both men and women, the higher the perceived level of support, the lower the level of binge drinking and severe drinking. For Jiménez, Murgui,

Estévez & Musitu (2007), support is perceived above all in a parent's affection and empathic communication with his or her child. This would be consistent with the finding that only maternal support provides this protective effect. It would appear that paternal support has no effect. French culture, and Latin culture more generally, tends to expect mothers to behave affectionately and empathically towards their children, whereas fathers are expected to have a role more of authority and therefore control. Contrary to many other studies, this study revealed no effect of perceived parental control on alcohol consumption, although past research has often shown there to be a positive link between high control and low consumption (Alati et al., 2010; Choquet et al., 2007; Moore et al., 2010). For others authors (Becona, Martínez, Calafat, Fernández Hermida, Juan, Sumnall, Mendes & Gabrhelík, 2013), a high perceived level of maternal control is associated with increased consumption. One explanation for this inconsistency in the results might be that maternal control may have two opposite effects, one favouring consumption in protest at parental rules, the other offering protection through a process of submission (Baudat, Zimmermann, Antonietti, Van Petegem, 2017). In the present study, perceived maternal control would seem to favour the latter of these two effects, and played a protective role on alcohol use.

For attachment, a gender interaction effect is highlighted. Firstly, the finding that insecure men have the highest frequency of alcohol consumption is not surprising. Indeed, people with an insecure attachment style have difficulty regulating their emotions. The pharmacological effects of alcohol make it possible to repress or divert emotions or to manage their overflow. On the other hand, young men, in the university context or not, are subject to gender stereotypes that can lead them to adopt certain behaviours, such as a stronger tendency to consume alcohol to excess compared to women (Mäkelä, Gmel, Grittner, Kuendig, Kuntsche, Bloomfield & Room, 2006; Landrine, Bardwell & Dean, 1988). It may seem more surprising that it is secure women who drink more frequently than insecure women, but, ultimately, perhaps not. Insofar as secure women have effective emotional regulation capacities they feel at ease with others, and are not afraid of their negative affects because they know how to obtain help from others in dealing with their distress. Consequently, they probably perceive and experience festive drinking occasions as moments of genuine fellowship and conviviality. Like insecure men, women with insecure attachments would have difficulty managing their emotions. Their peers would not be a source of support in dealing with stress but, rather, a generator of stress. Not having the same weight of social expectations as men, these young women would probably choose not to attend parties and would therefore have a lower frequency of consumption than

their secure counterparts. The lack of any difference between secure and insecure women in respect of other consumption indicators (severity of consumption, quantity of alcohol use, and binge drinking) is consistent with this interpretation.

No moderating effect on alcohol consumption was found between the attachment style of young adults and the perceived parenting style. Parental support and attachment are intimately linked; the higher the perceived support, the more secure the attachment style. This is consistent with the results in the literature (Nanu & Nijloveanu, 2015). In the present study, secure women have a higher frequency of alcohol consumption than insecure women, and women perceiving a high level of maternal support display a less severe drinking pattern and less binge drinking behaviour than those perceiving a low level of support. These results, which may initially seem to be contradictory, argue in favour of there being two distinct processes of secure attachment and support with regard to young women's alcohol consumption. The secure aspect allows them to drink frequently (in the context of the high number of occasions to drink in student life), with the high level of perceived maternal support protecting them from the abuse and morbidity induced by binge drinking. Secure attachment therefore enables them to integrate with their peers, and maternal support enables their integration to occur without risk. In young men, there is no protective effect of secure attachment, but a high perception of maternal support seems to protect them against abuse and binge drinking. The effects are not cumulative, and it seems that two distinct paths coexist. This is no doubt due to the fact that although perceived parenting style and attachment are two very similar concepts, which even overlap to a large extent in childhood, they are highly distinguishable in adulthood due to the multiplicity of relevant attachment relationships encountered.

A number of limitations need to be considered when interpreting these results. This study involved a sample of students which, although fairly representative of the general population of the same age in terms of its socio-demographic aspects, is probably rather specific on other levels (Liu, Ping & Gao 2019). However, students are among the populations most frequently confronted with alcohol consumption, due to the many parties organised within the university or among friends. Alcohol is an integral part of student life. Another limitation concerns the methodology used. A cross-cutting approach does not, in general, make it possible to establish a causal link between the phenomena studied. Conceptually, however, we know that attachment is shaped from birth, that it is a long process based on life-long experiences. The same applies to our perception of the parenting we received, which is evaluated based on past experiences.

The evaluation of alcohol consumption, however, is set in the present. There is therefore a temporal gradient between attachment, perceived parenting, and alcohol consumption.

Despite these limitations, the results of this study open up interesting prospects for the management of alcohol use disorders in young adults. First of all, it would appear necessary to distinguish between men and women in the care provided, since strategies for dealing with alcohol seem to be marked by the gender effect in terms of socialisation and emotional regulation, in particular. The results also suggest care could be provided at different developmental stages in order to prevent risky alcohol consumption. At an early, or even very early stage, such care could target the reinforcement of 'good' parenting skills. Fostering and developing parental empathy, so that parents learn how to identify their child's and/or adolescent's distress signals as well as strategies for responding to them effectively. Developing quality support would reduce the risk of alcohol abuse in adolescence and adulthood. Such support could also aim to strengthen parenting skills in terms of appropriate control. How can a child-friendly framework be established while also taking into account the educational values of parents? All forms of parental guidance could be effective, as the context would be one of preventive care. In cases where prevention is not possible, our study confirms the value of therapy in adulthood to help individuals develop a secure attachment style. The work can focus on models of self and other in order to make them more positive. This would allow the individuals to use others or internal resources, rather than substances, to regulate their emotions. Attachment, systemic, or cognitive approaches could be quite relevant, although such approaches will have to be adapted to the individuals' gender because the function and purpose of substance use appear to be different in men and women, probably because of the very different pressures, expectations, and normative social representations. Further studies, particularly longitudinal in nature, would of course be needed to refine therapeutic practices and evaluate their effects.

Overall, the present study shows the significance of attachment for understanding alcohol consumption in young adults. It also points to the important impact of perceived parenting and, in particular, the protective role of both maternal and paternal support. The results open up avenues for reflecting on possible prevention programmes starting in childhood as well as care programmes in adolescence and adulthood, which would prove very effective in reducing the risk of developing alcohol abuse or dependence.

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