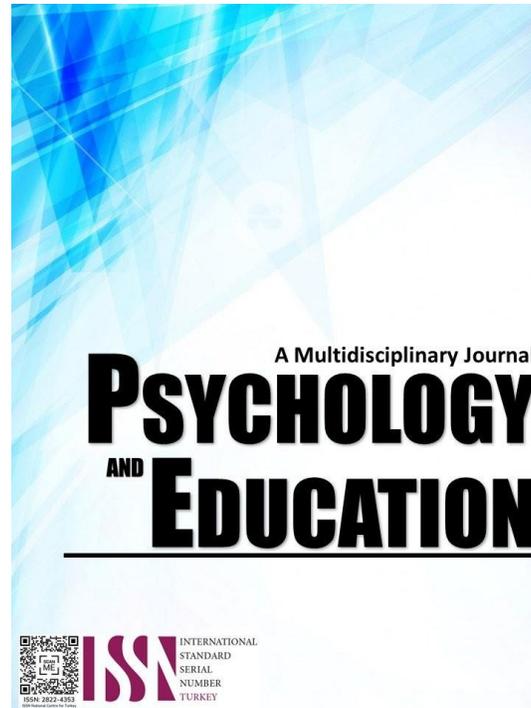


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A PROPOSED MENTAL HEALTH PROGRAM**



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## Attachment Styles as Predictor of Psychological Distress among Young Adults with Drug Dependence: A Basis for a Proposed Mental Health Program

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### Abstract

Drugs have been a rising and severe concern for many years in the Philippines as it still one of the most severe social issues and has been the top priority on the government's agenda. Previous research has primarily discussed that drug addiction typically begins quietly and is not necessarily perceived as a problem. It starts with simple recreational usage, experimentation, and even a prescription for medical use, and that eventuality becomes a necessity and part of the everyday routine. The effects of drugs vary depending on their type, dosage, and frequency of use which may impact a person's poor performance, impairment of will and social relationships, and physiological and psychological issues. The study aimed to investigate the relationship between the attachment styles and psychological distress of young adults with drug dependence in Quezon City Drug and Treatment Rehabilitation Center "Tahanan". The study was utilized in a quantitative study through correlation and regression analysis on the data obtained from eighty (80) respondents, selected using a purposive sampling technique. The data were gathered through self-report standardized tests, namely the Attachment Styles Questionnaire (ASQ), Beck Depression Inventory (BDI- III), Generalized Anxiety Disorder-7 (GAD-7), and Perceived Stress Scale (PSS-10). The results revealed that of all the levels, there is a positive and significant relationship between Dismissive attachment style and psychological distress, particularly stress of the respondents ( $p = 0.276$ ,  $p < 0.013$ ). The findings indicated that higher levels of dismissive attachment style may positively impact the psychological distress, particularly stress, of young adults with drug dependence. However, the dismissive attachment style was not a predictor of psychological distress, particularly stress ( $p > 0.285$ ). Furthermore, the results of this study served as a basis for the proposed mental health program, I Am Here Mental Health Program.

**Keywords:** *attachment style, psychological distress, young adults, drug dependents, mental health*

### Introduction

The phenomenon of drug dependence among young adults is a growing concern with profound implications for individual well-being and societal health. The usage of drugs by young adults has increased, as they navigate challenging life situations, which may also correspond to the development of early attachment relationships with significant others during their first early years. Previous studies pointed out that attachment styles have been a predictor of abusive use of substances (Barbarias et al., 2019). The pioneer of attachment theory, Bowlby (1986) defines it as a mechanism via which humans develop affective ties with specific individuals. He used it as a method of approaching the explanation of how non-conforming separation or affective loss can lead to a wide range of emotional issues and personality disorders (Momeñe et al., 2019). This would make it a technique that people have learned to survive since they were very young, first with their parents or guardians and then with various peers and support systems, including partners and friends. Therefore, the development of an insecure connection during childhood may account for the challenges faced by individuals with substance abuse disorders while trying to stop using drugs (de Lucas & Montañés, 2006). Moreover, the attachment style developed in childhood may impact the development of a sufficient ability to manage negative emotions during the transition to early adulthood (Momeñe et al., 2019).

A study conducted to review the relationship between young adults' drug utilization and attachment formation where shows a substantial correlation between family and attachment and decreased prevalence, frequency, and intensity of use of tobacco, alcohol, and marijuana was found in a longitudinal investigation involving 13,568 respondents. Some research looked at the connection between drug use and attachment without recognizing that experimental drug use is distinct from regular and daily use. On the other hand, young adults who proceed to more regular substance use, misuse, or dependence frequently display an insecure attachment style (Iglesias et al., 2014). A further study found that among young adults, there is a positive correlation between the severity of drug use and fearful attachment but a negative correlation with dismissive attachment. In addition, insecure attachment does not have sufficient coping mechanisms. It causes them to be susceptible to turning to drugs when confronted with stressful life events because of the link between insecure attachment and issues with personal functioning (Schindler et al., 2015). The study about the relationship between the susceptibility of attachment style, psychopathology, drug abuse, and retention presumed that patients with an insecure or vulnerable attachment would be more likely to exhibit externalizing psychopathologies such as antisocial behavior, eating disorders, and drug usage as compared to patients with secure attachment style (Potik et al., 2014).

In the Philippines, a study determined whether there is a relationship between parenting style and attachment and the drug users of young adults, where the results show that authoritative parenting is linked to a lower risk of drug use in sons, but neglectful fathering is linked to a higher risk. By age 21, over 40% of men and 5% of women among the respondents had used drugs throughout their lifetimes. As this is because of religious beliefs, then parents have historically been stricter with their daughters, especially if it involves romantic connection and sex; less usage has been documented among females. The potential for drug use may decrease because of this

restriction on some social freedoms (Hock et al., 2015).

Unquestionably a severe issue, depression has been identified as a pivotal contributor to declining quality of life and a significant risk element for the onset of physical illness (De Vito, 2014). Numerous studies have looked at the expected behavior of sad individuals to see if it may contribute to the tendency for depressive symptoms, which has become widespread, and studies seek to understand it from various aspects. The co-occurrence of depression and drug dependence is not uncommon among young adults as they experience a broad spectrum of symptoms, including feelings of sadness, hopelessness, and despair, as well as drug cravings, withdrawal symptoms, and impaired functioning in daily life (Sinha & Jastreboff, 2013). Drug use can frequently precede or worsen depression because people use drugs as a coping mechanism or self-medication for emotional pain. Several factors increase the risk of depression in young adults with drug dependence, including a family history of mental health disorders, trauma, environmental stressors, and genetic predisposition (Mojtabai et al., 2016). Depression has been the most frequently studied form of distress, and it has been shown as a predictor of smoking initiation and connected with nicotine dependency, according to a study on assessing distress among young adults in four countries, namely the Philippines, China, Chile, and Namibia. Compared to those with someone they can talk to, those who do not have close friends or family display higher levels of sadness, anger, and loneliness (Page et al., 2010). Drug use is highly linked to depression, self-harm, and suicide in later life, according to cohort studies; however, the evidence for these links was looked at. After all, those who suffer from anxiety and depression illnesses sometimes turn to drugs or alcohol to relieve their symptoms or because of a shared experience (Hall et al., 2016). Tension and dread, including fear/anxious arousal and worry/anxious apprehension over possibly dangerous future occurrences, are characteristics of another portion of the variable to be employed under psychological distress (Zinbarg et al., 2014). Uncontrolled anxiety can lead to young adults abusing drugs and can start as early as age twenty-two (22) (Mahmoud et al., 2012). Due in part to the growing significance of peers during adulthood, this period is at risk for substance use and problematic use. One of the most potent and reliable predictors of a young adult's substance use is affiliation with peers who use drugs or alcohol.

The peer-association effect is attributed to two main theories. At the same time, the peer selection hypothesis contends that an individual's personality and drug usage determine whom they associate with, and the peer socialization theory contends that peers' conduct influences people's actions (Hall et al., 2016). In another study on related outcomes in young adults who had received treatment for anxiety, compared to those who reacted well to cognitive behavioral therapy (CBT), those who were less responsive had an increased incidence of panic disorder, alcoholism, and drug misuse in adulthood. Compared to a normative comparison group, those less responsive to CBT had a higher frequency of anxiety disorders and substance addiction problems as adults. Participants were more likely than the normative group to develop generalized anxiety disorder and nicotine dependence, regardless of how well their first therapy went (Benjamin et al., 2013).

Anxiety over prospective abandonment, which is closely associated with both frequency of substance use and substance use motivated by stress, is the most crucial feature of insecure attachment in predicting drug use. As a result, those who struggle with insecure attachment are more prone to have dysfunctional attitudes about themselves, which can cause a loss of self-worth when prompted by underlying insecurities. Individuals with low self-esteem increase the risk of drug use and, more importantly, rising substance use connected to stress. The specific mechanism through which low self-esteem increases a person's propensity to use and abuse drugs is unknown (Rezaeisharif et al., 2021). Another investigation demonstrates that avoidance and intimate relationship experiences did not indicate how well a patient will respond to treatment for psychological discomfort. According to Gidhagen, Holmqvist, and Philips (2018), there was a negative correlation between the dimension avoidance test and the reduction in drug use. It suggests that patients who scored higher on avoidance had little to no decrease in drug use at the end of their therapy. The mechanisms linking attachment style and psychological distress among young adults with drug dependence may include emotional regulation, where individuals with secure attachment styles tend to have more effective emotion regulation strategies. Insecure attachment styles are associated with difficulties regulating emotions (Domic-Siede et al., 2023). Poor emotional regulation can contribute to increased psychological distress and may serve as a vulnerability factor for drug dependence (Gould et al., 2012). While, securely attached individuals are likely to establish and uphold healthy social networks that provide emotional support, while insecurely attached individuals may struggle to form and maintain stable relationships. Lack of social support can increase psychological distress and reliance on drugs as a coping mechanism (Shorter, Turner, & Mueller-Coyne, 2022). Cognitive Schemas and attachment experiences shape cognitive schemas, underlying cognitive structures that filter and interpret information.

Insecurely attached people frequently form unfavorable stereotypes about the world, others, and themselves. These negative schemas can contribute to cognitive distortions, maladaptive coping strategies, and increased psychological distress. Lastly, Trauma and Attachment, early traumatic experiences, such as neglect, abuse, or loss, can disrupt the development of secure attachment bonds. Trauma can lead to insecure attachment styles and increase the risk of psychological distress and drug dependence. Trauma-focused interventions may be necessary to address the underlying attachment-related issues (Fraley et al., 2013). According to the findings of a study, relationships are a secondary subscale of the obsession with relationships subscale, which also suggests an uneasy attachment and the need to alleviate dependence by reaching out to others. It reveals a dismissive attitude that shields the person from harm and vulnerability by showcasing success and independence, which suggests an avoidant attachment style and is a powerful indicator of psychological discomfort (Marganska et al., 2013). According to these findings, adult attachment patterns that are avoidant or anxious are significantly associated with a higher likelihood of psychological distress in the community in the early stages of the pandemic

(Samraj et al., 2023). The results were in line with those that showed anxious and avoidant attachment styles to be predictive of psychological discomfort in non-pandemic scenarios (Wei et al., 2015). According to attachment theories, people who have anxious or avoidant attachments are more likely to experience psychological burdens because they see stressful situations as threats, which causes them to doubt their ability to cope and have skewed perceptions of the world and themselves (Simpson et al., 2017). According to Bowlby's theory, anxious and avoidant attachment are linked to elevated levels of anxiety and might induce behavior. On the other hand, people who had secure attachment patterns expressed less distress (Rajkumar, 2020).

This study is anchored mainly on Kim Bartholomew and Leonard Horowitz's Four-Category Model. It is guided as well by John Bowlby's Attachment Theory, as it tries to illuminate the relationship between the attachment style and psychological distress of young adults with drug dependents. Four attachment styles were added to the attachment theory by Bartholomew and Horowitz (1991): dismissing-avoidant, anxious, fearful-avoidant, and secure. Based on people's early relationship experiences, each attachment style symbolizes a relationship theory. Precisely described as a secure attachment, it is also a blend of favorable and unfavorable views about oneself and others (Bartholomew, 1990). The preoccupied attachment style is characterized by negative self-beliefs, such as the idea that one is undeserving of love and that other people are so wonderful that they will not love oneself. Dismissing attachment styles contrasted with obsession, in which people think they deserve love but fear rejection by others. Last, a fearful attachment style is characterized by negative views about oneself and others. Because of the anxiety involved with forming connections with others, the fearful attachment style shares traits with the avoidant attachment style as defined by the three-category model under avoidance of social settings (Bartholomew et al., 1991).

### Research Questions

The study aimed to look at the relationships between attachment style and psychological distress among young adults with drug dependence. Specifically, it sought to answer the following research questions:

1. What is the level of Attachment Style of the respondents in terms of:
  - 1.1 secured;
  - 1.2 preoccupied;
  - 1.3 dismissive; and
  - 1.4 fearful?
2. What is the level of Psychological Distress of the respondents in terms of:
  - 2.1 depression;
  - 2.2 anxiety; and
  - 2.3 stress?
3. Is there a significant relationship between the level of attachment style and the level of psychological distress?
4. Do the attachment styles predict the psychological distress of the respondents?
5. What mental health program may be proposed based on the findings?

### Methodology

This quantitative study involves descriptive correlation and prediction design, which aims to serve as a basis for the proposed mental health program. This study utilized a descriptive-correlational method to address the research questions. The descriptive correlational method involves a type of study wherein the data is gathered without making any changes to the target population; hence, it does not intervene with the respondents that may cause changes relevant to the study (Reference, 2020). This method may provide answers regarding the status of certain phenomena and describe what exists concerning the variable relevant to specific conditions (University of Southern California, 2022). The method determined the relationship between the attachment style in terms of secure, preoccupied, dismissive, and fearful, and psychological distress in terms of depression, anxiety, and stress.

### Research Design

The research design of this quantitative study was a survey method that utilized four (4) different survey questionnaires. In particular, the Attachment Style Questionnaire (ASQ) was employed by the researcher Adapted in the ASQ of Bartholomew and Horowitz's model by Collins, Van Oudenhoven, Hofstra, and Bakker in 2003. The 22 items of the ASQ examine attachment by providing scores on each dimension, allowing for descriptions of the attachment styles, namely secure, preoccupied, fearful, and dismissive. Respondents respond on a Likert scale (1 to 5), with one strongly disagree and five strongly agree. The construct validity and stability of the ASQ, as determined by Pearson correlation after one year, were also found to be satisfactory, according to the study by Polek .63 for the particular style measures items: 1, 3, 7, 9,12, 13, 16 and 20; .60 for the fearful style measures items: 2, 4, 18; .69 for the preoccupied style measures items: 6, 8, 10, 15, 19, 22; and .63 for the dismissing style measures 5, 11, 14 and 17. Compared to various attachment measurements focusing on relationship attachment, the AQA assesses attachment, enabling an assessment of a respondent's overall sociability (Polek, 2008). The rating is obtained by the overall mean ranges and identified as very high, high, moderate, low, and very low.

The Beck Depression Inventory-2 (BDI-II) is a 21-item self-report measure that identifies severe depression symptoms and is answered

on a scale of (0) to (3). The BDI-II is widely used in both clinical practice and research. Items are added up to generate a total score. According to the reliability findings, inter-item correlations ranged from 0.53 to 0.78, while Cronbach alphas ranged from 0.75 to 0.92. The validity analysis and factor loadings for each Beck Depression Inventory item ranged from 0.77 to 0.93. The total score is used to determine the severity of depression. The maximum score for the entire test would be sixty-three, while the minimum score is zero. A persistent score of seventeen (17) or above indicates that treatment is required.

The General Anxiety Disorder-7 (GAD-7), developed by Kurt Kroenke, Janet Williams, and Dr. Robert Spitzer (1995), was created as a quick self-report tool for diagnosing generalized anxiety disorder. The GAD-7's internal consistency was 0.89, which indicates good reliability. Using the Youden index, a cutoff score of seven or more significance resulted in a sensitivity score of 73.3% and a specificity score of 67.3%. Exploratory and confirmatory factor analyses of the GAD-7 revealed that it has a single-factor structure.

Lastly, the Perceived Stress Scale (PSS-10) was developed by S. Cohen and G. Williamson (1988) to gauge how stressful people feel. The perceived stress level in one's life is gauged using ten items. Items were created based on how unpredictably chaotic and overburdened respondents found their lives to be. The scale also asks numerous questions regarding how much stress is felt. Furthermore, the questions are generic and do not include any information relevant to any group. For the frequency of stressful life events within the previous year ( $r = .32, p.001$ ) and the amount of stress experienced during an average week ( $r = .39, p.001$ ), the PSS-10 demonstrated excellent internal consistency reliability ( $r = .78$ ). Additionally, it demonstrated adequate convergent validity as demonstrated by the expected negative associations with perceived health status ( $r = -.22, p.001$ ) and positive associations with psychosomatic symptoms ( $r_s = .28$  to  $.34, p.001$ ) and health service utilization ( $r = .22, p.001$ ). In a sample, the reliability estimates were 0.85 and 0.82. The PSS asks about thoughts and feelings throughout the previous month. Respondents are asked how frequently they felt a particular way in each scenario. Four points will be assigned to the responses: 0 for never, 1 for almost never, 2 for sometimes, 3 for very often, and 4 for very often. They were reversing responses 0=4, 1=3, 2=2, 3=1, and 4=0 to affirmatively state that items 4, 5, 7, and 8 yield the rating. After that, they are adding up all the scale items. Questions 2, 4, 5, and 10 of the PSS 10-item scale can be combined to create a brief 4-item scale.

## Participants

The study was conducted in Quezon City Drug Treatment and Rehabilitation Center "Tahanan," with one hundred ten (110) active inpatients. The researcher used a purposive sampling technique to test the hypothesis, as the target respondents were identified. The exclusion criteria would be 41 years old or above. Out of the total population, eighty (80) young adults ages 19 to 40 were used as part of the study. Since the target population is less than one hundred (100), eighty (80) will be part of the study as part of the purposive sampling technique process (Heath, 2023).

## Procedure

A permission letter was sought from the office of Vice Mayor Gian Sotto to conduct the study care of Mr. Alfredo M. Foronda, Executive Director of Quezon City Drug Treatment and Rehabilitation Center "Tahanan." The letter was sent as an email as requested, attaching the following: the purpose of the study, the standardized tests, the number of participants required, the student ID of the researcher, and the signature of the adviser. Both the researchers and the admin were in contact for the preparation of the survey conduction. Confidentiality, data privacy, and informed consent were provided to the respondents, and Ms. Meryl Joy Forte, the caseload manager, facilitated the introduction of the research purpose and test proper. No interview was conducted as it was solely a quantitative study. Subsequently, after the orientation, the researcher administered the four (4) series of standardized tests to measure the attachment style, depression, anxiety, and stress levels of the respondents, which were answered in 30 to 35 minutes. It also included obtaining the demographic profile of the respondents. After answering the tests, the facilitator debriefed the respondents rightly and orderly for their cooperation and willingness at the end of the session. In data gathering, the researcher followed a standardized procedure of administration, scoring, and interpretation of test results as stated in the test manuals of the instruments that will be used. All the data gathered was secured in a place where only the researcher can have access to it. The data will be appropriately disposed of after one year by totally disposing of it properly (shredding) to ensure that the confidentiality of the data cannot be breached.

## Ethical Consideration

Participation in this study is strictly voluntary, where participants are free to opt in or out at any time. The details of the study, purpose, risks to confidentiality, and benefits were known to the participants before they agreed or declined to join through the informed consent form provided. The information collected was used for research purposes only. Written results only discussed group findings and did not include information identifying any participant or institution. Physical, social, psychological, and all other types of harm are kept to an absolute minimum, including the risks to data privacy due to online data transmission. The researcher ensured that the work was devoid of plagiarism or research misconduct and that the findings were presented truthfully.

## Results and Discussion

Table 1 presents the mean and standard deviation (SD) of the participants' Attachment Style in terms of the subscale Secure. Item 12, "I find it easy to get engaged in close relationships with other people," obtains the highest mean of 3.98 and reveals a standard deviation of 0.81, interpreted as High. On the other hand, Item 3 gets the lowest mean of 2.58 and standard deviation of 1.09 with the statement

"I feel uncomfortable when relationships with other people become close," interpreted as Low. The participants' overall level of Secured Attachment Style, obtained by weighted mean scores for each item on this subscale, is 3.46 with a standard deviation of 1.07. It can be verbally interpreted as a "High" Secure attachment style, based on the cut scores provided by the Attachment Style Questionnaire Test Manual.

Table 1. *Level of Attachment Style in Terms of Secure*

<i>Statements</i>	<i>Mean</i>	<i>SD</i>	<i>Verbal Interpretation</i>
1. I feel at ease in emotional relationships.	3.53	1.22	High
3. I feel uncomfortable when relationships with other people become close.	2.58	1.09	Low
7. I avoid close ties	2.76	1.15	Moderate
9. I trust other people and I like it when other people can rely on me	3.84	1.01	High
12. I find it easy to get engaged in close relationships with other people	3.98	0.81	High
13. I feel at ease in intimate relationships	3.95	0.94	High
16. I think it is important that people can rely on each other.	3.69	1.18	High
20. I trust that others will be there for me when I need them	3.34	1.12	Moderate
Total	3.46	1.07	High

Legend: 1.00-1.79 – Very Low, 1.80-2.59 – Low, 2.60-3.39 – Moderate, 3.40-4.19 - High, & 4.20-5.00 – Very High

Table 2 below illustrates the mean and standard deviation (SD) of the participants' Attachment Style in the subscale Preoccupied. Item 22, "It is important to me to know if others like me," obtains the highest mean of 3.61 and reveals a standard deviation of 1.05, interpreted as High. On the other hand, item 19 earns the lowest mean of 2.66 and standard deviation of 1.04 with the statement "I usually find other people more interesting than myself," which is interpreted as moderate. The participants' overall Dismissive Attachment Style level, obtained by weighted mean scores for each item on this subscale, was 3.07 with a standard deviation of 1.10. It can be verbally interpreted as a "Moderate" Preoccupied attachment style, based on the cut scores provided by the Attachment Style Questionnaire Test Manual.

Table 2. *Level of Attachment Style in Terms of Preoccupied*

<i>Statements</i>	<i>Mean</i>	<i>SD</i>	<i>Verbal Interpretation</i>
6. I often wonder whether people like me.	2.94	1.19	Moderate
8. I have the impression that usually I like others better than they like me	3.06	1.02	Moderate
10. I am often afraid that other people do not like me	2.80	1.13	Moderate
15. I do not worry whether people like me or not.	3.35	1.15	Moderate
19. I usually find other people more interesting than myself.	2.66	1.04	Moderate
22. It is important to me to know if others like me.	3.61	1.05	High
Total	3.07	1.10	Moderate

Legend: 1.00-1.79 – Very Low, 1.80-2.59 – Low, 2.60-3.39 – Moderate, 3.40-4.19 - High, & 4.20-5.00 – Very High

Table 3 shows the mean and standard deviation (SD) of the participants' Attachment Style in terms of the subscale Dismissive. Item 11, "It is important to me to be independent," obtains the highest mean of 4.35 and reveals a standard deviation of 0.76, interpreted as Very High. On the other hand, Item 17 earns the lowest mean of 2.96 and standard deviation of 1.23 with the statement "I do not worry about being alone; I do not need other people that strongly," interpreted as Moderate. The participants' overall Dismissive Attachment Style level, obtained by weighted mean scores for each item on this subscale, is 3.64 with a standard deviation of 1.02. It can be verbally interpreted as a "High" Dismissive attachment style, based on the cut scores provided by the Attachment Style Questionnaire Test Manual.

Table 3. *Level of Attachment Style in Terms of Dismissive*

<i>Statements</i>	<i>Mean</i>	<i>SD</i>	<i>Verbal Interpretation</i>
5. I prefer that others are independent of me and I am independent of them.	3.45	1.08	High
11. It is important to me to be independent	4.35	0.76	Very High
14. I like to be self-sufficient.	3.79	1.01	High
17. I do not worry about being alone: I do not need other people that strongly	2.96	1.23	Moderate
Total	3.64	1.02	High

Legend: 1.00-1.79 – Very Low, 1.80-2.59 – Low, 2.60-3.39 – Moderate, 3.40-4.19 - High, & 4.20-5.00 – Very High

Table 4 displays the mean and standard deviation (SD) of the participants' Attachment Style in the subscale Fearful. Item 4, "I would like to have close relationships with other people, but I find it difficult to trust fully," obtains the highest mean of 3.06 and reveals a standard deviation of 1.06, interpreted as Moderate. On the other hand, Item 18 earns the lowest mean of 2.94 and standard deviation of 1.19 with the statement "I am afraid that I will be deceived when I get too close with," interpreted as Moderate. The overall level of the Fearful Attachment Style of the participants, which is obtained by weighted mean scores for each item on this subscale, is 3.01 with

a standard deviation of 1.11. This can be verbally interpreted as a “Moderate” Fearful attachment style, based on the cut scores provided by the Attachment Style Questionnaire Test Manual.

Table 4. *Level of Attachment Style in Terms of Fearful*

Statements	Mean	SD	Verbal Interpretation
2. I would like to be open to others but I feel that I can't trust other people	3.00	1.18	Moderate
4. I would like to have close relationships with other people but I find it difficult to fully trust them.	3.06	1.06	Moderate
18. I am afraid that I will be deceived when I get too close with	2.94	1.19	Moderate
21. I am wary to get engaged in close relationships because I am afraid to get hurt	3.02	1.02	Moderate
Total	3.01	1.11	Moderate

Legend: 1.00-1.79 – Very Low, 1.80-2.59 – Low, 2.60-3.39 – Moderate, 3.40-4.19 - High, & 4.20-5.00 – Very High

Table 5 illustrates the frequency and relative frequency of the percentage of the participants' Psychological Distress in terms of the subscale Depression. Thirty-four (34) participants scored 1 to 10, which is 42.50% interpreted as “These ups and downs are considered normal,” twenty-six (26) or 32.50% of them scored 11 to 16 under “Mild mood disturbance,” ten (10) or 12.50% of them scored 17 to 20 under “Borderline clinical depression,” seven (7) or 8.75% of them scored from 21 to 30 which is interpreted as “Moderate depression,” three (3) or 3.75% of them scored from 31 to 40 under “Severe depression,” and over 40 has a frequency of 0 or 0% which is interpreted as “Extreme Depression.” The overall mean of psychological distress in terms of Depression of the participants is 12.70, which can be verbally interpreted as “Mild Mood Disturbance” based on the cut scores provided by the Beck Depression Inventory Test Manual.

Table 5. *Level of Psychological Distress in Terms of Depression*

Score	Frequency	Relative Frequency (in %)	Verbal Interpretation
1 - 10	34	42.50%	These ups and downs are considered normal
11 - 16	26	32.50%	Mild mood disturbance
17 - 20	10	12.50%	Borderline clinical depression
21 - 30	7	8.75%	Moderate depression
31 - 40	3	3.75%	Severe depression
Over 40	0	0%	Extreme Depression
Total	80	100%	
Overall Mean = 12.70		Verbal Interpretation: Mild Mood Disturbance	

Legend: 1-10 – These ups and downs are considered normal, 11-16 – Mild mood disturbance, 17-20 – Borderline clinical depression, 21-30 – Moderate depression, 31-40 – Severe depression, Over 40 – Extreme depression

Table 6 below shows the frequency and relative frequency of the percentage of the participants' Psychological Distress in terms of the subscale Anxiety. There are fifty-five (55) participants who scored 0 to 4, which is 68.75% which is interpreted as “Mild Anxiety,” Eighteen (18), or 22.50% scored 5 to 9 under “Moderate Anxiety,” four (4) or 5% of them scored 10 to 14 under “Moderately Severe Anxiety,” and over 15 to 21 has a frequency of three 3 or 3.75% which is interpreted as “Severe Anxiety.” The overall mean of psychological distress in terms of Anxiety of the respondents is 3.93, which can be verbally interpreted as “Mild Anxiety” based on the cut-off scores provided by the GAD-7 Test Manual.

Table 6. *Level of Psychological Distress in Terms of Anxiety*

Score	Frequency	Relative Frequency (in %)	Verbal Interpretation
0 - 4	55	68.75%	Mild anxiety
5 - 9	18	22.50%	Moderate anxiety
10 - 14	4	5%	Moderately severe anxiety
15 - 21	3	3.75%	Severe anxiety
Total	80	100%	
Overall Mean = 3.93		Verbal Interpretation: Mild Anxiety	

Legend: 0-4 – Mild Anxiety, 5-9 – Moderate Anxiety, 10-14 – Moderately Severe Anxiety, 15-21 – Severe Anxiety

Table 7 below illustrates the frequency and relative frequency of the percentage of the participants' Psychological Distress in terms of the subscale Stress. The items of this subscale underwent reversed scoring for items 4, 5, 7, and 8 prior to statistical treatment and interpretation. There are twenty-four (24) participants scored 0 to 13, which is 38%, which is interpreted as “Mild Stress,” five (5) or 68.75%, scored 14 to 26 under “Moderate Stress,” one (1) or 1.25%, scored 16 to 25 under “Moderately Severe stress,” and 21 to 40 has a frequency of five (5) or 6.25% which is interpreted as “High Perceived Stress.” The overall mean of psychological distress in terms of Stress of the participants was 16.7, which can be verbally interpreted as “Moderate Stress,” based on the cut-off scores provided by the Perceived Stress Scale Test Manual.

Table 7. Level of Psychological Distress in Terms of Stress

Score	Frequency	Relative Frequency (in %)
0 - 13	24	30%
14 - 26	55	68.75%
27 - 40	1	1.25%
Total	80	100%
Overall Mean = 16.7		Verbal Interpretation: Moderate Stress

Legend: 0-13 – Low stress, 14-26 – Moderate Stress, 27-40 – High Perceived Stress

Table 8 examines the attachment style levels by associating the relationship with psychological distress levels. It is hypothesized that there is no significant relationship between the level of attachment style, namely secure, preoccupied, dismissive, and fearful, and psychological distress, namely depression, anxiety, and stress. The data is analyzed using Spearman's rho since a violation of the assumptions of normality was observed, as indicated by significant Kolmogorov-Smirnov statistics. Among the levels, the results show a significant positive and weak correlation between Dismissive attachment style and psychological distress, particularly stress ( $\rho = 0.276$ ,  $p < 0.013$ ), therefore rejecting the null hypothesis.

The result is aligned with the study, which highlighted that young adults become highly dismissive brought by highly stressful situations in the family, causing drug usage (Fotopoulou & Parkes, 2017). Young adults with a dismissive attachment style may have difficulty expressing and processing their emotions, especially when faced with highly stressful situations that are considered negative ones (Kohn et al., 2012). They often minimize or deny their emotional needs and may avoid seeking support from others during stressful situations, which can strain relationships because these individuals often have difficulty empathizing with others' emotional needs, which can lead to misconceptions and conflicts (Zimmerman, 2018). Since dismissive individuals tend to rely heavily on self-reliance and emotional avoidance, they may have limited coping strategies for managing stress effectively. They can make it challenging for them to adapt to new or particularly stressful situations (Vismara et al., 2019).

A study related to dismissive attachment style and stress revealed that there is a relationship between dismissing young adults to express distress through higher somatization and avoidance-related stress symptoms, which, in turn, instead of seeking support from relationships during times of stress, they may turn to substances like drugs or alcohol as a means of emotional numbing or self-soothing (Kidd et al., 2011). Other researchers suggested that they may have repressed their emotional distress and rather expressed it through physical ailments or activities such as involvement in substance usage, which then results found were more evident for those individuals who were exposed to more danger (Barazzone et al., 2018).

Table 8. Test of Significance of Relationship Between the Level of Attachment Style and Psychological Distress of the Respondents

		Secured	Preoccupied	Dismissive	Fearful	Decision	Remarks
Depression	$\rho$	-0.063	0.093	0.048	-0.07	Accept	Not Significant
	p	0.577	0.411	0.672	0.548		
Anxiety	p	0.966	0.486	0.685			
	$\rho$	-0.03	0.011	0.276*			
Stress	p	0.791	0.924	0.013			
	$\rho$	0.005	0.079	0.046	0.036		

Table 9 presents the test of predicting dismissive attachment style to psychological distress, particularly stress in young adults, using the Ordinal Logistic Regression in Jamovi. It reveals that the dismissive attachment style is not statistically predicted (Estimate = 0.385). The stress as computed p-value is greater than the significant level of 0.05 ( $p > 0.285$ ). Therefore, the dismissive attachment style is not a significant predictor of the model. For every unit increase in dismissive attachment style, there is a predicted increase of 0.385 in the odds of being in a higher level of the dependent variable, hence accepting the null hypothesis. In addition, Table 10 presents the model fit measure and Chi-square goodness of fit test to conclude that the population distribution is statistically significant ( $p < 0.048$ ).

Some young adults with drug dependence may develop dismissive attachment patterns as a way of coping with their struggles, while others may not. Dismissive attachment styles may be linked to early-life experiences, such as emotional neglect. However, not all individuals who have experienced a dismissive attachment style will necessarily develop psychological distress, particularly stress (Robinson et al., 2024). According to Declercq and Willemsen's (2006) study, "Distress and Post-Traumatic Stress Disorders in High-Risk Professionals: Adult Attachment Style and the Dimensions of Anxiety and Avoidance," preoccupied and fearful-avoidant attached people experienced higher levels of stress than dismissive attached people.

The results of this study highlight that while dismissive attachment style may not be a direct predictor of stress for individuals with substance dependence, it is still an essential factor to consider in understanding their psychological functioning and developing effective interventions for addressing both substance use and underlying attachment-related issues. Integrative approaches that address both substance dependence and attachment issues may be beneficial in promoting long-term recovery and well-being.

Table 9. Dismissive Attachment Style as Predicted by Psychological Stress particularly Stress.

Predictor	Estimate	SE	Z	p	Odds ratio	95% Confidence Interval	
						Lower	Upper
Dismissive Attachment Style	0.385	0.360	1.07	0.285	1.47	0.721	2.99

Table 10. Model Fit Measure and Goodness of Fit

Model	Deviance	AIC	R <sup>2</sup> McF	Overall Model Test			$\chi^2$ Goodness of Fit		
				$\chi^2$	df	p	$\chi^2$	df	p
1	213	221	0.00531	1.13	1	0.287	7.9	3	0.048

Dependent variable: Psychological Distress

## Conclusion

The attachment style of young adults with drug dependence was moderately high to high. Secure Attachment Style They build a sense of trust and healthy emotional closeness with others tended to have a favorable view of themselves and others, which, therefore, could be the possible factors of being influenced by their environment, trauma, or genetic predispositions resulting in drug intake. Preoccupied Attachment Style tended to have a heightened need for closeness and reassurance in dealing with others, which could be their attempts to cope with their anxieties, insecurities, or emotional pain as they feel that drugs can alleviate their fears or provide comfort. Dismissive Attachment Style was the opposite of preoccupied, where they had difficulty forming close and intimate relationships, and substance abuse serves to maintain emotional distance and intimacy with others. Lastly, some people with the Fearful Attachment Style abuse drugs as a coping mechanism for their conflicted emotions and experience a yearning for close relationships but also a dread of closeness and rejection.

Young adults with drug dependence often face significant challenges related to psychological distress. Drug dependence could be a source of immense stress, leading to a vicious cycle where stress triggers drug use and exacerbates stress. This cycle contributed to the development or worsening of anxiety and depression symptoms, such as psychological effects of drug dependence that cause chemical imbalances in the brain, eventually leading to mood swings, irritability, and emotional instability; the coping mechanism for stress, anxiety, or depression, however provided momentary comfort and can worsen mental health symptoms in the long run; social isolation and stigma by withdrawing from friends and family because of shame, guilt, or fear of judgment; drug dependence can disrupt various aspects of a young adult's life, such as education, employment, relationships, and overall well-being that eventually heightened the stress, anxiety, and depression.

There was a relationship between the levels of attachment style and psychological distress; however, it was not transparent and had the likelihood to go in both directions. Among all the variables of attachment styles, only the Dismissive attachment style significantly correlated to psychological distress, particularly stress, which revealed that young adults with drug dependence may have difficulty expressing and processing their emotions as they often deny their emotional needs and avoid seeking support from others during stressful situations. Consequently, they sought substance as their way to cope with their feelings and rely heavily on self-reliance to manage stress, but it is not practical.

The attachment style is among many factors that can influence psychological distress and mental health outcomes. However, while attachment style could shape an individual's coping strategies, social support, and interpersonal functioning, it does not solely determine or predict psychological distress. When it comes to young adults with drug dependence, multiple factors contribute to their psychological distress and well-being. Drug dependency could lead to significant mental health challenges like anxiety, depression, and other co-occurring disorders; however, various factors could influence these issues, including genetic predisposition, family history, social environment, traumatic experiences, and individual coping skills.

Based on the results of this study, a mental health program module that specifically taps dismissive attachment style and psychological distress, such as the "I am here Mental Health Program," aided in alleviating, if not eliminating, the negative experienced by the young adults with drug dependents. For the full module copy, please contact the author at ryandamagan@gmail.com.

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