

A Comparison of Early Maladaptive Schemas in Drug Abusers and Healthy Individuals in Rasht City

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ABSTRACT

The present research has been conducted to compare primary incompatible quasi-sketches and Time perspective in narcotic drug users and ordinary people in Rasht. The research is of causal-comparative type. The population of the study was 60 drug-dependant and 60 common people and all of them were male. The selection was done through sampling. For collecting data primary incompatible quasi-sketches questionnaire of Young (YSQ-75) and time perspective questionnaire of Zimbardo (ZTPI-56) were used. For data analysis through descriptive statistics norm, multi-variable variance analysis (MANOVA) was used. It was found that there was a meaningful significance between the five areas of primary incompatible quasi-sketches among drug users and ordinary people in (0/01) level. But in (0/05) level, criteria such as social seclusion, failure, excessive generosity and obstipation, there was no observed meaningful significance. There was a meaningful significance between negative past, enjoyment in the present time and appreciation between drug users and ordinary people. In addition, no meaningful difference was observed between drug users and ordinary people in positive past and prophecy.

So we conclude that primary incompatible quasi-sketches and time perspective variables are important factors in attraction of people toward using narcotic drugs.

KEY WORDS: Time perspective, Primary Incompatible Quasi-sketches, Addicted people, Ordinary People

INTRODUCTION

Drug abuse and addiction is one of the main concerns of today's world. Since addiction prevents society from growth and development, it is a serious and worrying threat. Drug abuse is considered as a chronic and recurrent disorder which has many biological, cultural, psychological, social, behavioral and spiritual impacts and causes (Wallac, 2003, as quoted from Hajizadeh et al, 2008). One of the main issues in psychology which has also received a lot of attention is drug abuse. Statistical and diagnostic guide considers psychological disorders, drugs and dependent disorders as containing psychotropic drugs which influence brain chemistry and are classified in drug abuse apart from the fact that they are used intentionally or unintentionally (Sadock and Sadock, 2008; translated by Rafiee and Sobhaniyan, 2007). According to primary description of Beck on psychological pathology, each of the psychological disorders are accompanied by common schemas and thinking models which characterize the type of vulnerability of that disorder. Beck et al (1996) investigated special content hypothesis and concluded that psychological states and diseases are differentiated based on special cognitive contents of the individual. The theoretical framework of this research for investigation of cognitive contents of individuals is Jeffrey Young's early maladaptive schemas theory (Young, 1998). Toneatto emphasized relationship between cognitive unwelcome events and drug abuse (as quoted from 5). Since schemas form an individual's cognitive fundamentals and can form individual's behaviors and direct them, we can establish a relationship between early maladaptive schemas as the basic and hard part of individuals' cognitions which are usually formed in evolutionary periods and maladaptive behaviors in the subsequent stages of individuals' growth (Young, 2007). Schemas form the main core of individual's self-concept and direct individual's information process about self, world and others (Young, 1999). According to Young's theory, early maladaptive schemas are stable and constant items which are affected by memories, emotions, cognitions and physical feelings. Interaction between a child's temperament and negative experiences form by schemas and contribute to the adaption of the individual and his or her environment. However, these schemas may be maladaptive in the next life stages because inflexible schemas are resistant against change. These schemas stimulate negative automatic thoughts and cause severe psychological worries (fati et al, 2009). Schemas are individual and psychological causes which are of great importance in studying drug addiction. Schemas cause bias in individual's interpretation of events and these biases are expressed as distorted attitudes, wrong

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speculations, and unrealistic goals and expectations. Early schemas are deep and comprehensive models or contents which are related to an individual's relationship with others and are seriously inefficient (Young, 2003; translated by Sahebi and Hamidpour, 2005). Young collected a collection of schemas which are called early maladaptive schemas. Differences in early maladaptive schemas in areas abandonment/avoidance and self-control/disrupted performance were supported in studies conducted by Ghadi Pasha et al, 2013; Oveisi and Bakhshani, 2012; Kazemi and DidehRoshani, 2010; Petrosli et al, 2001. Drug abuse has attracted public attention in different countries and especially Iran. although our present knowledge has not been able to help us with solving this issue, it seems necessary to do more studies for finding good solutions for drug abuse or preventing from drug abuse. Therefore, the main question of our research is: whether there is a significant difference between early maladaptive schemas in drug abusers and normal individuals or not?

METHODOLOGY

Since the present research tries to compare dimensions of early maladaptive schemas in drug abusers and healthy people, research methodology is descriptive and causal-comparative. The statistical population of the research included all male drug abusers who had referred to addiction give-up clinics in Rasht City from first of September to the end of December 2014 and healthy people who were not addicted to drugs as comparison group. The present research sample included 60 drug abusers who were selected by means of accessible sampling method from clinics and centers for addiction give-up. Further, 60 healthy non-abusers were selected by means of purposive sampling (if abusers had primary school degree and were aged 40, the healthy sample members had also the same conditions as a matter of homogeneity). Furthermore, multivariate variance analysis was used for data analysis.

Research instrument

Young's schema questionnaire: this questionnaire contains 75 questions and evaluates 15 early maladaptive schemas based on Smith et al (1988) findings. These 15 schemas include: emotional deprivation, abandonment, mistrust/misbehavior, alienation/social isolation, defectiveness/shame, competency, dependence/incompetence, enmeshment, subjugation, self-sacrifice, emotional inhibition, strict criteria, self-control and vulnerability to loss and illness. Each item has 6 choices (1=it is completely wrong about me, to 6=it describes me). Each item was designed based on a 6-point scale (completely wrong=1, relatively wrong=2, it is more right than wrong=3, it is slightly right=4, it is relatively right=5, it is completely right). In the short form, each schema was evaluated by 5 questions. Studies conducted by Smith et al (1995) found that Cronbach's alpha coefficients ranged from 0.38 (enmeshment/undeveloped self) to 0.96 (defectiveness and shame) and retest coefficient in non-clinical population was between 0.50 and 0.82. Early subscales showed high internal consistency and test-retest reliability. Zolfaghari et al (2008) calculated internal consistency coefficient via Cronbach's alpha: 0.94 for whole questionnaire, 0.91 for alienation and abandonment, 0.90 for self-control, 0.73 for deprivation, 0.67 for others' orientation, 0.78 for over vigilance and inhibition. In this questionnaire, a high score indicated early maladaptive schemas. The reliability of this questionnaire was equal to 0.79 in this research.

RESULTS

In this section, we first provide descriptive statistics, then we compare early maladaptive schemas dimensions in drug abusers and healthy individuals:

Table 1. Descriptive indices for mother's education level

Education	Drug abusers		Healthy individuals	
	frequency	Frequency percentage	frequency	Frequency percentage
Below high school	42	70	40	66.7
High school degree	15	25	15	25
Associate's degree	2	3.3	5	8.3
Bachelor and above	1	1.7	0	0

As it can be seen in table 1, it can be seen that most mothers in both groups have below high school degrees.

Table 2. Descriptive indices for father's education level

Education	Drug abusers		Healthy individuals	
	frequency	Frequency percentage	frequency	Frequency percentage
Below high school	27	45	31	51.7
High school degree	25	41.7	19	31.7
Associate's degree	7	11.7	8	13.3
Bachelor and above	1	1.7	2	3.3

As it can be seen in table 2, most fathers in both groups had education level below high school degree.

Table 3. Descriptive indices for early maladaptive schemas dimensions in drug abusers and normal individuals

variable	group	mean	SD
Emotional deprivation	Drug abusers	15.48	5.27
	Healthy individuals	12.28	5.71
Abandonment-instability	Drug abusers	16.83	6.45
	Healthy individuals	13.08	5.06
mistrust	Drug abusers	15.70	5.49
	Healthy individuals	12.02	3.94
Social isolation	Drug abusers	13.40	4.59
	Healthy individuals	8.70	2.78
Defectiveness-shame	Drug abusers	11.47	5.45
	Healthy individuals	7.15	2.58
failure	Drug abusers	13.72	5.81
	Healthy individuals	8.93	3.41
Dependence-incompetence	Drug abusers	14.45	5.72
	Healthy individuals	7.65	2.69
Vulnerability to illness	Drug abusers	14.68	6.04
	Healthy individuals	8.30	3.47
Undeveloped self	Drug abusers	16.60	5.48
	Healthy individuals	10.50	4.87
Subjugation	Drug abusers	12.98	4.95
	Healthy individuals	9.07	3.77
Self-sacrifice	Drug abusers	18.92	6.08
	Healthy individuals	18.37	4.76
Emotional inhibition	Drug abusers	17.28	10.13
	Healthy individuals	12.22	4.27
Strict criteria	Drug abusers	20.80	5.90
	Healthy individuals	20.35	5.85
Hypercriticalness	Drug abusers	21.18	6.14
	Healthy individuals	16.97	5.71
Insufficient self-control	Drug abusers	16.80	5.69
	Healthy individuals	12.63	4.32

Table 3 indicates mean value and standard deviations for dimensions of early maladaptive schemas in healthy individuals and drug abusers. As it can be seen, there are differences between mean values of early maladaptive schemas in healthy individuals and drug abusers. In order to investigate significance of differences, we reported the results of multivariate variance analysis. Before that, however, we investigate the assumptions of the test.

Table 4: results of early maladaptive schemas dimensions comparison test in healthy individuals and drug abusers

Source of changes	Sum of squares Ss	Degree of freedom dF	Mean of squares MS	F	Sig.
Emotional deprivation	307.2	1	307.3	10.17	0.01
error	3565.17	118	30.21		
Abandonment-instability	421.88	1	421.88	12.55	0.01
Error	3966.92	118	33.62		
Mistrust	407.01	1	407.01	17.8	0.01
Error	2697.58	118	22.86		
Social isolation	662.7	1	662.7	46.03	0.12
error	1699	118	14.40		
Defectiveness-shame	559.01	1	559.01	30.42	0.01
error	2168.58	118	18.38		
failure	686.04	1	686.04	30.25	0.77
error	2677.92	118	22.69		
Dependence-insufficiency	1387.2	1	1387.2	69.35	0.01
error	2360.5	118	20.01		
Vulnerability to disease	1222.41	1	1222.41	48.44	0.01
Error	2977.58	118	25.23		
Undeveloped self	1116.3	1	1116.3	41.54	0.01
Error	3171.4	118	26.88		
Subjugation	460.21	1	1116.3	23.77	0.01
Error	2284.72	118	19.36		
Self-sacrifice	9.08	1	9.08	0.30	0.58
Error	3522.52	118	29.85		
Emotional inhibition	770.13	1	770.13	12.75	0.01
Error	7128.37	118	60.41		
Strict criteria	6.08	1	6.08	0.18	0.68
Error	4079.25	118	34.58		
Hypercriticalness	533.04	1	533.04	15.18	0.01
Error	4146.92	118	35.14		
Insufficient self-control	520.83	1	520.83	20.38	0.01
Error	3565.17	118	25.56		

Considering the results of table 4, there is significant difference between healthy individuals and drug abusers in the following dimensions of early maladaptive schemas: emotional deprivation, abandonment, instability, mistrust, misbehavior, defectiveness/shame, entitlement/grandiosity, dependence/insufficient self-control, undeveloped self/enmeshment, subjugation, emotional inhibition, self-discipline, vulnerability to illness and loss. Drug abusers had higher scores in the above schemas than healthy respondents. Furthermore, there was no significant difference between drug abusers and healthy individuals in strict criteria, failure and self-sacrifice and social isolation dimensions ($p \geq 0.05$).

DISCUSSION

In this research, early maladaptive schemas were compared in drug abusers and healthy individuals. The results showed that there was significant difference between healthy individuals and drug abusers in the following schemas: emotional deprivation, abandonment, instability, mistrust, misbehavior, defectiveness/shame, entitlement/grandiosity, dependence/insufficient self-control, undeveloped self/enmeshment, subjugation, emotional inhibition, self-discipline, vulnerability to illness and loss ($p < 0.01$). Drug abusers had higher scores in the aforementioned dimensions than healthy respondents ($p \geq 0.05$). The results supported Young's early maladaptive schemas theory and schema-oriented cognitive-behavioral therapy model. In these theories, it is assumed that behaviors like addiction form in order to reduce negative emotions resulted from maladaptive schemas. Schemas have cognitive, emotional and behavioral dimensions. When early maladaptive schemas are activated, some levels of emotions are disseminated and cause psychological disorders like depression, worry, occupational inability, drug abuse, inter-individual conflicts and ... both directly and indirectly. Maladaptive schemas do not lead to specific disorders directly but increase individual's vulnerability for disorders (Haljin and Witborn, translated by Seyyed Mohammadi, 2005). High scores of drug abusers in early maladaptive schemas possibly indicate that these individuals had bad experiences in their childhood and adolescence. These experiences cause negative and maladaptive viewpoints towards oneself and world. This was also verified by studies conducted by Ghadi Pasha et al (2013); Oveisi and Bakhshayee (2012); Kazemi and Dideh Roshani (2010); Petrosli et al (2001). Addiction and unsuccessful attempts for giving it up have biological, sociological and psychological causes. Personality traits are important factors which play important roles in continuing drug abuse even when other factors are absent. Studies have supported relationship between addiction and personality disorders like anti-social personality disorder, boundary disorder, narcissistic disorder, histrionic disorder. An individual's personality depends on his or her psychological structure and is defined considering constant structural factors which can be considered as schemas. Young believes that early maladaptive schemas are deepest levels of cognition (Young, 1999). They are also constant and long-term behavior models which form in childhood and continue to adulthood (Young et al, 2003). These schemas affect patients' thought, feeling and performance (Young, translated by Sahebi and Hamidpour, 2005). These maladaptive schemas are usually base of chronic disorders like drug abuse, depression, anxiety and psychosomatic (Young et al, 2003). Bramett (2007) believed that individuals who have defectiveness, dependence and impulsivity schemas abuse drugs more possibly. Cicero et al (2004) found that there was a correlation between early maladaptive schemas and intensity of pivot 2 disorder in addicts with personality disorder. They found that severe antisocial personality disorder has a significant relationship with schemas mistrust/misbehavior, social isolation, defectiveness/shame, failure and subjugation. Furthermore, Oveisi and Bakhshani (2012) showed that addicted individuals have higher scores in alienation, self-control, disrupted performance and vigilance schemas and they had significant differences with non-addicted individuals. Considering the deep impacts of early maladaptive schemas, it can be said that harmful cognitive and emotional models form in mind and are repeated during life. When a schema is activated, it turns into negative automatic thoughts control room and results in bias in information. The results showed that early maladaptive schemas can result in risky activities and addiction. These results can be used in prevention from addiction and preventing from returning to drug abuse after giving it up. It is difficult to generalize the results of the present research to other cities because it was restricted to Rasht City. Another restriction for this research is general psychological state of the individual when answering the questions. We propose future researchers to conduct more studies on addicts who have minimum psychological symptoms and larger populations. Results refer to the importance of psychological issues in treatment and prevention of addiction. Furthermore, it is recommended that a psychologist be used in treatment process and specialized training courses should be provided for schema therapy and change in time attitude.

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