COMPARING EARLY MALADAPTIVE SCHEMAS AND QUALITY OF LIFE AMONG ADDICTED AND NON-ADDICTED ADOLESCENTS

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ABSTRACT

Objectives: To compare, early maladaptive schemas and quality of life among addicted and non-addicted adolescents.

Methodology: This Correlational study was conducted on addicts' and non-addicts adolescents from March 2021 to December 2021. Sample of the current study was comprised of 352 addicts' and non-addicts adolescents. The sample was purposefully selected from hospitals and clinics of Rawalpindi Islamabad Pakistan. The questionnaires, Urdu version of YSQ-SF assessing early maladaptive schema and Urdu version of WHOQOL- BREF assessing quality of life were used to compare early maladaptive schemas and quality of life among addicts and non-addicts.

Result: Addicts score for early maladaptive schema (M =348.58, SD =22.71), and non-addicts score for early maladaptive schema (M =117.43, SD =17.32), while addicts score for Quality of life (M =49.11, SD =15.69), and non-addicts score for Quality of life (M =168.43, SD =34.55).Moreover study results showing that early maladaptive schema (β = -13.8887, p $\geq$ .05) has negative influence on quality of life of adolescent.

Conclusion: The results of study concluded that early maladaptive schema has negative influence on quality of life of adolescents and addicts showing greater early maladaptive schema and poor quality of life as compared to non-addicts.

Keywords: Early Maladaptive Schemas, Perceived Social Support, Quality of Life, Addicts.

INTRODUCTION

Drug addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite its harmful negative consequences. The initial decision to take drug to take drug is involuntary, but with the passage of time it becomes the demand of brain. Drug addiction also known as substance use disorder, is described by DSM-V as diagnosed with sign of impaired control, social deterioration, risky use and pharmacological principle [1] Drug addiction can also lead to decline in general health, depression, mental abnormality, poor academic performance, family disruption, loss of job and crime involving violence or damage to property [2]

According to report by united nation office of drug and crime (UNODC), 29 million people worldwide who use drug and substance use kill about 11.8 million people worldwide each year. [3, 4] Drug addiction has been spreading in Pakistan at fast rate. The prevalence of drug addiction is increasing at alarming rate, according to united nation office on drug and crime(UNDOC) and the report of united nation (UN) Pakistan has 7.6 million drug addicts where 78% are male and 22% re female [5]

Individuals with drug addiction face number of psychological and physical challenges in their daily life. One of the issues is the faulty thought processes, a construct related to personality and interpersonal process is early maladaptive schemes (EMS) defined as wide-ranging themes or patterns consisting of memories, emotions, cognitions, and body sensations [6] Research study showing that early maladaptive schemas have a role in formation of attitude toward substance abuse and poly drug users showing higher

level of emotional regulation and aggression has negative effect on human behavior. [7, 8]

Substance use disorder is a chronic condition for most affected individuals, and Quality of life (QOL) improvement is a particularly important goal in treating conditions that cannot be cured. Substance users seek helps quitting drugs not as an end itself but as a means to escape these negative consequences and to gain a better life. Research study conducted by Noshaba Razaq et, al (2020), investigated that there is a valid relationship between self esteem and quality of life among addicted adolescents. [9]

Research study by Protesoni et, al (2020) showing that women with breast cancer activates negative thought emotional and relational patterns with which they react to disease and make their quality of life poorer.[10]

In the similar vein this research is an effort to compare of early maladaptive schema and quality of life among addicts and non-addicts adolescents. This study also focuses on how the negative thought pattern becomes the reason of drug addiction in adolescents, which makes their quality of life poor. This study also focuses on that drug addiction lead adolescents to develop early maladaptive schema. The aim of current study was to compare early maladaptive schema with quality of life among addicted and non-addicted adolescents.

The main objectives of the study are as follow;

1.   To compare, early maladaptive schemas and quality of life among addicted and non-addicted adolescents

2.   To investigate, demographic differences (age education, family system and socio-economic status group) on quality of life among.

Methodology

The current study aimed at exploring the effect of early maladaptive schemas on perceived social support and quality of life among addicts from March 2021 to December 2021. Sample of the current study was comprised of 352 male adolescents comprised of 176 addicts and 176 non-addicts. The sample of addicted adolescents was purposefully selected from Islamabad and Rawalpindi rehabilitation centers and sample of non-addicted adolescents was selected from Islamabad and Rawalpindi universities.

The questionnaires, Urdu version of young schema questionnaire short form (YSQ-SF), Urdu version of the multidimensional scale of perceived social support (MSPSS), Urdu version of World were used to analyze the effect of early maladaptive schemas on perceived social support among addicts and non addicts. Demographic information was obtained through the form comprising of items which composed of age, gender, seizure type and marital status.

Urdu version of YSQ-SF consisting of 75-item questionnaire was utilized for exploring 15 early maladaptive schemas and getting data about person's early maladaptive schemas, which are entitled by 5 domains: disconnection and rejection, impaired autonomy and performance, impaired limits, other directedness and over-vigilance and. [11]

The World Health Organization's Quality of life Scale-BREF (WHOQOL- BREF) translated version by Lodhi et al. (2017) was used. It consists of 26 items. Higher scores on WHOQOL-BREF indicate high quality of life. [12]

SPSS, Version 21 was used to analyze comparison of addicted and non-addicted adolescents for early maladaptive schema and quality of life. Demographic characteristic were analyzed by frequency percentages. Independent sample t-test and regression analysis were used to compare addicts and non-addicts score for early maladaptive schema and quality of life.

RESULTS

A total number of 352 participants 176(50.0%) were addicts and 176(50.0%) were non-addicts (table-I). The age of participants ranged from 15 to 25 years (mean±SD =22.95±3.87). About 43.9% of the participants were aged 15-20 years, 56.1% were age 20-25 years.

Table-1; Descriptive statistics (n=352).

Parameters		addicts	Non-addicts	total	f/%
Age	15-20	56	71	155	43.9%
	20-25	105	92	197	56.1%
Family system	Nuclear	86	77	163	46.3%
	Joint	90	99	189	53.7%
Socioeconomic status	Low	95	101	196	55.7%
	Middle	60	39	99	28.1%
	Upper	21	36	57	16.2%
Education	Under-matric	158	8	166	21.2%
	Intermediate	18	57	75	31.4%
	Graduation	0	111	111	99.4%

The majority of the participants (53.7%) were belonging to lower class, 28.1% of the participants were belonging to middle class, and 16.2% of the participants were belonging to class.
Education analysis shows that 21% were under matric, 31.4% were intermediate and 99.4% were graduate among them majority of the addicted participants were Under-matric.
Family system analysis shows that 46.3% participants were belong to nuclear family system and 55.7% were belong to joint family system.

Table-II: Comparing the Early Maladaptive Schema and Quality of life among Addicted and non-addicted adolescents (n = 352).

Parameter	Addicts (176)	Non-addicts (176)
Early maladaptive schema (mean±SD)	348.58±22.71	*117.43±17.32*
World health Quality of life (mean±SD)	*49.11±15.69*	*168.43±34.55*

Table-II results show, that there was noted a significant difference in the score of addicts and non-addicts for early maladaptive schema and quality of life. Addicts score for early maladaptive schema (M =348.58, SD =22.71), and non-addicts score for early maladaptive schema (M =117.43, SD =17.32), while addicts score for Quality of life (M =49.11, SD =15.69), and non-addicts score for Quality of life (M =168.43, SD =34.55), which shows that there was a significant difference in the addicts and no-addicts score for early maladaptive schema and quality of life.

Table-IV: impact of age education family system, living environment and early maladaptive schema on quality of life addicted adolescents (n=352).

Variables	Unit of measurement	Un-standardized coefficient		Standardized coefficient	t	P-values
Quality of life		B	Std. E	β	t	p
Constant		130.697	11.703		11.168	0.000
Age	*Number*	.076	.345	.006	.222	.825
Education	*Dummy(1=Inter,2= Graduation, 3= Master)*	8.242	2.113	.193	3.901	.000
Family system	*Dummy(1=N, 2=J)*	2.944	2.137	.039	1.378	.169
Socio-economic status	*Dummy(1=low, 2=middle, 3= upper)*	.684	1.428	.014	.479	.632
Early maladaptive schema	*Scaled*	-.273	.020	-.689	-13.887	.000

Multivariate regression analysis was computed age, education socio-economic status and early maladaptive schema with quality of life. Multivariate linear regression analysis of demographic variables analysis showing that age (β= .222), education (β= 3.901), family system (β= 1.378), socio-economic status (β= .479), were positively predicting the quality of life among addicted and non-addicted adolescents, while early maladaptive schema (β=-13.887), was negatively predicting the quality of life among addicted and non-addicted adolescents.

DISCUSSION
From the forgoing discussion it was established in this study that there was a significant difference the score of addicted and no-addicted adolescents for early maladaptive schema and quality of life. Descriptive statistics results indicated that 352 participants (176 and 176 addicts and non-addicts), from rural and urban areas belong to different socioeconomic classes answered the questionnaires. The current data analysis showed that addicted and non-addicted adolescents respond differently for early maladaptive schema and quality of life. Data analysis indicates that findings are consistent with formulated objectives. Results in table-II, shows that there was noted a significant differences in the participants score for early maladaptive schema and quality of life. The mean score EMS (Urdu version of YSQ-SF assessing early maladaptive schema), score was calculated for addicted adolescents was (M =348.58, SD =22.71), and non-addicted adolescents score for (Urdu version of YSQ-SF assessing early maladaptive schema), was (M =117.43, SD =17.32), similarly, the mean QOL (Urdu version of WHOQOL- BREF assessing quality of life), addicted adolescents score was (M =49.11, SD =15.69), and non-addicts score was (M =168.43, SD =34.55), which shows that there was a significant difference in the addicts and no-addicts score for early maladaptive schema and quality of life. Our result reveals that addicts and non-addicts differ in their quality of life and their thinking pattern has considerable difference. Participant's quality of life was reported to high for non-addicts as compared to addicts. The difference in the score of addicts and non-addicts for quality of life and early maladaptive schema reveals that drug does have impact on thinking pattern of addicted adolescents and their quality of life is differ from non-addicted adolescents. The result of our study is in line with previous research by Darba and colleagues suggest that there was a significant role early maladaptive schemas in creating individual and interpersonal problems in women with substance dependent spouses and can be appropriate in determine treatment program to make their quality of life better.

[13] Our study also line with previous study conducted by Grigorian et., al, suggested that therapeutic interventions may need to be tailored to specific early maladaptive domains and mindfulness facets within individuals in treatment for substance users dependency.[14]

Results in (table-III) show that that age, education socio-economic status and early maladaptive schema as predictor variable and quality of life as outcome variable among participants. The results show that age, education socio-economic status has significant positive influence on quality of life (age β = .222, education β = 3.901, family system β = 1.378, socio-economic status β = .479 respectively, p ≥ .05 while early maladaptive schema have negative influence on quality of life among participants (β = -13.8887, p ≥ .05). The result of our study is in line with previous research by Christoph et al investigated that age has considerable impact on person life and younger adults are more panic toward stressful situation.[15] Our study also line with previous study conducted by Michaela, et., al, suggested that academic related stress impact on students learning capacity academic performance mental health problems such as depression, anxiety, sleep disturbances and substance use.[16] Research study conducted by Stormacq et, al. founded that socioeconomic status found to have impact on the degree of health related quality of life [17] Our study results also in line with previous researches conducted by suggested that family system has considerably positive effect of substance users and joint family have playing important role toward recovery and better quality of life.

Conclusion
Our finding suggests that early maladaptive schema and quality of life are related in negative direction when early maladaptive schema high it will make quality of life poor. It can be concluded on the basis of this data that greater level of negative thought pattern intensify the effects of negative stressors and adolescents push themselves toward drug addiction which make their quality of life poor. The socio-economic status found a predictor of maladaptive

schema and quality of life among addicted and non-addicted adolescents. This research was an effort to compare early maladaptive schema and quality of life among addicted and non-addicted adolescents. It was no doubt it is a brave effort by researcher because assessment of drug addiction is a taboo in our society and people don't want to talk about such matters, and most likely to avoid cooperation, they might be in presumption that hiding the issue is better solution then facing it, and solve it in appropriate manner.

Limitation and suggestion of the study

The following limitations however should be noted while evaluating the study findings. There are also some suggestions for future research. The pattern described above show the relationship of demographic, age, socio-economic status and maladaptive schema with quality of life for drug addicted adolescents. Pattern may be different for participant above age 25 years and for drug addictive person from different ethnicity and cultures. An additional limitation may be the use of only one measure to investigate each variable i.e., early maladaptive schema and quality of life among addicted and no-addicted adolescents and all the measure were self report measures. Self report measures might be affected by self awareness, rapport development during administration, impression management (faking and exaggeration), self defense (i.e., self favoring bias, self enhancement, defensiveness and denial). It is recommended that in future some other techniques like, detailed interview or projective techniques may be used specifically those card investigating affiliation and the results may be compared with self report. The findings obtained from this study may be applied in therapeutic interventions as therapist may develop a plan to address negative thought pattern impact. Results may also be useful for policy makers, NGO's, teachers, mental health workers, counselor and those who are associated with physical health. The findings equally help parents and guidance to understand, the role of early maladaptive schema in addicted and non-addicted adolescents for better quality of life and solved issue faced by adolescents.

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