

Abstract

Objective: This study was an attempt to investigate the role of early maladaptive schemas and attachment styles in changeability of opium addicts. **Method:** The research method was descriptive-correlation and the number of 162 male opium addicts was selected via convenience sampling. For data collection purposes, Young's Early Maladaptive Schemas, Collins and Read's Adult Attachment Scale, and Rhode Island's Changeability Scale were used. **Results:** The results showed that 38.1% of the changeability variance is predicted by secure attachment, avoidant attachment, and early maladaptive schemas. In the same way, avoidant and ambivalent attachment styles were positively associated with early maladaptive schemas. **Conclusion:** Due to the effect of early maladaptive schemas and insecure attachment styles on the incidence of maladaptive behavior, changeability of opium addicts can be expected to increase through the modification of dysfunctional thoughts and systemic relations.

Keywords: Early Maladaptive Schemas, Attachment, Changeability, Opium Addiction

On the Prediction of Opium Addicts' Changeability through Early Maladaptive Schemas and Attachment Styles

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Introduction

Drug abuse and drug addiction are among the most important psychosocial problems, which can have harmful effects on the person, family, and culture. It is also a serious obstacle to human growth and development. At present, addiction has become a disaster for health and public health around the world (Velasquez, 2001). Since most of these patients do not regard themselves as patients, there is no motivation for treatment. Losing their natural character, some of these people will become prone to turning into the trap of addiction and, thereby, another problem is added to their problems via the establishment of psychophysical dependency (Kamil, 2003, cited in Asghari, 2009).

Therefore, attention to psychotherapeutic and psychological treatments can be effective in control of the consequences of drug use. Treatment of physiological dependence without considering psychological dependence will usually result in addiction relapse and, thereby, the treatment will be quite incomplete. Psychological and personality problems of the addicts should be considered in the elimination of psychological dependence. Stages of Change Theory is one of the most famous attempts that explains the change process in people with psycho-behavioral problems, especially drug dependence. This theory has been proposed as some part of Group Trans-Theoretical Model by Prochaska and Di Clemente and focuses on the study of group trans-theoretical therapy in the field of drug abuse. Trans-Theoretical Model is an integrated framework of separate views for understanding the troubled behaviors. In this model, the following views have been used: Bandura (1986); Bergin & Garfield (1994); Freud (1949); Rogers (1954); Skinner (1953) (cited in Asghari, 2009). This model provides a theoretical framework for recognition, measurement, and intervention towards behavioral change. This change model emphasizes the stages of change during treatment station. These stages include: 1. pre-contemplation stage, 2. contemplation stage, 3. preparation stage 4. action stage, 5. maintenance stage (Velasquez, 2001). According to the cognitive theory, change in the way of thinking can lead to the change in the type of feelings and behavior. Negative thoughts and irrational beliefs can be also seen in addicts. Escape from problems, exaggeration of negative events, negative view towards the world and the future, and rejection of responsibility are associated with the transformation of addiction patterns (Rohsenow et al., 1989).

In this regard, schemas are important in cognitive approach. Schema arise in the early stages of children's lives as a result of negative experiences with parents and peers and it is assumed that these schemas are a guide to many inefficient cognitions, feelings, and behaviors (Young, 2003; cited in Shorey, Stuart, Anderson, Strong & Shorey, 2012, Shorey, Stuart & Anderson, 2013). The importance of these schemes will be doubled since one's performance and progress in stages of change depend on his/her cognition and information processing. Therefore, early maladaptive schemas are much more resistant to

change compared to superficial levels of cognition. Accordingly, the idea of transferring these beliefs in the process of change is very difficult (Kirsch, 2009). Research findings have reported the existence of higher degrees of such schemas as separation and rejection, autonomy, malfunctioning, and directedness in drug-dependent subjects compared to the normal subjects (Rezaei, Hosseinzadeh, Dolatshahi, Masafi & Jafari, 2011). Kirsch (2009) found that there was a significant negative relationship between the total scores of maladaptive schemas and such characteristics as self-esteem, depression, and anxiety in the first five weeks of addiction therapy. In other words, higher scores in early maladaptive schemas were associated with lower self-esteem, more severe anxiety, and higher depression. This can affect one's progress in the other stages of change process. Therefore, content of each schema is shaped and organized through one's life experiences and will be used in the perception and evaluation of new information (Young, Klosko & Weishaar, translated by Hamidpour & Anduze, 2012). Family is very important in the formation of early maladaptive schemas. Studies have proved the relationship of substance use disorders with quality of family relations, heightened parental supportiveness, and socioeconomic status in families. In some studies, the role of the family as an important factor in substance abuse has been so highlighted that it is seen as an independent variable (Spath, et al., 2002; cited in by Di Pietro, 2007).

One of the most basic family factors that could affect many of the family problems is parent-child relationship. Many studies have confirmed higher levels of drug use in the families in which there is no intimate parent-children relationship and secure attachment (Nakamura - Tani, 2005; Hill, Hawkins, Catlano, Abbott & Guo, 2005). Attachment makes one enjoy interacting with certain people in life and feel relaxed in stressful times when working closely with such individuals. These early attachment experiences with caregivers direct the feelings, thoughts, and behavior in the next relationships (Berk, 2007; Translated by Sayed Mohamadi, 2012). Following Bowlby's studies (1971) on attachment, Ainsworth recognized three styles, namely secure, avoidant, and ambivalent attachment styles. On the other hand, the experience of insecurity is correlated with attachment relationships characterized by mistrust, vulnerability, sensitivity, and communication problems (Berk, 2007, translated by Sayed Mohamadi, 2012). Various studies have shown that attachment has a crucial role in the formation of personality models. In this framework, some researchers have placed emphasis on the importance of organizational actions in integrating the affective, motivational, cognitive, and behavioral components. In addition, research findings show that there is a relationship between attachment and psychopathology in childhood, adolescence, and adulthood. Results of a study showed that attachment style is significantly associated with mood disorders, anxiety, personality disorders, and substance abuse (Casidy & Shaver, 2008; cited in Roelofs, Onckrls & Muris, 2013). As a maladaptive coping strategy for emotional distress, substance abuse is represented in people with avoidant-

anxious attachment. It seems that anxiety is associated with perceived anxious attachment and distress and is described as a self-therapeutic method against emotional distress (Newcomb, 1995; cited in Schindler, Thomasius, Sack, Gemeinhadt & Kustner, 2007) and as efforts to cope with emotional instability and lack of control (Petraitis et al., 1998; cited in Schindler et al., 2007). In terms of attachment, substance abuse can be perceived as an artificial inactive strategy and as an attempt to deal with insecure attachments, to reduce emotional distress, and to adjust interpersonal relations. In particular, attachment patterns can be seen in connection with drug abuse; and insecure attachment may be found to be significantly associated with substance abuse (Schindler et al., 2007). Insecure attachment was considered a leading risk factor for more research in the past decade (Casidy & Shaver, 2008; quoted Roelofs et al., 2013).

Among insecure attachment styles, avoidant attachment holds a significant positive correlation with drug abuse (Anderson, 2012). From another perspective, insecure attachment has been known as a personal vulnerability factor (Anderson, 2012). This, in turn, provides some assumptions regarding the performance of drug-dependent individuals in the stages of change process. According to the research findings in this area, this study aimed to predict the changeability of people addicted to opium based on early maladaptive schemas and attachment styles.

Method

Population, sample, and sampling method

The research method is descriptive-correlation. All the male opium addicts who referred to the outpatient treatment centers of Qazvin City in the last 6 months constituted the statistical population of the study. From among this population, the number of 162 opium users was selected as the participants of the study via convenience sampling. All these participants were laid in the range of 20-40 years old and held at least middle school degrees.

Instrument

1. University of Rhode Island Change Assessment: This scale was constructed by Di Clemente, Prochaska, Velicer & McConaughy in 1989 and contains 32 items and four subscales (pre-contemplation, contemplation, acting-out, and maintenance) (cited in Asghari, 2009). Reliability of this scale was obtained .68 using test-retest within a two-week interval (Asghari, 2009). In the present study, Cronbach's alpha and split-half reliability coefficients of the scale were obtained equal to .76 and .82, respectively.

2. Early Maladaptive Schema Questionnaire: This questionnaire was developed by Young (1990, cited in Sadoughi, Aguilar-Vafaie, Rasoulzadeh Tabatabaie & Esfahanian, 2008). This is a self-report questionnaire that measures eighteen early maladaptive schemas as follows: abandonment/

instability, mistrust/abuse, emotional deprivation, defectiveness/ shame, social isolation/ alienation, dependence/incompetence, vulnerability to harm or illness, enmeshment/undeveloped self, failure, entitlement/grandiosity, insufficient self-control/self-discipline, subjugation, self-sacrifice, approval-seeking/ recognition-seeking, negativity/ pessimism, emotional inhibition, unrelenting standards/ hypocriticalness, and punitiveness. The items are scored based a 6-point Likert scale. The reliability of the Young Schema Questionnaire with 75 items was reported to range from .94 to .96 (Sadoughi, et al., 2008; Ahi, Mohamadifar. & Besharat, 2007; Waller, Meyer & Hania, 2001). In the present study, the reliability of the scale was calculated and obtained equal to .88.

3. Collins and Read's Adult Attachment Scale: Collins and Read's Revised Adult Attachment Scale (1999, cited in Pakdaman) contains a self-assessment of communication skills and self-descriptive method of forming close attachment styles. This scale consists of 18 items that are scored based on a 5-point Likert scale. The conduct of factor analysis led to three subscales, namely dependence, closeness, and anxiety. Collins reported Cronbach's alpha coefficient in 2 samples of 173 and 100 college students respectively: .81 and .82 for closeness; .78 and .80 for dependence, and .85 and .83 for anxiety. The reliability of this questionnaire was calculated using Cronbach's alpha coefficient, which equaled .79.

Results

Table 1: The correlation matrix of the variables under study

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1 Changeability	1																		
2 Secure	.10	1																	
3 Avoidant	.34**	.42**	1																
4 Ambivalent	.26**	.32**	.52**	1															
5 Emotional deprivation	.30**	.16*	.29**	.32**	1														
6 Abandonment	.34**	-.07	.09	.32**	.52**	1													
7 Mistrust	.20**	.04	.31**	.18*	.48**	.43**	1												
8 Social isolation	.26**	.15	.40**	.42**	.51**	.38**	.45**	1											
9 Defectiveness	.30**	.05	.29**	.35**	.47**	.41**	.49**	.75**	1										
10 Failure	.28**	.16*	.16*	.34**	.45**	.42**	.37**	.47**	.54**	1									
11 Dependence	.30**	.07	.42**	.47**	.39**	.52**	.50**	.50**	.58**	.60**	1								
12 Vulnerability To Harm	.26**	.14	.42**	.46**	.46**	.49**	.54**	.67**	.53**	.53**	.66**	1							
13 Undeveloped Self	.20*	.04	.26**	.30**	.33**	.46**	.50**	.42**	.45**	.36**	.58**	.52**	1						
14 Subjugation	.40**	.06	.37**	.38**	.46**	.54**	.46**	.70**	.67**	.59**	.71**	.74**	.62**	1					
15 Self-Sacrifice	.18*	.15	.24**	.04	.30**	.25**	.33**	.09	.17*	.19*	.21*	.22**	.34**	.14	1				
16 Emotional Inhibition	.20*	.08	.37**	.32**	.45**	.41**	.57**	.62**	.59**	.54**	.67**	.71**	.59**	.69**	.24**	1			
17 Unrelenting standards	.20*	.03	.33**	.18*	.31**	.45**	.59**	.38**	.24**	.30**	.45**	.51**	.50**	.47**	.48**	.62**	1		
18 Entitlement	.36**	.21**	.25**	.19*	.21**	.33**	.46**	.36**	.27**	.13	.40**	.36**	.52**	.43**	.32**	.34**	.43**	1	
19 Insufficient Self-Discipline	.31**	-.07	.23**	.27**	.26**	.46**	.36**	.46**	.51**	.53**	.61**	.55**	.42**	.74**	.16*	.44**	.38**	.36**	1
20 Total schemas	.40**	.09	.42**	.43**	.64**	.68**	.73**	.74**	.74**	.65**	.79**	.82**	.72**	.85**	.43**	.81**	.68**	.57**	.68**

* P<.05; **P<.01

The mean and standard deviation for the age of the sample group were 30.94 and 4.73, respectively. In terms of education, the number of 84 participants (51.9%) had degrees under diploma, 51 participants (31.5%) held diploma degrees, 27 participants (16.7%) had degrees above diploma. The correlation matrix of the variables under study is presented in the table 1.

As it is observed in the table1, there is a significant positive relationship between early maladaptive schemas (emotional deprivation, abandonment/instability, mistrust/ abuse, social isolation/ alienation, defectiveness/ shame, failure, dependence/ incompetence, vulnerability to harm, enmeshment/ undeveloped self, subjugation, self-sacrifice, emotional inhibition, unrelenting standards, entitlement, and insufficient self-discipline) and changeability. Similarly, there is a positive relationship between early maladaptive schemas (emotional privation and entitlement) and secure attachment styles; however, early maladaptive schema of failure and secure attachment styles were negatively correlated with each other. In addition, there is not any significant relationship between secure attachment styles and early maladaptive schema of abandonment/instability, mistrust/abuse, social isolation/alienation, defectiveness/ shame, dependence/ incompetence, vulnerability to harm, enmeshment/ undeveloped self, subjugation, self-sacrifice, emotional inhibition, unrelenting standards, and insufficient self-discipline. In the same way, there is a positive relationship between early maladaptive schemas (emotional deprivation, mistrust/abuse, social isolation/alienation, defectiveness/ shame, failure, dependence/incompetence, vulnerability to harm, undeveloped self, subjugation, self-sacrifice, emotional inhibition, unrelenting standards, entitlement, and insufficient self-discipline) and avoidant attachment styles, but no significant relationship was found between early maladaptive schema of abandonment/instability and avoidant attachment. There is also a positive relationship between early maladaptive schemas (emotional deprivation, abandonment/ instability, mistrust/abuse, social isolation/alienation, defectiveness/ shame, failure, dependence/incompetence, vulnerability to harm, enmeshment/ undeveloped self, subjugation, emotional inhibition, unrelenting standards, entitlement, and insufficient self-discipline) and ambivalent attachment styles, but no significant relationship was found between early maladaptive schema of self-sacrifice and ambivalent attachment styles. In the same way, there is a positive relationship between attachment styles (avoidant and ambivalent) and changeability while there is no significant relationship between secure attachment style and changeability. The results of stepwise multiple regression for the prediction of changeability are presented in the table below.

Table 2: Regression coefficients of changeability based on maladaptive schemas and attachment styles in the last step

<i>Variable</i>	<i>R²</i>	<i>β</i>	<i>t</i>	<i>Sig.</i>	<i>Partial correlation</i>
Secure attachment		.162	2.46	.015	.162
Avoidant attachment		.140	2.12	.36	.140
Emotional deprivation		.140	2.13	.035	.140
Abandonment/instability		.288	1.38	.001	.288
Mistrust/abuse	.381	.242	3.67	.001	.242
Failure		.191	2.91	.004	.191
Dependence/incompetence		.258	3.92	.001	.258
Entitlement		.130	1.98	.050	.130
Insufficient self-discipline		.183	1.78	.006	.183

According to the results of partial correlation, when the common variance between predictor variables is considered, each of the variable alone account for some percentage of changeability as follows: 2.6% by secure attachment, 2% by avoidant attachment, 2% by emotional deprivation, 8.3% by abandonment/instability, 5.9% by mistrust/abuse, 3.6% by failure, 6.7% by dependence/incompetence, 1.7% by entitlement, and 3.3% by insufficient self-discipline.

Discussion and Conclusion

This study aimed to examine the changeability prediction among opium addicts through early maladaptive schemas and attachment styles. Accordingly, the results of this study showed that there was a significant positive relationship between early maladaptive schemas (emotional deprivation, mistrust/abuse, social isolation/alienation, defectiveness/shame, failure, dependence/incompetence, vulnerability to harm, undeveloped self, subjugation, self-sacrifice, emotional inhibition, unrelenting standards, entitlement, and insufficient self-discipline) and avoidant attachment styles. Similarly, there was also a positive relationship between early maladaptive schemas (emotional deprivation, abandonment/instability, mistrust/abuse, social isolation/alienation, defectiveness/shame, failure, dependence/incompetence, vulnerability to harm, enmeshment/undeveloped self, subjugation, emotional inhibition, unrelenting standards, entitlement, and insufficient self-discipline) and ambivalent attachment styles. This finding is consistent with the research findings obtained by Andersen (2012), Dale, Power & Kane (2010), Ketabi, Maher & Borjali (2008), Torberg & Lyvers (2005), McNally, Palfai, Levine & More (2003), Petrocelli, Glaser, Calhoun & Campbell (2001), and Khoshlahjeh Sedgh, Abolma'ali Alhosseini, Khoshlahjeh, Alizadeh Farshbaf, Imani & Hosseini (2012). The obtained results may be explained by the claim that attachment is the emotional atmosphere dominant over the mother-child relationships, which is shaped as an emotional essence between the child and family system (Strivastava & Beer, 2005). Bowlby (1980) believed that babies extract their

own experiences with caregivers to create internal representations of attachment or internal activation patterns. These attachment representations shape expectations about the relations and future. On the other hand, schemes encompass assessment beliefs about the self and others. It has been stated that attachment representations can be conceptualized as cognitive schemas for the relationships that have been formed in response to childhood experiences with caregivers (cited in Wearden, Berry, Barrowclough & Liversidge, 2008). Young regards schemas as the result of children's mood evolution along with their inefficient experiences in the early years of life (Jill, Michiel & Vreeswijk, 2008). In fact, schemas are produced due to the suppression of the basic emotional needs, such as the need for security, expression and healthy emotions, self-spontaneity, fun, realistic limitations, and self-restraint in childhood (Skeen, 2007). People with early maladaptive schemas experience inappropriate affective relationships with their parents and caregivers in early childhood and suffer from high levels of abandonment, emotional deprivation, mistrust, and emotional inhibition. These people with avoidant and insecure attachment styles do not trust other people in close relationships and defective automatic schemas and cognition in adulthood directly influences the continuation of insecure attachment styles in such people. It seems that inefficient attachment styles are adopted via the child's early relationships with close relatives and lead to early maladaptive schemas. Another finding of the current study was that 38.1% of the variance of changeability variable was explained by secure attachment, avoidant attachment, early maladaptive schemas (emotional deprivation, abandonment/instability, mistrust/abuse, failure, dependence/incompetence, entitlement, and insufficient self-discipline). Accordingly, the results of research done by Roelofs, et al. (2013), Kirsch (2009), Schindler et al. (2007), Spath (2002; cited in Di Pietro, 2007), and Rezai et al. (2011) are in line with the result of the current research. According to Roelofs, et al. (2013), schemas can act as a mediator in the relationship between the attachment styles and behavior. Schemas can be the problematic and underlying factor of maladaptive behaviors. Accordingly, trans-theoretical model is a theoretical framework for understanding, measurement, and intervention towards behavioral change. In other words, this model refers to the stages of change during treatment process and, thereby, change in the way of thinking can change emotions and behavior according to cognitive theory.

According to the results of this study, it can be concluded that early maladaptive schemas and attachment styles have been created because of inefficient relationships and automatic thoughts and the suppression of emotional needs by families. Therefore, the increase of changeability in substance users can be expected via the modification of systemic relationships during the treatment, as well as schema therapy. The success in changeability is effective in non-use of substance, reduction of drug use craving, and efficacy enhancement in male substance users (Asghari, 2009). Substance abuse is an

inefficient mechanism to cope with emotional distress. Therefore, the experience of insecurity in parent-child relationships leads to the formation of irrational thoughts and consequent inefficient and insecure attachment styles. Accordingly, it can be expected to help parents deeply recognize the needs of children and establish intimate relationships with children by holding training courses for parents. In this way, secure attachment styles are developed in children. It is also possible to employ group schema therapy in rehab centers to increase the changeability in addicts.

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