

PARENTING STYLES, EARLY MALADAPTIVE SCHEMAS, AND SCHEMATIC MODES IN INDIVIDUALS WITH SUBSTANCE USE DISORDERS

ESTILOS PARENTAIS, ESQUEMAS DESADAPTATIVOS INICIAIS E MODOS ESQUEMÁTICOS EM INDIVÍDUOS COM TRANSTORNOS POR USO DE SUBSTÂNCIAS

ESTILOS DE CRIANÇA, ESQUEMAS DESADAPTATIVOS TEMPRANOS Y MODOS ESQUEMÁTICOS EN PERSONAS CON TRASTORNOS POR CONSUMO DE SUSTANCIAS

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ABSTRACT

Negative experiences and unmet needs during childhood are related to the development of several disorders, including substance use disorder (SUD). The objective was to identify the relationship between parenting styles, initial maladaptive schemas (EIDs), and schematic modes (MEs) of individuals with SUD. 202 individuals (11 women and 191 men) participated in the research, diagnosed with SUD, aged between 18 and 65 years old, and undergoing treatment in Therapeutic Communities. The following instruments were used: a sociodemographic data sheet, an inventory of schematic modes, Young's schema questionnaire (version YSQ-S3), and Young's inventory of parenting styles, with the data being treated by Multiple Linear Regression. The schematic domains disconnection and rejection, impaired autonomy and performance, impaired limits, orientation towards the other, overvigilance and inhibition, active in the studied sample, are associated with the ME's dysfunctional parents, child modes and maladaptive coping, and the parenting styles overvigilance and inhibition, impaired autonomy and performance, impaired limits and orientation towards others. It is concluded that traumatic experiences and unmet childhood needs can trigger problems in adult life, including SUD. Therefore, it is necessary to

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understand the relationship between parenting styles, EIDs, and MEs of individuals with SUD for a practical therapeutic approach.

Keywords: Schema Therapy. Maladaptive Initial Schemas. Schematic Modes. Parenting Styles. Substance Use Disorder.

RESUMO

Experiências negativas e necessidades não atendidas durante a infância estão relacionadas ao desenvolvimento de diversos transtornos, incluindo o transtorno por uso de substâncias (TUS). O objetivo foi identificar a relação entre estilos parentais, esquemas desadaptativos iniciais (EIDs) e modos esquemáticos (MEs) de indivíduos com TUS. Participaram da pesquisa 202 indivíduos (11 mulheres e 191 homens), diagnosticados com TUS, com idade entre 18 e 65 anos e em tratamento em Comunidades Terapêuticas. Foram utilizados os seguintes instrumentos: ficha de dados sociodemográficos, inventário de modos esquemáticos, questionário de esquemas de Young (versão YSQ-S3) e inventário de estilos parentais de Young, sendo os dados tratados por Regressão Linear Múltipla. Os domínios esquemáticos desconexão e rejeição, autonomia e desempenho prejudicados, limites prejudicados, orientação para o outro, supervigilância e inibição, ativos na amostra estudada, estão associados aos pais disfuncionais do ME, modos infantis e enfrentamento maladaptativo, e os estilos parentais supervigilância e inibição, autonomia e desempenho prejudicados, limites prejudicados e orientação para os outros. Concluiu-se que experiências traumáticas e necessidades infantis não atendidas podem desencadear problemas na vida adulta, incluindo SUD. Portanto, é necessário entender a relação entre estilos parentais, EIDs e MEs de indivíduos com SUD para uma abordagem terapêutica prática.

Palavras-chave: Esquema terapêutico. Esquemas Iniciais Maladaptativos. Modos Esquemáticos. Estilos Parentais. Transtorno por Uso de Substâncias.

RESUMEN

Las experiencias negativas y las necesidades insatisfechas durante la infancia se vinculan al desarrollo de diversos trastornos, incluido el trastorno por consumo de sustancias (TUS). El objetivo fue identificar la relación entre los estilos de crianza, los esquemas desadaptativos tempranos (EMT) y los modos esquemáticos (MS) en personas con TUS. El estudio incluyó a 202 personas (11 mujeres y 191 hombres) diagnosticadas con TUS, con edades comprendidas entre los 18 y los 65 años, en tratamiento en Comunidades Terapéuticas. Se utilizaron los siguientes instrumentos: una ficha sociodemográfica, un inventario de modos esquemáticos, el cuestionario de esquemas de Young (versión YSQ-S3) y el inventario de estilos de crianza de Young. Los datos se analizaron mediante regresión lineal múltiple. Los dominios esquemáticos de desconexión y rechazo, disminución de la autonomía y el rendimiento, deterioro de los límites, orientación hacia los demás, sobrevigilancia e inhibición, presentes en la muestra del estudio, se asocian con una crianza disfuncional en personas con TUS, comportamientos infantiles y afrontamiento desadaptativo, y con los estilos de crianza hipervigilancia e inhibición, disminución de la autonomía y el rendimiento, deterioro de los límites y orientación hacia los demás. Se concluye que las experiencias traumáticas y las necesidades insatisfechas en la infancia pueden desencadenar problemas en la edad adulta, incluido el TUS. Por lo tanto, comprender la relación entre los estilos de crianza, los TUS y los TUS en personas con TUS es esencial para un enfoque terapéutico práctico.

Palabras clave: Terapia de Esquemas. Esquemas Iniciales Desadaptativos. Modos Esquemáticos. Estilos de Crianza. Trastorno por Consumo de Sustancias.



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INTRODUCTION

Jeffrey E. Young developed Schema Therapy (ST) to offer a compelling alternative in the treatment of chronic mental disorders, as conventional Cognitive-Behavioral Therapy (CBT) was limited in obtaining favorable results for these conditions (Edwards; Arntz, 2012). ST integrates elements from different theories, which makes it an innovative and integrative approach. Furthermore, there is substantial scientific evidence of its effectiveness in treating a variety of disorders, including depression, anxiety, eating disorders, and personality disorders, and in preventing relapse in drug users. Its fundamental objective is to help individuals understand and face their problems (Young *et al.*, 2008; Stevens, 2011; Bartoli *et al.*, 2014).

From Young's perspective, some fundamental concepts were developed, such as EIDs, MEs, and Parenting Styles. According to Young (1990), EIDs arise from adverse childhood experiences and are associated with a variety of psychological disorders. They are defined as pervasive and diffuse patterns of memories, feelings, and bodily sensations related to the self and interpersonal interactions formed by repeated harmful experiences during childhood and adolescence. Young identified 18 EIDs distributed across five Schematic Domains (DEs) reflecting unmet needs.

While EIDs represent persistent personality traits, MEs are described as states activated in specific contexts. MEs reflect emotional patterns and coping strategies that have their roots in various EIDs. Each individual has a particular set of MEs that are triggered according to the circumstances and events experienced. It is essential to highlight that EIDs are more stable and considered personality traits, while MEs are more transient and temporarily activated in response to specific stimuli (Young *et al.*, 2008).

Initially, ten MEs were defined and divided into four categories. However, a more recent version, presented by Genderen *et al.* (2012), expanded this classification to 14 MEs, organized into the following categories: Child Modes, Dysfunctional Coping Modes, Dysfunctional Parent Modes, and Healthy Adult Modes.

The results of several studies (Knapík; Slancová, 2020; Oraki, 2019; Steylaerts *et al.*, 2023) have confirmed that EIDs are linked to a wide range of psychiatric disorders, such as depression, eating disorders, post-traumatic stress disorder, and personality disorders. Thus, EIDs may be related to several psychiatric disorders, including SUD. Research that has investigated the relationship between schemas and substance use suggests that almost all EIDs are associated with the use of psychoactive substances (Chopra *et al.*, 2023).

The use of psychoactive substances is becoming increasingly alarming, causing severe harm to users. In this context, scholars such as Pourpashang & Mousavi (2021) highlight a fundamental aspect: the family relationships of affected individuals. They state that ineffective and inappropriate Parenting Styles can contribute to the development of EIDs throughout childhood, adolescence, and adulthood.

The Parenting Styles introduced by Young *et al.* (2003) in TE were included to understand their influence on personality formation. The origin of EIDs generally occurs in the early stages of life, especially during childhood and adolescence, and is strongly linked to the family environment. Thus, there is a substantial relationship between EIDs and Parenting Styles, showing how they influence the creation of dysfunctional personality patterns.

Although EIDs are believed to be quite resistant to change, several studies have shown that early identification of these EIDs and treatment through ET produce better results in the consumption of psychoactive substances. Thus, ET and the early detection of these schemes and MEs become an essential strategy for investigation and treatment among users of psychoactive substances (Boog *et al.*, 2023).

Thus, this study aimed to investigate the mediation between EIDs, MEs, and Parenting Styles in individuals undergoing treatment for SUD, aiming for a more in-depth understanding of the interrelationship of these specific aspects in the sample studied. Furthermore, it is proposed to analyze how these factors influence and interconnect, providing significant contributions to the understanding and future therapeutic approaches to these disorders.

METHODOLOGY

The study was conducted between 2022 and 2023 in nine Therapeutic Communities located in seven municipalities in the State of Rondônia, Brazil, using a quantitative, cross-sectional, and descriptive design.

Participants

The study involved the participation of 202 people, of which 11 were female and 191 were male. All participants were aged between 18 and 65 and had been previously diagnosed with SUD. They were undergoing treatment in different Therapeutic Communities.

Five participants were excluded from the study in total. Three of the participants had high cognitive impairment, assessed by the Mini-Mental State Examination (MMSE), and the other two had no interest in participating in the study.

The 202 participants, aged 18 to 65 years old and an average of 36.2 years old (SD=10.8). The majority of participants were 40 years old or over (38.1%), predominantly male (94.6%; n=191), single (85.6%; n=173), belonging to economic classes D-E (53%; n=107), and with education up to elementary school (52%; n=105). Detailed information on sociodemographic characteristics is available in Table 1.

Table 1

Measures of central tendency and variability for age. Absolute and relative distribution for sex, marital status, education, income, and level of education (n = 202).

Quantitative variable	Values	
	Mean	SD
Age (years)	36.2	10.8
Range	18 – 65	
Median	37.0	
1° Quartile	26.0	
3° Quartile	44.0	
Qualitative variables	Values	
	Absolute	(%)
18 and 29 years	64	31.7
30 and 39 years	61	30.2
≥ 40 years	77	38.1
Sex		
Female	11	5.4
Male	191	94.6
Marital status		
Single	173	85.6
Married	29	14.4
Socioeconomic stratum		
Class D-E (Less than a Salary)	107	53.0
Class B-C (1 to 2 Salary)	76	37.6
Class A (More than 3 Salaries)	19	9.4
Education Degree		
Illiterate	4	2.0
Elementary School	105	52.0

High school	71	35.1
Undergraduate	22	10.9

Age variable with a normal distribution (Kolmogorov-Smirnov Test).

Design

After the Research Ethics Committee (REC) approved the project, contact was established with the representative of the state therapeutic communities, who provided a list of duly registered institutions. Then, the coordinators of these communities were contacted through telephone calls, during which the researcher explained the study's objectives. After these interactions, visits were scheduled to familiarize themselves with the research sites, covering nine communities.

The researcher presented the study's objectives to the residents during the visits. Those interested in participating signed the Free and Informed Consent Form (TCLE). After formalizing consent, the data collection instruments were applied. The data collection period occurred in November, December 2022, and January 2023.

Materials

Sociodemographic data sheet: The sociodemographic data sheet details the participants' identity and sociodemographic information, such as age, sex, marital status, education, skin color, and religion. The definition of families' socioeconomic class was based on the classification (ABEP, 2022). This criterion uses household characteristics, such as the presence and quantity of home comfort items and the educational level of the head of the family, to economically segment the population. Assigns points according to each household characteristic and, after adding up the points, classifies the economic strata such as A (high), B (high average), C (low average), D, and E (low).

Schematic Modes Inventory (SMI): This inventory evaluates each ME with items that the patient must answer about the frequency of occurrence in their life, using a Likert scale from 1 (Never or rarely) to 6 (Always). After the response, the correction is based on the average obtained, where higher scores indicate a greater activation frequency of each specific ME. The reduced version of the original inventory, created by Lobbestael *et al.* (2010), was translated, adapted, and validated for use in Brazil by Damasceno (2020), showing adequate internal consistency (Cronbach from 0.79 to 0.96).

Young Schema Questionnaire – short form (YSQ-S3) - (Young Schema Questionnaire – Short version - YSQ-S3). The YSQ-S3 (Young, 2005) [17] is a brief version of the Young Schema Questionnaire, which assesses the 18 schemas through 90 self-report questions. It uses a 6-point Likert scale, ranging from 1 ("Completely false about me") to 6 ("Describes me perfectly"), to investigate the cognitions, emotions, and behaviors related to the individual's parental and emotional relationships in the last twelve months. The official version of the YSQ-S3 adapted for Brazil was carried out by Souza *et al.* (2020), demonstrating good evidence of internal consistency with alpha coefficients varying between $\alpha=0.74$ and $\alpha=0.94$.

Inventory of parenting styles of Young (YPI). In its original version, the instrument aims to evaluate 18 maternal and paternal Parenting Styles grouped into five domains, using 72 items. Each item asks the respondent to determine how much a statement describes their father and mother during their childhood and adolescence, using a five-point Likert scale (1 = Does not describe anything at all; 2 = Describes a little; 3 = Describes more or less; 4 = Describes well; 5 = Describes perfectly). Scores of 4 and 5 indicate a high probability of certain EIDs. The official version of the YPI in Brazil was translated, adapted, and validated by Valentini (2009), with evidence of a two-factor structure and reliability coefficients (Cronbach's Alpha) between 0.87 and 0.97.

Procedure

Describe the procedure of the study in chronological order. Explain what the participants did in the order they did them. Summarize the instructions. What tasks did they perform? In what order did they perform them? If different participants were exposed to other conditions, explain the differences.

Data Analysis

To identify the sample profile and the drugs most consumed by participants in this study, descriptive statistics were used, including absolute and relative distribution (n—%), mean, standard deviation, and range for analysis. Age symmetry was assessed using the Kolmogorov-Smirnov test.

To investigate the mediation between the participants' Parenting Styles, EIDs, and MEs, the multiple linear regression technique was applied with the Backward selection method. The linearity assumptions were verified through a graphical analysis of residuals and correlation coefficients. Homoscedasticity was assessed visually through residual analysis. The independence of terms was verified using the Durbin-Watson (DW) test, and multicollinearity was investigated using tolerance analysis and variance inflation factor (VIF).

To explore the predictive power of the SMI and Parenting Styles scales on the Disconnection and Rejection, Impaired Autonomy and Performance, Impaired Boundaries, Other-Directedness, and Supervigilance and Inhibition domains, Multiple Linear Regression analysis was applied with the Backward method. Models were initially tested with the SMI scale and, later, included Parenting Styles as predictors. The final adjusted Model included covariates from the sample profile (age, income, and education) to control for possible confounding factors. The estimated models for each Domain are presented in Tables 3 to 7 of the study.

Ethical Approval

This project was evaluated and approved by the Research Ethics Committee of the the Pontifical Catholic University of Rio Grande do Sul (PUCRS) under CAAE: 63006022.1.0000.5336. All participants signed the informed consent form for inclusion in the study. All patient data was kept confidential, and anonymity was guaranteed. Participants were evaluated only after a complete understanding of the project objectives. All ethical aspects proposed by Brazilian Resolutions were respected, and ethical procedures were outlined in research with human beings.

RESULTS

Clinical Characteristics

Through the application of ASSIST, it was possible to identify the psychoactive substances most frequently used by study participants, as well as assess the degree of risk of dependence associated with each of them. Regarding lifetime use, alcohol was the most prevalent

substance (94.6%; n=191), followed by tobacco (86.6%; n=175), cocaine/crack (81.7%; n=165), and marijuana (69.3%; n=140).

Regarding the risk pattern associated with the use of these substances, it was highlighted that cocaine/crack presented the highest rates for high risk, with 40.6% (n=82), followed by alcohol, with 38.6%. % (n=78). Regarding moderate risk, the prevalences were 49.0% (n=99) for tobacco and 42.1% (n=85) for marijuana, as detailed in Table 2.

Table 2

Absolute and relative distribution for the ASSIST scale.

Substances	Substance use		dependency risk classification							
			Without risk		Low		Moderate		High	
	n	%	n	%	n	%	n	%	N	%
Tobacco	175	86.6	27	13.4	24	11.9	99	49.0	52	25.7
Alcohol	191	94.6	10	5.0	35	17.3	79	39.1	78	38.6
Marihuana	140	69.3	58	28.7	30	14.9	85	42.1	29	14.4
Cocaine/Crack	165	81.7	37	18.3	14	6.9	69	34.2	82	40.6
Amphetamines/Ecstasy	29	14.4	167	82.7	15	7.4	14	6.9	6	3.0
Inhalants	37	18.3	165	81.7	22	10.9	10	5.0	5	2.5
Hypnotics/Sedatives	24	11.9	178	88.1	11	5.4	11	5.4	2	1.0
Hallucinogens	40	19.8	166	82.2	19	9.4	13	6.4	4	2.0
Opioids	9	4.5	194	96.0	4	2.0	3	1.5	1	0.5
Others	4	2.0	198	98.0	1	0.5	3	1.5	-	-

Mediation of Schematic Domains as a Function of Parenting Styles and Schematic Modes

To explain the scores observed in the ND disconnection and rejection, depending on the domains of the MEs scale, the dysfunctional parents ($B_p = 0.299$; $p < 0.001$) and child modes ($B_p = 0.210$; $p = 0.003$) domains were defined as significant predictors. [Adjusted $R^2 = 0.174$; $F(2; 201) = 22.154$; $p < 0.001$].

In the analysis in which the Model was subjected to the influence of Parental Styles, there was no representative influence on the maternal domains. However, about paternal domains, together with the sample profile characteristics [adjusted $R^2 = 0.332$; $F(2; 201) = 34.277$; $p < 0.001$], it was found that, in addition to the Dysfunctional Parent Mode ($B_p = 0.258$; $p < 0.001$) and the Child Mode ($B_p = 0.217$; $p = 0.002$), the Parental Style Supervigilance and inhibition of the father were still representative ($B_p = 0.155$; $p = 0.016$).

Therefore, it can be inferred that high scores in Dysfunctional Parent Modes and Child Modes, as well as in Father's Supervigilance and Inhibition, are associated with high scores in ND Disconnection and Rejection.

Table 3

Multiple Linear regression model to identify the effect of the SMI and YPI scales on the YSQ-S3 scale for the Disconnection and rejection domain.

Independent variables	Linear Model - EIDS Rejection Disconnection			T	Sig.
	Unstandardized coefficients		Standardized coefficients		
	B	Standard Error	Beta		
MODE model					
(Constant)	2.216	0.285		7.769	<0.001
Dysfunctional Parents	0.267	0.062	0.299	4.293	<0.001
Child Modes	0.271	0.090	0.210	3.020	0.003
Adjusted Model					
(Constant)	-0.002	0.640		-0.004	0.997
Dysfunctional Parents Mode	0.230	0.061	0.258	3.773	<0.001
Child Modes	0.279	0.089	0.217	3.147	0.002
Supervigilance and Inhibition (Father)	0.200	0.082	0.155	2.432	0.016

MODE model - independent variables composed of the SMI scale domains. Adjusted Model – MODO Model adjusted for the domains of parenting styles (maternal and paternal) and sample profile.

Regarding the Impaired Autonomy and Performance domain, considering the Model on the SMI scale [adjusted R² = 0.275; F (2; 200) = 77.217; p<0.001], the Child Manners domain was estimated as a predictor (Bp = 0.528; p<0.001). Given the influence of Parenting Styles, the Model was estimated to be significant [adjusted R² = 0.346; F (4; 197) = 27.610; p<0.001], listed as potential predictors, in addition to Child Modes (Bp = 0.492; p<0.001), the paternal parenting style Impaired autonomy and performance (Bp = 0.295; p<0.001) and the maternal Impaired limits (Bp = - 0.160; p=0.020).

Thus, the explanatory variables of the Model indicated that high scores in the Child Modes and in the paternal Parenting Style of Impaired Autonomy and Performance, in addition to low scores in the Maternal Parenting Style of Impaired Limits, are associated with high scores in the EIDS domain of Impaired Autonomy and Performance.

Table 4

Multiple Linear regression model to identify the effect of the SMI and YPI scales on the EIDS scale Impaired autonomy and performance.

Independent variables	Linear Model - EIDS Impaired Autonomy and Performance				
	Unstandardized coefficients		Standardized coefficients	T	Sig.
	B	Standard Error	Beta		
MODE model					
(Constant)	-0.715	0.370		-1.934	0.055
Child Modes	1.063	0.121	0.528	8.787	<0.001
Adjusted Model					
(Constant)	-0.459	0.391		-1.174	0.242
Child Modes	0.990	0.124	0.492	7.989	0.000
Autonomy and Performance Harmed (Father)	0.255	0.058	0.295	4.412	0.000
Impaired Limits (Mother)	-0.136	0.058	-0.160	-2.354	0.020

MODE model - independent variables composed of the SMI scale domains. Adjusted Model – MODO Model adjusted for the domains of parenting styles (maternal and paternal) and sample profile.

Regarding the Model to explain the effect on EIDS impaired limits, when the scale of the mode was a predictor, there was a significant result [adjusted R² = 0.192; F (2; 199) = 24.828; p<0.001] estimating as predictors the dysfunctional coping Modes (Bp = 0.166; p=0.037) and child modes (Bp = 0.329; p<0.001). The addition of maternal parenting styles to the Model did not have a representative impact on the EIDS-impaired limits. In contrast, the presence of the father's parenting styles and the sample's profile characteristics, the Model was significant [adjusted R² = 0.210; F (3; 198) = 18.812; p<0.001] so that the only ME that remained was child modes (Bp = 0.370; p<0.001), followed by paternal parenting styles impaired autonomy and performance (Bp = 0.232; p=0.002) and orientation towards the other (Bp = -0.108; p=0.053).

Table 5

Multiple Linear regression model to identify the effect of the SMI and YPI scales on the EIDS scale Impaired limits.

Independent variables	Linear Model – EIDS-impaired limits			
	Unstandardized coefficients		Standardized coefficients	T
	B	Standard error	Beta	
MODE model				
(Constant)	-0.475	0.502		-0.947
Maladaptive Confrontations	0.355	0.169	0.166	2.105
Child Modes	0.762	0.183	0.329	4.176
Adjusted Model				
(Constant)	0.139	0.508		0.273
Child Modes	0.859	0.153	0.370	5.628
Autonomy and Performance	0.231	0.072	0.232	3.187

Harmed (Father)					
Orientation to the Other (Father)	-0.137	0.084	-0.108	-1.999	0.053

MODE model - independent variables composed of the SMI scale domains. Adjusted Model – MODO Model adjusted for the domains of parenting styles (maternal and paternal) and sample profile.

Regarding the Model to explain the effect on the EIDS of the Orientation to the Other ND, when considering the SMI scale as a predictor, a statistically significant result was identified [adjusted R² = 0.254; F (2; 199) = 35.292; p<0.001]. The Maladaptive Coping Modes (Bp = 0.252; p<0.001) and Child Modes (Bp = 0.321; p<0.001) stood out as predictors.

These were not representative of the inclusion of maternal and paternal parenting styles in the Model. However, when the Model was subjected to the influence of the sample profile characteristics [adjusted R² = 0.241; F (3; 198) = 22.264; p<0.001], they were estimated as potential predictors for the EIDS scores of the Other Orientation ND exclusively Child Modes (Bp = 0.481; p<0.001). Therefore, it is believed that high scores for Child Modes imply high scores on the EIDS Orientation to the Other.

Table 6

Multiple Linear regression model to identify the effect of the SMI and YPI scales on the EIDS Other Orientation scale.

Independent variables	Linear Model - EIDS Orientation to Other			T	Sig.
	Unstandardized coefficients		Standardized coefficients		
	B	Standard error	Beta		
MODE model					
(Constant)	0.223	0.361		0.619	0.537
Maladaptive Confrontations	0.405	0.121	0.252	3.335	0.001
Child Modes	0.557	0.131	0.321	4.243	0.000
Adjusted Model					
Child Modes	0.835	0.107	0.481	7.771	0.000

MODE model - independent variables composed of the SMI scale domains. Adjusted Model – MODO Model adjusted for the domains of parenting styles (maternal and paternal) and sample profile.

Regarding the Model to explain the effect on EIDS of the Supervigilance and Inhibition ED, with the SMI scale as a predictor, a significant result was detected [adjusted R² = 0.209; F (2; 199) = 27.5632; p<0.001] estimating as predictors the MEs Dysfunctional Parents (Bp = 0.305; p<0.001) and Maladaptive Coping (Bp = 0.214; p=0.007).

Adding maternal Parenting Styles to the Model did not indicate relevant changes. A different result occurred in the presence of the parents' Parenting Styles as well as concerning the characteristics of the sample's profile, with a statistically significant effect being observed

[adjusted R² = 0.237; F (5; 196) = 13.489; p<0.001].

It was identified that, in addition to dysfunctional Parenting Modes (Bp = 0.282; p<0.001) and Maladaptive Coping (Bp = 0.194; p=0.014), Other-Orientation Parenting Styles (Bp = -0.117) were also estimated as potential predictors; p=0.082) and Supervigilance and inhibition (Bp = 0.164; p=0.018).

Table 7

Multiple Linear regression model to identify the effect of the SMI and YPI scales on the EIDS Other Orientation scale.

Independent variables	Linear Model – EIDS Supervigilance and inhibition			T	Sig.
	Unstandardized coefficients		Standardized coefficients		
	B	Standard error	Beta		
MODE model					
(Constant)	2.005	0.286		7.021	0.000
Dysfunctional Parents	0.298	0.077	0.305	3.899	0.000
Maladaptive Confrontations	0.279	0.102	0.214	2.741	0.007
Adjusted Model					
(Constant)	1.445	0.492		2.933	0.004
Dysfunctional Parents	0.276	0.076	0.282	3.645	0.000
Maladaptive Confrontations	0.253	0.102	0.194	2.467	0.014
Orientation to the Other (Father)	-0.085	0.049	-0.117	-1.747	0.082
Supervigilance and Inhibition (Father)	0.231	0.097	0.164	2.389	0.018

MODE model - independent variables composed of the SMI scale domains. Adjusted Model – MODO Model adjusted for the domains of parenting styles (maternal and paternal) and sample profile.

DISCUSSION

This study was carried out to evaluate the mediation between EIDs, MEs, and Parenting Styles of individuals with SUD. The sample consisted of a total of 202 people, with ages ranging from 18 to 65 years old, an average of 36.2 years old (SD=10.8), mostly aged 40 years old or more, men, single people of Class D-E, with primary education (52%; n=105).

The results indicated that individuals who presented high scores in the DE Disconnection and Rejection also showed high scores in the MEs of Dysfunctional Parents (Bp = 0.258; p<0.001) and Child Modes (Bp = 0.217; p=0.002), as well as in the Style Parental Overvigilance and Father's Inhibition Bp = 0.155; p=0.016), demonstrating that there is a relationship between these factors. Individuals who present this activated ED probably did not have their needs for acceptance, protection, and care met during childhood, possibly due to an abusive, indifferent, and emotionally neglectful family environment. Furthermore, the Dysfunctional Parent and Child

Mode MEs associated with this ED suggest that these individuals react in an infantilized and immature manner, reflecting the parental Model they experienced during childhood (Young *et al.*, 2008).

The presence of the Supervigilance and Inhibition Parenting Style suggests that the participants in this study were probably raised in a family environment characterized by severity, rigorous demands regarding compliance with rules and norms, and a prevalence of emotional deprivation, negativity, and fear of losing control. Of desired things without adequate care (Young *et al.*, 2008). These findings are consistent with the results found by Jalali *et al.* (2011) in a study with 112 individuals using opioids in Iran, who investigated the prevalence of EIDs and Parenting Styles in this population. According to these authors, most of these individuals' parents interacted dysfunctionally with them during childhood, which may explain the presence of these schemas in the sample studied.

The study conducted by Karjough *et al.* (2022) with 451 users of psychoactive substances in Morocco focused on evaluating the relationship between Parenting Styles and EIDs and presented results similar to those of this study. Among the findings, the authors identified positive correlations between the EIDs and the participants' Parenting Styles. Results indicated that participants were raised in a family environment characterized by harmful parenting practices, including neglect, indulgence, and authoritarianism.

According to these same authors, the bond with the father is essential in preventing severe disorders. They argue that in family environments where there is a negative father figure, there is a greater likelihood of developing dependence on psychoactive substances as a mechanism to deal with the negative emotions resulting from the negative experience with the father. Early identification of the relationship between EIDs and negative Parenting Styles, according to them, can predict success in the treatment of SUD (Karjough *et al.*, 2022).

The results of the present study also showed that participants who had activated the ND Autonomy and Impaired Performance presented high scores in the Child Modes ($Bp = 0.492$; $p < 0.001$) and the parent's Autonomy and Impaired Performance Parenting Style ($Bp = 0.295$; $p < 0.001$), as well as low scores in Parenting Style and mother's Impaired Limits ($Bp = -0.160$; $p = 0.020$). Individuals with this activated DE tend to be influenced by the expectations they create about themselves and the environment around them.

This way of functioning interferes with the ability to separate and act independently. In the presence of ND Impaired Autonomy and Performance, individuals react in an immature and

infantilized way, significantly when Child Modes and Parenting Styles Impaired Autonomy and Performance of the Father and Impaired Limits of the mother are activated. Furthermore, their family origin may present dysfunctional characteristics, such as the paternal figure demonstrating entanglement and overprotection, which inhibits the child's self-confidence and harms their social performance. On the other hand, the maternal figure may offer little guidance and adequate supervision, characterized by excessive permissiveness and a lack of imposing limits (Young *et al.*, 2008).

Authors such as Hovellius *et al.* (2021) discuss the low score in maternal Parenting Styles. In their study of 84 individuals undergoing methadone treatment in Sweden, they found similar results to this study, noting that negative schemas were related to maternal care. According to them, the lack of imposition of limits by the mother or father during childhood is associated with an increased risk of using psychoactive substances in adulthood since the family is the initial environment in which the child develops their skills, emotional and learn to regulate emotions, with parents playing an essential role in this process. They also highlight that the mother's lack of consistency in imposing limits and neglect in meeting the child's basic needs contribute to the development of unhealthy schemas. The absence of limits during childhood can, therefore, have severe consequences in adulthood, including involvement with illicit substances.

These findings corroborate Young *et al.* (2003) theory, which postulates that EIDs develop from unmet emotional and developmental needs. This can result in significant psychological and behavioral consequences in adulthood.

The results also indicated that patients evaluated with high scores in the ND Impaired Limits also presented high scores in Child Modes ($B_p = 0.370$; $p < 0.001$), followed by parenting styles, Impaired Autonomy and Performance ($B_p = 0.232$; $p = 0.002$) and Father's Other Orientation ($B_p = -0.108$; $p = 0.053$). These results are consistent with research carried out by Rehman & Asghar (2019), who investigated the prevailing Parenting Styles among 200 medical students aged between 18 and 29 in Pakistan, all of whom were drug dependent. The data revealed a higher prevalence of authoritarian fathers and a lack of maternal limits. According to these authors, the lack of limits on the part of parents makes individuals more vulnerable to drug use and dependence, highlighting the fundamental role that parents play in shaping their children's personalities.

According to Young *et al.* (2008), patients with this ED present significant deficiencies in internal limits, responsibility toward others, and orientation toward long-term goals. They face

difficulties in exercising adequate self-control and have a low tolerance for frustration. Furthermore, these patients often lack social norms, commitment, and a supportive personality, which results in difficulties in cooperating, respecting the rights of others, making commitments, and establishing or achieving realistic personal goals.

Therefore, these patients are not restricted to irrational actions, and such a personality pattern may increase susceptibility to abnormal behaviors such as substance abuse. The presence of Parental Styles of Impaired Autonomy and Performance and Orientation towards the Other can explain this behavior. These Parenting Styles indicate a family background in which parents did not encourage the child to develop self-confidence and adequate social skills. Instead, conditional acceptance and approval prevailed, with the parent's wishes prioritizing the child's feelings (Young *et al.*, 2008).

On the other hand, the presence of Child Modes causes the individual to act immaturely and childishly. These results demonstrate the importance of paternal and maternal figures in an individual's life, corroborating Bowlby (1998) attachment theory. According to this theory, caregivers are essential for developing significant internal models in childhood, as they are fundamental to their children's communication, regulation of emotions, and interpersonal functioning.

The results also showed a relationship between the ND Orientation towards the Other and Childish Modes ($B_p = 0.481$; $p < 0.001$). Therefore, all participants with high scores in this DE also had high scores for Child Modes. These findings are similar to the results of research by Rezaee & Esmaeili (2016), which included 200 people with SUD in Iran, whose objective was to evaluate EIDs and Parenting Styles. The authors noticed that individuals with negative EIDs also had dysfunctional Parenting Styles, suggesting a possible relationship between these two aspects.

People who have this ED activated tend to worry excessively about the desires and feelings of others, repressing their own needs in exchange for the approval and acceptance of others (Young *et al.*, 2008). According to Efrati *et al.* (2023), the presence of this ED in individuals with SUD is quite common, which reinforces that these people often have impaired internal and interpersonal limits. This condition may explain your difficulties with behavioral control and constant intrusive thoughts, impulses, and behaviors.

On the other hand, Young *et al.* (2008) observe that these people tend to excessively prioritize satisfying the needs of others to the detriment of their own as a strategy to avoid loss of emotional connection and possible punishment. This leads the individual to lose touch with their

own emotions and aspirations. In adulthood, instead of satisfying their own needs, they focus on meeting the desires of others. This behavior can make the individual vulnerable to the use of psychoactive substances since they may resort to them to be accepted and satisfy external demands, even if this has harmful consequences for their lives. The presence of Child Modes suggests that these people tend to react childishly when faced with challenges and adverse situations.

The results of this study also revealed that among the participants evaluated, those who presented high scores in the ND Supervigilance and Inhibition also showed high scores in Dysfunctional Parenting Modes ($Bp = 0.282$; $p < 0.001$) and Maladaptive Coping ($Bp = 0.194$; $p = 0.014$). Furthermore, a significant association was observed with the Parental Styles Orientation towards the Other ($Bp = -0.117$; $p = 0.082$) and Paternal Supervigilance and Inhibition ($Bp = 0.164$; $p = 0.018$).

Patients with schemas in this ED tend to repress their desires and feelings to follow rigid internal rules about themselves, often neglecting their wellbeing, health, free expression, and interpersonal relationships. Generally, these individuals had a childhood marked by a rigorous and inflexible family environment in which self-control and self-denial prevailed over spontaneity and self-gratification (Young *et al.*, 2008).

Dysfunctional Parents and Maladaptive Coping MEs indicate that these individuals tend to act according to the internalized behavioral patterns of maternal and paternal figures, often behaving in a passive and submissive manner and prone to giving in to the wishes of others. The correlation between parental styles of other orientations and super vigilance and inhibition suggests that during childhood, these patients were not encouraged to seek leisure and personal happiness moments. Instead, they were taught to maintain constant vigilance over the negative aspects of life, perceiving it predominantly as sad and threatening. As a result, these individuals convey pessimism and worry, fearing their lives will fall apart if they are not constantly alert and cautious. Parents or guardians often prioritize their own emotional needs over the needs of children (Young *et al.*, 2008).

The results of this study were similar to those found in research conducted by Pilkington *et al.* (2022) in Australia, with 404 people using psychoactive substances. This research aimed to assess connections between adults' memories of caregivers' childhood mental illness and current early maladaptive patterns. The findings demonstrated a positive association between participants who reported a family history of drug-using parents and high scores on ND Supervigilance and

Inhibition.

Given these findings, the researchers concluded that the use of psychoactive substances by parents is positively associated with their children's EIDs. This is because these parents' dependence can diminish their ability to fulfill their caregiving responsibilities effectively. Consequently, the impact of parental substance use can frustrate a child's need to express their feelings and needs freely (Pilkington *et al.*, 2022).

An example of this is evidenced in the longitudinal study by Jacques *et al.* (2021) in the United States, with 201 two-year-old children and their mothers. The study demonstrated that mothers affected by difficulties with alcohol dependence did not respond when their children expressed fear or sadness, emotionally rejecting their emotions and repressing them. According to these authors, this type of attitude compromises the child's ability to express their needs and feel that their parents validate their emotions, which can impact their cognitive schemes.

These findings highlight the importance of identifying EIDs and MEs in people with SUD to better understand their drug behavior, prevent possible relapses, and provide effective interventions. Ball (1998) mentions TE and Dual Focus Therapy as essential approaches for treating individuals with SUD and Personality Disorders. According to him, drug users use substances as maladaptive coping strategies to deal with EIDs. He also highlights that drug users who present Subjugation, Self-sacrifice, and Approval-Seeking schemes are more likely to relapse since these schemes are prevalent among these individuals and are often associated with histories of relapse.

CONCLUSION

The results showed that the EDs Dysfunctional Parents, Child Modes, and Parental Styles of Supervigilance and Inhibition mediate the ED Disconnection and Rejection. Furthermore, they identified that the Child MEs and the Parenting Styles of Impaired Autonomy and Performance and Impaired Limits mediate the Impaired Autonomy and Performance ND.

The researchers also pointed out that the Child MEs mediate the Other Orientation DE and that the Dysfunctional Parent MEs and the Parental Styles of Maladaptive Coping and Other Orientation mediate the Supervigilance and Inhibition DE. These findings show that the family environment during early development can influence the formation of inadequate EIDs and MEs, significantly impacting how individuals interact socially and perceive themselves and the world,

resulting in severe consequences in several areas of their lives. Therefore, the identification of EIDs, MEs, and Parenting Styles has significant relevance for understanding the dynamics of dysfunctional patterns of thought, emotion, and behavior, providing a solid basis for effective therapeutic interventions in individuals with SUD.

As a limitation of the study, the difficulty in finding literature and specific empirical studies on this topic stands out. Given the relevance of the subject and the scarcity of national investigations, it is suggested that more studies be carried out in Brazil to deepen understanding and promote better therapeutic intervention practices for this population.

To complement the study, it would be interesting to explore research that longitudinally investigates the impact of Parenting Styles and EIDs over time on individuals with SUD, especially considering the cultural and social particularities of the Brazilian context. Furthermore, studies that evaluate the effectiveness of different therapeutic approaches, such as ET, in treating people with SUD would be of great relevance to guide more effective clinical practices adapted to the needs of this population.

REFERENCES

- Associação Brasileira de Empresas de Pesquisa. (2022). Critério de classificação econômica Brasil. <https://www.abep.org/criterio-brasil>
- Ball, S. (1998). Manualized treatment for substance abusers with personality disorders: Dual focus schema therapy. *Addictive Behaviors*, 23(6), 883-891. [https://doi.org/10.1016/S0306-4603\(98\)00067-7](https://doi.org/10.1016/S0306-4603(98)00067-7)
- Bartoli, F., Carrà, G., Brambilla, G., Carretta, D., Crocamo, C., Neufeind, J., Baldacchino, A., Humphris, G., & Clerici, M. (2014). Association between depression and non-fatal overdoses among drug users: A systematic review and meta-analysis. *Drug and Alcohol Dependence*, 134, 12-21. <https://doi.org/10.1016/j.drugalcdep.2013.10.007>
- Boog, M., Goudriaan, A. E., Wetering, B. J. M. V. D., Franken, I. H. A., & Arntz, A. (2023). Schema therapy for patients with borderline personality disorder and comorbid alcohol dependence: A multiple-baseline case series design study. *Clinical Psychology & Psychotherapy*, 30(2), 373-386. <https://doi.org/10.1002/cpp.2803>
- Bowlby, J. (1998). *Apego e perda - perda: tristeza e depressão* (2a ed., Vol. 3). Martins Fontes.
- Chopra, R., Murthy, P., & Narayanan, G. (2023). Early maladaptive schemas in substance use disorders in the Indian context: Theoretical and therapeutic implications. *Industrial Psychiatry Journal*, 32(2), 452-455. https://doi.org/10.4103/ipj.ipj_162_22
- Damasceno, E. S. (2020). Adaptação e evidências de validade do inventário de modos

esquemáticos (Schema Mode Inventory) (SMI) para população brasileira [Dissertação de Mestrado, Pontifícia Universidade Católica do Rio Grande do Sul].

- Efrati, Y., Kolubinski, D. C., Marino, C., & Spada, M. M. (2023). Early maladaptive schemas are associated with adolescents' substance and behavioral addictions. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 41(3), 690-709. <https://doi.org/10.1007/s10942-022-00478-8>
- Genderen, H. V., Rijkeboer, M., & Arntz, A. (2012). Theoretical model: Schemas, coping styles and modes. In M. V. Vreeswijk, J. Broersen, & M. Nadort (Eds.), *The Wiley-Blackwell handbook of schema therapy: Theory, research, and practice* (pp. 27-40). Wiley Blackwell.
- Hovellius, E., Lindén, E., Bengtsson, H., & Håkansson, A. (2021). Self-schema, attachment style, and treatment outcome of patients in an opiate maintenance treatment unit. *Frontiers in Psychology*, 12, 595883. <https://doi.org/10.3389/fpsyg.2021.595883>
- Jacques, D. T., Sturge-Apple, M. L., Davies, P. T., & Cicchetti, D. (2021). Parsing alcohol-dependent mothers' insensitivity to child distress: Longitudinal links with children's affective and anxiety problems. *Developmental Psychology*, 57(6), 900-912. <https://doi.org/10.1037/dev0001190>
- Jalali, M. R., Zargar, M., Salavati, M., & Kakavand, A. R. (2011). Comparison of early maladaptive schemas and parenting origins in patients with opioid abuse and non-abusers. *Iranian Journal of Psychiatry*, 6(2), 54-60. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3395943/>
- Karjough, K., Azzaoui, F-Z., Boulbaroud, S., Samlali, W. I., & Ahami, A. (2022). Role of early maladaptive schemas and alexithymia in the relationship between perceived parenting styles in Moroccan psychoactive substance users. *International Journal of Nutrition, Pharmacology, Neurological Diseases*, 12(3), 170-179. https://doi.org/10.4103/ijnpnd.ijnpnd_15_22
- Knapík, P., & Slancová, K. (2020). Core beliefs – Schemas and coping styles in addictions. *Cognitive Remediation Journal*, 9(3), 9-19. <https://doi.org/10.5507/crj.2020.003>
- Lobbestael, J., Van Vreeswijk, M., Spinhoven, P., Schouten, E., & Arntz, A. (2010). Reliability and validity of the short schema mode inventory (SMI). *Behavioural and Cognitive Psychotherapy*, 38(4), 437-458. <https://doi.org/10.1017/s1352465810000226>
- Oraki, M. (2019). The effectiveness of the schema therapy on depression and relapse in heroin-dependent individuals. *Iranian Journal of Health Psychology*, 2(1), 9-18. <https://doi.org/10.30473/ijohp.2020.46314.1043>
- Pilkington, P. D., May, T., & Karantzas, G. (2022). Recollections of parental mental illness and substance use and early maladaptive schemas in adulthood. *International Journal of Mental Health and Addiction*, 22, 1994-2011. <https://doi.org/10.1007/s11469-022-00969-w>
- Pourpashang, M., & Mousavi, S. (2021). The effects of group schema therapy on psychological wellbeing and resilience in patients under substance dependence treatment. *Journal of*

- Client-Centered Nursing Care, 7(2), 159-166. <https://doi.org/10.32598/JCCNC.7.2.366.1>
- Rehman, S., & Asghar, M. (2019). Perceived parenting styles among drug addict and non-addict medical students. *Peshawar Journal of Psychology and Behavioral Sciences*, 5(1), 39. <https://doi.org/10.32879/pjpbs.2019.5.1.39>
- Rezaee, S., & Esmaeili, A. (2016). A comparison of parenting schemas-based styles among individuals dependent to substance abuse and those without substance abuse. *Journal of Fundamentals of Mental Health*, 18(Special Issue), 633-642. <https://doi.org/10.22038/jfmh.2016.9617>
- Souza, L. H., Damasceno, E. S., Ferronato, F. G., & Oliveira, M. S. (2020). Adaptação brasileira do Questionário de Esquemas de Young - versão breve (YSQ-S3) para uso no Brasil. *Avaliação Psicológica*, 19(4), 451-460. <http://dx.doi.org/10.15689/ap.2020.1904.17377.11>
- Stevens, A. (2011). Sociological approaches to the study of drug use and drug policy. *International Journal of Drug Policy*, 22(6), 399-403. <http://dx.doi.org/10.1016/j.drugpo.2011.10.003>
- Steylaerts, B., Dierckx, E., & Schotte, C. (2023). Relationships between DSM-5 personality disorders and early maladaptive schemas from the perspective of dimensional and categorical comorbidity. *Cognitive Therapy and Research*, 47(3), 454-468. <https://doi.org/10.1007/s10608-023-10349-w>
- Valentini, F. (2009). Estudo das propriedades psicométricas do Inventário de Estilos Parentais de Young no Brasil [Dissertação de Mestrado, Universidade Federal do Rio Grande do Norte]. <https://repositorio.ufrn.br/handle/123456789/17441>
- Young, J. E. (1990). *Cognitive therapy for personality disorders: A schema-focussed approach*. Professional Resource Press.
- Young, J. E., & Brown, G. (2005). Young Schema Questionnaire-Short Form; Version 3 (YSQ-S3, YSQ) [Database record]. APA PsycTests. <https://doi.org/10.1037/t67023-000>
- Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*. Guilford Press.
- Young, J. E., Klosko, J. S., & Weishaar, M. E. (2008). *Terapia do esquema: Guia de técnicas cognitivo-comportamentais inovadoras*. Artmed.