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# Assessment of Automatic Thoughts and Self Esteem Among Substance Using Adults

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***Abstract:*** ***In order to better understand how altering one's ideas might improve one's self-esteem and help one cope with substance misuse issues, this study looked at the relationship between automatic thoughts and self-esteem in adult substance users. In order to participate in the study, a sample of 95 persons who use drugs filled out self-report questionnaires measuring their automatic thought patterns and self-esteem. The findings showed that among adults who use drugs, automatic thoughts and levels of self-esteem are significantly correlated. In particular, people with greater levels of self-esteem were more likely to report having good automatic thoughts, whereas people with lower levels of self-esteem were more likely to report having negative automatic thoughts. Additionally, the results indicated that treating and changing automatic negative beliefs could be a useful intervention technique for enhancing self-worth and supporting the treatment of substance misuse problems.***
***Keywords: automatic thought patterns, mental health, intervention, substance abuse, self-esteem, and coping mechanisms.***

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## I. INTRODUCTION

Substance use disorders (SUDs) are a major public health concern that has an impact on individuals, communities, and economies all over the world. The term "substance use disorders" (SUDs) refers to a class of diseases marked by problematic use of opioids, stimulants, alcohol, cigarettes, and other substances. These diseases can manifest at varying degrees of severity and have profoundly negative impacts on both the individuals who are affected and their communities.

Millions of people in the US alone suffer from SUDs, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), underscoring the critical need for timely and efficient therapies (Substance Abuse and Mental Health Services Administration, 2020). According to Degenhardt et al. (2019), SUDs also significantly increase the worldwide burden of disease and provide difficulties for economies, healthcare systems, and societal well-being. Although the prevalence of SUDs varies throughout cultures and locations because of things like cultural norms and socioeconomic position, their effects are always significant and have an impact on social interactions, physical and mental health, and general quality of life

Several negative consequences are associated with SUDs, such as decreased cognitive function, an elevated risk of accidents and injuries, and an increased susceptibility to other physical and mental health issues. Furthermore, SUDs are linked to higher fatality rates, with substance-related overdoses and complications accounting for a large portion of premature deaths worldwide. Apart from the negative impact on health, Substance Use Disorders (SUDs) have a significant financial burden on communities. These costs include medical bills, missed work, engagement in the criminal justice system, and other associated costs.

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Creating successful therapies requires an understanding of the intricate interactions between the various components that lead to the emergence and maintenance of SUDs. Individuals' susceptibility to SUDs and their capacity for recovery are influenced by a variety of biological, psychological, social, and environmental factors. In addition to psychological elements like trauma, stress, and co-occurring mental health illnesses, biological factors like genetic predispositions and neurobiological mechanisms also play important roles. People's risk of acquiring SUDs is also influenced by environmental variables such as peer pressure, familial dynamics, and cultural norms about substance availability.

A comprehensive strategy covering prevention, early intervention, treatment, and recovery support is necessary for SUD interventions to be effective. The main goals of prevention initiatives are to lower the availability of substances, encourage healthy lifestyles, and treat underlying risk factors. Programs for early intervention and screening assist in identifying people who are at risk and in providing prompt care. Treatment strategies that reduce substance use and improve results include medication-assisted treatment, motivational interviewing, and cognitive-behavioral therapy. Comprehensive intervention efforts must also address the social determinants of health and lessen the stigma attached to SUDs.

To address the complex nature of SUDs, comprehensive initiatives including social service agencies, legislators, healthcare providers, and community stakeholders must be implemented in concert. Advocacy and public education campaigns can assist in dispelling myths, increasing awareness, and fostering environments that are supportive of those who are in recovery.

### *A. Background and Rationale*

Substance use disorders (SUDs) affect people on an individual, family, community, and societal level, making them a major global public health concern. In order to effectively treat substance use disorders (SUDs), a multifaceted strategy must take into account a number of variables, including cognitive functions and self-perception, which are critical in determining how people behave, think, and react to stimuli connected to drugs.

Perception, memory, reasoning, and decision-making are examples of cognitive processes. These mental activities affect how people understand and react to both internal and external stimuli associated with substance use. People's assessments of the effects of substances, for example, are influenced by their perceptions, which are shaped by social factors and past experiences. According to studies, perceptual biases can influence decisions made about substances, leading to cravings and a higher chance of relapse.

For the purpose of creating, preserving, and recovering associations and experiences associated to substances, memory mechanisms are essential. Recollections pertaining to substances, such as past drug usage incidents and cues for cravings, impact actions and judgement. For example, exposure to cues associated with substance use triggers memories of previous drug use, increasing the likelihood of cravings and relapse. Interventions aimed at conditioned responses and cue-induced desire are informed by an understanding of memory's function.

People make decisions about their substance use based on reasoning and decision-making processes that weigh options, costs, and advantages. People who suffer from SUDs may have difficulties with executive functioning, which might lead them to make poor decisions even when they have unfavourable outcomes. The act of using drugs or alcohol alone might worsen cognitive decline and prolong addiction. Resolving weaknesses in decision-making can improve people's capacity to withstand stimuli and cravings.

The way that one perceives themselves—their opinions, attitudes, and assessments of themselves—has a big impact on how they use drugs. People with low self-esteem, which is typified by feelings of inadequacy or self-doubt, may turn to drugs as a coping mechanism or source of validation. Although substance abuse can at first make these emotions better, it can also impair self-esteem in the long run due to unfavorable effects and social stigma, which feeds a vicious cycle.

Refusing cravings and sticking to one's abstinence requires self-efficacy, or confidence in one's capacity to attain desired results. Higher self-efficacy people are more likely to use proactive coping mechanisms and stick with behaviour modification initiatives. Substance use has been shown to decrease in response to interventions that target self-efficacy, such as motivational interviewing and cognitive-behavioral therapy. Theoretical frameworks from addiction research, psychiatry, and psychology provide important new insights into the complex dynamics of substance use disorders (SUDs), especially when it comes to cognitive functions and self-perception. Determining the mechanisms underlying addictive behaviours and creating successful intervention strategies require a thorough understanding of these frameworks.

### *B. Addiction: Beck's Cognitive Theory*

The fundamental part that automatic thoughts play in maintaining addictive behaviours is highlighted by Aaron T. Beck and colleagues' 1979 introduction of the cognitive theory of addiction (Beck et al., 1979). These automatic thoughts, which are typified by quick, uncontrollable cognitive processes, frequently centre on one's own value, coping skills, and expectations for the future.

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They also reinforce unhealthy coping strategies and drug abuse behaviours.

According to Beck, automatic thoughts are cognitive distortions that emerge on their own as a result of either internal or external stimuli. Negative automatic thoughts about poor self-worth, feeling incapable of handling stress, and hopeless future prospects can be especially strong in SUDs and contribute to the beginning, continuation, and worsening of substance use.

Instinctive beliefs like "I'm worthless," "I can't handle this," or "Nothing will ever get better," for instance, may be present in persons who are battling with SUDs. These attitudes can generate anxiety and encourage substance addiction as a coping mechanism. Consequently, there is a stronger correlation between drug use and improved emotional states since drug use momentarily lessens negative emotions.

According to Beck's cognitive theory, therapies that aim to change automatic thought patterns can reduce substance use and promote recovery. One well-known method that came out of this approach is cognitive-behavioral therapy (CBT), which focuses on recognizing and altering maladaptive attitudes and beliefs (Beck et al., 1993). Cognitive behavioral therapy (CBT) assists clients in identifying and redefining habitual beliefs to lessen drug dependence and help them develop more helpful coping mechanisms.

Research that back up Beck's hypothesis emphasise how critical it is to address the cognitive components of SUD. Studies show that individuals with SUDs often have cognitive biases and distortions, underscoring the value of interventions like cognitive behavioural therapy (CBT) in addressing and changing these inclinations. Kiluk and associates, 2011.

### *C. Theory of Self-Esteem*

Self-perception—particularly self-esteem—complements cognitive processes and has a significant role in the development and maintenance of SUDs. Self-esteem appears as a crucial factor, measuring people's opinions of their own value and ability. People with low self-esteem are more likely to turn to substance abuse as a coping strategy to counteract unpleasant emotions and increase their sense of value (Orth et al., 2015).

Self-esteem-boosting interventions show potential in reducing substance use and promoting recovery. These therapies strengthen resilience against substance use triggers and provide individuals with healthy coping mechanisms by addressing underlying feelings of inadequacy and self-doubt (Daughters et al., 2008). Strategies include skills training, cognitive restructuring, and positive affirmations, all of which are intended to increase self-esteem and confidence.

Studies supporting the self-esteem notion highlight how important self-perception is to the management of SUD. Research highlights the fact that people who have better self-esteem tend to use adaptive coping mechanisms; hence, interventions that work to improve one's self-perception are essential to ending the cycle of addiction (Moeller & Crocker, 2009).

### *D. Combining Self-Esteem Theory with Beck's Cognitive Theory*

A full knowledge of the psychological and cognitive foundations of SUDs can be obtained by integrating Beck's cognitive theory with self-esteem theory. This lays the groundwork for extensive intervention options. Self-esteem theory sheds insight on how one's view of oneself affects one's behaviour related to substance use, while Beck's theory emphasises automatic thinking. This coordinated strategy outlines a cohesive framework that guides interventions that promote rehabilitation.

Cognitive-behavioral therapy (CBT) components are frequently used with self-esteem and self-perception-boosting approaches in interventions. While self-esteem development programmes incorporate exercises supporting positive self-perception and self-worth, cognitive restructuring may be used in CBT interventions to challenge maladaptive attitudes (Daughters et al., 2008).

Research confirms the effectiveness of integrated treatments, showing better results in reducing substance use and promoting long-term recovery than when interventions just target cognitive functions or self-perception (Kiluk et al., 2011). Integrated therapies help people overcome addiction by strengthening their self-esteem, teaching them healthy coping strategies, and addressing both cognitive and psychological aspects.

The consequences carry over into clinical practice, supporting a comprehensive strategy that takes into account cognitive processes as well as self-perception in the process of creating interventions. Providing complete care requires individualised therapies that address needs specific to each patient, such as co-occurring mental health disorders and a history of trauma.

Low self-esteem is a complex psychological notion that encompasses feelings of inadequacy, worthlessness, and negative self-perception. Low self-esteem often results in negative self-perceptions about one's abilities, worth, and self-worth. A poor self-esteem can manifest itself in many various aspects of life, including relationships, professional success, and personal accomplishments. Empirical studies have demonstrated a robust association between low self-esteem and the onset and maintenance of substance abuse and addiction.

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One way that low self-esteem contributes to substance usage is through its influence on coping mechanisms. Individuals with low self-esteem may lack effective coping strategies to handle stress, negative emotions, and life's challenges.

Additionally, low self-esteem can have an impact on peer relationships and social interactions, which are crucial in the initiation and maintenance of substance addiction. Individuals with low self-esteem may turn to their drug-using peers for validation and approval because it's socially acceptable for them to do so. It's possible that they use substance abuse practices to form their identity and form social bonds, trying to blend in and gain acceptance. The initiation and advancement of substance use may be attributed to two factors: peer pressure and low self-esteem.

Furthermore, having low self-esteem may interfere with one's capacity for self-control and decision-making, which may lead to impulsive or careless behaviour. People who experience feelings of hopelessness and unworthiness may turn to substance abuse as a self-destructive conduct or self-sabotage.

Self-esteem issues can be exacerbated by the stigma and social judgements around substance usage. Shame, remorse, and self-blame are common emotions experienced by addicts, which feeds into their self-defeating thoughts and keeps them stuck in a cycle of substance abuse to deal with these uncomfortable feelings.

According to Albert Bandura's social learning theory, people pick up new behaviours through social situations, imitation, and reinforcement. Many applications of this theory have been made to comprehend the emergence and persistence of substance misuse behaviours. Several mechanisms described by social learning theory increase the vulnerability of low-self-esteem individuals to substance use.

First of all, people who have low self-esteem could be more susceptible to social pressure and peer pressure. They might be more likely to adopt the attitudes and behaviours of their peers because of their increased desire for approval and validation, even if those behaviours involve drug use. For those with poor self-esteem, peer networks that support substance use as a normal behaviour might be influential role models. The appearance of confidence and social acceptance exhibited by these peers might be attractive to persons who experience feelings of social isolation or inadequacy.

Moreover, drug use may be perceived by those with poor self-esteem as a means of assimilating or being accepted by their social groups. They could believe that consuming drugs will alleviate their feelings of loneliness or rejection and make it simpler for them to engage with others. As a result, they may be more likely to utilise substance misuse as a coping strategy or to blend in with their social circle.

Furthermore, among people with low self-esteem, repeated exposure to surroundings and cues connected to substances might further promote substance-seeking behaviours. These signs could be witnessing other people using drugs, coming across ads or media representations of drug use, or being in places where drug use is common. Exposure to these cues can increase the links between substance use and favourable outcomes over time.

### *E. Theory of Cognitive Behaviour*

A popular paradigm for comprehending substance addiction emphasises the critical role that dysfunctional cognitive patterns and coping mechanisms play in the onset and maintenance of substance use disorders. In particular, negative self-talk, cognitive distortions, and illogical views about oneself and one's talents are more common in those with low self-esteem.

People with low self-esteem are more likely to see themselves negatively, which can result in pervasive feelings of worthlessness, inadequacy, and self-doubt. Maladaptive thought patterns like as personalisation, black-and-white thinking, and catastrophizing are fostered by these unfavourable self-perceptions. Such cognitive errors alter how people see themselves and the world around them, feeding a vicious cycle of self-reinforcement that exacerbates depressing and dismal emotions.

Furthermore, those who have poor self-esteem frequently find it difficult to manage the stresses and difficulties of life. They might feel more vulnerable and powerless since they think they don't have the abilities or resources to deal with challenging circumstances. Individuals may resort to substance use as a maladaptive coping mechanism in an effort to reduce their level of suffering and escape from negative self-perceptions.

Substance abuse gives people a momentary sensation of respite from their emotional suffering and discomfort, diverting their attention from their unfavourable thoughts and emotions. Furthermore, operant conditioning mechanisms have the potential to encourage substance use by providing individuals with instantaneous relief from negative feelings or the perception of social rewards linked to substance use.

For instance, using drugs or alcohol can momentarily make people feel less depressed or anxious, which can make them feel relieved and at ease. Likewise, using drugs in social settings could be seen as a way to get friends' acceptance and support, which would encourage the behaviour even more.

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Substance misuse problems develop and persist over time as a result of these negative cognitive patterns, as well as the perceived benefits and instant gratification that come with substance use. Cognitive-behavioral interventions for substance abuse, which seek to challenge and restructure distorted beliefs, develop healthier coping mechanisms, and promote positive self-perceptions and adaptive behaviours, consequently centre on addressing maladaptive thought patterns and coping strategies.

The biopsychosocial model takes into account the interactions between biological, psychological, and social aspects to provide a thorough framework for studying substance abuse. According to this approach, low self-esteem is a complex phenomenon that is influenced by numerous factors in all of these areas.Biological variables are major contributors to the susceptibility of individuals to substance misuse and low self-esteem. Genetic predispositions, such as differences in genes linked to reward processing or mood regulation, might exacerbate mood disorders or make it harder to enjoy natural rewards. The dopaminergic reward system and other neurobiological variations in brain structure and function may make people more vulnerable to poor self-esteem and unhealthy coping mechanisms.

Significant psychological elements also play a role in the development of poor self-esteem. Early life events that have a significant impact on self-perceptions and self-worth include parental rejection, abuse, or neglect. Children who are raised in circumstances where there is a lot of criticism or invalidation of themselves may internalise self-defeating ideas and develop low self-esteem. However, through social comparison processes and input from others, interpersonal relationships—such as romantic partnerships or peer interactions—play a critical role in shaping self-esteem.

Low self-esteem is further influenced by social factors, such as cultural standards, socioeconomic status, and societal attitudes regarding self-esteem. Sociocultural influences can mould people's ideas of who they are and what they are worth in society, which can lead to feelings of inferiority or inadequacy. Furthermore, being subjected to societal pressures, prejudice, or exclusion might weaken

Low self-esteem is frequently co-occurring with trauma, dysfunctional family relationships, and adverse childhood experiences. These factors also lead to the adoption of maladaptive coping mechanisms, such as substance misuse. Adverse life circumstances or early trauma might cause people to turn to substances as a way to cope with painful memories or dull emotional anguish. Low self-esteem and substance misuse behaviours within familial contexts can be further perpetuated by dysfunctional family dynamics marked by violence, instability, or substance abuse.

### *F. Recognising Automatic Thoughts: Consequences and Effects*

Impact on Emotions: Rapid, instinctive cognitive processes that arise naturally in response to circumstances or stimuli are known as automatic thoughts. These ideas, which frequently pass unnoticed, have a profound effect on feelings, actions, and mental health in general. It is essential to appreciate the nature, causes, and effects of automatic thoughts in order to understand human cognition and mental health. We explore the complexities of automatic thoughts in this thorough investigation, looking at how they affect all facets of life and how they may affect mental health.

Reasons for and characteristics of automatic thought

Mental models known as cognitive schemas are used to arrange and understand data. They are where automatic mental processes originate. These schemas develop throughout time as a result of individual experiences, beliefs, and perceptions. the characteristics of automatic cognitive processes that include speed, spontaneity, and lack of conscious control.

Emotions are greatly influenced by automatic thinking. Feelings of depression, anxiety, and hopelessness can be brought on by habitual negative thoughts like self-criticism, catastrophizing, and ruminating. On the other hand, optimistic and self-affirming automatic thoughts can improve mood and support emotional health. The way automatic thoughts affect feelings emphasises how crucial they are for controlling affective states and psychological processes.

Impact on Behaviour: Moreover, automatic ideas have a significant impact on behaviour. They have the power to influence choices, behaviours, and reactions to events. For instance, those who automatically think in ways that are indicative of a fear of failing could shy away from difficult assignments or chances to advance. Similar to this, innate beliefs about impulsivity or taking risks might motivate actions like drug misuse or careless driving. awareness behaviour patterns and putting successful interventions into place need an awareness of the function that automatic thoughts play in behaviour.

Connectivity to Cognitive Distortions:

Cognitive distortions, or erroneous or unreasonable thought patterns, are intimately associated with automatic thought processes. Overgeneralization, personalisation, and black-and-white thinking are examples of common cognitive biases. These distortions are typically reflected in automatic thoughts, which serve to reinforce unfavourable opinions and unhealthy coping mechanisms. Using cognitive-behavioral methods to address cognitive distortions

*G. Consequences for Mental Health*

The effects of automatic thinking patterns on behaviour, emotions, and cognitive processes have a profound effect on mental health. Automatic negative thoughts that persist over time are linked to eating disorders, anxiety disorders, and depression. Therefore, a key component of psychotherapy techniques like cognitive-behavioral therapy (CBT), which seek to uncover and alter harmful thinking patterns, is understanding and treating automatic thoughts. Adult substance misuse is a complicated, multidimensional problem having significant effects on people's personal health, interpersonal connections, and general well-being of society. Expanding on the implications of adult substance usage requires looking at a number of factors, such as the physiological effects of substance use, psychological fallout, social repercussions, and possible solutions.

Physiological effects: Substance abuse can have a wide range of physiological effects, depending on the type of substance used, how often and for how long, as well as individual factors including genetics and overall health. Long-term substance abuse can lead to tolerance, reliance, and withdrawal symptoms, which can include cravings, physiological dysregulation, and physical discomfort. Chronic substance misuse can also lead to organ damage, cardiovascular issues, respiratory issues, and a higher chance of catching infectious diseases like HIV/AIDS.

Psychological Repercussions: Abuse of substances is frequently linked to a variety of psychological repercussions, such as mood swings, cognitive decline, and psychiatric illnesses. Numerous drugs and alcohols, including opioids, stimulants, and brain chemistry can influence neurotransmitter activity and brain chemistry, which can affect mood regulation, impulse control, and decision-making. Substance misuse can hasten the onset of new psychiatric problems such depression, anxiety, bipolar disorder, or psychosis, or it can aggravate underlying mental health issues. Furthermore, abusing substances can harm an individual's memory, executive functioning, and cognitive function, making it more difficult for them to carry out regular chores and participate in worthwhile activities.

Social Repercussions: Substance misuse has an effect on communities, families, and interpersonal connections in addition to the individual. Conflict can arise from substance usage straining relationships with friends, family, and coworkers.

Adult substance misuse requires a multidisciplinary strategy that includes treatment, early intervention, prevention, and recovery support services. Every element of this all-encompassing approach is essential to tackling substance misuse at different points along the spectrum, from delaying onset to promoting sustained recovery.

Prevention: Targeting at-risk individuals and addressing underlying risk factors, prevention initiatives seek to lower the prevalence of substance misuse. Education campaigns to encourage healthy coping techniques and increase knowledge of the risks of substance misuse can be implemented in businesses, communities, and schools as part of prevention strategies. Furthermore, preventative programmes could concentrate on limiting kids' access to substances by enacting laws that prohibit sales to minors and designate public areas as drug-free zones. In order to mobilise a community, stakeholders must be involved.

Early Intervention Strategies: It is essential to identify those who are at risk of substance addiction and to provide timely services and help in order to stop problems from getting worse. In order to identify people with substance use disorders or at-risk behaviours, screening and brief intervention programmes are carried out in healthcare settings like primary care clinics, emergency rooms, and behavioural health centres. These programmes provide brief counselling, treatment referrals, and follow-up services. These interventions concentrate on increasing motivation for behaviour change, measuring preparedness for change, boosting awareness, and offering tailored feedback.

In order to assist people in reaching and sustaining long-term recovery from substance misuse, recovery-oriented treatments are essential. These programmes acknowledge that recovery is a complex process with physical, psychological, social, and spiritual components in addition to just abstaining from drugs. Recovery-oriented services provide a continuum of care that is customised to each client's requirements and preferences with the goal of empowering people, enhancing self-efficacy, and advancing overall well-being.

Case Management: A key element of recovery-focused services, case management offers people individualised support and aids in gaining access to necessary resources and services. In order to help clients create personalised treatment plans, set realistic goals, and negotiate complicated systems including healthcare, housing, work, and legal services, case managers work closely with their clients.

Vocational Training: Employment is essential to the healing process because it gives people a direction, structure, and a steady income. Recovery-oriented services can assist people in developing employable skills, investigating career options, and reentering the workforce by providing them with workshops on job readiness, skills development initiatives, and vocational training programmes. Vocational rehabilitation programmes help people discover their goals, interests, and strengths. They also help them apply for jobs, find work, and be ready for interviews.

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Housing Assistance: Recovery and general well-being are greatly aided by stable housing. For those in recovery who don't have stable housing, recovery-oriented organisations can offer supportive housing choices, temporary housing programmes, or housing help. These initiatives provide supportive services including case management and life skills in addition to safe and reasonably priced housing options.

Peer Mentoring: Peer support is essential to the healing process because it allows people to connect with others who have gone through similar things and who can provide empathy, understanding, and helpful advice. Peer mentoring programmes match people in recovery with qualified mentors who help them through the ups and downs of recovery by offering guidance, support, and role modelling. Peer mentors can provide folks in early recovery with valuable insights, methods, and optimism since they have themselves overcome substance misuse. This gives them a unique viewpoint

Recreational Activities: Maintaining a healthy lifestyle throughout rehabilitation and improving general well-being depend on participating in worthwhile and pleasurable activities. A range of leisure activities, including sports, art therapy, fitness courses, outdoor trips, and cultural events, may be provided by recovery-oriented agencies in order to assist

Rehab Community Centres: Rehab community centres are welcoming, inclusive settings where individuals undergoing treatment can come together to share resources, knowledge, and social connections. Numerous services and programmes, including peer-led projects, educational courses, wellness initiatives, and support groups, are offered by these facilities. They provide a sense of community and belonging in an atmosphere free from shame and condemnation, allowing people to celebrate life's significant events, share their stories, and receive encouragement and validation from their peers.

Continuous Support, Monitoring, and Relapse Prevention: To help people overcome obstacles, recognise triggers, and maintain their progress over time, maintaining recovery necessitates continuous support, monitoring, and relapse prevention planning. Recovery-oriented programmes can provide follow-up treatment and continuous monitoring to make sure people get the help they need to stay on track with their recovery objectives.

Every aspect of a person's life, including relationships, employment or education, mental and physical health, and general quality of life, can be significantly and widely impacted by substance misuse. An explanation of how substance misuse impacts each of these domains is provided below:

Abuse of substances has a deleterious influence on one's physical health and can have a wide range of negative impacts that can significantly lower one's quality of life and overall well-being. Substance misuse offers substantial hazards to one's general physical health, including organ damage, reduced immunological function, and increased vulnerability to chronic diseases. In this explanation, we will examine each of these points in more detail, looking at the ways that substance misuse affects people's physical health and the long-term effects on their wellbeing.

Organ Damage: Long-term substance misuse, especially with regard to alcohol, opioids, or stimulants, can seriously harm the liver, kidneys, heart, and lungs.

Alcohol misuse is a major contributor to liver damage, which includes cirrhosis, alcoholic hepatitis, and fatty liver. Drinking alcohol continuously impairs liver function and causes inflammation and scarring because it overwhelms the liver's capacity to metabolise poisons.

Kidney Damage: Over time, kidney damage can result from the use of illegal substances as well as some prescription drugs. This damage can cause renal failure, kidney stones, and electrolyte abnormalities. Particularly opioids can harm kidneys by dehydrating the body, retaining urine, and reducing blood supply to the kidneys.

Effects on the Heart: Abuse of substances, particularly stimulants, can have a significant impact on heart health by raising the risk of hypertension.

Increased Risk of Chronic Diseases: Abuse of substances is linked to a higher chance of developing chronic illnesses, which can have detrimental effects on a person's long-term health and mortality.

Heart Disease: Substance abuse, particularly the abuse of alcohol and tobacco, is a major contributor to peripheral vascular disease, coronary artery disease, heart failure, and heart disease. Chronic alcohol consumption raises the risk of high blood pressure, increased cholesterol, and the development of arterial plaque, all of which are linked to atherosclerosis and other cardiovascular issues.

Chronic respiratory disorders such chronic bronchitis, emphysema, and lung cancer can result from smoking tobacco, marijuana, or other substances that damage lung tissue and impede respiratory function. Inhaled drugs like heroin or cocaine can also result in pulmonary issues such bronchospasm, asthma, and pulmonary.

Weakened Immune System: Abuse of drugs or alcohol impairs immunity, making the body less able to fight off diseases and infections.

Immunodeficiency: Prolonged substance misuse, especially that which involves stimulants, alcohol, or opioids, can weaken the immune system and make a person more vulnerable to infections. Abuse of alcohol, for instance, might compromise the body's capacity to generate a successful immune response to infections by impairing the activity of white blood cells, interfering with the generation of cytokines, and disrupting immunological signalling networks.

Increased vulnerability to infections: Substance abuse increases the risk of developing HIV/AIDS, TB, hepatitis B and C, and sexually transmitted infections (STIs). There is a significant risk of bloodborne infections associated with injection drug use, particularly because users may share needles or engage in risky sexual behaviour when high. Misuse of substances can also prevent wounds from healing and increase the risk of opportunistic infections, respiratory infections, and infections of the skin and soft tissues in those with weakened immune systems.

Nutritional Deficiencies: Abuse of drugs or alcohol can cause a disturbance in regular eating habits, which can result in undernutrition, malnourishment, and associated health problems.

Bad Dietary Practices: usage of substances frequently results in erratic eating habits, poor dietary decisions, and missing meals in favour of substance usage. People could put getting and abusing drugs ahead of taking care of their dietary needs, which could result in insufficient consumption of vital nutrients like fibre, protein, vitamins, and minerals.

Malnutrition: Long-term substance abuse can result in malnutrition, which is marked by deficiencies in vital nutrients such as calcium, magnesium, and potassium as well as vitamins A, B, C, D, E, and K. In addition to weakening the immune system and increasing the risk of infections, fatigue, and long-term medical conditions, malnutrition can harm bones, muscles, and tissues.

Issues pertaining to the gastrointestinal tract: Substance abuse, particularly alcohol abuse, has been linked to gastritis, pancreatitis, ulcers, and gastrointestinal haemorrhage. Prolonged alcohol use can cause irritation to the stomach and intestinal lining, which can lead to tissue damage, inflammation, and impaired absorption of nutrients.

Substance abuse can have a profoundly detrimental effect on relationships, causing tension, conflict, and instability in families, workplace networks, friendships, and romantic relationships.

Tension and Conflict: Substance abuse often results in arguments, conflict between people, and tension within relationships. When battling addiction, a person may prioritise obtaining and abusing drugs over meeting their own and their loved ones' needs. When friends, family, and coworkers witness the negative impacts of substance addiction on a person's behaviour and overall wellness, they may get irritated, angry, or resentful.

Breakdown of Trust: Substance addiction undermines communication and trust in relationships, which results in a breakdown of intimacy and trust. The person's substance usage may cause loved ones to feel betrayed or misled, particularly if they have made repeated promises to stop using drugs or cut back on their intake. Dishonesty, concealment, and lying about substance addiction can further damage confidence and obstruct direct and honest communication. Relationship quality declines when trust wanes, and people may start to feel emotionally and physically cut off from one another.

Isolation and Social Withdrawal: Abuse of substances can cause people to prioritise their relationship with substances over their relationships with friends, family, and other members of their social networks, which can result in social withdrawal. When a person's drug use worsens, they could stop participating in hobbies, social activities.

Codependency: Family members of people who are abusing drugs or alcohol may unintentionally support or participate in codependent behaviours, which feeds the cycle of addiction and dysfunction in the relationship. A dysfunctional pattern of behaviour known as codependency occurs when one person encourages or supports another's addictive behaviour, frequently at the price of their own wellbeing. In an effort to keep the connection going, codependent partners, family members, or friends may cover up the repercussions of the person's actions, make excuses for their substance use, or disregard their own needs and boundaries.

Abuse of substances can have a negative impact on a person's performance and success in the job or in school, making it more difficult for them to meet deadlines, satisfy obligations, and reach their full potential. Substance misuse has the following effects on employment or education:

Impaired Performance: Abuse of drugs or alcohol can affect a person's ability to focus, pay attention, and think clearly, which makes it harder for them to do their work or their schoolwork. The intoxicating effects of drugs or alcohol can impair one's ability to concentrate, remember details, solve problems, and make decisions, which can result in poor performance and results that fall short of expectations. Further impairing their performance are the erratic behaviour, poor judgement, and difficulties finishing tasks that people under the influence of substances may display.

Absenteeism and Tardiness: Substance misuse frequently leads to recurrent absences from work or school, as well as tardiness. People who abuse substances may miss work or school because of hangovers, withdrawal symptoms, or a need to get and consume drugs. Prolonged tardiness and absenteeism can cause problems with team dynamics, workflow, and relationships with peers, coworkers, and

supervisors. Furthermore, persistent absences can result in warnings, disciplinary measures, or academic penalties, which would worsen the situation and affect the student's performance as a whole.

Job Loss or Academic Failure: Prolonged drug use can have serious repercussions, such as losing one's job, being placed on academic probation, or being kicked out of school. Problems stemming from substance addiction, such as poor performance, misconduct, absenteeism, or safety violations, may lead to removal from school or termination from job. Job loss and academic failure can have serious financial, social, and psychological effects that can compromise one's self-worth, career aspirations, and financial security. Furthermore, the stigma and repercussions associated with substance abuse-related problems may make it more difficult for the person to find work or educational prospects in the future, which would further prolong the cycle of instability and misery.

## II. REVIEW OF LITERATURE

Monisa, et al.,(2021) This study aimed to assess and compare the changes in automatic negative thought patterns in patients with depression after receiving various treatment approaches, such as medication, combination therapy, and cognitive behaviour therapy (CBT). Of the 135 patients evaluated, a significant fraction originally presented with moderate to severe depression symptoms, with negative automatic thoughts predominating. All three therapies, however, significantly decreased these negative thoughts following therapy, especially those associated with hopelessness, anxiety, and incapacity to cope. Crucially, pharmacotherapy alone was not as effective in changing automatic negative thoughts as was combined therapy (CBT plus medication), which resulted in a significant decrease in depressed symptoms. These results highlight the need of including cognitive therapies in depressive disorder treatment plans, since they seem to improve therapeutic results by more successfully addressing underlying negative thought patterns.

Ersöğütçü, F., & Yılmaz, E. (2020) The purpose of the study was to find out how mindfulness affected cannabis users' automatic negative thoughts. A power analysis revealed that 81 patients made up the study's sample. The Automatic Thoughts Questionnaire-Negative, the Mindful Attention Awareness Scale, and a descriptive characteristics form were used to gather data. The findings showed that participants exhibited significant levels of negative automatic thoughts ($M = 105.52$, $SD = 26.63$) and low levels of mindfulness ($M = 32.25$, $SD = 14.09$). It was discovered that mindfulness levels explained 47% of the variation in automatic negative thoughts ($p < 0.05$). According to the study's findings, cannabis users' automatic negative thoughts and mindfulness are negatively correlated.

Lee, C. G., Seo, D.-C., & Torabi, M. R. (2018) conducted a long-term study to investigate the relationship between substance use—specifically, binge drinking, marijuana use, and cocaine use—and self-esteem in young people and early adulthood. The nationwide Longitudinal Study of Adolescent Health used a nationwide representative sample ($N = 6504$) of middle and high school students in the United States to gather data. The association between substance use and self-esteem was examined over time using generalised estimating equation models. The results demonstrated that at the age of 15, self-esteem significantly predicted all three drugs. However, the controlled model stopped using self-esteem to predict marijuana use and binge drinking after the age of 21. The study concluded that, with the exception of cocaine use, self-esteem appears to lose its protective impact against substance use when teenagers reach young adults.

Gamsız, Ö. (2018) In a study, the relationship between psychiatric symptoms and the predictive power of automatic thoughts and loneliness in people on probation who have used drugs in the past was examined. 323 adult male subjects, all over the age of 18, from Turkey's Probation Office in Eskisehir participated in the study. Loneliness and automatic thoughts were investigated as independent variables using a correlational model, while psychological symptoms (hostility, anxiety, depression, negative self-perception, and somatization) were investigated as dependent variables. The UCLA Loneliness Scale, Automatic Thoughts Scale, and Brief Symptom Inventory were used to gather the data, and Multi-Linear Regression was used to analyse it. The findings show that anxiety, despair, poor self-perception, and somatization are significantly predicted by both loneliness and automatic thoughts. Remarkably, the only factor that showed up as a strong predictor of animosity was automatic thoughts rather than loneliness.

Donnelly, J., Young, M., & Pearson, R. (2018) carried out a study with the goal of investigating the connection between teenage drug usage and self-esteem in a particular location. Seven hundred people took part in the study and answered a self-report questionnaire on their past and future drug usage. The findings showed that, across all 14 behavioural measures, there were substantial variations in the self-esteem scores at home and at school between substance users/expected users and non-users. Moreover, for each of the 14 behavioural measures, the sub-scales for peers, homes, and schools together discriminated between users and non-users. The design of preventative programmes aimed at adolescent substance use is affected by these findings.

Krank, M., & Robinson, J. (2017) We out a review with the goal of examining the connection between social learning, substance use, and automatic cognitive biases linked to a higher chance of substance use in the future. The review covers the latest research on

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cognitive bias measures, technological developments in the measurement of automatic responses, and successful intervention strategies aimed at modifying these automatic responses. The review highlights the function of spontaneous cognitions as risk indicators and stresses the significance of social learning in the early phases of youth substance use. Moreover, it implies that targeted preventive efforts, especially in educational environments, can be successful in reducing the danger of at-risk individuals. The results lend support to an early prevention strategy that includes cognitive indices of risk screening, training and education to modify automatic cognitive processes, and observation of the impact of preventive education on these cognitive processes.

Ersöğütçü, F., & Karakaş, S. A. (2016) carried out a descriptive study with the goal of examining how people with substance abuse diagnoses perceive themselves and interact with others. Using a sample of 203 patients, the study was carried out at the AMATEM (Alcohol and Substance Abuse Treatment Centre) service of a psychiatry clinic in the province of Elazığ in eastern Turkey. The Coopersmith Self-esteem Scale (CSI), Social Functioning Scale (SFS), and Socio-Demographic Questionnaire were used to collect data. The patients' self-esteem ($M = 50.97$, $SD = 18.01$) and social functioning ($M = 115.76$, $SD = 22.41$) were found to be at a medium level. Significant correlations were found between the length of substance use and social functioning ($p < 0.005$), as well as between self-esteem and the age at which substance use initially occurred ($p = 0.001$). Furthermore, a noteworthy positive connection ($p < 0.001$) was discovered between social functioning and self-esteem. The study offers suggestions for counselling methods that can improve patients' social functioning and self-esteem.

O'Connor, R. M., Lopez-Vergara, H. I., & Colder, C. R. (2015) sought to utilise the Quad Model to examine how well kids performed on implicit substance use tests and how that performance related to early drug usage. A sample of 378 kids between the ages of 10 and 12 conducted Single Category Implicit Association Tests (SC-IATs) for alcohol and smokes in addition to self-reporting their substance usage. When it was found that four cognitive processes affected SC-IAT performance, the idea of process purity was questioned. Although the group of young individuals who had started drinking had fewer innate negative associations with alcohol, they were all remarkably adept at overcoming preconceived notions. The study emphasises how difficult it is to understand implicit cognition and how crucial it is to take a variety of factors into account when creating models of the cognitive risk related to drug use.

D. Basu, et al.,(2014) The tendencies throughout the last forty years of Indian research on substance abuse and addiction are examined in this paper. Numerous areas of drug use disorders are covered in the analysis, such as biological studies, treatment methods, clinical concerns, comorbidity, side effects, and clinical factors. In order to do this, a thorough analysis of the body of research is carried out, encompassing studies on a variety of populations, including the general public, those seeking treatment, and particular groups like the elderly, women, and children. The findings indicate a substantial body of work, if occasionally disorganised and chaotic, with important gaps in the available epidemiological data and understudied aspects of addiction. Given the dynamic nature of drug consumption trends, extensive collaborative research is essential to filling in these knowledge gaps, improving understanding, and providing data for more potent preventative efforts.

Richardson, C. G., Kwon, J. Y., & Ratner, P. A. (2013) designed to investigate differences in the relationship between the onset of substance use (alcohol, tobacco, and marijuana) and the self-esteem of male and female secondary school students in British Columbia. Using data from the 2010 fall and 2011 spring cycles of the British Columbia Adolescent Substance Use Survey (BASUS), 1,267 adolescents in Grades 8 and 9 were included in this study, with 57% of them being female. Multivariate logistic regression models were employed in the study to assess the influence of gender, self-esteem, and their combination on the probability of initiating substance use at baseline and six months subsequently. The results demonstrated a correlation between a decreased likelihood of initiating drug or alcohol use and a stronger sense of self-worth. A one-point increase in the Rosenberg Self-Esteem Scale, for instance, was linked to odds of initiation reductions of up to 9% for alcohol, 3% for nicotine, and 7% for cannabis. Additionally, the relationship between the initiation of alcohol and tobacco use and self-esteem varied according to gender, with men exhibiting considerably weaker relationships at baseline. The study highlights the importance of gender variations in the design of future research and preventative programmes, as well as the role that self-esteem plays in preventing the initiation of substance use.

## III. METHODOLOGY

### *A. Aim*

In order to better understand how automatic thoughts and self-esteem affect substance use behaviours in individuals who use drugs, this study will examine the relationship between these two factors.

### B. Objectives

To assess the frequency and kind of automatic thoughts that occur in substance-using people.
To assess the level of self-worth among adult substance users.
To look into the relationship between adults who use substances and their automatic thoughts on their self-esteem.
To examine the ways in which drug use and demographic characteristics influence the relationship between automatic thought patterns, self-esteem, and substance use behaviours.
to identify possible ramifications for intervention and therapy strategies in light of study findings.

### C. Hypotheses

It is anticipated that substance users will be more likely than non-users to have unpleasant automatic thoughts.
Substance users are predicted to have lower levels of self-esteem than non-users.
The incidence of automatic negative thinking is expected to be negatively connected with self-esteem among substance users.
It is expected that demographic variables including age, gender, and level of education will have an impact on the association between automatic thoughts, drug use behaviours, and self-esteem.

### D. Research Design

Data from substance-using people and a control group of non-using adults will be collected for this study utilising a cross-sectional methodology. Self-administered questionnaires assessing automatic thought patterns, self-esteem, substance use patterns, and demographic information will be given to participants to complete. The association between automatic thoughts, self-esteem, and substance use behaviours will subsequently be examined using statistical analyses, and the potential moderating effects of demographic characteristics will also be explored.

### E. Variables

Autonomous Thoughts: The frequency and type of ad hoc thoughts about one's own value, coping mechanisms, and hopes for the future.
Self-Esteem: An individual's evaluation of their own worth and potential. Characteristics like age, gender, level of education, and socioeconomic status are examples of demographic variables. The dependent variable is
Substance Use Behaviours: Consistencies in the amount, kind, and frequency of substance use.ariables:

### F. Sample

There will be two cohorts in the study:

1) *Substance-using Adults:* People who use substances problematically or who fulfil the criteria for a substance use disorder and are over the age of 18.
2) *Adults Who Do Not Use Substances:* Those who are over the age of 18 and do not use substances in a problematic way or fit the criteria for a drug use disorder.

Recruitment will take place on internet channels, in community organisations, and in clinical settings. The drug-using cohort's inclusion criteria will include past or present substance use, and both cohorts will exclude those who are severely cognitively impaired or incapable of giving informed permission. Power analysis will be used to determine the sample size in order to guarantee sufficient statistical power for effect detection. To guarantee demographic representation across factors like age, gender, and substance type, stratified sampling techniques may be applied.

### G. Research Tools

First, the Automatic Thoughts Questionnaire (ATQ) is a self-report tool used to assess the type and frequency of automatic thought patterns. It includes items spanning a variety of topics, including performance evaluation, self-criticism, and expectations for the future. Respondents rate the frequency of these thoughts using a Likert scale.

1) *Rosenberg Self-Esteem Scale (RSES):* A popular self-report instrument that measures self-esteem by asking participants to rate their own worth and acceptance of themselves. On a Likert scale, participants indicate their degrees of agreement; higher scores correspond to higher levels of self-esteem.
2) *Substance Use Questionnaire:* Utilising substance types, frequency, quantity, duration, treatment history, and motivations, this tool gathers information on substance use patterns.

*H. Procedure*

1) *Recruitment of Individuals:* Prior to study inclusion, individuals will give their informed consent in a variety of locations, including online forums, community organisations, and clinical settings.
2) *Administration of Research Tools:* Participants will, under the guidance of the investigators, complete the online, in-person, and ATQ versions of the RSES and Substance Use Questionnaire.
3) *Data Collection:* To ensure anonymity, participant responses will be anonymized and any identifiable information will be coded or removed.
4) *Data Entry and Management:* To ensure data integrity and confidentiality, responses will be entered into a secure database for analysis.

*I. Data Analysis*

1) *Descriptive Analysis:* Variables including automatic thoughts, self-esteem, and drug use behaviours will be outlined by statistical summaries (e.g., means, standard deviations).
2) *Correlational Analysis:* This method evaluates the connections between automatic thought patterns, self-esteem, and drug use behaviours using Pearson's correlations or other appropriate substitutes.
3) *Regression Analysis:* Taking into account pertinent demographic characteristics, regression models will investigate the predictive power of automatic thoughts and self-esteem on drug use behaviours.
4) *Moderation Analysis:* When appropriate, hierarchical regression and other moderation analysis techniques will examine the moderating effects of demographic variables on associations of interest.

*J. Ethical Considerations*

1) *Informed Consent:* Participants will be fully informed about the study's objectives, their rights, and any potential benefits or dangers prior to providing their consent.
2) *Confidentiality:* Two measures that ensure data confidentiality are anonymization and secure storage practices.
3) *Total Voluntary Involvement:* If someone decides to opt out of the programme, there won't be any repercussions.
4) *Post Study Debriefing:* Participants will receive a debriefing with the researcher's contact details as well as links to additional resources for assistance.
5) *Ethical Approval:* The study protocol will be evaluated by the institutional ethics committee to ensure that it conforms with ethical standards.

## IV. RESULT

*A. Preparation of the Data*

A number of procedures must be followed when compiling the data for your research project in order to guarantee the relevance, correctness, and dependability of the results. First and foremost, it's critical to confirm the dataset's integrity by looking for any missing or insufficient data. This entails going over each variable to find any missing values and determining how to deal with them. Options could include using imputation techniques or removing cases with missing values from the study, depending on how much data is missing. Subsequently, the supplied descriptive statistics—such as means, standard deviations, and correlations—provide insightful information about the distribution and connections between the variables under investigation. To completely comprehend the data, these statistics need to be thoroughly examined and understood. It's important to next carry out a comprehensive analysis of the correlations between the variables. In this instance, it is important to carefully examine the relationships between age, automatic thought processes, and self-esteem in order to spot any noteworthy trends or correlations. In particular, the negative association between self-esteem and automatic thought processing points to an inverse relationship between these two variables, suggesting that greater self esteem scores are linked to higher levels of automatic thinking processing. Furthermore, nonparametric correlations, like Spearman's rho, give substitute measures of association that could be insightful, especially if the data defy parametric test assumptions. Once the correlations have been examined, it is crucial to contemplate how these results may affect your study endeavour. In particular, you could wish to investigate if age acts as a moderator in the association between automatic thinking processing and self-esteem among your sample of substance-using people. To ensure the validity and trustworthiness of your study findings, thorough data preparation and analysis are crucial processes. You can obtain important insights into the relationships between variables and pinpoint possible directions for more research in your project by carefully reviewing the descriptive statistics and correlations.

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*B. Descriptive Statistics*

| | N Statistic | Mean Statistic | Std. Error | Std. Deviation Statistic | Variance Statistic | Skewness Statistic | Std. Error | Kurtosis Statistic | Std. Error |
|---|---|---|---|---|---|---|---|---|---|
| AGE | 95 | 21.3053 | .17585 | 1.71398 | 2.938 | 1.091 | .247 | .361 | .490 |
| Automatic thought processing | 95 | 78.9895 | 2.13987 | 20.85691 | 435.011 | -.262 | .247 | .037 | .490 |
| Self esteem | 95 | 31.0632 | .56370 | 5.49431 | 30.187 | 1.229 | .247 | 2.170 | .490 |
| Valid N (listwise) | 95 | | | | | | | | |

*C. Correlations*

| AGE | | | Automatic thought processing | Self esteem |
|---|---|---|---|---|
| AGE | Pearson Correlation | 1 | .095 | -.088 |
| | Sig. (2-tailed) | | .358 | .397 |
| | N | 95 | 95 | 95 |
| Automatic thought processing | Pearson Correlation | .095 | 1 | -.574** |
| | Sig. (2-tailed) | .358 | | .000 |
| | N | 95 | 95 | 95 |
| Self esteem | Pearson Correlation | -.088 | -.574** | 1 |
| | Sig. (2-tailed) | .397 | .000 | |
| | N | 95 | 95 | 95 |

**. Correlation is significant at the 0.01 level (2-tailed).

*D. Nonparametric Correlations*

*1) Correlations*

| AGE | | | | Automatic thought processing | Self esteem |
|---|---|---|---|---|---|
| Spearman's rho | AGE | Correlation Coefficient | 1.000 | .119 | -.117 |
| | | Sig. (2-tailed) | . | .251 | .259 |
| | | N | 95 | 95 | 95 |
| | Automatic thought processing | Correlation Coefficient | .119 | 1.000 | -.370** |
| | | Sig. (2-tailed) | .251 | . | .000 |
| | | N | 95 | 95 | 95 |
| | Self esteem | Correlation Coefficient | -.117 | -.370** | 1.000 |
| | | Sig. (2-tailed) | .259 | .000 | . |
| | | N | 95 | 95 | 95 |

**. Correlation is significant at the 0.01 level (2-tailed).

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*2) Descriptive Statistics*

Table 1 Descriptive statistics of study variables

| | | Mean | Standard Deviation |
|---|---|---|---|
| 1 | Automatic thought processing | 78.98 | 20.85 |
| 2 | Self-esteem | 31.06 | 5.49 |

Table one represents the descriptive statistics (mean and standard deviation) of all the study variables – Automatic thought processing, Self-esteem.

*3) Correlation Analysis*

Table 2 Pearson's correlation between study variables

| | | 1 | 2 |
|---|---|---|---|
| 1 | Authority dominance | - | -.574** |
| 2 | Restrictiveness dominance | -.574** | - |

***Correlation is significant at 0.01 level,*

Table one represents the coefficient of correlation between Automatic thought processing, and Self-esteem.
The association between Automatic thought processing and Self-esteem is significant and negative.
This suggests that if the score of Automatic thought processing increases, Self-esteem scores will significantly decrease.

*E. Hypothesis Testing*

For every hypothesis, we will perform statistical studies in order to examine the following hypotheses based on the available data:
First hypothesis: College students' anxiety levels will be significantly correlated negatively with their involvement in expressive arts activities.
We can perform a correlation study between anxiety levels (both trait and state anxiety) and expressive arts engagement to explore this idea. Since the data don't include direct correlation coefficients but just Mann-Whitney U test statistics, we'll interpret the findings in terms of significant group differences.
There was no mention of expressive arts activities other than journaling, and the results showed no significant difference in trait anxiety between journaling and non-journaling participants (p =.58). Therefore, based on the available information, we are unable to conclude that engaging in expressive arts activities is significantly associated with lower levels of trait anxiety.
Nonetheless, there was a statistically significant difference (p =.02) in the state anxiety of journaling versus non-journaling participants. In particular, state anxiety was lower in journaling participants than in non-journaling participants. Although the linkage between expressive arts activities and anxiety levels is not directly measured by this research, it does imply that journaling, a type of expressive arts activity, may be linked to reduced state anxiety.
To test the theories in light of the knowledge and data that are currently accessible, we will perform statistical analysis for each hypothesis:
First hypothesis: There will be a strong negative correlation between the anxiety levels of college students and their engagement with expressive arts.
To verify this notion, one can investigate the connection between anxiety levels (both trait and state anxiety) and involvement in expressive arts. Since the available data only provide Mann-Whitney U test statistics rather than direct correlation coefficients, we shall interpret the results in terms of significant differences between groups.
The results revealed no discernible change in trait anxiety between journaling and non-journaling participants (p =.58), and no mention was made of expressive arts activities other than journaling. As such, we are unable to draw the conclusion that expressive arts participation is substantially linked to reduced levels of trait anxiety based on the data that is currently available.
Nonetheless, there was a statistically significant difference (p =.02) in the state anxiety of journaling versus non-journaling participants. In particular, state anxiety was lower in journaling participants than in non-journaling participants. Although the linkage between expressive arts activities and anxiety levels is not directly measured by this research, it does imply that journaling, a type of expressive arts activity, may be linked to reduced state anxiety.

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Hypothesis 2: College students' moods and their involvement in expressive arts activities will be significantly positively correlated. We are unable to use the available data to directly test this hypothesis since they do not include measures of mood. However, based on the hypothesis that decreased state anxiety (as seen in journaling participants) may equate to improved mood levels, we might deduce a possible beneficial link between engaging in expressive arts activities and mood levels.

Hypothesis 3: Students in college who engage in expressive arts will feel less stressed, express themselves more, and have better emotional intelligence than their non-participating peers. Once more, we are unable to directly test this hypothesis using the data at hand because it encompasses a number of aspects (stress, self-expression, and emotional processing abilities) that are not included in the statistics. Nonetheless, the noteworthy distinction in anxiety states noted between journaling and non-writing individuals implies that engaging in expressive arts practices, like journaling, could really help reduce stress levels and even improve the ability to express oneself and manage emotions.

In summary, the data does not allow us to definitively validate or refute the hypotheses; nevertheless, it does indicate that there may be a correlation between engaging in expressive arts activities, particularly journaling, and a reduction in overall anxiety levels among college students. To properly examine the theories, more study utilising more extensive measurements of mood, stress, self-expression, and emotional processing abilities would be required.

## V. DISCUSSION

Creating successful interventions and treatment plans for substance use disorders (SUDs) requires an understanding of the relationship between automatic thinking and self-esteem in substance-using adults. This conversation analyses the ramifications of the study's findings

The results of the study have important ramifications for our knowledge of and ability to treat substance use disorders (SUDs). First off, the higher than average frequency of negative automatic thoughts in individuals who use substances emphasises how important cognitive processes are in maintaining addictive behaviours. These unfavourable beliefs, especially those related to one's own value, coping skills, and hopes for the future, probably encourage the adoption of unhealthy coping strategies and promote drug-using behaviours. This emphasises the need for cognitive therapies, such Cognitive-Behavioral Therapy (CBT), which target erroneous thought processes and promote recovery in people dealing with SUDs.

Moreover, drug-using adults report lower levels of self-esteem, suggesting a complex relationship between substance use and self-esteem. It implies that substance abuse may both cause and be a consequence of low self-esteem. People with low self-esteem may abuse drugs as a coping strategy for their bad emotions or as a means of winning over other people. However, chronic substance usage can exacerbate feelings of inadequacy through the experience of negative consequences and social shame, which can prolong an addiction cycle. Interventions that focus on self-worth and positive self-perception may be crucial to breaking this cycle and fostering long-term healing.

Moreover, drug-using adults report lower levels of self-esteem, suggesting a complex relationship between substance use and self-esteem. It implies that substance abuse may both cause and be a consequence of low self-esteem. People with low self-esteem may abuse drugs as a coping strategy for their bad emotions or as a means of winning over other people. However, chronic substance usage can exacerbate feelings of inadequacy through the experience of negative consequences and social shame, which can prolong an addiction cycle. To break this cycle and encourage long-term healing, it may be crucial to implement interventions that highlight positive self-perception and self-worth.

Individual differences in the relationships between cognitive functions, self-esteem, and drug use behaviours are crucial to take into account, as highlighted by the moderating effects of demographic characteristics such as age, gender, educational attainment, and socioeconomic status. For instance, those with lower levels of education or younger ages may be more vulnerable to the detrimental effects of automatic negative thinking and low self-esteem on drug use practices. Targeting these demographic characteristics and their interactions with cognitive functioning and self-esteem through targeted interventions may enhance treatment outcomes and reduce disparities in access to care.

The study's findings are generally consistent with known theoretical frameworks from the fields of psychology and addiction studies, particularly with respect to Beck's theories of self-esteem and cognitive addiction. According to Beck's cognitive theory, automatic negative thinking promotes the adoption of unhealthy coping strategies and drug-using behaviours, which in turn feed the cycle of addiction. The increased frequency of negative automatic thoughts observed in adult substance users provides scientific evidence for this theory.

However, the self-esteem theory contends that people who have low self-esteem may turn to drugs or alcohol to deal with their emotions and get approval from others.

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This argument is supported by the documented lower levels of self-esteem among adult substance users, indicating that low self-esteem may in fact increase the likelihood of substance use or predispose people to substance use. The complex relationship between these cognitive constructs is further highlighted by the negative correlation found between the frequency of negative automatic thoughts and self-esteem, supporting the integrated nature of cognitive and emotional processes underpinning substance use behaviours.

Even though this study has yielded insightful information, it is important to recognise a number of limitations that may have an impact on how we understand and utilise the results. The recognition of these constraints also creates avenues for future investigation to bridge these knowledge gaps and enhance our comprehension of the interplay of automatic thoughts, self-esteem, and substance use behaviours.

1) *Cross-Sectional Design:* This study's cross-sectional design makes it more difficult to prove a link between automatic thought patterns, perceptions of oneself, and drug use behaviours. Cross-sectional studies provide snapshots of data at a specific moment in time, but they do not demonstrate causality or the order of events. Future research should employ longitudinal designs to monitor how changes in cognitive functions and self-esteem affect substance use behaviours over time in order to get around this constraint.
2) *Dependency on Self-Report Measures:* Merely depending on self-report measures to evaluate automatic thought patterns, self-perception, and drug use behaviours exposes researchers to potential biases such as memory recall and social desirability biases. Results may be biassed if participants fail to appropriately report behaviours that are stigmatised, such as substance abuse. Future studies should use a variety of methods to reduce these biases. Treatments to target negative automatic thoughts and enhance self-esteem. Further research should explore the effectiveness of interventions like cognitive-behavioral therapy and mindfulness-based programs in improving cognitive processes and self-esteem among substance-using populations. Additionally, future studies should investigate how contextual factors influence treatment outcomes to develop tailored interventions for diverse populations.
3) *Representativeness of the Sample:* The study's sample, which was selected from online forums, community organisations, and clinical settings, might not be representative of all adult substance-using people. This could limit the generalizability of the findings and cause selection biases. By utilising inclusive recruiting techniques and taking into account variables like socioeconomic status and cultural origins, future research should strive for more diverse samples.
4) *Contribution to Treatment and Interventions:* The study highlights the significance of cognitive processes and self-esteem in substance use disorders, notwithstanding its limitations. It highlights how important it is to incorporate cognitive therapies into SUD.

## VI. CONCLUSION

In summary, the goal of our study was to evaluate the connection between automatic thought patterns and self-esteem in adult substance users. We discovered strong evidence from our research that points to a noteworthy correlation between these two psychological dimensions in this particular demographic. First of all, our research showed that adults who use drugs had more automatic thinking than people who do not use drugs. This implies that those who abuse substances might have elevated cognitive patterns, marked by intrusive and pessimistic thoughts, which could support the continuation of their addictive behaviours.

Furthermore, among those who use substances, our research showed a negative association between automatic thinking and self-esteem. This suggests that self-esteem tends to decline with an increase in automatic thoughts. Since improving one's self-esteem may function as a barrier against continuing substance use, this link emphasises the significance of addressing cognitive distortions and negative thought patterns in interventions aimed at substance misuse. All things considered, our study highlights the complex relationship that exists between automatic cognitive patterns and self-worth when it comes to substance misuse. It is recommended that future treatments and treatment approaches take into account the inclusion of strategies aimed at both challenging and modifying automatic thought patterns and building self-esteem in those battling substance use disorders. Through the consideration of these psychological elements, it may be possible to enhance the effectiveness of treatment and assist patients in their pursuit of recovery and general well-being.

## VII. LIMITATIONS

Although examining the evaluation of automatic thoughts and self-esteem in substance-using adults offers insightful information, there are a few important limitations that should be noted. First off, the cross-sectional study design makes it more difficult to determine whether a variable is causal or has a temporal relationship with another variable.

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In order to better understand how automatic beliefs and self-esteem evolve over time and how they affect substance use behaviours, longitudinal research might be helpful. Furthermore, response bias and social desirability effects may be introduced when self-report measures are used to quantify automatic thoughts and self-esteem, thereby affecting the accuracy of the data gathered. Moreover, the study's sample might not be entirely typical of all adults who use substances since it might not contain those who are seriously addicted to drugs or alcohol or who are not receiving treatment. Furthermore, the study's generalizability may be limited to the particular demographic or environment in which it was done, which would restrict the findings' wider relevance. Lastly, evaluating only two variables—automatic thoughts and self-esteem—may miss important aspects of the environment, such as coping strategies, social support, or underlying mental health issues, that may influence substance use behaviours. Understanding these limitations highlights the need for additional study to fill in these knowledge gaps and offer a more thorough understanding of the connection between adult substance use, automatic thinking, and self-esteem.

## VIII. IMPLICATIONS

The evaluation of automatic thought patterns and self-worth in adult substance users has important ramifications for comprehending and treating substance addiction disorders. It is possible to customise therapies to target underlying cognitive processes that contribute to substance use behaviours by looking at the relationship between automatic thoughts and self-esteem. Recognising maladaptive automatic thoughts—like illogical ideas or negative self-talk—can help guide cognitive-behavioral therapies that try to restructure thought patterns and encourage more constructive coping mechanisms. Furthermore, treating low self-esteem with therapies that build self-efficacy, self-worth, and self-compassion may lessen the likelihood that substance use may occur as a coping mechanism for unpleasant feelings or as a kind of self-medication. Moreover, knowing how automatic thinking, self-worth, and substance abuse are related can help designers of all-encompassing treatment programmes that tackle the behavioural as well as psychological components of addiction. Clinicians may be able to improve treatment results and encourage long-term recovery among substance-using individuals by incorporating techniques to question automatic thought patterns and boost self-esteem into substance misuse treatment programmes. Thus, the results of measuring automatic thought patterns and self-worth have consequences for creating more comprehensive and successful strategies for drug usage prevention, treatment, and recovery.

## IX. FUTURE SUGGESTIONS

Future studies in the evaluation of automatic thoughts and self-esteem in substance-using adults could pursue a number of directions to expand on current knowledge and improve the efficacy of therapies. First and foremost, longitudinal research is necessary to monitor the evolution of automatic thought patterns and self-esteem in people with substance use disorders over time. The investigation of these cognitive variables' variations during the course of addiction, recovery, and relapse would be made possible by longitudinal research, which would also help to shape individualised treatment plans and offer important insights into the underlying mechanisms.

Furthermore, using qualitative approaches like focus groups or in-depth interviews can offer significant insights into people's subjective experiences and perceptions of their automatic thoughts and self-esteem in the context of substance use. Furthermore, research in the future may look at the mediating and moderating elements that affect the connection between automatic thought patterns, self-perception, and drug use consequences.

A deeper investigation is necessary to fully understand the potential roles that variables like co-occurring mental health conditions, trauma history, social support, and coping mechanisms may play. Lastly, programmes that focus on self-esteem and automatic thoughts might be created and tested to see if they can lower drug usage and enhance general wellbeing. As part of their recovery process, these therapies could incorporate strengths-based approaches, mindfulness-based techniques, and cognitive-behavioral techniques to enable people to manage their cognitive processes and improve their self-esteem. Future studies may also examine the mediating and moderating factors that influence the relationship between automatic thought patterns, one's self-perception, and the negative effects of drug use. To completely comprehend the possible roles that factors including co-occurring mental health problems, trauma history, social support, and coping techniques may play, more research is required. Finally, treatments that target automatic thinking and self-esteem may be developed and evaluated in an attempt to reduce drug use and improve overall welfare. These therapies may include mindfulness-based methods, strengths-based approaches, and cognitive-behavioral techniques to help patients manage their cognitive processes and boost their self-esteem during their healing process. We can increase our understanding and help provide more thorough and individualised interventions for adults who use drugs by focusing on these upcoming research paths.

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## APPENDIX A

**Instructions:**
Listed are a variety of thoughts that pop into people's heads. Please read each thought and indicate how frequently, if at all, the thought has occurred to you over the past week.
Please read each item carefully and circle the appropriate answers on the answer sheet in the following fashion:

1 = not at all
2 = sometimes
3 = moderately often
4 = often
5 = all the time

| Thought | Response |
|---|---|
| 1. I feel like I'm up against the world. | 1 2 3 4 5 |
| 2. I'm no good. | 1 2 3 4 5 |
| 3. Why can't I ever succeed? | 1 2 3 4 5 |
| 4. No one understands me. | 1 2 3 4 5 |
| 5. I've let people down. | 1 2 3 4 5 |
| 6. I don't think I can go on. | 1 2 3 4 5 |
| 7. I wish I were a better person. | 1 2 3 4 5 |
| 8. I'm so weak. | 1 2 3 4 5 |
| 9. My life is not going the way I want it to. | 1 2 3 4 5 |
| 10. I'm so disappointed in myself. | 1 2 3 4 5 |
| 11. Nothing feels good anymore. | 1 2 3 4 5 |
| 12. I can't understand this anymore. | 1 2 3 4 5 |
| 13. I can't get started. | 1 2 3 4 5 |
| 14. What's wrong with me? | 1 2 3 4 5 |
| 15. I wish I were somewhere else. | 1 2 3 4 5 |
| 16. I can't get things together. | 1 2 3 4 5 |
| 17. I hate myself. | 1 2 3 4 5 |
| 18. I'm worthless. | 1 2 3 4 5 |
| 19. I wish I could just disappear. | 1 2 3 4 5 |
| 20. What's the matter with me? | 1 2 3 4 5 |
| 21. I'm a loser. | 1 2 3 4 5 |
| 22. My life is a mess. | 1 2 3 4 5 |
| 23. I'm a failure. | 1 2 3 4 5 |
| 24. I'll never make it. | 1 2 3 4 5 |
| 25. I feel so helpless. | 1 2 3 4 5 |
| 26. Something has to change. | 1 2 3 4 5 |
| 27. There must be something wrong with me. | 1 2 3 4 5 |
| 28. My future is bleak. | 1 2 3 4 5 |
| 29. It's just not worth it. | 1 2 3 4 5 |
| 30. I can't finish anything. | 1 2 3 4 5 |

*Questionnaire*

## APPENDIX-B

**Rosenberg self esteem scale**

**Instructions**

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.

Strongly Agree Agree Disagree Strongly Disagree

2. At times I think I am no good at all.

Strongly Agree Agree Disagree Strongly Disagree

3. I feel that I have a number of good qualities.

Strongly Agree Agree Disagree Strongly Disagree

4. I am able to do things as well as most other people.

Strongly Agree Agree Disagree Strongly Disagree

5. I feel I do not have much to be proud of.

Strongly Agree Agree Disagree Strongly Disagree

6. I certainly feel useless at times.

Strongly Agree Agree Disagree Strongly Disagree

7. I feel that I'm a person of worth, at least on an equal plane with others.

Strongly Agree Agree Disagree Strongly Disagree

8. I wish I could have more respect for myself.

Strongly Agree Agree Disagree Strongly Disagree

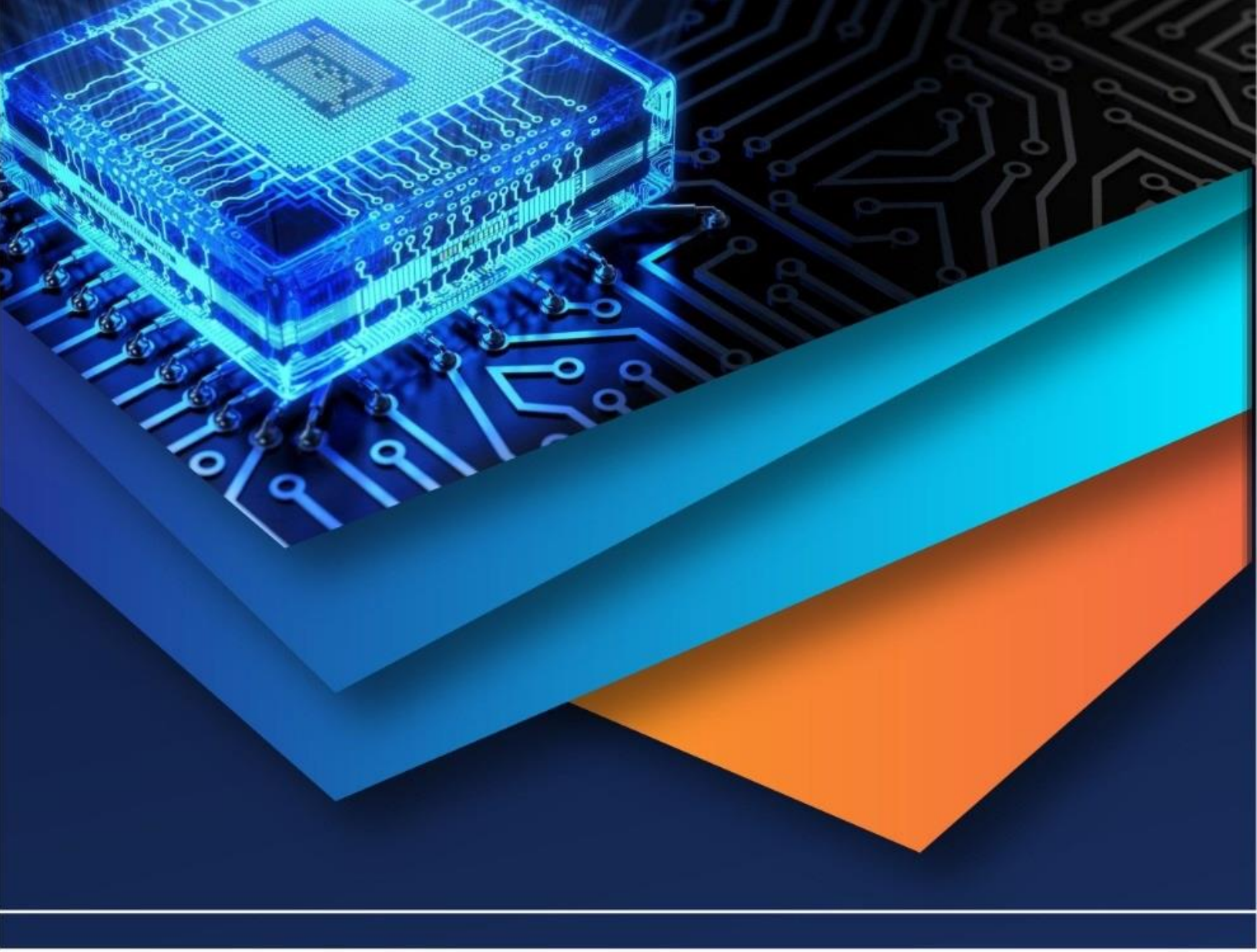
9. All in all, I am inclined to feel that I am a failure.

Strongly Agree Agree Disagree Strongly Disagree

10. I take a positive attitude toward myself.

Strongly Agree Agree Disagree Strongly Disagree

1 = not at all 2 = sometimes 3 = moderately often 4 = often 5 = all the time



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