



## Original Article

## Childhood Trauma as a Predictor of Quality of Life and Substance Abuse: Moderating Role of Resilience and Contingencies of Self-worth

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## ABSTRACT

**Objectives:** Purpose of the current study is to investigate the Childhood Trauma as a predictor of Quality of Life and substance abuse: Moderating Role of Resilience and Contingencies of Self-worth. **Methods:** The cross sectional and correctional survey research design was used in current study. The sample size of the current study was 200 drug users, which are selected through the G power software, with age range from 18 to 40 years. The data was collected from different rehabilitation centers, drug addiction centers, and government and private hospitals of Islamabad Pakistan. The contingencies of self-worth (CSW) scale, Childhood Trauma Questionnaire (CTQ) Brief Resilience Scale (BRS) and the Quality of Life Scale (QOLS), were used to study the variables. The data is analyzed with SPSS 23 software. The moderation regression analysis Pearson product moment correlation was used to analyze the results of the study variables. **Results:** The results of the current study indicated that there is non-significant negative association among Childhood trauma and quality of life ( $r = -.126, P > 0.01$ ). The result also found that the resilience and contingency of self-worth negatively moderating between childhood trauma and quality of life in drug users. **Conclusion:** The current study concluded that there is significant relationship exists in childhood trauma and quality of life among substance users.

## INTRODUCTION

The drug-dependent individuals face greater pressure of stigma among family and friends, work and life stresses, social integration, physical and mental dependency, loss of self-identity, financial difficulties, and lack of institutional assistance as compare to other groups. The negative feedback processing model of addiction indicates that the primary motive for sustaining addictive habits is to recover from negative feelings triggered by the negative external environment. Psychiatric illnesses such as post-traumatic stress disorder (PTSD), major depressive disorder, substance misuse or dependence, or a combination of these diseases are significantly increased by exposure to traumatic experiences, particularly childhood maltreatment [1, 2, 3, 4]. Longitudinal studies show that these psychiatric illnesses can last for years (up to 40 years in one research) following trauma exposure and are less likely to respond to therapy [5-7]. One of the most prevalent psychosocial repercussions of childhood abuse is

substance abuse or dependence. Despite the higher likelihood of childhood maltreatment and other traumas, some people acquire good coping mechanisms and achieve success in one or more crucial life areas, such as relationships or job, demonstrating resilience [1]. The ability to manage adaptively with adversity or trauma is referred to as resilience [8]. It has been described as a complex and multidimensional construct influenced by both personal and environmental influences [9, 8]. Ego strength, hardiness, positive emotions, optimism, spirituality/faith, adaptive coping methods, or cognitive flexibility have all been recognized as important qualities of resilience in studies [9, 10]. Environmental elements that have been demonstrated to enhance resilience include excellent role models, close and loving family attachments, and access to quality or supportive interactions [9]. Resilience is a human capacity to come back from hardship or challenge, or a stressful life event, a perfect

space in positive thinking for this school of thought. An individual with this quality is able to bravely cope with adverse situations without losing one's tempo and endurance because this is a positive and optimistic personality trait that makes people emotionally, psychologically and mentally stable to face difficulties and difficult problems without being upset. People with these traits are likely to be patient, and the darkest movement of life is persistent. Crocker and her colleagues found that the correlation between self-worth and actions depends less on elevated or low levels of self-worth and more on where people share their self-worth [11], though it was reported that alcohol use among first-year college students was not directly predicted by self-esteem. More crucially, those who placed their self-worth on appearance consumed more alcohol, whereas those who based their self-worth on God's virtue or affection consumed little or no alcohol. Additional research by Crocker (2002) [12] indicates that external circumstances are vulnerable to risk (since they must be dealt with on a continuous basis) and can induce negative emotional responses, which can lead to a person seeking the good emotions that alcohol provides. It is projected that those who focus their self-worth on external criteria (e.g. beauty) will have greater rates of drug use than those who base their self-worth on internal ones (e.g. being a nice person). It was expected that self-worth qualities could have a mediation effect in reducing substance misuse disorders among participants who had experienced childhood abuse. Recent research has looked at gender differences in violence since gender differences have been observed to affect aggression vulnerability [13]. Previous research has been shown that people differ not only in their natural or characteristic self-esteem level, but also in their Self-Worth Contingencies (CSW), which measure how much their self-worth fluctuates in reaction to positive and negative self-esteem [14]. Bad events should lead to more decreases in this region and good events should lead to higher increases in self-esteem for an individual the self-worth of which is more focused on [15]. A number of CSW domains and measures have been developed to determine five external causes of self-esteem (i.e. acceptance of others, competitiveness, scholarship, Appearance, support for the family) and two internal (i.e. virtue, love of God) have been identified and developed. According to this conventional research, many people have also established other CSW fields and interventions, Such as contingent self-esteem of relationship [16], association with contingent self-esteem [17], and contingent self-esteem of work accomplishment [18]. Some contingencies may lead to more problematic acts than others. Bullying, for example, can lead to concentrating on self-esteem on gaining

influence over others, while basing self-esteem on virtue can lead to more prosaic behavior. It is possible to demonstrate support for the link between self-worth contingencies and such maladaptive acts as binge drinking, use of illicit substances, and disordered eating in our study of self-worth contingencies in college freshmen. It is important to remember that while childhood maltreatment may have a deleterious effect on future growth, the detrimental influence of child maltreatment can be buffered or reinforced by other factors. Some people for example, develop resistance to these adverse life circumstances in the midst of traumatic experiences of childhood violence and neglect. To understand adaptive and maladaptive pathways, knowledge of maladaptive development mechanisms that lead to dysfunction and resilience is important [8]. In different ways, stressful experiences during childhood can have an effect on later growth. Previous research has shown that experience of maltreatment raises the probability of maladaptive growth and engagement in risk habits, including use of drugs [19,20]. However, the differential results of multiple maltreatment subtypes are were not taken into account in many previous studies [21]. Study by Trickett and McBride-Chang (1995) [22], has demonstrated that combination of physical, sexual, and physical/sexual trauma places the child at greater risk. Similarly, Moran, Vuchinich, and Hall (2004) [23], found that drug use concentrations were higher (tobacco, alcohol, and illicit drugs) were correlated with all subtypes of violence among high school Students with the highest repercussions of physical violence and sexual harassment (emotional, physical, sexual, and physical/sexual combined).

## METHODS

The correlational research design was used in current study. The sample comprises of 200 (n=200 drug users) e.g. cannabis users, heroin users, alcohol users, methamphetamine users, cocaine users, benzodiazepine users. The participants were selected from different drug rehabilitation centers of Islamabad who were admitted in proper setup for treatment seeking. The age range of participants was above 18 years. Sample was approached through the purposive sampling technique.

**Study Instrument:** The demographic type was used to collect participants' socio-demographic data such as age, gender, siblings, birth order, education, socio-economic status and marital status etc. self-worth questionnaire (CSW) was created by Jennifer Crocker and peers which measures how much individuals in different domains invest in their self-esteem it consists of 35 objects, the scale measures seven domains of self-esteem contingency: others' approval, physical appearance, competition,

academic competence, family love and support, moral person and GOD'S love. The seven-point Likert scale response format (1 = strongly disagree, 2 = disagree, 3 = somewhat disagree, 4 = neutral, 5 = somewhat agree, 6 = agree, 7 = strongly agree) (Li, Ashley, Brown & Crocker, 2003). The internal accuracy of the scale and Cronbach alpha is = .76. Childhood Trauma Questionnaire was created by (CTQ) Pennebaker, J.W. & Susman, J.R. (2013). In order to assess the extent of The Childhood Trauma Questionnaire (CTQ): Emotional abuse and neglect, physical abuse, neglect and sexual abuse is a six-item self-report tool. It was tested in terms of psychometric research properties in samples of psychiatric patients, i.e. drug and alcohol abusers (Pennebaker, & Susman, 2013). The alpha of Cronbach ranged from 0.79 to 0.94 for the variables, suggesting high internal consistency. The brief resilience scale (BRS) was developed by Smith et al. (2008) and consists of six items that can be measured using a five-point scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree); greater resilience is expressed by a high score (Smith et al., 2008). The results showed that scales had good criterion validity, with well-established measures of well-being, optimism, self-esteem, self-efficacy and mental health, as suggested in the resilience literature. With Cronbach's alpha ranging from .80 to .91, internal precision is high (Samples 1-4 = .84, .87). The quality of life scale was developed by Flanagan in 1970, there are 16 elements of this Quality of Life Scale (QOLS) that can be calculated using a seven-point scale (1 = bad, 2 = unhappy, 3 = mostly dissatisfied, 4 = mixed, 5 = mostly satisfied, 6 = pleased, 7 = pleased). The QOLS satisfaction scale was internally consistent (alpha = .82 to .92) for stable chronic disease groups and over 3 weeks, it had high test-retest reliability ( $r = 0.78$  to  $r = 0.84$ ).

**Data Analysis:** Using SPSS version 23, the data was analyzed. Descriptive statistics was used in an informative manner to present, manage and sum up the results. For analysis of the results, the Pearson r test was used.

## RESULTS

In this bivariate correlation between variables measured are shown. Self-worth contingencies (CSW) is positive and significantly correlated with childhood trauma (CT), ( $r = .759^{**}$ ), but positive and non-significant with resilience (R), ( $r = .051$ ), as shown in the graph. Similarly, with quality of life (QL), ( $r = -.101$ ).

No	Variables	1	2	3	4
1	Contingencies of self-worth	—	.759*	.051	-.101
2	Childhood trauma	—	—	0.62	-.126
3	Resilience	—	—	—	-.008
4	Quality of life	—	—	—	—

**Table 1:** Inter -Correlation of Study Variables (N=200)

The moderating regression analysis was test for a possible moderating impact of resilience in childhood trauma and quality of life analysis were performed. Findings of these tests are summarized in the table. Tests for a possible moderating impact of Contingencies of self-worth on childhood trauma and quality of life the results were used to moderate the hierarchical regression analysis and a variety of separate tests were carried out as summarized in Table 3.

		Z		
		Model1	Model2	95%CI
Predictors		B	B	P
Constant		59.09	59.41	.000
Childhoodtrauma		-.289	1.274	.159
Resilience		.000	-.010	.909
R <sup>2</sup>	0.16			
F	3.189			
ΔR <sup>2</sup>	.011			
ΔF	1.593			

**Table 2:** Resilience as a Moderator between childhood trauma and quality of life

**Note:** \*\* $p < .01$ , \* $p < .05$  Dependent variable is quality of life

		Z		
		Model1	Model2	95%CI
Predictors		B	B	P
Constant		59.09	57.566	.000
Childhoodtrauma		-.289	-.131	.076
Contingencies of self-worth		-.001	-.072	.752
R <sup>2</sup>	.016			
F	3.189			
ΔR <sup>2</sup>	.011			
ΔF	1.638			

**Table 3:** The Contingencies of self-worth as a Moderator childhood trauma and quality of life

**Note:** \*\* $p < .01$ , \* $p < .05$

## DISCUSSION

The current findings of the study indicated that there is a non-significant negative association among the variable of childhood trauma and quality of life, most of the drug abusers have disturb quality of life and faced many problems like, emotion regulation, psychological distress and suicidal ideation [35], but not necessary these problems are caused by childhood trauma. There is little bit substance users who started the intake of substance due to their childhood traumas most of them started through other reasons or without reasons, that the finding indicated the negative link between childhood trauma and the Drug consumers' quality of life. Our results also indicated that all dimensions of childhood traumas were

non-significantly negatively correlated with quality of life among substance users. Expanding previous research, also found that substance use had a full indirect effect on psychological distress (depression, anxiety and stress) with childhood traumas. These findings suggest that the Individuals who faced the trauma at childhood have less chance to develop the quality of life and most of them have developed psychological distress that can lead to greater negative emotions, and if they do not have adequate capacity to regulate emotions, they may lead to suicide.

The current study's first hypothesis reveals that the resilience is significantly moderated among the childhood trauma and quality of life in substance users. Those people who face the childhood trauma and less resilience ability that's they didn't escape from the situations and developed multiple psychological problems, like depression, anxiety, stress, emotion regulation problems, as well as intake of substance. That's the resilience play non-significant moderating role between childhood traumas and quality of life among substance users. In addition to internal characteristics, resilience is linked to external environmental support [9, 11]. Resilience is both the ability of a person to navigate services that promote wellbeing and a state for the family, society and culture of the individual to provide resources in meaningful ways [18, 19, 22]. The literature indicated that the, resilience has been recognized as a non-significant moderating source of childhood trauma and quality of life [26, 27], found that a decline in quality of life following the ingestion of illegal/street drugs persists 6 months to a year after usage. Likewise found that the increase of perceived social support and supportive affection plays an important role in increasing the resilience of adolescents to substance abuse [28]. The results of our study second hypothesis stated that the contingencies of self-worth are non-significant negative moderated between childhood trauma and quality of life between drug abusers. The current study also supported by multiple previous studies [12, 15, 17, 19]. The areas in which success or failure lead to increases or decreases in self-esteem, respectively represent self-worth contingencies. As individuals strive to preserve, maintain and strengthen their self-esteem, self-worth contingencies play an important role in self-regulation; individuals look for conditions and engage in activities that give them opportunities to achieve success and avoid failure in places where their self-worth is at stake. These contingencies, however often represent an inherent psychological vulnerability, as they arise in contingency positions, victories and losses, leading to greater increases and decreases in self-esteem. In fact, these self-esteem improvements are linked to increases in depressive symptoms [15].

Premature wellbeing declines are associated with infant abuse in midlife and old age. Processes that are active, although less researched, are social-emotional control, biological programming, and repeated patterns of thinking and action. In this research, we concentrated on the impact of childhood trauma, a phenomenon correlated with resulting health consequences by improvements in the social-emotional control of daily life behaviors. Higher levels of mastery among those reporting childhood trauma were correlated with greater reductions in well-being with adverse experiences and stronger changes in well-being with positive events, suggesting that mastery improves sensitivity to negative and positive daily events. Our findings show that childhood trauma can lead to poorer midlife health by disturbances in the rhythms of everyday life events and reactions to those events. Our findings indicate that childhood trauma by disruptions in the patterns of daily life events and reactions to those events may contribute to poorer health in midlife. In addition, our results suggest that mastery can have a different significance for those who have endured childhood trauma [36]. Our recent results were supportive to previous theorizing and consistent with empirical findings which show that there was non-significant moderating effect of contingencies of self-worth is found between childhood trauma and quality of life among substance users.

## CONCLUSION

The goal of the current research was to investigate the trauma of childhood and the quality of life among drug users. The outcome of the study showed that childhood trauma among drug users is negatively related to the quality of life. In the analysis, childhood trauma contributes to social, physiological, behavioral and cognitive disorders in adult life.

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