

## **Contribution of early maladaptive schemes to the risk of addiction to work, cell and shopping in a sample of Colombian professionals**

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### **Abstract**

The present study, using a quantitative, observational and correlational-explanatory approach, aimed to identify how early maladaptive patterns contribute to the risk of presenting work, cell and shopping addiction. The study involved 304 professionals with age of M 37.8 (Dt. 2.8); We used the work addiction scale, the compulsive purchase questionnaire, the short mobile phone dependence test (TDM Brief) and the Young Schema Questionnaire. The results indicated a high risk of work addiction, an average level of cell phone addiction and a low risk of shopping addiction, with women presenting a higher risk of cell phone and shopping addiction, level of income and the software developer profession were associated with increased risk of work addiction; patterns of emotional deprivation and inflexible standards increase the likelihood of risk for work addiction; early maladaptive patterns of abandonment, emotional deprivation, insufficient self-control/self-discipline and entrapment act as risk factors for cell phone addiction; schemes of insufficient self-control/self-discipline and mistrust/abuse increase the risk of shopping addiction, while inflexible standards scheme 1 functions as a protective factor. It concludes the importance of addressing early maladaptive patterns in the prevention and intervention of behavioral addictions, especially in demanding work contexts and considering individual differences by gender, income and profession.

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**Keywords:** risk of work addiction, compulsive shopping, cell phone dependence, early maladaptive patterns.

## Resumen

El presente estudio de enfoque cuantitativo, observacional y correlacional-explicativo, se orientó a identificar como los esquemas maladaptativos tempranos aportan al riesgo de presentar la adicción al trabajo, celular y compras. En el estudio participaron 304 profesionales con la edad de M 37.8 (Dt. 2.8); Se empleo la escala de adicción al trabajo, el cuestionario de compra compulsiva, test de dependencia al teléfono móvil breve (TDM Brief) y Young Schema Questionnaire. Los resultados indicaron un alto riesgo de adicción al trabajo, un nivel medio de riesgo de adicción al celular y un riesgo bajo de adicción a las compras, presentando las mujeres un mayor riesgo de adicción al celular y a las compras, nivel de ingresos y la profesión de desarrollador de software se asociaron con el mayor riesgo de adicción al trabajo; los esquemas de privación emocional y estándares inflexibles aumentan la probabilidad de riesgo para la adicción al trabajo; los esquemas de abandono, privación emocional, insuficiente autocontrol/autodisciplina y entrapamiento actúan como factores de riesgo para la adicción al celular; los esquemas de insuficiente autocontrol/autodisciplina y desconfianza/abuso incrementan el riesgo de adicción a compras, mientras que el esquema de estándares inflexibles funciona como factor protector. Se concluye la importancia de abordar los esquemas maladaptativos tempranos en la prevención e intervención de las adicciones comportamentales, especialmente en contextos laborales exigentes y considerando las diferencias individuales por género, ingresos y profesión.

**Palabras clave:** riesgo de adicción al trabajo, compras compulsivas, dependencia del celular, esquemas maladaptativos tempranos.

## Introduction

Behavioral addictions, also known as non-substance addictions, are an important area of study in psychology and mental health. Behavioral addictions include a variety of addictive behaviors, such as addiction to the Internet and social networks, gaming and video games, sex, food, work, shopping, smartphone, among others. These addictions can have significant effects on people's lives, affecting their physical and mental health, as well as their relationships and functioning in daily life (Das & Pandey, 2023).

Currently, behavioral addictions are not widely recognized in mental health textbooks, except for a few. In the fifth edition of DSM-5, published in 2013, the concept of "behavioral addiction" is not recognized as a separate diagnostic category, however, pathological gambling (gambling disorder) can be placed under the category of "Substance-related

disorders and addictive disorders", where internet use disorder is included in the research appendix. which is considered a behavioral addiction in some contexts (Petry et al., 2018).

As for the tenth edition of the International Classification of Diseases (ICD-11), published by the World Health Organization (WHO), behavioral addictions are not specifically included as a separate diagnostic category either, and pathological gambling is also under the category of "Mental and behavioral disorders due to the use of psychoactive substances" (Petry et al., 2018).

Despite the fact that behavioral addictions do not have a clear categorization in mental health manuals, research and understanding of these addictions have increased in recent years, leading to increased awareness of their impact and treatment. Some experts advocate for their explicit inclusion in future revisions of diagnostic manuals to improve the identification and treatment of these conditions (Chatzittofis & Kim, 2023).

In this regard, it is important to pay attention to some behavioral addictions that can not only go unnoticed and unrecognized in contemporary society but can even be influenced by the culture and philosophy of life in today's society.

Today, we live in a culture that encourages constant consumption, excessive productivity, and permanent digital connection, which can contribute to the emergence of addictive behaviors in these areas, such as workaholism, shopping, and cell phone addiction.

In many contemporary societies, the idea that success and self-worth are directly related to work productivity is valued and promoted. This can lead to an excessive work culture, where people feel pressure to work constantly and have difficulty disconnecting from work, which can contribute to workaholism, also known as "workaholism", which is characterized by an excessive and uncontrolled compulsion towards work, often at the expense of other important areas of life. such as health, relationships, and personal well-being. Workaholics may find it difficult to disconnect from work, even outside of working hours, and may experience feelings of anxiety or guilt when they are not working (Malinowska & Tokarz, 2021).

On the other hand, contemporary society often promotes the idea that happiness and success can be achieved through the acquisition of material goods. This mindset can lead to compulsive buying behaviors, where people buy things not because they need them, but to seek emotional gratification or to fill an emotional void. In this regard, shopping addiction, or "oniomania," is characterized by a compulsive and uncontrollable urge to buy, often leading to overspending and financial problems. People with this addiction may feel a sense of temporary gratification when shopping but then experience feelings of guilt or regret (Basit et al., 2024).

Finally, digital technology, such as smartphones, has created a culture of constant connectivity, where people are always available and connected through social media, emails, and other digital platforms. This can lead to an over-reliance on mobile devices, which contributes to smartphone addiction, also known as "nomophobia" (fear of being without a phone), which refers to an over-reliance on smartphones, which can interfere with daily life and personal relationships. People with this addiction may feel the constant need to check

their devices, even in inappropriate situations, and may experience anxiety or discomfort when they do not have access to them (Cilligol Karabey et al., 2024).

It is important to deepen the study of these addictions, also due to the naturalization, fostered by the philosophy of consumption, of many behaviors that can be harmful to people's mental health and psychological well-being, addressing these addictions with understanding and empathy, since they can be related to underlying factors, such as stress, anxiety, low self-esteem, emotional problems, past traumas, personal beliefs, personality traits, among others (Direktör & Nuri, 2019; Liu, 2023).

Numerous studies have shown that psychological factors play a crucial role in both the development of addiction as well as recovery and maintenance of withdrawal (Direktör & Nuri, 2019; Rogers et al., 2020; Liu, 2023; Zhang, 2023).

In this order of ideas, the present study is aimed at exploring the relationship of early maladaptive schemas (EMTs) with these behavioral addictions, being EMTs ingrained thought patterns and beliefs that are formed during childhood and adolescence and that can influence the way people perceive the world and relate to others. It can act as a risk factor for the emergence and maintenance of behavioral addictions (Pilkington et al., 2024; Vieira et al., 2023; Golnezhad-Monfared et al., 2023).

EMTs have been studied in relation to several problems and behaviors.

TMS have been identified as predicting high-risk behaviors (Joulaei et al., 2023), self-injurious thoughts and behaviors (Saarijärvi et al., 2023), and suicidality (Karimi et al., 2021) in adolescents and young people.

The authors indicate the presence of a relationship between TMS and emotional dependence, with the most relevant schemas in this association being distrust/abuse and insufficient self-control, subjugation, attachment, and grandiosity (Jaller Jaramillo & Lemos Hoyos, 2009; Irache Urbiola et al., 2019). In addition, Cayllahua Huaynacho and Tunco Ramos (2023) indicate that both TMS and associated emotional dependence can predict intimate partner violence.

Similarly, Kayar et al. (2023) state that early maladaptive schemas are essential factors that affect coping processes.

The relationship between EMTs and personality traits has also been explored, however, the findings on this topic have been contradictory, suggesting the influence of cultural factors on these associations (Dirzyte et al., 2024).

Finally, research has approached the relationship between EMTs and happiness, suggesting that isolation, vulnerability, and self-sacrifice schemes are related to the positive meaning of life, distrust of personal fulfillment, and social isolation and entanglement with the joy of living (Cohaila Bernahola, 2023).

Regarding the relationship between EMTs and addictive behavior, studies reveal contradictory results.

Some studies suggest that TMS are not associated with addiction. For example, Chodkiewicz & Gruszczyńska (2018) indicate that there is no specific profile of EMTs that differentiates alcohol consumers from non-consumers.

Other studies propose that maladaptive schemas indirectly influence the severity of addiction, mediated by some psychological variables such as cognitive flexibility or specific coping styles (Albal & Buzlu, 2021; Knapík & Slancová, 2020), or act in conjunction with psychosocial risk factors for the consumption of psychoactive substances (Vanegas & Fernández, 2016).

On the other hand, Shaghaghay et al. (2011) confirm the presence of significant differences in early maladaptive schemas and attributional styles between addicts and non-addicts to psychoactive substances. Along these lines, Ashrafi et al. (2023) indicate that, in their study, the group with drug dependence obtained significantly higher scores than the group of non-users in the subscales of disconnection and rejection, impaired autonomy and performance, impaired limits, and overvigilance and inhibition.

Studies in adolescent users indicate that patterns of abandonment, distrust, emotional deprivation, dependence, and insufficient self-control/impulsivity increase the likelihood of consumption (Efrati et al., 2023; Malacas-Bautista et al., 2024).

Regarding the differences between EMTs in users of different substances, Hosseinifard & Kaviani (2015) state that there are no significant differences between early maladaptive schemas and coping styles in users of different substances.

Now, as for behavioral addictions, there is no evidence of a significant volume of studies, probably because they have not yet been officially accepted as addictions in manuals of disorders such as DSM and CEI. However, there is evidence of a growing interest in the subject aimed at building solid knowledge about the phenomenon of behavioral addictions.

Among the antecedents that address the issue of the relationship between EMTs and behavioral addictions, we can mention, for example, the meta-analysis study of 33 studies by Sakulsriprasert et al. (2023), who reveal that the domains of disconnection and rejection, impaired boundaries and impaired autonomy appear as the most associated with both substance addictions and behavioral addictions.

On the other hand, Vieira et al. (2023), based on a systematic review, also indicate that the domain of disconnection and rejection, followed by impaired boundaries, are more strongly related to addictive behaviors of gambling addictions, social media use, sex, exercise, and food.

At a general level, the background identifies a greater presence of studies related to addiction to video games, the Internet and social networks.

For example, Cudo et al. (2022) in their study identified that problematic video games are positively related to incompetence/practicality and dependency schemes, with vulnerability to harm or disease, enmeshment, and subjugation also being more frequently present in male players.

Aloi et al. (2020) investigated the relationship between specific domains of early maladaptive schemas and different types of behavioral addictions, indicating that people with food or internet addiction showed higher scores in all schema domains, while participants with gambling disorder exhibited higher scores specifically in autonomy and performance, as well as in deteriorated boundaries.

Duque Torres (2018) states that adolescents with addiction to virtual social networks have the prevalence of early maladaptive schemas such as abandonment, distrust/abuse, self-sacrifice, and insufficient self-control/self-discipline.

Ostovar et al. (2021) show that the domains of impaired disconnection/rejection and autonomy/performance schemas are significantly related to Internet addiction.

Cudo et al. (2023) suggest that schemas of lack of self-control/self-discipline, seeking approval, dependence/incompetence, immersion, and grandiosity/entitlement are positively associated with problematic Facebook use; on the other hand, schemas such as social isolation/estrangement and defect/shame have a negative relationship with problematic use of Facebook.

Likewise, some authors mention that the relationship between EMTs and social media addiction may be mediated by other variables such as spiritual identity (Foulad et al., 2023).

Studies that focus on the relationship between early maladaptive schemas and compulsive sexual behavior indicate that EMTs are highly indicative of the severity of this behavior, especially disengagement and rejection schemas, impaired autonomy and performance, altered boundaries, orientation toward others, excessive vigilance, and inhibition (Efrati et al., 2019; Efrati et al., 2021).

As for problems such as workaholism, shopping and smartphones, studies are quite scarce, with workaholism being less explored. For example, Rocha. et al (2023) highlight that the dominance of overvigilance and inhibition schemes are positively associated with impulsive and compulsive purchasing tendencies, while the dominance of impaired boundaries is negatively related.

Arpaci (2021) states that in average smartphone users, the relationship between EMTs and mobile use is not identified, however, in intermittent users, schemes of social isolation/distrust, seeking approval, and abandonment are positively associated with smartphone addiction; while approval seeking and entitlement/lack of self-control are positively associated with smartphone addiction for addicted users. The author highlights that those users who had higher scores on EMTs were more likely to become addicted to smartphones.

As can be seen from the background, behavioral additions such as work, shopping and smartphone have not yet been explored consistently, and the present study is aimed at specifically delving into the relationship between these problematic behaviors and EMTs. In this regard, addressing maladaptive schemas early in addiction treatment would be very important in helping people understand and change the patterns of thought and behavior that contribute to their addiction.

Likewise, at the national level, there is not enough evidence of research on the subject, raising the need to study this problem in the Colombian context, considering, in addition, that these three behavioral addictions are susceptible to be influenced by the idiosyncrasy of the culture and philosophy of life.

Based on the above, the present study was oriented to the objective of establishing the risk of addiction to cell phones, work and shopping and its relationship with some

sociodemographic variables and early maladaptive schemes in a sample of Colombian professionals.

## **Methodology**

### Type of study:

Study of quantitative approach, correlational level, non-experimental observational method.

### Participants:

The study involved 304 professionals, selected through intentional, non-random sampling, using the social media call strategy. The mean age of the sample was M 37.8 (Dt. 2.8); 49.3% (N=150) were female and 50.7% (N=154) male; 12.5% (N=38) had a monthly income between 1 and 3 SMLMV, 27.6% (N=84) had an income between 3 and 5 SMLMV, and 59.9% (N=182) had an income greater than 5 SMLMV. Regarding occupation, 37.5% (N=114) were university professors, 22.4% (N=68) were software developers, 21.7% (N=66) had an administrative position, 13.2% (N=40) were lawyers, and 5.3% (N=16) worked in human resources.

### Instruments

To assess the risk of workaholism, the Adult Workaholism Scale, designed and validated by Apaza Ramirez and Pérez Coaquira (2020), was used in the population of workers aged 20 to 66 years in Peru. The instrument in Likert format with 5 answer options (1. Strongly disagree- 5. Totally agree), consists of eight items, has a single factor that explains 45.7% of the variance has high factor weights (greater than .50). Alpha Cronbach of the initial scale was  $\alpha = .868$ . The Cronbach Alpha for the scale obtained in the present study was  $\alpha = .881$ .

The Compulsive Buying Scale of Valence et al. (1988) was used to assess the risk of shopping addiction, which has been widely used in research to measure the tendency to purchase addiction. The instrument consists of 13 items, in the Likert format with 5 response options (5. I strongly agree; 4. Somewhat agree; 3. Neither agree nor disagree; 2. Somewhat disagree; 1. Strongly disagree). The scale evaluates three basic dimensions: 1. The tendency to spend aims to evaluate whether the person presents unhelpful and frequent purchases, as well as spending without limits. In this area, it is evident that the person does not seek possession of the property; 2. The reactive or impulsive aspect aims to evaluate whether the person presents spontaneous and sudden desires, feelings out of control, an unplanned, urgent

and irresistible buying behavior; 3. Guilt after the purchase aims to evaluate whether the person has negative feelings and/or guilt after carrying out the behavior. Despite these three dimensions, the authors of the scale consider the scale to be one-dimensional and, based on the total score, it is possible to discriminate two groups of compulsive and non-compulsive buyers, also reporting high internal consistency of the total scale ( $\alpha = .880$ ). The validity of the instrument has been tested in several countries. In his country of origin, Canada; in Germany, by Reisch & Scherhorn (1996) and Reisch & Neuner (2001); in England by Dittmar and Beattie (1998) and Friese (2000); and in Spain by Rodríguez-Villarino (2005) and García Ureta (2005). The psychometric properties of the scale in the Argentine population indicated a  $\alpha = .91$  with respect to the total scale, with  $\alpha = .81$  for the dimension of the tendency to spend,  $\alpha = .86$  in the reactive or impulsive aspect, and  $\alpha = .79$  in guilt after the purchase (Schaab, 2014). In the present research, the reliability analysis showed a  $\alpha = .894$  for the total scale,  $\alpha = .814$  for the tendency to spend,  $\alpha = .864$  for the reactive or impulsive aspect and  $\alpha = .749$  for guilt after the purchase.

The Brief Mobile Phone Dependence Test (TDM Brief) (Chóliz et al., 2016), derived from MDD in its original version (Chóliz, 2010, 2012), adapted and validated to the Argentine population by Durao et al. (2021), was used to assess the risk of mobile phone addiction. The questionnaire consists of 12 items and has a Likert format with an answer option between 1 = strongly disagree to 5 = totally agree. The questionnaire is made up of four dimensions, with three items each, which correspond to the dimensions of the original version of the test: abstinence, abuse and interference with other activities, tolerance, lack of control. In the original version, the questionnaire reports a total Cronbach Alpha of  $\alpha = .88$ , with the values of dimensions between  $\alpha = .64$  and  $\alpha = .81$  (Chóliz et al., 2016). In the Argentine adaptation, consistency values were obtained for the total scale of  $\alpha = .87$  and for the dimensions between  $\alpha = .76$  and  $\alpha = .85$ . In the present study, a  $\alpha = .877$  was presented for the total scale, in the abstinence dimension  $\alpha = .811$ , in the abuse dimension  $\alpha = .759$ , in  $\alpha$  tolerance = .831 and in the loss of control  $\alpha = .826$ .

To identify early maladaptive schemas, the Young Schema Questionnaire, developed by Young (1990), was used, in the short version, adapted and validated in Colombia, by Castrillón et al. (2005). The instrument consists of 45 items, in the format of a Likert scale with a choice of answers between 1. Completely false of me; 2. The most false part of me; 3.

Slightly more true than false; 4. Moderately true of me; 5. The most true part of me; 6. It describes me perfectly. The test assesses ten factors that explain 65% of the variance. These are: abandonment, insufficient self-control/self-discipline, distrust/abuse, emotional deprivation, vulnerability to harm and disease, self-sacrifice, inflexible standards, emotional inhibition, entitlement, and entrapment. The authors report a good internal consistency of 0.91 total and factors with a coefficient between 0.71 and 0.85.

And, finally, the sociodemographic survey was used in order to characterize the sample in the variables of gender, age, profession, work modality, marital status and income level.

#### Procedure and ethical aspects

The study took into account the technical, administrative and ethical regulations established in Resolution 008430 of October 4, 1993 and in the code of ethics of the psychologist (1996); the informed consent was signed, which was included in the questionnaire applied virtually. The call for participation in the study was made through social networks and through contact with some companies in the technology, services and education sectors. In return for the help from the companies, the results were returned to the human resources department of each in order to carry out awareness and care campaigns in the framework of occupational mental health.

#### Data analysis

The Kolmogorov-Smirnov test indicated a non-normal distribution for all study variables. Descriptive statistics were used to identify means and standard deviation of scores in the variables. For the intergroup analysis according to sociodemographic variables, the Mann-Whitney U statistic was used for two groups and Kruskal-Wallis for more than two groups. Spearman was used for the correlation between the variables. Binary logistic regression was used to establish which maladaptive schemas act as risk or protective factors for the risk of three behavioral addictions studied. For this purpose, the dependent variables in the qualitative variables were recalculated with 0 = absence of event (low score in total risk of addiction) and 1 = presence of event (high score in total risk of addiction). To include variables in the prediction model, the Hosmer-Lemeshow criterion ( $p < 0.25$  value) was used. SPSS software, version 25, was used.

## Results

The risk of addiction to cell phones, work and purchases and maladaptive schemes in the sample of Colombian professionals.

The descriptive data of the study variables indicated the presence of a high degree of risk of workaholism in the study sample. As for the risk of cell phone addiction, there was a medium level. And for the risk of shopping addiction, a low level was identified.

In relation to early maladaptive schemes, lower scores were observed than references in the factors of abandonment, emotional deprivation, vulnerability to harm and disease. And higher scores than the reference in the factors of self-sacrifice and inflexible standards (Table 4).

Table 4

*Descriptive data of the study variables*

Variables	M (Dt)	Reference values	Level obtained (Percentile/T-score)
Total risk of workaholism	3, 4 (1)	1-5 <sup>4</sup>	High
Abstinence	2,6 (1)	1-5	
Abuse	2,8 (1)	1-5	
Tolerance	2,7 (1)	1-5	
Loss of control	2,7 (1,2)	1-5	
Total risk of cellular addiction	2,7 (,8)	1-51	Medium
The Spending Trend	2,2 (,8)	1-5	
The reactive or impulsive aspect	1,6 (,8)	1-5	
Guilt after the purchase	2 (,9)	1-5	
Total risk addiction shopping	2 (,7)	1-51	Low
Factor 1: Abandonment	11.6 (6.9)	16.09 (7.47)	30 (44-45)
Factor 2: Insufficient self-control/self-discipline	12,31 (5.1)	13.13(6.16)	45(48-49)
Factor 3: Distrust/abuse	11.93 (5,8)	13 (6)	40 (47)
Factor 4: Emotional deprivation	9.56 (4,8)	11.03(5.01)	45 (48-49)
Factor 5: Vulnerability to Damage and Disease	8.11 (5)	10.34(5.53)	45 (48-49)
Factor 6: Self-sacrifice	15 (5,1)	11.85(4.98)	75(56-57)
Factor 7: Inflexible standards, 1	10.77 (4,9)	9.29(4.76)	70 (55)
Factor 8: Inflexible standards, 2	10.22 (4,1)	9.17(4)	60 (52)
Factor 9: Emotional inhibition	7 (3,1)	6.17(3.49)	65 (53-54)
Factor 10: Entitlement (self-centeredness/grandiosity)	7.09 (2,9)	6.55(3.11)	60 (52)
Factor 11: Entrapment	4.3 (2,1)	4.42(2.58)	45 (48-49)

Source: *Own*

<sup>4</sup> Due to the absence of reference values, the scale score is used as a reference value, with the intervals of 1 to 2 low level, 2 to 3 medium level, 3 to 5 high level.

Comparison of the study variables according to groups of sociodemographic variables such as gender, age, marital status, profession, income level and type of contract.

The comparison of the study variables according to gender showed a statistically significant difference for the risk of cell phone addiction ( $p=.034$ ) and risk of shopping addiction ( $p=.016$ ) in favor of the female gender.

Regarding the EMTs, there was a statistically significant difference in the factors of Vulnerability to harm and disease ( $p=.014$ ) and Emotional inhibition ( $p=.029$ ), in favor of the male gender. The Self-Sacrifice factor presented a statistically significant difference ( $p=.049$ ), indicating higher scores in the group of women (Table 5).

Table 5

*Comparison of study variables according to gender groups*

Variables	Female Me (Ri)* N=150	Male Me (Ri) N=154	U de Mann- Whitney	p
Total risk of workaholism	3 (1.7)	3 (1.1)	1871,000	,943
Abstinence	2.7 (1.3)	2.7 (2)	1868,500	,933
Abuse	3 (1.3)	2.7 (1.7)	1461,500	,031**
Tolerance	3 (1.5)	2.7 (1.3)	1625,500	,026**
Loss of control	2.7 (1.6)	2.3 (1.5)	1823,000	,043**
Total risk of cellular addiction	2.8 (1.1)	2.4 (1.3)	1589,500	,034**
The Spending Trend	2.5 (1)	1.7 (1.1)	1413,000	,017**
The reactive or impulsive aspect	1.5 (1)	1 (,8)	1497,000	,041**
Guilt after the purchase	2 (2)	1.9 (1.5)	1745,500	,474
Total risk addiction shopping	2.2 (.5)	1.9 (.9)	1411,500	,016**
Factor 1: Abandonment	1.7 (1.3)	1.8 (1.3)	1775,500	,575
Factor 2: Insufficient self-control/self-discipline	2 (1.2)	2 (1.9)	1843,000	,830
Factor 3: Distrust/abuse	2.2 (1.8)	2.4 (1.8)	1845,000	,839
Factor 4: Emotional deprivation	1.4 (1)	1.7 (1.9)	1605,000	,152
Factor 5: Vulnerability to Damage and Disease	1.5 (1.3)	2 (1.5)	1576,000	,014**
Factor 6: Self-sacrifice	4 (1.5)	3.5 (1.1)	1538,500	,049**
Factor 7: Inflexible standards, 1	2.7 (1.5)	2.5 (1.3)	1825,000	,760
Factor 8: Inflexible standards, 2	3.3 (1.7)	3.3 (1.4)	1719,000	,399
Factor 9: Emotional inhibition	2 (1.3)	2.7 (1.1)	1456,000	,029**
Factor 10: Entitlement (self-centeredness/grandiosity)	2.3 (.8)	2.2 (1.3)	1762,000	,529
Factor 11: Entrapment	2 (1.4)	2 (1.5)	1652,000	,224

\*Median and interquartile range

\*\* $p<.05$

Source: *Own*

The comparison of the study variables according to the income level of the study participants showed a statistically significant difference only in the risk variable of addition to work ( $p=.000$ ), with an increased risk of addition as income increases (Table 6).

Table 6  
*Comparison of study variables according to the economic level of income*

Variables	1-3 minimum incomes Me (Ri)* N=38	3-5 minimum incomes Me (Ri) N=84	More than 5 minimum incomes Me (Ri) N=182	Kruskal-Valais	p
Total risk of workaholism	2.5 (1.4)	2.7 (1.5)	3.4 (1.5)	17,920	,000**

\*Median and interquartile range  
\*\* $p<.01$

Source: *Own*

The comparison of the study variables according to the profession of the study participants showed a statistically significant difference for workaholic risk variables ( $p=.000$ ) indicating higher scores for the group of software developers, and the trend variable was expenditure (subvariable of risk of shopping addiction) ( $p=.032$ ), indicating higher scores in the group of software developers and the administrative position (Table 7).

Table 7  
*Comparison of study variables according to occupational groups*

Variables	University teacher Me (Ri)* N=114	Human resources Me (Ri) N=16	Administrative Position Me (Ri) N=66	Lawyer Me (Ri) N=40	Software Developers Me (Ri) N=68	Kruskal-Valais	p
Total risk of workaholism	2.7 (1.3)	2.3 (1.9)	2.6 (1.6)	3.3 (1)	3.9 (1)	27,244	,000***
The Spending Trend	1.7 (1.2)	2 (1.3)	2.3 (1.3)	2 (1)	2.3 (1)	10,559	,032**

\*Median and interquartile range  
\*\* $p<.05$   
 $p<.01$

Source: *Own*

The comparison of study variables according to age groups and marital status did not show a significant difference for any variable.

Relationship between early maladaptive schemas (EMS) and risk of addiction to cell phones, work and shopping in a sample of young Colombian professionals.

The result of correlation analysis showed a positive and median correlation between the risk of workaholism and the factors of Emotional Deprivation (r=.210/p=.020), Inflexible Standards, 1 (r=.384/p=.000) and Inflexible Standards, 2 (r=.216/p=.017).

The risk of cell phone addiction was positively and medially correlated with factors of Abandonment (r=.326/p=.000), Insufficient self-control/self-discipline (r=.312/p=.000), Distrust/abuse (r=.186/p=.039), Emotional deprivation (r=.245/p=.006), Inflexible standards, 1 (r=.340/p=.000) and Entrapment (r=.214\*/p=.017).

The risk of shopping addiction was positively and medially associated with Insufficient self-control/self-discipline (r=.271/p=.002), Distrust/abuse (r=.279/p=.002), and Inflexible standards, 1 (r=.289/p=.001) (Table 8).

Table N 8

*Correlation between the risk of work, cell phone and shopping addiction and EMS*

EMT	Total risk workaholism	Total risk cellular addiction	Total risk shopping addiction
Factor 1: Abandonment	r=.101/p=.267	r=.326**/p=.000	r=.147/p=.105
Factor 2: Insufficient self-control/self-discipline	r=.111/p=.222	r=.312**/p=.000	r=.271**/p=.002
Factor 3: Distrust/abuse	r=.149/p=.089	r=.186*/p=.039	r=.279**/p=.002
Factor 4: Emotional deprivation	r=.210*/p=.020	r=.245**/p=.006	r=.167/p=.066
Factor 5: Vulnerability to Damage and Disease	r=.096/p=.291	r=.167/p=.065	r=.131/p=.149
Factor 6: Self-sacrifice	r=.051/p=.573	r=.014/p=.876	r=-.002/p=.979
Factor 7: Inflexible standards, 1	r=.384**/p=.000	r=.340**/p=.000	r=.289**/p=.001
Factor 8: Inflexible standards, 2	r=.216*/p=.017	r=.091/p=.315	r=.086/p=.343
Factor 9: Emotional inhibition	r=.072/p=.428	r=.130/p=.153	r=.135/p=.135
Factor 10: Entitlement (self-centeredness/grandiosity)	r=.108/p=.235	r=.009/p=.274	r=.108/p=.233
Factor 11: Entrapment	r=.108/p=.232	r=.214*/p=.017	r=.170/p=.061

\* p<.05

\*\*p<.01

Source: *Own*

Applying the Hosmer-Lemeshow criterion in the binary logistic regression model, all the variables of the EMS correlated with each of the possible risks of addiction were included. However, the model adjusted for each one indicated that not all these variables included act as predictors, being risk factors for shopping, work and cell phone addiction.

In case of risk of workaholism, the adjusted logistic regression model indicated that maladaptive emotional deprivation schemes and inflexible standards 1 and 2 act as risk

factors for workaholism, increasing the probability of occurrence of the event (increased risk of workaholism) by approximately 10%, 8% and 9% respectively (Table 9).

Table 9  
*Adjusted logistic regression model for workaholic risk*

Fitted model Variables in equation	Standard B	Standard Error	Itself.	Exp(B)	95% C.I. for EXP(B)	
					Inferior	Superior
Emotional deprivation	2,251	1,212	,003	10,725	2,411	13,972
Inflexible Standards, 1	2,164	1,361	,005	8,942	1,572	12,953
Inflexible standards, 2	3,143	1,252	,004	9,523	2,357	11,789

Dependent variable: risk of workaholism

Source: *Own*

Regarding the risk of cell phone addiction, the adjusted logistic regression model indicated that maladaptive patterns of abandonment, emotional deprivation, insufficient self-control/self-discipline, and trapping, act as risk factors for workaholism, increasing the probability of occurrence of the event (increased risk of cell phone addiction) by approximately 6.2%, 8.4%. 11.2 % and 9.3 % respectively (Table 10).

Table 10  
*Adjusted logistic regression model for cell phone addiction risk*

Fitted model Variables in equation	Standard B	Standard Error	Itself.	Exp(B)	95% C.I. for EXP(B)	
					Inferior	Superior
Abandonment	3,432	,912	,004	6,235	4,411	12,972
Emotional deprivation	4,182	1,124	,001	8,429	5,712	11,513
Insufficient self-control/self-discipline	2,431	,891	,002	11,213	3,572	13,922
Distrust/abuse	3,143	1,242	,612	2,823	4,461	6,982
Inflexible Standards, 1	-,567	,394	,312	,673	,351	,928
Entrapment	1,319	,796	,001	9,283	5,273	10,128

Dependent variable: risk of cell phone addiction

Source: *Own*

Regarding the risk of shopping addiction, the adjusted logistic regression model indicated that maladaptive schemes of insufficient self-control/self-discipline and distrust/abuse act as risk factors for shopping addiction, increasing the probability of occurrence of the event (increased risk of shopping addiction) by approximately 8.5% and 6.5% respectively.

The inflexible standards scheme 1 acts as a protective factor, reducing the probability of the event (high risk of shopping addiction) by approximately 10% (Table 11).

**Table 11***Adjusted logistic regression model for the risk of shopping addiction*

Fitted model Variables in equation	B	Standard Error	Odds Ratio Itself.	Exp(B)	95% C.I. for EXP(B)	
					Inferior	Superior
Insufficient self-control/self-discipline	4,101	,991	,003	8,573	4,912	10,823
Distrust/abuse	2,318	,891	,008	6,503	4,728	9,622
Inflexible Standards, 1	-,468	,289	,018	,903	,415	,971

Dependent variable: risk of shopping addiction

Source: *Own***Discussion**

The descriptive results show that the sample has a high risk of workaholism, a medium level of risk of cell phone addiction and a low level of risk of shopping addiction. This pattern suggests that, in the context studied, work demands and work culture may be favoring the appearance of work-related addictive behaviors, while behavioral addictions such as cell phone use and compulsive shopping are less prevalent, although not absent.

Regarding the prevalence of workaholism worldwide, Andersen et al. (2016; 2023) indicate that the general prevalence of workaholism can be described as high, and there is also some evidence that workaholism may be on the rise.

Regarding cell phone addiction, the authors warn not only about its high levels, especially in young people and adolescents, but also about the exponential increase in this situation, which is also associated with an increase in mental health problems (Malek Mohammadi et al., 2024; Das et al., 2024; Zhu et al., 2025).

Regarding compulsive shopping, the authors state that this problem is estimated to be around 5% in the populations studied, and there is also a certain trend in its growth (Maraz et al, 2016; Wan et al., 2025; Nikhil et al., 2025).

Regarding early maladaptive schemas, it was observed that participants presented lower scores than the reference population in the factors of abandonment, emotional deprivation, vulnerability to harm and disease, which could indicate a lower presence of these schemas in the sample. However, high self-sacrifice scores and inflexible standards suggest a tendency to prioritize the needs of others and to maintain rigid rules of self-demand, which may be related to the observed high risk of workaholism.

In this regard, it is important to note that some studies indicate that EMS have both state and trait characteristics, presenting certain changes associated with moods and the occurrence of triggering events, making it possible to evaluate their fluctuations in daily life (Baxendell et al., 2025).

The analysis by gender revealed that women have a higher risk of addiction to cell phones and shopping, which coincides with previous studies that show a greater female vulnerability to certain behavioral addictions, possibly due to sociocultural and emotional coping factors. In this regard, the authors highlight that recent research reveals that women present unique patterns of drug use, distinctive neurobiological responses, hormonal fluctuations, and specific psychosocial challenges in addiction and recovery, being more likely to use substances as a coping mechanism for trauma, anxiety, and depression (Shimu & Islam, 2025).

Regarding the relationship between gender and compulsive shopping, some authors indicate that there is no consensus on this (Estanislau et al., 2025), other studies state that being young and female is associated with a greater tendency to buy addiction (Maraz et al., 2016; Nikhil et al., 2025). In the phenomenon of workaholism, studies indicate that addiction rates are similar for both sexes (Tang, 2025).

As for EMS, men scored higher in vulnerability to harm and disease, as well as emotional inhibition, while women excelled in self-sacrifice. These findings suggest that socialization patterns and gender roles may influence the expression of schemas and the propensity to different addictive risks.

Regarding gender differences in EMS and their possible association with some behavioral addictions and/or mental health disorders, Molina et al. (2023) indicate that the women in their study had higher scores in the schemas of the disconnection and rejection domain, the impaired autonomy and performance domain, and the direction domain towards others, which could be related to eating disorder symptoms.

On the other hand, a significant difference was found according to income level in the risk of workaholism, indicating its increase as income grows. This result could be interpreted from the perspective that higher incomes are usually associated with greater responsibilities and work demands, which increases the probability of developing addictive behaviors towards work.

The profession also showed an association with the risk of some behavioral addictions studied. Software developers presented higher scores in risk of workaholism, while both software developers and administrative staff showed a greater tendency to spend. This may be related to the demanding and stressful nature of these professions, which favor both labor overinvestment and the use of shopping as a coping mechanism.

No significant differences were found in the risks of addiction or in the EMS according to age groups or marital status, suggesting that these factors are not determinants in the sample studied, at least in relation to the variables analyzed.

The positive and median correlations between addiction risks and several early maladaptive schemas reinforce the hypothesis, already proposed by other authors, that these schemas act as vulnerability factors for both chemical and behavioral addiction risk problems (Vieira et al., 2023).

In this regard, the risk of workaholism was associated with emotional deprivation and inflexible standards. The risk of cell phone addiction was related to abandonment, insufficient self-control/self-discipline, distrust/abuse, emotional deprivation, inflexible standards, and entrapment. The risk of shopping addiction was linked to insufficient self-control/self-discipline, distrust/abuse in a positive way, and inflexible standards in a negative way.

However, logistic regression analysis showed that not all correlated schemas act as predictors.

For the risk of workaholism, the adjusted binary logistic regression model indicated that emotional deprivation schemes and inflexible standards 1 and 2 increase the risk by 10%, 8%, and 9%, respectively.

To understand this incidence, it is important to bear in mind that these EMS generate internal patterns of self-demand, search for validation and difficulties in emotional regulation that can predispose to compulsive behaviours in the workplace.

The emotional deprivation scheme is characterized by the persistent expectation that one's own emotional needs (care, empathy, protection) will not be met by others. People with this schema often experience emotional emptiness and difficulties in connecting with their own emotions and affective needs (Bär et al., 2023; Castrillón et al., 2005). As a consequence, they may seek to fill that void through work, using work activity as a way to anesthetize

internal discomfort or avoid contact with painful emotions. Work becomes an emotional regulator, since it allows us to avoid feelings of loneliness, inadequacy or anxiety that emerge in moments of inactivity.

As for inflexible standards schemes 1 and 2, these involve the belief that one must abide by very strict self-imposed rules and achieve extremely high goals, usually to avoid criticism or rejection. These schemas are directly related to perfectionism, self-demand, and hypercriticism, both towards oneself and others (Castrillón et al., 2005; Bär et al., 2023). People with these schemas tend to overvalue performance and productivity over personal well-being, which leads them to work compulsively, sacrificing health, relationships, and free time. The fear of error, the feeling that it is never enough, and the constant need to prove one's worth through achievements reinforce the cycle of workaholism.

As can be observed, both emotional deprivation and inflexible standards make it difficult to manage emotions in a healthy way, making work work as an escape or a way to avoid internal discomfort. These schemas can lead to identity and personal worth depending exclusively on work achievements, which increases vulnerability to workaholism. Also, perfectionism associated with inflexible standards drives excessive and compulsive work, with difficulty in setting limits or disconnecting. In addition, it is important to add social reinforcement to the above since the culture that rewards hyperproductivity reinforces these patterns, making it difficult to become aware of the problem and perpetuating addiction.

In relation to cell phone addiction, the analysis of the logistic regression model indicated that the pattern of abandonment, emotional deprivation, insufficient self-control/self-discipline and entrapment increase the risk by 6.2%, 8.4%, 11.2% and 9.3% respectively.

In this regard, it is necessary to highlight that people with the abandonment scheme experience intense fear of rejection or loss of ties (Castrillón et al., 2005; Bär et al., 2023). The cell phone can become a tool to monitor social connections (messages, networks), generating anxiety due to disconnection and compulsive use to avoid feelings of helplessness.

The pattern of the emotional deprivation scheme implies difficulty in identifying and expressing emotional needs, leading to an affective void (Castrillón et al., 2005; Bär et al., 2023). In this regard, people compensate for this lack through digital interactions (social networks, messaging), where they seek immediate but superficial validation and connection.

The dopamine released when receiving notifications reinforces this cycle, creating emotional dependence on the device (Uhl et al., 2019).

As for the scheme of insufficient self-control/self-discipline, it is characterized by avoidance of effort and low tolerance to frustration, predisposing to impulsivity: difficulty in postponing immediate rewards (e.g., checking notifications). Studies confirm that low levels of self-control predict up to 66% of problematic cell phone use.

The trapping scheme (loss of individual identity due to merging with others) could be related to excessive dependence on social approval through likes/comments and fear of missing out on experiences, driving constant connection.

On a general level, it can be observed that these schemes have in common the deficit in emotional regulation since they limit healthy strategies to manage stress or anxiety, using the cell phone as an escape. In addition, neurobiological reinforcement through dopamine release in response to stimuli from the device (messages, networks) creates addictive patterns by combining unmet emotional needs, impulsivity and immediate reward-seeking, where the device functions as a dysfunctional regulator of internal states.

And, finally, this study identified that, for the risk of shopping addiction, the schemes of insufficient self-control/self-discipline and distrust/abuse increase the risk by 8.5% and 6.5% respectively; and the inflexible standards scheme 1 acts as a protective factor, reducing the risk by 10%.

In this order of ideas, the scheme of insufficient self-control/self-discipline is related to the deficit in impulse management (Castrillón et al., 2005; Bär et al., 2023). People with this scheme have recurrent difficulty controlling their emotions, desires and impulses in the face of tempting stimuli (such as offers or advertising). This predisposes them to make impulse purchases without evaluating consequences. In addition, low frustration tolerance (the inability to postpone immediate rewards) leads them to use shopping as a mechanism for quick gratification, generating a cycle of compulsion-regret. Object acquisition releases dopamine, temporarily relieving internal discomfort and generating behavioral reinforcement (Uhl et al., 2019).

As for the distrust/abuse scheme, originating in experiences of child mistreatment or betrayal, it generates chronic distrust, social anxiety, and a feeling of emptiness (Castrillón et al., 2005; Bär et al., 2023). In this regard, it is likely that shopping compensates for these

emotions through a false sense of control or momentary pleasure. Isolation and the search for validation, arising from the difficulty of establishing intimate ties, leads to seeking comfort in material objects. Shopping can become a substitute for human connections, where possession symbolizes security or status. Also, this may be associated with the tendency to self-sabotage, where extreme distrust may manifest as destructive self-criticism after purchases, perpetuating the cycle through new acquisitions to alleviate guilt.

It can be observed that both schemas share the aspect of emotional avoidance, the inability to manage negative emotions (frustration, loneliness, anger), using shopping as a dysfunctional escape. This can generate the impulsive-repair cycle, where temporary relief from shopping followed by remorse deepens dependency, especially in digital environments where access is immediate and anonymous.

Likewise, it is important to consider the presence of neurobiological vulnerability, due to the release of dopamine that during shopping reinforces addictive patterns, aggravated by the low self-regulation associated with these schemes (Uhl et al., 2019).

It is possible to affirm that these two schemes increase the risk of shopping addiction by combining impulsivity, deficits in the management of emotional distress and the search for immediate rewards, where the act of buying functions as a dysfunctional regulator of unresolved internal states.

And, finally, it was observed that the inflexible standards scheme 1 acts as a protective factor that reduces the risk of shopping addiction. This scheme is related to the imposition of strict norms and rules that the person imposes on himself to maintain a high level of self-control and order in his or her life (Castrillón et al., 2005; Bär et al., 2023), which reduces the probability of giving in to excessive or irrational buying impulses. This scheme involves rigorous self-demand and strict control over personal behavior, which limits the impulsivity and the search for immediate gratification that characterize compulsive buying.

Consequently, those who present this schema tend to carefully plan and evaluate their decisions, avoiding impulsive and disorganized behaviors that could lead to shopping addiction. In addition, self-demand and high standards can encourage greater financial discipline and greater awareness of the negative consequences of impulse purchases, functioning as a protective mechanism against the compulsion to buy.

Regarding the limitations of the present study, the sample size and the numerical non-equivalence of the groups of sociodemographic variables can be indicated, orienting future research on the subject to solve these shortcomings.

Considering possible practical implications of the findings of this study, the importance of intervening on early maladaptive schemas, especially those related to self-demand, self-control and early emotional experiences, to prevent and reduce the risks of behavioral addictions in demanding work contexts can be underlined. In addition, the differences by gender and profession suggest the need for differentiated preventive and intervention strategies according to these factors.

### **Conclusions**

In the sample of this study, a high risk of workaholism, a medium level of risk of cell phone addiction and a low risk of shopping addiction were identified, evidencing that workaholism is the most relevant problem in this context.

Regarding early maladaptive schemes (EMS), participants had lower scores in schemes related to abandonment, emotional deprivation, vulnerability to harm and disease compared to data from the reference population, but higher levels of self-sacrifice and inflexible standards, suggesting a tendency towards self-demand and prioritization of the needs of others. factors that could be linked to the high risk of workaholism.

Gender differences indicated that women had a higher risk of cell phone and shopping addiction, as well as higher levels of self-sacrifice. In contrast, men showed higher scores in vulnerability to harm, illness, and emotional inhibition, indicating that risk patterns and maladaptive schemas vary by gender.

As for the relationship with income level, it indicated that the risk of workaholism increases significantly with the increase in income level, which could reflect greater pressure and work commitment in those who receive higher incomes

The profession also revealed some impact, with software developers presenting a higher risk of workaholism, and both they and administrative staff showed a greater tendency to spend, suggesting that the demands and characteristics of these professions favor certain addictive risks.

No relevant differences were found in the risk of addiction or maladaptive schemes according to age or marital status, indicating that these factors do not significantly influence the sample studied.

Positive and median correlations were identified between addiction risks and various maladaptive schemes, highlighting that emotional deprivation, abandonment, insufficient self-control/self-discipline, distrust/abuse, inflexible standards, and entrapment are associated with increased risks of work, cell phone, and shopping addiction.

For workaholism, emotional deprivation schemes and inflexible standards increase the likelihood of risk. For cell phone addiction, patterns of abandonment, emotional deprivation, insufficient self-control/self-discipline and entrapment act as risk factors. And finally, for shopping addiction, insufficient self-control/self-discipline and distrust/abuse increase the risk, while the inflexible standards scheme 1 functions as a protective factor.

These conclusions highlight the importance of addressing early maladaptive schemes in the prevention and intervention of behavioral addictions, especially in demanding work contexts and considering individual differences by gender, income, and profession.

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### **Conflict of interest**

The authors state that they have no conflict to declare.

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