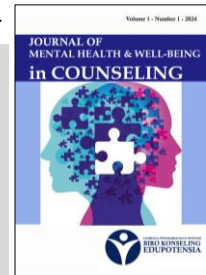


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Exploring the Inner Voices: An Interpretative Phenomenological Analysis of Irrational Beliefs among Individuals with Prescription Drug Addiction

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ABSTRACT

Prescription drug abuse is a serious issue in the field of mental health, impacting various aspects of an individual's life, including psychological dimensions such as irrational beliefs. This study aims to explore the manifestation of irrational beliefs in individuals with prescription drug addiction. A qualitative approach was employed using a case study design. The research involved two participants who had experienced prescription drug addiction and undergone a rehabilitation process. Data were collected through in-depth interviews, observation, and documentation, and then analyzed using thematic analysis. The findings revealed that the participants held irrational beliefs in the form of negative self-perceptions, a belief that drugs are the solution to all problems, and intolerance to emotional discomfort. These beliefs were shaped by past experiences, environmental influences, and a lack of emotional support. The findings emphasize the importance of cognitive interventions such as Cognitive Behavioral Therapy (CBT) in addressing irrational beliefs as part of the recovery process from addiction.



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Introduction

The transition from adolescence to adulthood is a critical stage in life marked by significant physical, emotional, and social changes. During this phase, individuals become more vulnerable to environmental influences, including peer pressure, which often plays a crucial role in shaping their behavior (Laursen & Veenstra, 2021). One common negative consequence observed during this period is the abuse of prescription drugs such as tramadol, trihexyphenidyl, amitriptyline, chlorpromazine, haloperidol, and dextromethorphan, which can lead to addiction. This habit is often triggered by curiosity or peer pressure (Engel, 2015). Interacting with peers who are already engaged in drug use increases the likelihood that adolescents will imitate them. Conn & Marks (2017) found that teenagers who frequently gather in unsupervised environments are at higher risk of misusing prescription drugs beyond their medical indications.

In addition to peer influence, social pressures among adolescents are major contributing factors to prescription drug misuse. Many teenagers use these drugs to cope with academic stress, family conflicts, or to gain acceptance in their social circles (Noller, 2015). A lack of understanding about the dangers and long-term effects of prescription drug abuse, including physical, mental, and social harm, exacerbates the situation. Drugs

such as tramadol and dextromethorphan are often chosen because of their easy accessibility without a prescription in some areas (Osei-Tutu et al., 2024). Temporary effects like euphoria or comfort make these substances highly appealing. Studies have also shown that many adolescents initially assume that prescription drugs are safe because they are legal medical products (Laursen & Veenstra, 2021).

Prescription drug abuse has significant consequences for both individuals and society. Adolescents caught in addiction often experience cognitive, emotional, and behavioral disturbances. They are also at greater risk of engaging in criminal behavior or suffering from mental health problems such as depression and anxiety (Anderson et al., 2015). These negative effects extend to families and communities, increasing the overall social burden. Therefore, the role of parents and educational institutions is vital in monitoring adolescents to prevent prescription drug misuse. Research shows that teenagers who receive emotional support from their families are less likely to engage in drug abuse (Nawi et al., 2021). Conversely, a lack of communication between adolescents and parents creates opportunities for negative peer influences to take hold.

Beyond social factors, prescription drug misuse is closely linked to the development of addiction itself. In clinical psychology, prescription drug addiction is defined as a progressively developing dependency marked by compulsive urges to use drugs despite awareness of their harmful effects (Bechara et al., 2019). This dependency includes two main aspects: physical dependency, characterized by withdrawal symptoms upon discontinuation, and psychological dependency, marked by the persistent desire to consume drugs for euphoric or emotional comfort (Lerner & Klein, 2019).

The development of addiction usually starts from an exploratory phase, followed by repeated use due to positive reinforcement, then moves into physiological and psychological need phases, ultimately leading to a dependency that is difficult to overcome without professional intervention (DiClemente, 2018). Drugs like tramadol and trihexyphenidyl act directly on the central nervous system by modulating neurotransmitters such as dopamine and serotonin, which influence the brain's reward system and trigger artificial feelings of pleasure (Lerner & Klein, 2019).

Long-term effects of prescription drug addiction include nervous system damage, emotional dysfunction, concentration problems, and memory decline (Uddin et al., 2016). Additionally, adolescents with addiction tend to display higher impulsivity and impaired executive functioning, which affects decision-making processes (Reynolds et al., 2019). Socially, this dependency often leads to interpersonal conflicts, social isolation, and decreased engagement in productive activities such as school or community involvement (Samuel et al., 2018).

Family dynamics also play a key role in the development and prevention of addiction. Authoritarian or overly permissive families without clear boundaries often fail to act as effective control systems for adolescents (Lassi, 2025). The absence of responsive caregivers may drive teenagers to seek escape through psychoactive substances (Cornelius et al., 2017). In contrast, families that maintain open communication, emotional acceptance, and supportive parenting styles can serve as protective factors against addictive behaviors (Samuel et al., 2018).

Furthermore, adolescent brain development explains their vulnerability to prescription drug addiction. The prefrontal cortex—responsible for decision-making, risk assessment, and impulse control—continues to mature into the early twenties (Squeglia, & Cservinka, 2017). An imbalance between the early-developing limbic system (emotion regulation) and the still-maturing prefrontal cortex makes adolescents more responsive to emotional stimuli while being less capable of impulse control (Williams, 2015). This explains why many adolescents make impulsive decisions, such as trying drugs without considering the consequences.

To address this issue, preventive approaches based on schools and communities must be strengthened. Schools have a strategic role as institutions closely connected to adolescents in their daily lives. Through structured guidance and counseling programs, school counselors can provide education on the dangers of drug abuse, build critical awareness, and enhance coping skills to deal with social pressure (Miller, 2020). At the community level, collaboration between parents, community leaders, and healthcare professionals is crucial to creating a supportive, drug-free environment (Samuel et al., 2018). With such synergy, adolescents will have strong support systems to avoid risky behaviors.

Prescription drug addiction also significantly impacts adolescent mental and behavioral development, particularly through the emergence of irrational thought patterns. Addicted adolescents often make decisions impulsively without considering long-term consequences (Kräplin et al., 2020). This is due to the pharmacological effects of drugs that impair brain functions, especially areas involved in decision-making and self-regulation (Kelley et al., 2019). Irrational beliefs emerge when individuals hold views that are inaccurate, illogical, and disconnected from reality, ultimately causing psychological issues that damage their lives and hinder happiness and goal achievement (Sakakibara, 2016). Characteristics of irrational beliefs include

inconsistent and illogical thinking that results in harmful emotions and behaviors, impeding individuals from reaching their desired goals (Sari et al., 2022).

The ability to think irrationally in adolescents who abuse prescription drugs is worsened by a lack of education and family supervision. Studies show that families with permissive parenting styles or low emotional involvement tend to raise children more vulnerable to addictive behaviors (Turner, 2016). Moreover, public ignorance about the dangers of prescription drug misuse contributes to its spread among adolescents. Other influencing social factors include academic pressure and feelings of inadequacy, which often drive teenagers to seek refuge through drug use. The temporary effects of drugs, such as euphoria or relaxation, become the main reasons for their consumption, despite awareness of the risks (Ciucă Anghel et al., 2023). Prescription drug addiction creates a vicious cycle that is difficult to break, where addicted adolescents lose the ability to think rationally and continue using drugs to solve problems that are, in fact, worsened by the drugs themselves (Polat & Cansiz, 2024). This phenomenon poses a serious threat to the mental and social development of adolescents, potentially affecting their future lives.

One of the fundamental human abilities is the capacity to think. As verbal beings, humans use symbols and language to think, and emotional disturbances can result from prolonged negative verbalization (Koller & Darida, 2020). Irrational beliefs are evaluative thoughts that are illogical, inconsistent with reality, and result in destructive consequences that hinder individuals from achieving their goals (Sari et al., 2022). These beliefs can lead to behavioral, emotional, and cognitive disturbances (Sutin et al., 2018). Irrational thoughts typically form from illogical experiences learned from parents, family, society, and culture, which later become internalized (Shmueli et al., 2022). Such thoughts surface when individuals face emotional and behavioral challenges influenced by negative thinking patterns, often manifesting as fear, anxiety, and distress regarding social judgment in specific situations (Turner, 2016).

Individuals with irrational beliefs tend to avoid risk and the effort required to take action and often lack full understanding of their behaviors. They also frequently possess weak skills and low self-confidence (Barlev & Neuberg, 2024). Four main aspects can identify irrational beliefs: excessive self-demanding (rigid expectations of oneself or others), catastrophizing (magnifying worst-case scenarios), low frustration tolerance (inability to accept distressing situations), and self-deprecation (having a negative self-image) (Turner, 2016).

Rational thinkers can direct themselves toward happiness, love, personal growth, and self-actualization (Gordon, 2023). Conversely, individuals with irrational beliefs are characterized by their inability to accept risk or exert effort, their lack of understanding and skills, and their low self-confidence (Onuigbo et al., 2020). Irrational beliefs refer to evaluative thoughts that are illogical and unrealistic, leading to self-destructive consequences in physical, emotional, and behavioral aspects (Ibrahim El-Azzab & Mohamed Othman, 2022). Stated that irrational beliefs stem from inappropriate and unreasonable thoughts that generate negative emotions and behaviors, harming an individual's life. In this context, individuals with irrational beliefs often feel anxious or uneasy if they do not consume prescription drugs, feel depressed, Even thoughts of suicide can arise. Interviews show that individuals addicted to prescription drugs exhibit irrational thought patterns that directly influence their decision to continue using the drugs (Gordon, 2023).

In the context of rehabilitation, guidance and counseling play a crucial role in helping individuals with irrational beliefs and addictive tendencies. This process aims to help individuals understand their thought patterns, manage negative emotions, and rebuild their ability to make healthy decisions. Guidance and counseling in rehabilitation focus not only on controlling substance use but also on developing life skills and better self-understanding. Canzittu (2024) explains that guidance is a continuous process of assistance provided to individuals so they can understand themselves and direct themselves to act in accordance with applicable rules at school, family, and society. Bhutto et al. (2023) also states that guidance is the process of providing assistance to achieve self-understanding and self-direction that supports optimal adjustment. According to the American School Counselor Association (ASCA), counseling is a confidential, accepting, face-to-face relationship in which counselors use their knowledge and skills to help clients overcome their problems. Guidance and counseling are forms of assistance provided by counselors to help clients overcome problems and develop their full potential.

Guidance and counseling services are implemented through preventive and curative measures. Preventive guidance aims to address existing problems and prevent similar problems from arising in the future. Meanwhile, curative guidance aims to provide assistance to students facing specific issues (Akdemir, 2023). Preventive services can be provided through information and other services, while curative measures can be implemented through individual counseling sessions (Canzittu, 2024).

Counselors are professionals authorized to provide counseling. In dealing with victims of drug abuse, counselors conduct assessments, assist addicts in recovery, and assess the problem by gathering information through interviews (Miller, 2020). In addition to counselors, there are also other professionals authorized to provide counseling, who must have appropriate educational backgrounds and experience (Wheeler & Bertram, 2019). Counseling is an activity that provides alternative solutions to individual problems, although sometimes involving more than two people, and is designed to help clients understand and clarify the problems they face (Canzittu, 2024). Counselors act as facilitators, assisting clients in the counseling process. Furthermore, counselors also function as leaders, teachers, consultants, and motivators, accompanying clients until they can overcome their problems (Gordon, 2023). The goal of counseling is to understand clients' behaviors, motivations, and feelings, and to help them achieve a better life, with the long-term goal of helping clients become more meaningful individuals.

Based on the explanations outlined above by researchers regarding the depiction of irrational thoughts in individuals with prescription drug addiction, the various studies mentioned above suggest that prescription drug addiction can negatively impact physical and mental health, triggered by irrational thought patterns, which in the long term can be self-destructive and detrimental. Therefore, the researcher intends to find out the picture of irrational thoughts in individuals with prescription drug addiction.

Method

Study Design

After obtaining ethical approval from the rehabilitation facility authorities, participants were invited to participate in semi-structured interviews designed to gain an in-depth understanding of their experiences with prescription drug addiction, including the thought patterns and irrational beliefs developed during the period of dependence. These interviews explored participants' perceptions, thoughts, feelings, and motivations regarding prescription drug use, as well as their experiences coping with emotional distress that contributed to addiction. The use of semi-structured interviews allowed researchers to prepare open-ended questions that were directed yet flexible enough to be developed based on participants' responses, resulting in richer and more contextual information (Turner, 2016). Prior to the interviews, participants were asked to provide written informed consent, demonstrating their awareness of the purpose of the study and their rights as participants, including the freedom to stop the interview at any time if they felt emotionally disturbed. Researchers also provided referrals to professional counseling services for participants who needed additional support after the interview.

Interviews were conducted face-to-face in a private room provided by the rehabilitation facility, with due regard for participants' comfort and confidentiality. This location was chosen to create a safe environment for participants to openly share sensitive personal experiences. All interviews were recorded using a digital voice recorder and then transcribed verbatim. The transcripts were then returned to the participants for review, allowing them to make corrections or delete any information deemed inappropriate or too personal before data analysis (Rowlands, 2021). This approach enabled researchers to obtain authentic and in-depth narrative data while respecting ethical research principles, particularly those related to confidentiality and participant emotional well-being. This allowed participants to comprehensively understand their experiences and irrational beliefs within the context of addiction and rehabilitation.

Participants

This study involved two participants purposively selected based on the relevance and depth of their experiences related to prescription drug addiction. Both were individuals undergoing rehabilitation for prescription drug dependence. Participants were selected based on their ability to provide meaningful insights into the phenomenon of irrational beliefs in the context of addiction, drawing on diverse life experiences and backgrounds. This small sample size is consistent with the Interpretative Phenomenological Analysis (IPA) approach and was necessary to allow for an in-depth exploration of each individual's personal experiences (Oxley, 2016).

Heterogeneous sampling was conducted to achieve maximum variation in drug use contexts and rehabilitation experiences, resulting in a rich, meaningful picture (Mahboub et al., 2021). Both participants came from different ages and used different types of addictive substances, enriching the exploration of the theme of irrational beliefs and the addiction process.

The first participant, RG (40 years old), began using addictive substances in his teens through music and nightlife. He used substances as an escape from loneliness and pressure, as well as a tool to boost his confidence in public performances. Meanwhile, the second participant, BY (48 years old), is from Jakarta and began taking prescription medication while in vocational school. His use was driven by peer influence and emotional stress resulting from a life of conflict. Both are currently undergoing rehabilitation at a nursing home in Tasikmalaya City and are actively participating in the recovery process.

Data Analysis

The data analysis process in this study adhered to the main principles of Interpretative Phenomenological Analysis (IPA), which emphasizes an idiographic and hermeneutical approach to understanding the subjective meanings experienced by participants. The analysis was conducted in-depth to appreciate the complexity of each participant's individual lived experiences, before proceeding to cross-case analysis. This process emphasized the importance of exploring in detail and systematically the meanings constructed by participants regarding their experiences in the context of prescription drug addiction. The data interpretation process draws on the concept of double hermeneutics (Jensen, 2019), which emphasizes that there are two layers of interpretation in qualitative research. In the first layer, participants provide meaning to their experiences through cognitive and affective reflection during interviews. In the second layer, the researcher acts as an interpreter of the participants' interpretations, with the goal of bridging the participants' subjective meaning framework with the researcher's conceptual framework (Daher, 2017). To maintain the integrity of this process, the researcher engaged in continuous self-reflection on personal assumptions, biases, and motivations throughout the interpretation process.

Each interview transcript was read and reread in several stages to gain in-depth understanding. The researcher made reflective notes and initial annotations in the transcript margins to highlight key points. Key phrases and words were then openly coded and organized into initial categories. This process helped the researcher identify meaningful patterns and recurring emotional experiences within the participants' narratives. This technique adopted principles from Morgan & Nica (2020) thematic analysis, where coding is done iteratively to identify emerging themes and interrelated subthemes. Next, a cross-case analysis process was conducted to identify convergences (similarities in experiences across participants) and divergences (differences in experiences or personal meanings). At this stage, analogical reasoning was used to draw inferences based on conceptual and contextual relationships between cases (Daher, 2017). This step enabled a deeper understanding of how addiction experiences and irrational beliefs are formed, maintained, and interpreted within each individual's context. The final outcome of this analysis is the identification and construction of key themes, reflecting the psychological dimensions of irrational beliefs in individuals with prescription drug addiction. These themes not only reflect the content of participants' narratives but also demonstrate the dynamics of meaning-making processes involving the emotional, social, and cognitive aspects of the addictive experience. This approach allows for individual nuances while enabling a collective understanding of the phenomenon under study.

Results

This study identified three main themes that illustrate the dynamics of prescription drug addiction among the participants: (1) the onset and perception of prescription drug use, (2) patterns of consumption and the development of dependency, and (3) irrational beliefs as the foundation of addiction. Each theme consists of several interconnected subthemes, reflecting the participants' journey in forming relationships with prescription drugs and how their perceptions and beliefs influenced their patterns of use and addiction. The following presentation is delivered in an interpretative narrative format, supported by direct quotations, and concluded with Table 1 summarizing the thematic structure.

Table 1. Structure of Themes and Subthemes in Research Findings

Main Theme	Subtheme	Brief Description	Key Participant Quotes
1. Onset and Perception of Prescription Drug Use	Peer exposure	Consumption began through peer influence who introduced the substance.	“A friend just came to the house...” (RG); “A friend gave it to me... it became a habit.” (BY)
	Social normalization	Environments such as school and nightclubs reinforced the behavior.	“Often went to clubs... also bought ecstasy.” (RG); “Usually sold at school.” (BY)
2. Patterns of Consumption and Development of Dependency	Frequency and increased dosage	Drugs used almost daily in high doses.	“Five dex pills.” (RG); “Almost daily... often more than one pill.” (BY)
	Combination with other substances	Use of other substances such as alcohol, cannabis, or tranquilizers simultaneously.	“There was beer... eight bottles.” (RG); “Cannabis, BK, dex.” (BY)
	Euphoria and emotional escape	Drugs used to create joy and avoid stress.	“Fly fly like that, play music... feel excited.” (RG); “Forget everything... drunk, remember nothing.” (BY)
	Withdrawal symptoms and cravings	Complaints of physical symptoms and strong urge to continue use.	“Just withdrawal... craving.” (RG); “Cold feet... sweaty.” (BY)
	3. Irrational Beliefs as the Foundation of Addiction	Drugs as source of happiness and confidence	“Dancing around”, “happy at the club.” (RG); “Just for fun.” (BY)
		Consumption as daily necessity	“Must drink dex daily.” (RG); “Drink before going to school.” (BY)
	Without drugs, body and mind are disturbed	Belief that bodily and mental function are disrupted without the drug.	“Withdrawal, heart pain.” (RG); “Anxious and uneasy if not drinking.” (BY)
	Social rationalization and emotional escape	Drug use justified through social and emotional reasons.	“Offered by a friend”, “bought at the market.” (RG); “Because it’s cheap”, “given by a friend.” (BY); “Smoked weed when feeling lonely.” (RG)

Theme 1: Onset and Perception of Prescription Drug Use

The participants' first experiences with prescription drug use often occurred without full awareness of the associated risks. Both RG and BY emphasized the strong influence of peers as the initial source of exposure to substances. RG stated, “a friend just came to the house,” suggesting that initiation wasn’t always self-driven but rooted in permissive social relationships. BY echoed this with, “a friend gave it to me... it became a habit,” showing how peer pressure and repeated exposure normalized the behavior.

Their perception of drug use was shaped by the normalization of substance use in social environments. Places such as nightclubs and schools became spaces that reinforced the belief that drug use was acceptable. As RG shared, “often went to clubs... also bought ecstasy,” and BY added, “usually sold at school,” these narratives demonstrate how institutional and social settings can inadvertently shape attitudes toward drug use as something common or socially endorsed.

Theme 2: Patterns of Consumption and Development of Dependency

The participants' use did not stop at experimentation. Both demonstrated a transition to intensive and compulsive use. Their drug consumption occurred almost daily and in high dosages. RG said, “five dex pills,” and BY stated, “almost daily... often more than one pill,” reflecting increased tolerance and loss of control over their usage—hallmarks of dependency. Additionally, both participants admitted to poly-substance use. RG reported, “there was beer... eight bottles,” while BY shared that he combined cannabis, BK (a tranquilizer), and dex. This pattern illustrates a strategy of seeking maximum euphoric effect, though it poses high risks to their mental and physical health. Their goal was not only euphoria but also emotional escapism. The participants described feeling “light,” “excited,” and mentally numb after using substances. RG expressed, “fly fly like that, play music... feel excited,” and BY said, “forget everything... drunk, remember nothing.” Substance use became a tool to escape psychological distress and maintain an illusion of control over emotional pain. Eventually, this pattern led to withdrawal symptoms that indicated physiological dependency. RG explained, “just withdrawal... craving,” while BY described physical signs like “cold feet... sweaty.” Although RG appeared more accepting of his dependency, BY showed resistance in recognizing his addiction, even though withdrawal symptoms were apparent.

Theme 3: Irrational Beliefs as the Foundation of Addiction

The repeated experience of drug use significantly shaped the participants' worldview. Prescription drugs were no longer perceived as external substances but rather as existential necessities. Both RG and BY believed that drugs brought happiness, confidence, and social comfort. RG said, “dancing around, happy at the club,” while BY noted, “just for fun.” Substances were positioned as emotional solutions, regardless of their consequences. These habits became institutionalized in their daily routines. RG remarked, “must drink dex daily,” and BY stated, “drink before going to school.” This shows that substance use had become a normalized aspect of everyday life—akin to eating or bathing—creating psychological dependence where they believed they couldn't function without it. Furthermore, both believed that their body and mind would be disturbed without the substance. RG mentioned, “withdrawal, heart pain,” and BY said, “anxious and uneasy if not drinking.” This belief system internally justified ongoing use and weakened efforts to break free from dependency. Finally, both participants rationalized their drug use using social and emotional justifications. RG explained, “offered by a friend,” “bought at the market,” and BY stated, “because it's cheap,” “given by a friend.” They also used substances as a way to cope with loneliness or emotional neglect—BY shared that he felt unappreciated by his family, while RG described using weed when feeling lonely. This suggests that their addiction was not solely physiological but deeply psychosocial, driven by unmet emotional needs.

Discussions

Findings of this study indicate that the initial use of prescription drugs among participants was largely influenced by social interactions, particularly with peers and the surrounding environment. Their first experiences with substance use occurred in seemingly casual situations, such as social gatherings or during school hours. This finding supports the existing literature that peer influence plays a significant role in the initiation of substance misuse behavior among adolescents and young adults (Henneberger et al., 2021). Peers not only act as access points to substances but also shape social norms that support usage (MacArthur et al., 2020).

Over time, what began as exploratory use developed into intensive and compulsive patterns. Both participants demonstrated daily consumption habits, with increasing dosages and the use of multiple substances in combination. This phenomenon of polysubstance abuse indicates a more severe level of addiction, wherein the risk of psychological, cognitive, and physiological disorders increases exponentially (Volkow & Blanco, 2023). Simultaneous consumption of substances like dextro, marijuana, and alcohol was used to intensify

euphoric effects and avoid withdrawal symptoms. A study by Kashyap & Panda (2019) found that adolescents with a history of emotional trauma are more likely to develop polysubstance use patterns as a form of escapism.

In this research, participants explicitly stated that substance use functioned as a form of emotional escapism—a means to avoid stress, emotional conflict, and painful past experiences. This aligns with the self-medication hypothesis, which posits that individuals misuse substances to regulate negative affect and alleviate emotional distress (Torres & Papini, 2016). Substances such as dextro or marijuana offered temporary calmness, creating an illusion of emotional control, but ultimately reinforced long-term dependency. A crucial aspect of these findings is the emergence of irrational beliefs accompanying the consumption patterns. Beliefs such as “I can’t be calm without the drug” or “If I don’t take it, I can’t sleep or talk to others” reflect deep cognitive distortions. Recent cognitive studies show that substance users often possess core irrational beliefs that serve to justify addictive behavior, particularly in the forms of catastrophizing and personalization (Volkow & Blanco, 2023). This is consistent with Ellis’s theory on irrational beliefs, which cause dysfunctional behaviors and reinforce the cycle of addiction (Ibrahim El-Azzab & Mohamed Othman, 2022). Furthermore, participants demonstrated various forms of rationalization for their behavior, such as “because it’s cheap,” “a friend gave it to me,” or “because I feel lonely.” Such rationalizations are part of defense mechanisms like externalization and denial, aimed at reducing cognitive dissonance over behavior they consciously recognize as harmful (Ziegler, 2016). Research by Cushman (2020) found that the stronger the rationalizations for use, the lower the likelihood of seeking professional help.

These findings indicate that participants formed and maintained irrational beliefs as internal justifications for their addictive substance use, which cognitively reinforced the addiction cycle. Beliefs such as “drugs make me happy,” “if I don’t take them, I feel restless,” or “drugs are part of my daily routine” depict dysfunctional thinking patterns that systematically affect emotion and behavior. One participant, RG, said, “I absolutely have to take dextro every day,” and “If not, my heart races,” while BY stated, “I take it before going to school to feel calm,” and “If I don’t take it, I feel anxious.” This illustrates a cognitive distortion in the form of pseudo-needs, where substances are perceived as essential for functioning normally, both emotionally and physiologically. In Rational Emotive Behavior Therapy (REBT), this is known as “musturbatory” or “must-thinking” beliefs (Fuller, 2017). The belief that substances are a source of happiness or social enhancement was also strongly evident. RG shared that he felt more confident and could “connect in conversations” while under the influence, whereas BY said that substances made her feel “happy” and less anxious during social interactions. This reflects overgeneralization and emotional reasoning, the assumption that the temporary effects of the substance are universally valid and justify repeated use.

In the literature, irrational beliefs have been identified as strong predictors of addictive substance use. Connolly (2017) emphasize that beliefs such as “I can’t live without this” or “I’m not as valuable as others without the substance” are at the root of maladaptive coping mechanisms. also points out that substance users often develop global negative self-evaluations, then use substances to deal with those emotions. Furthermore, social rationalization was part of the belief formation process. BY admitted to using substances because “they’re cheap” and “given by a friend,” while RG said he “bought it at the market” and that “a friend offered it.” These rationalizations represent an effort to reduce guilt by attributing decisions to external factors. According to Vasquez et al. (2019), this is a form of the self-justification loop—a psychological process in which individuals sustain harmful behavior by constructing internal narratives that feel reasonable to them. More seriously, these irrational beliefs form an addictive belief system, which not only governs present actions but also shapes future perceptions. When substances are viewed as the only way to cope with reality or negative emotions, recovery becomes extremely difficult without cognitive intervention. Research by Harnish & Bridges. (2015) shows that the stronger the irrational beliefs about the function of substances, the less likely individuals are to seek help or consider healthier alternatives.

Overall, these findings highlight the urgent need for cognitive-based psychological interventions, not merely to stop consumption behavior but to replace dysfunctional belief systems with healthier, more realistic thinking patterns. CBT and REBT are highly relevant approaches in this context as they target the irrational thoughts that underlie maladaptive behaviors (Matweychuk et al., 2019).

Implications

These findings emphasize the importance of psychological interventions that go beyond merely stopping substance use behavior, focusing instead on addressing the underlying belief systems. Approaches such as Cognitive Behavioral Therapy (CBT) and Rational Emotive Behavior Therapy (REBT) are highly relevant, as they target the cognitive distortions that underlie maladaptive behaviors (Matweychuk et al., 2019). These therapies enable individuals to identify and replace irrational beliefs with healthier and more adaptive thought

patterns. In the context of rehabilitation, the results also highlight the necessity of intensive cognitive education and emotional regulation training as integral parts of the recovery process. Individuals with addiction issues require more than just detoxification; they also need to be equipped with reflective skills and an understanding of the belief dynamics that lead to substance use behavior.

Conclusion

This study concludes that irrational beliefs are a central cognitive factor that reinforces and sustains addictive behavior among individuals with prescription drug addiction. The three main themes—negative self-esteem beliefs, absolute dependence on substances as emotional solutions, and perceived lack of environmental support—represent forms of cognitive distortions that intensify the addictive cycle and hinder the recovery process. These beliefs not only affect how individuals perceive themselves but also shape how they respond to psychological and social stressors. Interventions based on Cognitive Behavioral Therapy (CBT) are highly relevant in this context, as they assist individuals in identifying, evaluating, and replacing irrational beliefs with more rational and adaptive thoughts. The findings also underscore the importance of collaboration between medical and psychological approaches in the rehabilitation process. By integrating pharmacological treatment with cognitive interventions, the recovery process can become more holistic and sustainable. Therefore, CBT-based counseling services are strongly recommended to support long-term recovery from prescription drug addiction.

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