

A Study to Compare the Coping Strategies Among Abstinent And Relapsed Individuals with Alcohol Dependence.

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Abstract: Coping is important in Alcohol dependent patients both in terms of development of Alcohol dependence and sustained abstinence and tendency to relapse. The objective of the study is to compare the coping strategies among abstinent and relapsed individuals with alcohol dependence. Sample consisted of 40 patients, who were divided into two groups, the abstinent group and the relapsed group. Study tools were a semi structured interview containing socio demographic variables, relapse profile, Severity of alcohol Dependence Questionnaire (SADQ) and Coping Behaviour Inventory (CBI). The results showed that patients in the relapsed group has used more of maladaptive strategies (negative thinking) ($P < 0.01$) and less of adaptive strategies such as positive thinking ($P < 0.01$) compared to abstinent group. The study concludes the importance of assessment and improving coping skills in alcoholics.

Keywords: alcohol dependent, coping, Coping behaviour inventory, relapse, Severity of alcohol Dependence Questionnaire.

I. Introduction

Alcohol use is an important public health problem, especially in developing countries like India. Coping is important in Alcohol dependent patients both in terms of development of Alcohol dependence and sustained abstinence and tendency to relapse. Coping may be defined as the cognitive and behavioural efforts to manage specific external and /or internal demands appraised as taxing or exceeding the resources of the individual^[1]. Correlational studies of two major styles of coping behaviour-- active, problem-focused coping and avoidant, emotion-focused coping have shown them to be differentially related to stress- induced alcohol use in adult samples^[2].

In two studies among recovering alcoholics and spouses of alcoholic patients, individuals who relied on avoidant coping strategies that served to discharge or deny emotion were more likely to drink in response to stressful events^[3, 4]. However, more active, problem-focused coping did not predict alcohol use in response to stress in either study. In males, having strong positive alcohol expectancies and relying on avoidant forms of emotion coping were independently predictive of all alcohol related outcomes^[5]. Marlatt and colleagues suggested that alcohol was used in an attempt to cope with the negative emotions aroused by the provocateur when no coping alternative was provided^[6]. Failure of coping mechanisms in handling urges when exposed to high risk situations has been posited as one of the factors associated with relapse of drug use. In the present study there has been an attempt to study the coping mechanisms used by alcohol dependent subjects and to compare among abstinent and relapsed individuals.

II. Objective

To compare the coping strategies among abstinent and relapsed individuals with alcohol dependence.

III. Materials And Methods

The sample was drawn from the population of patients attending the Government Hospital for Mental Care, Visakhapatnam for deaddiction. As most of the patients attending were males, only men were taken up for the study. Sample consisted of 40 patients, who were divided into two groups,

- 1) The abstinent group, consisting of 20 patients of alcohol dependence who following treatment for their condition had managed to remain abstinent for a minimum period of 6 months and
- 2) The relapsed group consisting of 20 patients of alcohol dependence who following treatment for their condition had maintained in a remitted state for at least 2 weeks, had then relapsed within the next 6 months.

The duration of the study was 6 months. An episode of relapse was defined as the person meeting ICD-10 classification of mental and behavioural disorder diagnostic criteria for research (ICD -10- DCR) for alcohol dependence for a minimum period of 1 month.

Inclusion criteria: patients of age 18 to 65 years old, who have fulfilled ICD 10 DCR criteria for alcohol dependence and have received treatment for their condition. Patients were **excluded** if they had comorbid psychiatric disorder, organic brain syndrome or mental retardation. Patients with multiple substance abuse or dependence were also excluded.

Study tools were a semi structured interview containing socio demographic variables and relapse profile. Severity of alcohol dependence was rated using Severity of alcohol Dependence Questionnaire (SADQ), formulated by Edwards & Gross (1976) and Edwards (1978), a 20 item questionnaire, each item is scored on 4 point scale. The total maximum score possible is 60 and minimum is 0. A score of 31 or higher indicates "severe alcohol dependence", 16 -30 indicates "moderate dependence", and below 16 indicates only a mild physical dependency. Coping was evaluated using Coping Behaviour Inventory (CBI), developed by Litman et.al; a 36 item inventory includes a list of 14 cognitive and 22 behavioural options.

Assessment was conducted when patients were not in an intoxicated state. Data was analysed using SPSS software. Relevant Statistical Tests were applied wherever necessary.

IV. Results.

Table 1: Demographic profile of study sample

| Variables | Abstinent group (N=20) | Relapsed group (N=20) |
|----------------|---------------------------|--------------------------|
| Age (yrs)* | 37.75(7.27) | 36.1(8.24) |
| Marital status | | |
| Married | 15 | 18 |
| Unmarried | 5 | 2 |
| Religion | | |
| Hindu | 19 | 20 |
| Others | 1 | 0 |
| Family type | | |
| Nuclear | 16 | 15 |
| Joint | 4 | 5 |
| Residence | | |
| Urban | 12 | 14 |
| Rural | 8 | 6 |
| Occupation | | |
| Employed | 19 | 18 |
| Unemployed | 1 | 2 |
| Education | | |
| Literate | 13 | 14 |
| Illiterate | 7 | 6 |

*Values are mean +/- (SD)

Table 2: Relapse profile of relapsed group

| Relapse variables | Relapsed group (N=20) |
|---------------------------------|-----------------------|
| Time from treatment to relapse* | 94.5(35.3) |
| Duration of relapse in days* | 58.25(15.15) |
| SADQ score* (Total) | 24.15(9.46) |

*values are mean +/- (SD). SADQ, Severity of alcohol dependence questionnaire

Table 3: .Coping in both the groups

| | Abstinent group (N=20) | Relapsed group (N=20) |
|------------------------|------------------------|-----------------------|
| Positive thinking* | 16 | 5 |
| Negative thinking* | 4 | 12 |
| Seeking social support | 15 | 9 |

Values are number of individuals.*P value < 0.01

V. DISCUSSION

In the present study, in both the groups, most of the men were married, educated, from urban locality and most of them were employed. In the present study, both the groups were compared on demographic parameters (Table 1). There was no significant difference between the two groups in socio demographic profile. In this study, among the relapsed group, the time from treatment to relapse was found to be about 3 months and patients remained in relapsed state for about 6 to 7 weeks on an average. In the relapsed variable, the SADQ scores were calculated and about 1/3 of patients had mild dependence and about 1/3 had moderate dependence and the rest had severe dependence. The mean average score of SADQ was 24.15 (Table 2).

In Table 3, among both the groups coping was assessed using Coping behaviour inventory and the relapsed group has used more of maladaptive strategies (negative thinking) ($P < 0.01$) and less of adaptive strategies such as positive thinking ($P < 0.01$) compared to abstinent group. The study revealed that patients with alcohol dependence who remained abstinent used more number of coping strategies like positive thinking while those who had relapsed used maladaptive strategies such as negative thinking more often. Study by Mattoo et.al, at PGI Chandigarh reported the effectiveness of coping strategies among alcoholic patients which are more important in determining relapse. Subjects may drink in response to experimental manipulations designed to engender negative affect or emotion (e.g., anxiety or decreased self-esteem) has been replicated in other studies as well^[7,8]. Relapsed alcoholics were discriminated from recovered alcoholics and matched community controls at 6-month and 2-year follow-ups by their use of avoidance coping strategies in response to a recently experienced stressful event^[9]. Treatment outcome studies of various skill oriented programs provide additional indirect evidence that acquisition of appropriate coping responses may lead to a reduction in abusive drinking^[10].

VI. Conclusion

The study highlighted the importance of coping strategies of alcohol dependent individuals. It stresses the importance of assessment and improving coping skills of the patients to prevent relapse. The study has **limitations**. Sample size of current study was small and sample of study was restricted to men and assessment was non blind.

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