



DYSFUNCTIONAL ATTITUDE AND COPING STRATEGIES AMONG ALCOHOLICS UNDER TREATMENT

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Abstract

The main goal is to identify and compare the relationship between dysfunctional attitude and coping strategies among alcoholics under treatment. The sample for the study consisted of 60 alcoholics, who were consuming alcohol for more than 5 years & were taking treatment for more than 20 days. The age of the subjects ranged from 21 to 40 years. A personal data sheet was included with the questionnaire to collect data from the patients regarding their age, gender, educational status, socio economic status and the alcohol related problems. The major tools used in the study are the Severity of Alcohol Dependence Questionnaire (SAD Q) by Edwards and Gross (1976), Dysfunctional attitude scale (DAS) by Arlene Weissman (1978), Coping Strategies Inventory (CSI) by David L Tobin (1984). The result shows that there is significant difference obtained among alcohol group based on age, relapse, family history, severity and duration of alcohol use. Correlation analysis reveals that there is significant positive correlation between severity of alcohol dependence, dysfunctional attitude and some variables of coping strategies inventory and negative correlation between severity of alcohol dependence and some sub variables of coping strategies inventory and between dysfunctional attitude and some variables of coping strategies inventory.

Keywords: Alcohol Dependence, Coping, Dysfunctional Attitude.

Introduction

Alcohol is a potent drug that causes both acute and chronic changes in almost all neurochemical systems. Thus alcohol abuse can produce serious temporary psychological symptoms including depression, anxiety, and psychoses. Long term, escalating levels of alcohol consumption can produce tolerance as well as such intense adaptation of the body that cessation of use can precipitate a withdrawal syndrome usually marked by insomnia, evidence of hyperactivity of the ANS and feelings of anxiety. Therefore, in an adequate evaluation of life problems and psychiatric symptoms in a patient, the clinician must consider the possibility that the clinical situation reflects the effects of alcohol. Psychiatrist need to be concerned about alcoholism because this condition is common; intoxication and withdrawal mimic many major psychiatric disorders and the usual person with alcoholism does not fit the stereotype (so called nasty knock down drinkers).

According to study conducted by Rakshase Bal Tata Institute of Social Sciences, Mumbai (2015) alcohol dependence among males in Trivandrum is as high as 38.41%. Alcohol and drug information center, India reveals that 14% in Kerala consume alcohol daily. As reported by the above study, alcoholism is one of the bad health habit that have greater prevalence among states like Kerala. As the prevalence rate is higher, non alcoholics are more likely to develop the tendency of alcohol consumption. This is supported by Alcohol and drug information center, India – age of first drinking decreased from 19 years (1986) to 13 years (2001). In Kerala, studies related to alcoholism involving psychological factors is seemed to be considerably less, which seemed to be a drawback in lack of contribution to the management of alcoholism. Thus, more and more research has to be conducted on the alcoholism considering the psychological factors to identify causes, new trends and to improve the treatment of alcoholism. New approaches have to be put forward to deal with the disorder. Thus, this study makes an attempt to identify the dysfunctional attitudes that alcoholics hold and to analyse the coping strategies they have, to find out influence of various factors behind the increasing rate of alcoholism.

Objectives

1. To find out the difference in dysfunctional attitude and coping strategies among alcoholics under treatment based on severity.



2. To find out the difference in dysfunctional attitude and coping strategies among alcoholics under treatment based on duration of alcohol use.
3. To find out the relationship between dysfunctional attitude and different dimension of coping strategies among alcoholics under treatment.

Hypotheses

1. There is no significant difference in dysfunctional attitude among mild, moderate and severe alcoholics under treatment.
2. There is no significant difference in coping strategies among mild, moderate and severe alcoholics under treatment.
3. There is no significant relationship between dysfunctional attitude and different dimensions of coping strategies among alcoholics under treatment.

Method

The sample for the study consisted of 60 alcoholics, who were consuming alcohol for more than 5 years & were taking treatment for more than 20 days. The age of the subjects ranged from 21 to 40 years. Random sampling technique was used to select the samples for the present study.

Instruments

Severity of Alcohol Dependence Questionnaire (SAD Q) (Edwards and Gross,1976). The original SADQ as first described in 1979 and further refined in 1983 is designed purely for use with populations of problem drinkers attending treatment facilities of various kinds. It is a short, self administered,20 item questionnaire designed to measure severity of dependence on alcohol as formulated by Edwards & Gross(1976) and Edwards(1978).There are five subscales with four items in each : Physical withdrawal, Affective withdrawal, Withdrawal Relief Drinking, Alcohol Consumption and Rapidity of Reinstatement. Test retest reliability is used. Content, criterion (predictive, concurrent, postdictive) and construct validity is derived. Test retest reliability of 0.85.Factor analysis yields single main factor accounting for 53 percent of variance.

Dysfunctional Attitude Scale (DAS).Developed by Arlene Weismann. The DAS is a 40 item instrument that is designed to identify and measure cognitive distortions, particularly distortions that may relate to or cause depression. The items contained on the DAS are based on Beck's cognitive therapy model and present 7 value systems : Approval, Love, Achievement, Perfectionism ,Entitlement, Omnipotence and Autonomy. The DAS is reported to have very good internal consistency, with alphas ranging from .84 to .92.The DAS also has excellent stability, with test retest correlations over 8 weeks of .80 to .84.Has excellent concurrent validity, significantly correlating with several other measures of depression, including the Beck Depression Inventory (BDI).

Coping Strategies Inventory (CSI).CSI was developed by David L Tobin in 1984.It is a 72 item self report questionnaire designed to assess coping thoughts and behaviours in response to a specific stressor. There are 14 subscales on the CSI including 8 primary(problem solving, cognitive restructuring, social support, express emotions, problem avoidance, wishful thinking & social withdrawal),4 secondary scales(problem focused engagement, emotion focused engagement, problem focused disengagement & emotion focused disengagement) & 2 tertiary scales(engagement & disengagement).Chronbach's alpha has been most frequently reported coefficient of reliability for measures of coping process. The alpha coefficients for the CSI range from .71 to .94(m = 83).To date, no other measures of coping process have reported test-retest reliability. Validity for the CSI has been assessed in a number of ways. Several studies with be briefly reviewed.

Criterion validity: The successful discrimination between symptomatic and normal samples from several different populations supports the CSI's clinical utility. The CSI has successfully differentiated depressed from non depressed samples, headache from non-headache sufferers.

Construct validity: The CSI is particularly predictive of depressive symptoms for individuals who are under high levels of stress. Also, persons who have greater self efficacy report doing more problem solving and less problem avoidance than individuals with lower self efficacy.



Personal Data Sheet: A personal data sheet was included with the questionnaire to collect data from the patients regarding their It age, education, occupation, marital status, socio economic status, onset, amount of alcohol consumed per day, duration of alcohol use, duration of treatment, relapse and family history of alcohol use.

Result and Discussion

Table 1: The Frequency Distribution of Sample Based on Severity of Alcohol Dependence

| Variable | Range | Alcohol group (N = 60) | |
|--------------------------------|-----------------------|------------------------|------------|
| | | Frequency | Percentage |
| Severity of alcohol dependence | Mild (below 16) | 19 | 31.67 |
| | Moderate (16 – 30) | 19 | 31.67 |
| | Severe (31 and above) | 22 | 36.66 |

Table 1 shows severity of alcohol dependence and its different range dimensions, frequency and percentage. It may be divided into mild (below 16), moderate (16 – 30) and severe (31 and above) dimensions, based on the Severity of Alcohol Dependence Questionnaire (SAD Q). Number of samples are more in severe dimension (36.66%).

Comparison Based On Severity of Alcohol Dependence: This section mainly includes comparison of the 3 alcohol group using one way ANOVA. Alcohol group is mainly divided into mild (below 16), moderate (16-30) and severe (above 30) based on Severity of Alcohol Dependence Questionnaire (SAD Q).

Table 2: Result of One Way Anova Obtained For 3 Alcohol Group in Severity of Alcohol Dependence, Dysfunctional Attitude and Different Dimensions of Coping Strategies

| | | SS | DF | MS | F |
|--------------------------------|----------------|-----------|----|----------|-----------|
| Severity of Alcohol Dependence | Between groups | 12096.784 | 2 | 6048.392 | 377.273** |
| | Within groups | 913.816 | 57 | 16.032 | |
| | Total | 13010.600 | 59 | | |
| Dysfunctional Attitude | Between groups | 8087.878 | 2 | 4043.939 | 5.580** |
| | Within group | 41312.055 | 57 | 724.773 | |
| | Total | 49399.933 | 59 | | |
| Problem solving | Between groups | 1115.401 | 2 | 557.701 | 12.654** |
| | Within group | 2512.249 | 57 | 44.075 | |
| | Total | 3627.650 | 59 | | |
| Cognitive restructuring | Between groups | 935.363 | 2 | 467.682 | 9.547** |
| | Within group | 2792.237 | 57 | 48.987 | |
| | Total | 3727.6 | 59 | | |
| Express emotion | Between groups | 111.684 | 2 | 55.842 | 1.921 |
| | Within group | 1657.299 | 57 | 29.075 | |
| | Total | 1768.983 | 59 | | |
| Social support | Between groups | 366.176 | 2 | 183.088 | 4.626* |
| | Within group | 2256.007 | 57 | 39.579 | |
| | Total | 2622.183 | 59 | | |
| Problem avoidance | Between groups | 705.099 | 2 | 352.556 | 7.394** |
| | Within groups | 2717.634 | 57 | 47.678 | |
| | Total | 3422.733 | 59 | | |
| Wishful thinking | Between groups | 202.947 | 2 | 101.473 | 2.367 |
| | Within group | 2443.653 | 57 | 42.871 | |
| | Total | 2646.600 | 59 | | |
| Self criticism | Between group | 170.237 | 2 | 85.118 | 1.752 |



| | | | | | |
|-------------------------------|----------------|-----------|----|----------|----------|
| | Within group | 2768.746 | 57 | 48.574 | |
| | Total | 2938.983 | 59 | | |
| Social withdrawal | Between group | 21.160 | 2 | 10.580 | 0.2 |
| | Within group | 3021.423 | 57 | 53.007 | |
| | Total | 3042.583 | 59 | | |
| Problem focused engagement | Between groups | 4169.610 | 2 | 2084.805 | 13.294** |
| | Within group | 8938.974 | 57 | 156.824 | |
| | Total | 13108.583 | 59 | | |
| Emotion focused engagement | Between groups | 834.941 | 2 | 417.470 | 4.7* |
| | Within group | 5062.459 | 57 | 88.815 | |
| | Total | 5897.4 | 59 | | |
| Problem focused disengagement | Between groups | 1391.855 | 2 | 695.927 | 5.358** |
| | Within group | 7402.995 | 57 | 129.877 | |
| | Total | 8794.850 | 59 | | |
| Emotion focused disengagement | Between groups | 92.294 | 2 | 46.147 | .342 |
| | Within group | 7690.706 | 57 | 134.925 | |
| | Total | 7783 | 59 | | |
| Engagement | Between groups | 8914.178 | 2 | 4457.089 | 12.270** |
| | Within groups | 20705.222 | 57 | 363.250 | |
| | Total | 29619.400 | 59 | | |
| Disengagement | Between groups | 1659.521 | 2 | 829.761 | 2.286 |
| | Within groups | 20687.079 | 57 | 362.931 | |
| | Total | 22346.600 | 59 | | |

*significant at .05 level

**significant at .01 level

Table 2 shows that the result of one way ANOVA, in which Severity of Alcohol Dependence, dysfunctional attitude and different dimensions of Coping strategies are analysed in 3 alcohol group such as mild, moderate and severe alcohol dependence. In this study, ANOVA was used to determine whether there is significant difference in different alcohol group. From the ANOVA table, the results indicate that F value obtained for Severity of Alcohol Dependence, dysfunctional attitude, problem solving, cognitive restructuring, social support, problem avoidance, problem focused engagement, emotion focused engagement, problem focused disengagement, & engagement shows significant difference.

Table 3: Duncan's Tests For Different Alcohol Group in Severity of Alcohol Dependence

| ALC.GRP | N | Subset for alpha = 0.05 | | |
|------------|----|-------------------------|-------|-------|
| | | 1 | 2 | 3 |
| 1.Mild | 19 | 11.42 | | |
| 2.Moderate | 19 | | 25.26 | |
| 3.Severe | 22 | | | 45.50 |
| Sig. | | 1.000 | 1.000 | 1.000 |

Table 3 shows the Duncan's test result. In this study significant difference is obtained in Severity of Alcohol Dependence, but which alcohol group has more difference is not clear. When significant F-ratio is obtained, it is essential to determine which groups indicate significant differences, when there are more than two groups involved? For this purpose Post Hoc comparison is used. First group is the mild, second is moderate and third is severe. The result shows that there is significant difference between all the 3 groups in severity of alcohol dependence. By comparing the mean value of 3 groups, it is evident that the severe group has higher mean value than the mild and moderate group. This means that the severe group has more dependence on the alcohol than the other two groups.



This may be because of the increase in the amount of alcohol consumption and related withdrawal symptoms in severity group. Comparing the other two group, mean value is higher in moderate group than mild group. This result can also be attributed to the reason that the amount of alcohol consumption may be more in moderate group than mild group. In short, the alcohol dependence is seemed to be lower in mild group and it increases as the amount of alcohol consumption increases.

Table 4: Duncan's Tests For Different Alcohol Group in Dysfunctional Attitude

| ALC.GRP | N | Subset for alpha = 0.05 | |
|------------|----|-------------------------|--------|
| | | | 2 |
| 1.Mild | 19 | 157.58 | |
| 3.Severe | 22 | | 182.41 |
| 2.Moderate | 19 | | 182.68 |
| Sig. | | 1.000 | .974 |

Table 4 shows the Duncan's test result. In this study significant difference is obtained in dysfunctional attitude, but which alcohol group has more difference is not clear. The result shows that mild group has significant difference in dysfunctional attitude than that of moderate and severe group. By comparing the mean value of mild, moderate and severe, it is evident that moderate and severe group has more dysfunctional attitude than the mild. This may be due to the reason that as amount of alcohol consumption increases, it negatively affects the attitudes or beliefs the person hold. The effect of alcohol on cognitive functions leads to the formation of dysfunctional attitudes. From the above result, it is evident that formation of dysfunctional attitude is clearly the contribution of increased alcohol consumption. The result was supported by the study conducted by Yourself, Younes et al(2015) on dysfunctional attitude and coping strategies in substance dependent and healthy individuals. The result of the study shows that Substance-dependent individuals had greater dysfunctional attitudes than the healthy ones.

Table 5: Duncan's Tests For Different Alcohol Group In Problem Solving

| ALC.GRP | N | Subset for alpha = 0.05 | |
|------------|----|-------------------------|-------|
| | | 1 | 2 |
| 2.Moderate | 19 | 19.42 | |
| 3.Severe | 22 | 20.36 | |
| 1.Mild | 19 | | 29.16 |
| Sig. | | .656 | 1.000 |

Table 5 shows the Duncan's test result. In this study significant difference is obtained in problem solving, but which alcohol group has more difference is not clear. The result shows that mild group has significant difference in problem solving than that of moderate and severe group. By comparing the mean value of mild, moderate and severe, it is evident that mild group has higher mean value than the moderate and severe group. This means that the persons in the mild group uses problem solving as a coping strategy more than other two groups. This may be due to the reason that, as the cognitive function seemed to be more effected in moderate and severe groups due to increased alcohol consumption, the mild group may have increased cognitive capacity when compared to moderate and severe group. Problem solving process involves step by step procedure, which requires the proper functioning of cognition. This is seemed to be less among moderate and severe group when compared to mild group. The mild group may be at initial stage of alcohol dependence, which enables them to use problem solving strategy better than other 2 groups.

Table 6 :Duncan's Tests For Different Alcohol Group In Cognitive Restructuring

| ALC.GRP | N | Subset for alpha = 0.05 | |
|------------|----|-------------------------|-------|
| | | 1 | 2 |
| 3.Severe | 22 | 20.50 | |
| 2.moderate | 19 | 20.53 | |
| 1.Mild | 19 | | 29.00 |
| Sig. | | .991 | 1.000 |



Table 6 shows the Duncan's test result. In this study significant difference is obtained in cognitive restructuring, but which alcohol group has more difference is not clear. The result shows that mild group has significant difference in cognitive restructuring than that of moderate and severe group. By comparing the mean value of mild, moderate and severe, it is evident that the mild group has higher mean value than moderate and severe groups. This means that the persons in the mild group use cognitive restructuring more than other groups. This may be due to the reason that the alcohol consumption has less effect on the cognitive functions of mild group compared to moderate and severe. As less amount of alcohol is consumed, mild group is able to use cognitive restructuring better than other groups.

Table 7: Duncan's Tests For Different Alcohol Group in Social Support

| ALC.GRP | N | Subset for alpha = 0.05 | |
|------------|----|-------------------------|-------|
| | | 1 | 2 |
| 3.Severe | 22 | 18.95 | |
| 2.Moderate | 19 | 20.05 | |
| 1.Mild | 19 | | 24.68 |
| Sig. | | .584 | 1.000 |

Table 7 shows the Duncan's test result. In this study significant difference is obtained in social support, but which alcohol group has more difference is not clear. The result shows that mild group has significant difference in social support than that of moderate and severe. By comparing the mean value of mild, moderate and severe, it is evident that the mild group has higher mean value than moderate and severe groups. This means the alcoholics who are in mild groups has more social support than the other two groups. This may be due to the reason that, mild group alcoholics are more able to seek emotional support from people, family and friends than other groups. This clearly shows that as alcohol consumption increases, it affects the person's behaviour negatively, which in turn, lead to the destruction of much interpersonal relationship. As a result, the person in the moderate and severe group is not able to seek social support from others, because of their behavioural changes due to increased alcohol consumption.

Table 8: Duncan's Tests For Different Alcohol Group In Problem Avoidance

| ALC.GRP | N | Subset for alpha = 0.05 | |
|------------|----|-------------------------|-------|
| | | 1 | 2 |
| 1.Mild | 19 | 18.11 | |
| 2.Moderate | 19 | 22.16 | 22.16 |
| 3.Severe | 22 | | 26.41 |
| Sig. | | .069 | .057 |

Table 8 shows the Duncan's test result. In this study significant difference is obtained in problem avoidance, but which alcohol group has more difference is not clear. The result shows that mild group has significant difference in problem avoidance than that of severe group. By comparing the mean value of mild and severe, it is evident that severe group has higher mean value than the mild group. This means that alcoholics in the severe group use problem avoidance as a coping strategy more than mild group. This may be due to the reason that, severe alcoholics have passive attitude of dealing with the problems when compared with normal. As we discussed earlier, the mild alcoholics are more concerned with using coping strategies such as problem solving, cognitive restructuring and social support than severe group. Severe group alcoholics use problem avoidance as a coping strategy to escape from the responsibility that they may otherwise has to take. Their laziness and passive attitude in turn causes decrease in the social support. This result was supported by the study conducted by Silvia C, Gioia B, Jessica R et al(2017) on dispositional and situational coping among individuals with alcohol use disorders. The result of the study shows that patients with alcohol use disorder employed more avoidant coping styles compared to matched healthy controls.



Table 9: Duncan's Tests For Different Alcohol Group In Problem Focused Engagement

| ALC.GRP | N | Subset for alpha = 0.05 | |
|------------|----|-------------------------|-------|
| | | 1 | 2 |
| 2.Moderate | 19 | 39.95 | |
| 3.Severe | 22 | 40.50 | |
| 1.Mild | 19 | | 58.16 |
| Sig. | | .890 | 1.000 |

Table 9 shows the Duncan's test result. In this study significant difference is obtained in problem focused engagement, but which alcohol group has more difference is not clear. The result shows that mild group has significant difference in problem focused engagement than that of moderate and severe groups. By comparing the mean value, it is evident that the mild group has higher mean value than moderate and severe groups. This means that the mild group alcoholics are more likely to involve in problem focused engagement than other groups. This may be because, the mild group use more cognitive and behavioural strategies to change the situation or to change the meaning of the situation than other groups. As alcohol dependence increases, the ability to involve in active coping strategies decreases. This may be the reason behind decreased ability of moderate and severe alcoholics to use problem focused engagement.

Table 10: Duncan's Tests For Different Alcohol Group In Emotion Focused Engagement

| ALC.GRP | N | Subset for alpha = 0.05 | |
|------------|----|-------------------------|-------|
| | | 1 | 2 |
| 2.Moderate | 19 | 42.47 | |
| 3.Severe | 22 | 42.64 | |
| 1.Mild | 19 | | 50.58 |
| Sig. | | .957 | 1.000 |

Table 10 shows the Duncan's test result. In this study significant difference is obtained in emotion focused engagement, but which alcohol group has more difference is not clear. The result shows that mild group has significant difference in emotion focused engagement than that of moderate and severe groups. By comparing the mean value, it is evident that the mild group has more mean value than the severe group. This means that mild group alcoholics use emotion focused engagement more than severe group alcoholics. This may be due to the reason that the mild alcoholics are able to reflect open communication of feelings to others and increased social involvement, especially with family and friends. By comparing the mean value of mild and moderate, it is evident that the mild group has more mean value than the moderate group. This clearly shows that, as alcohol dependence increases, the ability to manage emotion decreases.

Table 11: Duncan's Tests For Different Alcohol Group In Problem Focused Disengagement

| ALC.GRP | N | Subset for alpha = 0.05 | |
|------------|----|-------------------------|-------|
| | | 1 | 2 |
| 1.Mild | 19 | 40.05 | |
| 2.Moderate | 19 | 46.74 | 46.74 |
| 3.Severe | 22 | | 51.73 |
| Sig. | | .069 | .173 |

Table 11 shows the Duncan's test result. In this study significant difference is obtained in problem focused disengagement, but which alcohol group has more difference is not clear. The result shows that mild group has significant difference in problem focused disengagement than that of severe group. By comparing the mean value, it is evident that severe group has higher mean value than the mild group. This means that the severe group alcoholics use problem focused disengagement more than mild group alcoholics. This may be because, as alcohol dependence increases, they are more likely to involve in denial, avoidance and an inability or reluctance to look at



the situation differently. Their ability to involve in active coping strategies decreases due to the increased effect of alcohol on cognitive functions.

Table 12: Duncan's Tests For Different Alcohol Group In Engagement

| ALC.GRP | N | Subset for alpha = 0.05 | |
|------------|----|-------------------------|--------|
| | | 1 | 2 |
| 2.Moderate | 19 | 82.42 | |
| 3.Severe | 22 | 83.14 | |
| 1.Mild | 19 | | 109.00 |
| Sig. | | .906 | 1.000 |

Table 12 shows the Duncan's test result. In this study significant difference is obtained in engagement, but which alcohol group has more difference is not clear. The result shows that mild group has significant difference in engagement than that of moderate and severe groups. By comparing the mean, it is evident that the mild group has higher mean value than moderate and severe group. This means that mild group alcoholics are more likely to involve engagement coping strategies than other 2 groups. This may be due to the reason that mild group alcoholics are able to engage themselves in efforts to manage the stressful person/environment transaction. They engage in active and ongoing negotiation with the stressful environment. Due to the increased dependency on the alcohol, moderate and severe group's ability to involve in engagement coping strategy decreased. Alcohol consumption and cognitive-emotional functions has an inverse relationship.

Correlation Analysis: In order to find out the relationships among the main variables examined in the study, a series correlation coefficients were computed among severity of alcohol dependence, dysfunctional attitude and coping strategies and the results are in the following sections.

Correlation among Severity of Alcohol Dependence, dysfunctional attitude and Coping strategies

Table 13: The Coefficient of Correlation Among Severity of Alcohol Dependence, Dysfunctional Attitude And Different Dimensions of Coping Strategies

| Variables | Severity of Alcohol Dependence |
|-------------------------------|--------------------------------|
| Dysfunctional attitude | .417** |
| Problem solving | -.418** |
| Cognitive restructuring | -.420** |
| Express emotion | -.125 |
| Social support | -.316* |
| Problem avoidance | .446** |
| Wishful thinking | .229 |
| Self criticism | .068 |
| Social withdrawal | -.075 |
| Problem focused engagement | -.456** |
| Emotion focused engagement | -.277* |
| Problem focused disengagement | .357** |
| Emotion focused disengagement | -.001 |
| Engagement | -.431** |
| Disengagement | .219 |

Table 14 shows the relationship between Severity of Alcohol Dependence, dysfunctional attitude and different dimensions of Coping strategies as examined by computing the correlation coefficient. The correlation between Severity of Alcohol Dependence and dysfunctional attitude shows that there is significant positive correlation. The magnitude of correlation coefficient indicate substantial relationship between the variables indicating that as severity of alcohol dependence increases ,dysfunctional attitude also increases or vice versa.



The correlation between severity of alcohol dependence and problem solving shows that there is significant negative correlation. The magnitude of correlation coefficient indicates substantial relationship between variables indicating that as severity of alcohol dependence increases, problem solving decreases or vice versa.

The correlation between severity of alcohol dependence and cognitive restructuring shows that there is significant negative correlation. The magnitudes of correlation coefficient indicate substantial relationship between variables indicating that as severity of alcohol dependence increases, cognitive restructuring decreases or vice versa.

The correlation between severity of alcohol dependence and social support shows that there is significant negative correlation. The magnitude of the correlation coefficient indicate moderate relationship between variables indicating that as severity of alcohol dependence increases, social support decreases or vice versa.

The correlation between severity of alcohol dependence and problem avoidance shows that there is significant positive correlation. The magnitude of correlation coefficient indicate substantial relationship between variables indicating that as severity of alcohol dependence increases, problem avoidance also increases or vice versa.

The correlation between severity of alcohol dependence and problem focused engagement shows that there is significant negative correlation. The magnitude of correlation coefficient indicates substantial relationship between variables indicating that as severity of alcohol dependence increases, problem focused engagement decreases or vice versa.

The correlation between severity of alcohol dependence and emotion focused engagement shows that there is significant negative correlation. The magnitude of correlation coefficient indicate moderate relationship between variables indicating that as severity of alcohol dependence increases ,emotion focused engagement decreases or vice versa.

The correlation between severity of alcohol dependence and problem focused disengagement shows that there is significant positive correlation. The magnitude of correlation coefficient indicate moderate relationship between variables indicating that as severity of alcohol dependence increases, problem focused disengagement also increases or vice versa.

The correlation between severity of alcohol dependence and engagement shows that there is negative correlation. The magnitudes of correlation coefficient indicate substantial relationship between variables indicating that as severity of alcohol dependence increases, engagement decreases or vice versa.

Table 15: The Coefficient of Correlation among Dysfunctional Attitude and Different Dimensions of Coping Strategies

| Variables | Dysfunctional Attitude |
|-------------------------------|------------------------|
| Problem solving | -.589** |
| Cognitive restructuring | -.557** |
| Express emotion | -.178 |
| Social support | -.215 |
| Problem avoidance | .414** |
| Wishful thinking | .010 |
| Self criticism | -.207 |
| Social withdrawal | -.315* |
| Problem focused engagement | -.611** |
| Emotion focused engagement | -.240 |
| Problem focused disengagement | .242 |
| Emotion focused disengagement | -.323* |
| Engagement | -.519** |
| Disengagement | -.038 |



Table 16 shows the relationship between dysfunctional attitude and Coping strategies as examined by computing the correlation coefficient. The correlation between dysfunctional attitude and problem solving shows that there is significant negative correlation. The magnitudes of correlation coefficient indicate substantial relationship between the variables indicating that as dysfunctional attitude increases, problem solving decreases or vice versa. The correlation between dysfunctional attitude and cognitive restructuring shows that there is significant negative correlation. The magnitudes of correlation coefficient indicate substantial relationship between the variables indicating that as dysfunctional attitude increases, cognitive restructuring decreases or vice versa.

The correlation between dysfunctional attitude and problem avoidance shows that there is positive correlation. The magnitude of correlation coefficient indicate substantial relationship between the variables indicating that as dysfunctional attitude increases, problem avoidance increases or vice versa.

The correlation between dysfunctional attitude and social withdrawal shows that there is significant negative correlation. The magnitude of correlation coefficient indicate moderate relationship between the variables indicating that as dysfunctional attitude increases, self criticism decreases or vice versa.

The correlation between dysfunctional attitude and problem focused engagement shows that there is significant negative correlation. The magnitude of correlation coefficient indicates substantial relationship between the variables indicating that as dysfunctional attitude increases, problem focused engagement decreases or vice versa.

The correlation between dysfunctional attitude and emotion focused disengagement shows that there is significant negative correlation. The magnitude of correlation coefficient indicates moderate relationship between the variables indicating that as dysfunctional attitude increases, emotion focused disengagement decreases or vice versa.

The correlation between dysfunctional attitude and engagement shows that there is significant negative correlation. The magnitude of correlation coefficient indicates substantial relationship between the variables.

To reduce or eliminate dysfunctional attitude, the first thing is to reduce alcohol consumption and adoption of new attitudes. It can be done by providing awareness programmes, interventions and to educate methods of adopting new positive attitudes. Mild dependence alcoholics are more vulnerable to stop alcoholism, because as the result shows, they are more able to use positive coping strategies than moderate or severe dependents. By providing education sessions, skill training and more focus on developing positive coping strategies - can help to manage alcoholic dependence more effectively in mild alcoholics. Similarly, people who are consumed alcohol for less duration can also be trained to use positive coping strategies more effectively. In short, people with mild dependence & less duration of alcohol consumption are more likely to recover, if they are provided with adequate training; severe dependence and increased duration of alcohol consumption involves major psychological and physical problems, which can be only managed through therapies and hospital treatments. Further research has to be conducted to support this study and to identify the role of other psychological factors in alcoholism, which helps in the treatment and management.

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