

## Ways of Coping as the Predictor of Alcohol and Drug Use Attitude amongst Adolescents

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### ABSTRACT

Our daily lives are identified by stress, but studies also demonstrate that adolescents are more sensitive to it because of the complexity of their underlying issues. However, humans must learn to cope with stress, which is defined as "the act of managing unfamiliar or internal pressures that are considered to be demanding on personal capability and resources. Adolescence is the most sensitive and crucial stage of development wherein physical and psychological changes are at its peak. The rising cases of drug abuse among adolescence are one of the major problems being faced by many of the countries across the globe. Deliberating upon the causative factors of alcohol and drug use among adolescents, the factors could be many; Ways of coping has also been documented as one of the contributory factors. To present research study made an attempt to explore the relationship between ways of coping and attitude towards the alcohol and drug use among adolescents. The target population of the study was adolescents with the age group of 15-19 years. The sample of present study comprises of 500 (N=500) adolescents coming from the state of Haryana, India. The Questionnaire Ways of Coping (Folkman and Lazarus 1988) and Alcohol and Drug Attitude Scale (Singh & Saini, 2010) were used to assess the ways of coping and attitude towards alcohol and drug. The findings of the present study revealed significant positive correlation between ways of coping and its dimensions and attitude towards alcohol and drug use among adolescents.

**Keywords:** *Adolescence, Ways of Coping, Alcohol and Drug Attitude*

### INTRODUCTION

Our daily lives are identified by stress, but studies also demonstrate that adolescents are more sensitive to it because of the complexity of their underlying issues. Physical and psychological consequences of stress are feasible (Rout & Rout, 1993; Fisher, 1993). Stress has been shown to be a significant contributor to the emergence of addiction. It's presumed that individuals are starting to take drugs because they don't see any other way to cope with regular stress management. On the other hand, stress makes it extremely difficult to stop taking drugs and encourages quitting drug use. To survive, however, humans must learn to cope with stress, which is defined as "the act of managing external or internal pressures that are considered to be demanding on personal capacities and resources" (Rout & Rout, 1993). An individual's susceptibility to alcohol and drug abuse grows as the proportion of their life dominated by risk factors grows, as noted by Craig (2004). Adolescents, in particular, seem to be influenced by this.

The onset of increasing epidemiology of substance use behaviour during the high school years is rooted in adolescence (Johnston et al., 2013; Chen, & Jacobson, 2012). The propensity to develop alcohol abuse and dependence is high among individuals who initiate alcohol use in the age range of 11–14 (Zeigler et al., 2005). As substance use can be seen in any age group but the World drug report (2018) suggests that drug usage is at its peak among 18–25-years old. Ford (2007)

observed that the adolescent age is a crucial time of change when a person is moving from childhood to adulthood. At this stage of life, they are often no longer supervised by their parents and are susceptible to other academic and social pressures. The rising cases of alcohol and drug use among adolescence are one of the major problems being faced by many of the countries across the globe. Although, it is fairly accepted that this is the age of exploration, experimentation, risk taking habits, and curiosity to about self and the world, but on the other hand, during this period youth also experiences several types of stress from family, society, career choices, peer pressures, etc.

Coping is a multidimensional process to manage stressful state involving emotional, cognitive, and behavioural efforts (Carver & Scheier, 1994; Folkman & Lazarus, 1985). Coping is considered as the adaptive mechanism. In terms of Lazarus and Folkman (1984), "coping is the constantly changing cognitive and behavioural efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person."

There are two broad coping strategies, emotion focused and problem focused.

Folkman and Lazarus (1988) further classified the types of coping styles/strategies as: problem focused and emotion focused. In problem focused coping style, an individual focuses on the problem and works out with the different alternatives to the problem and tries to

solve the problem. Whereas, in emotion focused coping style, the persons focus is on reducing the emotional stress and strain associated with the problem/situation.

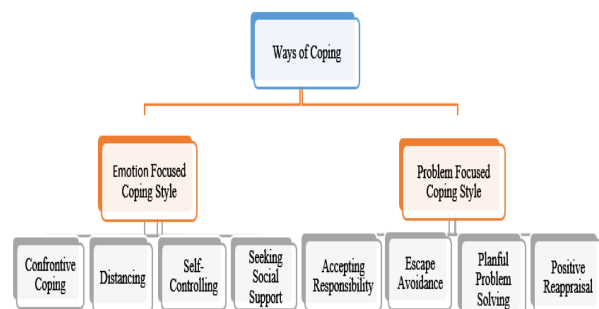


Figure 1: Types of Ways of Coping

According to research, individuals who are experiencing stress shouldn't learn to avoid, forget, or completely block off the source of that distress (Lazarus & Lazarus, 1994). This is indicative of the fact that the problem-focused coping strategy is more helpful in coping with stress. Walker, & Stephens, (2014) with the sample of college students made an attempt to understand the relationship among coping styles, protective behavioural strategies and alcohol use. Protective behavioural strategies not only exert mediating effect between problem focused coping and alcohol use but also emerged as protective strategies against alcohol use.

Indeed, the manner in which ways of coping and coping styles have been defined and operationalized has varied greatly across studies. The manner in which ways of coping is related to attitude towards alcohol and drug use is somewhat unclear. The present study makes an attempt to examine the correlation between ways of coping and the extent to which it determines the attitude towards alcohol and drug use.

### Objectives:

- To explore the association between ways of coping and alcohol and drug attitude among adolescents.

### Hypothesis:

- There shall be a significant relation between ways of coping and alcohol and drug attitude among adolescents.

## METHODOLOGY

### Sample:

The target population of the study was adolescents with the age group of 15-19 years. The sample of present study comprises of 500 (N=500) adolescents males and females coming from the state of Haryana, India.

## Measuring Instruments:

### ➤ Ways of Coping Questionnaire by Folkman and Lazarus (1988)

The questionnaire regarding way of coping strategies was developed by Folkman and Lazarus. (1988). It is a self-report questionnaire comprising of 66 items assessing coping mechanism-not coping dispositions or styles. It is primarily designed to measure coping processes applied by adolescents in a particular stressful encounter in day to day life. There are four alternative for each statement from not used to used a great deal. It comprises of eight subscales such as confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape avoidance, planful problem solving and positive reappraisal. The first four subscales are for emotion focused coping mechanism and last four subscales are for problem focused coping mechanism. The alpha coefficients for eight subscales are significantly high ranging from (0.61 to 0.79). The internal consistency was (Cronbach's alpha 0.79) for overall scale.

### ➤ Alcohol and Drug Attitude Scale by Singh & Saini (2010)

Alcohol and Drug Attitude Scale developed by Singh & Saini (2010) is a 28 items Likert type five point scale which measures the attitude towards alcohol and drug use. The positive items receive a score between 1 and 5, whereas the negative items receive a score between 5 and 1. The higher score on the scale indicates the positive attitude towards the consumption of alcohol and drug use. The test-retest reliability (0.32) and internal consistency (Cronbach's alpha 0.82) indicates that the instrument is reliable enough. The good face and content validity for the tool has been reported by the experts.

### Procedure

To achieve the main purpose of the current research study the data was obtained from the sample of the study with the help of respective tools. The data was collected after establishing rapport and clearing their doubts regarding the study. The participants were provided with the questionnaires and were instructed in an appropriate manner. The tests were administered individually as well as in the small groups of 3-5 participants as per the convenience. The completed questionnaires were collected and the responses of respondents on various scales were scored according to the scoring instructions provided in the respective manuals.

**RESULTS**

The data obtained from the present study was analysed with the help of SPSS (version 25.0). To examine the nature of the correlation that occurs between the variables of this specific study, descriptive statistics, such as the mean and standard deviation, as well as Pearson's product moment coefficient of correlation, were applied. The simple and multiple linear regression was further applied on the data to explore the ways of coping as the predictor of alcohol and drug attitude among adolescents. The outcomes of the present study are presented in Table No. 1, 2 and 3.

**Table 1:** Outcomes of Descriptive statistics of the dimension of ways of coping and alcohol and drug attitude among adolescents (N=500)

Variables	N	Mean	SD
<b>Confrontive Coping</b>	500	11.26	2.891
<b>Distancing</b>	500	10.94	2.751
<b>Self-Controlling</b>	500	11.36	2.589
<b>Seeking Social Support</b>	500	11.28	2.947
<b>Total Emotion focused Coping</b>	500	44.84	8.260
<b>Accepting Responsibility</b>	500	8.04	2.092
<b>Escape Avoidance</b>	500	12.73	4.136
<b>Planful Problem Solving</b>	500	12.06	2.602
<b>Positive Reappraisal</b>	500	13.81	2.485
<b>Total Problem focused Coping</b>	500	46.64	7.823
<b>Alcohol and drug attitude</b>	500	90.13	20.040

Table 1. Indicates the descriptive statistics related to the variables being studied in the present study on the total sample (N=500). The mean score for the variable of alcohol and drug attitude (M=90.13; SD=20.040).

The descriptive statistics for the dimensions of ways of coping has also been reported in the table 1. The ways of coping has been studied under the two sub styles primarily emotion focused coping style and problem focused coping style. The mean score for the variable of total emotion focused coping style (M=44.84; SD=8.260) and total problem focused coping style (M=46.64; SD=7.823). The emotion focused coping style further has four sub dimensions the mean values have been reported as confrontive coping (M=11.26; SD=2.891), distancing (M=10.94; SD=2.751), self-controlling (M=11.36; SD=2.589), and seeking social support (M=11.28; SD=2.947). Whereas, the scores obtained on the various sub dimensions of problem focused coping style is being reported as accepting responsibility (M=8.04; SD=2.092), escape avoidance (M=12.73; SD=4.136), planful problem solving (M=12.06; SD=2.602), and positive reappraisal (M=13.81; SD=2.485) respectively.

**Table 2:** Outcomes of correlation coefficients of the dimension of ways of coping and alcohol and drug attitude among adolescents (N=500).

Variable	CC	DI	SC	SSS	TEFcop	AR	EA	PPS	PR	TPFcop	ADA
CC	1	.537**	.449**	.311**	.780**	.275**	.531**	.288**	.266**	.535**	.447**
DI		1	.332**	.335**	.745**	.219**	.456**	.237**	.289**	.470**	.434**
SC			1	.406**	.726**	.306**	.341**	.234**	.297**	.434**	.190**
SSS				1	.704**	.401**	.302**	.381**	.405**	.522**	.137**
TEFcop					1	.408**	.552**	.389**	.427**	.666**	.410**
AR						1	.265**	.312**	.366**	.627**	.148**
EA							1	.179**	.273**	.746**	.502**
PPS								1	.427**	.646**	.084
PR									1	.702**	.099*
TPFcop										1	.365**
ADA											1

\*\* Correlation is significant at .01 level (2-tailed).

\* Correlation is significant at .05 level (2-tailed).

Table 2 Indicates that the correlation coefficients to explore the relationship between ways of coping and alcohol and drug attitude among adolescents. The findings reveal the significant positive correlation (r=.410, p<.01) between total emotion positive focused coping style and alcohol and drug attitude. It further depicts the significant positive correlation for the confrontive coping (r=.447, p<.01), distancing (r=.434, p<.01), self-controlling (r=.190, p<.01) and seeking social support (r=.137, p<.01) sub dimension of emotion focused coping style with alcohol and drug attitude among participants.

The findings also establish the significant positive correlation (r=.365, p<.01) between problem focused coping style and alcohol and drug attitude among adolescents. The findings also depict the significant positive correlation between accepting responsibility (r=.148, p<.01), escape avoidance (r=.502, p<.01), planful problem solving (r=.084), and positive reappraisal (r=.099, p<.05) sub dimension of problem focused coping style and alcohol and drug attitude among adolescents.

**Table 3:** Outcomes of regression analysis for the dimension of ways of predicting alcohol and drug attitude among adolescents (N=500).

Predictors	B	SE B	B	t	Sig.
Constant	52.823**	5.107		10.343	.000
<b>Emotion Focused Coping Style</b>					
Confrontive Coping	1.428**	.344	.206	4.151	.000
Distancing	1.646**	.333	.226	4.939	.000
Self-Controlling	-.393	.339	-.051	-1.158	.247
Seeking Social Support	-.363	.308	-.053	-1.179	.239
Accepting	.248	.405	.026	.614	.539

Predictors	B	SE B	B	t	Sig.
<b>Problem Focused Coping Style</b>					
Responsibility					
Escape Avoidance	1.658**	.220	.342	7.525	.000
Planful Problem Solving	-.269	.329	-.035	-.818	.414
Positive Reappraisal	-.584	.354	-.072	-1.649	.100
R <sup>2</sup>	.339				
F	31.468**				.000

\*\*significant at  $p < .01$  level

\*significant at  $p < .05$  level

Note: **Dependent Variable:** Alcohol and drug attitude, **B**=Unstandardized regression coefficient,  **$\beta$** =Standardised regression coefficient

The findings of the present study as demonstrated in the table 3 demonstrate the regression analyses for the sub dimensions of ways of coping and alcohol and drug attitude among adolescents. The overall regression model predicting the alcohol and drug attitude was found  $F(8,491) = 31.468$ ,  $R^2 = .339$ . The effect size for alcohol and drug attitude is  $R^2 = .339$  indicates that overall, 33.9% variance in the alcohol and drug attitude among participants has been caused by them. The findings of the present study depicts that the confrontive coping ( $\beta = 1.428$ ,  $p < .01$ ) and distancing ( $\beta = 1.646$ ,  $p < .01$ ) sub dimension of emotion focused coping style and escape avoidance ( $\beta = 1.658$ ,  $p < .01$ ) sub dimension of problem focused coping style as significant predictor of alcohol and drug attitude among adolescents.

## DISCUSSION

The major purpose of the present research study was to examine the ways of coping as predictor of the alcohol and drug attitude among adolescents. Coping is another important determinant of alcohol and drug attitude among adolescents. In fact, the substance use can be considered as the outcome of maladaptive or avoidant behavioural pattern. The present findings provide us the understanding of the fact that individuals who apply emotion focused coping style are able to reduce emotional strain which affects their mental state and consequent to which they get inclined attitude towards alcohol and drug. Emotion-focused coping means focus on relaxation, substances abuse, defence mechanisms to reduce the effects of stress caused by unpleasant situation, events or experiences (Rothmann & Van Rensburg, 2002; Edwards & Holden, 2001). The findings reported here are congruent with those found in research done by Dashora, Erdem, & Slesnick (2011) and Scott, Hides, Allen, & Lubman (2013) wherein they found emotion-oriented coping strategies to be linked to the risk of experiencing health problems, and drug use.

The present findings are in congruence with the findings of Massah et al., (2014) wherein on the basis of their research they reported emotion-focused coping strategies as the most powerful predictor of attitude towards alcohol and drug use. The finding makes us to infer that higher the tendency to escape and avoid the situation higher will be the inclination attitude towards the alcohol and drug use. The escape avoidance sub-dimension has emerged as the significant predictor of alcohol and drug attitude among adolescents. From the present findings it could be inferred that higher the escape avoidant behaviour more would be the propensity to attitude towards in the alcohol and drug use.

The results of the present study are significant because they allow us in understanding, realizing and evaluating the range of stress coping style applied by the adolescents who resort to alcohol and drug abuse behaviour. The identification of the coping mechanism further helps in managing and planning of intervention program for the management of alcohol and drug abuse behaviour.

## CONCLUSION

Adolescence age is crucial period that has been characterized in part of attitude towards alcohol and drug use. Alcohol and drugs have the potential for some serious physical and psychological consequences. In this study the result revealed that ways of coping and its dimensions was a major contributory factor or predictor of attitude towards the alcohol and drugs among adolescents and positively significant relationship between ways of coping and alcohol and drug attitude among adolescents. Parents and teacher help by using positive and negative reinforcement, improving communication skill to be modified or shaped their beliefs, thought and attitude towards the alcohol and drug use among adolescents. For this result, those who lack these strategies to cope are more likely to engage in risky drinking behaviours (Wagner, Myers, & McIninch, 1999; Hasking, Lyvers, & Carlopio, 2011).

## Implications

The results of the present investigation conclude significant positive relationship between ways of coping and its dimensions and attitude towards the alcohol and drug use among adolescents. As, adaptive coping strategies are predictor of desirable health outcomes the findings suggests the incorporation of skills training emphasizing the acquisition of adaptive coping strategies in the developmental tasks and intervention programmes to as to combat the substance use and have better health outcomes.

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