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Understanding The Impact of Alcohol Dependence on Emotional Regulation and Coping Skills among Unmarried and Married Young Adult Males

[1]**Gauri Sabharwal,** *Master's in Clinical Psychology, Amity University, Noida*
sabharwalgauri7@gmail.com
[2]**Dr. Smriti R Sethi**, *Assistant Professor, AIPS, AUUP*

Abstract: The present study examined the relationship between alcohol dependence, emotion regulation, and coping mechanisms among 300 young adult males (150 married, 150 unmarried) aged 18–30. Using standardized tools—ADS, ERQ, and the Brief COPE—the study aimed to explore how these psychological variables interact, with marital status as a moderating factor. Results indicated that higher alcohol dependence was strongly linked to emotional suppression and maladaptive coping (avoidant and emotion-focused), while cognitive reappraisal and problem-focused coping served as protective factors. Significant correlations were also found between emotion regulation and coping styles: suppression was associated with avoidant coping, while reappraisal correlated with problem-solving. No significant differences were found between married and unmarried participants in alcohol dependence or emotion regulation, though married individuals reported slightly higher emotion-focused coping. These findings highlight the need for integrating emotion regulation and adaptive coping strategies—such as CBT, mindfulness, and emotion-focused interventions—into prevention and treatment programs for alcohol-related issues.

Keywords: *Alcohol dependence, Emotional regulation, Coping Skills, Marital Status, Young Adult Males*

1. Introduction

Alcoholism, characterized by excessive use, disrupts physical, mental, and social well-being, particularly among young adults in India. While alcohol is often tied to social and cultural practices, its misuse leads to emotional and relational issues. Married men may drink to cope with family pressures, while unmarried men use it to manage stress or enhance social interactions. Alcohol dependence, affecting 10-15% of users, is linked to severe health, legal, and social consequences, including cancer, and is classified as a Group 1 carcinogen (WHO, 2022; Saha et al., 2006). Alcoholism is a 'family disease,' impacting not only the individual but also causing emotional stress, financial strain, and social isolation for family members (Watkins Meredith, 2020). In India, alcohol use has grown significantly, contributing to a 3.2% global death rate and a 4% disease burden (WHO, 2002).

1.2 *Alcohol Dependence*

Alcohol dependence represents a set of biological, psychological and social manifestations. It represents a maladaptive pattern of alcohol use that leads on to clinically significant impairment or distress or both. One can suspect the possibility of alcohol dependence when alcohol use turns problematic. It refers to a cluster of symptoms. There are four main symptoms:

1. Craving — A strong need, or compulsion, to drink.
2. Impaired control — The inability to limit one's drinking on any given occasion.
3. Physical dependence — Withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety, when alcohol use is stopped after a period of heavy drinking.
4. Tolerance — The need for increasing amounts of alcohol to feel its effects.

Despite recognizing the harmful effects of alcohol, individuals often struggle to control their intake, leading to heavier use and withdrawal from social or occupational responsibilities. Alcohol is a major contributor to numerous health issues, including dependence, liver cirrhosis, mental disorders, and non-communicable diseases. It is a leading risk factor for premature death and disability, particularly among those aged 20–39, where 13.5% of deaths are alcohol-related. Vulnerable populations face even higher risks. While alcohol is traditionally consumed in celebratory contexts, young adults increasingly use it to cope with emotional distress. Those with emotional dysregulation are more likely to engage in risky drinking as a maladaptive way to manage their emotions, further harming their physical and mental health.

1.3 *Emotional Regulation*

Emotion regulation involves recognizing, interpreting, and managing emotions, adapting to negative feelings, and tolerating distressing emotions to achieve goals and cope effectively. Strategies like Cognitive Reappraisal, which reframes situations to reduce emotional impact, and Expressive Suppression, which inhibits emotional expression, influence psychological well-being. Reappraisal promotes adaptive functioning, while suppression is linked to poorer outcomes. Poor emotion regulation is often associated with alcohol abuse, as individuals may use alcohol to cope with emotional dysregulation. Research indicates that emotional difficulties, such as non-acceptance of emotions and limited regulation strategies, are linked to alcohol-related consequences and increased relapse risk (Lang et al., 1999; Dvorak et al., 2014; Bandura et al., 2003).

Understanding the link between emotion regulation and alcohol consumption is particularly important for young adult males in India. Alcohol is frequently used to cope with negative emotions, especially amid pressures related to relationships and societal expectations. For many, drinking provides temporary relief from stress or anxiety yet worsens emotional dysregulation over time. Social norms surrounding masculinity may further inhibit emotional expression, reinforcing reliance on alcohol (Tseole et al.).

1.4 *Coping Skills*

Psychological coping mechanisms, also known as coping strategies or skills, are essential emotional, cognitive, and psychological resources that help individuals navigate adversity. Coping serves as a stabilizing force, maintaining bio-psycho-social equilibrium in challenging circumstances. Strategies can be categorized as either adaptive (active coping, emotional support, positive reinterpretation, planning, acceptance) or maladaptive (substance misuse, withdrawal, denial, self-blame). The choice of coping method is influenced by the nature of the stressor and individual factors.

The link between coping skills and alcohol consumption is vital for understanding emotional regulation among young adult males in India. Ineffective coping strategies often lead to maladaptive alcohol use, worsening depression and anxiety. Social support improves coping mechanisms and reduces alcohol reliance. Studies show that better coping skills, such as positive thinking, lead to improved alcohol outcomes, while coping failures can worsen symptoms. Alcohol is commonly used to cope with stress, but it exacerbates psychological issues and hinders healthier coping. Targeted interventions are needed to improve emotional resilience, especially given

differences in stressors faced by married and unmarried males (Maloney et al.; Luckose et al.; Rohsenow et al., 2001; Constant et al., 2014; Taj et al.; Cooke et al.).

2. Literature Review

Venkateswaran and Thirumalai (2024) studied the role of coping strategies in relapse prevention among 127 individuals with Alcohol Dependence Syndrome (ADS) in South India. The research found that individuals who remained sober scored higher in adaptive coping strategies (e.g., active coping, emotional support) and lower in maladaptive strategies (e.g., denial, self-blame). The study highlights the importance of promoting adaptive coping mechanisms to reduce relapse risk and improve treatment outcomes.

Chhatwal and Sharma (2020) studied 120 young adults and found a significant link between alcohol use and emotional dysregulation, which may increase the risk of borderline personality disorder (BPD). The study suggests that weaker emotional control heightens vulnerability to both alcohol dependence and BPD traits, emphasizing the need for interventions targeting emotional regulation to address these risks.

Kamboj et al. (2023) studied 100 males with alcohol dependence, finding that experiential avoidance was linked to higher alexithymia and cravings, while acceptance was negatively correlated with alexithymia. The study suggests that promoting adaptive strategies like acceptance can reduce cravings and improve emotional awareness, emphasizing the value of non-pharmacological approaches in treating alcohol dependence.

Fox et al. (2016) studied 50 individuals early in recovery from alcohol dependence and found that they initially struggled with emotional awareness and impulse control compared to social drinkers. Although emotional awareness improved after five weeks of abstinence, impulse control difficulties persisted. The study highlights the need for targeted interventions to improve emotional regulation and reduce relapse risk during recovery.

Kulak et al. (2025) reviewed the impact of alcohol misuse on marital dynamics, finding a strong link between alcohol consumption, intimate partner violence (IPV), marital dissatisfaction, and divorce. Factors like personality traits, social pressure, and impulsivity contribute to these associations. The review highlighted a bidirectional relationship where alcohol use negatively affects relationships, and marital dissatisfaction increases alcohol use. Gender differences and

drinking patterns also influence marital stability. The authors recommend future research with diverse couples using Actor-Partner Interdependence Modeling (APIM) for deeper insights.

3. Research Methodology

3.1 *Aim*

To assess the impact of alcohol dependence on emotional regulation and coping skills among unmarried and married young adult males.

3.2 *Objectives*

1. To examine the relationship between alcohol dependence and emotional regulation.
2. To evaluate the relationship between alcohol dependence and coping skills.
3. To assess alcohol dependence as a predictor of emotional regulation and coping.
4. To explore group differences based on marital status.

3.3 *Hypotheses*

- H01: There is no significant difference in the level of alcohol dependence, emotional regulation and coping skills among unmarried and married young adult males.
- H02: There will be no significant relationship between alcohol dependence and emotional regulation among unmarried and married young adult males.
- H03: There will be no significant relationship between alcohol dependence and coping skills among unmarried and married young adult males.
- H04: There will be no significant relationship between emotional regulation and coping skills among unmarried and married young adult males.
- H05: Alcohol dependence does not significantly predict emotional regulation and coping skills among unmarried and married young adult males.

3.4 *Sample*

The study followed a quantitative research design and included 300 young adult males (aged 18–35)—150 married and 150 unmarried—recruited through purposive and snowball sampling from urban and semi-urban settings such as colleges, workplaces, and communities.

Inclusion criteria: Males aged 18–35, self-reported alcohol consumers, either married or unmarried.

Exclusion criteria: Individuals with diagnosed severe psychiatric conditions.

3.5 Variables

Independent Variable: Alcohol Dependence

Dependent Variables: Emotional Regulation, Coping Skills

3.6 *Data Collection*

Data was gathered using structured self-report questionnaires assessing demographics, alcohol dependence, emotion regulation, and coping strategies.

Instruments Used

Alcohol Dependence Scale (ADS): 25-item dichotomous scale measuring alcohol dependence. Cronbach's α = 0.86.

Emotion Regulation Questionnaire (ERQ): 10-item scale assessing cognitive reappraisal and expressive suppression. Cronbach's α = 0.79 (reappraisal), 0.73 (suppression).

Brief COPE Inventory: 28-item scale evaluating coping strategies (problem-focused, emotion-focused, avoidant). Cronbach's α = 0.72–0.84.

3.7 *Statistical Analysis*

- **Independent Samples t-Test**: To compare group differences based on marital status.
- **Pearson's Correlation**: To examine relationships among alcohol dependence, emotion regulation, and coping styles.

3.8 *Procedure*

A topic was finalized focusing on the relationship between alcohol dependence, emotion regulation strategies, and coping mechanisms. Based on the objectives and hypotheses of the study, standardized questionnaires were selected, ensuring that the items were easy to understand and relevant to the research focus. Once the tools were finalized, they were distributed to participants for data collection. After the responses were gathered, scoring was completed, and the data were analyzed using Jamovi**.** Statistical analyses such as t-tests and correlation were performed to examine the relationships among alcohol dependence, emotion regulation, and coping strategies.

4. Results

Descriptive Statistics

Table 1a: *Descriptive Statistics for Alcohol Dependence and Emotion Regulation (N = 300)*

Variable	Marital Status	Mean	Standard Deviation
Alcohol dependence	Married	25.3	9.78
	Unmarried	25.0	8.78

ERQ Suppression	Married	20.01	4.25
	Unmarried	19.9	3.95
ERQ Reappraisal	Married	31.7	4.69
	Unmarried	31.9	4.35

Interpretation: Table 1a shows that alcohol dependence scores were similar for married (M = 25.3, SD = 9.78) and unmarried (M = 25.0, SD = 8.78) individuals. Suppression scores were slightly higher in married participants (M = 20.1, SD = 4.25), while reappraisal scores were slightly higher in unmarried participants (M = 31.9, SD = 4.35).

Table 2: *Descriptive Statistics for Coping Strategies by Marital Status (N = 300)*

Variable	Marital Status	Mean	Std. Deviation
Avoidant Coping	Married	19.6	5.94
	Unmarried	20.1	5.22
Emotion-Focused Coping	Married	28.4	7.65
	Unmarried	27.8	6.96
Problem-Focused Coping	Married	23.1	5.28
	Unmarried	24.1	5.10

Interpretation: Table 1b shows that married participants had slightly lower avoidant coping (M = 19.6, SD = 5.94) than unmarried participants (M = 20.1, SD = 5.22). Emotion-focused coping was higher in married individuals (M = 28.4, SD = 7.65) compared to unmarried ones (M = 27.8, SD = 6.96). Unmarried participants scored higher in problem-focused coping (M = 24.1, SD = 5.10) than married participants (M = 23.1, SD = 5.28). Both groups showed similar coping tendencies, with married individuals favoring emotion-focused coping and unmarried individuals slightly favoring problem-focused coping. Avoidant coping levels were similar across marital statuses.

Independent Samples T-Test

Table 3: *T-Test Results for Alcohol Dependence and Emotion Regulation (N = 300)*

Variable	t	df	p	SE Difference	Cohen's d
ADS Score	0.261	298	.794	1.073	0.0301

ERQ Suppression	0.296	298	.768	0.140	0.0342
ERQ Reappraisal	-0.447	298	.655	0.522	-0.0516

Interpretation: Table 2a shows no significant differences in alcohol dependence or emotion regulation strategies between married and unmarried individuals. Alcohol dependence, suppression (ERQ), and reappraisal (ERQ) scores all had p-values greater than 0.05, with small effect sizes (Cohen's d ≈ 0.03 to -0.05), indicating minimal practical impact of marital status.

Table 4: *T-Test Results for Coping Mechanisms (N = 300)*

Variable	t	df	p	SE Difference	Cohen's d
Avoidant Coping	-0.712	298	.477	0.646	-0.0822
Emotion-Focused Coping	0.742	298	.459	0.845	0.0312
Problem-Focused Coping	-1.778	298	.076	0.600	-0.2053

Interpretation: Table 2b shows no significant differences in avoidant or emotion-focused coping between married and unmarried participants. Problem-focused coping approached significance (p = .076), with a small effect size (Cohen's d = -0.21), suggesting a slight trend towards unmarried individuals using more problem-focused coping. Overall, marital status has minimal impact on coping mechanisms in this sample.

Correlation Analysis

Table 5: *Correlation Matrix – Alcohol Dependence and Emotion Regulation (N = 300)*

Variables	1	2	3
1. Alcohol Dependence	-	.867**	-.765**
2. ERQ Suppression	.867**	-	-.666**
3. ERQ Reappraisal	-.765**	-.666**	-

Interpretation: Table 3a reveals a strong positive correlation between alcohol dependence and ERQ suppression (r = .867, p < .001), and a strong negative correlation with reappraisal (r = -.765, p < .001). This indicates that greater suppression is associated with higher alcohol dependence, whereas higher reappraisal relates to lower alcohol dependence.

Table 6: *Correlation Matrix – Alcohol Dependence and Coping Mechanisms (N = 300)*

Variables	1	2	3	4
1. Alcohol Dependence	-	.445**	.407**	-.0.392**
2. Avoidant Coping	.445**	-	.110**	-.160**
3. Emotion-Focused Coping	.407**	.110**	-	-.159**
4. Problem-Focused Coping	-.392**	-.160**	-.159**	-

Interpretation: Table 3b shows alcohol dependence is positively correlated with avoidant (r = 0.445) and emotion-focused coping (r = 0.407) and negatively correlated with problem-focused coping (r = -0.392). Avoidant and emotion-focused coping are also weakly negatively correlated with problem-focused coping, highlighting a distinction between maladaptive and adaptive coping strategies.

Table 7: *Correlation Matrix – Emotion Regulation and Coping Mechanisms (N = 300)*

Variables	1	2	3	4	5
1. ERQ Suppression	-	-0.666**	.357**	-.371**	-.342**
2. ERQ Reappraisal	-0.666**	-	-.328**	-.339**	.343**
2. Avoidant Coping	.357**	-.328**	-	.110	-.160*
3. Emotion-Focused Coping	.371**	-.339**	.110	-	-.159*
4. Problem-Focused Coping	-.342**	0.343**	-.160**	-.159*	-

Interpretation: Table 3c shows ERQ suppression is positively correlated with avoidant (r = 0.357) and emotion-focused coping (r = 0.371), and negatively with problem-focused coping (r = -0.342), indicating that those who use suppression tend to favor maladaptive coping strategies.

Table 8: *Linear Regression of Alcohol Dependence Predicting Emotion Regulation*

Dependent Variable	Predictor	B	SE	t	p	R	R^2
ERQ – Suppression	Intercept	10.404	0.362	28.703	< .001	0.867	0.752
	ADS Score	0.383	0.013	30.028	< .001		
ERQ – Reappraisal	Intercept	41.091	0.517	79.452	< .001	0.766	0.586
	ADS Score	-0.373	0.018	-20.498	< .001		

Interpretation: Table 4a shows that ERQ suppression is significantly positively predicted by the ADS Score (B = 0.383, p < .001), while ERQ reappraisal is significantly negatively

predicted by the ADS Score (B = -0.373, p < .001). This indicates that higher alcohol dependence scores are associated with higher emotional suppression and lower emotional reappraisal. The regression models explain 75.2% of the variance in ERQ suppression and 58.6% of the variance in ERQ reappraisal, highlighting a strong influence of alcohol dependence on maladaptive emotion regulation strategies.

Table 9: *Linear Regression of Alcohol Dependence and Marital Status Predicting Coping Strategies*

Dependent Variable	Predictor	B	SE	t	p	R	R^2
Emotion-Focused Coping	Intercept	16.330	1.015	16.092	< .001	0.596	0.356
	ADS Score	0.457	0.036	12.807	< .001		
Problem-Focused Coping	Intercept	31.977	0.668	47.901	< .001	0.608	0.370
	ADS Score	-0.310	0.024	-13.212	< .001		
Avoidant Coping	Intercept	11.200	0.682	16.420	< .001	0.657	0.431
	ADS Score	0.358	0.024	14.950	< .001		

Interpretation: Table 4b indicates that alcohol dependence (ADS Score) is a significant predictor of coping strategies. Higher alcohol dependence is positively associated with emotion-focused coping (B = 0.457), explaining 35.6% of the variance (R^2 = 0.356), and avoidant coping (B = 0.358), explaining 43.1% of the variance (R^2 = 0.431). It is negatively associated with problem-focused coping (B = -0.310), explaining 37.0% of the variance (R^2 = 0.370). These results suggest that individuals with higher alcohol dependence tend to rely more on maladaptive coping strategies and less on adaptive ones.

5. Discussion and Analysis

This chapter explored the relationship between alcohol dependence, emotion regulation, and coping strategies in young adult males, examining the role of marital status. Data from 300 participants (married and unmarried) was analyzed.

Descriptive and T-Test Findings

There were no significant differences between married and unmarried participants in alcohol dependence, emotion regulation (suppression and reappraisal), or coping styles. Marital status did not play a significant role in influencing these variables.

Correlation Analysis

Alcohol dependence positively correlated with emotional suppression, avoidant coping, and emotion-focused coping, and negatively with reappraisal and problem-focused coping.

Suppression was linked to maladaptive coping (avoidant and emotion-focused), while reappraisal was linked to adaptive coping (problem-focused).

Regression Analysis

Alcohol dependence significantly predicted higher suppression and lower reappraisal, explaining a large variance. It also predicted greater use of maladaptive coping styles (avoidant, emotion-focused) and lesser use of problem-focused coping.

6. Conclusion

Alcohol dependence is closely associated with maladaptive emotional regulation and coping behaviors. Marital status does not significantly alter these dynamics. These findings underscore the need for interventions targeting emotion regulation and coping in alcohol-dependent individuals.

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