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Perceived Social Support, Coping and Distress among Caregivers of Individuals with Alcohol Dependence

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Abstract: It is essential to acknowledge that the problem of alcohol dependence does not only have an effect on the dependent person but also exerts significant psychological, social, and emotional pressures on his/her family caregiver. The purpose of this paper is to investigate the interrelation between perceived social support, coping skills, and psychological stress among caregivers of people suffering from alcohol dependence. In this study, a quantitative research design was used, and a sample of 102 subjects was recruited by means of purposive and snowball sampling. Data was obtained through the application of such standardized tools as PSS, F-COPES, and K10 scales. The result of the research proved that caregivers have to face significant psychological difficulties such as constant tiredness, anxiety, hopelessness, and emotional exhaustion. It was found that perceived social support acts as a protective measure, since it showed the negative correlation with psychological stress and the positive correlation with adaptive shopping skills. Adaptive coping mechanisms like problem-solving, acceptance, and positive re-framing were seen to reduce psychological distress, while maladaptive coping mechanisms like denial and avoidance were seen to increase psychological distress. The research paper also shed light on the paradox of caregiving in joint families, wherein the close physical relationship does not necessarily ensure emotional support because of the stigma, confidentiality issues, and damage to family reputation. This study has revealed that a family-based intervention strategy should focus on improving the psychological needs of the caregivers, along with the people who suffer from alcohol dependence syndrome. Social support, adaptive coping, and culturally and spiritually relevant services are likely to enhance

the psychological well-being of caregivers. This study adds to the existing literature on caregivers' psychological issues in the Indian scenario and raises awareness regarding this overlooked aspect.

Keywords: *Alcohol Dependence Syndrome, Family Caregivers, Psychological Distress, Perceived Social Support, Coping Strategies.*

1. Introduction

The personal cost of caring for an adult can be overwhelming and multifaceted. It is a disruption force that often destabilises family dynamics, depletes financial resources, and erodes the collective mental stability of the household. Many researchers have found out that the rate of anxiety, depression, and somatic complaints among the family members of addicts are much higher than those among other people. While the medical community has extensively documented the etiology and treatment of alcohol dependence, the experiences of those standing on the frontline, the family caregivers frequently remain in the shadows of clinical discourse. In the state of Punjab, for example, the number of people suffering from alcohol related diseases has grown dramatically. Increased consumption is associated with poor employment, domestic violence, and a breakdown of the traditional social fabric (Nadkarni et al., 2013).

The role of the caregiver for someone with a substance use disorder is uniquely taxing compared to other chronic illnesses. Unlike a physical disability or a terminal disease, addiction carries a heavy burden of social shame and perceived moral failure. The caregiver is often into a dual role; they must act as a source of support for the dependent individual while simultaneously shielding the family from the social fallout of the addiction. This constant pressure leads to a state of chronic stress that erodes the caregiver's own mental, physical, and social well-being.

In the study of psychological resilience, perceived social support is recognised as one of the most powerful protective factors available to a person. It is important to differentiate between the actual magnitude of a person's social network and the caregiver's perception of the support that he or she receives. The perceived social support implies a feeling of being loved, appreciated and supported by others when a crisis occurs. In the case of the caregiver, it means having a protective psychological cushion that will help him/her cope with various stressful situations.

Coping is defined as the dynamic cognitive and behavioural efforts that people make to cope with the internal and external demands that they view as too much for them. Given the

critical nature of the experience of addiction caregivers, these strategies become essential in deciding whether caregivers will be able to maintain their sanity or suffer from a complete psychological breakdown.

Psychological distress is the psychological representation of caregiver burden. It refers to a general condition marked by emotions of worry, hopelessness, and irritation. In the context of caregivers to individuals struggling with alcoholism, however, this psychological distress is more than just a response to the patient's condition but a response to the complete dismantling of normalcy. The source of this psychological distress is the economic strain caused by the patient's addiction, the threat of violence or abuse, and the role as the emotional manager of the whole family.

Addiction to alcohol, according to the World Health Organization, is considered to be a relapsing chronic illness when the craving to drink dominates all other social and family responsibilities. For the family of an addict living in the Indian culture, it implies creating the model of the family centered around the caregivers and dependent on him/her to survive.

2. Literature Review

Alcohol-dependent individuals' care usually involves emotional, psychological, and social difficulties for the person providing care. Family members are often exposed to prolonged stress due to the process of caring, the stigma associated with it, and doubts about the recovery of their loved ones. The scientific community has been actively exploring the determinants of caregivers' mental well-being, which include perceived social support, coping mechanisms, and psychological distress.

Numerous pieces of research have shown how significant the role of perceived social support is in maintaining caregivers' psychological balance. For instance, Pearlin et al. (1990) argued that caregivers with more pronounced perceived emotional and instrumental support felt less stressed and burdened than others.

Another key factor influencing caregivers' adaptation is coping mechanisms. Lazarus and Folkman (1984) stated that people use cognitive and behavioural strategies to cope with stress. The two types of coping mechanisms were broadly classified into problem-focused coping and emotion-focused coping.

According to Orford et al. (2025), appropriate coping mechanisms such as problem-solving and acceptance are related to low caregiver distress levels, whereas poor coping strategies such as avoidance and denial lead to emotional distress.

Psychological distress is widespread among caregivers of patients suffering from alcohol addiction. According to Mattoo et al. (2012), caregivers usually feel anxious, depressed, frustrated, and exhausted because of the burdensome caring work. Living in the same household with someone suffering from an addiction problem will severely affect the quality of life and cause chronic stress according to Orford et al. (2012). These results highlight the emotional stress involved in the caregiver role in situations involving addictions.

In summary, previous literature shows that social support and coping skills are critical factors in minimizing the negative efforts of psychological stress on caregivers. Good social support and appropriate coping mechanisms increase emotional strength, while poor social support and ineffective coping skills exacerbate the negative impact of psychological stress. Nevertheless, few studies have explored how social support and coping skills work together for caregivers of people with alcohol dependency disorders, especially in India.

2.1 *Objectives*

- To examine the relationship between perceived social support and psychological distress among caregivers of individuals with alcohol dependence.
- To study the relationship between coping strategies and psychological distress among caregivers.
- To assess the relationship between perceived social support and coping strategies among caregivers.
- To investigate the difference in coping strategies between caregivers belonging to joint and nuclear families.
- To examine the combined predictive role of perceived social support and coping strategies on psychological distress among caregivers.
- To assess the gender differences in perceived social support, coping strategies, and psychological distress among caregivers.

2.2 *Hypothesis*

Null Hypothesis (Ho):

H_{01}: There is no significant relationship between perceived social support and psychological distress among caregivers of individuals with alcohol dependence.

H_{02}: There is no significant relationship between coping strategies and psychological distress among caregivers.

H_{03}: These is no significant relationship between perceived social support and coping strategies among caregivers.

H_{04}: There is no significant difference in coping strategies between caregivers from joint family and nuclear families.

H_{05}: Perceived social support and coping strategies do not significantly predict psychological distress among caregivers.

H_{06}: There is no significant gender difference in perceived social support, coping strategies, and psychological distress among caregivers.

Alternative Hypotheses (H_1):

H_{11}: There is significant relationship between perceived social support and psychological distress among caregivers of individuals with alcohol dependence.

H_{12}: There is a significant relationship between coping strategies and psychological distress among caregivers.

H_{13}: There is a significant relationship between perceived social support and coping strategies among caregivers.

H_{14}: There is a significant difference in coping strategies between caregivers from joint and nuclear families.

H_{15}: Perceived social support and coping strategies significantly predict psychological distress among caregivers.

H_{16}: There is a significant gender difference in perceived social support, coping strategies, and psychological distress among caregivers.

3. Method

3.1 *Research design*

A quantitative, cross-sectional research design was used in this study to explore perceived social support, coping strategies, and psychological distress in caregivers of people with alcohol dependence. Quantitative design was professed for this study because of its ability to help measure variables objectively using standardized tools during a certain period, correlational nature of the research design further facilitated the determination of direction and extent of relationships that exist among variables without experimentation.

3.2 *Sample*

Participants of this study included 102 caregivers of patients with alcohol dependence diagnoses. Participants were sampled purposively and snowball sampling techniques were used to identify participants. The age range of the participants was from 20 to 60 years. Males and females constituted this population. They were active caregivers with the capacity to answer the study questions.

3.3 *Tools used*

Self-structured sociodemographic data sheet was developed to collect information about the participants. It contained details on age, sex, marital status, education, occupation, family structure (joint or nuclear) and relation with alcohol dependence.

Perceived social support scale: The level of perceived social support was determined using the Perceived Social Scale. This measure reflects the caregivers' perceptions of emotional, informational, and instrumental support from their family, friends, and other significant people. Higher scores correspond to higher levels of perceived social support. The scale shows reliable and valid results according to earlier psychological literature.

Family Crisis Oriented Personal Evaluation Scales (F-COPE): The coping mechanisms were assessed through the use of the family crisis Oriented Personal Evaluation Scale byMcCubbin, Olson, and Larsen (1981). The F-COPES instrument measures the manner by which the family responds to and copes with stressful events. The measurement includes scales like obtaining social support, reframing, obtaining spiritual support, deploying family resources, and passively appraising situations.

Kessler Psychological Distress Scale (K10): The Kessler psychological distress scale (K10) was used to measure psychological distress. This 10-item self-report test was formulated by Kessler et al. (2002). The test is used to obtain an individual's experience regarding anxiety and depression in the last 30 days, and the responses are measured in the form of a Likert scale.

3.4 *Procedure*

The data were gathered via self-administrated questionnaires either online or offline based on the participants' preferences. First, the caregiver friends of the researcher were contacted and were made aware of the objective of this study. Then, they were asked to spread the questionnaires among the other possible participants, thus allowing snowball sampling. Participation was purely voluntary, and consent was sought from all participants before gathering the data. Moreover, confidentiality and anonymity were assured, and participants were told that their answers will only be used for research purposes. It took around 15-20 minutes to complete the questionnaire.

3.5 *Statistical Analysis*

The data gathered were subjected to statistical analysis using IBM SPSS version 26. Before conducting the statistical analysis, the data were screened, coded, and reviewed for any errors and missing values. frequencies, percentages, means standard deviations, minimum values, and maximum values were calculated for the demographic factors and the primary variables of the study. Additionally, Pearson correlation analysis was conducted to test the

association between social support, coping mechanisms, and psychological distress. Further inferential analyses can be done, such as independent samples t-test and regression analysis, to investigate for significant differences and predictors for psychological distress.

4. Result

Table 1. *Socio-demographic profile of the sample (N=102)*

Variable	Category	Frequency	Percentage (%)
Gender	Male (1)	51	50.00%
	Female (2)	51	50.00%
Family type	Nuclear (1)	36	35.30%
	Joint (2)	66	64.70%

The table provides an overview of the socio-demographic profile of the participants. The participants included 102 caregivers of persons suffering from alcohol dependence. The gender profile was well balanced, where 51 participants (50.0%) were men while another 51 participants (50.0%) were women. Concerning the family structure, most of the participants came from joint families (n=66;64.7%) while others came from nuclear families (n=36;35.3%). This distribution pattern reveals that caregiving was mostly practiced in joint families.

Table 2. *Descriptives of population*

Statistic	Value
Mean	37.52
SD	9.41
Minimum	21
Maximum	52

In table 2, the ages among the study population are presented. The average age of the caregivers is 37.52 years (SD= 9.41), which implies that the majority of the population involved in this study are at an adult level. There is an age range of 21 to 52 years.

Table 3. *Descriptives of Variables*

Variable	Mean	SD	Minimum	Maximum
MPSS	42.8	16.62	12	83
FCOPES	82.14	16.2	36	68
Kessler	21.61	9.04	10	42

Table 3 displays the descriptive statistics for the major variables analysed in the study. The average score for the perceived social support variable was 42.80 (standard deviation= 16.62), signifying that the participants used coping mechanisms moderately well. The mean score for the psychological distress variables was 21.61 (standard deviation = 9.04).

Table 4. *Interrelationship between perceived social support, coping mechanisms, and psychological distress*

Variables	Social support	Coping	Psychological distress
Social support	1		
Coping	0.60	1	
Psychological distress	–0.22	0.17	1

The interrelationships between the main constructs under investigation have been shown in Table 4. A positive correlation coefficient between perceived social support and coping mechanisms has been established (r=.60, p<.01). It can be concluded that caregivers perceiving themselves as receiving more social support tended to utilize effective coping mechanisms. Furthermore, a negative correlation coefficient between perceived social support and psychological distress has been demonstrated (r=-.22, p<.o5). Thus, caregivers with a high level of perceived social support had less psychological distress.

5. Discussion

The current study has explored the interrelationships between perceptions of social support, coping strategies, and psychological distress in caregivers of people with alcohol dependence syndrome. In this context, it is necessary to note the large emotional load on the part of the caregivers under consideration, as well as the importance of social support for their psychological health.

Among the key results of the study, it is possible to emphasize a strong and statistically significant positive correlation between social support and coping strategies. People feeling support from family, friends, and other people around had more effective coping strategies. This observation proves the assumption made within the framework of the stress-buffering hypothesis according to which social support plays an important role in stressful managing of difficult situations.

The second important result obtained during the course of this research was the negative correlation between social support and psychological distress.

The present study examined the relationships among perceived social support, shopping strategies, and psychological distress among caregivers of individuals with alcohol dependence. The findings highlight the substantial emotional burden experienced by caregivers and underscore the protective role of social support in their psychological well-being.

A key finding of the study was the strong positive association between perceived social support and coping strategies. Caregivers who felt supported by family, friends, and significant others were more likely to use constructive coping mechanisms. This aligns with the stress-buffering hypothesis, which posits that social support enhances an individual's ability to manage stressful life circumstances effectively.

The study also revealed a significant negative relationship between perceived social support and psychological distress. Caregivers who perceived higher levels of support reported lower levels of anxiety, depression, and emotional strain. This finding reinforces the view that social support acts as a critical protective factor, helping caregivers withstand the challenges associated with caring for a loved one with alcohol dependence.

Strikingly, the correlation between the coping mechanisms used by the participants and the level of psychological distress experienced by them showed a positive association, although insignificant. It implies that the presence of the coping mechanisms does not guarantee the reduction of psychological distress. In other words, the efficiency of the coping mechanisms, such as problem-solving and reframing, instead of relying on the maladaptive mechanisms, such as denial and avoidance.

It is interesting to note that the sample included mostly the caregivers who belonged to joint families. Although the joint family system is generally regarded as the one with a strong support network compared to nuclear families, it turns out that the number of people within the household does not necessarily result in sufficient psychological support. Possible barriers include social stigma, family secrets, and family reputation.

On the whole, the findings illustrate the need for increasing social support for caregivers. Programs directed towards promoting better family relationships, using community resources, and helping caregivers cope with stress may be beneficial.

6. Conclusion

The study revealed the existence of a significant association between social support perception, coping mechanisms, and psychological distress among the caregivers of patients with alcohol dependence. Perceived social support was negatively correlated with psychological distress, whereas adaptive coping mechanisms promoted emotional well-being.

Social and psychological resources were crucial for the prevention of adverse consequences of caregiving stress. This work contributes to the extant literature by highlighting the necessity to focus on the needs of caregivers as a core component of addiction rehabilitation programs.

6.1 *Limitations*

Small number of participants. Regional and clinical sample restrictions. Sole reliance on subjective measures. Cross-sectional analysis, which does not allow for making causative claims.

6.2 *Future Directions*

Future research might involve a greater sample size of caregivers to increase the external validity of the results obtained. A longitudinal approach might be used to explore changes in social support perception, coping mechanisms, and psychological distress over time. Intervention-based studies might also offer valuable insights into the ways to improve the quality of life of caregivers and develop family-centered approaches in the treatment of alcohol dependence.

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