

**EMOTION-FOCUSED COPING STRATEGIES AND
PSYCHOLOGICAL WELL-BEING IN INDIVIDUALS
WITH SUBSTANCE USE DISORDERS**

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ABSTRACT

In individuals with substance use disorders, this study sought to investigate the predictive relationship between emotion-focused coping strategies and psychological well-being (i.e. environmental mastery, autonomy, positive relations with others, purpose in life, personal growth and self-acceptance). Using the Correlation research design a sample of 128 individuals with drug use disorders, residing in Drug Rehabilitation Centers in Karachi, was selected through purposive sampling. Participants ranged in age from 20 to 40 years ($M= 30.14$, $SD= 6.64$). The semi-structured interview form, the Ryff Scales of Psychological Well-being-Urdu version (Ansari, 2010), and the Coping Styles Scale (Zaman & Ali, 2015) were used. Linear regression shows emotion-focused coping as significant predictor of psychological well-being and its sub-domain of environmental mastery and purpose in life in patients with Substance Use Disorder. The findings underscore the importance of understanding and addressing emotion-focused coping strategies in individuals with Substance Use Disorder to improve psychological well-being outcomes.

Keywords: Substance Use Disorder, Poly-users, Emotion-focused Coping, Psychological Well-being

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INTRODUCTION

Stress is a common life experience and people react by using various strategies to overcome the stress. In general, stress is the state of worry or tension that occurs in reaction to the demands of environment (Yoloye, 2003). Lazarus and Folkman (1984) introduced the Transactional Model of Stress and Coping which explained the coping as an important part during stressful event and the way of coping eventually leads to maintenance of well-being.

Emotion-focused coping strategies focus on minimizing the emotional effects which includes seeking emotional social-support (moral support, sympathy), distancing, self-controlling, positive reappraisal, escape-avoidance, venting on emotions, behavioral disengagement (give-up goals), mental disengagement (daydreaming or sleeping), denying reality and drug/alcohol use (Carver et al., 1989; Scheier et al., 1986). These coping strategies do not work to overcome stress because it does not deal with the root cause of problem (McLeod et al., 2006). It has been acknowledged that psychological well-being is contingent upon one's use of coping strategies (Keyes et al., 2002).

Psychological well-being involves successful physical, cognitive, and social-emotional functioning which help an individual to resolve environmental problems and develop healthy relationships (Bornstein et al., 2003). One of the prominent models of Psychological Well-Being is proposed by Ryff. He conceptualized psychological well-being as encompassing six domains: (1) The environmental mastery domain emphasizes on the ability of a person to make environment suitable and comfortable by manipulating and controlling the complexities of environment. (2) The autonomy domain involves the ability of an individual to make decisions and behave according to his desires and values. (3) The positive relationship with others involves a person's ability to build and maintain trusting and warm relationships. (4) The purpose in life includes the meaning in one's life, having a self-motivated and self-determined goals in life. (5) The personal growth is the ability to achieve goals it involves the openness to experiences, having an internal locus of control, willingness to be in a process and trusting the organism. Lastly, (6) the self-acceptance involves the ability to be aware and accept one's strengths and weaknesses.

Literature reviews support a strong predictive relationship between emotion-focused coping strategies and psychological well-being. The findings revealed that emotion-focused coping strategies (denial, behavioral disengagement,

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distancing, avoidance such as sleeping or using drugs) have negative predictive association with psychological well-being (Bafrooi & Laukzadeh, 2013; Penly et al., 2002; Qiao et al., 2011; Teresa et al., 2015). A number of other studies have also documented the negative impact of emotion-focused strategies on psychological well-being of an individual (Aldwin & Yancura, 2004; Manne, 2002; Nahlen & Sboonchi, 2010).

Pakistan is one of the nations where drug use is most prevalent (Ali, 2021; UNODC, 2013; Yaqub, 2013). Using coping strategies that are emotion-focused is one of the main causes (Carver et al., 1989). The drug use which is regarded as one of the avoidant coping leads to substance use disorder and decline in psychological well-being (Forys et al., 2007).

In a nutshell, due to lack of awareness regarding psychological well-being and its relationship with coping strategies, the substance use problem is increasing in the community. The adaptive coping can act as a protective factor and reduce the risk of relapse resulting in enhancement of psychological well-being in patients with substance use disorders. A review of literature reveals that there is an ample amount of studies on link between emotion-focused strategies and psychological well-being in general population. However, there is dearth of studies on association between emotion-focused coping strategies and psychological well-being in patients with substance use disorders. Hence, keeping in view the dire need of research in the field of substance use in this context, this study focuses on investigating the predictive association of emotion-focused coping strategies with psychological well-being (i.e. environmental mastery, autonomy, positive relations with others, purpose in life, personal growth and self-acceptance) in individuals with substance use disorders.

METHOD

Participants

Individuals with substance use disorders (poly-users) were the study's target population. A total of 128 individuals with substance use disorders were chosen from various Drug Rehabilitation Centers located in Karachi using the purposive sampling approach. With a mean age of 30.14 ($SD=6.64$), the participants' ages ranged from 20 to 40 years.

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Measures

Semi-Structured Interview Form

In accordance with the specified study requirements, the semi-structured interview form was created on its own. Information on academics, family, personal life, and drug use was gathered. Items like the participant's gender, age, last grade finished, birth order, number of siblings, residence area, marital status, parents' educational level, monthly income, and history of substance use problems (age of onset of consumption of drugs, the form of substance taken, and duration) were used to gather information.

Coping Styles Scale

This study made use of the Coping Styles Scale, a self-report questionnaire that Zaman and Ali (2015) created locally. It gauges a person's approach to coping. It comprises the problem-focused and emotion-focused coping styles, which are the two main types of coping. There are 22 items which are responded using 5-points Likert scale where 5 is for *"always"* and 1 is for *"not at all"*. The Cronbach's alpha values for problem-focused coping style ($\alpha=.87$) and emotion-focused coping style ($\alpha=.89$) suggest good internal consistency (Zaman & Ali, 2015). The present study has utilized the emotion-focused coping strategies subscale only. The Cronbach's alpha value ($\alpha = .70$) obtained in the present study indicates satisfactory internal consistency.

Ryff's Psychological Well-Being Scale

The Ryff's Psychological Well-Being Scale-Urdu version (PWBS) was applied. Ryff invented the scale in 1989 and Ansari created this version in Urdu in 2010. There are 54 items in PWBS rated on a 6-point Likert scale: *strongly disagree (1)*, *disagree somewhat (2)*, *disagree somewhat (3)*, *agree slightly (4)*, *agree somewhat (5)*, and *strongly agree (6)*. The six dimensions of psychological well-being are included in this scale: autonomy, personal growth, self-acceptance, positive relations with others, environmental mastery, and purpose in life. There are nine items in each dimension.

For half of the items on this scale, the scores are reversed. Additionally, to get a composite score that represents psychological well-being overall, the scores on the separate scales can be added together. For psychological well-being, the

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Cronbach's alpha coefficient obtained is .85. The subscales' Cronbach's alpha values are as follows: .82 for autonomy, .81 for environmental mastery, .81 for personal growth, .83 for positive relations with others, .84 for purpose in life, and .83 for self-acceptance (Ansari, 2010). The Cronbach's alpha value obtained for psychological well-being composite ($\alpha = .70$) and for its subscales (ranging from .70 to .75) indicates satisfactory internal consistency.

Procedure

The study involved contacting Drug Rehabilitation Centers to seek their cooperation in allowing individuals with Substance Use Disorder to participate. Permission was obtained with concerned authorities and appointments for data collection were scheduled. Participants were individually approached, informed about the study's purpose, importance and implication and asked for formal written consent. Only consenting individuals were included in the sample. The study assessed two variable including Coping Styles and Psychological Well-Being using a Semi-Structured Interview Form, Coping Styles Scale and Ryff's Psychological Well-being Scale-Urdu-version. Participants were allowed to ask for clarification if they had difficulty understanding the questionnaires. Upon completion of data collection, the participants were thanked for their time and cooperation.

Ethical considerations were upheld with approval from the Departmental Research Committee and University of Karachi's Board of Advanced Studies and Research. Confidentiality was maintained, participants were informed about the study's details, and their right to withdraw was respected. Overall, the researcher adhered to ethical principles, including respect for participants' rights, confidentiality, competence, accountability, and honesty.

Statistical Analysis

Utilizing the Statistical Package for Social Science, Version 26.0, the data was examined. Descriptive statistics was done for demographic information and to evaluate the predicted relationship between emotion-focused coping strategies and psychological well-being, linear regression was used.

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Table 1
Psychometric Properties of the Scale and Subscales

| Scales | <i>M</i> | <i>SD</i> | <i>Range</i> | α |
|--------------------------------|----------|-----------|--------------|----------|
| Emotion-Focused Coping | 3.11 | .39 | 2-4 | .70 |
| Psychological Well-Being Scale | 4.10 | .52 | 3-5 | .75 |
| Autonomy | 3.92 | .67 | 3-5 | .70 |
| Environmental Mastery | 4.23 | .63 | 3-6 | .72 |
| Positive Relations with Others | 4.20 | .60 | 3-5 | .74 |
| Personal Growth | 4.18 | .74 | 3-6 | .70 |
| Purpose in Life | 4.39 | .60 | 3-6 | .73 |
| Self-Acceptance | 3.71 | .52 | 3-5 | .72 |

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Table 2
Descriptive Statistics for Participants' Demographic Characteristics (N= 128)

| Variables | <i>f</i> | % |
|----------------|----------|-----------|
| Gender | | |
| Male | 120 | 93.8 |
| Female | 08 | 6.3 |
| Birth Order | | |
| First Born | 20 | 15.6 |
| Middle Born | 76 | 59.4 |
| Last Born | 28 | 21.9 |
| Only Child | 04 | 3.1 |
| Marital Status | | |
| Married | 55 | 43.0 |
| Unmarried | 73 | 57.0 |
| Family System | | |
| Joint | 71 | 55.5 |
| Nuclear | 57 | 44.5 |
| | <i>M</i> | <i>SD</i> |
| Age | 30.14 | 6.64 |

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Table 3
Linear Regression Analysis with Emotion-Focused Coping as Predictor of Psychological Well-Being (PWB) in Individuals with Substance Use Disorder

| Outcome Variables | B | SE | β | R^2 | F | Sig. |
|--------------------------------|------|-----|---------|-------|-------|------|
| Constant | 4.61 | .20 | | | | |
| PWB (Composite) | -.16 | .06 | -.21 | .04 | 6.15 | .01* |
| Constant | 3.79 | .47 | | | | |
| Autonomy | .04 | .15 | .02 | .00 | .08 | .77 |
| Constant | 5.65 | .42 | | | | |
| Environmental Mastery | -.45 | .13 | -.28 | .08 | 11.18 | .00* |
| Constant | 3.54 | .42 | | | | |
| Positive Relations with Others | .21 | .13 | .14 | .02 | 2.53 | .11 |
| Constant | 5.14 | .52 | | | | |
| Personal Growth | -.30 | .16 | -.16 | .02 | 3.44 | .06 |
| Constant | 5.67 | .41 | | | | |
| Purpose in Life | -.41 | .13 | -.26 | .07 | 9.75 | .00* |
| Constant | 3.89 | .37 | | | | |
| Self-Acceptance | -.06 | .18 | -.04 | .00 | .25 | .61 |

* $p < .05$

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DISCUSSION

The purpose of the study was to investigate the potential predictive relationship between emotion-focused coping and psychological well-being (composite) in individuals with substance use disorders. The results (Table 3) reveal that emotion-focused coping accounted for 4% variance in the score of psychological well-being hence suggesting emotion-focused coping a significant predictor of psychological well-being in individuals with substance use disorders. These findings imply that a person's overall psychological well-being declines with increased usage of emotion-focused coping.

These findings corroborate with earlier research (Patrick & Hayden, 1999; Seltzer et al., 1995) showing that an individual experiences psychological discomfort and his level of well-being, decrease when using an emotion-focused strategy. Using an emotion-focused technique, like avoidance, might help someone feel better right now, but if the issue is not resolved, it may eventually have a negative impact on their wellbeing or mental health in the long run (Kling et al., 1997).

Further, the results (Table 3) regarding dimensions of psychological well-being indicate that emotion-focused coping explained 8% variance in the scores of environmental mastery and significantly predicted environmental mastery. The 7% variance in the scores of purpose in life is explained by emotion-focused coping hence suggest emotion-focused coping significant predicted purpose in life. Further emotion focused copying styles didn't predict the domains of autonomy, positive relationship, personnel growth, and self- acceptance.

Previous studies have shown a connection between drug abuse as a maladaptive coping strategy and stress (Kiluk et al., 2011; Sinha, 2009; Valentino et al., 2010; Wagner et al., 1999; Wills & Hirky, 1996). The significance of adaptable coping strategies is emphasized by the Stress-Coping Model. This model states that using drugs is seen as a coping mechanism to reduce negative effects and deal with stress (Wagner et al., 1999). According to Conger's (1956) Tension-Reduction Hypothesis, individuals turn to drugs as a stress-reduction strategy due to their ability to lower tension. Individuals take substances to acquire pleasure and respite from worry because they find that drugs help them relax (positive reinforcement), according to the Social Learning Model (Smith, 2021). In 2006, Measelle and colleagues found that those who are more negatively impacted by stressful events are more likely to turn to drugs as a coping mechanism to help

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them forget about their bad emotions and improve their mood (Measelle et al., 2006). A significant contributing factor to the emergence of a drug use issue is an inadequate coping technique (Lyness & Koehler, 2016; Ryan & Deci, 2013). According to research, those who use cocaine more frequently employ emotion-focused coping techniques (Kouzakanani & Neeley, 1997). According to a study, coping mechanisms and substance use, such as alcohol use, are positively correlated (Feil & Hasking, 2008). Breslin et al. (1995) found a substantial correlation between alcohol use and stress. Furthermore, relapsed patients are more prone to practice avoidance coping, according to Collin et al. (1990). Therefore, it may be said that cognitive coping promotes sustained recovery whereas avoidant coping causes relapse and decreased functioning.

To conclude, the results are suggestive of emotion-focused coping as a significant predictor of psychological well-being including its domains of environmental mastery and purpose in life. These findings have significant ramifications for clinicians as these signify that developing adaptive and effective coping strategies is a crucial part of treatment approaches for individuals with substance use disorders. Understanding both healthy and unhealthy coping styles can help manage stressors that result in less drug use and support the recovery process. Increasing people's awareness of coping strategies can be a preventive technique to preserve psychological well-being by reducing the probability that they would use drugs in the future. It can also help individuals switch to healthier stress-reduction strategies.

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