Coping Strategies as Predictors of Quality of Life in Caregivers of Alcohol Use Disorder Individuals

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Abstract

Caregivers of individuals suffering from Alcohol Use Disorder (AUD) face significant psychological, emotional, and physical challenges that can impact their quality of life (QoL). According to Lazarus and Folkman's (1984) stress and coping theory framework, coping strategies play a crucial role in helping caregivers manage stress by employing cognitive and behavioral efforts to address caregiving demands. This study examined how adaptive and maladaptive coping strategies predict QoL among AUD caregivers. A cross-sectional study was conducted with 128 caregivers from two psychiatric hospitals in Amritsar, Punjab. Data was collected from the participants utilising the World Health Organisation's QOL-BREF questionnaire (2012) and the Brief COPE (Carver, 1997). Pearson's product moment correlation and linear multiple regression analysis was used to analyse the collected data. Adaptive coping strategies were significantly positively correlated with QoL ($r = .420, p < .001$), while maladaptive coping strategies demonstrated a significant negative correlation ($r = -.336, p < .001$). Furthermore, both adaptive ($\beta = .360, p < .001$) and maladaptive coping ($\beta = -.251, p = .002$) emerged as significant predictors of QoL, together accounting for 23.5% of the variance in caregivers' QoL. The findings highlight the differential impact of coping strategies on caregivers' QoL, with adaptive strategies predicting better outcomes and maladaptive strategies associated with poorer QoL. These results suggest the importance of developing interventions that promote adaptive coping strategies while reducing reliance on maladaptive approaches among caregivers of individuals with AUD.

Keywords: Alcohol use disorder, caregivers, coping strategies, quality of life, adaptive coping, maladaptive coping

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Alcohol Use Disorder (AUD) is “a chronic condition characterized by an impaired ability to control alcohol consumption despite adverse consequences” (American Psychiatric Association, 2013). The disorder poses significant challenges not only to individuals but also to their family members, who often bear the brunt of the psychological, emotional, and physical burdens associated with caregiving (Lander et al., 2013). Caregivers of individuals with AUD frequently experience heightened levels of stress, depression, and anxiety, stemming from the unpredictable behaviors and dependency issues exhibited by those they care for (Ray et al., 2007).

The caregiving experience for this population is further complicated by the stigma associated with AUD, which can lead to social isolation and reduced access to support networks (Orford et al., 2010). Such challenges often lead to diminished quality of life (QoL) for caregivers, as they navigate the dual pressures of managing their own well-being and fulfilling caregiving responsibilities (Orford et al., 2010). These negative effects underscore the critical need to understand and address the factors that can alleviate the caregiving burden in this context.

Coping strategies play a pivotal role in determining how caregivers deal with stress associated with caregiving (Kazemi et al., 2021). Coping, defined as “the cognitive and behavioral efforts to manage stressors” (Lazarus & Folkman, 1984), is particularly relevant for caregivers of individuals with AUD, given the chronic and emotionally taxing nature of their role. Adaptive coping (AC) strategies, such as “problem-solving, seeking social support, and positive reframing”, have been shown to mitigate the adverse effects of caregiving by fostering resilience and promoting psychological well-being (Sharma et al., 2016; Wong et al., 2015). Caregivers who employ active coping mechanisms are better equipped to address caregiving challenges constructively, thereby reducing stress and enhancing their QoL

(Rodríguez-Pérez et al., 2017). Conversely, maladaptive coping (MC) strategies, such as "denial, behavioral disengagement, and self-blame", can exacerbate caregivers' stress and contribute to negative outcomes (DeDios-Stern & Lee, 2017). These strategies often lead to avoidance and emotional suppression, which undermine emotional regulation and prolong distress (Stanisławski, 2019). In the context of caregiving for individuals with AUD, maladaptive coping has been linked to higher levels of burnout, emotional exhaustion, and a decline in overall well-being (Nielsen & Knardahl, 2014).

Overall, coping strategies significantly influence how caregivers manage the stress of caregiving for individuals with mental illness. AC strategies are linked to reduced stress and enhanced resilience, fostering improved psychological well-being and QoL. In contrast, MC strategies often exacerbate stress, hinder emotional regulation, and lead to negative outcomes like burnout and emotional exhaustion. Understanding these coping mechanisms provides a critical foundation for addressing caregiver well-being and tailoring interventions to improve their QoL.

Despite the growing body of literature highlighting the relationship between coping strategies and caregivers' well-being, there is a noticeable gap in studies focused on caregivers for individuals with AUD. While substantial research has explored the coping mechanisms of caregivers managing chronic physical illnesses such as cancer, dementia, and cardiovascular diseases (Cheng et al., 2014), the unique challenges faced by AUD caregivers remain underexplored. This gap is concerning, given the distinctive stressors associated with AUD caregiving, including societal stigma, the unpredictability of relapse, and the emotional toll of managing erratic behavior (Laslett et al., 2012).

AUD caregiving introduces complexities that extend beyond physical caregiving tasks, encompassing relational, emotional, and psychological dimensions. These complexities necessitate distinct coping mechanisms, as caregivers often navigate a spectrum of stressors, from managing financial instability to addressing emotional detachment and guilt (Orford et al., 2010). While adaptive coping strategies have been found beneficial in other caregiving contexts, their specific impact on AUD caregivers' quality of life remains unclear. Moreover, maladaptive coping, which has been consistently linked to poorer outcomes, may have heightened relevance for this population due to the chronic nature of AUD-related stress.

The present study aims to address these gaps by examining the predictive role of AC and MC strategies in determining the quality of life of AUD caregivers. By focusing on this understudied population, the research seeks to provide valuable insights into the mechanisms that can mitigate caregiver burden and improve well-being, thereby informing interventions tailored specifically to the needs of AUD caregivers.

This study aimed to investigate the relationship between coping strategies and QoL among caregivers of individuals with AUD. Specifically, the study aimed to explore how adaptive and maladaptive coping strategies are associated with caregivers' QoL. Additionally, it sought to determine whether the use of AC and MC strategies could significantly predict the QoL of these caregivers. By addressing these objectives, the research sought to provide valuable insights into the role of coping mechanisms in shaping the well-being of a population often facing considerable caregiving stress.

Based on existing literature and the theoretical framework of Stress-Coping Model (Lazarus & Folkman, 1984), the following hypotheses were proposed:

H1: Use of AC strategies will be positively correlated with caregivers' QoL.

H2: Use of MC strategies will be negatively correlated with caregivers' QoL.

H3: Both AC and MC strategies will significantly predict the QoL of AUD caregivers, with AC strategies acting as positive predictors and MC strategies acting as negative predictors.

Method

Sample

A cross-sectional study was carried out at two psychiatric hospitals in Amritsar, Punjab. The Institutional Ethics Committee of Guru Nanak Dev University, Amritsar approved the study. The sample included 128 caregivers of individuals with AUD, with an average age of 43.05 years. The participant group consisted of 18 males and 110 females. All participants provided the informed consent.

Participants were selected through purposive sampling approach, evaluating patients and caregivers against specific inclusion and exclusion criteria. Caregivers were eligible if they were at least 18 years old and cared for a patient with AUD. The exclusion criteria eliminated caregivers of those dependent on substances other than alcohol (except for nicotine) or individuals with comorbid physical or mental health conditions. Families with other members (apart from patients) suffering from chronic physical health issues or mental health disorders were also excluded.

For this study, a caregiver was specifically defined as an individual residing with the patient and engaged in their care for a minimum of one year. Active involvement in caregiving encompassed helping with everyday tasks, overseeing medication administration, accompanying patients to health-related appointments, offering assistance during hospitalizations, and facilitating communication with healthcare providers. In cases where multiple caregivers were eligible, priority was given to the person most involved in the patient's care (Kalra & Tung, 2024).

Instruments

WHOQOL-Brief (World Health Organization, 2012): QoL of caregivers was assessed using the English version of the WHOQOL-BREF, which is a shortened 26-item version of the WHOQOL-100. This assessment tool evaluates four main areas: physical capacity, psychological well-being, social connections, and environmental health. Responses are given on a five-point Likert-type scale with higher scores reflecting a more favourable perception of QoL.

Brief COPE (Carver, 1997)**:** The instrument was used to evaluate the coping strategies adopted by caregivers. Consisting of 28 items, the Brief COPE assesses 14 different coping responses that are classified as either generally adaptive or maladaptive. The initial eight scales are viewed as adaptive coping strategies, while the final six are identified as maladaptive coping trategies (Meyer, 2001). Participants' responses are recorded using a 4-point scale with options that range from "I usually don't do this at all" to "I usually do this a lot." A higher score reflects a stronger inclination to use a particular coping strategy.

Procedure

Prior to starting data collection, participants were given briefed about the study. The initial focus was on building rapport and ensuring participants understood the purpose of the study clearly. Individuals who fulfilled the specified inclusion and exclusion criteria were invited to provide written consent to participate, with assurances of confidentiality. Participants could withdraw from the study at any stage without facing any negative consequences. Participants were given detailed instructions about the psychological tests as per the respective manuals of the tests.

Statistical Analysis

After collecting the data, scoring of the questionnaires was done according to the instructions provided in the user manuals of the respective questionnaires. Subsequently, the data were analyzed using the SPSS, Windows version 21 (released in 2012, based in Armonk, New York). The study utilized descriptive statistics to characterize variables. The data distribution was evaluated, and skewness and kurtosis values were within the acceptable range of ±2, aligning with parametric assumptions. Pearson's PMC was used to evaluate relationships between variables and QoL. Multiple linear regression analysis was performed using the enter method to identify predictors of caregivers' QoL.

Results

Table 1

Descriptive Statistics for Domains of Coping Strategies

Variable	Mean	Standard Deviation	Skewness	Kurtosis
Adaptive Coping	47.94	6.155	.019	-.089
Maladaptive Coping	20.97	5.400	.576	.047

Table 1 presents the descriptive statistics for the two broad domains of coping strategies: adaptive and maladaptive. The mean score for AC strategies was 47.94 (SD = 6.155), indicating a relatively higher usage of adaptive strategies among participants. In contrast, the mean score for MC strategies was 20.97 (SD = 5.400), suggesting a lower prevalence of maladaptive strategies. Both variables exhibited minimal skewness and kurtosis values, indicating a distribution close to normal and suitability for parametric statistical analyses.

The relationships between these coping strategies and overall QoL are illustrated in Table 2. AC strategies showed a significant positive correlation with QoL ($r = .420$, $p < .001$), indicating that participants employing higher levels of adaptive strategies reported better QoL. In contrast, MC strategies was significantly negatively correlated with QoL ($r = -.336$, $p < .001$), suggesting that greater reliance on maladaptive strategies was associated with poorer QoL. These findings reveal the contrasting relationships of AC and MC strategies with overall QoL of caregivers caring for individuals suffering with AUD.

Table 2

Correlation Results Between Domains of Coping Strategies and Overall QOL

Variables	QOL (r)	p-values
Adaptive Coping	.420**	<.001
Maladaptive Coping	-.336**	<.001

Building on these findings, Table 3 summarizes the results of the multiple regression analysis, which examined the predictive roles of AC and MC strategies on QoL. The overall model was statistically significant, F (2,125) = 19.248 with an R value of .485 and R^2 of .235. This indicates that AC and MC strategies together accounted for 23.5% of the variance in QoL.

Further analysis revealed that use of AC strategies emerged as a significant positive predictor of QoL (β=.360, p <.001), highlighting that, individuals employing higher levels of AC strategies experienced better QoL. Conversely, use of MC strategies was a significant negative predictor ($\beta = -.251$, $p = .002$), indicating that greater reliance on maladaptive strategies predicted poorer QoL. These findings underscore the critical roles of AC and MC strategies in shaping overall QoL of caregivers of individuals with AUD, emphasizing the benefits of AC and the detrimental effects of MC strategies.

Overall, based on results depicted in Table 2 and 3, hypotheses 1, 2 and 3 were accepted. The findings collectively highlight the importance of fostering AC strategies while minimizing reliance on MC strategies to enhance QoL. This interconnected perspective offers insights into the differential impacts of coping styles and lays the groundwork for practical interventions targeting improved coping mechanisms.

Table 3

Summary Table Showing Results of Multiple Regression Analysis

Criterion	**Predictor**	**t**	**β**	**p-value**	**95% CI**
QOL	Adaptive Coping	4.472	.360	<.001	[0.610, 1.578]
	Maladaptive Coping	-3.111	-.251	.002	[-1.420, -0.316]
R	**.485**				
R square	**.235**				
F = 19.248, p < .001					

Discussion

The present study aimed to examine the connection between coping strategies and overall QoL of caregivers caring for individuals with AUD, with a focus on the broad domains of adaptive and maladaptive coping. The findings revealed significant associations, underscoring the critical role of coping strategies in shaping QoL outcomes.

Specifically, adaptive coping was positively correlated with caregivers' QoL and predicted higher QoL, while maladaptive coping exhibited a negative correlation and predictive relationship with QoL.

These results align with existing literature (Galiana et al., 2020; Mayordomo-Rodríguez et al., 2015; Zhou et al., 2010) which emphasizes the differential impacts of coping mechanisms on psychological well-being of caregivers. By providing empirical evidence on the distinct contributions of AC and MC strategies, the study adds to the growing body of knowledge on effective coping strategies and their implications for improving QoL. This discussion contextualizes the findings within the broader literature, highlights their practical implications, and offers directions for future research.

The results of this study can be explained based on stress and coping model (Lazarus & Folkman, 1984). According to this model, AC strategies involve individuals assessing the existing problem and finding solutions. The outcomes of this process are stress relief, psychological satisfaction, and improved wellbeing. Stress relief, in turn, enables individuals to effectively use their cognitive abilities to manage the problem, ultimately resulting in greater psychological security, satisfaction, and a higher QoL (Motaharian et al., 2015). Active coping and planning likely empower caregivers by enhancing their problem-solving skills and sense of control over caregiving challenges (Grant et al., 2015). Positive reframing and acceptance may help caregivers reinterpret stressors in a more positive light, reducing overall distress and improving psychological wellbeing (Lancastle et al., 2022). Humor and religious coping mechanisms might foster psychological resilience (Cherry et al., 2018), potentially enabling caregivers to maintain a positive outlook in their caregiving experiences. Utilizing emotional and instrumental support networks could provide practical assistance and emotional validation, reducing feelings of isolation and burden (Thoits, 2011).

Collectively, these adaptive coping strategies may equip caregivers with diverse tools to manage the stress and challenges associated with caregiving for individuals with AUD, thereby enhancing their overall well-being and QoL.

In contrast, MC strategies are characterized by avoidance and emotional suppression (Folkman & Moskowitz, 2004). These approaches often fail to address the underlying stressors effectively, leading to prolonged distress and increased vulnerability to negative psychological outcomes (Stanisławski, 2019). For instance, strategies like denial may offer short-term relief but exacerbate stress in the long run by postponing problem resolution (Nielsen & Knardahl, 2014). Similarly, self-blame can heighten feelings of guilt and inadequacy, which undermine self-esteem and overall well-being (Dorresteijn et al., 2019). Such patterns of avoidance and negative self-focus may disrupt emotional regulation, reduce social support engagement, and perpetuate a cycle of stress, ultimately resulting in poorer QoL (Forbes et al., 2020).

Caregivers of individuals with AUD warrant separate studies due to the unique challenges they face compared to caregivers of individuals with other conditions. AUD is often accompanied by stigma, emotional burden, and unpredictable behaviors, which can intensify their caregiving experience (Kumar et al., 2022). Unlike caregivers of other chronic illness patients, who may have clearer treatment trajectories and stable care needs, caregivers of individuals with AUD must navigate fluctuating care demands and emotional volatility of the patients (Rospenda et al., 2010). Likewise, the severity of AUD, its cyclical nature, and the treatment status of the individual can all influence caregivers' coping strategies. The chronicity and cyclical nature of AUD, often marked by relapse and unpredictable behavior, can strain caregivers’ psychological resilience, making the development of AC strategies even more critical (Venkateswaran & Thirumalai, 2024).

Moreover, caregivers of individuals with more severe or untreated AUD may face greater emotional and physical strain, while those caring for individuals in active treatment may experience different challenges. This underscores the necessity for targeted interventions aimed at equipping caregivers with tailored coping mechanisms to address these unique stressors.

In conclusion, the findings of this study underscore the pivotal role of coping strategies in shaping the QoL of caregivers for individuals with AUD. AC strategies were found to be positively associated with and predictive of higher QoL, while MC strategies were linked to poorer outcomes. By situating these findings within the unique caregiving challenges posed by AUD, the study highlights the importance of enhancing coping capacities to improve caregivers' well-being. These results align with existing theoretical models and empirical evidence, highlighting the distinct pathways through which coping mechanisms influence well-being. By demonstrating the differential impacts of adaptive and maladaptive coping, this study contributes valuable insights to the literature on caregiver stress and coping.

Implications

The findings of this study hold valuable implications for both practical applications and theoretical advancements. From a practical perspective, the results emphasize the importance of fostering AC strategies to improve the QoL of caregivers of individuals with AUD. Interventions that encourage the use of adaptive strategies, such as active coping, positive reframing, and seeking emotional support, could be integrated into caregiver training programs or psychoeducational workshops. These interventions can empower caregivers to effectively manage stressors, reinterpret challenges positively, and build a stronger support system, thereby enhancing their psychological well-being.

On the other hand, the negative association between maladaptive coping and QoL underscores the need for targeted strategies to mitigate the use of such behaviors. Psychological interventions, such as cognitive-behavioral therapy, should be implemented to address maladaptive patterns like self-blame and denial, replacing them with constructive coping mechanisms. Additionally, the findings provide insights for mental health practitioners, emphasizing the importance of routine assessments of coping styles in therapeutic settings to identify individuals at risk of poor psychological outcomes. Furthermore, these findings pave the way for future research to explore how adaptive coping mechanisms can be tailored to specific caregiving contexts, such as caring for individuals with chronic illnesses, to optimize their benefits. Ultimately, this study reinforces the critical role of effective coping strategies in improving quality of life and informs evidence-based approaches to caregiving and stress management.

Limitations

This study has several limitations that should be considered. The cross-sectional design restricts causal inferences, highlighting the need for longitudinal research to examine how coping strategies evolve and impact QoL over time. The skewed gender distribution, with only 14% male participants, poses a limitation in terms of generalizability, as it may not fully capture the experiences of male caregivers. Achieving a more balanced gender representation in future research will enhance the generalizability of the findings. Likewise, self-reported data can be prone to biases, including social desirability and recall inaccuracies, potentially impacting the reliability of the results. Future studies should incorporate multi-informant approaches for validation. Additionally, focusing on broad domains of coping (adaptive and maladaptive) may overlook the nuanced effects of specific subtypes. For example, certain subtypes like humor, religious coping, or behavioral disengagement could have distinct impacts, which were not addressed in this study. Future research should explore individual mechanisms such as these to uncover their unique contributions to QoL. Despite these limitations, this study lays a foundation for further investigations and intervention development to enhance QoL in caregiving and other stress-prone populations.

Conclusion

This study emphasizes the pivotal role of coping strategies in shaping the QoL among caregivers of individuals with AUD. Adaptive coping strategies were found to positively predict QoL, highlighting their importance in fostering resilience, emotional regulation, and effective problem-solving. Conversely, maladaptive coping strategies negatively predicted QoL, emphasizing the detrimental effects of avoidance, emotional suppression, and self-blame on psychological well-being. The results highlight the importance of promoting AC strategies and reducing reliance on MC strategies among caregivers of individuals suffering with AUD. Practical applications include developing interventions and therapies to enhance skills like problem-solving, positive reframing, and seeking support. This study underscores the significance of coping mechanisms in improving AUD caregivers' quality of life.

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