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Exploring Coping Mechanism Across Age Groups Among Addicted and Non-Addicted Individuals

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ABSTRACT

Addiction often emerges as a response to unprocessed stress, unresolved trauma, and overwhelming negative emotions that draw individuals deeper into a cycle of dependency. For individuals struggling with addiction, coping mechanisms are not merely supportive; they are fundamental to the recovery process. The purpose of this study was to explore the coping strategies used by drug addict and non-addict's individuals and in reference to their age. The data was randomly selected from Nainital district from Uttarakhand. The Data comprised of 40 drug addicts (20 young adults and 20 middle aged in each group) from different rehabilitation centers and 40 non-drug addict individuals. The Coping Strategies Scale developed by Srivastava (2001) comprised of 5 dimensions (Behavioral-Approach, Cognitive-Approach, Cognitive-Behavioral, Behavioral Avoidance and Cognitive-Avoidance Approach) that was administered on 80 participants. For statistical analysis t- test was used. The result revealed that there was a significant difference found at 0.05 level between addicted and non-addicted individuals across all categories of coping strategies. Notably, addicted individuals demonstrated a greater reliance on behavioral avoidance strategies compared to non-addicted individuals. A significant difference at the 0.05 level was observed between young adults and middle-aged adults in cognitive avoidance strategy. However, no significant differences were found across other categories of coping strategies.

Keywords: Coping Strategies, Drug Addicts, Non-addicts and Rehabilitation.

INTRODUCTION

Alcohol abuse and dependence continue to be significant public health concerns, affecting individuals and communities worldwide. Millions struggle silently, trapped in the vicious cycle of dependence. While substance abuse affects all demographics, young and middle-aged adults are particularly vulnerable due to social, academic, and financial pressures. The rising prevalence of alcohol use is a global concern, affecting millions of lives each year. The World Health Organization (WHO, 2024) reports that alcohol consumption is responsible for 2.6 million deaths annually, with 400 million people—approximately 7% of the global population aged 15 and older—suffering from alcohol use disorders. Of these, 209 million individuals (3.7% of the global adult population) experience alcohol dependence. [1] In India, the National Family Health Survey (2019-21) found that 25.8% of individuals aged 15 and older consume

alcohol, while the "Magnitude of Substance Use in India 2019" report by the Ministry of Social Justice and Empowerment revealed that 14.6% of people aged 10-75 are current alcohol users, with states like Chhattisgarh, Tripura, Punjab, Arunachal Pradesh, and Goa having the highest prevalence with dependency. [2] These alarming statistics highlight the urgent need to examine the factors contributing to addiction, particularly how individuals cope with stress and emotional distress.

Addiction is a complex and deeply personal struggle that affects individuals in different ways. Addiction is defined by psychologists and psychiatrists as a neuropsychiatric disorder marked by a persistent urge to use a substance, even when it leads to negative consequences. [3] While some can regulate their substance use, others develop a reliance that escalates into Alcohol Use Disorder (AUD), as classified by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). This condition is characterized by a loss of control over substance consumption, continued use despite harmful consequences, and physical dependence marked by tolerance and withdrawal. [4] At the heart of addiction lies the way individuals cope with stress and emotional challenges. Some turn to positive coping strategies such as problem-solving, seeking support, or engaging in healthy activities that help them manage adversity without substance use. However, others resort to harmful methods like avoidance, denial, or using alcohol and drugs as emotional crutches. The repeated use of maladaptive coping strategies, such as avoidance and emotional disengagement, further reinforces the cycle of addiction, impairing their ability to develop healthier ways of managing stress.

Many addicted individuals develop a dependency on substances as a way to cope with negative emotions, avoid problems, or numb psychological pain. Research by Litman (2006) [5] categorizes avoidant coping strategies as behavioral disengagement, denial, mental disengagement, and substance use, all of which are strongly linked to increased alcohol consumption and related problems. Instead of addressing their problems through constructive means like problem-solving, emotional regulation, or seeking social support, they often resort to maladaptive coping mechanisms Exploring these variations across age groups provides a nuanced understanding of how coping mechanisms evolve and how addiction may alter these patterns. Studies show that individuals relying on avoidant coping strategies—such as denial, emotional withdrawal, and substance use itself—tend to consume more alcohol, exacerbating health risks. [6] [7] [8] Young adults facing academic and career stressors often see alcohol as an escape, while middle-aged adults managing financial pressures or family obligations may develop similar dependencies. However, coping is not solely negative; research highlights that people who adopt proactive coping techniques—such as seeking social support [9] or engaging in productive coping methods are significantly less likely to misuse alcohol. [10]

Addiction is often deeply rooted in an individual's inability to cope effectively with stress, emotional distress, and life challenges. The reliance on alcohol as a coping mechanism suggests a deficiency in adaptive coping skills, making it difficult for them to handle adversity without resorting to alcohol use. Studies have found that negative urgency (the tendency to act impulsively during emotional distress) is strongly linked to increased alcohol use and related problems. [11] [12] According to the Social Learning Theory (SLT) of alcohol abuse, they tend to have coping deficits and maintain positive expectations or beliefs about alcohol's effects, which encourage its use as a general coping strategy. [13] [14] Hussong (2003) found that seeking social support as a coping strategy helped mitigate the risk of alcohol abuse when dealing with life management stressors. [9] In general, the use of adaptive coping strategies is linked to better health outcomes and reduced alcohol consumption, while a stronger reliance on

maladaptive coping styles, particularly avoidant coping, is associated with increased alcohol use. [15] [16] [17] Additionally, problem-focused coping also known as "active coping" has been consistently linked to a lower risk of heavy drinking and related issues. [10] Recognizing the role of coping strategies in addiction is crucial for creating targeted interventions that encourage healthier responses to life's challenges and break the cycle of substance dependence. Comprehending how people cope with stress becomes even more essential when examining those struggling with substance addiction, as their coping mechanisms may differ markedly from those of non-addicted individuals.

Based on literature review our objectives were; to assess all categories of coping strategies in the addicted and non-addicted individuals. to compare the addicted and non-addicted individuals on all categories of coping strategies. and to compare young adults and middle-aged individuals on all categories of coping strategies.

Hypotheses

1. There would be significant difference between addicted and non-addicted individuals on level of behavioural-approach, cognitive-approach, cognitive-behavioural, behavioural avoidance and cognitive-avoidance approach of coping strategies.
2. There would be significant difference between young adult and middle-aged adults on level of behavioural-approach, cognitive-approach, cognitive-behavioural, behavioural avoidance and cognitive-avoidance approach of coping strategies.

MATERIALS & METHODS

A random sampling process was employed to select participants from various rehabilitation centres in Haldwani, located in the Nainital district of the Kumaun region in Uttarakhand. The sample consisted of 40 individuals undergoing rehabilitation for substance addiction and 40 non-addicted individuals. Both groups comprised 20 young adults (between 18 to 26 age) and 20 middle-aged (between 41-60 years of age). Data were collected using a personal data schedule and Coping Strategies Scale. For statistical analysis t-test was employed to analyse significant differences in coping strategies between the groups.

Tools

Personal Data Schedule (PDS): It was a self-developed tool for gathering preliminary information about the subjects including name, age, gender, etc.

The Coping Strategies Scale: The Coping Strategies Scale developed by Srivastava (2001). [18] It contains of 50 items with 5 dimensions including Behavioural-Approach, Cognitive-Approach, Cognitive-Behavioural, Behavioural Avoidance and Cognitive-Avoidance Approach. The coefficient of reliability was determined by split half method with 0.78 of approach coping strategies and with 0.69 of avoidance coping strategies, while the test-retest reliability with 0.92.

RESULTS

The results of the present study are outlined below:

Table 1; t- table of Addicted and Non - Addicted Individuals

Categories Of Coping Strategies		MEAN (SD)	T-value	Significance level at 0.05
Behavioural-Approach	Non -Addicted	27.10 (9.04)	2.45	Sig
	Addicted	22.47 (5.01)		
Cognitive-Approach	Non -Addicted	22.17 (5.22)	5.23	Sig
	Addicted	14.17 (6.53)		
Cognitive-Behavioural	Non -Addicted	10.83 (4.61)	2.10	Sig

	Addicted	13.30 (4.46)		
Behavioural Avoidance	Non -Addicted	13.17 (4.47)	7.60	Sig
	Addicted	32.67 (13.31)		
Cognitive-Avoidance Approach	Non -Addicted	33.33 (8.55)	2.55	Sig
	Addicted	27.97 (7.67)		

Table 2; t- table of Middle adults And Young adults

Categories of Coping Strategies	**Age**	**Mean (Std. Deviation)**	**t- value**	**Significance level at 0.05**
Behavioural-Approach	Middle Adults	24.23 (6.44)	0.55	NS
	Young Adults	25.33 (8.71)		
Cognitive-Approach	Middle Adults	18.97 (6.87)	0.86	NS
	Young Adults	17.37 (7.38)		
Cognitive-Behavioural	Middle Adults	12.832 (4.40)	1.27	NS
	Young Adults	11.30 (4.87)		
Behavioural Avoidance	Middle Adults	20.87 (12.45)	1.14	NS
	Young Adults	24.97 (15.17)		
Cognitive-Avoidance Approach	Middle Adults	28.43 (7.77)	2.07	Sig
	Young Adults	32.87 (8.74)		

From Table 1, it can be observed that the Behavioural-Approach among Non - Addicted and Addicted has a t-value of 2.45, t-value for Cognitive-Approach in both groups was 5.23. Additionally, the t-value for the Cognitive-Behavioural in Non -Addicted and Addicted was 2.10. The t-value for Behavioural Avoidance in both groups was determined to be 7.60. The t-value for Cognitive- Avoidance was 2.55 in both groups which is greater than the significance level of 0.05. Therefore, significant differences were found between Non - Addicted and Addicted individuals on all categories of coping style. Consequently, our hypothesis 1 got accepted.

Upon evaluating Table 2, the analysis revealed that the Behavioural-Approach among young adults and middle adults has a t-value of 0.55. The t-value for Cognitive-Approach in both groups was 0.86. Additionally, the t-value for the Cognitive-Behavioural in young adults and middle adults 1.27. The t-value for Behavioural Avoidance in both groups was determined to be 1.14. The t-value for Cognitive-Avoidance was 2.07 in both groups which is greater than the significance level of 0.05. Therefore, no significant differences were found between young adults and middle adults on all categories of coping style. Consequently, our hypothesis 2 got partially accepted.

DISCUSSIONS

A t-test statistical analysis revealed a significant difference at the 0.05 level between addicted and non-addicted individuals in their use of Behavioural-Approach coping strategies. This difference

likely stems from several psychological and behavioural factors. Addicted individuals often exhibit poor impulse control, favouring immediate gratification over long-term consequences—an issue linked to prefrontal cortex dysfunction, which impairs decision-making and self-regulation. [19] Additionally, addiction is associated with aggressive or confrontational responses to stress, rather than adaptive coping techniques. Dawkins et al. (2006) [20] highlight increased aggression and defensive behaviour in substance-dependent individuals, particularly under emotional distress. Moreover, impaired self-regulation is common in addiction. According to Baumeister and Vohs (2003) [21], repeated substance use depletes self-control resources, reinforcing a cycle of impulsivity and poor coping. These findings underscore the behavioural divergence between addicted and non-addicted individuals, highlighting impaired decision-making, maladaptive coping, and self-regulatory deficits as key differentiators. Conversely, no significant difference was found between young and middle-aged adults in Behavioural-Approach coping. This suggests both age groups employ these strategies similarly. The convergence may result from shared experiences—such as navigating life transitions, managing stress, or participating in structured, goal-oriented environments—that promote consistent coping mechanisms across age groups.

In the domain of Cognitive-Approach coping, the t-test analysis again revealed a significant difference at the 0.05 level between addicted and non-addicted individuals. Non-addicted individuals tend to seek emotional support and regulate thoughts more effectively. However, heavy substance use disrupts social support networks, leading to isolation and reinforcing addictive behaviours. [22] Impulsivity and poor emotion regulation also play a critical role in addiction risk, as those lacking these skills are more prone to maladaptive coping. [23] Goleman (1995) [24] similarly found that substance abusers often exhibit low emotional regulation, which exacerbates their reliance on substances for stress relief. These findings indicate that deficits in both emotional regulation and social connectedness contribute to the cognitive coping disparities between groups. The analysis found no significant age-based difference in Cognitive-Approach coping between young and middle-aged adults. Despite being in different life stages, both groups appear to utilize similar cognitive strategies such as acceptance, planning, and reframing. This consistency may be influenced by common experiences with chronic stress or health-related challenges.

Significant differences were also observed in both Behavioural Avoidance and Cognitive Avoidance strategies between addicted and non-addicted individuals. Addicted individuals are more likely to engage in avoidant coping—such as emotional detachment, procrastination, or substance use—as a means of escaping distress. Psychological vulnerabilities, including low self-esteem and poor emotional regulation, often underpin these behaviours. Learned helplessness and ineffective problem-solving are also more common among those with addiction. In contrast, non-addicted individuals are more likely to confront stress directly, employing problem-solving and seeking support. However, no significant differences in behavioural or cognitive avoidance were found between young and middle-aged adults, indicating that avoidance-based strategies are consistently used across these age groups. This may reflect a universal psychological response to chronic stress, where avoidance serves as a temporary emotional buffer.

Further, the analysis revealed a significant difference in Behavioural Avoidance coping between addicted and non-addicted individuals. Individuals from dysfunctional family backgrounds may develop avoidance behaviours early in life as a coping mechanism to manage emotional pain. Ghorpade et al. (2020) found that alcohol-dependent individuals with low self-esteem predominantly use avoidant coping strategies. [25] Similarly, Friedman et al.

(2000) demonstrated that dysfunctional family dynamics are both a cause and consequence of addiction, reinforcing avoidant behaviours. [26] In contrast, non-addicted individuals often utilize more adaptive strategies, such as emotional expression and problem-solving, supported by greater self-regulation and healthier decision-making. The absence of a significant difference between young and middle-aged adults in Behavioural Avoidance suggests that this coping style may be consistently employed throughout adulthood. Cultural norms, shared responsibilities, and generalized behavioural learning could explain this stability across age groups.

Lastly, a significant difference was identified in Cognitive Avoidance coping between addicted and non-addicted individuals. Addicted individuals often use cognitive avoidance—such as denial or mental disengagement—to escape negative thoughts. Traits like perfectionism and heightened frustration sensitivity further predispose them to avoidant behaviour. Studies support the link between irrational beliefs and cognitive avoidance in addicted populations. [27] [28] Ahmed A. Moustafa (2020) [29] emphasizes how cognitive avoidance contributes to impaired decision-making and perpetuates substance use. These insights underscore the importance of therapeutic interventions focused on emotional regulation and cognitive restructuring in addiction recovery.

In contrast, a significant age-based difference in Cognitive Avoidance was observed between young and middle-aged adults. Younger adults may rely more heavily on this strategy due to limited life experience, heightened emotional reactivity, and transitional stressors such as identity development and career uncertainty. Middle-aged adults, benefiting from greater life experience and more established coping mechanisms, are more likely to engage in direct, adaptive strategies such as problem-solving, emotional regulation, and acceptance.

Declaration by Authors

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