

**A COMPARATIVE STUDY OF ADDICTS AND NON-
ADDICTS ON DYSFUNCTIONAL ATTITUDES AND COPING
STRATEGIES**

*A
Thesis submitted
In the partial fulfillment of the requirement for the degree of*

**MASTER OF ARTS
IN
PSYCHOLOGY
(Clinical)**



THAPAR INSTITUTE
OF ENGINEERING & TECHNOLOGY
(Deemed to be University)

Submitted by:
Nitashinder Kaur
(861502010)

UNDER THE SUPERVISION OF

Dr. Santha Kumari
Professor & Head
School of Humanities & Social Sciences
Thapar Institute of Engineering & Technology
(Deemed to be University), Patiala

**THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY
(DEEMED TO BE UNIVERSITY)
PATIALA
June, 2018**

CERTIFICATE

This is certify that the thesis entitled “**A comparative study of addicts and non-addicts in dysfunctional attitudes and coping strategies**” in partial fulfillment of requirements for the award of degree of **Master of Arts in Psychology in the School of Humanities and Social Sciences, Thapar Institute of Engineering & Technology, Patiala** is a bonafide work carried out under the supervision of **Dr. Santha Kumari**, Professor & Head, School of Humanities and Social Sciences, Thapar Institute of Engineering & Technology, Patiala and that no part of this project has been submitted for the award of any other degree.

Nitashinder Kaur
(NITASHINDER KAUR)

This is to certify that above statement made by the student concerned is correct and true to the best of my knowledge.



(Dr. SANTHA KUMARI)

Professor & Head, SHSS

Thapar Institute of Engineering & Technology

(Deemed to be University), Patiala

CANDIDATE'S DECLARATION

I hereby declare that the work presented in this thesis entitled, “**A comparative study of addicts and non-addicts in dysfunctional attitudes and coping strategies**” in partial fulfillment of the requirement for the award of Degree of **Master of Arts in Psychology**, submitted in **the School of Humanities and Social Sciences, Thapar Institute of Engineering & Technology**, Patiala, is an authentic record of my own work carried out under the supervision and guidance of **Dr. Santha Kumari**, Professor & Head, School of Humanities and Social Sciences, Thapar Institute of Engineering & Technology, Patiala and refers other researcher's work which are duly listed in the reference section.

The matter embodied in this thesis has not formed the basis for the award of any other degree of this or any other university.

Date: 25th May, 2018

Place: Patiala


(NITASHINDER KAUR)

This is to certify that the above declaration made by the student concerned is correct and true to the best of my knowledge.



(Dr. SANTHA KUMARI)

Professor & Head, SHSS

Thapar Institute of Engineering & Technology

(Deemed to be University), Patiala

ACKNOWLEDGEMENTS

Accomplishment of any project required the hard work and effort of many people. This project work would not have been possible without the kind support and help of many individuals. I wish to express my deep sense of gratitude to my supervisor Dr. Santha Kumari, for her invaluable guidance, encouragement, useful suggestions and readiness to resolve any point of confusion by mutual discussion, which helped me gain some key insights about the subject and thus, made my research a great learning experience. I would also like to thank all the faculty member of School of Humanities and Social Sciences of Thapar Institute of Engineering & Technology (Deemed to be University), Patiala for their vision and relentless effort, support, and encouragement to provide me with this excellent opportunity to carry out my project work.

List of Abbreviations

AC	Achievement
DD	Dependency
SCON	Self Control
CC	Confrontive Coping
DI	Distancing
SC	Self Controlling
SSS	Seeking Social Support
AR	Accepting Responsibility
EA	Escape Avoidance
PS	Problem Solving
PR	Positive Reappraisal

ABSTRACT

Substance Addiction is a serious physical, social, psychological, and moral disease that needs an aid of rehabilitation. Dysfunctional attitudes are one of the major psychological factors contributing to the onset of substance abuse. Addiction processes are being affected by patients' beliefs and attitudes. Persons holding negative attitudes toward life imagine themselves caught in undesired and uncontrollable events predisposing themselves to diseases. Different coping styles can be successful in different problematic situations. The present investigation was conducted to examine the relationship between dysfunctional attitudes and coping strategies. In addition to this, the research attempts to study the difference between dysfunctional attitudes and coping strategies in addicts and non-addicts. It was hypothesized that addicts have high dysfunctional attitudes as compared to non-addicts. For coping strategies, another hypothesis was formulated that addicts used emotion focused coping strategies more as compared to non-addicts and non-addicts used more of problem-focused coping strategies as compared to addicts. In order to verify the above hypotheses a sample of Sixty (N=60) participants, from which thirty were addicts (N=30) and thirty were non-addicts (N=30) taken in the present study. To measure the dysfunctional attitudes and Coping Strategies; the Dysfunctional Attitude Scale (DAS-24) by Power et.al (1994) and Ways of Coping Questionnaire (WCQ) by Folkman and Lazarus (1988) was administered respectively. The data were subjected to correlation, regression and 't' analysis and the major finding of the study reveals that there is the difference between the dysfunctional attitudes and coping strategies in addicts and non-addicts and addicts hold higher dysfunctional attitudes as compared to non-addicts.

Keywords: Substance addiction, Dysfunctional attitudes, Coping strategies

CONTENTS

Certificate	(i)
Candidate's Declaration	(ii)
Acknowledgement	(iii)
List of Abbreviations	(iv)
Abstract	(v)
List of Tables	(viii)
CHAPTER 1 INTRODUCTION	1-6
1.1 Dysfunctional attitudes	2
1.1.1 Types of dysfunctional attitudes	2-3
1.2 Coping Strategies	3-4
1.2.1 Theoretical framework	4
1.2.2 Types of coping strategies	4-6
1.2.2.1 Problem-focused coping	4
1.2.2.2 Confrontive coping	4
1.2.2.3 Distancing	5
1.2.2.4 Seeking social support	5
1.2.2.5 Positive reappraisal	5-6
1.2.2.6 Escape/avoidance	6
1.2.2.7 Accepting responsibility	6
1.2.2.8 Self-controlling	7
CHAPTER 2 LITERATURE REVIEW	7-9
2.1 Dysfunctional attitudes	7
2.2 Coping Strategies	7-9
CHAPTER 3 MOTIVATION, OBJECTIVES AND HYPOTHESES	10-11
3.1 Motivation of the study	10
3.2 Objectives of the present research	10
3.3 Hypotheses of the study	11
CHAPTER 4 METHOD	12-13
4.1 Sample	12
4.2 Design	12
4.3 Statistics analyses	12

4.4	Tools used	12
4.5	Procedure	13
CHAPTER 5	RESULTS	14-20
CHAPTER 6	DISCUSSION	21-22
CHAPTER 7	CONCLUSION, IMPLICATIONS & FUTURE SCOPE	23
7.1	Conclusion	23
7.2	Implications	23
7.3	Limitations and future scope	23
REFERENCES		24-27
APPENDIX		28-34
Appendix A:	Consent Form	28
Appendix B:	Dysfunctional attitude scale	29-30
Appendix C:	Ways of Coping Questionnaire	31-34

List of Tables

1.	Mean, Standard Deviation and t-value of dysfunctional attitudes in addicts and non-addicts.	15
2.	Mean, Standard Deviation and t-value of coping strategies in addicts and non-addicts.	16
3.	Correlation was computed for coping strategies and dysfunctional attitudes in addicts.	16
4.	Regression analysis of dysfunctional attitudes and coping strategies in addicts.	17
5.	Regression analysis of dysfunctional attitudes and coping strategies in addicts.	18
6.	Correlation was computed for coping strategies and dysfunctional attitudes in non-addicts.	18
7.	Regression analysis of dysfunctional attitudes and coping strategies in non-addicts.	19
8.	Regression analysis of dysfunctional attitudes and coping strategies in non-addicts.	20
9.	Regression analysis of dysfunctional attitudes and coping strategies in non-addicts.	20

CHAPTER 1

INTRODUCTION

Alcohol addiction is a serious physical, social, psychological, and moral disease that needs an aid of rehabilitation (Galanter, 2006). Alcohol addiction treatment poses a serious challenge for researchers as well as for practitioners, due to its low functionality. The United Nations Office on Drugs and Crime (UNODC) estimated 200 million substance abusers in the age group of 15-64-year-old around the world that constitutes 5% of the total world population (United Nations Office on Drugs and Crime, 2012). A large variety of factors such as psychological, social, and biological are responsible for the etiology of substance abuse and none of them can be a sole determinant on its own (Addiction and personality, 2000). Dysfunctional attitudes are one of the major psychological factors contributing to the onset of substance abuse.

According to the prior studies, addiction processes are being affected by patients' beliefs and attitudes (Holman, 2004). Persons holding negative attitudes toward life imagine themselves caught in undesired and uncontrollable events predisposing themselves to disease (Godin, Tzourio, Maillard, 2011). Dysfunctional attitudes are biased assumptions that the person has toward himself/herself, his surroundings and future (Abela and Skitch, 2007). Dysfunctional attitudes are rigid, firm and inflexible beliefs and act as an also ideal criteria with which person looks at him/herself or other people based on them. These biased schemas can affect the psychological processes of perception (Davydov, Stewart, Ritchie, 2012).

The mechanism involved in dysfunctional attitudes, psychological disorders and substance abuse is coping with stressors. There is some evidence that the coping styles used by individual youth help account for whether or not they are involved in substance abuse (Wills, 1985). According to Mahmood Aliloo (2009), a person holding an idealistic and rigid perspective of the world may use emotional strategies such as avoidance or denial when faced with a stressor that can disrupt his/her previous perspectives. Hence, stress is being regarded as an important determinant in the etiology of substance abuse (Kianpour, 2002). Stress coping strategies are the processes an individual use to manage stressful situations and regulate him/her to reduce the amount of stress.

Coping refers to the cognitive and behavioural efforts used to master, tolerate, and reduce demands that tax or exceed a person's resources (Cohen & Lazarus, 1979). Different coping styles can be successful in different problem situations. However, problem focused (problem solving, trying to influence the problem situation) generally is seen as a more-healthy coping style in the long term compared to an emotion coping style (Schreurs, van de Willige, Brosschot, Telligien, & Graus, 1993). Lazarus and Folkman believe that people use three types of coping strategies when faced with stress; these are problem-focused, emotion-focused and avoidance techniques. These techniques can be either adaptive or maladaptive, depending on the type of stressor. Problem focused strategies are being known to have adaptive valences and outcomes as compared to the other two (Lazarus & Folkman, 2013). There is an association between coping styles and reduction in psychological distress (Weldon, 2010).

To conclude, the present study attempts to compare dysfunctional attitudes and coping strategies (problem-focused & emotion-focused) in addicts and non-addicts to explore various interventions for treatment of addiction.

1.1 Dysfunctional attitudes

Dysfunctional attitudes are a network of negative belief systems which we are holding. These are formed on the basis of the repeated negative experiences which we had regarding certain things in our life. These beliefs they become so deep rooted in our unconscious, that they affect our way of approaching toward the situations which we are facing.

They are very rigid and always make use of concepts like always, should, ever, must, need to, have to. These dysfunctional attitudes are self-limiting and it becomes harder for us to achieve our goals. They are linked to basic hopes in the future example if I'm loved then only I will be happy. If I'm successful, then only I will be worthy.

1.1.1 Types of dysfunctional attitudes

Different types of dysfunctional attitudes are of achievement, dependency and self-control. Sometimes we hold wrong beliefs about the ideas of achievement, dependency and self-control because of which how we approach towards them also becomes negative. For example, if an individual holds a belief that he should win every time and never fail. It's a dysfunctional belief and this can lead him to depression or other mental problems.

People who are high on dependency it's also a form dysfunctional attitude as these people are to a great extent dependent on other people for completing anything or solving their lives problems. To some extent we all have to depend on others it is true. But if this increase then it causes a dysfunction.

1.2 Coping Strategies

Nobody can stay in a state of tension for long. We always try to adopt some strategy in order to deal with the tension which is brewing up as a result of the problem which we are facing in our life. Point here is we always adopt ways whether conscious or unconscious while dealing with whatever problem we are facing. Stress can be good for us, may be bad so can be the coping strategies they can be effective, ineffective while dealing with the demands which has been put on us by stressful events of your life.

Folkman and Lazarus (1980) recommended that coping is all about the psychological and behavioural endeavours to ace, decline or control the demands put on us by various stressors of everyday life. It makes no variation whether the needs are enforced from the outside environment or from the internal environment. For instance, coping with an emotional dispute or setting unachievable high goals. Coping helps in some way or the other to nullify the effect of needs. Kenneth Matheny and his colleagues analysed numerous coping experiments and came up with the definition they defined coping as "any effort, healthy or unhealthy, conscious or unconscious, to prevent, eliminate, or weaken stressors, or to tolerate their effects in the least hurtful manner".

People deal with stress in different ways like firstly people try to face the outcomes of the stressful situations in order to achieve what they want, secondly, they try to run away or avoid the situations which are causing them stress, thirdly they may engage themselves in

various social support groups like religious orientations and fourthly they accept their life as it is and they just stop making any efforts, they just ignore their problems by indulging themselves in drugs.

Folkman and Lazarus (1988) recommended two types of coping strategies: problem focused and emotion focused coping strategies. In problem- focused coping attempts are made to change the way in which the individual interacts with the environment or changes the environment in order to deal with the demands posed by stressor. In emotion-focused coping we try to change the situation cognitively in order to feel better. But in this we are not making any active efforts to solve the problem. Addicts mostly make use of emotion focused coping strategies, whereas non –addicts make use of problem-focused coping strategies.

1.2.1 Theoretical framework

Methods used by Folkman and Lazarus (1980) were based on various behavioural and cognitive efforts that many people use to overcome stress. In problem oriented coping active attempts are made to reduce pressure, caused by stressful events whereas in emotion-oriented coping we alter the way we feel about the stressful situation by changing our thinking process.

1.2.2 TYPES OF COPING STRATEGIES

1.2.2.1 Problem-focused coping

In problem focused coping: all the efforts which an individual make is centred on solving the problem. It involves making consistent efforts which if not will solve the problem completely but at least reduce the amount of stress which the problem is causing. Most people engage in this type of coping as it helps in reducing the problem to a great extent. And this is the type of coping which most of the healthy people will use.

1.2.2.2 Confrontive coping

Whenever any problem arises in our life, one option is to confront it and search for best possible ways to deal with it. Ignoring a problem is never the solution, it can just provide

temporary relief but the real problem stays there as it is. And if appropriate measures are not taken the problem will expand. We do this in situations where the demands are unchangeable, and something needs to be done to meet them.

1.2.2.3 Distancing

In distancing you just detach yourself from the problem in order to decrease the significance of the situation. Once you detach you can think of effective possible ways of dealing with the situation. Individuals can distance mentally and emotionally both ways. Mental distancing involves thinking less about the matter; emotional distancing involves loosening of bonds and can result in making the individual care free. Example: there is a woman her husband spends most of his time outside and this thing is putting a lot of pressure on her as he does not have any time for her, so what she does is she starts distancing herself by engaging in other activities and not thinking about the problem.

1.2.2.4 Seeking social support

It's a form of emotion-oriented coping. No one can solve their lives problems on their own some type of support is always required from others in order to deal with that problem. It is most needed when you're constantly failing in dealing with stressful events of your life and you feel like giving up instead of fighting it up. This support can come from your friend, your partner, your brother, sister etc. This social support creates a feeling that your valued by significant others in your life and if you face any problem in your life you have their back and they won't let you fall down. Social support manifests itself as:

1. Emotional support: it comes from caring shown by significant others in your life. When you exchange your feelings with them in hard times you feel good as they show concern for you, empathize with you, listen to what all problems your having in order to understand what you are feeling inside. When your mother hugs you it provides immense satisfaction when you go through a low period in your life.

2. Informational support: when you share your problems with other people they not only listen to you but they also suggest ways for solving it. This type of knowledge which you get from other people is really important in dealing with stress of problematic situations.

3. Practical support: along with the empathy sometimes support like financial support is also required in order to deal with stressful events, which is provided by different support groups in our life.

1.2.2.5 Positive reappraisal

Positive reappraisal helps in increasing happiness and reducing negative emotions. This is form of coping mechanism in which you re-frame a situation positively in your mind in order to feel better. For example, you missed your bus to go home and this was the last bus which could get you home. You told yourself that your work routine is really busy because of which you aren't getting any time for exercising and today is a good opportunity for you to work-out by walking home. So, in this way you can re-frame any situation in mind in order to feel better.

1.2.2.6 Escape/avoidance

It means when you try to escape from doing something and thinking about something. All of us to some extent have used this sort of coping strategy in order to deal with stress. So, you instead of facing your fears you just avoid them, and slowly and gradually they just start interfering in our lives thus creating a huge impact on our productivity, responsibility and general coping. Different types of avoidance coping are: denial, procrastination, withdrawal and distraction. Example of avoidance coping is: you avoid confronting a problem by denying its existence. You are having relationship problems and despite being aware things are not good you just not accept them and you will just end up making things worse for yourself. Avoiding meeting people and spending more time locked in your room is also one type of avoidance coping. Overeating, gambling is also a form of avoidance coping which gives a temporary relief from the real problem as you have diverted your mind into doing something else.

1.2.2.7 Accepting responsibility

In this sort of coping you take charge of the situation and you acknowledge your own unique role in making thing right. Behaviours that reflect accepting responsibility are:

1. Focus on solution rather than problems: when you adopt a solution centred approach the chances of success are higher. As in this approach one tries to identify what all things are holding one back. This is a really good example of accepting responsibility behaviour.

2. Avoid blaming others: when one fail at anything there's always a tendency to blame some part of it on to others. As by doing this we get an opportunity to avoid taking any action. But this should be avoided and one should accept responsibility and identify how one can produce better outcomes next time.

3. We should own problems: just identifying the problem is not enough not even accepting the responsibility will help you; one has to step in and take the necessary steps in order to find a solution for it

1.2.2.8 Self-controlling

It is an ability to repress our impulses in order to achieve long term goals. Sometimes for immediate gratification we end up in performing actions which we later on regret. Rather than responding to immediate impulses, we can plan, evaluate alternative options, and avoid doing things which we will regret later on. Studies show that when we exercise self-control it takes a heavy toll on our mental energy, by decreasing glucose level which serves as a fuel for brain. This is the reason why we reach to Choco chips when we are stressed. One can build self-control by recognizing impulsive thoughts, place time restriction on impulsive thoughts, finding healthy distraction.

CHAPTER 2

LITERATURE REVIEW

2.1 Dysfunctional attitudes

Sotoudeh and colleagues (2012) compared DA and thought control in amphetamine reliant and healthy individuals in Tehran and discovered noteworthy contrasts between the two groups. According to Beck and associates (1999, 2008) they assume that dysfunctional belief systems are framed by negative youth encounters, particularly with guardians. The research by Randolph and Dykman (1988) has proposed that low care and overprotection by guardians lead to increase in dysfunctional states of mind. Dysfunctional states of mind about accomplishment, reliance, and self-control were assessed by the relating subscales of the Japanese variant of the DAS-24 which has high unwavering quality and legitimacy. Bartholomew K, (1990) proposes that pessimism of the self-display is externalized as reliance, i.e., requirement for others, endorsement to keep up a positive self-respect.

Also, the previous study has suggested that parental overprotection engenders dysfunctional attitudes about achievement and dependency. The findings of Joiner, T. E, Metalsky, et.al (1999) also support the specificity hypothesis, as the interaction of dysfunctional attitudes with stressful life events lead to increases in depressive but not anxious cognitions.

Depressive thoughts are organized into dysfunctional attitudes which are rigid if then contingencies in order to measure happiness and self-worth, (Weissman & Beck, 1978; Olinger, L.J., Kuiper, N.A., & Shaw, B.F, 1987). These contingencies are of two types perfectionistic and self-critical attitudes (e.g, "I should excel at everything I do, and if I fail it will be as bad as complete failure, and all around me should love me only then I will be happy." These are our dysfunctional belief systems which causes us lot of stress as a result of which we form unrealistic goals (deGraaf, L.E, Roelofs, J, and Huibers, M.J.H, 2009). A study by (Chang & D'zurilla, 1996), the relationship between dysfunctional thoughts and different psychological disorders had been proven through various experimental studies.

2.2 COPING STRATEGIES

Previous studies have reported that there is a difference between the coping strategies used by addicts and healthy individuals. Omid Massah Choolabi, (2015) in his research concluded that there is a difference between the coping strategies which are used by addicts and which are used by normal healthy people. The addicts will use more emotion focused strategies whereas healthy people will make use of problem-oriented strategies where maximum efforts will be put to work out solutions for a problem.

According to cognitive behavioural model of stress coping (Wills & Shiffman, 1985) people always make use of alcohol in order to escape from the negative feeling which the ongoing stressful situation is causing them and which in turn produces positive feelings or reduces the uncomfortable feeling. Avoidant coping strategy is an efficient coping strategy which is used by addicts in order to cope with the stressful events of life as a result of which they end up in heavy drinking or alcohol related problems, (Britton et al 2004). By adopting efficient coping strategies, drinking can be reduced and it will produce outcomes which will have positive impact on our health whereas usage of inefficient coping strategies like avoidant coping will have negative impact on health as it increases drinking levels.

In a cross-sectional study of 332 high school students who were currently abusing substances, frequent use of an avoidant coping style was reported (Wagner, Myers, & McNich, 1999). A cross-sectional investigation by Windle and Windle (1996) with a sample of 733 primarily Caucasian youth showed that emotion focused coping was predictive of alcohol use and positively associated with alcohol problems (Windle & Windle, 1996). Examples include “blaming myself for not knowing what to do.” Task-oriented coping has also been shown to predict lower levels of alcohol use and fewer alcohol problems among a sample of 733 Caucasian high school students (Windle & Windle, 1996). Problem solving has also been shown to be negatively associated with substance abuse among a sample of high risk youth (Sussman S, Simon TR, Dent CW et al, 1997).

In a research when an addict has to respond various stressors which are environmental in nature he will make use of maladaptive emotion focused coping strategies like substance abuse instead of more efficient strategies like focusing on the solution and solving the problem. As a result, they get stuck in this vicious cycle and their stress levels instead of decreasing it increases, (Ghasemi N, Rabiei M, Haqayeq SA, et al, 2015).

According to Frank J. Penedo, Michael H. Antoni, Neil Schneiderman (2001), Coping strategies mediated the relationship between dysfunctional attitudes and depression. In a longitudinal study by Wills, Sandy, Yaeger, Cleary, and Shinar (2001) it was found that those who used avoidant coping style frequently engaged in higher levels of substance use, as well as greater rate of growth in use was found in them.

Findings of Zhang et al (2016) where two types of self-efficacy were found in drug users and addicts. These are overconfidence and helplessness. Overconfident participants underestimate their levels of addiction, overestimate their self-control and hold external motivations and attributions. The inconsistent results may be due to the underlying behaviour of addicts being overconfident in accepting responsibilities and overestimating their own strengths.

CHAPTER 3

MOTIVATION, OBJECTIVES AND HYPOTHESES

3.1 Motivation for the study

Researchers so far, have talked about coping styles and the way these interact with the dysfunctional attitudes. The present study aims to study the relationship between dysfunctional attitudes and coping strategies. In addition to this, the research attempts to study the difference between dysfunctional attitudes and coping strategies in addicts and non-addicts. The beliefs and attitudes we hold affects the way we behave. Attitudes and beliefs systems have been known to cause various psychological disorders. Persons holding negative attitudes toward life imagine themselves caught in undesired and uncontrollable events predisposing themselves to disease (Godin, Tzourio, Maillard, 2011). According to Mahmood Aliloo (2009), a person holding an idealistic and rigid perspective of the world may use emotional strategies such as avoidance or denial when faced with a stressor that can disrupt his/her previous perspectives. Hence, stress is being regarded as an important determinant in the etiology of substance abuse (Kianpour, 2002). Stress coping strategies are the processes an individual use to manage stressful situations and regulate him/her to reduce the amount of stress. Different coping styles can be successful in different problem situations. These techniques can be either adaptive or maladaptive, depending on the type of stressor. Present study aims to compare and contrast the role of dysfunctional and attitudes and coping strategies in addicts and non-addicts. In this study, short version dysfunctional attitude scale (DAS -24) has been used. Previous studies have made use of long version of DAS. There are three subscales- achievement, self-control, and dependency. Ways of coping questionnaire (WCQ) was used to study extensively different coping styles adopted by addicts and non-addicts. Dysfunctional attitudes and coping styles are compared and contrasted in addicts and non-addicts.

3.2 Objectives

The objectives of the current research are as follows:

1. To study the relationship between dysfunctional attitudes and coping strategies of addicted and non-addicts.
2. To study the difference between addicts and non-addicts on dysfunctional attitudes and coping strategies.

3.3 To meet the above objectives following hypotheses has been formulated:

H₁. Addicts will have high dysfunctional attitudes as compared to non-addicts.

H₂. Addicts will use more of emotion focused coping strategies as compared to non-addicts.

H₃. Non- addicts will use more of problem focused coping strategies as compared to addicts.

H₄. The dysfunctional attitudes will have an impact on type of coping strategies used in addicts and non-addicts.

CHAPTER 4

METHODOLOGY

4.1 Sample

Total of sixty volunteers (30 addicts and 30 non-addicts) of the age range 25 to 40 years (M=32.9, S.D= 1.29) participated in the study. The purposive sampling was done. The volunteers were taken from different rehabilitation centres and normal population of Patiala, Punjab, India.

4.2 Design

Independent variable: dysfunctional attitudes, addicts and non-addicts.

Dependent variable: coping strategies.

4.3. Statistical analysis

In the current study descriptive statistics and t-test was computed. Correlation was used to see the relationship among different variables. Regression analysis was done to predict the variable and to analyse the data.

4.3 Tools used:

1. Dysfunctional Attitude Scale 24 (DAS 24)

DAS 24 (Power et.al 1994) consists of 24 items. It was used to assess dysfunctional attitudes namely, achievement, dependency, self-control. It is the short version of dysfunctional attitude questionnaire. Item no 1,4,7,10,13,16,19,22 measures achievement, 2,5,8,11,14,17,20,23 dependency, and 3,6,9,12,15,18,21,24 measures self-control. Scoring was done in reverse direction for all the items except item numbers 17, 20, 23 which were scored in forward direction. The three subscale scores were obtained by summing all ratings provided for each scale and dividing by the number of items responded to within each scale.

2. The Ways of Coping Questionnaire (WCQ)

WCQ (Folkman & Lazarus, 1988) consists of 66 items. It was designed to measure eight major types of coping styles, namely, confrontive coping (6 items), distancing (6 items), self-controlling (7 items), seeking social support (6 items), accepting responsibility (4 items), escape-avoidance (8 items), planful problem solving (6 items), positive reappraisal (7 items). Items were rated from 0 (does not apply or not used) to 3 (used a great deal). Scoring was done by summing each item on each and then finding the mean score.

4.5 Procedure

Informed consent was obtained from addicts of different rehabilitation centers and non-addicts from normal population, before administering the test. They were told in advance that the information collected from them will be kept strictly confidential. The purpose of the study was to compare the addicts and non-addicts on dysfunctional attitudes and coping strategies. The test was administered in the following sequence. Firstly, participants were given the Dysfunctional Attitude Scale (DAS-24) to measure dysfunctional attitudes. After that the Ways of Coping Questionnaire (WCQ) was administered to the participants. Scoring for all the test was based on the standard format given in the respective manuals.

CHAPTER 5

RESULTS

The analysis of data was done using SPSS version 22.0. In order to find the relationship between dysfunctional attitudes and coping strategies, correlation was computed. In addition to that, regression was computed to examine the interconnection between dysfunctional attitudes and coping strategies in addict and non-addicts.

The Mean, Standard Deviation and t-values were computed to study the difference between dysfunctional attitudes and coping strategies in addicts and non-addicts. The details are given in Table 1 and 2.

Table 1: Mean, Standard Deviation and t-value of dysfunctional attitudes in addicts and non-addicts.

	AC	DD	SCON
ADDICTS	M=5.10 S.D=0.99	M=4.04 S.D=1.10	M=5.68 S.D=0.96
NON-ADDICTS	M=4.10 S.D=1.09	M=2.99 S.D=1.01	M=1.89 S.D=0.44
t-VALUE	3.668*	3.858*	3.584*

N=60, *p<0.05

AC- Achievement, DD- Dependency, SCON- Self-Control

It is clearly depicted from the table 1, the mean of achievement in addicts ($t(58) = 3.668$, $p < 0.05$), Dependency ($t(58) = 3.858$, $p < 0.05$) and self-control ($t(58) = 3.584$, $p < 0.05$) is higher than non-addicts. It is clear that addicts have more of dysfunctional attitudes as compared to non-addicts. The t-value shows there is a significant difference between two groups.

Table 2: Mean, Standard Deviation and t-value of coping strategies in addicts and non-addicts.

	CC	DI	SC	SSS	AR	EA	PPS	PR
ADDICTS	M=1.74 S.D=0.67	M=1.50 S.D=0.60	M=1.73 S.D=0.57	M=1.77 S.D=0.59	M=2.27 S.D=0.56	M=1.62 S.D=0.50	M=1.89 S.D=0.57	M=1.88 S.D=0.55
NON-ADDICTS	M=1.60 S.D=0.57	M=1.67 S.D=0.35	M=1.55 S.D=0.32	M=1.50 S.D=0.75	M=1.72 S.D=0.55	M=1.37 S.D=.51	M=1.89 S.D=0.44	M=1.94 S.D=0.41
t-VALUE	0.895	1.385	1.427	1.523	3.841*	1.814	0.010	.448

N=60, *p<0.05

CC-Confrontive Coping, DI-Distancing, SC-Self-Controlling, SSS-Seeking Social Support, AR-Accepting Responsibility, EA-Escape-Avoidance, PPS-Planful Problem Solving, PR-Positive Reappraisal

It is evident from the table 2, the mean of accepting responsibility in addicts ($t(58) = 3.841$, $p < 0.05$). It is clear that addicts have more of accepting responsibility as compared to non-addicts. The t-value shows there is a significant difference between two groups.

The correlation was computed to study the relationship between dysfunctional attitudes and coping strategies in addicts. The values are given in Table 3.

Table 3: Correlation was computed for coping strategies and dysfunctional attitudes in addicts.

	CC	DI	SC	SSS	AR	EA	PS	PR	AC	DD	SCON	Total DA (A)
CC	1											
DI	0.28	1										
SC	0.55	0.39	1									
SSS	0.30	-0.13	0.04	1								
AR	0.28	0.35	0.22	0.43	1							
EA	0.45	0.20	0.25	0.23	0.27	1						
PS	0.21	0.36	0.49	0.05	0.51	0.27	1					
PR	-0.02	0.28	0.30	0.20	0.51	0.25	0.42	1				
AC	-0.26	0.02	0.02	0.08	-0.37**	0.21	-0.15	-0.13	1			
DD	-0.04	0.10	0.30	0.2	0.25	-0	0.04	-0.16	0.53	1		
SCON	0.02	0.32	0.23	0.02	0.34	-0.1	0.45	0.39	0.16	0.27	1	
Total DA (A)	-0.12	0.19	0.24	-0.39**	-0.14	0.14	0.15	0.03	0.76	0.83	0.62	1

N=30 *p<0.01

CC-Confrontive Coping, DI-Distancing, SC-Self-Controlling, SSS-Seeking Social Support, AR-Accepting Responsibility, EA-Escape-Avoidance, PPS-Planful Problem Solving, PR-Positive Reappraisal, AC-Achievement, DD- Dependency, SCON- Self-Control.

Table 3 depicts, that there is significant negative relationship between accepting responsibility and achievement ($r(30) = -0.37, p < 0.01$). Also, there is significant negative relationship between seeking social support and total dysfunctional attitudes ($r(30) = -0.39, p < 0.01$) in addicts.

The regression analysis was done in order to understand the impact of dysfunctional attitudes and coping strategies in addicts. Results are given in Table no. 4 and 5.

Table 4: Regression analysis of dysfunctional attitudes and coping strategies in addicts.

Model	Unstandardized		Standardized		ADJUSTED		
	Coefficients		Coefficients		R ²		
	B	Std. Error	Beta	T	Sig.		
1	(Constant)	3.333	.512		6.513	.000	.106
	Achievement	-.208	.099	-.370	-2.106	.044	

a. Dependent Variable: accepting responsibility

It is evident from table 4, that there is a significant negative relationship ($p < 0.05$) between dysfunctional attitude towards achievement and accepting responsibility strategy in addicts. The model predicts that for 1 unit increase in dysfunctional attitude towards achievement the accepting responsibility strategy will decrease by .21 units. The adjusted R square of achievement is .106, it means 11% variation in dependent variable (accepting responsibility) can be explained by the independent variable (achievement) in addicts.

Table 5: Regression analysis of dysfunctional attitudes and coping strategies in addicts.

Model		Unstandardized		Standardize	T	Sig.	Adjusted R ²
		Coefficients		d			
		B	Std. Error	Beta			
1	(Constant)	3.347	.719	-.387	4.658	.000	.12
	Total DA	-.013	.006		-2.224	.034	
	(A)						

a. Dependent Variable: seeking social support

It is clearly depicted from table 5, that there is a significant negative relationship between total dysfunctional attitudes and seeking social support strategy. The model predicts that for 1 unit increase in total dysfunctional attitudes, the seeking social support will decrease by .13 units. The Adjusted R Square of total dysfunctional attitudes is .12, it means 12% of variation in dependent variable (seeking social support) can be explained by the independent variable (total dysfunctional attitudes) in addicts.

The correlation was computed to study the relationship between dysfunctional attitudes and coping strategies in non-addicts. The values are given in Table 6.

Table 6: Correlation was computed for coping strategies and dysfunctional attitudes in non-addicts.

	<i>CC</i>	<i>DI</i>	<i>SC</i>	<i>SSS</i>	<i>AR</i>	<i>EA</i>	<i>PS</i>	<i>PR</i>	<i>AC</i>	<i>DD</i>	<i>SCON</i>	<i>total DA</i>
CC	1											
DI	0.22	1										
SC	0.13	0.26	1									
SSS	0.50	0.36	0.23	1								
AR	0.26	0.19	0.27	0.24	1							
EA	0.54	0.32	0.39	0.46	0.31	1						
PS	0.43	0.13	0.35	0.33	0.24	0.26	1					
PR	0.11	0.36	0.39	0.02	0.25	0.12	0.43	1				
AC	-0.28	-0.21	0.02	-0.45**	-0.05	0.06	-0.35**	0.14	1			
DD	-0.25	-0.14	0.34	0.22	-0.28	0.05	-0.29	0.13	0.51	1		
SCON	-0.23	-0.13	0.04	0.10	0.02	0.28	-0.36	0.17	0.34	0.32	1	
total DA	-0.32	-0.21	0.18	-0.36**	-0.15	0.14	-0.42**	0.18	0.85	0.82	0.62	1

N=30 **p<0.01

CC-Confrontive Coping, DI-Distancing, SC-Self-Controlling, SSS-Seeking Social Support, AR-Accepting Responsibility, EA-Escape-Avoidance, PPS-Planful Problem Solving, PR-Positive Reappraisal, AC-Achievement, DD- Dependency, SCON- Self-Control

It is evident from table 6, that there is a significant negative relationship between seeking social support and achievement ($r(30) = -0.45, p < 0.01$). Also, there is a significant negative relationship between planful problem solving and achievement ($r(30) = -0.35, p < 0.01$). there is a significant negative relationship between seeking social support and total dysfunctional attitudes ($r(30) = -0.36, p < 0.01$). Also, there is a significant negative relationship between planful problem solving and total dysfunctional attitudes ($r(30) = -0.42, p < 0.01$) in non-addicts.

The regression analysis was done in order to understand the impact of dysfunctional attitudes and coping strategies in non-addicts. The details are given in Table 7,8 and 9.

Table 7: Regression analysis of dysfunctional attitudes and coping strategies in non-addicts.

Model		Unstandardized		Standardized		Adjusted R ²
		Coefficients		Coefficients		
		B	Std. Error	Beta	T	Sig.
1	(Constant)	2.787	.495		5.630	.000
	Achievement	-.313	.117	-.452	-2.684	.012

a. Dependent Variable: seeking social support

Table 7 depicts, that there is a significant negative relationship between dysfunctional attitude towards achievement and seeking social support strategy in non-addicts. The model predicts that for 1 unit increase in achievement, the seeking social support will decrease by .31 units. The adjusted R square of achievement is .18, it means 18% of variation in dependent variable (seeking social support) can be explained by the independent variable (achievement) in non-addicts.

Table 8: Regression analysis of dysfunctional attitudes and coping strategies in non-addicts.

Model		Unstandardized		Standardized	t	Sig.	Adjusted
		Coefficients		Coefficients			
		B	Std. Error	Beta			
1	(Constant)	3.028	.757	-.361	4.000	.000	.09
	total DA	-.016	.008		-2.047	.050	

a. Dependent Variable: seeking social support

It is evident from table 8, that there is a significant negative relationship between total dysfunctional attitudes and seeking social support strategy in non-addicts. The model predicts that for 1 unit increase in total dysfunctional attitudes, the seeking social support will decrease by .16 units. The Adjusted R Square of total dysfunctional attitudes is .09, it means 9% of in dependent variable (seeking social support) can be explained by the independent variable (total dysfunctional attitudes) in non-addicts.

Table 9: Regression analysis of dysfunctional attitudes and coping strategies in non-addicts.

Model		Unstandardized		Standardized	T	Sig.	Adjusted
		Coefficients		Coefficients			
		B	Std. Error	Beta			
1	(Constant)	2.937	.433	-.419	6.790	.000	.15
	total DA	-.011	.004		-2.443	.021	

a. Dependent Variable: problem solving

Table 9 clearly depicts, that there is a significant negative relationship between total dysfunctional attitudes and problem-solving strategy in non-addicts. The model predicts that for 1 unit increase in total dysfunctional attitudes, the problem solving will decrease by .11 units. The Adjusted R square of total dysfunctional attitudes is .15, it means 15% of variation in dependent variable (problem solving) can be explained by the independent variable (total dysfunctional attitudes) in non-addicts.

CHAPTER 6

DISCUSSION

The aim of the present study was to find the relationship as well as the difference between dysfunctional attitudes and coping strategies of addicts and non-addicts. For the study, the Ways of coping questionnaire (Folkman and Lazarus, 1988) and Dysfunctional attitude scale 24 (Power e.tal, 1994) was used. It was hypothesized that Addicts will have high dysfunctional attitudes as compared to non-addicts (H1). The results were consistent with the hypothesis. Results of t-test showed significant differences between the two groups. Support comes from a study (Chang and D'zurilla, 1996), the relationship between dysfunctional thoughts and different psychological disorders had been proven through various experimental studies. Individuals who hold greater dysfunctional attitudes make use of inefficient coping strategies whereas individuals who have lower dysfunctional attitudes make use of efficient coping strategies in order to overcome stressful situations. Findings can be explained in a way that Individuals' holding lower dysfunctional attitudes, their belief system is not rigid but flexible; their focus is not just on working out a problem but finding solutions. In addition to this, individuals with irrational thinking are more likely to turn to risky behaviours such as substance abuse. In other words, these attitudes are inflexible, firm and resistant to change and are considered dysfunctional.

According to Second hypothesis, Addicts will use more of emotion focused coping strategies as compared to non-addicts (H2). Results of t-test showed significant differences between the two groups, such that addicts made more use of emotion-focused strategy as compared to non-addicts. In a cross-sectional study of 332 substance abusers, reported frequent use of an avoidant coping style (Wagner, Myers, and McNich, 1999). In a longitudinal study by Wills, Sandy, Yaeger, Cleary, and Shinar (2001) it was found that those who used avoidant coping style frequently engaged in higher levels of substance use, as well as greater rate of growth in use was found in them. Coping by seeking out social entertainment has been shown to be positively related with adolescent substance use (Wills, 1985). According to Ghasemi et al, while an encounter with an environmental stressor, addicts use emotion-focused strategies such as increasing their substance abuse instead of problem-focused strategies.

The third hypothesis proposed in the study was that Non-addicts will use more of problem focused coping strategies as compared to addicts (H3). The findings were consistent with the

hypothesis. T-test was computed. Accepting responsibility- a type of problem focused coping strategy was found to be more in addicts than non-addicts. This finding is in the opposite direction to the proposed hypothesis. Support comes from the findings of Zhang et al (2016) where two types of self-efficacy were found in drug users and addicts. These are overconfidence and helplessness. Overconfident participants underestimate their levels of addiction, overestimate their self-control and hold external motivations and attributions. The inconsistent results may be due to the underlying behaviour of addicts being overconfident in accepting responsibilities and overestimating their own strengths. In a study by Wills et al., 1996; 2001, behavioural coping had a negative relationship to substance use. According to Wagner, Myers, and McInich, 1999, Adolescents who used problem-focused coping reported less substance use involvement.

According to the fourth hypothesis, the dysfunctional attitudes will have an impact on type of coping strategies used in addicts and non-addicts (H4). Correlation was computed and the results found were consistent with the hypothesis. According to Frank J. Penedo, Michael H. Antoni and Neil Schneiderman (2001), Coping strategies mediated the relationship between dysfunctional attitudes and depression. In a study by Kahler et.al (2002), the relationship between dysfunctional attitudes and coping strategies in different psychological disorders and healthy individuals was found. In a research (Albert Ellis, 1991), irrational belief systems and dysfunctional attitudes lead to formation of maladaptive behaviour.

CHAPTER 7

CONCLUSION, IMPLICATIONS & FUTURE SCOPE

7.1 Conclusions

The main purpose of this study was to see the relationship between coping strategies and dysfunctional attitudes used by addicts and healthy individuals. And also, to understand the difference between addicts and healthy individuals on dysfunctional attitudes and coping strategies. The results obtained from the present study shows that addicts make more use of emotion focused strategies as compared to healthy individuals who rather than focusing on the problem focus more on the solutions. And it also takes into account that addict have greater dysfunctional attitudes because of which they make use of inefficient coping strategies and healthy individuals hold lesser dysfunctional attitudes as a result of which they make use of efficient coping strategies.

7.2 Implications

This study can act as a basis for further investigation on the population of India in terms of studying the relationship between coping strategies and dysfunctional attitudes of addicted and healthy individuals. This research can also help in analysing the dysfunctional attitudes and working on them in order to help the addicts to make use of efficient coping strategies across various rehabilitation centres in India. With helping addicts make use of efficient coping strategies their substance usage can also be reduced to a great extent as they will be able to find better ways to solve their life's problems.

7.3 Limitations and future scope

In the present study the sample size was limited. And the sample was just taken from Punjab region which have put restriction on the generalization of results. Increasing the sample size will be helpful in obtaining reliable results. The generalization of the result obtained is limited to Punjab. Therefore, this can act as a motivation to study different population.

Females were not included in the present study; therefore, gender difference was not taken into account. Further studies can be conducted to see if there is any gender difference while predicting dysfunctional attitudes and coping strategies.

References

- Azami et.al (2015) Dysfunctional Attitudes and Coping Strategies in Substance Dependent and Healthy Individuals.
- Britton, P. C. (2004). The relation of coping strategies to alcohol consumption and alcohol-related consequences in a college sample. *Addiction Research & Theory*, 12, 103–114.
- Bartholomew, K. (1990). Avoidance of intimacy: an attachment perspective. *J SocPersRelat*,7:147–178. doi: 10.1177/0265407590072001.
- Clark, D. A., Beck A.T., Alford. (1999). *Scientific foundations of cognitive theory and therapy of depression*. New York: Wiley.
- Chang, E. C., D'Zurilla.T. J. (1996). Irrational beliefs as predictors of anxiety and depression in a college population. *Personality and Individual Differences* ;20(2):215-9
- Dozois, D. J. A., Beck, A. T., (2008). Cognitive schemas, beliefs and assumptions. In: Dobson KS, Dozois DJA, editors. *Risk factors for depression*. Oxford: Elsevier; pp. 121–143.
- deGraaf, L. E., Roelofs, J., and Huibers, M. J. H. (2009). Measuring dysfunctional attitudes in the general population: the dysfunctional attitude scale (form A) revised. *Cognit. Ther.Res* 33,345-355. DOI: 10.1007/s10608-009-9229-y.
- Ellis A, (1991). The revised ABC's of rational-emotive therapy(RET). *Journal of Rational-Emotive &Cognitive-Behavior Therapy*, 9(3):139-72.
- Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in middle-aged community sample. *Journal of health and social behavior*, 21: 219-239.
- Folkman, S., & Lazarus, R. S., (1985). If it changes it must be a process: A study of emotion and coping during three stages of a college examination. *Journal of personality and social psychology*; 48: 150-170
- Ghasemi N, Rabiei M, Haqayeq S. A, Palahang H, (2015). The Comparison of the Sensation Seeking Level, Coping Strategies and Vulnerability to Stress among MMT Treated Addicts and Normal Group. *Research on Addiction*, 5(18):7-20.

Huijding J., de Jong P. J., Wiers R. W., Verkooijen K., (2005). Implicit and explicit attitudes toward smoking in a smoking and non-smoking setting. *Addictive Behaviors*,30(5):949-61.

Joiner, T. E., Metalsky, G. I., Lew, A., & Klocek, J. (1999). Testing the causal mediation component of Beck's theory of depression: Evidence for specific mediation. *Cognitive Therapy and Research*, 23, 401–412.

Kahler C. W., Ramsey S. E., Read J. P., Brown R. A., (2002). Substance induced and independent major depressive disorder in treatment-seeking alcoholics: associations with dysfunctional attitudes and coping. *Journal of Studies on Alcohol and Drugs*, 63(3):363.

Kenneth M. et al., (1997). Humor as a stress moderator in the prediction of blood pressure obtained during five stressful tasks. *Journal of Research in Personality* 31, 523–542.

Omid Massah Choolabi (2015). *Dysfunctional Attitudes and Coping Strategies in Substance Dependent and Healthy Individuals*.

Olinger, L. J., Kuiper, N. A., and Shaw, B. F. (1987). Dysfunctional attitudes and stressful life events: an interactive model of depression. *Cognit. Ther. Res.* 11, 25-40. doi: 10.1007/BF01183130.

Power, M. J., Katz, R., McGuffin, P., Duggan, C. F., Lam, D., & Beck, A. T. (1994). The Dysfunctional Attitude Scale (DAS): A comparison of Forms A and B and proposals for a new sub scaled version. *Journal of Research in Personality*, 28, 263-276.

Penedo, F. J., Antoni, M. H., Schneiderman, N., Ironson, G. H., Malow, R. M., Cruess, S., ... Laperriere, A. (2001). Dysfunctional attitudes, coping, and depression among HIV-seropositive men who have sex with men. *Cognitive Therapy and Research*, 25(5), 591-606. DOI: 10.1023/A:100550963243

Randolf J. J., Dykman B. M. (1998). Perception of parenting and depression-proneness in the offspring: dysfunctional attitudes as a mediating mechanism. *CognTher Res.* 22:377–400. doi: 10.1023/A:1018761229824.

Sotoudeh-Navroudi S., Pouragha-Roudbordeh F., Kaafi S., Torkaman H, editors, (2012). *Comparing Dysfunctional Attitudes and Thought Control in Amphetamine-dependent and*

Ordinary Individuals in Tehran. International Student Conference on Addiction; Urmia: Urmia University of Medical Sciences.

Sussman S, Simon T. R., Dent C. W., Stacy A. W., Galaif E. R., Moss M. A., et. al (1997). Immediate impact of thirty-two drug abuse prevention activities among students at continuation high schools. *Substance Use and Misuse*.32(3):265–281.

Weissman, A., & Beck, A. T. (1978, November). Development and validation of the Dysfunctional Attitudes Scale: preliminary investigation in Annual Meeting of the American educational research association. (Chicago, IL). Available online at: <http://files.eric.ed.gov/fulltext/ED167619.pdf>.

Wills, T. A., & Shiffman, S. (1985). Coping and substance use: A conceptual framework. In S. Shiffman, & T. A. Wills (Eds.), *Coping and substance use* (pp. 3–24). Orlando, FL: Academic Press Inc.

Windle M, Windle R. C., (1996); Coping strategies, drinking motives, and stressful life events among middle adolescents: associations with emotional and behavioral problems and with academic functioning. *Journal of Abnormal Psychology*. (1996); 105:551–560.

Wills T. A., Sandy J. M., Yaeger A. M., Cleary S. D., Shinar O. Coping dimensions, life stress, and adolescent substance use: A latent growth analysis. *Journal of Abnormal Psychology*. 2001; 110:309–323. doi:10.1037/0021-843X.110.2.309.

Zhang et al. (2016). Substance Abuse Treatment, Prevention, and Policy DOI 10.1186/s13011-016-0073-2

APPENDIX A
CONSENT FORM

I am the student of MA Psychology of School of Humanities & Social Sciences of Thapar Institute of Engineering & Technology (Deemed to be University), doing a research project on Relationship of Coping Strategies and Dysfunctional Attitudes in Addict & Non-addicts. I need your Co-operation for the conduct of this study by way of filling up this questionnaire.

I assure you that the information given by you would be used only for academic purposes and will be kept strictly confidential. If you wish to have the feedback about your performance I will provide you.

Thanking You for your co-operation and time.

I, _____ hereby give the consent to participate in this research.

Signature of the Participant

Gender _____

Age _____

APPENDIX B

Dysfunctional Attitude Scale-24 Items (DAS-24)

Attitudes	Totally Agree	Agree Very Much	Agree Slightly	Neutral	Disagree Slightly	Disagree Very Much	Totally Disagree
1. If I fail partly, it is as bad as being a complete failure.							
2. If others dislike you, you cannot be happy.							
3. I should be happy all the time.							
4. People will probably think less of me if I make a mistake.							
5. My happiness depends more on other people than it does on me.							
6. I should always have complete control over my feelings.							
7. My life is wasted unless I am a success.							
8. What other people think about me is very important.							
9. I ought to be able to solve my problems quickly and without a great deal of effort.							
10. If I don't set the highest standards for myself, I am likely to end up a second-rate person.							
11. I am nothing if a person I love doesn't love me.							
12. A person should be able to control what happens to him.							

Attitudes	Totally Agree	Agree Very Much	Agree Slightly	Neutral	Disagree Slightly	Disagree Very Much	Totally Disagree
13. If I am to be a worthwhile person, I must be truly outstanding in at least one major respect.							
14. If you don't have other people to lean on, you are bound to be sad.							
15. It is possible for a person to be scolded and not get upset.							
16. I must be a useful, productive, creative person, or life has no purpose.							
17. I can find happiness without being loved by another person.							
18. A person should do well at everything he undertakes.							
19. If I do not do well all the time, people will not respect me.							
20. I do not need the approval of other people in order to be happy.							
21. If I try hard enough, I should be able to excel at anything I attempt.							
22. People who have good ideas are more worthy than those who do not.							
23. A person doesn't need to be well liked in order to be happy.							
24. Whenever I take a chance or risk, I am only looking for trouble.							

APPENDIX C

Please provide the following information:

Name: _____ Date: _____
Month / Day / Year

Identification Number (optional): _____ Gender (Circle): **M** **F** Age: _____

Marital Status (check): Single Married Widowed Separate/Divorced

TO THE COUNSELOR

Fill out your Institutional Address below:

Name/ Institution:

Address

Instructions

To respond to the statements in this questionnaire, you must have a specific stressful situation in mind. Take a few moments and think about the most stressful situation that you have experienced in the past week.

By "stressful" we mean a situation that was difficult or troubling for you, either because you felt distressed about what happened, or because you had to use considerable effort to deal with the situation. The situation may have involved your family, your job, your friends, or something else important to you. Before responding to the statements, think about the details of this stressful situation, such as where it happened, who was involved, how you acted, and why it was important to you. While you may still be involved in the situation, or it could have already happened, it should be the most stressful situation that you experienced during the week.

0 = Does not apply or not used 1 = Used somewhat 2 = Used quite a bit 3 = Used a great deal

- | | | | | |
|--|---|---|---|---|
| 1. I just concentrated on what I had to do next – the next step..... | 0 | 1 | 2 | 3 |
| 2. I tried to analyze the problem in order to understand it better..... | 0 | 1 | 2 | 3 |
| 3. I turned to work or another activity to take my mind off things. | 0 | 1 | 2 | 3 |
| 4. I felt that time would have made a difference –
the only thing was to wait..... | 0 | 1 | 2 | 3 |
| 5. I bargained or compromised to get something positive
from the situation. | 0 | 1 | 2 | 3 |
| 6. I did something that I didn't think would work,
but at least I was doing something..... | 0 | 1 | 2 | 3 |
| 7. I tried to get the person responsible to change his or her mind. | 0 | 1 | 2 | 3 |
| 8. I talked to someone to find out more about the situation..... | 0 | 1 | 2 | 3 |
| 9. I criticized or lectured myself..... | 0 | 1 | 2 | 3 |
| 10. I tried not to burn my bridges, but leave things open somewhat. | 0 | 1 | 2 | 3 |
| 11. I hoped for a miracle..... | 0 | 1 | 2 | 3 |
| 12. I went along with fate; sometimes I just have bad luck. | 0 | 1 | 2 | 3 |
| 13. I went on as if nothing had happened. | 0 | 1 | 2 | 3 |
| 14. I tried to keep my feelings to myself..... | 0 | 1 | 2 | 3 |
| 15. I looked for the silver lining, so to speak;
I tried to look on the bright side of things. | 0 | 1 | 2 | 3 |
| 16. I slept more than usual..... | 0 | 1 | 2 | 3 |
| 17. I expressed anger to the person(s) who caused the problem. | 0 | 1 | 2 | 3 |
| 18. I accepted sympathy and understanding from someone..... | 0 | 1 | 2 | 3 |
| 19. I told myself things that helped me feel better..... | 0 | 1 | 2 | 3 |
| 20. I was inspired to do something creative about the problem. | 0 | 1 | 2 | 3 |
| 21. I tried to forget the whole thing..... | 0 | 1 | 2 | 3 |
| 22. I got professional help..... | 0 | 1 | 2 | 3 |

Go on to next page

0 = Does not apply or not used 1 = Used somewhat 2 = Used quite a bit 3 = Used a great deal

23. I changed or grew as a person. 0 1 2 3
24. I waited to see what would happen before doing anything..... 0 1 2 3
25. I apologized or did something to make up. 0 1 2 3
26. I made a plan of action and followed it..... 0 1 2 3
27. I accepted the next best thing to what I wanted..... 0 1 2 3
28. I let my feelings out somehow..... 0 1 2 3
29. I realized that I had brought the problem on myself..... 0 1 2 3
30. I came out of the experience better than when I went in..... 0 1 2 3
31. I talked to someone who could do something concrete
about the problem..... 0 1 2 3
32. I tried to get away from it for a while by resting or taking a vacation..... 0 1 2 3
33. I tried to make myself feel better by eating, drinking,
smoking, using drugs, or medications, etc..... 0 1 2 3
34. I took a big chance or did something very risky
to solve the problem..... 0 1 2 3
35. I tried not to act too hastily or follow my first hunch..... 0 1 2 3
36. I found new faith..... 0 1 2 3
37. I maintained my pride and kept a stiff upper lip..... 0 1 2 3
38. I rediscovered what is important in life..... 0 1 2 3
39. I changed something so things would turn out all right..... 0 1 2 3
40. I generally avoided being with people..... 0 1 2 3
41. I didn't let it get to me; I refused to think too much about it..... 0 1 2 3
42. I asked advice from a relative or friend I respected..... 0 1 2 3
43. I kept others from knowing how bad things were..... 0 1 2 3
44. I made light of the situation; I refused to get too serious about it..... 0 1 2 3

Go on to next page

0 = Does not apply or not used 1 = Used somewhat 2 = Used quite a bit 3 = Used a great deal

- | | | | | |
|--|---|---|---|---|
| 45. I talked to someone about how I was feeling. | 0 | 1 | 2 | 3 |
| 46. I stood my ground and fought for what I wanted. | 0 | 1 | 2 | 3 |
| 47. I took it out on other people. | 0 | 1 | 2 | 3 |
| 48. I drew on my past experiences; I was in a similar situation before.... | 0 | 1 | 2 | 3 |
| 49. I knew what had to be done, so I doubled my efforts
to make things work. | 0 | 1 | 2 | 3 |
| 50. I refused to believe that it had happened | 0 | 1 | 2 | 3 |
| 51. I promised myself that things would be different next time..... | 0 | 1 | 2 | 3 |
| 52. I came up with a couple of different solutions to the problem. | 0 | 1 | 2 | 3 |
| 53. I accepted the situation, since nothing could be done..... | 0 | 1 | 2 | 3 |
| 54. I tried to keep my feeling about the problem from interfering
with other things..... | 0 | 1 | 2 | 3 |
| 55. I wished that I could change what had happened or how I felt..... | 0 | 1 | 2 | 3 |
| 56. I changed something about myself. | 0 | 1 | 2 | 3 |
| 57. I daydreamed or imagined a better time or place
than the one I was in..... | 0 | 1 | 2 | 3 |
| 58. I wished that the situation would go away or somehow
be over with..... | 0 | 1 | 2 | 3 |
| 59. I had fantasies or wishes about how things might turn out..... | 0 | 1 | 2 | 3 |
| 60. I prayed..... | 0 | 1 | 2 | 3 |
| 61. I prepared myself for the worst. | 0 | 1 | 2 | 3 |
| 62. I went over in my mind what I would say or do. | 0 | 1 | 2 | 3 |
| 63. I thought about how a person I admire would handle
this situation and used that as a model..... | 0 | 1 | 2 | 3 |
| 64. I tried to see things from the other person's point of view. | 0 | 1 | 2 | 3 |
| 65. I reminded myself how much worse things could be..... | 0 | 1 | 2 | 3 |
| 66. I jogged or exercised..... | 0 | 1 | 2 | 3 |

Stop Here.