

A Comparative Study to Assess the Resilience and Perceived Social Support among Patients with Substance Use Disorder in Relapse and Abstinence in a Tertiary Care Hospital of Sonitpur (Assam)

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Abstract

Understanding resilience and social support among individuals with substance use disorder on abstinence as well as relapse will help promote long-term abstinence and enhance the recovery. Studies have shown that adequate social support and high level of resilience help an individual to use positive emotions to leave behind bad experience and strengthen one's self-esteem and to overcome negative emotions and thus preventing relapse. As substance use disorder disrupts a person's self-control and self-efficacy leading to relapse. It is important for the family members as well as health care professionals to provide social support that can increase the resilience and self-esteem and further decreasing the relapse rate. The study aims to compare the resilience and perceived social support among patients with substance use disorder in relapse and abstinence. Quantitative research approach with comparative research design was adopted. The population were the patients with relapse admitted at indoor, DAM and patients in abstinence with substance use disorder attending DAM, OPD of a tertiary care hospital. The sample consisted of 40 participants as per Krejcie and Morgan sample estimation formula who are selected by using purposive sampling technique. The data was collected by using socio demographic proforma, clinical variables, Conner and Davidson Resilience scale and Multidimensional perceived social support scale. The results showed no significant difference between the two groups i.e Relapse and abstinence in the context of Perceived Social support and Resilience respectively ($t=-1.611$, $p=0.115$) ($t=-0.309$, $p=0.759$). This study may be a suggestive of developing psychosocial intervention module to promote social support and resilience and to decrease the risk of relapse.

Key words: Social support, Resilience, Substance use disorder

Substance use disorder is a major health concern in India. It is a serious clinical condition causing major health problems and affecting a wide range of life domains. Individuals with substance use disorder who seek treatment sometimes find it difficult to maintain sobriety because of its the relapsing and complex nature.

Resilience is a process that mediates the harmful effects of a stressful or adverse experience through the interplay of biological, psychological, and social resources. Individuals with less ego identity, self-efficacy, and resilience tend to get re-hospitalised for substance use disorders. Individuals with high resilience had a lower risk of alcohol relapse and deeper self-disclosure (Rathinam & Ezhumalai, 2021).

Family/ care givers are the primary source of support for the patients with substance use. The term 'support' includes facilitating patients' adaptation to living with the illness, improving their compli-

ance with treatment, and thus promoting recovery. Thus the social support system acts as a significant protective factor against relapse (Birkeland et al, 2021).

Yang et al (2018) have showed that stress was negatively related to social support, resilience, and life satisfaction, whereas life satisfaction was positively related to social support and resilience. Individuals who have substance use disorder with low stress levels received more social support from others, which may increase their resilience, and consequently, their life satisfaction. It also indicates that social support and resilience are mediators between stress and life satisfaction. Studies have also shown that perceived social support is more among people with high resilience than those with low resilience. Rathinam & Ezhumalai (2021). The authors also showed that participants on the resilience measure had a mean score of 75.78 which indicates a moderate level of resilience and on perceived social support mean score was 61.48, which reveals higher perceived social support among abstinent individuals

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with substance use disorder.

As substance use disorder disrupts a person's self-control and self-efficacy leading to relapse, it is important for the family members as well as health care professionals to provide support that can increase the resilience and self-esteem.

Need of the Study

Understanding resilience and social support among individuals with substance use disorder on abstinence as well as relapse will help promote long-term abstinence and thus enhance recovery. High level of resilience helps an individual to use positive emotions to leave behind bad experience and helps in strengthening one's self-esteem by overcoming negative emotions. In the event of disruptions, a person may lead to relapse. It is known from previous studies that resilience needs to be increased to prevent substance use disorder relapse but it has been also seen that the relationship between resilience and the relapse risk remains unclear (Yang et al, 2018).

Individuals with low resilience and poor social support tend to come for re hospitalisation with relapse. Relapse rate is quite high among such patients. Therefore, the researcher wanted to conduct a study to compare the resilience and perceived social support among patients with substance use disorder in relapse and abstinence.

Objectives

(1) To assess the socio demographic profile of patients with substance use disorder in relapse and abstinence. (2) To assess the resilience and perceived social support of patients with substance use disorder in relapse and abstinence. (3) To describe the association between resilience and perceived social support with selected socio demographic variables of patients with relapse and abstinence respectively. (4) To compare the resilience and perceived social support among patients with substance use disorder in relapse and abstinence.

Review of Literature

In a cross sectional study Rathinam & Ezhumalai (2021) examined the resilience among abstinent individuals with substance use disorder among 60 participants aged 18-60 years. The subjects had an abstinence period of three months and above attending a tertiary care teaching hospital, Bangalore and were selected using a consecutive sampling procedure. The data were collected by using resilience scale and multi-dimensional perceived social support scale. The results showed that majority (80%) had history of abstinence, 40 percent were maintaining abstinence for more than three months. Mean score of resilience among abstinent individuals was 75 (± 9.94) which indicates high resilience in them. The

social work interventions should focus on enhancing resilience among persons with substance for long-term.

A cross-sectional study by Yamashita et al (2021) on resilience and related factors as predictors of relapse risk in patients with substance use disorder with an objective to shed light on resilience and related factors that affect relapse risk in patients with substance use disorder was conducted among 50 substance use disorder patients. The data were collected by using a self-administrated questionnaire, Stimulant Relapse Risk Scale and Bidimensional Resilience Scale Results from February to April 2015 in Japan. The results showed that stimulants were the most common drug of abuse ($n = 26$, 21.7%; multiple answers) and the reduced relapse risk was significantly associated with current employment (Std. $\beta = -0.446$, $p < 0.05$). The study demonstrated the necessity of recovery support to enhance acquired resistance in SUD patients in order to prevent relapses.

Yang et al (2018) conducted a study on social support and resilience as mediators between stress and life satisfaction among people with substance use disorder to verify the mediating roles of social support and resilience in the synergic effect of the relationship between stress and life satisfaction. It was conducted among 426 individuals, who have substance use disorder, from the Shifosi and Dalian-shan rehabilitation facilities in China. Data were collected by using the Perceived Stress Scale, Multidimensional Scale of Perceived Social Support, Connor-Davidson Resilience Scale, and Satisfaction with Life Scale. The results showed that the serial multiple mediation of social support and resilience in the relationship between stress and life satisfaction was significant. The findings also endorse the important roles of perceived social support and resilience in alleviating stress.

Yang et al (2019) conducted a cross-sectional study to find out the relationship between self-control and self-efficacy among patients with substance use disorders: resilience and self-esteem as mediators to investigate how resilience and self-esteem mediate the relationships between self-control and self-efficacy among patients with substance use disorders. The study was conducted among 298 patients with substance use disorder from Shifosi rehab in China. DSM-5 diagnostic questionnaires, the Dual-Modes of Self-Control Scale, Self-esteem Scale (SES), the Connor-Davidson Resilience Scale (CD-RISC) and regulatory emotional self-efficacy scale (RESE) were used to collect the data. The results showed a positive correlation between all the dimensions and total scores on the self-control, resilience, self-esteem, and self-efficacy. The study also suggests that increasing self-control, resilience, and self-esteem can

improve self-efficacy among patients with substance use disorders. The study offers valuable evidence in organising psychological interventions to promote self-efficacy of patients with substance use disorders. The study broadens the horizon with respect to the complicated interplay between self-control, resilience, self-esteem, and self-efficacy among patients with substance use disorder.

Methodology

The study adopted quantitative approach with a comparative research design and was conducted among 20 patients diagnosed with any substance use disorder on relapse admitted in indoor, Department of Addiction medicine (DAM) and 20 patients in abstinence for at least 1 month attending OPD, DAM of a tertiary care hospital for follow-up respectively, selected through purposive sampling technique. The study included participants from the age group of 18-45 years who could read, write and understand Assamese for both the group. The sample size was determined based on Krejcie and Morgan sample size estimation formula. The study was conducted from July-September 2022. After the data collection, descriptive as well as inferential statistics were used as per the objectives.

Data Collection

After the IEC clearance, formal permission was obtained from the authority of the institute. Then the investigator identified the study sample which satisfied the inclusion criteria from DAM OPD and indoor and by using purposive sampling technique the participants were selected. Written consent was taken from the participants and assurance was given about the confidentiality of their information. The investigator explained the need and purpose of the study to the participants. Next, the socio demographic proforma, clinical variables, Conner and Davidson resilience tool and multidimensional perceived social support tool was provided to the participants.

Tool Description

Socio demographic proforma and clinical variables: The socio demographic and clinical variables are self-structured which were validated from experts and it includes age, sex, religion, education, occupation, marital status, type of family, diagnosis, age at first use of substance, type of substance use, preferred place of substance use, presence of morning intake and previous hospitalisation if any, ongoing therapy if any, days of abstinence and period of relapse.

Conner and Davidsons resilience questionnaire (CD-RISC): The CD-RISC is designed as a self-rating scale, although where necessary, an assistant may read out each statement to the subject and record the answer. The subject is directed to respond each statement with reference to the previous month,

understanding that if a particular situation has not arisen in this time, then the response should be determined by how the person thinks they would have reacted. There are 25 items in the scale.

Scoring of the scale is based on summing the total of all items, each of which is scored from 0-4. The full range is from 0-100, with high scores reflecting greater resilience. By using quartile, ranges are taken. The reliability of the scale is 0.89 (Conner & Davidson, 2003).

Multidimensional scale of perceived social support: MPSS is a standardised self-reported scale to measure perceived social support. The tool was developed by Zimet GD, Dahlem NW, Zimet SG and Farley GK in 1988. It consist of 12 items which cover three dimensions of the social support i.e. family, friends and significant others with 7-point Likert type response format. The reliability of the scale is 0.85. The possible score range is between 12-84. The items of each domain need to be summed up followed by dividing with 4. The total score will be calculated by summing across all the items then divided by 12. Mean score ranging from 1-2.9 is considered low support, a score of 3-5 is considered moderate support and score of 5.1-7 is considered as high support (Zinnet et al, 1998).

Results

In the group of patients with substance use disorder in relapse, the mean age of the participants was 37.45 with SD $\pm$ 10.118, the minimum age of the participants were 22 and maximum age is 56. The mean of the monthly income was Rs. 27100.00 with SD $\pm$ 19204.988. The mean diagnosis was 10.545 with SD $\pm$ 0.4489. All the participants were male. The majority of the participants (65%) were Hindu. Maximum of the participants (60%) (f=12) had studied upto primary level. In the category of occupation 7 participants (35%) were daily wager. Majority of the participants (80%, f=16) were married and majority of them stays in a nuclear family. For 70 percent (f=14), there was no precipitating factor leading to substance use. For 70 percent (f=14) of the participants the age at first use was after 20 years of age. The maximum of the participants (75%, f=15) in this group took alcohol and 55 percent (f=11) of their preferred place to take the substance is outside home with friends; 70 percent (f=14) had history of morning intake. All the participants had taken previous treatment and half of them had history of previous hospitalisation. The period of relapse for maximum participants (75%, f=15) was 3 months or less.

Table 1 shows that among the total of 20 participants none of them have reported having low support, 55 percent (f=11) had reported having moderate support and 45 percent (f=9) had reported having high support as measured by MPSS.

Data in Table 2 shows that out of 20 participants, 55 percent (f=11) had reported having low resilience and 45 percent (f=9) had reported having high resilience as measured by CDRISC. There was a significant association found between preferred place of substance use in patients with relapse and resilience ($\chi^2 = 7.092$, $p = 0.031$) and also a significant association was found between previous hospitalisation of patients in relapse and perceived social support ($\chi^2 = 5.051$, $p = 0.025$).

In the group of patients with substance use disorder in abstinence, the mean age of the participants was 34.05 with SD ± 8.912 , the minimum age of the participants was 21 and maximum age was 52. The mean of the monthly income was Rs. 16000 with SD ± 9403.247 . The mean diagnosis was 10.595 with SD ± 0.5326 . All the participants were male. The majority of the participants belonged to Hindu religion i.e. 60 percent (f=12). Maximum of the participants i.e. 65 percent (f=13) had studied upto primary level. In the category of occupation 6 participants (30%) were daily wage and private employee. Majority of the participants (80%) (f=16) were married and majority of them stays in a nuclear family. For 85 percent (f=17) there was no precipitating factor that leads to substance use. For 55 percent (f=11) of the participants, the age at first use was before 20 years. The maximum of the participants (65%, f=13) in this group took alcohol and 60 percent (f=12) of their preferred place to take the substance was outside home with friends; 60 percent (f=12) had history of morning intake. All the participants had taken previous treatment and 55 percent (f=11) of them had no history of previous hospitalisation. The period of abstinence for maximum participants i.e. 70 percent (f=14) is 2 months or less.

Table 3 showed that among the total of 20 participants, none had reported having low support, 70 percent (f=14) had reported having high support and 30 percent (f=6) had reported having moderate support as measured by MPSS.

Data in Table 4 shows that among the total of 20 participants half of the participants i.e. 50 percent (f=10) had reported having low resilience as well as high resilience as measured by CDRISC.

The results also showed that there is no sig-

Table 1: Frequency and percentage distribution of the participants with substance use disorder in relapse according to the level of social support (f=20)

Sl. No.	Level of support	Frequency	Percentage
1.	Low	0	0
2.	Moderate	11	55
3.	High	9	45

Table 2: Frequency and percentage distribution of the participants with substance use disorder in relapse according to the level of resilience (f=20)

Sl. No.	Level of resilience	Frequency	Percentage
1.	Low	11	55
2.	High	9	45

Table 3: Frequency and percentage distribution of the participants with substance use disorder in abstinence according to the level of social support (f=20)

Sl. No.	Level of support	Frequency	Percentage
1.	Low	0	0
2.	Moderate	6	30
3.	High	14	70

Table 4: Frequency and percentage distribution of the participants with substance use disorder in abstinence according to the level of resilience (f=20)

Sl. No.	Level of resilience	Frequency	Percentage
1	Low	10	50
2	High	10	50

nificant association between socio demographic variables, perceived social support and resilience of the patients with substance use disorder in abstinence. There was no significant difference found between the two groups i.e. relapse and abstinence in context of perceived social support and resilience respectively ($t = -1.611$, $p = 0.115$) ($t = -0.309$, $p = 0.759$).

Discussion

The study examined the resilience and perceived social support among patients with substance use disorder who were on relapse and admitted in Indoor, DAM and also who were on abstinence for at least one month and above reporting in OPD, DAM. In the study it was revealed that in the group of 20 relapse participants 55 percent (f=11) had reported having moderate social support and 55 percent (f=11) had reported having low resilience. In the abstinent group of 20 participant 70 percent (f=14) had reported having high social support and half of the participants i.e. 50 percent (f=10) had reported having low resilience. From the current study it can be noted that patients who were in abstinence from substance at least for 1 month and more have high social support than the patients in relapse. In concordance with the current study, another study had showed that individuals who have substance use disorder with low stress levels received more social support from others, which may increase their resilience, and consequently, their life satisfaction (Yang et al, 2018).

This finding is in concordance with a previous study where persons with high resilience had a lower risk of alcohol relapse (Yamashita et al, 2021). In another study it was shown that individuals with high resilience were less likely to involve themselves in drug abuse. Another study (Rathinam & Ezhumalai, 2021) found that participants on the resilience measure had a mean score of 75.78 (± 9.94) indicating a moderate level of resilience and on perceived social support mean score was 61.48 (± 13.50) revealing higher perceived social support among abstinent individuals with SUD.

Another study (Yang et al, 2019) is suggestive of increasing self-control, resilience, and self-esteem

that improves self-efficacy among patients with substance use disorders. With increase in resilience, a patient with substance use disorder tends to have more self-control leading to less chance of relapse.

In the current study it was also found that there is a significant association between preferred place of substance use in patients with relapse and resilience ($\chi^2 = 7.092$, $p = 0.031$) and between previous hospitalisation of patients in relapse and perceived social support ($\chi^2 = 5.051$, $p = 0.025$). It may be due to the reason that as much as the patient knows and identifies that he needs treatment and gets admitted to a hospital, his/her support system becomes stronger and family members, significant others and friends come willingly to support them. But no association was found between other socio demographic variables with resilience and perceived social support. In contrast to the present study, Rathiman & Ezhumalai (2021) revealed that resilience is strongly associated with education and perceived social support from the family and significant others but resilience is not associated with any of the other socio-demographic and clinical variables. Adults with a professional education were more likely to be resilient which is contradictory with the current study as the maximum participants in the current study had studied upto their primary level only.

This study aimed to compare the resilience and perceived social support among patients with substance use disorder in relapse and abstinence, and revealed that there is no significant difference between the two groups. Individually patients in relapse group had moderate support and abstinence group had high support from family members, significant others and friends and also both the group had low resilience. It can also be explained that resilience and perceived social support act only as a mediator as well as a protective factor for relapse and abstinence. In contrast other studies have shown that there is significant interaction between social support and resilience in mental health. Resilience is found to be positively correlated with mental health, and social support thus reduces the negative effect of low resilience on mental health.

Study Implications

The current study can have implications in developing psychosocial intervention modules for patient as well as family members to promote social support and resilience for patients with substance use disorder.

Limitations and Recommendations

The study was limited only to small sample and people receiving treatment from a clinical setting. The t test analysis showed no significant difference between the group of relapse and abstinence probably due to the small sample size. Further longitudinal

study can be done to shed light on how resilience changes during the recovery process and also in larger groups for generalisations.

Conclusion

The study had reported having moderate social support and having low resilience in maximum participants in the group of relapse and reported having high social support and having low as well as high resilience in half of the participants in the group of abstinence. While comparing both the groups no significant difference was found between the groups non relationship between resilience and social support. Psychosocial interventions as well as nursing interventions should be implemented to strengthen one's resilience as well as social support to help the patients with substance use disorder in relapse and abstinence to cope with stress. This in turn could prevent relapse and delay the onset of substance, thus helping long term abstinence.

References

1. Rathinam B, Ezhumalai S. Resilience among abstinent individuals with substance use disorder. *Indian Journal of Psychiatric Social Work* [internet] 2021[cited 2022 May 28]; 12 (2): 96-102. Available from: <https://pubmed.ncbi.nlm.nih.gov/35058672/>
2. Birkeland B, Weimand B, Ruud T, Maybery D, Vederhus J. Perceived family cohesion, social support, and quality of life in patients undergoing treatment for substance use disorders compared with patients with mental and physical disorders. *Addiction Science and Clinical Practice* [internet] 2021 [cited 2022 May 28]; 44(16). Available from: <https://ascpjournals.biomedcentral.com/articles/10.1186/s13722-021-00252-8>
3. Conner KM, Davidson JR. Development of a new resilience scale: the conner-davidson resilience scale (CD-RISC). *Depression Anxiety* 2003; 18(2): 76-82. doi: <https://doi.org/10.1002/da.10113>
4. Zimet GD, Dahlem, Farley GK, Werkman S, Berkoff KA. Psychiatric characteristics of multi-dimensional perceived social support scale. *Journal of Personality Assessment*. [internet] 1998 [cited 2022 June 1] 52: 30-41. Available from: https://www.researchgate.net/publication/240290845_The_Multidimensional_Scale_of_Perceived_Social_Support
5. Yamashita A, Yoshioka S, Yajima Y. Resilience and related factors as predictors of relapse risk in patients with substance use disorder: A cross-sectional study. *Research Square* 2021; 16(1): 40. Doi: <https://doi.org/10.21203/rs.3.rs-155858/v1>
6. Yang C, Xia M, Han M, Liang Y. Social Support and resilience as mediators between stress and life satisfaction among people with substance use disorder in China. *Front. Psychiatry* 2018; 9: 436. Doi: <https://doi.org/10.3389/fpsy.2018.00436>
7. Yang C, Zhou Y, Cao Q, Xia M, An J. The relationship between self-control and self-efficacy among patients with substance use disorders: Resilience and self-esteem as mediators. *Frontiers in Psychiatry* 2019; 10: 388. Doi: <https://doi.org/10.3389/fpsy.2019.00388>