

Research Paper

Perceived social support among alcoholics under first treatment and alcoholics under relapse

Shetty A. S^{1*}, Jain V²

ABSTRACT

Alcohol is used as social lubricant and relaxation facilitator, which provides pharmacological pleasure but when the same alcohol is misused, it turns into an evil, which is sufficiently inflammable to burn the families, society and country. A social support group can provide the individual with positive feedback, and this can encourage certain behaviours. The present study was undertaken to assess the perceived social support among alcoholics under first treatment and alcoholics under relapse. The study adopted purposive sampling method. The sample consisted of 60 participants (Alcoholics under first treatment-30 and Alcoholics under relapse-30). The standardized tool Multi-dimensional scale of perceived social support developed by Nancy Dahlem, Sara Zimet, Gordon Farley, and Gregory Zimet was used for data collection. The data was analysed using Independent sample t-test. The findings of the study show that there is no significant difference in perceived social support between alcoholics under first treatment and alcoholics under relapse.

Keywords: *Perceived Social support, Relapse, Alcoholics*

Alcoholism: The periodic consumption or chronic continual drinking of alcohol is known as alcoholism or alcohol dependence (WHO, 2013). Excessive consumption of alcohol may lead to alcohol related disorders such as alcohol dependence which is also known as alcoholism, and alcohol abuse. Alcohol consumption is a major risk factor and an underlying cause for many health problems, chronic diseases and injuries. Symptoms associated with this disorder include craving (a strong need or urge to drink), loss of control (being unable to stop drinking once drinking has begun), physical dependence (withdrawal symptoms such as nausea, sweating, shakiness, and anxiety after stopping drinking), tolerance (the need to drink greater amounts of alcohol to feel the same effect). Furthermore, alcoholism is one of the major alcohol consumption disorders which are typically considered chronic (Rehm et al., 2009).

Alcoholism is a disease characterized by the repetitive and compulsive ingestion of alcohol in such a way as to result in interference with some aspect of the interpersonal relationships or other required societal adaptations. World Health Organization's global status report on

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alcohol and health published in 2011, hazardous and harmful use of alcohol is a major global contributing factor to death, disease and injury. It affects the drinker through serious negative effects such as alcohol dependence, liver cirrhosis, cancers and injuries and to the others through the dangerous actions of intoxicated people such as drunk driving and violence. The harmful use of alcohol results in 2.5 million deaths each year globally (WHO, 2011).

Excessive drinking accounted for substantial cognitive impairment, many of them irreversible (Brown et al., 2004). Apart from such health consequences, alcohol consumption was also been linked with various negative social and economic outcomes. Alcohol consumption was associated with gender-based violence, crime, poverty, child abuse and neglect. Alcohol abuse was regarded as a threat to family stability as it makes violent situations worse. Alcohol consumption and abuse is influenced by multiple factors including gender, family history and parental influence (Emmite et al., 2008). Men are more likely to use alcohol with some estimates indicating a ratio of 5:1. Men are also at high risk of heavy drinking and intoxication (Gmel et al., 2003).

Alcoholism has long been accepted as one of the nation's most prevalent health problems yet it has often been neglected on a national basis. Alcoholism has emerged as a unique and highly specific illness. Alcoholism encounters no barriers of age, sex, race or political system. Alcohol dependence is a common disorder, posing a heavy burden on patients, their families, and society. (Thomas. B et al., 2016)

Relapse

The meaning of relapse has changed over years. Relapse was originally seen as a failure of the individual in recovery. It is a process to going back to the same unhealthy actions that would entice the reusing of substance or drugs (Dennis). Some have differentiated between lapse, relapse, and prolapse, to provide some indication of direction or severity of the transgression. A "lapse" has been defined as an initial set-back, whereas a "relapse" could be described as a more severe return to previous behaviour, and a "prolapse" would indicate behaviour that is consistent with getting back on track in the direction of positive behaviour change. The ways in which clinicians quantify and qualify relapse may have major implications on the client's attributions of their behaviour, particularly when the term "relapse" is associated with failure. Furthermore, the quantification of relapse may influence the evaluation and determination of treatment outcomes. (Korlakunta A et al., 2012).

Majority of treated substance abusers ultimately relapse which may be frequent and rapid. While the term relapse carries the connotation of failure, it is extremely common for those attempting to recover from addiction to suffer a relapse once, or even multiple times. 40 to 60 % of persons suffering from addiction will relapse (National Institute on Drug Abuse).

Relapse is a multi-factored phenomenon and most likely to result from a combination of factors. Identification of factors related to alcohol relapse may serve as an important step in suggesting appropriate interventions and continuing care regimens for those most at risk. (Korlakunta A et al., 2012).

Various factors involved in relapse include the individual characteristics of the patient, the drug and environmental reinforce. And various socio demographic factors like young age at initiation, male sex, unemployment, singular status, peer group influence, family history of

substance abuse, and poor family support, are well known to be associated with relapse. (Sharma.k.a et al.,2012).

The top 5 reasons that those struggling with addiction relapse are: Stress, People or Places Connected to the Addictive Behavior, Negative or Challenging Emotions, Seeing or Sensing the Object of Your Addiction and Times of Celebration (Elizabeth Hartney). Psychological factors contribute to relapse among drug addicts after abstinence (Moos, 2007).

Social support:

Social support is sum of all the relationships that make a person feel as if he matters to the people who matter to him. It is defined as the “sum of the social, emotional and instrumental exchanges with which the individual is involved having the subjective consequence that an individual sees him or herself as an object of continuing value in the eyes of significant others” (Glass et al., 1993).

Social support can be defined as emotional comfort and physical assistance that an individual receives from other people. Those offering such support could be friends, work colleagues, or family members. Social support refers to the information leading an individual to believe that one is cared for, loved, esteemed and valued and that he belongs to a network of communication and mutual obligation’. (Coff, 1996).

A social support group can confront the individual to discourage undesirable behaviours. Such a network can be of great importance to the individual’s sense of self-esteem, and they may also feel that they will usually feel that they have certain obligations to this group. (Shodhganga, chapter 9)

A social support network is made up of friends, family and peers. Several studies have demonstrated that having a network of supportive relationships contributes to psychological well-being. When you have a social support network, you benefit the sense of belonging, increased sense of self-worth and feeling of security. A strong social support network can be critical to help through the stress of tough times, whether you've had a bad day at work or a year filled with loss or chronic illness. Since your supportive family, friends and co-workers are such an important part of your life, it's never too soon to cultivate these important relationships. (Shodhganga, chapter 9)

There is distinction between received and perceived social support. Received social support represents the behavioural component of social support, as it requires activation in particular interpersonal transactions (Schetter et al., 1990). Received social support has been shown to be less reliable in buffering against the adverse effects of life stress on psychological health (Cohen and Wills, 1985) and less predictive of health and well-being (Kessler et al., 1985; Turner, 1992; Vaux, 1998).

Perceived social support represents the subjective perceptions of the extent to which social net-work members are available to provide social support and represents the cognitive component of social support. (Mckay, 1984)

The need to form and maintain strong, stable relationships with others is a powerful, pervasive, and fundamental human motive (Baumeister et al., 1995). Building strong interpersonal relationships with others helps us establish a network of close, caring individuals who can provide social support in times of distress, sorrow, and fear. Social

support can be thought of as the soothing impact of friends, family, and acquaintances (Baron et al., 2003).

Social support can take many forms, including advice, guidance, encouragement, acceptance, emotional comfort, and tangible assistance (such as financial help). Thus, other people can be very comforting to us when we are faced with a wide range of life stressors, and they can be extremely helpful in our efforts to manage these challenges. (Krumboltz, 2014).

Social support and alcohol

Social support approach focuses on the subject's need for emotional support from family and friends and it lays emphasis on the specific help these people can provide in reducing interpersonal conflict and stress. It is also argued that the individual should assume an active role in structuring beneficial social support for him by adopting certain ways like leaving the company of alcohol using friends and learning to say no to drugs. Adequate appraisal of the issue of social support and incorporating the social support approach in treatment may help in moving friction and improving the interpersonal interaction between the drug user and the society. This may help the drug user and the alcohol user to maintain abstinence and new social role and respect in society. Being perceived by others outside the treatment setting as capable / “worthy” may enhance the self-confidence of the alcohol user and may help him in overcoming the alcohol problem (Booth et al., 1994).

Social support can be provided by contact with recovering people, access to self-help groups, and a family that helps the drinker to readjust to life without substances. Social support does not mean that the family should keep on protecting the alcoholic when he or she is in trouble; it means creating enthusiasm in both the drinker and the family that a life without alcohol is possible (Nelmark & Conway, 1994).

Social support has an influence on people's lives. Social support is to whom the individual will turn if they seek guidance or comfort. Such a network of people can be of particular importance for those who are attempting to escape alcoholism. If the alcoholic's social network is made up of people who support their drinking, it may be more difficult to escape the addiction. Humans are hugely influenced by interactions with other people, so it is little wonder that social support is so important (DARA Alcohol rehab).

A number of studies have been carried out that examine how social support impacts the alcoholic. The University of Connecticut Health Center found that changing the social network of the alcoholic to one that supports recovery can increase the chances of sobriety. Another study by the State University of New Jersey found that those individuals who belonged to a social network that encouraged heavy drinking were far less likely to quit. It has also been found that such social networks can even encourage such high risk behaviours as drunken driving (DARA Alcohol rehab).

Social support and relapse

The development of relapse in alcohol addiction is dependent upon many factors, some found within the individual and others found within the social milieu in which the individual lives. Treatment of addictive disorders in the recent years has focused on relapse prevention as an important component in recovery from such addictions (Marlatt et al., 2002).

Substance abuse and alcoholism are seen as symptoms of a dysfunctional family system, and hence the family is considered as part of the solution to the relapse problem without which

the individual would relapse (Pierce et al., 2000). There is strong evidence to support the effectiveness of family interventions in treatment of alcoholism, which demonstrates that family therapy for alcoholics is effective in improving overall family relationships and functioning, and which in turn improves overall substance use outcomes, engagement, and retention in therapy (Saatcioglu et al., 2006).

Although some studies on relapse prevention focus on the individual factors (Witkiewitz et al., 2004), most studies have recognized that the social context in which the alcoholic lives is very significant to whether they remain abstinent from alcohol drinking or relapse after treatment (e.g. Copello et al., 2005; Saatcioglu et al., 2006). Proponents of the role of the social environment on relapse have revealed that the family context in which an alcoholic life might be the main contributing factor to relapse (Saatcioglu et al., 2006). A supportive family is considered the strongest source of identity and social support among all contextual relationships (Beattie, 2001) and hence associated with better prognosis and successful reduction of drug use during treatment. Social support in alcoholic families is the encouragement provided by close members of the family to help in dealing with a problem such as alcoholism. (Githae. E. N, 2015).

Based on previous research, it is known that alcoholics and relapse is a continuous societal problem for the individual, family, and the environments. Due to the increasing numbers of people being diagnosed with alcohol use disorders and various systems that are being affected by it, researchers and clinicians are creating and verifying outcomes and process of interventions that focus on relapse preventions (McKay et al., 2011).

According to the DSM-5, alcoholism may impact work/home environments, by missing work days, not tending to household chores, and affecting the physical health of the individual consuming alcohol (American Psychiatric Association, 2013). In addition, due to chronic alcoholism, society is impacted by the high costs that it creates within the health care systems (Watson et al., 2013). It is apparent that there is not sufficient information regarding the reasons for relapse after twelve-step programs. It is essential that programs that provide aftercare processes are looked at because of the lack of research, evaluations and negative outcomes such as, the relapse that continues to occur in our society (Brown. et al., 2002).

REVIEW OF LITERATURE

Arteaga et al., (2010) study identified that fear of social isolation and peer rejection has a significant influence on drug and alcohol use by young people especially in circumstances where substance misuse is normative within youth culture. The studies of Conrad.K et al., (2016), Githae.E.N (2015), Malhotra A et al., (2001) and Mirna H V (2016) have demonstrated that perceived social support from family, friends and other recovering alcohol users can play a vital role in preventing and delaying relapse.

The study conducted by Mattoo. S K et al., (2009) support the result showing that patients who had relapsed were significantly more likely to have a positive family history for substance use.

Relevance of the present study

Alcoholism has long been accepted as one of the nation's most prevalent health problems yet it has often been neglected on a national basis. Alcoholism has emerged as a unique and highly specific illness which encounters no barriers of age, sex, race or political system.

Perceived social support among alcoholics under first treatment and alcoholics under relapse

Earlier studies on the alcoholism and the factors that are associated with alcoholism have shown that the social context in which people live will play significant role in determining the relapse of alcoholism. Many researches have been done involving the social support among alcoholics and relapse but there were only few studies undertaken involving alcoholics under first treatment and alcoholics under relapse.

METHODOLOGY

Aim of the study

To find out the perceived social support among the alcoholics under first treatment and alcoholics under relapse.

Objective

To study the perceived social support among the alcoholics under the first treatment and alcoholics under relapse.

Hypothesis

There is no significant difference in the perceived social support among alcoholics under the first treatment and alcoholics under relapse.

Corollaries

1. There is no significant difference between the alcoholics under first treatment and alcoholics under relapse under the area of significant others.
2. There is no significant difference between the alcoholics under first treatment and alcoholics under relapse under the area of family.
3. There is no significant difference between the alcoholics under first treatment and alcoholics under relapse under the area of friends.

Variables

Independent variable: Alcoholics under first treatment and relapse

Dependent variable: Perceived social support

Research design

The present study is exploratory in nature and adopts sample survey method.

Sample:

The sample consisted of 60 participants, out of whom 30 substance abusers admitted in rehabilitation centre having the history of at least one episode of relapse and 30 substance abusers admitted in rehabilitation centre undergoing first treatment of alcoholism. The samples were chosen by Purposive sampling method and were selected from Link De-addiction centre, Mangalore.

Criteria

Inclusion criteria:

1. substance abusers admitted in rehabilitation centre having the history of at least one episode of relapse.
2. substance abusers admitted in rehabilitation centre undergoing first treatment of alcoholism.

Exclusion criteria:

1. Person with any chronic illness

Tools

Multi-dimensional scale of perceived social support (MSPSS): The scale was developed by Nancy Dahlem, Sara Zimet, Gordon Farley, and Gregory Zimet. It was first published on the MSPSS in the Journal of Personality Assessment in 1988. It is a brief research tool designed to measure perceptions of support from 3 sources: Family, Friends, and a Significant Other. The scale is comprised of a total of 12 items, with 4 items for each subscale. The test-reliability for the Significant Other, Family and Friends subscales were 0.72, 0.85 and 0.75, respectively and for the whole scale, the value obtained was 0.85. The scale has moderate construct validity.

Scoring

To calculate mean scores, Significant Other Subscale: Sum across items 1, 2, 5, & 10, then divide by 4, Family Subscale: Sum across items 3, 4, 8, & 11, then divide by 4 and Friends Subscale: Sum across items 6, 7, 9, & 12, then divide by 4. For the total scale, sum across all 12 items and then divide by 12.

Procedure

The participants were met individually and the purpose of the study was explained to them in detail. After ascertaining their consent to participate in the study, socio-demographic details were collected. The Multidimensional Perceived Social Support Scale was administered. Response sheets were collected back from the participants. Responses of the participants on each scale were scored and interpreted by referring to the scoring key.

Ethical issues

1. Research was conducted after the approval of the rehabilitation centre.
2. Informed consent for research participation was taken by the participants.
3. Confidentiality about the collected information was maintained.
4. The data collected was used only for the purpose of research.

Statistical analysis

Independent samples *t* test was used to assess the significant difference among alcoholics under the first treatment and alcoholics under relapse in the perceived social support.

RESULT AND DISCUSSION

The objective of the present study was to study the perceived social support among the alcoholics under the first treatment and alcoholics under relapse.

Hypothesis 1 states that there is no significant difference in the perceived social support among alcoholics under the first treatment and alcoholics under relapse.

Table 4.1: Mean, standard deviation and *t* value of alcoholics under first treatment and alcoholics under relapse on perceived social support

Variables	N	Mean	SD	<i>t</i>	Sig
Alcoholics under first treatment	30	5.01	1.25	1.205	0.233
Relapse	30	4.59	1.46	NS	

Not significant at 0.05 level

Perceived social support among alcoholics under first treatment and alcoholics under relapse

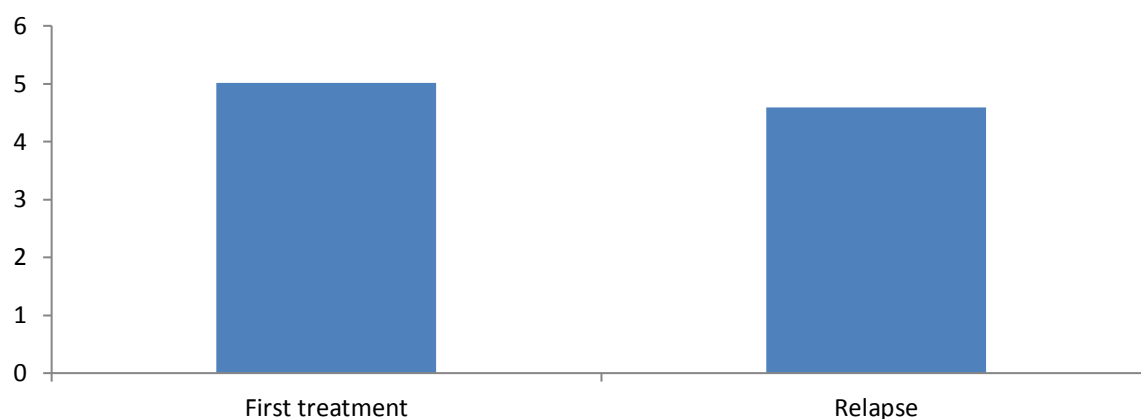


Figure 4.1: Mean scores of alcoholics under first treatment and alcoholics under relapse on perceived social support

The hypothesis stating that there is no significant difference in the social support among alcoholics under the first treatment and alcoholics under relapse was tested by using the Independent samples t test. The alcoholics under the first treatment have scored the mean of 5.01, with a standard deviation of 1.25. The alcoholics under the relapse have scored the mean of 4.59 with the standard deviation of 1.46. The t value is 0.23, which is not significant at 0.05 levels. Thus the result shows that there is no significant difference in perceived social support and hence the null hypothesis is accepted. The present result is supported by previous findings of Malhotra A et al., (2001) which demonstrates that support from family, friends and other recovering alcohol users can play a vital role in preventing and delaying relapse. But it is required that the individual should assume an active role in structuring beneficial social support for himself by adopting certain ways like leaving the company of drug using friends and learning to say 'no' to drugs.

Corollary hypothesis state that there is no significant difference between the alcoholics under first treatment and alcoholics under relapse under the area of significant others.

Table 4.2: Mean, standard deviation and t value of alcoholics under first treatment and alcoholics under relapse on significant others

Variables	N	Mean	SD	t	Sig
Alcoholics under first treatment	30	5.43	0.95	0.503	0.617
Relapse	30	5.30	0.93	NS	

Not significant at 0.05 level

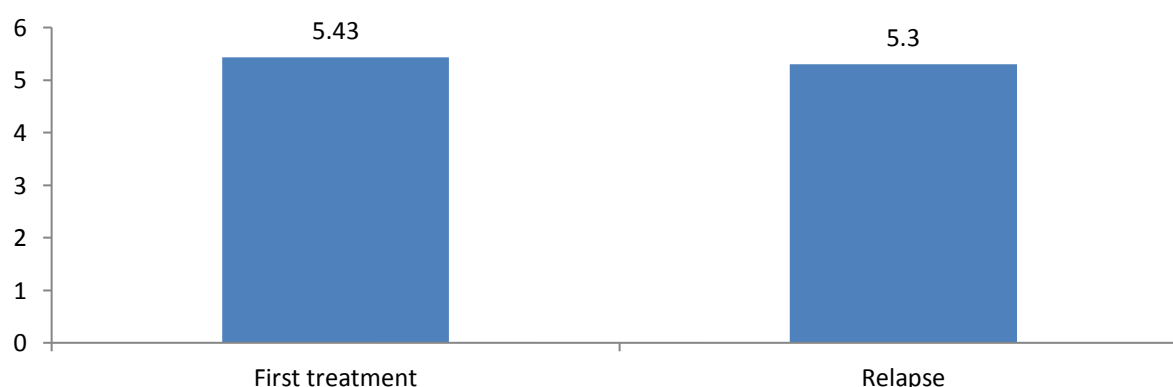


Figure 4.2: Mean scores of alcoholics under first treatment and alcoholics under relapse on significant others

Perceived social support among alcoholics under first treatment and alcoholics under relapse

In the multidimensional scale of perceived social support, under the first dimension of the scale i.e, significant others, the alcoholics under the first treatment have scored the mean of 5.43, with a standard deviation of 0.95. The alcoholics under relapse have scored the mean of 5.30 with the standard deviation of 0.93. And the dimension of the scale has the t value of 0.61 thus showing no significant difference at 0.05 level of significance. Thus the result shows that there is no significant difference in significant others and hence the null hypothesis is accepted.

Corollary hypothesis states that there is no significant difference between the alcoholics under first treatment and alcoholics under relapse under the area of family.

Table 4.3: Mean, standard deviation and t value of alcoholics under first treatment and alcoholics under relapse on family

Variables	N	Mean	SD	t	Sig
Alcoholics under first treatment	30	5.75	1.14	0.257	0.798
Relapse	30	5.66	1.40	NS	

Not significant at 0.05 level

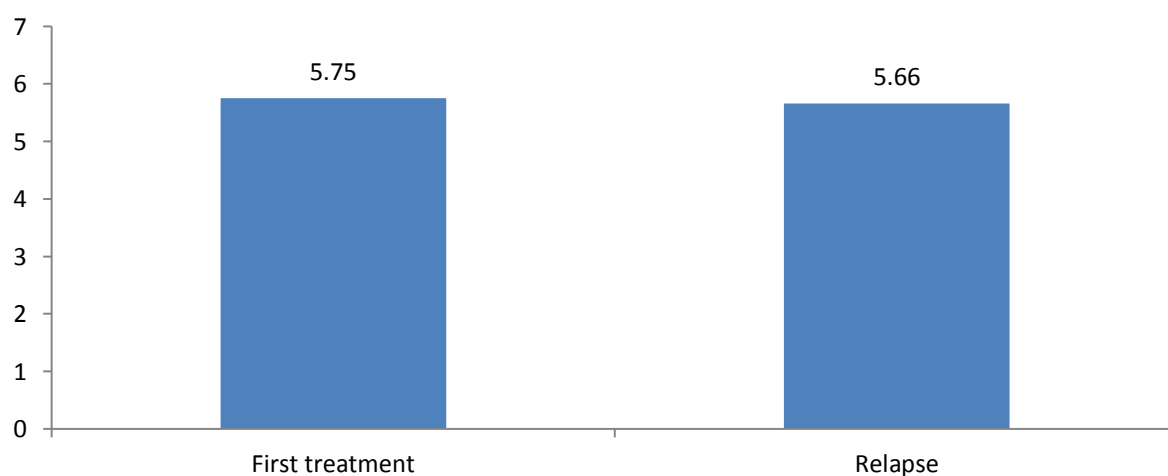


Figure 4.3: Mean score of alcoholics under first treatment and alcoholics under relapse on family.

In the second dimension of the multidimensional scale of perceived social support i.e, family, the alcoholics under the first treatment have scored the mean of 5.75, with a standard deviation of 1.14. The alcoholics under relapse have scored the mean of 5.66 with the standard deviation of 1.4. And the dimension of the scale has the t value of 0.79 thus showing no significant difference at 0.05 level of significance. Thus the result shows that there is no significant difference in family and hence the null hypothesis is accepted. The present study result was supported by previous study of Mattoo. S K et al., (2009) showing that patients who had relapsed were significantly more likely to have a positive family history for substance uses.

Corollary hypothesis states that there is no significant difference between the alcoholics under first treatment and alcoholics under relapse under the area of friends.

Table 4.4: Mean, standard deviation and t value of alcoholics under first treatment and alcoholics under relapse on friends

Variables	N	Mean	SD	t	Sig
Alcoholics under first treatment	30	5.55	1.34	0.385	0.70
Relapse	30	5.69	1.34	NS	2

Not significant at 0.05 level

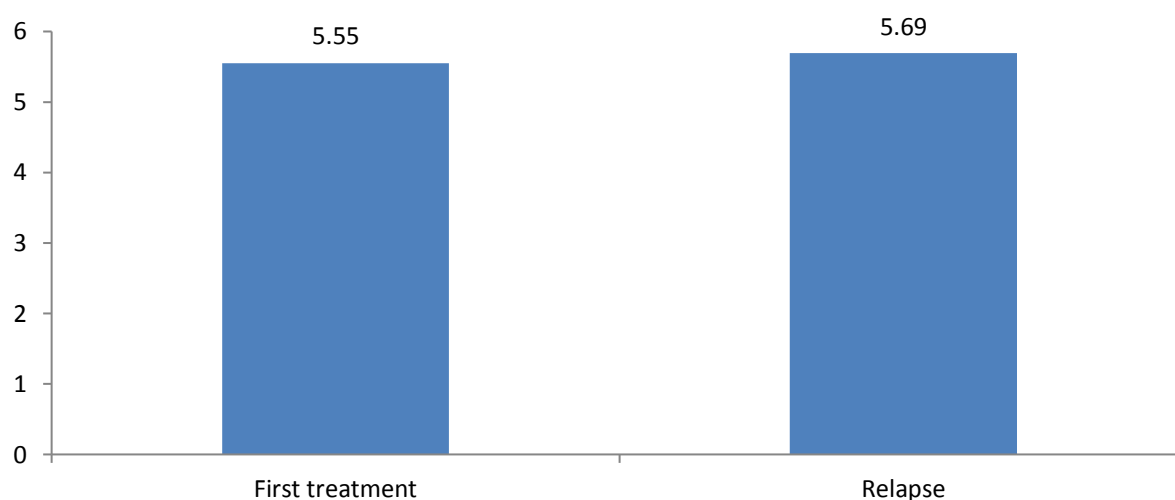


Figure 4.4: Mean scores of alcoholics under first treatment and alcoholics under relapse on friends

In the third dimension of the multidimensional scale of perceived social support i.e, friends, the alcoholics under the first treatment have scored the mean of 5.55, with a standard deviation of 1.34. The alcoholics under relapse have scored the mean of 5.69 with the standard deviation of 1.34. And the dimension of the scale has the t value of .70 thus showing no significant difference at 0.05 level of significance. Thus the result shows that there is no significant difference in friends and hence the null hypothesis is accepted.

Major findings of the study

The alcoholics under the first treatment and alcoholics under relapse do not differ in their perceived social support.

Implications of the study

The findings of the present study can be useful to the counsellors working at De-addiction centre and rehabilitation centre.

Limitations of the study

1. The size of the sample of the study was less
2. Result cannot be generalized as it is taken from only one de-addiction centre
3. Samples of the study include only male gender
4. Only quantitative method was used.

Scope for further research

Further study can be done by considering, the larger population for the study. As the present study involves only male gender, further study can consider female gender in understanding the psychological factors contributing to relapse. The further study can also be taken by

considering the other factors affecting the alcoholic relapse such as stress, age, socio-economic status and craving.

SUMMARY AND CONCLUSION

The present study was conducted to assess the Perceived social support among alcoholics under first treatment and alcoholics under relapse. The study is exploratory in nature and adapts a sample survey research design, with purposive sampling method. The number of participants in the study was 60 adults, out of which 30 are substance abusers admitted in rehabilitation centre having the history of at least one episode of relapse and 30 are substance abusers admitted in rehabilitation centre undergoing first treatment of alcoholism. The independent variables were alcoholics under first treatment and relapsed group. The tools used were Multidimensional scale for Perceived social support by Nancy Dahlem, Sara Zimet, Gordon Farley, and Gregory Zimet (1988). The significant difference between the two groups, i.e. alcoholics under first treatment and alcoholics under relapse on perceived social support was analysed using independent sample t test. The findings of the study show that there is no significant difference in perceived social support between alcoholics under first treatment and alcoholics under relapse.

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Conflict of Interest

The author declared no conflict of interest.

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