

# Effect Of Multi Context Approach To Improve Self-Esteem Among Alcohol Dependence Syndrome.

Vinitha Lakshmi.R<sup>1\*</sup>, Maheswari.V<sup>2</sup>

<sup>1\*</sup> Assistant Professor Saveetha College of Occupational Therapy, [vinithalakshmi171@gmail.com](mailto:vinithalakshmi171@gmail.com), Chennai, India  
[vinithalakshmi171@gmail.com](mailto:vinithalakshmi171@gmail.com)

<sup>2</sup> Occupational Therapy, SIMATS Institution of Medical and Technical sciences, Chennai, India  
[mahichowdary0313@gmail.com](mailto:mahichowdary0313@gmail.com)

## ABSTRACT

**Back Ground:** Alcohol Dependence Syndrome Affects 55.1% Of Heavy Episodic Male Drinkers In India Aged 15 And Above. The Multi-Context Approach Uses Learning And Metacognitive Strategies To Improve Self-Awareness And Daily Functioning. Self-Esteem, A Basic Psychological Need, Influences Mental Health And Overall Well-Being. This Study Evaluates The Effectiveness Of The Multi-Context Approach In Improving Self-Esteem Among Individuals With Alcohol Dependence Syndrome.

**Aim:** To Find Out The Effect Of Multi Context Approach On Self-Esteem Among Alcohol Dependence Syndrome.

**Method:** A Quasi-Experimental Study Was Carried Out At The Jeevan De-Addiction Center, Chennai, With 30 Male Patients 30–45 Years With Alcohol Dependence Syndrome And Low Self-Esteem. Using Purposive Sampling, They Were Assigned To Control And Experimental Groups. Self-Esteem Was Measured Using The Rosenberg Scale Before And After A 12-Week Intervention, Where The Control Group Received Conventional Therapy And The Experimental Group Received Multi-Context Approach Activities.

**Result:** The Statistical Results Show A Significant Improvement In The Experimental Group After Receiving Multi-Contextual Activities. These Activities Were More Effective Than Conventional Occupational Therapy.

**Conclusion:** The Study Concludes That Multi-Contextual Activities Are More Effective Than Conventional Therapy In Improving Self-Esteem Among Males With Alcohol Dependence Syndrome.

**Keywords:** Male population with alcohol dependence syndrome Self-esteem Multi contextual activities

**How to cite this article:** Lakshmi VR, Maheswari V. Effect Of Multi Context Approach To Improve Self-Esteem Among Alcohol Dependence Syndrome...Int J Drug Deliv Technol. 2026;16(2s): 870-876; DOI: 10.25258/ijddt.16. 870-876

**Source of support:** Nil.

**Conflict of interest:** None

## INTRODUCTION

### ALCOHOL DEPENDENCE SYNDROME

Alcohol is a powerful drug that affects almost every neurochemical system in the body, causing both short-term and long-term changes. Heavy drinking is a major public health problem in many countries. It causes serious harm to individuals, leading to physical, psychological, and social difficulties, and results in a great deal of suffering<sup>1</sup>

Alcoholism is a continuous source of stress, not only for the person who drinks but also for their family members. Spouses are especially affected because they are closely connected to the individual and are constantly exposed to their behaviour. The negative social effects of alcohol use and stressful life situations can trigger psychological, biological, and behavioral reactions. These reactions can reduce a person's ability to cope, leading to emotional distress and increasing the risk of developing psychological problems.<sup>2</sup>

Alcohol dependence syndrome is a significant public health problem observed in our community and health center. It is largely associated with various mental illnesses and psychiatric comorbidities.<sup>3</sup>

Sketch of diagnosis criteria for dependence syndrome after the ICD-10 comprises 6 items: a strong hanker or sense of Urge, issues with control, withdrawal, tolerance neglect of alternative pleasures and progressive intolerance neglect of

interest and neglect of pleasures, persisting with substance employ while acknowledging the detrious repercussions.<sup>4</sup>

### PREVALENCE:

Patients with ADS show a harmful pattern of alcohol use that causes serious problems in their daily life. These difficulties usually develop over a period of 1 to 12 months. In India, most people who consume alcohol are men. The prevalence of Alcohol Dependence Syndrome (ADS) among Indian men is around 7%. Heavy episodic drinking among Indian males aged 15 years and above is 28.4%, and among men who drink alcohol, it rises to 55.1%.<sup>5</sup>

### MULTI CONTEXT APPROACH:

The MultiContext (MC) Approach is grounded in the Dynamic Interactional Model of Cognition and offers a structured framework for promoting the use of cognitive strategies and enhancing online awareness of performance—such as self-monitoring—during everyday activities. This approach provides occupational therapists with systematic guidelines to support individuals experiencing cognitive difficulties, helping them optimize their functional performance, well-being, and participation in daily life.

The MC approach focuses on helping individuals develop and apply cognitive strategies to regulate performance,

\*Author for Correspondence: Vinitha Lakshmi.R

manage errors, and cope effectively with cognitive challenges during functional tasks. Guided learning is a key component, in which therapists facilitate awareness and strategy use. Early phases of intervention emphasize improving online awareness by helping individuals identify when and why performance errors occur. This awareness enables them to implement strategies that prevent, monitor, and adjust to performance demands. Through these methods, individuals build cognitive self-efficacy and strengthen problem-solving abilities.

This approach integrates both metacognitive and cognitive strategy training techniques and is supported by literature related to learning, transfer, and generalization. Guided questioning is used to promote self-monitoring and effective strategy application across diverse functional activities and contexts. Explicit methods are also incorporated to help individuals connect skills practiced in therapy with everyday life situations.

The MC approach is classified as a metacognitive strategy intervention due to its emphasis on self-awareness, self-monitoring, and self-regulation. Metacognitive strategy training is recognized as a Practice Standard for addressing executive function deficits following conditions such as traumatic brain injury and stroke.<sup>6</sup>

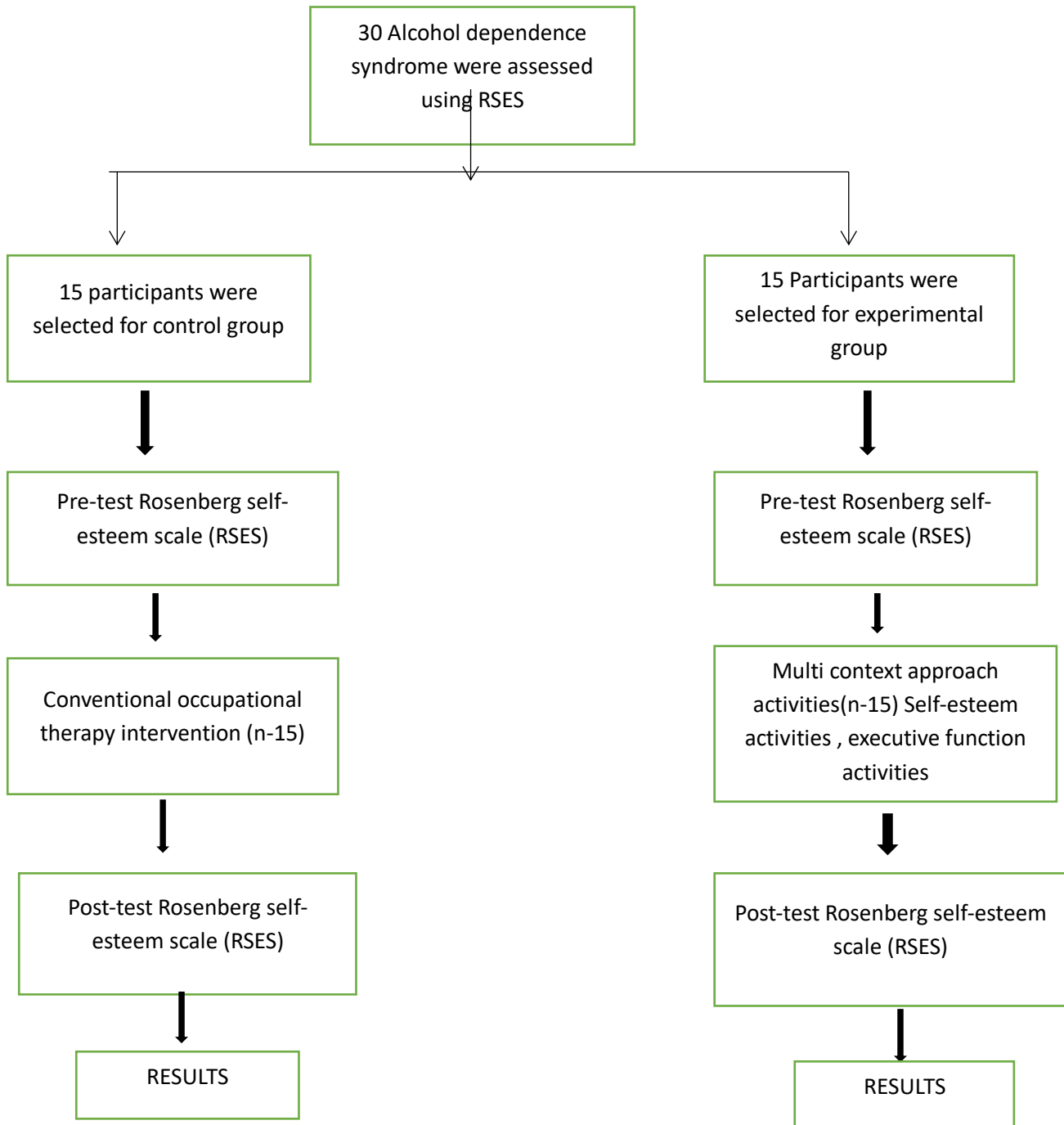
self-esteem" is used: Global or trait self-esteem: This refers to how people generally feel about themselves, such as having a positive or affectionate view of oneself. Self-evaluation: This pertains to how people assess their abilities and qualities, such as judging their skills or appearance. Feelings of self-esteem: This refers to temporary emotional states, such as feeling great about oneself after a significant achievement (e.g., a promotion) or feeling down after a difficult experience (e.g., a breakup). –pSelf-esteem can describe how a person feels about themselves overall or how they feel about specific areas of their life—such as their social status, their racial or ethnic identity, their physical appearance, their athletic ability, or how well they perform at school or work. Researchers have identified many types of self-esteem, such as contingent vs. non-contingent, explicit vs. implicit, authentic vs. false, stable

vs. unstable, and global vs. domain-specific self-esteem. Some theorists believe self-esteem is a single, overall trait. Others argue that it has multiple parts, such as performance self-esteem, social self-esteem, and physical self-esteem, which function as separate components. Self-esteem is a personality trait connected to how we see ourselves and how aware we are of who we are. Like other personality traits, self-esteem can be understood as a spectrum, where people fall at different points or levels. Wanting to feel good about ourselves is a natural human need. Having high self-esteem is important because it helps people feel happier and more satisfied with life. The methods used to improve self-esteem vary widely. On one end, there are therapeutic programs designed to help people—such as substance-abusing AIDS patients—develop more positive personal values. On the other end, there are experimental methods where university students are exposed to repeated trials in which the word “I” is paired with positive traits, in an attempt to influence self-esteem on a subconscious level.<sup>7</sup>

## **MATERIAL & METHODS**

A quasi-experimental design was used to examine the effect of the Multi-Context Approach on improving self-esteem among individuals with Alcohol Dependence Syndrome. The study was conducted at the Jeevan De-addiction Center in Chennai, involving male patients aged 30 to 45 years who had poor self-esteem. Participants were selected based on the inclusion criteria using a purposive sampling technique. 30 samples were then assigned to two groups using the lottery method, with 15 participants in the control group and 15 in the experimental group. Pre-test self-esteem levels were assessed for both groups using the Rosenberg Self-Esteem Scale. The control group received conventional occupational therapy, while the experimental group participated in Multi-Context Approach-based activities. The intervention sessions were conducted for 12 weeks. After the completion of the therapy programs, post-test assessments were administered for both groups using the same scale, and the results were analyzed

FLOW CHART:



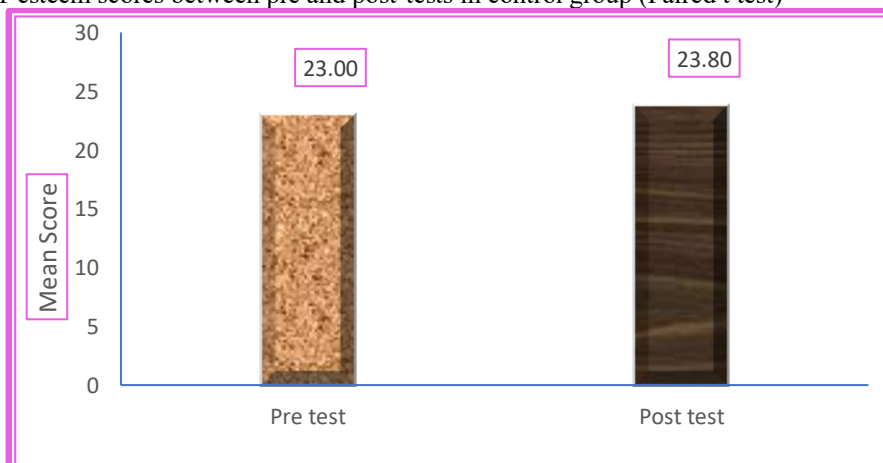
INTERVENTION:

Week	Activity Name	Description	Duration
Week 1	Introduction	Rapport building, informed consent	60–120 min with 5 min break
	Pre-test Evaluation	Rosenberg Self-Esteem Scale	60–120 min
	Paper Folding – Boat	Boat making with positive & negative goals	60–120 min
Week 2	Paper Postcard Activity	Write positive & negative future thoughts	60–120 min

	Mindful Moments	Ball passing & positive thought expression	60–120 min
	Unstructured Collage	Collage with positive note	60–120 min
Week 3	Structured Collage	Collage with newspapers	60–120 min
	Themed Collage	Shaped cut-outs with theme	60–120 min
	Financial Management	Budget listing & segregation	60–120 min
Week 4	Role Play	Acting with ball passing instructions	60–120 min
	Executive Function Tasks	Imagine situations & complete tasks	60–120 min
	Problem Solving	Differences & similarities tasks	60–120 min
Week 5	Guided Learning	Remember & narrate story/poem	60–120 min
	Goal Mapping	Planning life after alcohol	60–120 min
	Self-Esteem Activities	Community-based interaction	60–120 min
Week 6	Journaling	Self-appreciation letter	60–120 min
	Peer Support	Social reinforcement	60–120 min
	Self-Compassion	Forgiveness-based activities	60–120 min
Week 7	Social Confidence Role Play	Confidence-building tasks	60–120 min
	Daily Needs Listing	Identifying personal needs	60–120 min
	Financial Budget Planning	Family budget planning	60–120 min
Week 8	Guided Imagery	Visualize goal situations	60–120 min
	Metacognitive Meditation	Acting out expressions	60–120 min
	Metacognitive Questions	Reflecting on thinking process	60–120 min
Week 9	Future-Self Visualization	Visualizing future & goals	60–120 min
	Household Management	Cleaning & laundry planning	60–120 min
	Cooking / Multi-context	Meal preparation	60–120 min
Week 10	Routine Planning	Planning daily schedule	60–120 min
	Stress Management	Mindfulness training	60–120 min
	Home Safety Assessment	Reduce triggers	60–120 min
Week 11	Social Skills Training	Improve relationships	60–120 min
	Time Management	Organizational strategies	60–120 min
	Vocational Training	Enhance productivity	60–120 min
Week 12	Community Resources	Counseling & support access	60–120 min
	Community Activities	Communication skills	60–120 min
	Post-test	Rosenberg Self-Esteem Scale	60–120 min

**RESULT:**

Comparison of self-esteem scores between pre and post-tests in control group (Paired t test)



S. No.	Test	N	Mean	SD	T Value	Df	P Value
1	Pre test	15	23.00	0.926	-2.449	14	0.028**
2	Post test	15	23.80	1.320			

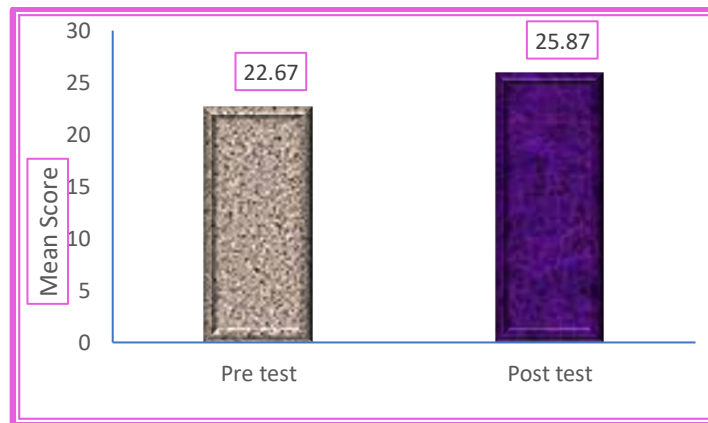
\*\* - Significant at 1% level \* - Significant at 5% level

**Result:**

In the above table, the p value 0.028 is less than 0.05 and is significant at 5% level and hence we can say that there is significant difference of self-esteem scores between pre and post-tests in control group.

Also, the mean value of post-test scores is greater than the mean value of pre-test scores and the difference is significant. Hence we can conclude that the conventional occupation therapy is significantly increasing self-esteem score in control group.

Comparison of self-esteem scores between pre and post-tests in experimental group (Paired t test)



S. No.	Test	N	Mean	SD	T Value	Df	P Value
1	Pre test	15	22.67	0.976	-9.025	14	0.000**
2	Post test	15	25.87	0.743			

\*\* - Significant at 1% level \* - Significant at 5% level

**Result:**

In the above table, the p value 0.000 is less than 0.01 and is highly significant at 1% level and hence we can say that there is high significant difference of self-esteem scores between pre and post-tests in experimental group.

Also, the mean value of post-test scores is greater than the mean value of pre-test scores and the difference is highly significant. Hence we can conclude that the “Multi context approach” is high significantly increasing self-esteem score in experimental group.

Comparison of post-test level self-esteem scores between control and experimental group (Independent t test)



S. No.	Test	N	Mean	SD	T Value	Df	P Value
1	Control	15	23.80	1.320	-5.283	28	0.000**
2	Experimental	15	25.87	0.743			

\*\* - Significant at 1% level \* - Significant at 5% level

**Result:**

In the above table, the p value 0.000 is less than 0.01 and is highly significant at 1% level and hence we can say that there is high significant difference of post-test level self-esteem scores between control and experimental groups.

Also, the mean value of experimental group is greater than the mean value of control group and the difference is highly significant. Hence we can conclude that the “Multi context approach” is high significantly increasing self-esteem score in experimental group than the conventional occupational therapy.

**DISCUSSION:**

The study was conducted on exploring the effect of multi context approach on self-esteem among alcohol dependence syndrome. The study was conducted at Jeevan de- addiction center, Chennai for alcohol dependence syndrome among the male patients with poor self-esteem in the age group between 30 to 45 years.

Table 1 shows the statistical analysis of pre-test and post-test of control group. The control group pre-test mean value is 23.00 and the post-test mean value is 23.80 and the t value is -2.449 and p value obtained is 0.028 less than 0.05, the alternate hypothesis was accepted. This result was supported by the previous article done by Si-naeAhn(2017) showed the impact of Comparison of cognitive orientation to daily occupational performance and conventional occupational therapy on occupational performance in individuals with stroke: a randomized controlled trial. NeuroRehabilitation.<sup>8</sup>

Table 2 Shows the statistical analysis of pre- test and post-test in experimental group.

The experimental group pre-test mean value is 22.67 and the experimental group post-test mean value is 25.87 and the t value is -9.025 the p value obtained is 0.000 was lesser than 0.01, the alternative hypothesis was accepted. It indicated that multi context approach was effective in improving self-esteem . This finding were in accordance with the previous study done by Abhishek Jaywant(2020) showed that the impact of feasibility and acceptability of the Multi-context approach for individuals with acquired brain injury in acute inpatient rehabilitation.<sup>9</sup>

Table 3 shows the statistical analysis of control group and experimental group. the mean value of control group 23.80 and the mean value of experimental group 25.87 and the t value is -5.283 since the p value is 0.0001 lesser than the 0.01, alternative hypothesis was accepted. It indicated that it showed high significant improvement in self-esteem with the intervention of multi-context approach These finding were in accordance with the previous study done by S.Manickam (2012) showed that Management of alcohol dependence; a community based multi modal approach.<sup>10</sup>

**ACKNOWLEDGMENT:**

With the completion of the thesis, I'm grateful to many people who are helped me with their efforts, knowledge, love, financial support, and their valuable time, encouragement, and prayers.

First and foremost, I am deeply indebted to our God almighty for his abundant grace, unseen guidance, and ceaseless blessings bestowed upon me in all my endeavors. I would like to thank my entire family for helping me to complete the project by providing me with unfailing support and continuous encouragement throughout my years of study and through the process of researching.

I place on record, my sincere thank you to Dr. M. Arun Kumar Ph.D., Principal, Saveetha College of Occupational Therapy, for his continuous encouragement and motivation throughout this research.

I would like to express my sincere gratitude to my guide Dr. Vinitha Lakshmi . for her patience, exemplary guidance; constant encouragement and support throughout this project which made this study a great success. The blessings, learning experience, and support is given by her from time to time shall carry me a long way in the journey of life on which I am about to embark.

I would like to express my sincere thank you to Dr. Siva Sanjeev, MOT for his support and for helping me in accomplishing my project.

**Dr. R. Vinitha Lakshmi** is an Assistant Professor at the Saveetha College of Occupational Therapy, SIMATS University, Chennai. She specializes in mental health, cognitive rehabilitation, and evidence-based occupational therapy practice. With extensive academic and clinical experience, she has guided numerous research projects and is committed to advancing the field through teaching, mentorship, and scholarly contributions.

**Maheswari V** is a student at the Saveetha College of Occupational Therapy, SIMATS University, Chennai. My academic interests include mental health rehabilitation, cognitive approaches, and substance use disorder interventions. I focused on developing evidence-based occupational therapy practices to enhance functional outcomes and psychosocial well-being

**REFERENCE**

1. Bagul, K. R. (2022). Psychiatric morbidity and marital quality among wives of patients with alcohol dependence syndrome. *Journal of evidence based Medicine and Healthcare*.
2. Kishor, M., Pandit, L. V., & Raguram, R. (2013). Psychiatric morbidity and marital satisfaction among spouses of men with alcohol dependence. *Indian journal of psychiatry*, 55(4), 360-365.
3. Acharya, M. (2021). Depression in Patients with Alcohol Dependence Syndrome in a Tertiary Care Center: A

- Descriptive Cross-sectional Study. JNMA: Journal of the Nepal Medical Association, 59(240), 787.
4. Yoshimura, A., Komoto, Y., & Higuchi, S. (2016). Exploration of core symptoms for the diagnosis of alcohol dependence in the ICD-10. *Alcoholism: Clinical and Experimental Research*, 40(11), 2409-2417.
  5. Bhainsora, R. S., Patil, P. S., Ghogare, A. S., & Vankar, G. K. (2021). A cross-sectional study of prevalence and types of sexual dysfunction among married male patients with alcohol dependence syndrome attending tertiary healthcare center from Central Rural India. *Journal of education and health promotion*, 10, 47.
  6. Toglia, J., & Radomski, M. V. (2007). *Cognitive rehabilitation: An integrative neuropsychological approach*. Guilford Press.
  7. Abdel-Khalek, A. M. (2016). Introduction to the psychology of self-esteem. *Self-esteem: perspectives, influences, and improvement strategies*, 8(2), 1-23.
  8. Ahn, S. N., Yoo, E. Y., Jung, M. Y., Park, H. Y., Lee, J. Y., & Choi, Y. I. (2017). Comparison of Cognitive Orientation to daily Occupational Performance and conventional occupational therapy on occupational performance in individuals with stroke: A randomized controlled trial. *NeuroRehabilitation*, 40(3), 285-292
  9. Jaywant, A., Steinberg, C., Lee, A., & Toglia, J. (2022). Feasibility and acceptability of the multicontext approach for individuals with acquired brain injury in acute inpatient rehabilitation: A single case series. *Neuropsychological Rehabilitation*, 32(2), 211-230.
  10. Manickam, L. S. S., & Thirupuram, B. S. (1999). *MANAGEMENT OF ALCOHOL DEPENDENCE: A COMMUNITY BASED MULTI-MODEL APPROACH*.
  11. Robins, R. W., Hendin, H. M., & Trzesniewski, K. H. (2001). Measuring global self-esteem: Construct validation of a single-item measure and the Rosenberg Self-Esteem Scale. *Personality and Social Psychology Bulletin*, 27(2), 151–161. <https://doi.org/10.1177/0146167201272002>.