International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

A Qualitative Phenomenological Study Exploring Locus of Control in Patients with Alcohol Use Disorder Admitted to a Tertiary Care Mental Health Facility in Western Maharashtra

Ms Sadhana Kumari[1], Dr Sumitha G[2], Dr Janarthanan B[3]

[1]PhD Scholar, INC Consortium, presently working as Psy Matron, 166 MH.
[2]Assoc Professor, College of Nursing, CH (EC), Kolkata
[3]Tutor, CoN, JIPMER,Puducherry

Abstract

Background: Locus of control (LOC) influences initiation, maintenance, recovery and relapse in alcohol use disorder (AUD). [4]

Aim: To explore lived experiences of LOC among patients with AUD admitted to a tertiary care mental health facility in Western Maharashtra.

Methods: A descriptive phenomenological design was used. Purposive sampling recruited 11 adult male inpatients with AUD (ICD-10). Unstructured in-depth interviews (20-45 minutes) were audio-recorded, transcribed verbatim and analysed using reflexive thematic analysis. [1]NVivo (Version 12) supported data management. Trustworthiness was ensured using credibility, dependability, transferability and confirmability strategies. [2,3]

Results: Four themes emerged from 16 inductive codes: (1) External Triggers to Initiation, (2) Internal Resolve for Recovery, (3) External Barriers to Cessation and (4) Hybrid LOC Dynamics in Relapse.

Conclusion: LOC in AUD appeared fluid and phase-specific. LOC-focused nursing interventions may strengthen internal control and support sustained recovery.

Keywords: Alcohol Use Disorder; Locus of Control; Phenomenology; Thematic Analysis; Qualitative Research; Nursing Interventions

1. Introduction

Alcohol use disorder (AUD) is associated with substantial health, social and occupational burden. Understanding how patients perceive control over alcohol use is important for recovery-oriented care. Locus of control (LOC) refers to beliefs about whether outcomes are determined by personal actions (internal LOC) or external forces (external LOC). [4]In addiction, external attributions may reduce perceived personal agency, while internal attributions may support motivation and relapse-prevention efforts. [4]Qualitative phenomenology enables exploration of lived experiences and meanings attached to control

across the AUD trajectory. [6]This study explored patients' perceptions and factors influencing LOC in AUD within an inpatient psychiatric setting in Western Maharashtra.

2. Materials and Methods

Study Design

A descriptive phenomenological design was adopted to explore lived experiences of locus of control among patients with AUD. [5,6]

Setting

The study was conducted in the mental health inpatient facility of a tertiary care hospital in Western Maharashtra, India.

Participants and Sampling

Purposive sampling was used to recruit adult male inpatients (>18 years) diagnosed with AUD as per ICD-10 criteria. Participants were required to communicate in Hindi, Marathi or English. Patients with acute complications or conditions limiting meaningful participation were excluded. Sampling continued until data saturation, achieved after nine interviews, with two additional interviews confirming stability of themes.

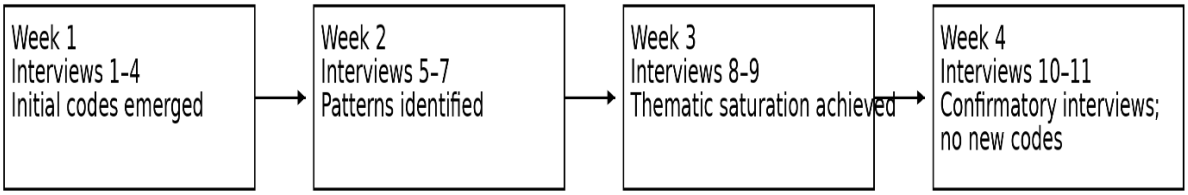
Table 1: Demographic Profile of Participants (n = 11)

Characteristic	Frequency	Percentage
Age (years)		
25-35	5	45.5
36-45	4	36.4
>45	2	18.2
Education		
Primary	3	27.3
Secondary	6	54.5
Graduate	2	18.2
Marital Status		
Married	8	72.7
Single	3	27.3

Data Collection

Semi structured face-to-face in-depth interviews were conducted in a private room to ensure confidentiality. Interviews lasted 30-45 minutes. Open-ended prompts explored initiation of drinking, continuation, attempts to stop, perceived barriers to abstinence, perceived impacts and beliefs about control. Interviews were audio-recorded with consent, and field notes documented non-verbal cues and contextual observations. All interviews were conducted by the principal investigator (2nd year student of MSc Nursing) trained in qualitative interviewing. The interviewer was not part of the treating team, and no prior relationship existed with participants.

Figure 1. Data Saturation Timeline



Data Analysis: Thematic Analysis Procedure and Coding Approach

Data were analyzed using reflexive thematic analysis following Braun and Clarke's six-phase framework: familiarization, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. [1]Coding was primarily inductive, derived from semantic and latent content of verbatim transcripts, and iteratively refined through constant comparison across interviews. Sixteen open codes were generated and organized into candidate subthemes and overarching themes. NVivo (Version 12) facilitated coding, retrieval and organization. [8]To enhance analytic rigor, a second qualitative researcher independently coded a subset of transcripts; differences were discussed and resolved through consensus, achieving approximately 85% agreement. Trustworthiness was strengthened using an audit trail, reflexive memoing and expert review. Credibility was supported by prolonged engagement and member checking with three participants. Transferability was addressed through thick description of context and participants. Dependability and confirmability were supported through documentation of analytic decisions and bracketing of researcher assumptions. [2,3]

Ethical Considerations

Institutional ethics approval was obtained prior to data collection. Written informed consent was taken from all participants. Anonymity was maintained using participant codes (P1-P11), and participants could withdraw at any time without affecting their care.

3. Results

Four themes emerged from 16 codes, illustrating locus of control dynamics across initiation, continuation, recovery attempts and relapse.

Table 2: Emergent Themes and Subthemes (n = 11)

Theme	Codes (n)	Frequency (n=11)	Key Subthemes
External Triggers to Initiation	4	11 (100%)	Peer pressure; curiosity; organizational culture; enjoyment/adventure
Internal Resolve for Recovery	5	10 (90.9%)	Self-motivation; health concerns; family responsibility; supportive situations
External Barriers to Cessation	4	11 (100%)	Stressful circumstances; loneliness;

			boredom/leisure; cravings/environmental cues
Hybrid LOC Dynamics in Relapse	3	9 (81.8%)	Shifting attributions; perceived loss of control; situational relapse triggers

Table 3: Representative Participant Quotations

Theme	Illustrative Quote	Participant
External Triggers to Initiation	Friends forced me at college parties.	P3
Internal Resolve for Recovery	Seeing my children suffer made me decide to stop.	P7
External Barriers to Cessation	Work pressure makes me drink again.	P2
Hybrid LOC Dynamics in Relapse	I try to control, but cravings win sometimes.	P9

Theme Summaries

External Triggers to Initiation: Participants commonly described initiation of drinking as driven by peers, curiosity and social contexts, indicating external attributions for onset.

Internal Resolve for Recovery: Many participants described developing personal resolve to quit in response to health concerns and family responsibility, reflecting a shift towards internal control beliefs.

External Barriers to Cessation: Stress, loneliness, boredom and environmental cues were frequently described as barriers to abstinence, reflecting external attributions for continued use.

Hybrid LOC Dynamics in Relapse: Several accounts reflected fluctuating beliefs about control during relapse episodes, often describing a mix of personal effort and perceived overpowering triggers.

4. Discussion

This study suggests that locus of control in AUD is dynamic and may shift across phases. Participants tended to attribute initiation and continuation to external influences, with internal attributions emerging during recovery attempts and weakening during relapse episodes. [4]These findings support the view that external control beliefs may reduce perceived personal responsibility and agency, whereas strengthening internal control beliefs may support sustained behaviour change. [4]Use of COREQ reporting items can improve transparency in qualitative reporting and facilitate appraisal of study rigor. [7]

Implications for Nursing Practice

Routine assessment of control beliefs may help personalize care plans. Nursing interventions such as cognitive-behavioural strategies, motivational enhancement and relapse-prevention counselling can emphasize skills, coping and agency to strengthen internal locus of control and reduce relapse risk.

Limitations

Findings are based on a small purposive sample from a single tertiary care facility and include only male participants; transferability to other contexts should be considered cautiously. Self-reported narratives may

be influenced by recall and social desirability.

5. Conclusion

Patients' narratives indicated predominantly external locus of control during initiation and continuation of alcohol use, with internal control beliefs emerging during recovery attempts. Relapse was commonly described with fluctuating or hybrid attributions. LOC-focused nursing interventions may strengthen internal control beliefs and support sustained recovery in AUD.

Plagiarism and Originality Declaration

This manuscript is based on original qualitative data. Standard methodological frameworks and concepts are cited appropriately. The authors affirm that the work is original and has not been submitted elsewhere for publication.

6. References

1. Braun V, Clarke V. Using thematic analysis in psychology. Qualitative Research in Psychology. 2006;3(2):77-101.
2. Lincoln YS, Guba EG. Naturalistic Inquiry. Sage Publications; 1985.
3. Morse JM. Principles of rigor and trustworthiness for planning and conducting qualitative research. Nursing Inquiry. 2015;22(2):121-122.
4. Rotter JB. Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs. 1966;80(1):1-28.
5. Creswell JW, Poth CN. Qualitative Inquiry and Research Design: Choosing Among Five Approaches. 4th ed. Sage Publications; 2018.
6. Giorgi A. The descriptive phenomenological method in psychology: a modified Husserlian approach. Duquesne Studies in Psychology. 2009;3:1-32.
7. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care. 2007;19(6):349-357.
8. NVivo qualitative data analysis software [computer program]. Version 12. QSR International; 2018.