

## Research Summary

### Understanding the help-seeking process in male problem drinkers: An exploratory study

*By*

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As part of the Clinical Psychology Doctorate course at the University of Hull, trainees are required to complete a research thesis for submission in their final year. The following is a summary of the study undertaken, and more information can be obtained by contacting the writer direct. Contact details are provided at the end.

#### **BACKGROUND**

Despite many years of research interest in alcohol addiction and recovery, there appears to be a poor understanding of the factors which lead individuals to seek help for their problem drinking. Research appears to indicate that men and women have differing pathways towards seeking help due to excessive alcohol use, and often previous work has failed to gain a client led understanding of the process.

Recent review papers concluded there was a need for a more qualitative approach to understand this process from a client-led perspective. This study attempted to provide individual's who have recently sought help in relation to their problem drinking the opportunity to share their reasons for making this decision.

#### **METHODS**

The study was exploratory in nature, using Interpretative Phenomenological Analysis (IPA), a qualitative approach used within psychology. It considered a group of men who have the common experience of seeking help for their problem drinking, using a semi-structured interview developed by the researcher in light of previous literature.

Participants were recruited from The Alcohol Project by individual keyworker's, and were not interviewed until they had begun individual sessions with their allocated keyworker. Only men who had made contact with the service within the previous three months were included in the study.

Ten participant transcripts were analysed. Participants were aged between 28 and 52, with the mean age being 37.7 years. All participants were of white British ethnic origin, with the host city having little ethnic diversity. Three of the men were married, with two more in long-term relationships. Three participants were presently employed.

Only individuals scoring within the 'average problem severity range' of the Christchurch Inventory for Substance-misuse Services (CISS) were selected. This excluded individuals at the mild and severe ends of problem severity, and this was considered prudent to allow a more controlled exploration of factors leading to help-seeking.

The CISS was in routine use by the service and is used at initial intake assessment and at further points during service contact to assess change. A semi-structured interview was developed to direct the research interviews, and this covered areas of importance as identified in previous literature.

Analysis was conducted using IPA. This approach involves the researcher interpreting the verbatim transcripts and engaging with the texts in order to extract emergent themes from the narratives of the men. The first five interviews were analysed in depth, with emergent themes from these forming the basis against which subsequent interviews were compared. These additional transcripts were able to influence the theme generation if new material emerged.

Once these themes were identified, a model was developed which was proposed to encapsulate the experience the men spoke of.

## **RESULTS**

Analysis revealed three super-ordinate themes, containing a total of eleven composite themes. These are displayed below in Figure 1.

<b>Super-ordinate Theme One: Self-awareness to Decision Making</b>
<i>Theme One: Realisation that something is wrong</i>
<i>Theme Two: Internal feedback</i>
<i>Theme Three: External feedback</i>
<i>Theme Four: Depression</i>
<i>Theme Five: Social comparison</i>
<b>Super-ordinate Theme Two: Determining resolution pathway</b>
<i>Theme One: Recognition of vital importance</i>
<i>Theme Two: Personal attempts</i>
<i>Theme Three: Recognition of ambivalence</i>
<i>Theme Four: Recognition of need for external help</i>
<b>Super-ordinate Theme Three: Gaining professional help</b>
<i>Theme One: Overcoming barriers to help-seeking</i>
<i>Theme Two: Hopes for service provision</i>

**Figure 1 – Overview of Emergent Themes**

### **THEME ONE: SELF-AWARENESS TO DECISION MAKING**

This was pictured as a process by which men determine the nature and cause of their difficulties. Previous research has highlighted a significant delay from problems related to alcohol use to eventual help-seeking behaviour, and this appears to agree with the findings of the study. The sub-ordinate themes develop a process by which men move from the ‘Realisation that something is wrong’, through to attributing their difficulties to their alcohol use. This is done via a number of different feedback mechanisms, including both internal and external feedback, as well as depression and social comparison.

Here is what some of the men said:

#### **Realisation that something is wrong**

*“In the middle of my drinking, before I’d got really ... when I weren’t low and I weren’t high, but I was just in the middle ... I just didn’t bother with them, you could just do everything, they didn’t have no effect. But then, when me health went, that was different ... that was it, you was just sort of aware in your self, you started regretting that you never took notice in the first place” (P9)*

#### **Internal feedback**

This theme was divided into ‘Health Factors’ and ‘Universal Negative Effects’

##### ***Health factors***

*“I mean, there’s the health issue. You know, I need to sort myself out because of the ... the deteriorating health” (P3)*

##### ***Universal negative effects***

*“It’s got to the point where it’s just interfering with your life too much. And then that’s obviously the point where you’ve lost control or something ... it’s when it’s becoming problematic rather than something you enjoy” (P1)*

#### **External feedback**

This theme was composed of ‘Direct feedback’, ‘Indirect feedback’ and ‘Social withdrawal’

##### **Direct feedback**

The main source of direct feedback came from an individual’s spouse:

*"I was going to the hospital on quite a regular basis ... like I say, once every three months, and, our lass just turned around and said well the next time you go I ain't coming to visit you ... and that was the end of that" (P9)*

### **Indirect feedback**

*"You go on a bender and you end up wetting the bed, things like that ... and your mother's got to wash the sheets, embarrassed about it and she's saying "oh it's alright, accidents happen" ... and you just know that it's affecting everyone" (P5)*

### **Social withdrawal**

*"I started drinking again, a few pints here and there, and that went on for about a year. Gradually it was increasing, and in the end I thought, well, I might as well drink at home now, I can't afford to drink as much as I do in the pub" (P8)*

### **Depression**

*"When you are drinking, although you might think that you're happy, at times ... you do get very depressed, and people can get very suicidal with it ... and I think it's all this what makes you come for help is that you don't want to be depressed anymore ... you want to enjoy life like everyone else" (P5)*

### **Social comparison**

This theme was made up of 'Stereotypes' and 'Social culture'

#### **Stereotypes**

The men appeared to hold stereotypical views of what an 'alcoholic' or a 'problem drinker' was, and felt they were OK as long as they didn't match this view:

*"It had been mentioned to me in the past, "do you drink a lot", and I said no ... at the time, I don't think I'd considered myself to be drinking a lot ... I sort of thought of drinking a lot as somebody sat on a bench somewhere, with a bottle of whisky in their hand ... and that wasn't me" (P4)*

#### **Social Culture**

*"I can't understand how, I mean, to me ... to deliberately start taking tablets or injecting yourself or something ... you wouldn't do it in the first place ... whereas drink is a socially acceptable thing ... everyone goes for a drink, and ... if you're unlucky ... you get caught out ... and become alcoholic" (P5)*

## **THEME TWO: DETERMINING RESOLUTION PATHWAY**

This theme is in connection with the men deciding how they are going to attempt to resolve their problems, which they have identified as being down to their alcohol use. The men appear to take different pathways, although clearly all the men in this study have utilised external agencies.

### **Recognition of vital importance**

This concerns the realisation that their drinking behaviour may be the difference between life and death:

*"Yeah, definitely ... no middle ... it was either or. I just realised, I was drinking myself and if I carried on I would just be dead ... I've lost two good mates through drinking so I thought there's no way I'm going that way ... but then again, I feel like I'm dead now" (P9)*

### **Personal attempts**

This theme was made up of 'Consequences of failure' and 'Perception of problem'

*"I have been instilled with this sort of sense that I shouldn't be asking for help with my problems ... I should be able to sort myself out ... I should be more than that ... I should be more of a man than that" (P8)*

#### **Consequences of failure**

*"No ... it's not always that easy ... it's not always easy to take ... I guess it's just swallowing me pride sort of thing and just doing it ... that's all it is. But the thing is ... in asking for help ... I feel I've let meself down ... 'cos I can't do it meself" (P6)*

#### **Perception of problem**

*"Because I thought I should have been able to sort the problem out myself ... I started the problem, it wasn't anyone else's doing. And I felt that I should have been able to, in my own way, sort that out ... but what brought it home to me was that I tried a few times and done alright for short periods ... but not got where I wanted to" (P2)*

### **Recognition of ambivalence**

Some men moved from failed personal attempts to contact external services, whereas others became trapped in a cycle of inaction due to their personal shortcomings:

*"The alcohol ... it can have a kind of euphoria, but ultimately I know that, that excessive heavy drinking it's actually making me depressed. I'm just trying to drink my way out of an alcohol induced depression" (P1)*

### **Recognition of need for external help**

*"I just knew that coming off the alcohol was going to be hard work, physically nasty, more than anything else ... physically nasty. It was that I was worried about, the physical pain, 'cos as I said before, I'd made me mind up to stop ... but I knew I couldn't stop without feeling physically horrible, and I didn't want to do that on me own in me house with nobody around" (P4)*

## **THEME THREE: GAINING PROFESSIONAL HELP**

The men then describe a process by which they seek to access service which can offer them assistance in managing their alcohol use. For some of them, there are barriers they need to overcome before accessing these services:

### **Overcoming barriers to help-seeking**

This theme was composed of 'Stigma of help-seeking' and 'Ubiquitous social cues'

#### **Stigma of help-seeking**

*"Then you come to accept that you need some help, and, it's no ... well it's really no different to breaking your arm and having someone put plaster on it ... but there's stigma attached to it ... there definitely is, some sort of stigma attached to it ... well, I felt so anyway ... so it's just getting over that first hurdle" (P2)*

#### **Ubiquitous social cues**

*"Because nowadays everything's, alcohol is around everything you do ... if you go for a game of snooker, there's a bar there, go for a game of golf, there's a bar there ... go to the cinema, most of your friends want to come out and go for a drink afterwards ... or go for something to eat and have a drink ... everything seems to revolve around it" (P5)*

### **Hopes for service provision**

This theme was made up of 'Fresh perspective', 'Being understood', 'Hope' and 'Being treated as an adult'.

The men, once deciding on their course of action, appeared to have some hopes with regard to what services may offer:

#### **Fresh perspective**

*"It's good having a sort of, a third party to deal with that just ... can reflect back to you about what you are, you're doing ... and it kind of, you're dealing with a real person rather than kind of other ... a sort of alter-ego where you can get away with stuff. If you're kind of honest with yourself, then you're going to have to be honest with the person you're working with" (P1)*

#### **Being understood**

*"You feel you're doing something and you're getting help and support ... people understand your problem, rather than talking to somebody like a friend who just doesn't understand" (P5)*

#### **Hope**

*"You seek help out of pure panic ... because you don't want to give up hope. You've got something to cling to that's hope ... it's something to cling to ... if you don't go then there's no hope, you'll never get it sorted" (P9)*

#### **Being treated as an adult**

*"I was pleased because I found [keyworker] very personable, and not pushy ... I don't like being told stuff ... I tend to just like to discuss something ... I don't like being told this is this, and you need to think this way" (P8)*

## **EMERGENT MODEL**

The themes were used to develop a model which encapsulates the process spoken of by the men. This is provided as a separate document on the web-site.

## **DISCUSSION**

There were many factors which appeared to be present in the lead up to help-seeking for the men, although two factors stood out as being particularly predictive of treatment entry. Both pressure from spouse to address one's alcohol use and the awareness of negative health effects were seen as strong precipitants of help-seeking. The health concerns does agree with previous research which has placed these as the final events which occur before help-seeking takes place. The role of the spouse has previously been minimised within the literature, and it is interesting to note that it was only a marital relationship which exerted this pressure, and those men in long-term relationships where they were not married did not report the same power being exerted by their partner's pressure.

There appears to be a significant delay from the start of problems related to alcohol use to the men's eventual attempt to address these problems. Many of the findings are worthy of future research to help a more detailed understanding to emerge.

Future work includes the exploration of the role of marital status on decisions to seek help, as well as exploring more clearly the process of events leading to help-seeking to attempt to compare these to models of temporal sequencing.

Clinical implications include support for minimal intervention work which serves to raise an individual's awareness of their need for help, as well as more media focus on services and the problem of addiction so as to normalise the experience for these men. There appear to be a large impact of masculinity on the decisions made by these men, and these support the need for more awareness of the problems.

### **Contact Details**

For further information or informal discussion, please contact Dr David Brackenbury using the details below:

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