

Research Summary

Coping and Psychological Distress in Females Who Abuse Alcohol

By

Dr Claire Ackroyd Bsc (Hons); ClinPsyD

November 2005

As a 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 researcher direct. Contact details are provided at the end of the summary.

Background

Research indicates that reliance on different types of coping effects individual's experience of psychological distress. However, despite alcohol abuse being related to both coping and the experience of psychological distress, little of this research has focussed on the alcohol abusing population.

This study aimed to investigate the interrelationships between coping styles and psychological distress in females who abuse alcohol.

Methods

The study used a questionnaire-based design, for which participants were asked to complete three questionnaires. In addition, five interviews were conducted using a semi-structured interview developed by the researcher. The interviews provided additional finer detail about the relationship between coping styles and psychological distress in women who abused alcohol.

The following questionnaires were used in the study:

The Alcohol Questionnaire – This assessed alcohol use and associated problems.

The General Health Questionnaire (GHQ) – This measured four areas of psychological distress: severe depression, anxiety and insomnia, social dysfunction and somatic symptoms.

The Coping Inventory for Stressful Situations (CISS) – This measured three types of coping: task-oriented coping, emotion-oriented coping and avoidance-oriented coping.

Participants were recruited from The Alcohol and Drug Service (ADS) by individual keyworker's, and were asked to complete the three questionnaires and/or be interviewed by the researcher within their first four appointments with ADS. Twenty-three women completed the three questionnaires, and five women were interviewed.

Results

Questionnaire data

Correlations were calculated between each of the coping styles and the four measures of psychological distress. Correlations measure the size of the relationship between variables, and the closer the correlation coefficient (number) is to 1, the stronger the relationship is between the two variables.

Correlations Between Scores for Each of the Coping Styles and Measures of Psychological Distress

	Task Coping	Emotion Coping	Avoidance Coping
S o m a t i c Symptoms	rs= -0.39(*)	rs= 0.22	rs= -0.18
A n x i e t y & Insomnia	rs= -0.52(**)	rs= 0.42(*)	rs= -0.11
S o c i a l Dysfunction	rs= -0.55(***)	rs= 0.28	rs= -0.25
Severe Depression	rs= -0.52(***)	rs=0.52(***)	rs= -0.27

rs = Correlation coefficient

*** = Correlation is significant at the 0.005 level (1-tailed)

** = Correlation is significant at the 0.01 level (1-tailed)

* = Correlation significant at the 0.05 level (1-tailed)

Somatic symptoms, anxiety and insomnia, social dysfunction, and depression were all significantly negatively related to task-oriented coping. That is, a high reliance on task-oriented coping was associated with lower levels of all of the aspects of psychological distress measured in the study.

There was a significant positive relationship between emotion-oriented coping and anxiety and insomnia, and between emotion-oriented coping and depression. A high reliance on emotion-oriented coping was related to higher levels of anxiety and insomnia, and higher levels of depression. There was no significant relationship between emotion-oriented coping and somatic symptoms or social dysfunction.

There were no significant relationships between avoidance-oriented coping and any of the aspects of psychological distress measured by the study. That is, a high reliance on avoidance-oriented coping was not related to any increase or decrease in the level of psychological distress reported by the participants.

Interview data

Examples of the three coping styles (task-oriented, emotion-oriented and avoidance-oriented) and their relationship with the specific aspects of psychological distress (somatic symptoms, anxiety and insomnia, social dysfunction and severe depression) were looked for within the interview transcripts. Further, throughout the thematic analysis attention was paid to the role of alcohol use in relation to coping styles, psychological distress and the relationship between coping styles and psychological distress.

Most of the women believed they were incapable of using task-oriented coping styles, either some or all of the time.

Participant 1. *I think 'what am I making a big deal about. Just sit down. Write the things down'. Like jobs that need doing, have a list. The thing is, I think it, on a good day. But, it never happens; I'm just not capable.*

From the interviews conducted and my experience of being with the women it appears that they relied heavily upon emotion-oriented coping. All of the women described feeling anxious or panicky, at least some of the time, when they were faced with a difficult or stressful situation. Further, most of the women reported becoming tense, feeling inadequate and thinking they did not know what to do. The women reported that these emotional reactions were linked to their use of alcohol in two ways; they both caused the women to drink and were more intense if they were drinking heavily.

Participant 1. *It's my fault (I can't cope). I have a love hate relationship with myself. I'm full of guilt. It makes me feel so worthless. That's when I drink. And at first it helps, but then all those feelings come back, only worse.*

The women engaged in a number of avoidance-oriented coping styles. The most prominent of these, which was reported by all of the women, was using alcohol to cope in difficult or stressful situations

Participant 2. *If I feel stressed, that's when I need to drink the most. It*

helps at first. But, really, it's made most of my problems worse.

All of the women experienced anxiety or panic to some degree, and this was related to their use of alcohol. For many of the women they were caught in a circular problem; they used alcohol to reduce their symptoms of psychological distress. However, during their withdrawal from alcohol they experienced further psychological distress, and again used alcohol to reduce this.

Participant 3. *Especially sometimes, you know, I have panic attacks and they're horrible....but when you drink all that goes. But, it doesn't last, the anxiety and panic comes back; soon comes back when you stop drinking.*

Most of the women felt that when they were faced with a difficult or stressful situation they were, at least some of the time, unable to cope effectively, that is, use task-oriented coping styles. They experienced anxiety and a number of women felt they were not able to seek support from their friends or family. In addition, they felt inadequate because of their inability to cope and not know what to do, and they also became tense and upset- all forms of emotion-oriented coping. Therefore, when faced with difficult or stressful situations, most of the women used avoidance-oriented coping. Specifically, all of the women used alcohol to attempt to cope with the situation and block out their feelings of distress arising from the situation.

Discussion

The results of the study suggest that the coping styles used by women who abuse alcohol do affect their experience of psychological distress. Specifically, it would appear that the use of task-oriented coping styles is beneficial, while the use of emotion-oriented coping styles is detrimental to the experience of psychological distress by women who abuse alcohol.

Avoidance-oriented coping was not related to psychological distress in this study. From previous research it would be expected that a high reliance on avoidance-oriented coping would be related to higher levels of psychological distress for women who abuse alcohol. One possible explanation for the absence of a relationship between avoidance-oriented coping and psychological distress in the study is the questionnaire used to measure coping styles. The CISS did not include alcohol use as a form of avoidance-oriented coping. However, from the interviews conducted it would appear that alcohol is often used as a method of coping by women who abuse alcohol.

The analysis of the interview data supported the questionnaire data. In addition, the interview data suggest a specific pattern of engagement in the different coping styles by women who abuse alcohol. Specifically, when faced

with difficult and stressful situations, the women reported that they felt incapable of using task-oriented coping. The women then turned to emotion-oriented coping styles, specifically becoming upset and tense, and feeling inadequate because of their inability to cope, and not knowing what to do. In an attempt to regulate these intense emotional reactions that the women experienced when faced with difficult and stressful situations, the women used alcohol. The use of alcohol can be classified as a form of avoidance-oriented coping.

The results of the study suggest that clinicians working with women who abuse alcohol need to be aware of the relationship between coping styles and psychological distress for these women. Specifically, these women need to be supported in increasing their use of task-oriented coping and reducing their use of emotion-oriented coping. This will aid a reduction in their experience of psychological distress, which may in turn reduce their alcohol use. This finding supports the extensive relapse prevention literature, which emphasises the use of task-oriented coping as the most effective strategy for substance abusers.

Future research which measures avoidance-oriented coping styles in alcohol or substance-abusing populations should consider using a questionnaire that measures the use of alcohol or substances as a form of coping. Further, the interview data obtained in the present study suggested that the consumption of alcohol was frequently used as a method of coping by alcohol abusing women. Therefore, the development of a measure of coping which accounts for the frequency of alcohol consumption as a form of coping, would ensure that reliance on avoidance-oriented coping was not under-represented in this population. Caution is needed when generalising the results of the study due to the small sample size. Therefore, the results of the study should be used to direct future research aiming to validate the findings.

Contact Details

For further information or informal discussion, please contact Dr Claire Ackroyd using the details below:

Dr Claire Ackroyd
Psychological Therapies
College House
Willerby Hill
Beverley Rd
Willerby

claire.ackroyd@humber.nhs.uk

