



Dispositional and situational coping among individuals with alcohol use disorder



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ABSTRACT

Previous research has documented that patients referred for problems related to alcohol use rely primarily on maladaptive coping and are deficient in adaptive coping skills. However, the relation between dispositional and situational coping in these patients is not yet fully understood. Therefore, the first aim of the present study was to assess dispositional and situational coping among individuals with alcohol use disorder compared to matched healthy controls. Furthermore, we aimed at assessing gender differences in dispositional and situational coping among individuals with alcohol use disorder. Fifty-five patients with alcohol use disorder were compared to 55 age, years of education, and gender-matched healthy volunteers. Participants filled out the Coping Orientation to Problem Experiences-New Italian version assessing dispositional coping and the Coping Responses Inventory – Adult Form assessing situational coping. Regarding dispositional coping, patients with alcohol use disorder employed more avoidant coping styles compared to matched healthy controls. No differences between groups emerged on situational coping. With respect to gender differences in dispositional coping, women, regardless of group membership, employed more coping styles aimed at construing a stressful transaction in positive terms and turned to religion more relative to men. With respect to situational coping, women, again regardless of group membership, employed more strategies aimed at construing a stressful transaction in positive terms and more problem-solving strategies compared to men. Results of the present study may assist with treatment planning for alcohol use disorder and lead to the development of treatment programs targeting patients' specific coping difficulties.

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1. Introduction

Alcohol Use Disorder (AUD) is listed in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; American Psychiatric Association [APA], 2013) and is one of the most widespread psychiatric disorders in Western countries (Grant et al., 2004; Hasin, Stinson, Ogburn, & Grant, 2007; Kessler et al., 1994; Pirkola, Poikolainen, & Lönnqvist, 2006; Soyka et al., 2008). The negative long-term consequences of alcohol use are well known (Grant & Dawson, 1997) and include high morbidity, early death, and societal costs (Enoch, 2014; Hasking, Lyvers, & Carlotio, 2011). As life stressors can lead to the

development and maintenance of alcohol-related problems (Moos, Brennan, Fondacaro, & Moos, 1990), the strategies that individuals use to cope with life stressors are important because they may alter the probability of developing alcohol-related problems. Some researchers have proposed that substance abuse can be the result of inadequate coping with life stressors and negative emotions (Franken, Hendriks, Haffmans, & van der Meer, 2001).

Coping is a complex construct that is defined as the cognitive and behavioral efforts made to manage internal and/or external demands that challenge or exceed the person's resources (Lazarus & Folkman, 1984). Coping efforts can change from moment-to-moment across any stages of a stressful event (Folkman & Lazarus, 1985). Individuals may use different coping strategies based on the nature of stressful situations (situational coping; Lazarus & Folkman, 1984); however, they can also develop habitual ways to manage stressors (dispositional coping; Carver & Scheier, 1994). Consequently, coping may be viewed as either a process or as a stable personal characteristic. The latter view means

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that individuals often have a preferred coping style that is applied in different problematic situations (Ptacek, Pierce, & Thompson, 2006), thus influencing the reactions to new stressful situations (Carver & Scheier, 1994). Therefore, assessing dispositional coping means examining what individuals usually do when under stress (Carver & Scheier, 1994), whereas assessing situational coping involves studying which coping strategies are used in a specific stressful episode (Carver & Scheier, 1994).

Coping strategies are usually categorized as adaptive or maladaptive (Carver, Scheier, & Weintraub, 1989). The main goal of adaptive coping is to alter the source of distress (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Merrill & Thomas, 2013) through active means, such as problem solving and planning (Litman, 2006). Avoidance, on the other hand, is the prototypical maladaptive coping strategy. Avoidant coping generally involves efforts to remove oneself from experiencing or thinking about a stressful situation (Carver et al., 1989). Specific types of avoidant coping strategies include behavioral disengagement, cognitive avoidance, denial, and substance use (Litman, 2006). Generally, adaptive coping strategies predict better health outcomes (Penley, Tomaka, & Wiebe, 2002; Suls & Fletcher, 1985), whereas greater reliance on maladaptive coping is associated with negative health and social outcomes (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Carver et al., 1989), such as exacerbation of stress (Littleton, Horsley, John, & Nelson, 2007) and alcohol use (Bonin, McCreary, & Sadava, 2000; Cooper, Russell, Skinner, Frone, & Mudar, 1992; Moos, Brennan, Schutte, & Moos, 2006; Tyssen, Vaglum, Aasland, Gronvold, & Ekeberg, 1998; Woodhead, Cronkite, Moos, Valenstein, & Timko, 2013).

There is substantial evidence to suggest that individuals referred for problems related to alcohol use rely primarily on maladaptive coping and are deficient in adaptive coping skills (Abrams & Niaura, 1987; Franken et al., 2001). Indeed, according to the social learning model of alcohol use and abuse (Abrams & Niaura, 1987), alcohol use may represent a general dysfunctional avoidant mechanism used when other more effective coping strategies are unavailable. In other words, individuals who drink to cope may do it since they do not have in their repertoire more adaptive alternatives (Cooper, Frone, Russell, & Mudar, 1995). Only a few studies have compared styles and coping strategies of individuals reporting problems related to alcohol use compared to healthy individuals (Conte, Plutchik, Picard, Galanter, & Jacoby, 1991; Michels et al., 1999; Moos et al., 1990; Osmany, Ali, Rizvi, Khan, & Gupta, 2014). Furthermore, previous studies of individuals reporting drinking problems have focused exclusively on either dispositional or situational coping.

The few studies that explored dispositional coping in individuals reporting problems related to alcohol use compared to healthy participants evidenced similar results: individuals reporting drinking problems are more inclined to cope primarily by avoiding problems or situations through engaging in tension-reducing activities (such as drinking) and they are more likely to seek help from other people than healthy controls (Conte et al., 1991; Hassan, Mishra, Mahto, & Kumar, 2013; Michels et al., 1999).

In the area of situational coping, Moos et al. (1990) highlighted that a group of individuals aged 55–66 years old who had reported current or past drinking problems were less likely to rely on approach coping and more likely to use maladaptive and dysfunctional coping strategies than healthy controls. Furthermore, regarding coping strategies used in specific stressful situations, older adults reporting drinking problems used more logical analysis and problem-solving strategies and less cognitive avoidance and resigned acceptance strategies when they faced financial and work problems compared to personal illness (or injury) and family and friends stressors (Moos et al., 1990). In contrast with these findings, the study by Chung, Langenbucher, Labouvie, Pandina, and Moos (2001) showed that specific stressful situations did not predict coping responses.

Another important component to be explored in the analysis of individual differences in the coping field concerns gender differences; currently, data regarding gender differences in terms of coping styles and strategies among individuals with problems related to alcohol use are inconsistent. In particular, regarding dispositional coping, Conte et al. (1991) showed that men reporting drinking problems were more likely to engage in problem-solving behaviors to cope with stressful problems or situations than their female counterparts. Furthermore, regarding situational coping, Timko, Finney, and Moos (2005) observed that women with AUD, before receiving treatment for their condition, reported higher levels of avoidant coping and drinking as a coping strategy compared to men; however, at 1 year from the beginning of the treatment, women relied more on approach coping than men did, and at 8 years from the beginning of the treatment women were less prone to drink to reduce their tension compared to men. Only the study by Annis, Sklar, and Moser (1998) did not reveal any difference in coping strategies between men and women reporting problems related to alcohol use.

Literature studies concerning coping styles and strategies in men reporting drinking problems evidenced that they relied less on seeking guidance and support from others when compared with healthy men (Hassan et al., 2013; Moos et al., 1990), with the exception of the study by Osmany et al. (2014), which did not reveal differences between the two groups on coping. The few studies pertaining differences in coping style and strategies between women reporting drinking problems and healthy women evidenced that women reporting drinking problems are more likely to cope by engaging in tension-reducing activities, seeking help from others (Conte et al., 1991), employing less problem-solving and emotion-based coping styles (Michels et al., 1999), and seeking more alternative rewards compared to healthy women (Moos et al., 1990).

Although the association between maladaptive coping and alcohol use has been widely assessed (Annis et al., 1998; Conte et al., 1991; Cooper et al., 1992; Michels et al., 1999; Moos et al., 1990; Osmany et al., 2014), little is known about both dispositional and situational coping in individuals with problems related to alcohol use. Indeed, to the authors' knowledge, no previous studies have simultaneously compared dispositional and situational coping in this population. Given that coping is a process that encompasses both personal and transitory situational factors (Moos & Holahan, 2003), a deep understanding of how coping is related to alcohol use requires an investigation of both dispositional and situational coping. Findings from previous research conducted with university students suggested that the interaction between dispositional and situational coping plays a key role in the prediction of psychological outcomes such as distress (Bouchard, Guillemette, & Landry-Léger, 2004) and alcohol-related problems (Aldridge-Gerry et al., 2011; Carver & Scheier, 1994). Moreover, an in-depth investigation of dispositional and situational coping in individuals with problems related to alcohol use could have relevant implications for treatment planning, as it might help clinicians understanding the way that patients manage specific stressful circumstances and the specific coping factors associated with symptoms remission and relapse (Moos & Holahan, 2003).

In light of these considerations, the first aim of the present study was to assess dispositional and situational coping among individuals with AUD (according to the DSM-5 diagnostic criteria) and matched healthy controls. In agreement with previous studies (Conte et al., 1991; Hassan et al., 2013; Michels et al., 1999; Moos et al., 1990), we hypothesized that individuals with AUD would report employing more avoidant styles (dispositional coping) and strategies (situational coping) compared to healthy controls. Moreover, due to the scarce and inconsistent findings regarding gender differences in coping among individuals reporting drinking problems, the second aim of the present study was to evaluate gender differences in both dispositional and situational coping. As comparable gender differences in coping may hold among

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