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Stress Coping of Patients with Substance use Disorder in Latvia

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Abstract

Stress is a part of our everyday life and it plays an important role in causing various diseases. Studies related to aetiology of using pshyhoactive substances have shown that stress is one of strongest factor that provokes the use of addictive substances which emphasizes necessity of research about stress coping types for patients with addiction. Purpose of study is to examine stress coping among patients with substance use disorders in Latvia. 2 research tools were used: a demographic questionnaire and "The Ways of coping scale" (Folkman & Lazarus, 1985). The results show that women use emotion-oriented stress coping. For women who have completed treatment, more specific ways of stress coping are accepting responsibility, escape-avoidance and positive reappraisal. Among men, the dominant stress coping strategy is problem-oriented stress coping. Male patients who have completed treatment use more accepting responsibility and planful problem solving.

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1. Introduction

Stress is a part of our everyday life and it plays an important role in causing various diseases. Many studies have shown a connection between stress and origins of different addictions. Numerous researches are based on Lazarus et al. stress coping typology that divides stress coping into problem-oriented (focused on problem's altering or removing) and on emotion-oriented (focused on managing affective states associated with or resulting from the problem). Studies related to aetiology of using pshyhoactive substances have shown that stress is one of strongest

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factor that provokes the use of addictive substances which emphasizes necessity of research about stress coping types for patients with addiction. Effective stress coping skills are used to overcome different life stresses with the intention to sustain and maintain ones physical and psychosocial well-being. (Wagner, Myers and Melninch, 1999)

2. Problem statement

Stress coping ways relate to an individual's cognitive-affective strategy framework and it is a way how individual operate by its own physical, psychological and behavioral responses to stress (Weinstei, Brown and Ryan, 2009).

There are two essential function of coping – problem focused and emotion focused or either approach or avoidance type strategies. Several researchers have reported approach coping as involving and effort directed toward the stressful event which comprises direct action to work through stressful event for cognitive re-appraisal and acceptance (Roth and Cohen , 1986) .

This rational way of coping so to say action based and problem solving strategy is considered as adaptive coping, though avoidant coping is not. Emotional coping and avoidance is described as maladaptive or defensive, which involve psychological and/or behavioral ignoring, escaping and distortion (Elklit, 1996) .

Emotion-oriented coping is defined as individual's efforts aimed at reducing stress through emotional responses, for example, blaming oneself. Avoidance-oriented coping refers to activities and cognitive strategies used to avoid stressful situations, for example, distracting oneself by doing other tasks. Both emotion- and avoidance-oriented coping draw attention away from the stressor and hence are also referred to as disengagement coping strategies (Dashora, Erdem and Slesnick, 2011).

Several researchers showed that persons who commonly use problem focused stress coping strategy are less chance to develop substance abuse problems or they have more chance to overcome these problems. It should be noted that coping through substance use is regarded us as limited in effectiveness, as repeated use of substances is detrimental to physical and psychosocial well-being (Wills and Hirkly, 1996). Based on research carried out, a person could use alcohol or drugs as an avoidance strategy for trying to reduce stress, depression or anxiety (Forys, McKellar and Moos, 2007).

3. Purpose of Study

To examine stress coping among patients with substance use disorders in Latvia.

4. Methods

2 research tools were used: a demographic questionnaire developed by the study authors and "The Ways of Coping scale" (Folkman & Lazarus, 1985). Cronbach's alfa for The Ways of Coping Questionnaire was 0.90 which means that the survey is consistent. Data were processed using ANOVA in SPSS program.

5. Results

The study was performed in all Latvia's institutions that realize the "28 days program" (Minnesota model). In the research 108 SUD patients were asked to complete questionnaires. Participants were aged from 17 to 67; M = 41.03; SD = 11.80; males – 61.8%; females – 38.2%.

There was found that 16.8% of patients have primary education, secondary education - 34.6% of patients, professional secondary education - 38.6% and 10% of patients have higher education. Only 29.7% of patients are employed, whereas others 70.3% – are unemployed. Successfully completed treatment 69.4% of involved SUD patients, there was dropouts - 25%. There was found that 5.6% of questionnaires were incomplete.

Results of the Ways of Coping investigation are shown in the Table 1.

Table 1. Mean values of the Ways of Coping Questionnaire of SUD patients completers.

Scale	Female (n=29)		Male (n=41)		
	M	SD	M	SD	P
Confrontive Coping	1.53	0.45	1.52	0.54	0.909
Seeking Social Support	1.67	0.66	1.57	0.61	0.536
Planful Problem Solving	1.82	0.51	1.74	0.63	0.569
Distancing	1.67	0.46	1.27	0.59	0.004
Self-Controlling	1.83	0.41	1.63	0.45	0.059
Accepting Responsibility	2,20	0.59	1,97	0.59	0.160
Escape-Avoidance	1.89	0.36	1.46	0.53	0.001
Positive Reappraisal	1.85	0.47	1.48	0.59	0.007
Problem-oriented Stress Coping	1.67	0.41	1.61	0.45	0.593
Emotion-oriented Stress Coping	1.87	0.29	1.56	0.42	0.001

Statistically significant differences are in the mean group values of coping strategies in the sample are: for female – problem-oriented coping is 1.67 with SD 0.41 and emotion-oriented coping is 1.87 with SD 0.29 (min= 0; max= 3); for male- – problem-oriented coping is 1.61 with SD 0.45 and emotion-oriented coping is 1.56 with SD 0.42. The data show that there is a tendency that woman more use the emotion-oriented stress coping and problem-oriented stress coping is more common for men.

In the group of women the leading stress coping include the accepting responsibility 2.20 with SD 0.59, the escape avoidance 1.89 with SD 0.36 and the positive reappraisal 1.85 with 0.47. Men more frequently use such ways of coping as accepting responsibility 1.97 with SD 0.59, planful problem solving 1.74 with SD 0.63 and the self controlling 1.63 with SD 0.45.

Our results shows that there is statistically significant differences in the use of such ways of coping as distancing ($P<0.05$) Escape-Avoidance ($p<0.05$) as well as on emotion-oriented stress coping ($p<0.05$).

Table 2. Mean values of the Ways of Coping Questionnaire of SUD patients with dropout from Minnesota program.

Scale	Female (n=11)		Male (n=20)		
	M	SD	M	SD	P
Confrontive Coping	1.50	0.24	1.40	0.60	0.623
Seeking Social Support	1.74	0.50	1.67	0.56	0.747
Planful Problem Solving	1.59	0.50	1.52	0.67	0.795
Distancing	1.51	0.32	1.36	0.45	0.381
Self-Controlling	1.46	0.33	1.60	0.41	0.350
Accepting Responsibility	2,04	0.51	2,06	0.47	0.910
Escape-Avoidance	1.70	0.38	1.70	0.51	0.927
Positive Reappraisal	1.64	0.68	1.40	0.43	0.283
Problem-oriented Stress Coping	1.61	0.28	1.53	0.51	0.658
Emotion-oriented Stress Coping	1.67	0.31	1.29	0.42	0.640

Assessment of the data regarding ways of coping for female patients with dropout from Minnesota program indicates that the mean values of coping scales lie within M=1.46 (SD 0.33) - M=2.04 (SD 0.51) interval. They are higher in the following scales - accepting responsibility 2.04 with SD 0.51, seeking social support 1.74 with SD 0.50 and escape-avoidance 1.70 with SD 0.38.

The mean values of coping scales for men show the highest values statistical indicators are characteristic to equivalent scales- accepting responsibility 2.06 with SD 0.47, escape-avoidance 1.70 with SD 0.51 and seeking social support 1.67 with SD 0.56.

Table 3. Mean values of the Ways of Coping Questionnaire for control group.

Scale	Female		Male		
	M	SD	M	SD	P
Confrontive Coping	1.35	0.46	1.10	0.42	0.023
Seeking Social Support	1.76	0.70	1.38	0.64	0.026
Planful Problem Solving	1.83	0.46	1.62	0.53	0.293
Distancing	1.32	0.38	1.42	0.56	0.359
Self-Controlling	1.69	0.82	1.71	0.53	0.869
Accepting Responsibility	1,80	0.47	1,40	0.53	0.001
Escape-Avoidance	1.35	0.48	1.13	0.52	0.069
Positive Reappraisal	1.83	0.46	1.62	0.53	0.086
Problem-oriented Stress Coping	1.65	0.42	1.40	0.45	0.017
Emotion-oriented Stress Coping	1.60	0.27	1.45	0.38	0.068

Comparing the data of patients who completed the treatment with the data of the control group the following results were obtained – females are more using the emotion-oriented stress coping 1.87 (SD 0.29) in comparison with the control group 1.60 (SD 0.27). Female patients more frequently use confrontive coping -1.53 (SD 0.45), distancing 1.67 (SD 0.66), self controlling 1.83 (SD 0.41), accepting responsibility 2.20 (SD 0.59), escape- avoidance 1.89 (SD 0.36). Besides, the greatest difference between the mean results is found in escape-avoidance and distancing.

Evaluating the results of a sample of men (patients who completed the treatment) with the data of the control group, scores are as follows - patients men use more confrontive coping 1.52 (SD 0.54), seeking social support 1.57 (SD 0.61), planful problem solving 1.74 (SD 0.63), self controlling 1.63 (SD 0.45), accepting responsibility 1.97 (SD 0.59,) escape- avoidance 1.46 (SD 0.53). The largest average difference of ways of coping with stress in comparison with the control group is accepting responsibility, confrontive coping and escape-avoidance.

Comparing the results for coping with stress in patients who have given up the treatment with the control group following results was obtained: Women greatest differences are observed in escape-avoidance 1.70 (SD 0.38) and accepting responsibility 2.04 (0.51). In the sample of men, compared with the control are used accepting responsibility 2.06 (SD 0.47) and escape-avoidance 1.70 (SD 0.51), were the average of differences are the largest.

There are statistically significant differences in ways of coping strategies in control group. It refers to confronting coping (p=0.023), seeking social support (p=0.026), accepting responsibility (p=0.001) also individuals in control group have more on problem-oriented stress coping (p=0.017).

Table 4. Mean values of the Ways of Coping Questionnaire of SUD patients –dropouts vs. completers of the Minnesota program.

Scale	Dropouts n=27 (M±SD)	Completers n=75 (M±SD)	P value
Confrontive Coping	1,44 ± 0,49	1,52 ± 0,50	0,468
Seeking Social Support	1,69 ± 0,53	1,61 ± 0,62	0,511
Planful Problem Solving	1,56 ± 0,60	1,76 ± 0,59	0,150
Distancing	1,41 ± 0,41	1,44 ± 0,56	0,375
Self-Controlling	1,55 ± 0,37	1,70 ± 0,47	0,116
Accepting Responsibility	2,04 ± 0,48	2,02 ± 0,60	0,883
Escape-Avoidance	1,66 ± 0,45	1,62 ± 0,53	0,690
Positive Reappraisal	1,50 ± 0,54	1,62 ± 0,57	0,346
Problem-oriented Stress Coping	1,56 ± 0,43	1,63 ± 0,44	0,508
Emotion-oriented Stress Coping	1,63 ± 0,30	1,68 ± 0,42	0,532

Evaluating the results of the sample concerning the ways of stress coping of patients who completed with those of dropouts of therapy it is possible to observe the following - patients who discontinue treatment are more specific, such types of stress coping as seeking social support 1.69 (SD 0.53), accepting responsibility 2.04. (SD 0.48) un escape-avoidance 1.66 (0.45). The largest average of difference between patients who discontinue treatment and who have completed their treatment, inherent are such stress coping ways – confrontive coping (dropouts) 1.44 (SD 0.49), planful problem solving (dropouts) 1.56 (SD 0.60) and self controlling (dropouts) 1.55 (SD 0.37).

6. Discusion

In assessment sex differences in the results of stress coping it should be noted the following trends: women who have completed treatment / or dropouts use emotion-oriented stress coping. For women who have completed treatment, more specific ways of stress coping are accepting responsibility, escape-avoidance and positive reappraisal, While women who dropout the treatment dominate accepting responsibility, seeking social support and escape-avoidance. These results indicate that both groups of women dominating stress coping strategy is relatively similar, except that the stress coping way - accepting responsibility is more used in female-group of patients who have completed treatment, but those who have dropped -seeking social support.

Among men, the dominant stress coping strategy is problem-oriented stress coping. Male patients who have completed treatment use more accepting responsibility and planful problem solving. While male-patients who are discontinued treatment, employ more such ways of stress coping as accepting responsibility, escape-avoidance, seeking social support. These ways of stress coping are more typical in both sexes. To sum the results of the comparative study a sample with the control group results can be observed that women (who have completed treatment) more than the control women use escape-avoidance and distancing. This correspond with the results of others researchers (Forys, McKellar and Moos, 2007).

For men more specific are - accepting responsibility, confrontive coping and escape-avoidance, compared with the control group. Patients who discontinued the treatment were obtained following comparative results with the control group both sexes patients more than the control group characteristic stress coping way are escape-avoidance and accepting responsibility. These results correspond with other researcher's data about women coping strategies in population (Skues & Kirkby, 1995).

Some authors have found that women tended to be more active and problem focused than men in their coping during the war crisis whereas, men compared to women, reported more emocional focused coping. This pattern of gender differnecies was reversed for coping with daily stresors aftert the war.

It should be noted that our results doesn't shows statistically significant gender differences in coping style use. Some researchers has shown that gender differences in the use of coping strategies may be decreasing and becoming less consistent over the past years, and this may parallel social changes in gender roles. (Mslie, Fuhrer, Hunt, Macintyre, Shipley & Stansfeld, 2002).

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