

## CHANGING WAYS OF COPING WITH STRESS IN ECOSYSTEMIC THERAPY OF ADDICTIONS

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**ABSTRACT. Background:** The goal of this study is to examine if ways of coping with stress are changing and in which way during intensive ecosystemic therapy for addictions (alcoholism and pathological gambling). **Objectives:** We were interested in determining if there is a difference between patients and treatment associates, i.e. possible changes in the coping mechanisms, as well as if being aware of the consequences affects the way of coping with stress. **Method:** During the intensive stage of ecosystemic therapy for addiction there was a sample taken consisting of 101 respondents. Therapy was conducted in the “Day- time hospital” for addiction treatment in Institute of Mental health, Belgrade. At the beginning and as well as at the end of the process respondents completed a WOC questionnaire (Lazarus & Folkman); and also after 8 weeks, at the end of the intensive phase of therapy (test and re-test methods). **Results and conclusion:** Results showed two specific factors which affected reaction to stress: functional and dysfunctional, as well as the ways of coping with stress that changed between the two measurements in such way that functional patterns of reaction to stress increased, whilst dysfunctional decreased, and social consequences stood out as change factor. Addictions represent one of the largest sources of dysfunctionality for individuals, families and society as a whole.

**Keywords:** ecosystemic therapy, alcoholism, pathological gambling, coping

**RESUMEN. Introducción:** La meta de este estudio es examinar si las formas de afrontamiento del estrés están cambiando y como durante una intensiva terapia familiar ecosistémica especializada para el tratamiento de las adicciones (alcoholismo y juego patológico). **El objetivo:** Nos interesaba determinar si hay diferencia entre el paciente identificado y sus familiares, es decir, si hay cambios de mecanismos del afrontamiento, también si la conciencia de las consecuencias afecta cambios de las formas de afrontamiento del estrés. **Método:** La muestra tomada durante esta fase intensiva de la terapia familiar ecosistémica de las adicciones estuvo compuesta por 101 respondientes. La terapia tuvo lugar en hospital de día para el tratamiento de adicciones del Instituto de Salud Mental en Belgrado. Los respondientes contestaron al cuestionario (WOC, Lazarus y Folkman) al principio, tanto como 8 semanas después - al final de la fase intensiva de la terapia (método del test - retest). **Resultados y conclusiones:** Los resultados

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mostraron que hay dos factores específicos de reaccionar ante el estrés: funcional y disfuncional, mostraron también que los mecanismos de afrontamiento del estrés cambiaron de tal forma que los patrones funcional del reaccionar ante el estrés incrementaron, mientras que los disfuncional decrementaron, por lo cual las consecuencias sociales se destacaron como el factor principal del cambio. Adicciones representan unas de las fuentes principales de disfuncionalidad individual, familiar y de sociedad entera.

*Palabras clave:* terapia familiar ecosistémica; alcoholismo; juegos patológicos; cambios; afrontamiento

### Introduction

Originally, term coping was recognized as personality trait, a stable one through time, but also as source of individual differences in the manner of dealing with disturbing developments. According to Eckenrode (1991), the definition of the term coping, supposes a manner that incorporates flexible and variable responses to stressful events in everyday life.

In fact, coping is a process that occurs under circumstances where a person activates all of its potentials within the cognitive assessment of a given event, potential reaction to it, and variety of personal and social resources, especially efforts actively invested in order to overcome a stressful situation. As Lazarus (1996) emphasizes – the nature of the process is cyclical and cumulative and involves the interplay of all elements. Stress is a process that is caused by a continuous interaction - relation of the individual and the environment, along with the fact that the experience of stress performs recurrent impact on the person and the environment.

Stress, as a part of everyday life, plays significant role in causing various diseases and is one of the most important factors that provokes the consumption of addictive substances. Therefore, the need to explore the ways of coping with stress, especially in people with a problem of any form of addiction, is getting bigger (Sudraba et al., 2014).

### The ESTA program

The ESTA program is a product of integration of the contemporary principles of treatment and family therapy, based on ecology and communication theory. It is related to the biopsychosocial model of Engle (Bošković, 1998). The creator of ESTA (ecosystemic therapy addictions) treatment program, Gačić (1996), gives absolute priority to ecological approach, because it explains the complexity of the behaviour and attitudes of the overall functioning of the family system and any system where so called identified patient - holder of the symptoms exist, meaning, the entire process that accompanies drug addiction treatment. The program involves activation of a network - the wider family and the social networks. A social network is a system of support for the treatment and its inclusion enables building a new community that is focused on life without alcohol/pathological gambling (Deh and Boskovic-Djukic, 2012a; Deh, 2012b). The process of intensive phase ESTA, consists of four key points, which are usually carried out in intervals of two weeks: *Informative presentation*, *Exam*, *The Grand presentation* and *Summary*

As the ways to cope with stress, according to Lazarus (1996) are relationship between the individual and the environment that are in constant dynamics, i.e., process, it is indicative to follow process of coping mechanism in two key therapeutic points, i.e. response to therapy as stress, and even more precise - to determine whether there are any changes and what this changes are, using two key therapeutic points (the beginning and

end of the intensive phase of treatment) that both patients and co-patients experienced as highly stressful.

**Hypothesis 1:** We assume that there are two objects of measurement - functional and dysfunctional stress response.

**Hypothesis 2:** There will be changes in the ways of coping with stress between two test situations, that will cause functional ways of reacting to stress grow, and dysfunctional decline in the context of ecosystemic treatment of addiction.

**Hypothesis 3:** The consequences of substance abuse will affect the way of coping with stress, by making the functional responses to stress grow, and dysfunctional decline.

## Methods

### *Participants*

The survey was conducted on a sample of 101 respondents, who were subjected to the ecosystemic program treatment of addiction (alcoholism and pathological gambling), in the daily hospital for addiction in the Institute for Mental Health in Belgrade and successfully completed the intensive phase of the treatment. The sample was divided into patients (47) and collaborators in the treatment (co-patients - 54). The study included 61 men and 40 females age between 19-75 years (mean = 41.2).

### *Design*

The survey was conducted in the Daily hospital for addiction in the Institute for Mental Health in Belgrade.

### *Procedure*

WOC (*Ways of Coping*) test was given in the group in the period between February 2012 and August 2013. The test and re-test were conducted in the interval of 6-8 weeks, in the context of performing the intensive phase of eco-systemic group therapy of addiction. The respondents were given the instruction to answer the assertions in context of the specific stress situation, and those were the first therapeutic point (test) and the last therapeutic point (re-test).

### *Instruments*

- *Information about the sex, marital status, type of addiction, group affiliation, are obtained from the hospital files of the patients and hospital files of their cooperators, during the treatment process.*

*The cognition of the consequences of the addiction - the behavior of the addict, reported by the patients and co-patients, does not exist at the time of inclusion in the therapy, but is included in the analysis, by the end of the treatment - the re-test.*

The consequences are related to psychological, physical, family and social functioning and are explicitly cited in the hospital files

WOC (Folkman and Lazarus, 2011) was used to assess the ways of coping with stress. It consists of 66 assertions, which are grouped into 8 scales, measured by a four-point Likert type scale.

From the statistical analysis, necessary for data processing, descriptive statistics, two factor analysis of variance, hierarchical linear regression, were performed.

## Results

*The first hypothesis, that there are two levels of response to the stress which we named as functional and dysfunctional level, is confirmed and it clearly defines the*

responses to stress, i.e. which are the functional ways of facing stress in order to achieve the desired (therapy demanded) changes, and which are dysfunctional ones. We will add that the confirmation of this hypothesis is a contribution by its self, since it points towards clearly distinctive meaning and significance of certain coping mechanisms among the respondents and in terms of selection of the answers they gave.

*The second hypothesis*, that there will be changes in the ways of coping with stress between two of the test situation by making the functional patterns grow, while the dysfunctional decline, is also confirmed, which was contributed primarily by the passage of time. Since we didn't measure the therapeutic effects in this study, we can't claim that the therapeutic process contributed to the change, but in relation to the fact the time filled with a certain context, which is in accordance with Lazarus' theory of stress and coping (that stress is a continuous relationship between the individual and environment), as well as by the principle of circularity, we can still assume that the therapy had contributed to the changes.

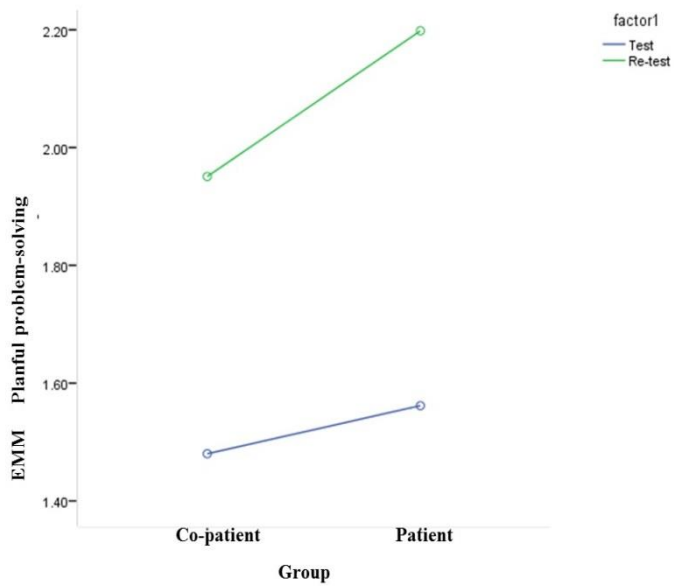
Table 1 shows the results of factor analysis, with the factorial analysis of the scale, the test and re-test, set aside two identical factors. Due to their structure, we can say that all functional mechanisms of coping with stress grouped into one, and all dysfunctional in another factor (based on what we named the resulting factors) which confirmed our Hypothesis No. 1.

Table 1

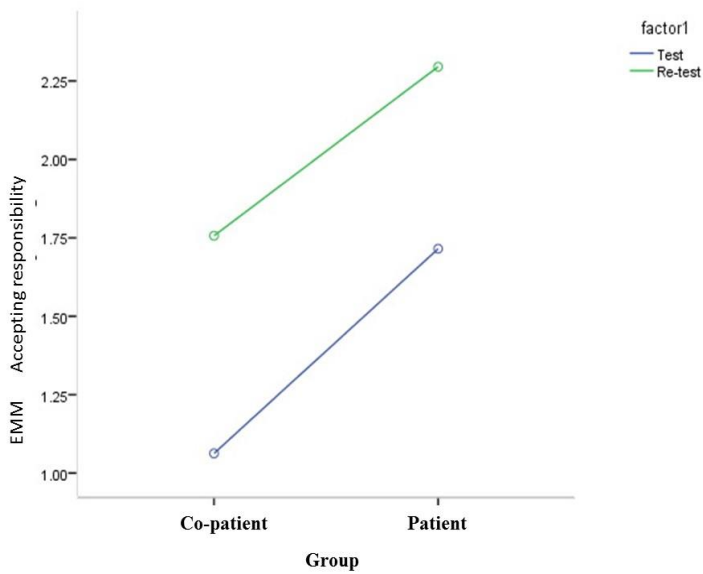
*Matrix assembly extracted factors on test and re-test*

	TEST		RE-TEST	
	1.Functional	2. Dysfunctional	1.Functional	2. Dysfunctional
Planful problem-solving	0.86		0.79	
Positive reappraisal	0.88		0.81	
Seeking social support	0.81		0.81	
Accepting responsibility	0.71	0.41	0.79	
Distancing		0.90		0.85
Escape-Avoidance		0.85		0.96

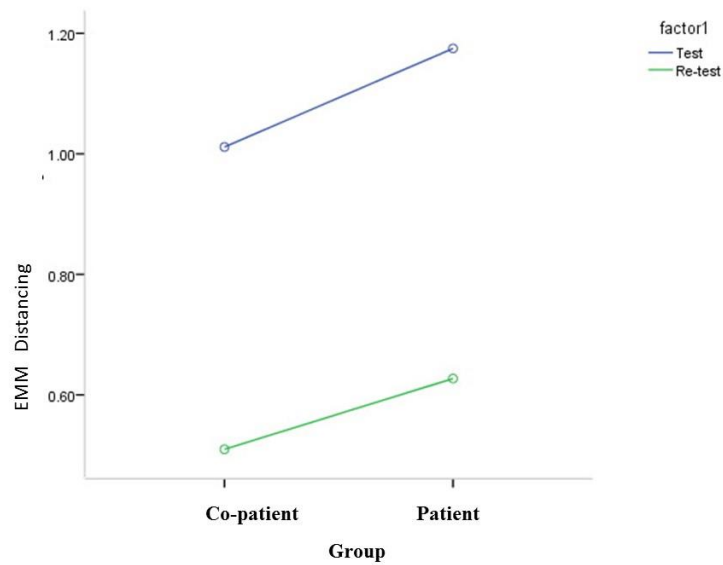
Hypothesis No. 2 is confirmed to a large extent - the results show that there has been a change in the behaviour of subjects during the passage of time between test and re-test, which belongs to the theoretical setting of stress, coping and WOC questionnaire, according to the Folkman and Lazarus (2011); and the attitude of the subjects has changed towards certain segments of treatment - as studied stress situations. (Differences between patients and co-patients significantly different only in scale of Seeking social support). Graphs 1-4:



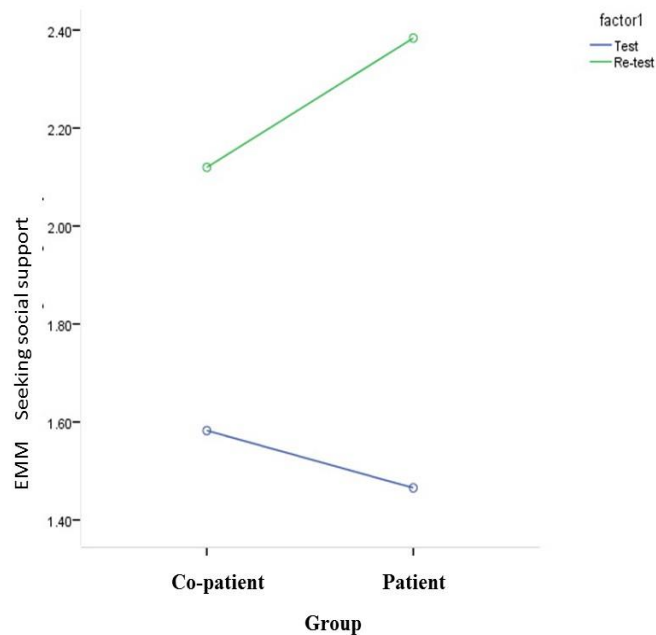
Graph 1. EMM Planful problem-solving.



Graph 2. EMM Accepting responsibility.



Graph 3. EMM Distancing.



Graph 4. Seeking social support.

Social consequences variable is a mediator of activity of the group, as shown in Table 2. The consequences variable were subject of consideration was in the middle of the intensive phase, and the respondents, in therapeutic final point (re-test) were asked to explicitly specify (enumerate) them by type. Hypothesis 3 - was partially confirmed, so as to isolate only the social consequences.

Table 2

*Beta ponders and zero-order correlation coefficients for the prediction of functional responses to stress*

	Functional stress answers		
	$\beta_1$	$\beta_2$	$r_0$
Age	0.165	0.148	0.023
Sex	0.177	0.23	0.012
Category of addiction	-0.039	-0.009	-0.102
Group	0.295*	0.23	0.149
Functional responses	0.453**	0.462**	0.476
Dysfunctional responses	-0.001	-0.008	-0.082
Physical consequences		0.058	0.183
Psychological consequences		-0.11	0.13
Family consequences		-0.108	0.077
Social consequences		0.388**	0.242
Professional. consequences		-0.011	0.101
Financial consequences		-0.115	-0.11

By reviewing of the available studies, emphasis of four (functional/adaptive) factors was observed, and it was found that they positively correlate with themselves and by achieving competence and efficiency of treatment in terms of achieved/maintained abstinence (Chodkiewicz and Gruszczyńska, 2013; Radafshar, Zarrabi and Jalayer, 2012). Our research builds on previous ones, which showed that there is certain success in the existence of the positive correlation of the test and re-test in adaptive coping mechanisms.

In the division established by Radafshar et al., (2012) and Mirabzadeh, Eftekhari, Forouzan, Sajadi and Rafiee (2013), who were also using WOC questionnaire, divided scales in relation to the division on active/focused on the problem; and evasive/focused on emotions. Identical scales we defined as a functional response to stress; belong to the active.

In a study conducted by Danhauer, Crawford, Farmer and Avis (2009), functional patterns grow, while the dysfunctional decrease over time, as well.

Sudraba et al. (2014) study showed that among the respondents who have completed the treatment, most commonly used functional copings, which also corresponds with our results on the functional form of answer to stress.

Seeking social support, as well as other scales included in functional coping, proved to be the most common positive coping mechanisms in the studies of Chesney, Neilands, Chambers, Taylor and Folkman (2006); Mirabzadeh et al. (2013); Krishnan and Orford (2002) and McCabe, Stokes and McDonald (2009) studies have shown an increase in seeking social support, as the most important coping mechanism both in the test and in the re-test, as well as an increase in the re-test relative to the test.

We emphasize that the respondents gave answers based on subjective self-assessment, i.e. the respondents were measuring their subjective experience, which for researchers and the studies, in a certain way, is uncovered territory.

### Discussion

Sources of stress bring change, and the source of change provides the basis for a change of ways of dealing with stress, therefore, seeking social support becomes or increases coping and it influences the change in other coping (Puhl and Brownell, 2003).

The process that takes place between the Informative presentation and the Summary, the two principles, "here and now" and the process between them is therapeutically designed in order to successfully complete the intensive phase of addiction diseases and implies that the crisis is overcome, the abstinence held, and that resistances are broken, that the participants gained insight and made changes, as a way of coping with stress.

The key therapeutic points, the first - Informative presentation at the beginning of the therapy, and the other - Summary, at the end of the therapy, are the basis of our research of coping styles and their changes, and have included the therapeutic process itself, as potential factor of change; potential, since it was not our research task and we didn't measure the effects of the therapy. This is corroborated by the fact that the presence in the Daily Hospital, i.e. the participation in therapy, changes the everyday life of the participants, and it unavoidably changes the family rituals, which too is a stress that mediates changes.

Alcoholism and pathological gambling are sources of stress that were overcome by certain coping mechanisms. The passage of time is a factor of change, which, in the process of coping with stress and stressful situations, is also important, especially as this factor had occurred under the influence of the therapeutic context.

The results pointed to great similarities with other studies and opened the possibility for the coping mechanisms to be further explored from the perspective of functionality and adaptive changes that could be provided, under certain influence. We could conclude that seemingly simple protocol, had pointed out the complexity of the topics, as well as the studies, and has demonstrated the justification of hypotheses, but also brought the basis for new assumptions, which we hope, in the future, in some new studies, will be clarified.

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