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Coping styles to "obsession for drinking" (*cravings*) for alcoholics in recovering process

Reyna Alma Gutiérrez Reynaga,[1] María Elena Medina-Mora Icaza,[2] Alberto Jiménez Tapia,[1] Leticia Casanova Rodas,[1] Guillermina Natera Rey[1]

Original article

ABSTRACT

Background

Although the concept of cravings is controversial in alcoholism research, it is known that if an alcoholic can talk about the event using their own words, the probability of successful coping and relapse prevention is greater. However, little is known about such coping, and even less so when it is articulated from the drinker's perspective.

Objective

To understand the coping mechanisms used to deal with cravings, identified using the language of Alcoholics Anonymous (AA) members themselves.

Method

The sample consisted of 192 individuals who participated in AA meetings for an average of ten years (SD=7.5). An empirical instrument was developed to measure coping (Kr=.86) and a two-phase conglomerate analysis was used to create categories to develop profiles.

Results

The analysis showed five coping profiles, suggesting that AA members cope with the event as follows: 1. evading but looking for a direct solution (evasive-active conglomerate), 2. evading but retracting (evasive-passive conglomerate), 3. getting upset and doing nothing (emotional-passive conglomerate), 4. remembering and comparing their past life (revalorative conglomerate), and 5. denying (denial conglomerate).

Discussion and conclusion

Although the data is preliminary, it offers the opportunity to expand and specify how certain alcoholics solve a complex problem like cravings. The information concurs with the literature in the sense that this grouping of responses assumes efforts that may or may not be effective for the recovery process, for example, to prevent relapses in alcoholics who attend AA groups, so it raises an important research perspective.

Key words: Coping, cravings, urge, mental obsession with drinking, Alcoholics Anonymous (AA).

RESUMEN

Antecedentes

En el alcoholismo, el tema del *craving* es un asunto controvertido. Sin embargo, se sabe que, si un alcohólico puede hablar del suceso en sus propios términos, aumenta la probabilidad de lograr un afrontamiento exitoso y evitar una recaída. No obstante, se conoce muy poco acerca de dicho afrontamiento y aún menos cuando se alude a él con términos propios del bebedor.

Objetivo

Conocer el afrontamiento de la "obsesión mental por beber", expresión que suelen utilizar los miembros de Alcohólicos Anónimos (AA) para hablar de las reacciones características del *craving*.

Método

La muestra incluyó a 192 individuos que habían participado en AA durante 10 años en promedio (DE=7.5 años). Se aplicó un instrumento empírico para medir el afrontamiento (K_r=.86). Se utilizó un conglomerado de dos fases para establecer perfiles.

Resultados

El análisis encontró cinco estilos de afrontamiento: 1. evadir situaciones inductoras al tiempo que se busca una solución (evasivo-activo); 2. evadir retrayéndose (evasivo-pasivo); 3. mostrar sentimientos de enojo y no hacer nada (emocional-pasivo); 4. recordar y comparar la vida pasada como alcohólicos activos (revalorativo) y 5. negar cualquier afrontamiento (negador).

Discusión y conclusión

Los datos son preliminares, pero ofrecen la oportunidad de ampliar y especificar la forma en que ciertos alcohólicos de nuestro país solucionan un problema tan complejo como es el *craving*. El agrupamiento de respuestas supone esfuerzos o estilos de afrontar que pueden resultar o no efectivos para lograr una recuperación –por ejemplo, prevenir las recaídas en las personas que asisten a los grupos de AA–, por lo que plantea una importante perspectiva de investigación.

Palabras clave: Afrontamiento, *craving*, obsesión mental por beber, Alcohólicos Anónimos (AA).

[1] Department of Epidemiological and Psychosocial Research. Ramón de la Fuente Muñiz National Institute of Psychiatry (INPRFM).
[2] General management of INPRFM.

Correspondence: Dra. Reyna Alma Gutiérrez Reynaga. Department of Epidemiological and Psychosocial Research. Ramón de la Fuente Muñiz National Institute of Psychiatry. Calz. México-Xochimilco 101, San Lorenzo Huipulco, Tlalpan, 14370, Mexico City. Tel: 4160 - 5180. E-mail: gutrey@imp.edu.mx

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BACKGROUND

It is quite well known that the cognitive-behavioral psychological focus is one of the most effective approaches for treating alcoholism.[1,2] Among its notable contributions is the identification of various risk situations that potentially predict relapses.[3] One such situation involves an experience described as an emotional-motivational state of appetite impulse, which is characterized by evoking memories of the euphoric effects of alcohol or of the discomfort caused by abstinence after months or years of not drinking,[4-7] known as *cravings*.[4] However, this experience has had a controversial history.[4,8,9] In an international context, research into *cravings* is quite recent and researchers are still trying to develop a common definition of the term, understand its exact nature, obtain a suitable measurement, and refine its association with relapse.[9,10]

In spite of this, it is recognized that *cravings* are an important part of the addiction process and that they can be understood as the event directly responsible for the continuous search for the substance and the compulsion for using (inability to stop drinking after starting and having no control over the amount consumed).[6,7] These are key symptoms that can contribute to the development and continuation of alcoholism.[4,6,7] However, the precise definition of what they are and how they can be measured is a complex and as-yet-unresolved issue.[9,10] The interpretation or judgment used by the alcoholic to describe the severity of their appetite for alcohol is usually used to evaluate the impulse to drink, or *cravings*,[11] but this gives differences in interpretation and research results with distinct predictive values.[12]

Furthermore, it is quite frequent for *cravings* to be denied or not recognized, which makes it more difficult to validate them.[13] However, their existence, whether with greater or lesser intensity, is undeniable in the majority of individuals with high levels of dependency,[10] which is usually typical of Alcoholics Anonymous (AA) members.[14] Due to the difficulty in identifying them, some researchers emphasize the importance of considering the words with which drinkers themselves recognize *cravings*.[11] It is argued that a good description of the internal states related to consumption, defined using the alcoholic's own words, could provide valuable information about the state of the *cravings* and indicate to what extent the individual is capable of recognizing and monitoring them to increase the possibility of using a successful coping strategy and thereby avoid relapse.[11] The relevance of efforts to evaluate them stems from this.

It is often accepted that successfully confronting high-risk relapse situations is important for the process of change in addictions,[1] as well as being one of the mechanisms that aids attendance at AA meetings.[15-17]

A central element of AA is reinforcing abstinence through "helping others to recover from alcoholism".[18] Testimonies in meetings and sponsoring are key mechanisms of this help through which recovery behaviors are learnt and modeled.[19] Moss[17] suggests that this process can include elements which encourage behaviors that serve as an example to reject consumption in risk situations, and especially practical advice on how to cope with *cravings*. However, from members' experience, the type of coping strategy required for such an event is not clear.

Based on the above, the aim of this paper is to identify coping strategies for "mental obsession with drinking". This is an expression usually used by AA members[20] to refer to the physical and emotional reactions (discomfort/agitation or the appearance of symptoms of abstinence upon exposure to consumption situations after months or years of not drinking) which are characteristic of *cravings*, in a sample of alcoholics from Mexico City who attend AA meetings to seek help.

METHOD

Participants

The sample was made up of 192 alcoholics who attended traditional AA groups for 90 minutes at the time of the study (time dedicated to recovery). The selection was non-probabilistic and included members who agreed to participate in the study voluntarily and anonymously after having attended meetings for at least three months, which is the estimated time for assimilation into the program.[2,21] Of these, 87% were men and 13% were women, with an average age of 41.7 years (SD=10.6 years); the subjects had an average of 10.1 years (SD=7.5 years) participating in AA.

Instrument

An instrument prepared *ex profeso* was used to measure the "mental obsession with drinking", the content of which is based on information from a series of open interviews carried out on a group of AA members in a previous study.[20] The interview consisted of asking about thoughts and actions when the "fixed and tormenting idea of alcohol or mental obsession with drinking" (potential *craving*) appeared. Some 45 dichotomous questions were constructed from this information, which had good internal reliability (K_r=.86).[22]

Procedure

The sample framework was AA groups in the Federal District; Mexico Section, Southern Area. The primary unit of selection was the groups, and then the participants. A random selection of groups was made, and in each one that was chosen (N=30), the aims of the study were explained and voluntary collaboration was sought from those who had

participated in at least three months of AA meetings. Anonymity was guaranteed.

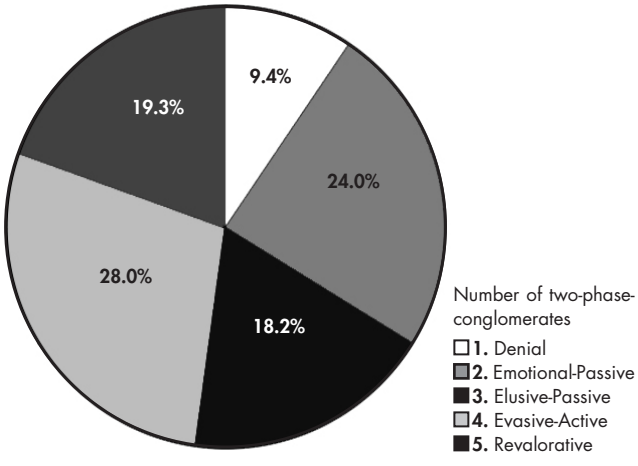
Due to there being no evidence to prove the presence or determinate number of coping styles for the "mental obsession with drinking", a two-phase conglomerate analysis was used to identify categories that could establish profiles. Different solutions were then trialed, choosing the best explanation of the coping groups from the five conglomerates. Characteristics were identified by means of highest frequencies of responses to each of the 45 dichotomous questions which assessed coping. Analysis was made using SPSS/CLEMENTINE 6.0.

RESULTS

Graph 1 shows the distribution of the conglomerates. As can be seen, number four had the majority of the members of this study (28.0%), followed by conglomerates two (24.0%), five (19.1%), and one (9.4%), so description is given in this order. Figure 1 graphically represents the Yes and No answers to the questions which defined each of the conglomerates.

Conglomerate four (N=53) included 18 questions which referred to avoidance situations, such as leaving the place which caused the "mental obsession with drinking" (A11, figure 1), but also resorted to direct AA support (sponsors, the Steps, more frequent attendance at meetings, and reading the literature; question A1, figure 1) or some element of religious nature (appealing to faith or a Higher Power to free them from the sensation; question A18, Figure 1), so this was called "elusive-active".

Conglomerate two (N=46) was characterized by three questions which made reference to negative emotions and lack of action, for example, getting angry at feelings of "obsession with drinking" and not communicating it for fear of criticism from other AA members (question A26, figure 1); this was called "emotional-passive".



Graph 1. Distribution of conglomerates (N=192).

Conglomerate five (N=37) included nine questions which alluded to memories from the drinking period, the natural comparison of this with abstinence, and the perception of a commitment to society, family, and AA (questions A40, A35, figure 1); this was labeled "revalorative".

Conglomerate three (N=35) grouped together 14 questions which referred to avoiding situations, but which also implied inertia in some way. For example, fleeing from the situation or place, but going to sleep (question A17, figure 1) shutting themselves away and avoiding (question A10, figure), allowing the feeling to pass by itself, feeling that they were happier when they were drinking, or feeling sad at the prospect of returning to drink. This was called "evasive-passive".

The last conglomerate (N=18) included individuals whose response to most of the coping questions was negative. Regarding the "mental obsession with drinking", those in this group mentioned not getting angry, not remembering the bad parts of being a drinker, or the damage caused to others, not avoiding situations or places with risk of consumption, not turning to support from their sponsor, their faith, or a Higher Power, etc, so this was therefore labeled as no strategy or "denial".

DISCUSSION AND CONCLUSION

This work investigated strategies for coping with "the mental obsession with drinking", an expression used by AA members[20] to refer to characteristics of *cravings*.[4-7] In general, the analysis showed five types of coping with this experience, which involved: 1. avoiding instigating situations but seeking an active solution (evasive-active conglomerate), 2. avoiding relapse (evasive-passive conglomerate), 3. showing feelings of anger and not doing anything (emotional-passive conglomerate), 4. remembering and comparing past life as active alcoholics (revalorative conglomerate), and 5. denying any coping strategy (denial conglomerate). This grouping of responses coincides with the literature[23] in the sense of imagining efforts made to avoid a stressor or minimize its effects. It also incorporates theoretical references which reflect the system of cognitive, behavioral, and emotional variables of coping documented as important aspects to successfully achieve (or otherwise) an adaptive behavior towards a stressful event,[24] such as a *craving*.[25]

The research indicates that there is no consensus on the content or dimensions of an effective strategy against *cravings*.[26-28] However, a study with an alcoholic population in treatment found that thinking about the negative consequences of consumption and the positive qualities of abstinence (cognitive coping), as well as the escape/avoidance of situations with high risk of consumption (behavioral coping), increased the probability of abstinence after exposure to stimulants which cause a strong impulse to drink, as well

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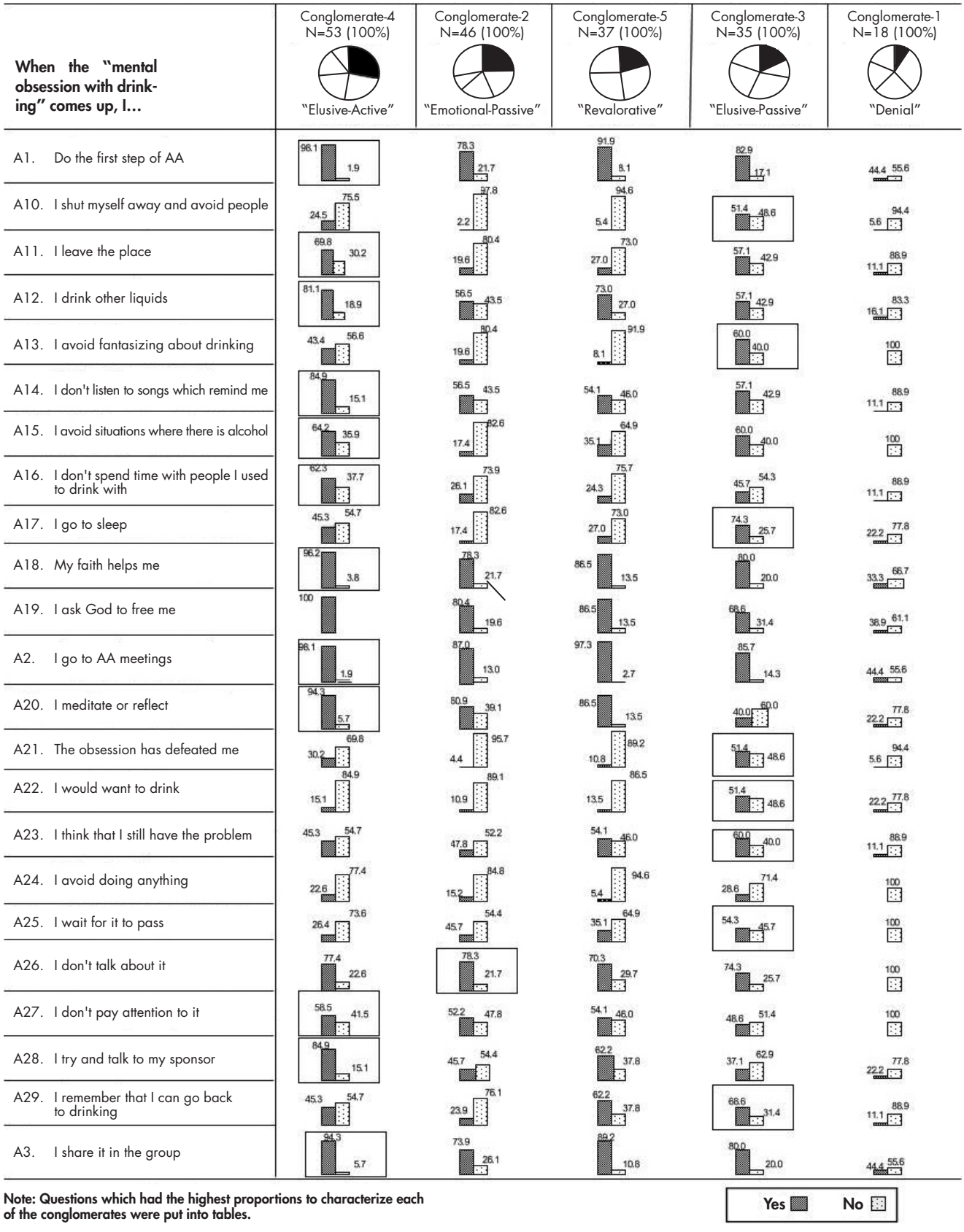
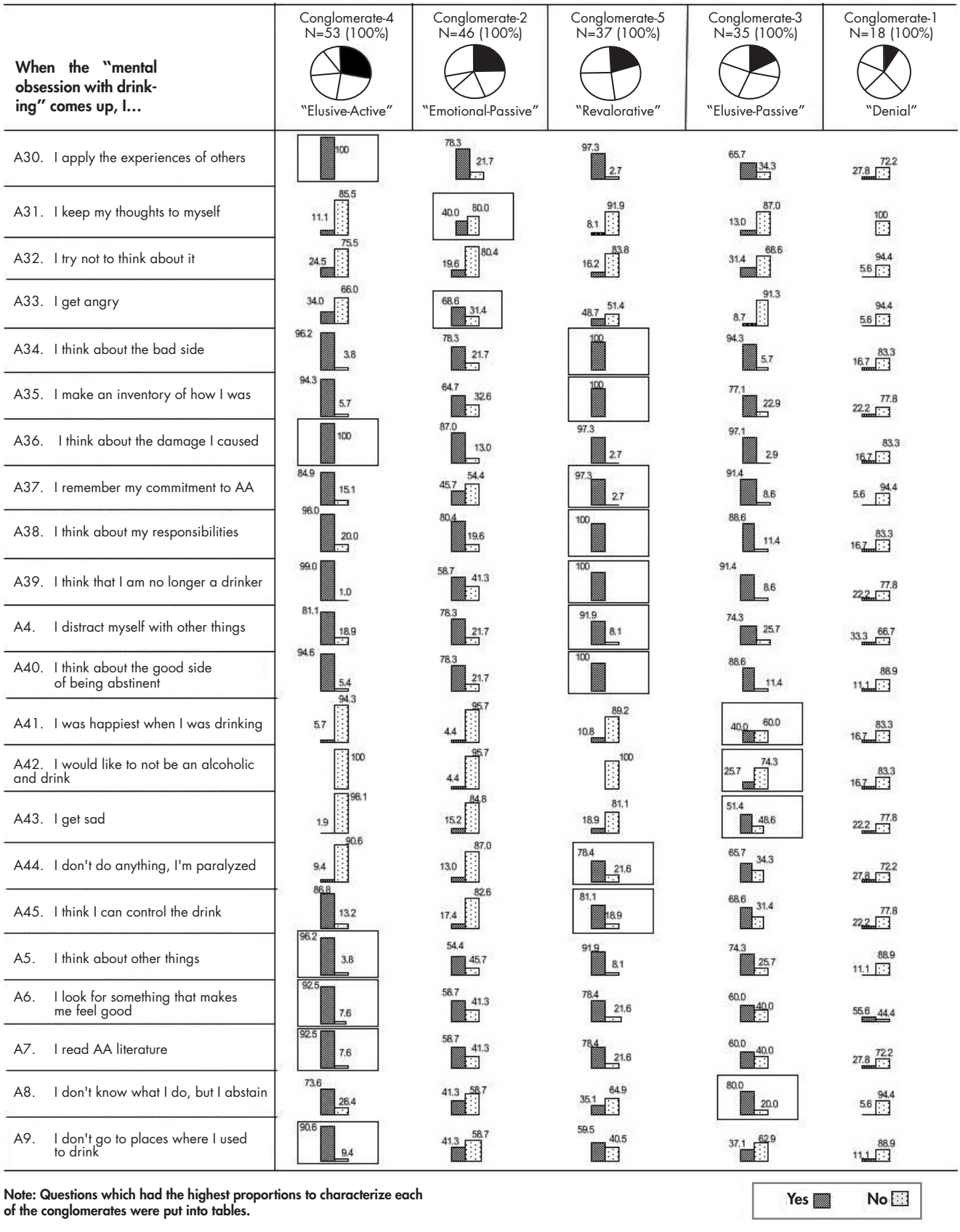
Figure 1. Conglomerate of five solutions: percentage distribution of responses to cope with the "mental obsession with drinking" in AA members (N=192).



Note: Questions which had the highest proportions to characterize each of the conglomerates were put into tables.

Figure 1. Continued.



Note: Questions which had the highest proportions to characterize each of the conglomerates were put into tables.

as the *craving*.[27] It is interesting to note the presence of these types of thoughts and/or behavior in the AA members who participated in the study (conglomerates 3, 4, and 5). In some ways, this supports the growing speculation that this type of group can share the active ingredients of other more formal treatments, in spite of the theoretical differences between them.[17,19]

However, referring to the coping mechanism of escape/avoidance (or behavior), it should be pointed out that in this study, the responses that made it up (conglomerates 3 and 4) mixed strategies that suggested clearly distinctive styles. For example, the evasive-active conglomerate presented a fleeing behavior, but also reflected attempts to make decisions such as escaping the situation, but doing something that the person considered suitable (such as working) and seeking support (from AA or religion). Conversely, the evasive-passive conglomerate indicated the same behavior of escape/fleeing, but combined with a certain level of emotion. For example, fleeing the situation but going to sleep or shutting oneself away and avoiding people, or even feeling sad about the possibility of drinking again. This last response corresponds to what the literature describes as emotion-focused coping,[23] predominantly in people who feel the stressor as something which must be borne, or like an irremediable (uncontrollable) event.[24] Research usually relates emotional coping with the use of alcohol and with relapse,[2,3] while the tendency to show active responses or those oriented to solving the problem are related with abstinence.[26,28,29] As such, as suggested in the literature,[26] the mechanism of evasion, grouped into conglomerates 3 and 4, would require a clear distinction between maladaptive and other behavior. More studies are necessary to clarify this distinction.

The final two conglomerates referred to unpleasant emotional states combined with a lack of communication (conglomerate 2) or with a definitive denial (conglomerate 1). These styles have been documented in the literature, implying negative consequences for the former[30] and both positive and negatives ones for the latter.[23,31] For example, it is sometimes said that denial can have the potential necessary to reduce the effects of stress;[24,31] but it has also been argued that it can cause additional problems, as the stressor could be minimized or ignored, giving rise to additional disturbances with an emotional cost that is difficult to eliminate or sustain, or inhibiting the coping strategy that may ultimately be produced.[23,24] It is possible to argue that those who responded negatively to most of the questions around coping with the "mental obsession with drinking" did not perceive the situation as a threat, due to which they did not attempt any solution (there was no state of *craving*), or they could even have been reluctant to accept the experience, as frequently occurs with recovering alcoholics,[13] thereby limiting their use of coping strategies which may reduce the risk of relapse.[1-3,26] However, for a more complete understanding of the functional or non-functional properties of the denial strategy, it is necessary to examine its effect on consumption behaviors (for example, relapse). Our next work will allow this to be covered.

As previously mentioned, the findings incorporate theoretical references which reflect the system of coping variables used by individuals to achieve a behavior of adaptation before a stressful event.[23,24] However, due to it being an initial proposal, the information should be considered preliminary and it requires future scrutiny. Another limitation of the study is related to the measurement of the strategies. For evaluation, an empirical instrument was used, and although the analyses provided important information (five conglomerates), it is necessary to complement it with a theoretical and statistical approach to make it more reliable and valid.[32] Furthermore, although coping is crucial to reduce the probability of relapse,[1,3,29] the different levels of *cravings* can encourage their use.[1,28,33] As such, measuring them could incorporate the evaluation of the levels of experience and establish their interaction with the coping. The delimitation of all these variables and examining the relationships between them sets out an important research perspective.

In summary, the findings from this study offer the opportunity to broaden and specify the way that certain alcoholics in Mexico cope with a problem as complex as *cravings*. It is possible that identifying them with the words of AA (grouping which up till now has been distinguished by figuring between the main alternatives for the alcoholic who seeks help,[21] and of which greater and better understanding is necessary) allows the use of a repertoire of responses that could be projected as important indicators in the prognosis for recovery.

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Conflict of interest

The authors do not declare any conflict of interest.

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