The effect of explanatory style on the coping strategies of women in recovery

Alice Joy Kirk

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THE EFFECT OF EXPLANATORY STYLE ON THE COPING STRATEGIES OF WOMEN IN RECOVERY

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Alice Joy Kirk
June 2008
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ABSTRACT

The purpose of this study is to assess the effect of explanatory style on the coping strategies of women in recovery from addiction to Alcohol and other Substances. It is conducted to assess if they have a negative or positive explanatory style, and how that affects the development of coping strategies while they are in recovery from their addictions.

The study focuses on participants of twelve step programs, Alcoholics Anonymous and Narcotics Anonymous, along with a group of women who reside in a sober living home and attend 12-step meetings.

This quantitative study was conducted by using a two-part questionnaire, one part to test their explanatory style and the other to test their coping skills. Through this research it is hoped to find how a woman’s style of explaining life can be used to strengthen their ability to develop useful coping strategies.
ACKNOWLEDGMENTS

To the amazing people of Narcotics Anonymous and Alcoholics Anonymous for opening up to a “normie” and not judging her. Thank you for the time and willingness in struggling through my questionnaire. Thank you for sharing your stories, your struggles, your celebrations of sobriety and your lessons learned. Thank you for teaching me the importance of hugs.
DEDICATION

To my family, Robert, James, Angel, Steven, Danya, Matthew, and Michel for helping me get through these last two years and still retain part of my sanity. I know it was as tough and demanding on you as it was on me.

Thank for my parents who never pushed education on me, only told me it was important and surrounded me with books. Mom? Quite hating social workers. They are good people!

To my co-hort. Thank Heavens they kept telling me what to do and how to do it. I’ve been in a daze. Neil, Melissa, and Lynda, thank you forever.
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CHAPTER ONE
INTRODUCTION

The Purpose of this study is to determine whether in recovery a negative explanatory style is present. If so, does such a style impact a woman’s ability to develop the coping strategies she needs in order to cope with the stressors in life, and the resulting emotions she feels?

Problem Statement

Addiction to alcohol and other drugs is a major problem in this country, and the numbers of those affected grows annually. Because of addiction people are dying, prisons are filling up, families are being destroyed and an increasing number of children are being born with lifelong problems from prenatal drug exposure. The monetary costs in 2002 were estimated to be $181 billion (NIDA). The need for research into the problem of substance abuse is unhesitatingly clear.

The need for research on women who are addicted should be even more evident. A large segment of those suffering from drug and alcohol problems, almost 50%, are women (Dodge & Potocky, 2000). Still, until the early 1990’s, substance abuse treatment was based largely on
studies of men (Greenfield, Brooks, Gordon, Green, Kropp, McHugh et al., 2006). In 2007, while studies on women and substance abuse were more prolific, they are far from the standard, and still not the norm.

In a woman's body and mind addiction is different. When she makes a choice to turn away from her addiction and begin the process of recovery, it is with a different perspective than a man. Many aspects of a woman's recovery have been researched. These include the external resources required to support women in recovery, such as childcare, social support and job training. In addition the social stigma they face, and what programs support these problems, have been a focus of research (Westermeyer & Boedicker, 2000). A woman's social support system, their importance, and how they help or hinder, has received attention (Green, Polen, Lynch, Dickinson, & Bennett, 2004). Antecedents, such as abuse, have been duly noted and researched (Hyman, Garcia, & Sinha, 2006).

An element that has not been adequately researched, or even well defined, is how a woman in recovery builds her internal resources. One of those resources is self efficacy, the judgment of one's personal capability (Bandura, 1997). A potential internal resource is one's
explanatory style, their explanation of why the events in their life occur. A positive explanatory style, which is a non-judgmental and optimistic perspective of one’s self can increase persistence and protect from negative emotions. A negative explanatory style, which is pessimistic and induces feelings of failure can reduce persistence and make one vulnerable to depression (Revich & Gillham, 2003). To examine how these explanatory styles directly affect the essential task of a woman in recovery. The focus of this study is the personal development of which type of coping strategies are developed in recovery. If she possesses a.negative explanatory style does she then lack the ability to develop problem solving coping strategies that better assist her in the management of stress and emotions?

Purpose of the Study

The purpose of this study is to help determine how a woman’s explanatory style can affect her development of healthy coping strategies as she recovers from addiction. Previous research has shown that negative emotions, which are part of a negative explanatory style, can be a leading reason for relapse (Doumas, Blasey, & Mitchell,
2006). This underlines the importance of research surrounding how both positive and negative outlooks on life affect recovery.

For the development of this understanding there must first be a contemplation of those elements already mentioned; women and substance abuse, their explanatory style and its affect on their self-efficacy, and the development of coping skills in recovery.

The first element to be examined is how addiction differs in women, as opposed to men.

Women experience more adverse affects from addiction then men and drugs remain in their systems longer (Dodge & Potocky, 2000). The processes that facilitate their recovery differ from men (McComish, Greenberg, Kent-Bryant, Chrucial, Ager, Hines, & Scott, 1999). Society stigmatizes female addicts to a greater degree (Najavits, Rosier, Nolan, & Freeman, 2007). Women’s addiction occurs quicker, and has a more rapid course of abuse (Hser, Huang, Teruya, & Anglin, 2004; Westermeyer & Boedicker, 2000). Their relapses are more complex and varied (Zywiak, Stout, Winston, Glasser, Connors, Maisto, & Westerberg, 2006). Women are less likely to begin
treatment and less likely to complete treatment (Greenfield et al., 2007).

Women also turn to substances for different reasons then men. Studies continually cite the childhood sexual, physical and emotional abuse endured by female substance abusers (McComish et al., 1999; Ashley, Marsden, & Brady, 2003; Medrano, Zule, Hatch, & Desmond, 1999; Hyman et al., 2006). One study of female and male addicts found women were 6.82 times as likely to have been sexually abused and 2.78 times as likely to have been physically abused (Brems, Johnson, Neal, & Freemon, 2004). Another study stated, “The prevalence of women in treatment for addiction who have experienced child abuse is staggering” (Millar & Stermac, 2000). In other words, many female substance abusers had childhoods that were filled with being hurt, and feelings of helpless. This can result in “learned helplessness,” the belief that one’s actions have no affect and will not change any outcome. That sense of helplessness often precipitates a women’s development of a negative explanatory style.

Explanatory style is one’s explanation of why things happen. A negative explanatory style views negative events as proof of personal failure. “My spouse wants a
divorce because I am flawed.” The belief that one is a failure is also viewed as a permanent and unchangeable aspect of life. It leads to a lack of self-esteem and motivation, along with negative emotions such as depression and anxiety. Positive explanatory style explains life differently. “My spouse wants a divorce because this marriage did not work” (Peterson, Maier, & Seligman, 1993; Abramson & Seligman, 1978). A positive explanatory style promotes self-efficacy, which is a belief in one’s ability to master challenges. Difficult tasks are approached with a conviction that one does have some control over the outcome, and failure is viewed as indicating insufficient effort, not personal failure (Bandura, 1997).

The consideration of what supports and builds self-efficacy is highly important because it is a fundamental building block of recovery. Additionally, it aids in another critical building block, the development of new coping skills. Having previously used alcohol and/or other substances to cope, women in recovery must now develop strategies and skills to use in place of the addiction; this can bolster her strength against the cravings she feels. In other words, when pressures and
stress are felt, instead of her previous coping mechanism of substance and/or alcohol use, she must learn to manage her actions and feelings in a manner that regulates her emotions while working to alleviate whatever is creating the pressure and stress (Schwarzer & Knoll, 2003; Aldwin, 2007).

Some coping strategies are emotion based, used to alleviate or eliminate stress. Problem solving, which can eliminate or moderate a problem greatly strengthen one’s ability to build confidence and self-efficacy. Other strategies, such as distraction in activities like watching TV or ignoring the problem, while not necessarily a poor coping skill, do not tend to promote personal growth. Recovery is about more than losing an addiction; it is also about gaining a life. Therefore promotion of coping techniques that allow for that gain should be the goal of anyone in recovery. If a woman has an unconscious negative explanatory style which looks for the failure in her actions, she may not view herself as capable of using stronger coping strategies. That sense of helplessness that was the origin of her explanatory style may quietly impact her recovery despite the effort she is making.
Significance of the Project for Social Work

Research into addiction and recovery is undoubtedly important in the field of social work. A survey conducted by the National Association of Social Workers (NASW, 2006) found 71% of the participating social workers had diagnosed and treated substance abuse problems in the previous year. Yet 53% had received no training in that year and only 2% specialized in substance abuse treatment (Smith, Whitaker, & Weismiller, 2006). Sixty-eight percent of the education received was done through continuing education (Smith et al., 2006). These facts suggest that Social Workers are not being educated on substance abuse unless they seek that education on their own. At the same time the need for social workers in the substance abuse field is expected to grow rapidly (Smith et al., 2006). The social worker's code of ethics commits them, "to practice within areas of competence and enhance professional expertise" (Smith et al., 2006). Any knowledge that can strengthen competency and expertise in this area seems obviously and fundamentally important.

Social workers are often the first that those suffering from addiction receive help from. They often are those who provide assessment and determine treatment
(Smith et al., 2006). With a more complete knowledge of how a client's unconscious thought processes can weaken their recovery, social workers will be able to make a more complete assessment of the client. If an assessment supports the possibility that a client has a negative explanatory style, interventions can be structured to help that client understand that when inevitable problems and setbacks occur, success is about recognition of one's progress, along with patience for the often-slow process of human evolution. Those things are not proof of individual failure.

In California, Proposition 36 makes funding available to promote education for those who work in the substance abuse field. However, for social workers to access that knowledge, it must first be present.

Undoubtedly social work is asking important questions about substance abuse. Projects are underway about substance abuse and dual diagnosis, AIDS, faith based treatments, cultural sensitivity, and the use of protective factors such as family and community. Also being researched is substance abuse among the homelessness, and among the GLBT population (Smith et al., 2006). Not being asked is this question; in recovery
from addiction can a negative explanatory style affect the building of self-efficacy and coping strategies?

This study hypothesizes that women who have turned to substance and alcohol use have done so because they were blocking their fear and their sense of failure. Due to unrealistic perceptions about themselves they were simply unable to cope with their emotions and with their life. Research that tests their explanatory style and their coping mechanisms may guide social workers in their assessment and interventions.
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter will examine the literature on explanatory style and coping strategies. It will also consider the possibility that these things interact when women are in recovery from Substance Abuse and can strengthen or weaken their ability to develop other coping strategies.

Theories Guiding Conceptualization

The idea of resilience is critical in this literature review. Resilience, simply defined, is the ability to bounce back from events that devastate a human psyche, such as addiction. A common belief is that resilience is developed in childhood. An important question, and one this study asks, is how do women who are in recovery from addiction become resilient? That question can be answered only by considering the factors that may have prevented resilience.

Those factors are likely to develop in childhood as a result of their attachment to others, the way a person learns to explain events in life, and the ways they...
A consideration of attachment theory can begin the understanding of how these things evolve.

Bowlby's attachment theory states that when a child attaches poorly to their caregiver it can generate a negative view of self that is often used throughout a lifetime (McNally, Palfai, Levine, & Moore, 2002). Emotional functioning is also impacted, a person becomes more vulnerable to stress, and less able to regulate their affect (Doumas et al., 2006). Attachment problems and substance abuse have been linked. One study found those with poor attachment and, a negative view of self, were over represented in alcohol and other substance abuse populations (Doumas et al., 2006). A different study concluded insecurely attached people were less likely to develop a support system and more likely to use alcohol to deal with negative emotion. It is theorized, with the ability to form attachments damaged, the person is more likely to turn to substances which simulate the reassurance and comfort that a parental figure would have provided (Weeggman, 2002; McNally et al., 2003).

Attachment theory is good starting point to consider how a negative outlook on life can be developed, and how
the use of substances can be linked to a problematic childhood. A closer look at women and substance abuse will further delineate that connection.

Women and Substance Abuse

What, at this point, is known about female addiction? Research indicates women substance abusers have different antecedents than do men. Substance abuse is often used as a way to deal with a history of violence and abuse. The impact of abuse has a more severe effect on women than men (Hyman et al., 2006). Medrano reported that the women in her study completed a questionnaire which showed 60% had dealt with sexual abuse, 55% with physical and 46% had been emotionally abused (Medrano et al., 1999). Millar and Stermac cited child abuse as a critical factor of female substance use because it encourages negative affect, a lowered sense of self esteem, and a probability of turning to coping via alcohol or other drugs (2000). A study on cocaine dependent adults found child abuse led women to earlier use and more severe addiction (Hyman et al., 2006). Additionally, parental substance abuse is another strong
predictor of drug and alcohol problems (Stein, Leslie, & Nyamathi, 2002).

It is not unlikely that a female substance user will be in a currently abusive relationship. One study on female substance abusers, childhood abuse, and current relationships, showed over half of the women were in current relationships that involved sexual, physical and emotional abuse (Medrano et al., 1999). Other studies have found 60% to 75% of women in treatment programs have been abused by their partners. The intersection of substance use and partner violence has been inadequately researched for complete understanding, but that a link exists is clear (El-Bassel, Gilbert, Schilling, & Wada, 2000; Green et al., 2004).

Given all of this it is not surprising that female substance abusers are more likely to have poor self-concepts and problems with low self esteem, shame, and self blame then men (Millar & Stermac, 2000). They are also more likely to have higher rates of mental health problems such as depression, anxiety, suicidal ideation, posttraumatic stress (Ashley et al., 2003; Najavits et al., 2007). The tendency of the female substance abuser towards, negative affect and depressive
thinking has been cited as a cause of relapse (Doumas et al., 2006; Sun, 2007). Difficulty handling stress and a tendency to use ineffective coping strategies also was found to be a problem that encouraged both addiction and relapse (Weaver, Turner, & O’Dell, 2000).

The pathway of addiction proceeds faster for women than men. From first exposure, to regular use, to dependence, addiction occurs more quickly (Zywiak et al., 2006). The biological explanation is that women carry more fat in their bodies and that fat allows the drugs to work faster and leave slower (Dodge & Potocky, 2000). Women get a stronger high when they use, and that is a powerful inducement. Despite this women are also more likely to have a polysubstance use problem, becoming dependent on more than type of drug (Weaver et al., 2000).

The social aspect of addiction must also be measured because social factors are more predictive of treatment outcome for women (Green et al., 2004; Grella, Scott, Foss, 2005). While women relapse for more reasons than men, their cravings cued by more factors, social relapse is one of the biggest problems for a woman in recovery. If their social network is supportive of drug use they
are more strongly affected by those around them, more likely to give into social pressure (Zywiak et al., 2006; Skutle, 1999). They are more likely to relapse when encouraged by their significant other (Walitzer & Dearing, 2006). Their support systems often enable their drug use through financial support of the actual use, or aid in food, housing, clothing and child care (Falkin & Strauss, 2003).

Additionally, women are less likely to enter treatment. Possibly because they have a more difficult time admitting to the problem, but also out of the fear of being prosecuted and losing their children. There is also a greater social stigma for a female addict and a higher expectation of failure in treatment (Greenfield et al., 2007). Women also often have less access to treatment due to lack of insurance from low paying jobs, work-at-home-jobs, or being a stay at home mother (Westermeyer & Boedicker, 2000). Yet a study in a large HMO based substance abuse program found women who completed treatment were nine times more likely to be abstinent at follow up then women who did not complete treatment (Green et al., 2004).
A review of substance abuse programs specifically for women found evidence of positive treatment outcomes (Sun, 2006). A different pilot program for women in recovery had impressive results with an attendance rate of 87%, and treatment outcomes that showed significant improvements. The major complaint of the women attending the group was that it was not long enough (Najavits et al., 2007).

That gender specific treatment helps women in recovery is evident, and the idea of tailoring a treatment plan to individual makes sense. Women desperately need that help. A population that has been "characterized by passivity, dependence and victimization" they must deal with a recovery that is laden with stress (Ramlow, White, Watson, & Leukefeld, 1997). Financial concerns, physical health and relationship problems are some of the biggest concerns, but the women must often add on the stress and strain of revamping a parental role long since neglected, legal problems due to drug use, and their own personal safety issues due to their economic circumstances (Weaver et al., 2000; Knight, Logan, & Simpson, 2001). Additionally, they must come to terms with a painful history, develop
self awareness, and learn to regulate their emotions, especially the tendency towards negative affect (Millar & Stermac, 2000). Having the personal power to deal with such a multitude of demands is fundamental. The power cannot be built if they view themselves as a failure, and their problems as inescapable. The importance of cultivating a positive explanatory style which can help to build self efficacy is of great importance. It will be considered in the next section.

Explanatory Style and Self-Efficacy

Explanatory style can be the foundation for the development of self-efficacy. Self-efficacy is the foundation of recovery from substance abuse. Self-efficacy means a person believes she has the power to produce results, and because of that belief will try to things happen (Bandura, 1997). In recovery from substance abuse this belief is a necessity.

To understand the interweave of explanatory style and self efficacy one must first look at learned helplessness, which was the origin of explanatory style. Learned helplessness theory challenged prevailing theories of behaviorism by suggesting that environment
was not the only determinate of action. It theorized there were learning processes going on inside the brain which also determined behavior. Martin Seligman presented this theory at Oxford University, and John Teasdale shot it down by pointing out there was no explanation of individual differences. Some people never felt helpless, some felt helpless temporarily, and some people never escaped their helpless feelings. The two men, along with one of Dr. Seligman’s students worked to reformulate the theory. That reformulation determined that when a person finds they are helpless they look for an explanation of why they are helpless. Their explanation can be an internal attribution, the helplessness was because of them, or an external explanation, it was because of an outside influence. People make other attributions also. They may determine they will be helpless in all situations (global) and believe that helplessness will always occur (stable). These three attributions create a pessimistic, explanatory, style where a person views the helpless as a sign of their own innate failure, and something that is global and stable. An example would be: “I went to that party and did the meth because I am a failure. I’ll never be able to stop, and I’ll never
escape it because it is everywhere.” The explanatory style gives an internal cause for relapse (personal failure rather than environmental cue) which is permanent and will be found everywhere. This creates negative emotions, as well as deficits in self-motivation and thought patterns (Abramson & Seligman, 1978; Peterson et al., 1993; Seligman, 1990). A positive explanatory style would view the same situation as a lesson to be learned and a problem to be overcome, not one’s fault, not permanent, not everywhere.

The negative explanatory style prevents the ability to accurately appraise the origins of the problem, such as friends who encourage using, or easy access to substances, and therefore the removal of those environmental cues becomes less likely. Additionally, if problems are viewed as coming from innate and unfixable flaws that inescapably shape one’s life, the result can be a lack of what is so important to recovery, self efficacy.

People who have self-efficacy believe they exert influence on their freedom, their choices, and their actions through their self of appraisal of their own abilities. Efficacy defined is, “concerned not with the
number of skills you have, but with what you believe you can do with what you have...skills can be overruled by self-doubts” (Bandura, 1997). This is a direct link to an optimistic explanatory style. Interestingly enough, one of the first people to disagree would be Albert Bandura (1997).

In a study on self-efficacy in 1977 Bandura commented, in print, on a weakness in Seligman’s learned helplessness theory. In 1978 Seligman answered him back in the reformulation of that theory which eliminated the weakness. Bandura’s objection was that the theory did not make a distinction between people who feel helpless because they lack self-efficacy, and people who feel helpless because their environment is unresponsive. Seligman’s reformulation focused on how negative cognitive processes prevent efficacy, while Bandura focused more strongly on environment and efficacy.

Through the years Bandura has continued to comment on what he sees as the inadequacies of explanatory style. He believes the categories of attributional style are limiting and dismissive of the multiple factors that people use in their appraisal of self-efficacy. Self-efficacy, he feels, is a more developed theory which
shows how a careful cycle of effort and action, evaluation of the process, and further effort and action leads to personal power. In his criticism Bandura assumes the rational man theory, where a person carefully weighs benefits and costs of his actions, then makes rational decisions. Certainly in substance abuse, where disengagement from problems is often chosen at an increasing expense, his argument appears to be negated (Beck, Wright, Newman, & Liese, 1993).

Bandura also finds the theory of explanatory style overly general for adequate measurement, stating the value of any omnibus measurement lies only in the fact that it is somewhat better than guesswork. He adds that due to its limitations explanatory style is useful only as a supplement to the more important training and self-mastery experiences based on self-efficacy (Bandura, 1997).

Martin Seligman and his co-authors have responded to criticisms of this kind by saying:

Another source of controversy surrounding learned helplessness has stemmed from a long-standing debate within the social sciences between those who simplify phenomena in their attempt to understand
them versus those who complicate them. ‘Complophiles’ focus on the richness and complexity of human behaviors and despair when faced with attempts to reduce them to a few simple laws. Simplophiles strategically ignore this richness and try to explain as much as they can about human behavior with the fewest possible principles. We are card-carrying simplophiles in a field dominated by complophiles. (Peterson et al., 1993)

Lastly, Bandura finds that dispositional measures “derive their predictiveness largely from redundancy with efficacy beliefs” (1997). One must ask of this criticism, in a crowded playing field, who gets to call redundancy? Perhaps the critical piece of information for dealing with all this criticism is Seligman’s perspective on his theory. He view its purpose as a way to develop certain cognitive skills, such as disputation of negative beliefs, considering external reasons for negative events, learning to observe one’s own behavior after any event and de-catastrophize. The key point to attributional style is accuracy of thought. Self-efficacy, the skill to carefully measure and judge
one’s self and one’s goals requires accuracy of thought at its genesis.

Furthermore Bandura appears to support structural points of attributional style despite his comments. He notes that people most often regret not playing a stronger part in shaping their life, then cites the importance of optimistic self appraisal in developing an orientation towards development. He believes people with low efficacy visualize failure scenarios. He aligns with one of Seligman’s most crucial points. Failure creates self-doubt. The doubt is unimportant, the recovery from failure is all-important. Seligman simply takes theory one-step further by explaining how explanatory style influences how quickly the person is able to recover (Bandura, 1997; Seligman, 1990). When the two theories are put together, the one with a focus on the cognitive, the other with a focus on self-mastery within environment, they seem not only compatible, but complimentary. Perhaps with all of the criticism the main point of these theories has been missed. They were both meant to help human beings have better lives. If they can be put together to do so, what else really matters?
The viability of explanatory style may also receive acknowledgement through personal introspection. Everyone has felt helpless at some point, and what created that feeling? Helpless does not occur when there is an expectation that success is possible. That feeling of helplessness is born when one’s thoughts tells a person no goal is within their reach, and maybe never was. It occurs in those moments of, “my problems will be always be, will always be everywhere....”

A substance abuse counselor who is aware of explanatory style can listen for the cues that display their presence. They can collaborate with a client to put this thinking into perspective instead of allowing it to cover the reality of who she is, a person with strengths and weakness and the ability to grow. Most importantly it will allow a woman to build new ways of coping with her world, ways that give her the life that used to be a daydream. How do coping strategies do that?

Coping Strategies in Recovery

Coping is a way to deal with stress. When a person can respond in a way that accommodates, or assimilates a problem, stress is reduced. Substance abuse is a
regressive coping style where people distance or distract themselves from problems and pain, and ultimately increase their stress.

A through definition of coping requires the construct be categorized, and the division most often used is problem-focused/active coping, versus emotion focused coping. With active, problem solving, coping, an individual copes by appraising the stressor and developing a way to circumvent, or ameliorate it. This type of coping is more likely to be done by an optimistic person for the simple reason an optimist expects better results when they try to manage a problem (Carver, Scheier, & Weintraub, 1989).

Coping strategies are also funneled under the emotion-focused category, which has great diversity. It includes non-adaptive choices such as negative rumination, or self-recrimination, and more adaptive methods, such as positive reinterpretation of events. If an emotion-focused strategy engages a person in managing their emotions, allowing them to deal with problem more effectively, it can be considered both a problem solving and emotion focused technique (Tobin et al., 1989).
Emotion focused coping is typically reserved for situations people perceive themselves as having no control over. People are inclined to use clusters of adaptive or non-adaptive coping methods (Carver et al., 1989).

Historically speaking, researchers previously held with the idea men were more likely to problem solve, while women were more likely to use emotion focused strategies. Further research showed that women were more likely to be in situations where the problems were not subject to their control, thereby forcing emotion focused coping (Tamres, Janicki, & Helgeson, 2002; Hobfoll, Dunahoo, Yosseff Ben-Porath, & Jeannine Monnier, 1994). With an adjustment made for circumstances, women are as likely as men to use problem-solving strategies. However, gender differences in coping styles do exist.

Women have been found to be more assertive in interpersonal situations, as well as more likely to seek social support, both in professional and interpersonal situations (Hobfoll et al., 1994). This tendency to seek social support is highly adaptive, not only moderating stress, but also containing elements of both problem solving, and emotion management (Valtonen, Sogren, &
Cameron-Padmore, 2006). It manifests early; between six and nine years of age girls begin seeking out social support more than boys (Aldwin, 2007).

Of benefit to women is their tendency to use a wider variety of coping strategies; however they are also more likely to ruminate, and often appraise stress as being more severe than men do. These last two factors underline the importance of research into women, substance abuse and negative affect (Tamres et al., 2002).

Which coping strategies are used in recovery has not been well researched. Research has focused mostly on the need for the development of coping strategies in order to resist situations that normally trigger substance abuse. However, one of the few studies to highlight what coping strategies are used by those in recovery found that emotion focused strategies were dominant. The study suggested this was due to uncontrollable childhood situations (Valtonen et al., 2006). It is consistent with the idea that childhood abuse can lead to learned helplessness and a negative explanatory style, impacting one’s coping strategies. Encouraging the use of adaptive emotion focused strategies along with problem solving coping strategies will provide those in recovery a more
resilient recovery, and a more positive perception of their ability to cope. This can result in “stress related growth” (Aldwin, 2007).

That growth is in harmony with the natural expansion of coping research, which in the last decade, has questioned how coping can become less about homeostasis and more about transcendence (Schwarzer & Knoll, 2003). Addiction focuses a person on fear, self-doubt, and a need to block pain. Self-efficacy in recovery asks for an opposite choice. To not block the pain, to feel the doubt, and to take on the fear.

It is a critical restructuring of thought, which can be further viewed from Rachlin’s behavioral-cognitive perspective. A person must use, as their primary unit of analysis, the pattern they are setting, not the act. Each act should be viewed as a guidepost along the way, regardless if that act is resistance to a craving, or an examination into the reason for a lapse. Metaphorically speaking, the person will not choose to focus on one note of a song, they will choose to play the entire song and hear the overall effect (Rachlin, 1995; personal communication with Howard Rachlin, July 30, 2007; Rotgers, Morgenstern, & Walters, 2003).
This restructuring of thought is supported by the development of an optimistic explanatory style and a realistic perspective, which allows the cravings to be surfed, the anhedonia endured, and progress seen for what it is. In this way a sense of personal control can evolve to replace a previous belief that their addiction was uncontrollable. Addiction is given up at a loss. That substance has been a friend, a comfort, a protection. Something of value must replace it, and a belief in one's self is of great value.

It can be easily argued that females in recovery need this thought restructuring more than men. That argument would have support from the multiple studies that find women are more likely to engage in negative styles of thought, have less agency, less confidence in reaching goals, and lower levels of self efficacy (Dodge & Potocky, 2000; McComish et al., 1999; Weaver et al. 2000; Walitzer & Dearing, 2006; Zywiak et al., 2006; Skutle 1999; Sun, 2007). This well researched fact leads into the importance of researching the cognitive processes of women in recovery in order to strengthen not only their recovery, but also a parallel task, to
determine who they are, once the barrier of substance use is removed.

Summary

While the amount of research into women and addiction has increased significantly in the last decade, most of that research is about how their antecedents differ from men, the societal outlook on women who are addicted, what influences their addiction, and their external needs in recovery. How the internal resources, their cognitive thought processes can be restructured to empower them has not been well researched. Nor, has the development of their coping strategies been well researched.

This research proposes that the explicit, distinct, understanding of the effects of explanatory style, along with the role it plays in self efficacy and coping strategies can allow a social worker to be more in sync with the client, more on target in their interventions, and more effective. The really important knowledge is, when a person in recovery is enduring an intense desire that threatens to make everything else inconsequential what will help them to put their craving aside in order
to reach goals they view as more important? At least part of the answer could be a clear-cut understanding of the interaction between explanatory style, self-efficacy and coping styles. This study inquires; can a positive explanatory style lay a foundation for self-efficacy and create stronger coping styles? Can resilience be created in adulthood? The expectation is, with the correct research done, and knowledge available, that answer will be yes.
CHAPTER THREE

METHODS

Introduction

This chapter will outline the procedures used to test a female population on their explanatory style, their coping procedures and the interaction of those things as the women recover from substance abuse.

Study Design

The procedures that have been followed to find out how a woman’s explanatory style and coping skills interact when she is in recovery from addiction were carefully adapted from previous studies in the areas of explanatory style and coping strategies. The result was a dual questionnaire (Appendix A).

One part of the questionnaire is the Coping Strategies Inventory by David L. Tobin. This splits the emotionally based coping strategies into two categories of strategies. One category is about engaging the problem, such as seeking social support, or figuring out what steps can be taken to solve the problem. The other category is a disengagement from the problem such as wishful thinking. The second category can be useful as a
short term distraction from one's problems. That split allowed this study to determine the strength of those emotionally based strategies that are used.

The other part of the questionnaire determines a women’s explanatory style; the way she explains herself and the things which happen to her. Does she see herself as the root of the problems and unfixable?

This approach was chosen because it appeared to be the clearest way to determine if an explanatory style affects the ability of woman in recovery to form coping strategies.

Sampling

The sample of participants was obtained from a Sober Living Home, Narcotics Anonymous and Alcoholics Anonymous. It was a natural sample and was chosen because they were accessible, and they were open to the need for research in this area. All participants met the criteria of having less than six years of sobriety. Thirty women voluntarily participated in this study. A letter of access was received from the sober living home prior to the administration of the questionnaire.
Data Collection and Instruments

The instrument used to measure explanatory style and coping strategies was taken from two separate measures: The Expanded Attributional Style Questionnaire (Attributional Style being the original term for Explanatory Style) and the Coping Strategies Inventory. The original Expanded Attributional Style Questionnaire had 82 questions. For the purpose of this study those questions were condensed to 21 questions and the wording was changed in order to be more easily understandable. The Coping Style Inventory had 32 Questions, which was also condensed down to 16 questions that represent the strategies being tested. Due to these adaptations the reliability and validity of the dual questionnaire is unknown. However, the questionnaire was carefully constructed to capture the methodology in the same way the longer versions did.

An example of an explanatory style question would is, “When a partner ends a relationship, why did the person choose to end that relationship?” The participant would give a brief, one sentence answer. Two other questions based on that answer are then asked, “Was it something about oneself that ended the relationship, or
something about other people?” and “How likely is it that this reason will end other relationships?” The participants answered that question by choosing one of four options; it was totally due to others or circumstance, somewhat due to others or circumstances, totally due to themselves, somewhat due to themselves. Their explanation of the problem along with their view of what it was due to allowed a clearer understanding of their explanatory style.

The second part of the questionnaire was a coping strategy inventory. This gave the participant a hypothetical problem. All following questions were to be answered based on how they would handle that problem. Below is the hypothetical problem and some of the questions that were asked:

Last week an old friend phoned you with an invitation to her party. You have been in recovery for six months and people will be drinking or using at the party. You tell her no. She wants you to come and she asks, “Why can’t you handle going to a party?” Then she tells you she will make sure you don’t drink or use drugs. She continues to ask you to come to her party. You stop talking and finally tell her you’ll call later.
After hanging up you feel terrible and you realize that you do not want to lose her friendship.

After reading this participants were given various coping strategies such as, “I would have worked on solving the problem,” “I would have let out my feelings to reduce stress.” They then had three choices of how they would have used that strategy; not at all, a little, or a lot. The purpose was to gain an understanding of how much they rely on various coping strategies.

Procedures

Five of the questionnaires were administered at a Sober Living Home. The remainder were distributed before meetings of Narcotics Anonymous and Alcoholics Anonymous, per previous agreement with the participants. The data was collected from different meetings. The questionnaires took participants approximately 20 minutes to complete.

Protection of Human Subjects

The anonymity of the participants was be fully protected by not collecting names. Appendix C is the debriefing statement and Appendix D is the informed consent to inform and protect the participants.
Data Analysis

Data analysis consisted of statistical examinations such as correlations, T-tests, frequencies and percentages.

Summary

This chapter outlines the procedures and methods used to determine the explanatory style and coping strategies of women who were in recovery from alcohol and other drugs. It detailed the questionnaire and how it will be used.

One part of the questionnaire considers the way women in recover view the life events that occur and what part they take in those events. The second part of the questionnaire considers coping strategies and splits them into two categories of strategies, engaging the problem, or disengagement from the problem. This questionnaire was been constructed to allow research into how a women’s explanation of herself and her life affects her ability to cope.
CHAPTER FOUR

RESULTS

Introduction

This study focused on the theory that a woman’s negative or positive explanatory style affects her ability to develop coping skills when in recovery from addiction. Furthermore it also affects the type of coping strategies she uses, if they engage and solve the problem, or disengage from the problem. In this chapter the findings of this study are presented.

Presentation of the Findings

This study used a questionnaire with two parts. The first focusing on explanatory style of women in recovery and the second focused on their coping styles.

A total of thirty women participated in this study. Six of the women were from a sober living home, the remainder were from twelve step programs, specifically Alcoholics Anonymous and Narcotics Anonymous. The given age range was from 21 to 55. Four (13.3%) of the women declined to state their age. Four women (13.3%) were between 21 and 30, ten women were between 31 and 40,
(23.3%) ten women were between 41 to 50 years of age, (23.3%) and two women were between 51 and 55 (6.7%).

Six of the women, (20%) identified themselves as Hispanic, 19 of the women (63.3%) identified themselves as Caucasian, and five women (16.7%) declined to state their ethnicity.

In terms of sobriety, fifteen of the women (50%) were at one year or less of sobriety. Three of the women (10%) were between one year and two years of sobriety. Three of the women (10%) were between 2 years to 3 years of sobriety, 4 of the women (13.3%) were between 3 years to 4 years of sobriety, and 5 of the women (16.7%) had 4 to 5 years of sobriety.

The first part of the questionnaire was structured to research the type of explanatory style the women used. Did they attribute problems to personal failure? Did they see the problems as having come from a permanent source? This was tested by being given a problematic situation, such as the ending of a partnership, or a negative job evaluation and having them write a one line explanation for the cause of the problem. Next, they were asked two multiple choice questions. The first asked if the problem had been; totally due to others, somewhat due to others,
somewhat due to themselves, totally due to themselves. Due to the small sample those options were later collapsed into two categories; Was it somewhat/totally due others, was it somewhat/totally due to self? The second question, which was to evaluate the belief the reason for problems, was permanent, asked if the source of the problem would still be present in the future, or if it would not be there again.

The first hypothetical problem on the questionnaire inquired about a lack of success in finding employment and what would be the reason? In their written replies eight women (26%) stated it would be due to their felonies, 7 (23.3%) believed it was a personal dislike towards them, 5 women (16.%) saw it as lack of experience. When asked to circle one of the attributions 22 women (73.3%) assigned the cause of not getting a job as partially or totally due to themselves, and 8 women (26.7%) saw it as somewhat or totally due to people or circumstances outside of themselves. The table below illustrates the results of attributions of fault in all questions.
Table 1. Explanatory Attribution of Fault

<table>
<thead>
<tr>
<th>Attribution of Fault</th>
<th>%</th>
<th>Freq.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsuccessful Job Search</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totally/Somewhat Due to Others</td>
<td>26.7</td>
<td>08</td>
</tr>
<tr>
<td>Totally/Somewhat Due to Me</td>
<td>73.3</td>
<td>22</td>
</tr>
<tr>
<td>Unable to help Friend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totally/Somewhat Due to Others</td>
<td>30.0</td>
<td>09</td>
</tr>
<tr>
<td>Totally/Somewhat Due to Me</td>
<td>70.0</td>
<td>21</td>
</tr>
<tr>
<td>Speaking At Meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totally/Somewhat Due to Others</td>
<td>56.7</td>
<td>16</td>
</tr>
<tr>
<td>Totally/Somewhat Due to Me</td>
<td>43.4</td>
<td>14</td>
</tr>
<tr>
<td>Ignored at Party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totally/Somewhat Due to Others</td>
<td>53.3</td>
<td>16</td>
</tr>
<tr>
<td>Totally/Somewhat Due to Me</td>
<td>46.7</td>
<td>14</td>
</tr>
<tr>
<td>Not Getting Work Done</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totally/Somewhat Due to Others</td>
<td>20.0</td>
<td>06</td>
</tr>
<tr>
<td>Totally/Somewhat Due to Me</td>
<td>80.0</td>
<td>24</td>
</tr>
<tr>
<td>Negative Work Review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totally/Somewhat Due to Others</td>
<td>10.0</td>
<td>03</td>
</tr>
<tr>
<td>Totally/Somewhat Due to Me</td>
<td>90.0</td>
<td>27</td>
</tr>
<tr>
<td>Partner Ends Relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totally/Somewhat Due to Others</td>
<td>36.6</td>
<td>11</td>
</tr>
<tr>
<td>Totally/Somewhat Due to Me</td>
<td>63.3</td>
<td>19</td>
</tr>
</tbody>
</table>

While there are clear majority opinions in the attribution of fault, the view on how permanent the cause of a problem was more evenly split. Fourteen of the women (46.7%) recorded the reason they couldn’t find a job.
would continue to be present, while 16 of the women, (53.3%) felt the reason they couldn’t find employment would not continue to be present. The table below shows these fairly equal distributions occurred in four out of seven situations. In the three most significant scores, two of them, a negative job review and a relationship ending, show the women were not likely to see the cause of a particular problem as being permanent.

Table 2. Belief in Permanency of Attributions

<table>
<thead>
<tr>
<th>Unsuccessful Job Search</th>
<th>%</th>
<th>Freq.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason not present again</td>
<td>53.3</td>
<td>16</td>
</tr>
<tr>
<td>Reason present again</td>
<td>46.7</td>
<td>14</td>
</tr>
<tr>
<td>Unable to help friend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason not present again</td>
<td>56.7</td>
<td>17</td>
</tr>
<tr>
<td>Reason present again</td>
<td>43.3</td>
<td>13</td>
</tr>
<tr>
<td>Speaking at Meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason not present again</td>
<td>33.3</td>
<td>10</td>
</tr>
<tr>
<td>Reason present again</td>
<td>66.7</td>
<td>20</td>
</tr>
<tr>
<td>Ignored At Party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason not present again</td>
<td>36.7</td>
<td>11</td>
</tr>
<tr>
<td>Reason present again</td>
<td>63.3</td>
<td>19</td>
</tr>
<tr>
<td>Not Getting Work Done</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason not present again</td>
<td>43.3</td>
<td>13</td>
</tr>
<tr>
<td>Reason present again</td>
<td>56.7</td>
<td>17</td>
</tr>
<tr>
<td>Negative Work Review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason not present again</td>
<td>83.3</td>
<td>25</td>
</tr>
<tr>
<td>Reason present again</td>
<td>16.7</td>
<td>05</td>
</tr>
<tr>
<td>Partner Ends Relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason not present again</td>
<td>60.0</td>
<td>18</td>
</tr>
<tr>
<td>Reason present again</td>
<td>40.0</td>
<td>12</td>
</tr>
</tbody>
</table>
In the question about the cause on the job review, 25 of the women (83.3%) felt the problem would never lead to another negative review. Only 5 (16.7%) believed in the permanency of the problem. Looking at the cause of a partner breaking up with them, 18 (60%) of the women saw it as caused by a reason which would not be a problem again. In both of these questions the higher percentage of women had attributed fault partially or totally to themselves. Yet their belief was that the reason for the problem would not be permanent, suggesting their belief was that they had the ability to resolve the problem.

The second part of the survey was on coping strategies. This study looked at problem solving/managing as compared to coping that would only distract and disengage the person, often in a negative manner, from the problem. While the original survey gave three ways to look at the use of these strategies; "did not use," "used a little," "used a lot," due to the small sample the results were collapsed into "no use" and "use of" categories. The below table considers their use of problem solving/managing coping strategies.
Table 3. Problem Solving and Managing Coping Strategies

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Used</th>
<th>%</th>
<th>Freq.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worked on Solution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>23.3</td>
<td>07</td>
<td></td>
</tr>
<tr>
<td>Did not use</td>
<td>76.7</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Let Feelings Go</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>10.0</td>
<td>03</td>
<td></td>
</tr>
<tr>
<td>Did not use</td>
<td>90.0</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Made Plan of Action</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>16.7</td>
<td>05</td>
<td></td>
</tr>
<tr>
<td>Did not use</td>
<td>73.3</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Changed Perspective</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>26.7</td>
<td>08</td>
<td></td>
</tr>
<tr>
<td>Did not use</td>
<td>73.3</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Talked it out</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>13.3</td>
<td>04</td>
<td></td>
</tr>
<tr>
<td>Did Not Use</td>
<td>86.7</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Considered Importance of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>16.7</td>
<td>05</td>
<td></td>
</tr>
<tr>
<td>Did not use</td>
<td>83.4</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>In touch with feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>13.3</td>
<td>04</td>
<td></td>
</tr>
<tr>
<td>Did not use</td>
<td>86.7</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Asked For Advice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>20.0</td>
<td>06</td>
<td></td>
</tr>
<tr>
<td>Did not use</td>
<td>80.0</td>
<td>24</td>
<td></td>
</tr>
</tbody>
</table>

The participants were also asked on their use of emotion focused coping strategies that disengaged them from the problem. These strategies provided distraction in an ineffectual or negative manner. There was a fairly even distribution of how these strategies were used. One
of the strategies that had the highest percentage of use was “I would have blamed myself.” Twenty (66.7%) women reported using it and ten women (33.3%) not using it. The strategy least used was, “I would have hoped if I waited long enough things would turn out okay.” Only 10 (33.3%) of the women would have used that particular strategy. Two questions, both dealing with use of social support versus isolation, show a contradiction in the test results. When it was phrased as “I would have avoided friends and family” 20 women (66.7%) stated they made some use of this strategy. When the question was phrased “I would have spent time by myself” 19 of the women (63.3%) stated they did not use this strategy.
Table 4. Disengagement and Distraction Coping Strategies

<table>
<thead>
<tr>
<th>Method</th>
<th>%</th>
<th>Freq.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tried to forget</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>43.3</td>
<td>13</td>
</tr>
<tr>
<td>Did not use</td>
<td>56.6</td>
<td>17</td>
</tr>
<tr>
<td>Wished problem would go away</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>46.7</td>
<td>14</td>
</tr>
<tr>
<td>Did not use</td>
<td>53.4</td>
<td>16</td>
</tr>
<tr>
<td>Blamed Self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>66.7</td>
<td>20</td>
</tr>
<tr>
<td>Did not use</td>
<td>33.3</td>
<td>10</td>
</tr>
<tr>
<td>Avoided others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>66.7</td>
<td>20</td>
</tr>
<tr>
<td>Did not use</td>
<td>23.3</td>
<td>10</td>
</tr>
<tr>
<td>Avoided thinking about it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>53.3</td>
<td>16</td>
</tr>
<tr>
<td>Did Not Use</td>
<td>46.7</td>
<td>14</td>
</tr>
<tr>
<td>Waited with hope it would work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>33.3</td>
<td>10</td>
</tr>
<tr>
<td>Did not use</td>
<td>66.6</td>
<td>20</td>
</tr>
<tr>
<td>Chewed Self Out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>53.3</td>
<td>16</td>
</tr>
<tr>
<td>Did not use</td>
<td>46.7</td>
<td>14</td>
</tr>
<tr>
<td>Isolated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>36.7</td>
<td>11</td>
</tr>
<tr>
<td>Did not use</td>
<td>63.3</td>
<td>19</td>
</tr>
</tbody>
</table>

The findings show that while there are relatively even splits on the use of emotion focused coping that distracted in an ineffectual or negative manner, the majority of women used problem solving coping strategies.
The final part of this study explored the relationship between explanatory style and the choice and development of which coping strategies are used by women in recovery. The question asked was, does a positive or negative explanatory style affect the type of coping strategy used? Does a positive explanatory style help a person engage in and learn to use problem solving and managing coping strategies?

The initial consideration of the results made it clear that the majority of the women self reported strong abilities in the use of problem solving and emotion management coping strategies. To clarify this result a t-test was run and it found no relationship between explanatory style and coping strategies. A chi-square test was not run due to the sample size, which was too small to provide valid results. ANOVA was not used because there were not more than two groups of scores.
CHAPTER FIVE
DISCUSSION

Introduction

The results of this study on how explanatory styles affects the development of coping strategies for women in recovery are interpreted in this chapter. The limitations and future directions for research are given. Finally, the conclusions of what this study found will be presented.

Discussion

The main purpose of this study was to look at the explanatory styles of women in recovery from alcohol and drugs. Are those explanatory styles negative or positive and how do they affect the development of their coping strategies? It has been documented that female substance abusers often have negative thought patterns which create low self esteem, shame, and self blame (Millar et al., 2000) These things can make recovery difficult as they impede the ability to build self efficacy, a belief a person can influence their own freedom, choices and actions. How people cope, by engaging the problem and
dealing with it, or disengaging and avoiding the problem is directly related to their sense of efficacy.

This section will consider in turn, the results of research on explanatory style, how those styles interacted with the development of coping strategies in this study, and what from this study can be determined about self efficacy, explanatory style and coping strategies for women in recovery.

In order to test explanatory style the women were given seven situations and asked three questions about each one (Appendix A). Five of those situations showed the women held a negative explanatory style. Only in two did the greater number of women have a positive explanatory style, and it was a slight majority of two to three women in each situation. It is interesting to note that the two situations that provoked these more positive explanations were about life events the women had familiarity with. Speaking at a meeting and receiving a negative response, found seventeen (56.7%) of the women attributing fault to others. If they were ignored at a party, 16 of them (53.3%) would attribute fault to others. It is possible, that in accordance with the theory of self efficacy, as these women experienced a situation
they gained self-confidence in their ability to handle it by gaining a more realistic, less negative perspective.

In contrast, the questions on the instrument that reflected the highest tendencies towards negative explanatory style were without exception the employment related questions. When asked to give a reason for being unable to find employment, eighteen (60%) of the women stated it was completely due to themselves. A total of twenty-two (73.3%) out of thirty women felt it was partially or completely due to themselves.

Another job related question asked them to make an attribution of why they would not be able to get all their assigned work done. Twenty-four (80%) of the women placed all or partial fault on themselves.

The third employment related question asked the reason for a negative job evaluation at a job they loved. 27 women (90%) attributed fault partially or completely to themselves.

Each of these answers required a written explanation. A history of felonies, not having enough experience, and not being liked by the potential employer were replies given by 23 of the thirty women in regards to problems finding employment. When asked about not
being able to get their work done, 19 women saw the problem as being too much work, or too little time, which is a less negative and more balanced explanation. However, in determining the reason for a negative evaluation on their work 20 of the women gave answers indicating it was their fault for not being good enough, or having a personality conflict with their employer.

Other situations in which the majority of the women placed the fault of a problem as being totally or partially due to themselves were; trying to advise a friend with a problem, 21 women (70%) and the ending of a relationship 19 women (63.3%).

How their explanatory style affected their view of how permanent the cause of problems would be was also researched. Despite their willingness to view problems as largely due to themselves the women did not see their problems as permanent. In four out of seven situations the most significant findings actually showed the opposite, that problems were not seen as permanent. The most significant finding was in the negative job evaluation. Although 27 women (90%) attributed fault to themselves, 25(83%) of the women felt it would never
happen again. This indicates a sense of self-efficacy, a belief they can change a problem.

Further indicating self-efficacy were the results of the coping strategies test. Those strategies were placed into two broad categories. The most interesting finding is that even with a negative explanatory style and the use of negative or weak disengagement strategies by the women they also showed a strong use of coping strategies which engaged and managed the problem. Out of eight questions that inquired about problem engagement coping strategies the lowest reported use was looking at a problem in a different way and trying to make use of what they could. Twenty-two (73.3%) of the women used that strategy. The strategy that was reported as being used the most, letting feelings go, was used by 27 (90%) of the women. All strategies were reported as being highly used, among them; talking to someone with 26 (86.7%) use; making a plan of action and asking one's self what was really important, both with 25 (83.3%) use.

Combine or define. As for the disengagement type of coping strategies in which people deal with their problems via denial, avoidance, blame, and isolation the one reported as being used the most was, "Waiting with
hope that things would work out” Twenty (66.6%) of the women using that strategy. Also highly used were isolation with 19 (63.3%) of the women using it, and trying to forget the problem in hopes it would go away which 17 (56.6%) of he women used.

The results show, that while the women do use disengagement strategies, they are much more likely to use problem solving and managing strategies despite a tendency towards a negative explanatory style. In other words, as confirmed by the t-test, no relation was shown between a positive explanatory style and the development of healthy coping strategies.

There are two possible explanations. The instrument was unreliable. Or, a 12-step program enables women to transcend a negative explanatory style.

The first, the unreliability of the instrument is highly possible. The original instrument was 72 questions with a likert scale of five. It was condensed to 16 questions with a likert scale of three. There are eight categories of coping strategies. The problem engaging strategies encompassed problem solving, cognitive restructuring, social support, expressing emotions. The strategies which disengaged people from problems were
problem avoidance, wishful thinking, social withdrawal and self criticism. This meant each category was tested (in a small population) with only two questions.

An anomaly in one category, the use of social support, clearly illustrates the potential for problems with such a severe reduction. Below it can be seen/one can see the same question is phrased in two different ways. "I avoided family and friends" and "I spent time by myself." Both tested the use of social support. Yet in one instance 20 of the women stated they did not use this strategy and in the other 19 of the women stated they did. It must be considered that the results could be due to a unreliable instrument.

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Figure 1. Anomaly in Responses: Social Support Questions

However, another explanation must also be examined. Due to the results of this study the impact of a
twelve-step program in bringing building self-efficacy and hpe for internal change must be considered.

One definition of efficacy is, "concerned not with the number of skills you have, but with what you believe you can do with what you have...skills can be overruled by self-doubts" (Bandura, 1997). This project theorized that women would have a sense of helplessness due to negative thought processes which brought about an explanatory style that made them permanently feel helpless in all situations. The sample was mainly drawn from 12-step programs and all participants attended those programs as part of their recovery.

In 12-step programs people are told from the beginning that positive change can occur internally. For that to happen they must not only admit powerlessness over their addiction, they must also take responsibility for their actions in order to recover from that addiction. Does it increase self-efficacy to admit the part played in ones problems? Yes. It takes away that learned helplessness this project began with, "these things are being done to me and I cannot stop them.” It then replaces it with a belief that one must examine
their lives and make amends for their mistakes in order to find freedom from addiction.

Given that many of the antecedents of addiction have to do with previous abuse and a resulting sense of powerlessness, this is a very empowering belief system to instill in a person. It can explain the negative explanatory style and the stronger coping strategies. They have gained belief in themselves and thereby the ability to work on self-mastery and self-efficacy.

Additionally the twelve step programs rely on a coping strategy that previous research has found women use more then men, the tendency to seek social support when dealing with problems. That is a highly adaptive coping strategy, which not only moderates stress, but also contains elements of both problem solving, and emotion management (Valtonen, Sogren, & Cameron-Padmore, 2006). One of the main precepts of the 12-step programs is that the people must reach out to each other, especially when they are experiencing difficulty in maintaining their sobriety. It is a coping strategy remarkably well suited to a woman’s strengths.
Limitations

A clear limitation of this project was the difficulty the women had taking it. While it was too long for them, it was too short to be a highly accurate test. This researcher met with very positive responses as the project was explained to the women. Yet, very few participants did not demonstrate apprehension in taking it as directed. Some women looked through the questionnaire and declined because they did not believe they were not capable of taking it.

Another problem was that the questions were to be hypothetical and thought about in a general manner, not linked to specific situations that had been experienced. The participants seemed unable to do that. Rather, they tried to apply previous events in their lives to the questions. When they could not, they often had great difficulty imagining a situation and answering the question.

These difficulties suggest two things. A more private setting then the meetings would have given the women a chance to ask questions and clarify uncertainty of how to take the questionnaire without embarrassment or self consciousness. However, the better idea would be to
restructure this project into a qualitative approach in which the theory could be examined in a way the women were more comfortable with.

The time frame of sobriety, especially in such a small population, was a problem that only became clear as the results were considered. All participants had clean time of under six years. Given the process of recovery from addiction that original time frame did not seem excessive. With the conclusion that a 12-step program has a tremendous impact on the population, a shorter time frame of sobriety would allow the theory to be studied more thoroughly. A time frame of sobriety for one year, or even six months, is more appropriate.

This study was also not culturally diversified, or age diversified. Two-thirds of the women were white females in their thirties or forties. A study that was more racially and age diversified would provide the illumination of cultural and age differences that this study could not.

Recommendations for Social Work Practice, Policy and Research

In future studies on recovery from addiction, using a population whose recovery is based on 12-step programs,
the differences that exist between those in Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) should be researched. Alcohol is a legal and easily obtainable substance, and the population who uses it is different from those who use Narcotics. The most notable difference is probably the higher rate of people with a history of incarceration. In an NA population that is a norm, which is not true in an AA population. Incarceration creates its own challenges and difficulties that intertwine into addiction. To research an addicted population with that problem would be an excellent avenue of research.

Additionally, more women are in AA programs while more men are in NA programs. The reasons for this could be better researched in several ways. By comparing the two different 12-step populations, by comparing the men and the women inside of one population, and by doing a study on men only in order to find out what commonalities they share.

A different direction for research could be the role of optimism, coping strategies and 12 step programs. A comparison with other treatment modes and how they affect these things would allow a researcher to better gage the reasons for the effectiveness of a 12-step program.
It can also be suggested that social workers, even if they are "normies" who have never had a drug or alcohol addiction could learn to make use of the 12-step programs as a valuable and cost effective resource. This would be best done by attending enough meetings to gain a feel for the population and the methods in use.

Conclusions

This research project has inconclusive results and leaves definite ambiguity as to how explanatory style affects the development of coping strategies in a population of women recovering from alcohol and drug addiction. It does support the theory that these women have a negative explanatory style. At the same time it contradicts the idea that affects their ability to form healthy coping strategies. The women reported very strong use of problem solving and managing coping styles. This project ultimately suggests a further need for more through research into the coping strategies of women in recovery along with the possibility that a 12-step population may be able to transcend that negative explanatory style and develop healthy coping strategies in spite of their explanatory style.
APPENDIX A

QUESTIONNAIRE
Directions: Pretend these things were happening to you. Why do you think this happened? Write down the reason in the blank provided. Then answer the following questions. There are no right or wrong answers. Explain in the way you would if this really happened. Then circle which number best fits your feelings.

A: You have been looking for a job unsuccessfully for some time.

1. *You decide you did not get the job because: (write answer)*

2. Your unsuccessful job search was
   1. Totally due to other people or circumstances
   2. Somewhat due to other people or circumstances
   3. Somewhat due to me
   4. Totally due to me

3. In the future when you have difficulty getting a job the problem will be
   1. Still be present
   2. Will not be present

B: A friend comes to you with a problem, and you are not as helpful as you would like to be.

4. *Why were you not as helpful as you wanted to be? (write answer)*

5. Was the reason you were not as helpful as you would like to be
   1. Totally due to other people or circumstances
   2. Somewhat due to other people or circumstances
   3. Somewhat due to me
   4. Totally due to me

6. Next time a friend comes to you with a problem and you can't help will it be
   1. It will be for the same reason
   2. It will be for a different reason, or I will be able to help
C. You speak at a meeting and several people react negatively.

7) *Why did the people react negatively to you?*

8) Why did people respond negatively?
   1. Totally due to other people or circumstances
   2. Somewhat due to other people or circumstances
   3. Somewhat due to me
   4. Totally due to me

9) In the future if you give a talk this reason will make the reaction
   1. Never happen again
   2. Happen again

D. You attend a party and people don’t seem interested in you.

10) *Why were people acting as if they were not interested in you at the party?*

11) Why did people act uninterested in you?
    1. Totally due to other people or circumstances
    2. Somewhat due to other people or circumstances
    3. Somewhat due to me
    4. Totally due to me

12) In the future when you are at a party, will this reason make people act uninterested in you?
    1. Never happen again
    2. Happen again


E. You can’t get all the work done that others expect of you.

13) Write down the one major cause of your not getting all the work done that others expect of you.

14) Is it something about you or something about other people or circumstances that keeps you from getting all the work done?
   1. Totally due to other people or circumstances
   2. Somewhat due to other people or circumstances
   3. Somewhat due to me
   4. Totally due to me

15) In the future will the reason you did not get the work done make you once again not get work done?
   1. Will never again cause me to get all the work done
   2. Will once again cause me to not get all the work done

F. After the first year of working a job you love, you receive a negative review of your work from your boss.

16) Write down the one major cause of the negative evaluation of your job performance from your employer.

17) Is the reason you got a negative evaluation of your job performance from your employer?
   1. Totally due to other people or circumstances
   2. Somewhat due to other people or circumstances
   3. Somewhat due to me
   4. Totally due to me

18) In the future will this reason you received the negative evaluation
   1. Will never again cause my job reviews to be negative
   2. Will always cause my job evaluations to be negative
G. Your partner ends your relationship.

19) *What was the biggest reason this relationship ended?*

20) Was the reason your relationship with your significant other ended
   1. Totally due to other people or circumstances
   2. Somewhat due to other people or circumstances
   3. Somewhat due to me
   4. Totally due to me

16. In the future when you are involved in a romantic relationship will this reason
   1. Never again cause my relationship to end
   2. Always cause my relationships to end
Last week an old friend phoned you with an invitation to her party. You have been in recovery for six months and people will be drinking or using at the party. You tell her no. She wants you to come and she asks, "Why can’t you handle going to a party?" Then she tells you she will make sure you don’t drink or use drugs. She continues to ask you to come to her party. You stop talking and finally tell her you’ll call later. After hanging up you feel terrible and you realize that you do not want to lose her friendship.

Think about what you would have done in this situation. Then please look at the list below and circle what you would have done in this situation.

1. Used this coping strategy not at all
2. Used this coping strategy a little
3. Used this coping strategy a lot

1. I would have worked on solving the problem.
   1  2  3

2. I would have let out my feelings to reduce stress.
   1  2  3

3. I would have made a plan of action and followed it.
   1  2  3

4. I would have looked at things in a different light and tried to make use of what was available.
   1  2  3

5. I talked to someone about how I was feeling.
   1  2  3

6. I would have tried to forget the whole thing.
   1  2  3

7. I would have wished the situation would go away or somehow be over with.
   1  2  3

8. I would have blamed myself.
   1  2  3
9. I would have avoided my family and friends.
   1  2  3

10. I would have asked myself what was really important and discovered things weren’t so bad after all.
    1  2  3

11. I would have got in touch with my feelings and just let them go.
    1  2  3

12. I would have asked a friend or relative I respect for advice.
    1  2  3

13. I would have avoided thinking or doing anything about the situation.
    1  2  3

14. I would have hoped that if I waited long enough, things would turn out okay.
    1  2  3

15. Since what happened was my fault, I would have really chewed myself out.
    1  2  3

16. I would have spent time by myself.
    1  2  3

First Name ___________________ Age _____

Ethnicity ___________________ Length of time in sobriety _______________

Are you willing to be called for follow up questions? Yes _____ No _____

If yes, phone number please ____________________________________________
APPENDIX B

INFORMED CONSENT
Informed Consent

The study in which you are about to participate is designed to investigate the relationship between the way a person explains events in their life and how they develop their coping strategies while in recovery from addiction to alcohol and other substances. This study is being conducted by Alice Joy Gunn under the supervision of Ms. Rachel Estrada, L.C.S.W., Research Supervisor. This study has been approved by the Department of Social Work Sub-committee of the Institutional Review Board at California State University, San Bernardino.

In this study you will be asked to respond to a series of questions about how you explain typical life events and what your choices of coping strategies are. It will take you 15 to 20 minutes to complete this survey. All participants’ identities will be kept confidential and there are no foreseeable risks to your participation in the study. Your participation is voluntary and you are also free to withdraw from this study at any time without penalty.

If at any time you have questions or concerns about this research, please feel free to contact Ms. Rachel Estrada at (909) 537-5501. Complete results of this study will be available after June 2008 in the Pfau Library of California State University, San Bernardino.

By placing a check mark below I acknowledge that I have been informed of and I freely consent to participate. I understand the nature and purpose of this study. I am over 18 years of age.

__________________________  __________________________
Date  place X above
APPENDIX C

DEBRIEFING STATEMENT
Debriefing Statement For

Thank you for participating in this study. It was designed to gather information about how women in recovery from addiction explain their life events, and the role those explanations play in shaping their coping strategies. It is hoped that the results of this will help us gain an increased understanding of the relationship between explanatory style, coping strategies and recovery from addiction to alcohol and other drugs. All participants' identities will be kept anonymous and confidential.

If you feel any discomfort or distress due to your participation in this study please contact one of the community resources and counseling services that can be provided for you. If you questions regarding this study, please contact Ms. Rachel Estrada, L.C.S.W., Research Advisor at (909) 537-5501. Complete results of this study will be available after September 2008 in the Pfau Library of California State University, San Bernardino. Once again, your participation is greatly appreciated.

Thank you,

Alice Joy Gunn
APPENDIX D

THE 12-STEPS OF NARCOTICS ANONYMOUS
The 12 Steps of Narcotics Anonymous

1. We admitted that we were powerless over our addiction, that our lives had become unmanageable.
2. We came to believe that a Power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over to the care of God as we understood Him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We were entirely ready to have God remove all these defects of character.
7. We humbly asked Him to remove our shortcomings.
8. We made a list of all persons we had harmed, and became willing to make amends to them all.
9. We made direct amends to such people wherever possible, except when to do so would injure them or others.
10. We continued to take personal inventory and when we were wrong promptly admitted it.
11. We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principles in all our affairs.
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a Multiple modes exist. The smallest value is shown
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## Frequencies For Disengagement Coping Skills

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REFERENCES


