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ACCEPTANCE

This dissertation, USING LIFE-STYLE AND COPING RESOURCES TO DIFFERENTIATE BETWEEN GAY MEN WITH AND WITHOUT ALCOHOL PROBLEMS: AN ADLERIAN STUDY, by JOFFREY S. SUPRINA, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree Doctor of Philosophy in the College of Education, Georgia State University.

The Dissertation Advisory Committee and the student's Department Chair, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty. The Dean of the College of Education concurs.

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ABSTRACT

USING LIFE-STYLE AND COPING RESOURCES TO DIFFERENTIATE BETWEEN GAY MEN WITH AND WITHOUT ALCOHOL PROBLEMS: AN ADLERIAN STUDY

by

Joffrey Scott Suprina

Addictions are prevalent in the United States with gay men's drinking habits considered as problematic as their heterosexual counterparts (Bux, 1996). Although some research has compared gay men and heterosexual men's drinking behaviors, further research is needed to identify the life-style and coping resource differences between gay men with and without drinking problems. This study explores gay men and problem drinking from an Individual Psychology perspective by comparing the life-style themes as measured by the Basic Adlerian Scales for Interpersonal Success – Adult Form (BASIS-A: Wheeler, Kern, & Curlette, 1993) and coping resources as measured by the Coping Resources Inventory for Stress (CRIS: Matheny, Aycock, Curlette, & Junker, 2003) between gay men with and without harmful alcohol use as determined by the Alcohol Use Disorders Identification Test (AUDIT: Saunders, Aasland, Babor, De LA Fuente, & Grant, 1993).

Through probability sampling over the internet, 398 self-identified gay men completed online surveys. The 398 participants represented three groups: (a) No Current Alcohol Problem (n = 284, 71.4%), (b) a Current Alcohol Problem (n = 91, 22.9%), and (c) Alcoholic but Currently Abstaining (n = 23, 5.8%). A multivariate analysis of variance (MANOVA) resulted in significant differences between the groups on several

scales of the CRIS and BASIS-A, and a logistic regression identified Confidence, Tension Control and Going Along as significant predictors of alcohol problems in gay men. Limitations, needs for future research, and counseling implications are discussed.

USING LIFE-STYLE AND COPING RESOURCES TO DIFFERENTIATE BETWEEN GAY MEN WITH AND WITHOUT ALCOHOL PROBLEMS: AN ADLERIAN STUDY

by
Joffrey Scott Suprina

A Dissertation

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in
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ABBREVIATIONS

NIAAA	National Institute of Alcohol Abuse and Alcoholism
LGBT	Lesbian, Gay, Bisexual and Transgendered
APA	American Psychological Association
ACA	American Counseling Association
NHSDA	National Household Survey and Drug Abuse
IP	Individual Psychology
BASIS-A	Basic Adlerian Scales for Interpersonal Success - Adult Inventory
BSI	Belonging and Social Interest
GA	Going Along
TC	Taking Charge
WR	Wanting Recognition
BC	Being Cautious
H	Harshness
E	Entitlement
L	Like by All
P	Striving for Perfection
S	Softness
CRIS	Coping Resources Inventory for Stress
CRE	Coping Resources Effectiveness
HIV/AIDS	Human Immuno-Virus/Acquired Immune Deficiency Syndrome

AUDIT	Alcohol Use Disorders Identification Test
MANOVA	Multivariate Analysis of Variance
SPSS	Statistical Package for the Social Sciences
NCAP	No Current Alcohol Problem
CAP	Current Alcohol Problem
ACA	Alcoholic Currently Abstaining
AA	Alcoholics Anonymous

CHAPTER 1

USEFULNESS OF THE ADLERIAN LIFE-STYLE AND COPING RESOURCES IN RESEARCH WITH GAY MEN AND ADDICTION

Addiction is prevalent in the United States. The National Institute of Alcohol Abuse and Alcoholism (NIAAA, 2005) reports alcoholism affects 1 in 13 Americans with more than 7% of the U.S. population reported to have alcohol problems. The NIAAA reports males are more than twice as likely as females to have drinking problems, while American Indian/Alaska Native's have the highest prevalence of problematic alcohol consumption, followed by Whites and Hispanics, then African Americans and finally Asian American/Pacific Islanders. Alcohol use is considered the third leading cause of preventable death in the United States (NIAAA).

Unlike racial statistics, data on lesbian, gay, bisexual and transgendered (LGBT) individual's consumption is lacking. Kadour (2005) noted a lack of data about LGBT individuals as a sign of heterosexism in scientific research and data collection. Kadour argued for inclusion of LGBT demographic information in all scientific research to counter the invisibility of LGBT data in most research. Such a broad sweeping inclusion of sexual orientation and gender identity in demographics questionnaires would better support the American Psychological Association (APA) and American Counseling Association (ACA) ethical codes for respect of diversity in research. It would also negate the challenges encountered when trying to target an LGBT sample.

Early research on alcohol consumption of gay men estimated that 28 – 35% of the gay population have problems with alcohol, a figure higher than the figure for national male samples that did not discriminate by sexual orientation (Fifeld *et al.*, 1977; Lohrenze *et al.*, 1978; Saghir & Robins, 1973). But that research had methodological problems including convenience samples gathered from gay bars. Herek, Kimmel, Amaro, and Melton (1991) discussed heterosexism in research and made several suggestions for overcoming heterosexist research methodology. Their suggestions included considerations of the research question(s), sampling, methodology and reporting of results. They encouraged the use of broad probability sampling as a means of increasing the generalizability of data collected. Mathy, Schillace, Coleman, and Berquist (2002) explored robust internet sampling using several methods from email solicitation to postings in targeted chat rooms. Their study of lesbian and bisexual women resulted in a sample whose varied demographics (age, race, socioeconomic status, education and income etc.) closely matched the greater population demographic variables found by national Gallup polls and the United States Census.

Contrary to earlier research, more recent research, using more robust sampling methods and refined research methodology, suggested that gay men's drinking habits are similar to their heterosexual counterparts in quantity and severity, but gay men were found to be less likely to abstain from alcohol and more likely to have problems with drug abuse than heterosexual men (Bux, 1996; Cochran *et al.*, 2000; Skinner, 1994; Stall *et al.*, 2001; Stall & Wiley, 1988). For example, Skinner found 37.5% of the gay men in his sample reported using marijuana and 81.3% reported using alcohol in the last month as compared to 16.5% and 73.7% respectively reported by men in the 1990 National

Household Survey on Drug Abuse (NHSDA). It is unknown how many of the participants in the NHSDA were gay, but the difference is noteworthy. Additional research is needed to compare the consumption habits of homosexual and heterosexual men. However, research on consumption rates or prevalence of alcohol and drug abuse is only the beginning. Knowing that alcohol problems are at least as problematic for gay men as for the heterosexual male does not begin to help explain any differences between heterosexual and homosexual problem drinkers or differences between gay men with and without addiction problems. Identifying unique protective or risk factors can inform prevention and treatment of alcoholism in a variety of populations.

The study of addiction is complex and involves genetics, beliefs, unconscious processes, gender, temperament, as well as developmental, familial, spiritual, cultural, ethnic, social, economic and political factors as pertinent for consideration in studying addiction (Bishop, 2001). It would be helpful if one theoretical foundation could provide a broad biopsychosocial perspective that can help assess, conceptualize, and explain addictive behavior while providing theoretically-based interventions to address the complexity of addictions. Carroll (1999) suggested that Adler's Individual Psychology (IP) is such a theory. Adler's IP is holistic, integrative, social and teleological (Ansbacher & Ansbacher, 1964). IP is holistic as represented in the concept of the life-style – one's fundamental self-concept and worldview that impacts every area of one's life. IP is integrative, acknowledging interconnectedness of body, mind and spirit with one's environment as well as integrating a variety of techniques for intervention. According to IP, the human condition is socially embedded with the ultimate human goal being to achieve belonging. Additionally, IP is teleological in that it understands human behavior

to be purposively goal driven. As such individuals are not pathologized for their behavior, but considered discouraged and in need of encouragement to help them discover their mistaken goals and build new strategies (Ansbacher & Ansbacher). Such a perspective allows for recognition of our similarities while acknowledging and accommodating our differences.

This paper proposes using IP as a foundation to conceptualize, assess and treat gay men with alcohol problems; more specifically using the application of the life-style construct combined with a stress coping approach as a way of addressing the complexity of alcoholism. Such an approach can help to explain the purposeful behavior of alcohol consumption and help uncover the addict's mistaken goals. Both will help the client develop new coping resources and new goals that will encourage a more successful life.

Adlerian Life-Style

Individuals are believed to make choices according to the patterns of personality attributes that Adlerians call the "life-style." The Adlerian life-style is believed to develop in early childhood, constructed by early assumptions of how best to achieve self-determined goals. Those patterns formulate around problem-solving strategies that are believed to progress the individual toward perceived comfort and success, and away from perceived harm and failure (Slavik, 1995). The lifestyle is the individual's unique way of being, coping, and operating in the world and supports the person's private logic for the best way to achieve one's desired goals (Ansbacher & Ansbacher, 1964; Disque & Bitter, 1998). All of an individual's emotion and behavior is believed to be congruent with the life-style. A person's life-style or 'modus operandi' will remain mostly consistent throughout life, and vary only as the individual becomes aware of and chooses to change

any mistaken goals or habitual fictions. For individuals with alcoholism, the habitual fiction may be that drinking helps them to belong; when in reality it can more likely lead to isolation. Driekurs (1997) suggested that the life-style must be considered in any personal problem. Although sometimes successfully disguised, the life-style is considered to be most visible during times of stress when the individual is very likely to respond in a manner consistent with one's life-style (Ansbacher & Ansbacher, 1964; Kutchins & Curlette, 1997; Slavik, 1995).

Adlerian Life-style and Personality

Adler equated the life-style with a variety of constructs including personality (Ansbacher & Ansbacher, 1964). The relationship between personality traits and substance abuse (Gerra *et al.*, 2004; Kashdan *et al.*, 2005; Tremblay & Ewart, 2005; Weijers *et al.*, 2003; Windle & Scheidt, 2004) as well as personality traits and behavioral addictions (Chak & Leung, 2004; Parke *et al.*, 2004) is well founded in research. Personality characteristics have been found to be useful in discriminating drug choice (Conway *et al.*, 2003; Le Bon *et al.*, 2004), identifying gender differences (Kashdan et al., 2005; Weijers et al., 2003), differentiating comorbid personality disorders (Bahlmann *et al.*, 2002; Bowden-Jones *et al.*, 2004; Ladd & Petry, 2003), and as predicting future addiction problems (Kirkcaldy *et al.*, 2004). Additionally, studies that work with other cultures support the universality of personality influences on addiction (Bau & Salzano, 1995; Johnson *et al.*, 1992; Tori, 1989).

While addiction researchers have studied personality characteristics for years, there is still a question about the existence of an "addictive personality" (Cox, 1985; Kerr, 1996; Sharma, 1995). Despite an inability to identify a single personality profile for

persons with addictions, personality traits are considered pertinent factors in determining risk for alcohol addiction. Those vulnerable to addiction are identified as more impulsive, unruly, easily bored, outgoing, sociable, expressive, rebellious, questioning of authority, challenging of tradition and inclined to take risks (Legrand *et al.*, 2005).

Adler recognized the error of striving to identify a single personality type for any given population. Rather than just a collection of personality characteristics, Adler's life-style may be considered as personality in action (Lombardi & Melchior, 1996). Adler felt there were thousands of different life-styles among individuals and, therefore, opposed trying to classify individuals into distinct types (Ansbacher & Ansbacher, 1964). Although each individual is considered to have a unique life-style, Adler acknowledged the advantages of identifying patterns or general themes that can divulge similarities between the individual life-styles. The Basic Adlerian Scales for Interpersonal Success (BASIS-A: Wheeler *et al.*, 1993) was developed through extensive research with the psychology of Alfred Adler to provide a quantitative measure of life-style that provided the flexibility to accommodate individual uniqueness while enabling identification of similar themes between individuals. Items were chosen based on Adlerian perspectives of life-styles, Mosak's typologies, and research with the Lifestyle Personality Inventory (Wheeler *et al.*, 1982), an earlier lifestyle assessment instrument developed by the same authors (Curlette *et al.*, 1997).

The BASIS-A (Wheeler et al., 1993) measures five life-style themes: Belonging-Social Interest (BSI), Going Along (GA), Taking Charge (TC), Wanting Recognition (WR), and Being Cautious (BC). It also has five sub-scales that help to broaden the interpretation of the BASIS-A profile: Harshness (H), Entitlement (E), Liked by All (L),

Striving for Perfection (P), and Softness (S). The BASIS-A has been used successfully in a variety of clinical applications (Wheeler, 1996).

BASIS-A Research and Addictions

Five empirical studies of alcohol addiction utilized the BASIS-A. Bauman's (1997) pilot study of 103 participants found a correlation between several of the BASIS-A scales and scales of the SASSI-2 measuring substance abuse. The GA scale was highly negatively correlated with four SASSI-2 addiction scales while the TC, BC and H scales were highly positively correlated to those scales. The S scale was moderately negatively correlated with those same scales. Additionally, seven of the BASIS-A scales (GA, TC, WR, BC, H, L and S) were found to significantly discriminate between those with a high probability of substance abuse and those with low probability as identified by the SASSI-2.

Building upon his earlier findings, Bauman (2000) used the BASIS-A to compare life-style profiles of three groups of clinically diagnosed patients: substance abuse-only, psychiatric-only and dual-diagnosis individuals. Four BASIS-A scales (TC, GA, WR & L) were found to significantly differentiate between the substance abuse-only and psychiatric-only groups. Substance abusers were higher on the TC scale and lower on the GA, WR, and L scales than the individuals with psychiatric-only diagnosis. However, the BASIS-A did not significantly discriminate between the substance abuse-only and dual-diagnosis patients.

Lewis and Watts (2004) explored the BASIS-A as a predictor of frequency of binge drinking and frequency of alcohol consumption in 273 college students. They compared the prediction ability of the BASIS-A with that of other commonly used

predictors: grade of first drinking experience, gender, fraternity/sorority membership, and level of religious participation. Results revealed that the BASIS-A was a better predictor of binge drinking than the other variables with a positive correlation for the BSI and WR scales and a negative correlation for the GA and TC scales. The BSI (positively correlated) and GA (negatively correlated) were also significant predictors of both frequency and quantity of alcohol consumption, but were secondary to first drinking experience and gender.

Lewis and Osborne (2004) analyzed data from the same study and found the BSI (positively correlated) and GA (negatively correlated) scales from the BASIS-A were also significant predictors of alcohol use intensity and quantity of negative consequences of alcohol use. However, BSI was the stronger predictor of alcohol use intensity, while GA score was the better predictor for total consequences.

Lewis and Wachter (in press) studied 159 college students using the BASIS-A and selected items from the Alcohol and Other Drug Survey (Thombs, 1999) to identify the Adlerian life-style attributes that differentiate light drinking college students from heavy drinking college students. After controlling for socio-demographic variables, results revealed three BASIS-A life-style themes were superior in predicting light and heavy drinking college students: BSI, GA and TC. The BSI was positively correlated with heavy drinkers, while the GA and TC scales were both negatively correlated with heavy drinkers. It is also noteworthy that belonging to a “nonwhite minority” was the next best predictor of alcohol use intensity.

All of the research to date notes a negative correlation between the GA score and different attributes of addiction such as quantity consumed, binge drinking and negative

consequences (Bauman, 1997; 2000; Lewis & Osborn, 2004; Lewis & Watts, 2004). The primary differences between the studies were the BSI and TC scales. Both of Bauman's studies found a lower BSI score and elevated TC score as differentiators, while the other studies found the exact opposite correlation on those two scales. This discrepancy is probably best explained by the difference in the samples. Bauman's samples were primarily (> 50%) minority participants while the other studies used college students who were significantly Caucasian (> 86%). Lewis and Osborne (2004) noted their surprise at a positive correlation between the BSI and most alcohol related variables. They explained the finding by considering the scale to measure the "sociability, extraversion and outgoingness" (p. 12) rather than belonging or social interest. This may reflect an elevated desire to belong that may be typical of a young college student trying to fit in. Conversely, Bauman's (Bauman, 1997, 2000) primarily minority samples from a more clinical setting may feel rejected by society (less belonging) as reflected in their lower BSI scales.

Those varied results suggest a measurable difference between Caucasian individuals from the dominant culture and minority individuals. Although a non-heterosexual orientation is considered a minority, little research has been done to explore the life-style attributes of gays and lesbians (Sue, 2005; Sue & Sue, 2003). In an ethnographic study of 10 gay recovering alcoholics, Suprina (2005; in press) included the BASIS-A and found the mean profile more similar to Bauman's (2000) study with a low BSI score and moderately high TC score. It is possible that the minority participants felt a lack of belonging (BSI) and attempted to counter those feelings of inferiority by taking charge (TC). This may point to minorities (both sexual and racial minorities) feeling an

increased lack of belonging that is reflected in their BSI. Additional research could help clarify this discrepancy and refine the interpretation and use of the data from these studies.

Purposeful Behavior as Coping

As stated previously, Individual Psychology is teleological and considers all human behavior to be purposeful (Ansbacher & Ansbacher, 1964). What then would be the purpose of alcohol consumption? If we consider addiction as Adler suggested as a mechanism to alleviate a certain situation, then alleviation of perceived stress, anxiety or inferiority feelings might be considered a viable purpose. In that manner, purposeful drinking might be equivalent to a coping mechanism.

Social Learning Theory also supports alcohol as a coping mechanism representative of avoidance coping (Britton, 2004; Cooper *et al.*, 1988). Both social drinkers and alcoholics identify coping with stress as motivation for using alcohol (Powers, 1987; Powers & Kutash, 1985). The Stress Reduction Hypothesis (Powers; Powers & Kutash, 1985), Self-Medication Hypothesis (Khantzian, 1985), and Stress-Vulnerability Model (Cooper *et al.*, 1990; Cooper et al., 1988) all outline such a perspective in which drinking occurs to relieve varied stress states which subsequently may contribute to cyclically increased usage, habituation and dependence.

If alcohol consumption can be considered at least partly as a coping mechanism for managing stress, managing minority stress may help explain drinking in gay men. Minority stress is considered a viable source for chronic and acute stress for gay men (Meyer, 2003). The discrimination, oppression and discouragement of a heterosexist society can result in detrimental physical and mental health outcomes as well as addictive

behaviors (Cochran, 2001; DiPlacido, 1998; Mays & Cochran, 2001; Meyer, 1995). Meyer (2003) suggested four processes of minority stress relevant to sexual minorities: (a) external stressful events and conditions, (b) expectations of such events and the vigilance this expectation requires, (c) the internalization of negative societal attitudes such as homophobia and (d) concealment of one's sexual orientation. Research on the coping resources utilized by gay men to alleviate minority stress may identify unique protective factors against developing addiction.

Research on coping and addiction support extroversion, active problem-solving and utilization of varied coping skills as protective against addiction, with social withdrawal, high neuroticism, and avoidance coping as risk factors for developing addiction (Carroll, 1999; Cooper et al., 1988; Rebelo, 1999; Winter, 2000). In a large, longitudinal study with Swedish men, Stenbecka (2000) found the strongest predictors of decreased misuse of substances to be good social capacity, emotional control and intelligence, with good physical health and psychic energy also being significant protective factors.

However, relationships between coping and addiction were not always simple. Cooper et al. (1988) found expectancies to moderate the relationship between avoidant styles of emotion-focused coping and drinking to cope, with individuals with strong positive expectancies and using avoidant styles of coping more likely to drink to cope. Other confounding factors include the fact that avoidant coping is not always problematic while problem solving coping is not always beneficial. Armeli, Carney, Tennen, Affleck, and O'Neil (2000) found avoidant coping to diminish alcohol consumption when used in immediate crisis as it tended to distract the individual from the stressor. Conversely,

problem solving coping tended to increase the focus on the problem and was associated with increased consumption of alcohol. Exploring the life-style themes might help explain the variance in the implementation and outcome of coping resources.

Coping and Lifestyle Research

One study (Kern, Gfroerer, Summers, Curlette, & Matheny, 1996) investigated the relationship between personality, using the BASIS-A (Wheeler et al., 1993), and coping resources, using the Coping Resources Inventory for Stress (CRIS: Matheny *et al.*, 2003). They found a significant correlation between six of the BASIS-A personality scales and the overall coping resources effectiveness scale of the CRIS: S (r = 53), BSI (r = .38), P (r = .37), BC (r = -.35), H (r = -.36), and GA (r = .31). They interpreted those findings to imply that individuals with less effective coping resources for stress tended to perceive themselves as coming from discouraging families of origin, showing diminished striving, rebelling, and a slight tendency to boss other children. They concluded there was a strong link between perceptions of early childhood (the Adlerian life-style) and coping resources for stress that could be valuable considerations for promoting stress coping in adolescents and adults.

Although coping research usually distinguishes between coping strategies and coping resources, there is evidence that coping strategies (such as drinking) may become coping resources (such as alcoholism) when supported over time (Hammer & Marting, 1988). Most research on coping and gay men centers around HIV/AIDS: either coping with the disease (Bianchi *et al.*, 2004; Burgess *et al.*, 2000; Moskowitz & Wrubel, 2005; Pakenham & Rinaldis, 2001; Penedo *et al.*, 2003) or how coping impacts adherence to medications (Halkitis *et al.*, 2003; Harzke *et al.*, 2004). There is a lack of studies on

coping resources of gay alcoholics or gay men who do not experience addiction. By identifying the positive or resilience coping resources and life-style themes, several potential benefits exist.

Benefits

Comparing the life-style and coping resources of gay problem drinkers to gay men without drinking problems can help outline resilience factors for healthier coping and success with the life tasks among gay men. From an Adlerian perspective, identifying and understanding a person's life-style has many advantages. It can help a clinician overcome client resistance, uncover mistaken goals, and predict problematic behaviors including substance abuse (Curlette & Kern, 1996; Dinter, 2000; Keene Jr & Wheeler, 1994; Kern et al., 1996; Kutchins & Curlette, 1997; Lewis & Osborn, 2004; Lewis & Watts, 2004; Lombardi & Melchior, 1996).

Identifying competences or resilience characteristics, such as beneficial coping resources, can be protective against development of problematic alcohol use and could be taught to addicts to help them with cessation (Frissell, 1997; Stenbacka, 2000). Stenbacka noted that the identification of confidence factors is at the least as important as identification of risk factors. This is consistent with Adlerian intentions of building upon strengths. Additionally, an effective use of coping resources has been found to assist with relapse prevention (McKay, 1999).

This information can be invaluable for creating the specialized gay treatment programs advocated by several researchers as more efficacious (Chung, 2003; Cochran, 2001; Hicks, 2000; Suprina, in press). Additionally, programs that successfully accommodate the diversity in the gay community encourage a non-heterosexist

environment that is beneficial to everyone (Perez, DeBond, & Bieschke, 2000).

Finally, comparing gay men with healthier lifestyles to gay men with problematic alcohol consumption can help counselors to understand the variances within the gay community and thereby better avoid the influences of a heterosexist, homophobic society by supporting healthy norms from within. This perspective can provide a better basis for integrating gay men into a heterosexually dominant society. Such an approach may encourage inclusion and a sense of belonging for gay men into American society.

Directions for Future Research

There is a lack of research on the Adlerian life-style of gay men. Research is needed to identify life-style themes for various homosexual populations. This may include between group comparisons of gay men to heterosexual or bisexual men. It can also include intragroup comparisons of gay men with and without addiction problems or other mental health challenges. There is also a lack of research on coping skills and resources for gay men except for gay men with HIV/AIDS. Additional studies are needed to explore the coping resources of healthy gay men and comparisons with those coping with addiction or other mental health challenges beyond HIV/AIDS. Such studies can provide valuable information for conceptualization and treatment of gay men.

Summary

Research is lacking on gay men and addictions. Although the study of addiction with any population can be complex, adding social discrimination or minority stress can further complicate the biopsychosocial interactions to be addressed. Such complexities are well suited to the holistic and teleological perspectives of Individual Psychology. Using IP as a foundation to conceptualize, assess and treat gay men with alcohol

problems; more specifically using the application of the life-style construct combined with a stress coping approach can help to identify ways to overcome client resistance, uncover mistaken goals, and identify ineffective coping mechanisms and coping deficiencies. Identifying differences in life-style themes and coping resources between gay men with and without drinking problems can help identify protective and risk factors that will inform more effective prevention and treatment interventions. Finally, establishing healthy norms for gay men may go far to counteract any heterosexism that contributes to minority stress and development of addiction in gay men.

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CHAPTER 2

USING LIFE-STYLE AND COPING RESOURCES TO DIFFERENTIATE BETWEEN GAY MEN WITH AND WITHOUT ALCOHOL PROBLEMS: AN ADLERIAN STUDY

Addiction is prevalent in the United States. The National Institute of Alcohol Abuse and Alcoholism (NIAAA, 2005) reported more than 7% of the U.S. population has problems with alcohol and alcoholism affects 1 in 13 Americans. While males are more than twice as likely as females to have drinking problems, American Indian/Alaska Native's have the highest prevalence of problematic alcohol consumption, followed by Whites and Hispanics, then African Americans and finally Asian American/Pacific Islanders (NIAAA). Additionally, alcohol use is considered the third leading cause of preventable death in this country (NIAAA).

A lack of national data on lesbian, gay, bisexual and transgendered (LGBT) individual's consumption, Kadour (2005) noted as a sign of heterosexism in scientific research. Although early research targeting gay men suggested they had significantly higher prevalence of alcohol related problems than the general population (Fifeld, Latham, & Phillips, 1977; Lohrenze, Connelly, Coyne, & Spare, 1978; Saghir & Robins, 1973), more recent research, using more robust sampling methods and refined research methodology, found gay men's drinking habits to be more similar to their heterosexual counterparts except gay men were less likely to abstain from alcohol than heterosexual

men (Bux, 1996; Cochran, Keenan, Schober, & Mays, 2000; Skinner, 1994; Stall *et al.*, 2001; Stall & Wiley, 1988).

Research on consumption rates or prevalence of alcohol abuse is only the beginning. With an increased recognition of the complex, biopsychosocial nature of addiction (Bishop, 2001; Carroll, 1999; Stenbacka, 2000; Winter, 2000), there is a need for an exploration of some contributing factors for addiction in gay men. Such an exploration will be benefited by using a theoretically-based biopsychosocial approach that can help assess, conceptualize, and explain addictive behavior while accommodating the complexity of addictions. Carroll (1999) suggested that Adlerian Individual Psychology (IP) is such a theory, because it is holistic and teleological (Ansbacher & Ansbacher, 1964). This study explores the efficacy of using an IP perspective to examine the differences between gay men with and without drinking problems.

The Adlerian Life-style

Adler's IP is holistic (biopsychosocial), considering the whole person as represented in the life-style. A core concept of IP, the life-style is the individual's unique way of being, coping, and operating in the world and supports the person's private logic for the best way to achieve one's desired goals (Ansbacher & Ansbacher, 1964; Disque & Bitter, 1998). The Adlerian life-style is sometimes equated with personality (Ansbacher & Ansbacher), or personality in action (Lombardi & Melchior, 1996). Although each individual is considered to have a unique life-style, Adler acknowledged the advantages of identifying patterns or general themes that can divulge similarities between the individual life-styles. Identification of common life-style themes can effectively inform research and practice.

Although numerous research studies support a correlation between personality traits and substance abuse (Gerra *et al.*, 2004; Kashdan, Vetter, & Collins, 2005; Tremblay & Ewart, 2005; Weijers, Wiesbeck, Wodarz, Keller, Michel, & Baining, 2003; Windle & Scheidt, 2004) and personality characteristics have been found useful in discriminating drug choice as well as predicting future addiction problems (Kirkcaldy, Siefen, Surall, & Bischoff, 2004), research on addictions and the personality themes of the Adlerian life-style is still in its infancy, due, in part, to a previous lack of effective quantitative measures for the life-style. Through extensive research with the psychology of Alfred Adler, the Basic Adlerian Scales for Interpersonal Success – Adult Form (BASIS-A: Wheeler *et al.*, 1993) was developed to provide a quantitative measure of life-style that provided the flexibility to accommodate individual uniqueness while enabling identification of similar themes between individuals. Items were chosen based on Adlerian perspectives of life-styles, Mosak's typologies, and research with the Lifestyle Personality Inventory (Wheeler, Kern, & Curlette, 1982), an earlier lifestyle assessment instrument developed by the same authors (Curlette, Wheeler, & Kern, 1997).

BASIS-A and Addiction Research

Addiction research using the BASIS-A (Wheeler et al., 1993) has discovered significant differences in the Adlerian Life-style themes for participants with various addiction characteristics. A consistent finding is a negative correlation between the GA (Going Along) score and different attributes of addiction such as: identifying a high probability of substance abuse (Bauman, 1997), differentiating between clinical patients with substance abuse diagnosis and those with only a psychiatric diagnosis (Bauman, 2000), a predictor of frequency of binge drinking and frequency of alcohol consumption

in college students (Lewis & Watts, 2004), a significant predictor of alcohol use intensity and quantity of negative consequences of alcohol use (Lewis & Osborn, 2004), and as differentiating light drinking college students from heavy drinking college students (Lewis & Wachter, in press).

The primary differences between the studies were the Belonging/Social Interest (BSI) and Taking Charge (TC) scales. Both of Bauman's (Bauman, 1997, 2000) studies found a lower BSI score and elevated TC score as differentiators, while the other studies (Lewis & Osborn, 2004; Lewis & Wachter, in press; Lewis & Watts, 2004) found the exact opposite correlation on those two scales . This discrepancy is probably best explained by the difference in the samples. Bauman's samples were primarily (> 50%) minority participants while the other studies used college students who were significantly Caucasian (> 86%). Lewis and Osborne noted their surprise at a positive correlation between the BSI and most alcohol related variables. They explained the finding by considering the scale to measure the "sociability, extraversion and outgoingness" (p. 12) rather than belonging or social interest. This may reflect an elevated desire to belong that may be typical of a young college student trying to fit in. Conversely, Bauman's primarily minority samples from a more clinical setting may feel rejected by society (less belonging) as reflected in their lower BSI scales. Additional research is needed to clarify those discrepancies.

Purposeful Behavior as Coping

Finally, IP is teleological and considers all human behavior to be purposeful. Adler wrote, "In all cases of addiction we are dealing with people who are seeking alleviation in a certain situation" (as cited in Ansbacher & Ansbacher, 1964, p. 423).

Alleviating perceived stress, anxiety or inferiority feelings might be considered a viable purpose, which would suggest drinking is a coping mechanism. Such a perspective is not unique. Both social drinkers and alcoholics identify coping with stress as motivation for using alcohol (Powers, 1987; Powers & Kutash, 1985).

Coping and Addiction Research

Research on coping and addiction support extroversion, active problem solving and utilization of varied coping skills as protective against addiction, with social withdrawal, high neuroticism, and avoidance coping as risk factors for developing addiction (Carroll, 1999; Cooper et al., 1988; Rebelo, 1999; Winter, 2000). In a large longitudinal study with Swedish men, Stenbecka (2000) found the strongest predictors of decreased misuse of substances was good social capacity, emotional control, intelligence, psychic energy and good physical health.

For gay men, minority stress is considered a viable source for chronic and acute stress (Meyer, 2003). The discrimination, oppression and discouragement of a heterosexist society can result in detrimental physical and mental health outcomes as well as addictive behaviors (Cochran, 2001; DiPlacido, 1998; Mays & Cochran, 2001; Meyer, 1995). However, most research on coping and gay men centers around HIV/AIDS: either coping with the disease (Bianchi, Zea, Poppen, Reisen, & Echeverry, 2004; Burgess, Carretero, Elkington, Pasqual-Marsettin, Lobaccaro, & Catalain, 2000; Moskowitz & Wrubel, 2005; Pakenham & Rinaldis, 2001; Penedo *et al.*, 2003) or how coping impacts adherence to medications (Halkitis, Parsons, Wolitski, & Remien, 2003; Harzke, Williams, Nilson-Schanneson, Ross, Timpson, & Keel, 2004). There is a lack of research on the coping resources of gay men without HIV/AIDS. If all gay men are exposed to

some degree of minority stress, it would be helpful to understand what coping resources are protective against developing drinking problems in response to stress.

With the consumption of alcohol at least as problematic for gay men as heterosexual men, with evidence that Adlerian life-style themes can effectively differentiate certain addiction characteristics, and support of addiction as a coping mechanism, this study was undertaken. This study explored gay men and problem drinking from an Adlerian IP theoretical foundation by comparing the life-style themes as measured by the Basic Adlerian Scales for Interpersonal Success – Adult Form (BASIS-A: Wheeler *et al.*, 1993) and coping resources as measured by the Coping Resources Inventory for Stress (CRIS: Matheny *et al.*, 2003) between gay men with and without harmful alcohol use as determined by the Alcohol Use Disorders Identification Test (AUDIT: Saunders *et al.*, 1993).

Research Questions and Hypotheses

1. Do the Adlerian Life-style themes differ significantly between gay men with and without alcohol problems?

Hypothesis 1: It is hypothesized that the scores on the BASIS-A will significantly differentiate between gay men with and without drinking problems as measured by the AUDIT.

2. Do the coping resources differ significantly between gay men with and without alcohol problems?

Hypothesis 2: It is hypothesized that the scores of the CRIS will significantly differentiate between gay men with and without drinking problems as measured by the AUDIT.

3. Are life-style themes and coping resources predictive of alcohol problems in gay men?

Hypothesis 3: It is hypothesized that some life-style themes, as measured by the BASIS-A, and some coping resources, as measured by the CRIS, will be predictive of alcohol problems, as determined by the AUDIT, in gay men.

Because the AUDIT assesses current (within the last year) problematic alcohol use, there is a potential for skewed data by participants who have had a history of problematic alcohol use but are currently abstaining. There is a lack of data to determine if the life-style themes or coping resources vary between problem drinkers who are currently abstaining and those that are still drinking. To alleviate that potential for contamination of the data, participants who self-identify as “alcoholic/problem drinker” and are currently abstaining will be separated as a third group. If the quantity is insignificant, their data will be removed from analysis. If the quantity warrants, question and hypothesis four below will be addressed.

4. Do gay men who identify as “alcoholic/problem drinker” but who are currently abstaining from alcohol consumption have any significantly different life-style themes or coping resources when compared to gay men who are currently using?

Hypothesis 4: It is hypothesized that some life-style themes as measured by the BASIS-A, and some coping resources, as measured by the CRIS, will be significantly different between those gay men identifying as “alcoholic/problem drinker” but currently abstaining and gay men identified as having current alcohol problems as determined by the AUDIT.

Method

Participants

A total of 651 surveys were submitted from a national sample. Of those, 237 were incomplete and 11 noted a sexual identity other than “Gay/Homosexual” leaving 403 completed surveys by men identifying as “Gay/Homosexual”. Scoring of the CRIS resulted in five records being identified as “likely” for random answers. Those five records were also removed from the sample leaving a total of 398 qualifying participants. Of the remaining participants (*N*=398), 351 identified as Caucasian/White (88.1%), 14 as African American/Black (3.5%), 11 as Latino/Hispanic (2.8%), 10 as Asian/Pacific Islander (2.5%), 10 as Multi-Racial (2.5%) and 2 as Other (0.6%). Participants’ age ranged from 18-77 with a mean of 41 years (*SD* = 12.47). The majority of participants identified as a “Social Drinker”, while 78 (19.6%) identified as “Occasionally Problematic,” 33 (8.3%) as “Alcoholic/Problem Drinker” and 33 (8.3%) as “No Alcohol Consumed.”

Instruments

Demographic Questionnaire. The demographic questionnaire consisted of ten questions: age, sexual identity, race, education level, income, participation in recovery programs, drinking identity, years of problematic drinking, years of abstinence and history of family drinking problems.

Alcohol Use Disorders Identification Test (AUDIT: Saunders *et al.*, 1993). The Audit was developed by the World Health Organization to identify persons with hazardous alcohol consumption. The AUDIT is a 10-item screening questionnaire with three (3) questions on the amount and frequency of drinking, three (3) questions on

alcohol dependence and four (4) on problems caused by alcohol. Each question is scored from 0 to 4 with a range of possible scores from 0 to 40. The AUDIT provides one main scale (harmful alcohol use) and three subscales (alcohol consumption, drinking behavior, and alcohol-related problems). With a cut-off point of 8 or higher signifying harmful alcohol use, the AUDIT was found to have an overall sensitivity of 92% and specificity of 94% (Saunders et al.). The AUDIT also boasts high reliability and validity in a variety of studies and samples from diverse populations. For example, Sinclair, McRee, and Babor (1992) found a high (r = .86) test-retest reliability.

Basic Adlerian Scales for Interpersonal Success – Adult Form (BASIS-A: Wheeler et al., 1993). The BASIS-A was developed through extensive research to provide a quantitative measure of life-style that provided the flexibility to accommodate individual uniqueness while enabling identification of similar themes between individuals. Items were chosen based on Adlerian perspectives of life-styles, Mosak's typologies, and research with the Lifestyle Personality Inventory (Wheeler *et al.*, 1982), an earlier lifestyle assessment instrument developed by the same authors (Curlette *et al.*, 1997).

The BASIS-A (Wheeler et al., 1993) measures five life-style themes: Belonging-Social Interest (BSI), Going Along (GA), Taking Charge (TC), Wanting Recognition (WR), and Being Cautious (BC). It also has five sub-scales that help to broaden the interpretation of the BASIS-A profile: Harshness (H), Entitlement (E), Liked by All (L), Striving for Perfection (P), and Softness (S). Internal consistency reliability of the five BASIS-A scales ranges from .82 to .87. Test-retest reliability shows a moderate level of stability across scales (Wheeler et al.). The BASIS-A has been used successfully in a

variety of clinical applications (Wheeler, 1996).

Coping Resources Inventory for Stress (CRIS: Matheny *et al.*, 2003). The CRIS measures one's strengths and weaknesses across 15 personal coping resources that are related to successfully coping with perceived stress (Matheny et al.). The CRIS contains 280 items answered in a true-false format, yielding an overall Coping Resources Effectiveness Scale (CRE) as well as 15 resources scales: Self-Disclosure, Self-Directedness, Confidence, Acceptance, Social Support, Financial Freedom, Physical Health, Physical Fitness, Stress Monitoring, Tension Control, Structuring, Problem-Solving, Cognitive Restructuring, Functional Beliefs, and Social Ease. The CRIS scales boast high test-retest reliabilities ranging from .76 to .95 and high internal consistency reliabilities ranging from .84 to .97. Validity studies have included dependent measures of illness, life satisfaction, personality, occupational choice, and drug dependency among others (Matheny et al., 2003). Additionally, the CRIS-CRE was found to significantly correlate with six (S, BSI, P, BC, H & GA) of the BASIS-A personality scales (Kern, Gfroerer, Summers, Curlette, & Matheny, 1996).

Procedure

Participants were recruited via the internet, specifically sending an announcement of the research project to gay friendly list serves, online support groups, university organizations, chat rooms, and social groups nationally. Interested participants were directed to PsychData online to view an informed consent and implied consent by proceeding to complete the demographic questionnaire. Upon completion of the demographic questionnaire, participants selected "continue" to progress to the questions of the AUDIT, the BASIS-A and the CRIS. This probability sampling through the

internet complies with the recommendations of other researchers (Herek, Kimmel, Amaro, & Melton, 1991; Mathy, Schillace, Coleman, & Berquist, 2002) for research with hidden populations such as gay men. As incentive, the participants had the option to provide an email address to receive a brief interpretation of their BASIS-A and CRIS inventories (327 chose that option). They could also email the author to receive a brief report of the findings of the research (99 requested the results of the study). The raw data was retrieved by the Principle Investigator for analysis.

Analysis

As recommended by its creators, a cutoff score of 8 or higher on the AUDIT was used to differentiate between those with and without a current problem with alcohol. A third group was identified as those who noted an “Alcoholic/Problem Drinker” identity on the demographics form but were identified by the AUDIT as having no current problem with alcohol. To test Hypotheses one, two, and four, a Multivariate Analysis of Variance (MANOVA) was used with the independent variable being group membership in one of three groups: (a) No Current Alcohol Problem, (b) a Current Alcohol Problem and (c) Alcoholic but Currently Abstaining. The dependent variables were the scales of the BASIS-A and CRIS for each group member. Because the MANOVA included three groups, a Tukey-b post hoc analysis was conducted to determine the differences between the individual groups. For testing Hypothesis three, a binary logistic regression was conducted to test for prediction of alcohol problems status on the basis of the scores of the BASIS-A and CRIS. A binary logistic regression analysis was selected because of a lack of theoretical justification to specify an order of entry of scales for a forced entry or

step-wise regression and existence of a binary categorical (alcohol problem vs. no problem with alcohol) dependent variable.

Results

The data was analyzed using SPSS for Windows, Release 14. The AUDIT resulted in 307 (77.1%) identified as not having a current problem with alcohol and 91 (22.9%) as having a current problem with alcohol. However, 23 (7.5%) of those identified by the AUDIT as not having a current problem with alcohol also self-identified as alcoholic and currently abstaining. This resulted in three groups for analysis: (a) No Current Alcohol Problem (NCAP; n = 284, 71.4%), (b) a Current Alcohol Problem (CAP; n = 91, 22.8%), and (c) Alcoholic but Currently Abstaining (ACA; n = 23, 5.8%).

An overall multivariate analysis of variance (MANOVA) was run with the three groups as the independent variable and the scores on the CRE as well as the 12 primary scales of the CRIS and the 10 scales of the BASIS-A as the dependent variables. Table 1 depicts the mean, standard deviation and F test for the CRE and 12 primary scales of the CRIS for the three groups: NCAP, CAP, & ACA. Table 2 depicts the mean, standard deviation and F test for the 10 scales of the BASIS-A for the three groups: NCAP, CAP, & ACA. Statistically significant ($p < .05$) differences were found for several scales on each instrument. For the comparisons of the CRIS scales, all but the Self-Directedness scale showed significance with $p < .05$. For the comparisons of the BASIS-A scales, GA (Going Along) was most significant ($F(2,395) = 6.97$, $p < .01$), followed by P (Striving for Perfection: $F(2.395) = 5.71$, $p < .01$), H (Harshness: $F(2,395) = 4.73$, $p < .01$), and BC (Being Cautious: $F(2,395) = 3.85$, $p < .05$).

Table 1

Mean, Standard Deviation, and F Test of Differences on the Scales of the CRIS by Group: No Current Alcohol Problem (NCAP); Current Alcohol Problem (CAP); and Alcoholic but Currently Abstaining (ACA).

Scale	NCAP Mean (SD)	CAP Mean (SD)	ACA Mean (SD)	F
CRIS Scales				
CRE	63.07 (18.20)	51.29 (17.72)	68.27 (17.16)	16.867***
Self Disclosure	60.14 (33.14)	49.55 (31.76)	65.65 (24.55)	4.773**
Self Directedness	60.34 (27.28)	55.24 (23.83)	58.70 (27.48)	1.275
Confidence	67.89 (29.32)	57.81 (30.19)	77.17 (25.04)	5.817**
Acceptance	54.60 (24.15)	46.87 (23.57)	59.35 (23.52)	4.405*
Social Support	63.58 (27.50)	49.02 (28.63)	58.48 (29.83)	9.423***
Financial Freedom	58.82 (35.01)	43.47 (33.30)	67.17 (30.93)	8.189***
Physical health	66.33 (24.63)	57.04 (26.78)	74.78 (23.08)	6.713**
Physical Fitness	42.61 (33.91)	30.14 (30.59)	55.43 (34.14)	7.335**
Stress Monitoring	73.00 (27.30)	60.65 (30.40)	74.13 (30.55)	6.829**
Tension Control	57.34 (26.81)	41.10 (22.61)	64.27 (22.02)	15.755***
Structuring	66.66 (26.88)	52.90 (30.02)	77.83 (16.98)	11.907***
Problem Solving	74.98 (23.31)	61.67 (28.27)	81.09 (17.77)	11.97***

* $p < .05$

** $p < .01$

*** $p < .001$

Table 2

Mean, Standard Deviation, and F Test of Differences on the Scales of the BASIS-A by Group: No Current Alcohol Problem (NCAP); Current Alcohol Problem (CAP); and Alcoholic but Currently Abstaining (ACA).

Scale	NCAP Mean (SD)	CAP Mean (SD)	ACA Mean (SD)	F
BASIS-A				
BSI	28.06 (6.83)	26.85 (7.60)	26.65 (6.86)	1.312
GA	31.19 (4.96)	28.90 (5.69)	30.22 (4.65)	6.968**
TC	19.23 (6.01)	20.11 (5.79)	18.22 (6.05)	1.207
WR	43.39 (5.55)	42.14 (5.78)	44.04 (5.38)	2.04
BC	19.83 (7.45)	22.14 (7.56)	22.00 (6.49)	3.848*
H	14.54 (2.78)	15.55 (3.02)	14.26 (2.73)	4.73**
E	16.28 (5.02)	16.87 (5.57)	14.74 (4.32)	1.629
L	24.00 (3.27)	23.56 (3.26)	24.91 (3.32)	1.672
P	21.52 (3.77)	20.37 (4.56)	19.22 (3.75)	5.706**
S	16.83 (3.39)	15.91 (3.62)	16.26 (2/68)	2.597

* $p < .05$

** $p < .01$

Because the MANOVA included three groups, a Tukey-b post hoc analysis was conducted to compare the differences between the individual groups. Table 2 shows the Mean and Standard Error comparisons between the three groups. The comparison found significant differences between the NCAP and CAP groups for all the scales identified as

significant by the MANOVA resulting in support of Hypotheses 1 and 2. The results signify the NCAP group's life-style themes were significantly higher on GA and P scales while being significantly lower on BC and H scales when compared to the CAP group, implying that gay men without problems with alcohol are more rule focused, confident problem solvers, less cautious of others and consider their childhood to be less harsh than men with alcohol problems. Results show that the NCAP group has significantly better coping resources overall and on all the primary scales except Self-Directedness than their CAP counterparts.

Comparison of the CAP and ACA groups found the CRE, Confidence, Financial Freedom, Physical Health, Physical Fitness, Tension Control, Structuring, and Problem Solving scales of the CRIS as significantly different, and no significant differences on the BASIS-A scales between those groups, thus indicating that despite similar life-styles, the ACA groups showed superior coping resources to the CAP.

Only the P (Striving for Perfection) scale of the BASIS-A was found to be statistically significant when comparing the NCAP and ACA groups. This partially supported Hypothesis 4 and signifies that the ACA group had life-style themes more similar to those with the CAP group while their coping resources are more similar to those of the NCAP group.

Table 3

Tukey-b Post Hoc Analysis of the Mean Difference between Groups: No Current Alcohol Problem (NCAP); Current Alcohol Problem (CAP); and Alcoholic but Currently Abstaining (ACA).

Scale	NCAP vs. CAP Mean (SE)	CAP vs. ACA Mean (SE)	NCAP vs. ACA Mean (SE)
CRIS Scales			
CRE	11.78 (2.17)***	-16.99 (4.21)***	-5.21 (3.91)
Self Disclosure	10.59 (3.73)*	-16.10 (7.23)	-5.51 (6.71)
Confidence	10.08 (3.53)*	-19.37 (6.84)*	-9.29 (6.35)
Acceptance	7.73 (2.89)*	-12.47 (5.60)	-4.74 (5.20)
Social Support	14.56 (3.36)***	-9.46 (6.51)	5.10 (6.05)
Financial Freedom	15.35 (4.15)**	-23.70 (8.03)**	-8.36 (7.46)
Physical health	9.29 (3.02)**	-17.74 (5.85)**	-8.45 (5.43)
Physical Fitness	12.47 (4.00)**	-25.29 (7.75)**	-12.82 (7.20)
Stress Monitoring	12.35 (3.40)**	-13.48 (6.59)	-1.13 (6.12)
Tension Control	16.24 (3.02)***	-23.17 (5.99)***	-6.93 (5.56)
Structuring	13.76 (3.28)***	-24.92 (6.35)***	-11.17 (5.89)
Problem Solving	13.31 (2.92)***	-19.41 (5.66)**	-6.10 (5.26)

(table continues)

Table 3

Tukey-b Post Hoc Analysis of the Mean Difference between Groups: No Current Alcohol Problem (NCAP); Current Alcohol Problem (CAP); and Alcoholic but Currently Abstaining (ACA).

Scale	NCAP vs. CAP Mean (SE)	CAP vs. ACA Mean (SE)	NCAP vs. ACA Mean (SE)
BASIS-A			
GA	2.29 (0.62)**	-1.32 (1.19)	0.97 (1.11)
BC	-2.31 (0.89)*	0.14 (1.73)	-2.17 (1.61)
H	-1.01 (0.34)**	1.29 (0.66)	0.28 (0.61)
P	1.14 (0.48)*	1.16 (0.92)	2.30 (0.86)*

* p < .05

** p < .01

*** p < .001

Finally a logistic regression was performed to determine the ability of the scales of the CRIS and BASIS-A to predict group belonging between NCAP and CAP. The Cox and Snell (0.147) and Nagelkerke (0.220) pseudo R^2 statistics tentatively concluded that the variables explained between 14.7% and 22.0% of the variance between groups. Table 3 provides the Beta, Standard Error, Wald statistic, Odds and percent change for each one point increase in the score for each of the CRIS and BASIS-A scales. The analysis resulted in identifying two CRIS scales, Confidence (B = 0.019, p < .05) and Tension Control (B = -0.029, p < .001) as significant predictors along with one BASIS-A scale, GA (Going Along; B = -0.098, p < .05). Therefore, as a participant's Confidence score

increases by one point, his odds of having a problem with alcohol increases by 2.0%. However, a one point increase in his Tension Control score will decrease the odds of alcohol problems by 2.8% and a one point increase in the GA scale will decrease the odds of alcohol problems by 9.3%. Because at least one scale was predictive for each assessment instrument, Hypothesis 3 is supported.

Table 4

Logistic Regression Analysis of CRIS and BASIS-A Scales Ability to Predict Belonging in Problem Alcohol Group

Scale	*B*	*SE*	Wald	Odds	% Change/Point
CRIS					
Self Disclosure	-0.003	0.006	0.326	0.997	
Self Directedness	0.002	0.007	0.056	1.002	
Confidence	0.019*	0.009	5.131	1.02	2.0%
Acceptance	0.004	0.008	0.24	1.004	
Social Support	-0.012	0.007	3.096	0.988	
Financial Freedom	-0.005	0.005	1.11	0.995	
Physical health	-0.005	0.007	0.645	0.995	
Physical Fitness	-0.003	0.005	0.432	0.997	
Stress Monitoring	0.001	0.006	0.051	1.001	
Tension Control	-0.029***	0.008	13.214	0.972	-2.8%
Structuring	-0.003	0.007	0.143	0.997	
Problem Solving	-0.006	0.009	0.519	0.994	

(table continues)

Table 4

Logistic Regression Analysis of CRIS and BASIS-A Scales Ability to Predict Belonging in Problem Alcohol Group

Scale	*B*	*SE*	Wald	Odds	% Change/Point
BASIS-A					
BSI	0.003	0.033	0.009	1.003	
GA	-0.098*	0.039	6.345	0.907	-9.3%
TC	-0.01	0.03	0.108	0.99	
WR	-0.078	0.063	1.497	0.925	
BC	0.02	0.026	0.556	1.02	
H	0.021	0.077	0.075	1.021	
E	0.023	0.03	0.58	1.023	
L	0.158	0.105	2.276	1.172	
P	0.025	0.048	0.269	1.025	
S	0.063	0.065	0.946	1.065	
Estimated Constant	0.713	2.736	0.068	2.04	

* $p < .05$

*** $p < .001$

Discussion

Although this is the first study of its kind with gay men, the results support findings in other addiction studies while providing some unique outcome that can inform counseling interventions with gay men. Comparing the NCAP and CAP groups, Hypothesis 1 was supported with the GA, and P scales having a significantly lower mean

for the CAP group while the BC, and H scales were significantly higher in the CAP group. Though this supports previous studies using the BASIS-A with addiction populations that have consistently found an inverse relationship between the GA scale and addiction (Bauman, 1997; 2000; Lewis & Osborn, 2004; Lewis & Watts, 2004), only Bauman's 1997 study also found the BC and H scales significant. This similarity may be a result of his sample, unlike the others, being mostly minorities. Although Bauman's sample was primarily African American, the congruent results point to similarities between gay men with alcohol problems and other addicted minorities in their perceptions of lack of belonging, a need to be cautious and seeing their childhood as more harsh and unsupportive. Unique to this study is the significance of the P (Striving for Perfection) scale. However, the interpretive manual (Kern, Wheeler & Curlette, 1993) supports the interpretation that gay men with alcohol problems have less problem solving skills, put less effort into doing things well and are less sensitive to mistakes.

Hypothesis 2 was supported with the CRE and 11 of the 12 primary scales of the CRIS found significantly different when comparing the NCAP and CAP groups. These results imply that gay men with current alcohol problems have inferior coping resources to gay men without alcohol problems. Such a finding suggests gay men are similar to other addicts when it comes to deficiencies in coping skills (Carroll, 1999; Cooper et al., 1988; Rebelo, 1999; Winter, 2000) while supporting the notion of alcohol serving as a primary coping mechanism. The one CRIS scale that was not significant, Self-Directedness, may be explained as a tendency of gay men with alcohol problems toward an inflated opinion of their judgment and exaggerated self-reliance or self-centeredness

supporting the observation in the Alcoholics Anonymous Big Book (2006) “Selfishness - self-centeredness! That, we think, is the root of our troubles.” (p. 62).

Hypothesis 3 was supported with the Confidence, Tension Control and GA (Going Along) scales found to be significant predictors of membership in the CAP group. As noted previously, the GA scale has been found to be a significant predictor for addiction in other studies (Bauman, 1997; 2000; Lewis & Osborn, 2004; Lewis & Watts, 2004). It suggests that gay men with alcohol problems are less rule-focused, rebellious toward authority, individualistic, independent and perhaps aggressive. Tension Control, or the ability to lower tension and stress arousal through relaxation and thought control can be seen as a vital part of managing stress (Butkins, 1995; Dawson, Grant and Ruan, 2005). It seems reasonable that lack of tension control would increase likelihood of problems with alcohol. What may seem more confusing is the finding that an increase in the confidence scale will increase the odds of alcohol problems. Although the smallest predictor (2 % increase per point increase), the confidence scale measures one’s faith in one’s ability to cope, competence in problem solving, and control over his environment. This suppressor variable may be explained by the delusional false sense of bravado that some alcoholics express feeling when intoxicated. In combination with the depressed GA, it supports the AA Big Book’s description that “the alcoholic is an extreme example of self-will run riot, though he usually doesn’t think so” (p. 62).

Hypothesis 4 was partially supported with significant differences between the mean scores on CRIS scales but not on the BASIS-A scales when comparing the CAP and ACA groups. Additionally, only the P scale of the BASIS-A was significantly different when comparing the NCAP and ACA groups. This might suggest that coping

resources are more affected by recovery interventions than the life-style. Such a finding is congruent with IP's construct of the lifestyle remaining mostly consistent throughout life (Ansbacher & Ansbacher, 1964). However, there are differences in the scores between the groups that may be significant with a larger ACA sample. Longitudinal research using the BASIS-A pre and post treatment for addictions may be beneficial in determining the degree to which the life-style can change when addressing the mistaken goals of addiction. Of the nine CRIS scales Kern et al. (1996) found to significantly correlate with the BASIS-A P scale, only the Self-Directed and Social Support scales are not elevated when comparing the ACA and NCAP groups. Therefore, the lower P scale combined with a lower TC scale for recovering alcoholics can be interpreted as the adoption of a "Let go and Let God" attitude that is more acknowledging of their own humanity, as well as the softening of a dichotomous, right or wrong, perspective.

Although not significant, possibly due to the small sample size (n = 23) of individuals who identified as Alcoholic but did not have a current drinking problem, their coping resources resulted in a pattern worth further exploration. The pattern showed superior coping skills on 10 of the 12 CRIS scales (all except Social Support and Self-Directedness) when compared to individuals without a current drinking problem. This might suggest that recovering alcoholics develop superior coping skills as a result of their recovery process. Further research may confirm this tentative conclusion and may be able to identify which aspects of recovery most beneficially impact the development of positive coping resources.

Finally, all of the BASIS-A mean scores for the entire sample of gay men matched the 50% scores of the normed sample except for the BSI and BC scales. The BSI

score was significantly lower than the norm sample while the BC score was significantly higher. This suggests that gay men tend to perceive less belonging/social interest in childhood which may make them more cautious. Because Hedberg and Huber (1995) found gay men and lesbians did not express lower social interest than heterosexuals, it is reasonable to conclude that the lower BSI score reflects a lower sense of belonging, perhaps due in part to minority oppression. This conclusion supports Suprina's (in press) qualitative research and the efficacy of the Belonging Model in conceptualization of addiction in gay men. It also has implications for practice and research that is discussed below.

Limitations

Despite sound methodology and a respectable sample size, interpretation of this study's findings must be qualified by several limitations, including: incomplete surveys (56.8%), uneven group sizes (especially the small n = 23 for ACA), internet sampling, self-report with potential halo effect, and minimal minority representation. The 365 question length that took 45 – 60 minutes to complete likely contributed to the incomplete surveys. However, the participants that did not complete the survey represented a greater minority percentage (19% minority for incomplete vs. 11.6% minority for completed group), younger in age (M = 35, SD = 12.5 years for incomplete vs. M = 41, SD = 12.47 years for completed) and a higher percentage who self-identified "Occasionally Problematic Drinker" (55% for incomplete vs. 20.1% for completed).

Although internet research is relatively new, Mathy, Kerr, and Haydin (2003) in a review of studies on internet research found internet research comparable to research conducted through other media such as paper and pencil surveys, and no evidence of

global personality dimensions associated with internet usage preferences. They cite one study (McCabe, Boyd, Couper, Crawford, & D'Arcy, 2002) that found no significant difference in substantive responses to substance use questions between participants randomly assigned to Web-based survey and mail-based survey conditions. Although there is no reason to anticipate a similar study of the BASIS-A or CRIS will provide different results, future research may be beneficial to verify those expectations.

Another limitation may be the inability to measure the impact of other addictive behaviors (i.e. drug abuse or behavioral addictions), but the length of the survey made assessing additional variables prohibitive. There is no way of telling how those variables may have affected results. One participant shared in an email that he did not have any problems with alcohol but identified as a drug addict. Future research with these instruments may wish to explore additional addiction variables for comparison with this study's results.

Implications

Notwithstanding potential limitations, the results reported have several implications for treatment and prevention interventions. Combined, the results suggest that a holistic, wellness type model of treatment would be beneficial in treatment of gay men with alcohol problems. A challenge for counselors will be to encourage increased self-esteem and development of new coping strategies while discouraging false bravado or arrogance. With addiction seen as purposeful or a coping resource, the client can be encouraged to explore the underlying goals that one is attempting to achieve and thereby explore other coping strategies to more successfully address those goals. Such an approach can help the client to feel respect by acknowledging one's strengths and the

positive aspects of one's goals that will likely go far to overcome the rebellious defensiveness outlined by the results.

Although the BASIS-A and CRIS may not be optimal as an assessment to identify a problem with alcohol, use of the BASIS-A prior to treatment can identify the client's problem solving strategies while the CRIS helps to identify coping deficiencies. Both assessments can be used as non-threatening teaching tools to help gay men to understand the challenges in their problem solving strategies (e.g. rebelliousness and lack of trust) as well as their coping deficiencies (e.g. lack of tension control). To help overcome gay men's low belonging and increased caution, initial treatment groups may benefit by being smaller and more homogeneous (i.e. gay men with addiction). Additionally, the predictive quality of the Going Along scale supports counselors encouraging clients to develop healthy boundaries by sharing how healthy boundaries can progress them toward better relationships and an increased sense of belonging while diminishing the need to be cautious.

Psychoeducation on non-dichotomous perspectives such as Taoism can help encourage abandonment of a dichotomous "my way or the highway" attitude and help make space for positive change and development of new coping skills. Teaching mindfulness techniques can help clients monitor stress, scrutinize unchecked bravado, and break harmful patterns. Finally, relaxation exercises combined with management of self-talk can provide additional options for tension control as encouraged by Dawson, Grant and Ruan (2005).

In addition to the need for longitudinal research on changes in the lifestyle, studies that include substance and behavioral addictions, and studies to confirm the

development of superior coping resources by individuals recovering from addictions as outlined above, this study identifies other needed research. Although the author developed the Belonging Model (Suprina, in press) through qualitative research with gay recovering alcoholics, many heterosexual recovering men and women also have found the model beneficial. Further studies are needed comparing the life-style and coping resources of gay men and their heterosexual counterparts, either with or without alcohol problems. Additionally, it would be helpful to explore more deeply the similarities and differences between gay men and other minorities in relation to their life-styles and coping resources. Such research may be able to confirm the similarities implied in this study and may be helpful in understanding responses to minority stress.

Conclusion

Far from pathological, gay men seem to be trying the best they know how to fit into a society that is often oppressive and rejecting (Sue & Sue, 2003). Although such rejection can promote positive coping in those with a perceived supportive and encouraging upbringing, it can instead encourage avoidant coping and addiction in those with a harsher perception of childhood. Using the BASIS-A and CRIS in work with gay men can help them to identify and address both the advantages and disadvantages within their life-style and coping resources providing a beneficial bridge to recovery.

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