WOMEN AND SUBSTANCE ABUSE:
PERCEPTIONS OF A THERAPEUTIC RECREATION
COPING SKILLS INTERVENTION

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CHAPTER ONE: INTRODUCTION

Substance abuse is a problem that pervades society and shows no preference for one's socio-economic status, race, or gender (Davis, 1997; Fuller & Hiller-Sturmhofel, 1999; Kunstler, 1992; McCormick & Datillo, 1995). In addition to the obvious physical problems encountered by the individual, substance abuse affects society at large in many ways. According to the 1992 National Longitudinal Epidemiologic Survey, over 7.5 percent of the United States population abuses or is dependent upon alcohol (Fuller & Hiller-Sturmhofel) indicating the pervasiveness of abuse of alcohol alone. It is quite common for persons who abuse alcohol to abuse other substances such as prescription drugs and become multiple substance abusers (Lex, 1994). Although most people who abuse substances are men, there are 6 to 10 million American women who have serious alcohol and drug problems and this number continues to rise (Kunstler; Nidus Information Services, 1998; Yandow, 1989). Regardless of the substance used, there are striking differences between men and women with regard to reasons for and patterns of abuse, and consequences resulting from substance abuse (Lex). Recent research indicates that these differences should also be reflected in the treatment offered to women (Beckman, 1994; Davis; Dodge & Potocky, 2000; Grella, Polinsky, Hser, & Perry, 1999; Lex; Michels et al., 1999; Yandow).

Specifically, Nelson-Zlupko, Kauffman, and Dore (1995) found these differences to include patterns of use, psychosocial characteristics, and the physiological

consequences of substance abuse. Dodge and Potocky (2000) concur and note in another study that abusing alcohol and drugs was shown to have more damaging physical consequences in women than men, including differing rates of alcohol metabolism. One of the most problematic differences identified by women in treatment, however, is the increased social stigma that results from substance abuse; even though women's alcohol and drug use is generally less visible to the public it maintains a higher social stigma than men's alcohol and drug use (Dodge & Potocky; Gomberg, 1994). It is that social stigma that degrades women more so than men for the same substance abusing behavior and keeps many women from seeking treatment for substance abuse (Beckman, 1994).

The effects of women who abuse substances on society at large are staggering and serve to fuel the stigma. One-third of all female state prisoners was under the influence of alcohol or drugs during their offense and had used substances during the prior month (Lex, 1994). Public health care spending is affected; of the 400,000 patients seen in the emergency room for drug related conditions in 1991, half of those patients were women (Lex). Additionally, women who abuse alcohol and other drugs also have a six times higher risk of attempting suicide and represent 70% of all overdose cases seen in hospitals (Lex; Michels et al., 1999).

Most women who abuse alcohol or drugs are in their child bearing years leading to potential child abuse and neglect (Lex, 1994). Lex estimated that parents who are dependent on alcohol are raising 10 million children in the United States and of those 10 million children 675,000 are suffering neglect or abuse. Statistics such as these also generate fuel for the increased social stigma.

The number of women who abuse substances is continuing to increase and the effects on their families and society are becoming more apparent. For many women substance use begins as a means to cope with life's demands and circumstances (Nelson-Zlupko et al., 1995); an attempt to reduce stress associated with living. For many their first exposure to substance use is in a leisure setting (McCormick & Datillo, 1995). The use of chemicals can succeed as a coping mechanism for a short period of time but for women who abuse substances, the negative effects of substance use and self-medication eventually become greater than the benefits (Nelson-Zlupko et al.). It seems natural that treatment for persons who abuse substances should address the leisure context where the use and abuse began. To this end, therapeutic recreation can make a major contribution to one's recovery by addressing the leisure attitudes and behaviors that lead to substance abuse (Kunstler, 1992). For example, therapeutic recreation can provide leisure education that identifies opportunities for substance-free leisure, a convenient context for increasing coping.

Wills and Shiffman (1985) see maladaptive coping or a lack of coping skills as the cause of substance abuse. Without learning effective coping skills while in treatment, people who abuse substances will often return to their substance of choice and relapse (Sklar & Turner, 1999). It appears obvious then that for women to succeed in recovery from substance abuse, coping skill development and efficacy should be addressed in a leisure context. This study will examine the experiences and perceptions of recovering women who are participating in a therapeutic recreation coping skills intervention.

Formal Statement of the Problem

For many people who abuse substances, their initial substance use occurs in a leisure setting. The substance provides a means to cope and reduce stress. In the case of a person who abuses substances, the substance provided in a leisure setting allows some limited, temporary relief. Eventually stress reappears and amounts of the substance originally used to cope increases, resulting in substance abuse and reduced interest in leisure. Effective treatment for substance abuse then should involve therapeutic recreation to examine and refine coping behaviors and skills that led to substance abuse and learn skills to participate in substance-free leisure in recovery.

Purpose of the Study

This study examined the experiences and perceptions of four recovering women participating in a therapeutic recreation coping skills intervention. A mixed methods approach gathered data through audio taped interviews, coping skills inventories, audio taped groups sessions, and extensive journaling by the researcher. Changes identified by participants before, during, and after sessions, interviews, extensive notes, and results from coping skills inventories given at the beginning and end of the intervention allowed the researcher to identify the common themes of the women's experiences.

Definition of Terms

It is necessary to establish a definition of key terms used throughout this work so that the reader and researcher may give the same meaning to each term.

Coping is defined by Lazarus and Folkman as the "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person (1984, p.141).

Stress is defined by Lazarus and Folkman as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (1984, p. 19).

Substance abuse is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following, occurring within a 12-month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
2. Recurrent substance use in situations which it is physically hazardous
3. Recurrent substance –related legal problems
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (American Psychiatric Association, 1994 , p. 112)

Significance of the Study

The significance of this study was two-fold. First, this study examined experiences of women in recovery participating in a therapeutic recreation coping skills intervention. The research on recovering women and their coping skills and experiences

is scant. Completion of this study added to the body of knowledge relating women, coping, and recovery from substance abuse.

As an aside this study also examined the influence of an all women treatment intervention. Most of the previous research conducted on substance abuse recovery has involved all men or mixed-gender groups. Whether women require separate treatment from men has been the topic of debate in recent literature (Beckman, 1994; Davis, 1997; Dodge & Potocky, 2000; Grella et al., 1999; Lex, 1994; Michels et al., 1999; Yandow, 1989). Through a mixed-methods approach, the effects of a women-only setting was observed and documented.

Assumptions

The primary assumption was that the therapeutic recreation coping skills intervention would provide an experience for the women involved in this study. It is the perceptions of the experience that were of interest to the researcher.

Limitations

The primary limitation of this study was founded in the power relations inherent in the researcher-participant relationship. This relationship may have limited the truthfulness and credibility of this study. Another limitation of this study was the small sample size of four female participants. The sample size and gender requirement generally leads to reduce generalizability. However generalizability is not the intent of a qualitative or mixed-methods study and, additionally, this small sample size allowed for greater depth of data that were used to understand the perceptions and experiences of recovering women participating in a therapeutic copings skills intervention.

Delimitations

This study was delimited to women who have abused substances and have achieved between 3 days and 18 years of sobriety, or time free from intake of substances.

Organization of the Study

The previous sections of this proposal discusses the purpose of this study as well as introduces terms and describes the significance, assumptions, and limitations of the study. The second section will present supporting literature in the areas of coping, substance abuse and their relevance to treatment for women who abuse substances. Lastly, the methods section will describe the qualitative approach to this study and include the procedures that will be followed to obtain the data and the process for analyzing the data collected.

CHAPTER TWO: REVIEW OF LITERATURE

> We who lived in concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been few in number, but they offer sufficient proof that everything can be taken from a man but one thing: the last of human freedoms - to choose one's attitude in any given set of circumstances - to choose one's own way.
>
> -Victor Frankl (1997, p.8)

The focus of this research was to discover what coping skills women needed to achieve and maintain recovery from substance abuse. For the purposes of this study, persons who abuse substances comprised those experiencing chemical dependency, alcoholism, or drug addiction and recovery from these conditions will be considered similar and not separate. Often women in treatment for alcoholism are abusing one or more drugs sequentially or simultaneously (Beckman, 1994; Lex, 1994).

This literature review begins with the definition and process of coping using Lazarus and Folkman's (1984) model as the underlying model. This model has been the theoretical underpinning of many studies and the basis of the largest portion of coping research. A section dealing specifically with women's attempts at coping was presented to explore how women cope. After discussing coping, its role in substance abuse was explored using the stress-coping process proposed by Wills and Shiffman (1985). The

third section investigated substance abuse with respect to women and the differences in abuse characteristics and treatment needs. Finally the last section examined which coping skills women in recovery need and a program designed to deliver such services.

Coping

What is Coping?

The concept of coping has been around for many years and came into its own in the 1960s and 1970s along with an increasing interest in stress (Lazarus, 1993). Coping is often understood as the response to stress. Lazarus and Folkman define stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (1984, p. 19). Stress then is an individual perception and therefore subjective, varying not only by person but by situation as well. It is the response to stress generally referred to as coping that this section intends to investigate.

Lazarus and Folkman, pioneers in the field of coping, have defined coping as the "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person (1984, p.141). They go on to say this definition has three important features. First, Lazarus and Folkman see coping as process-oriented as can be seen in their phrase "constantly changing efforts". The process is concerned with what the person actually does or thinks which is subject to change. Second, coping is context specific and is concerned with what a person does and says in a particular situation. Lastly, coping is defined without concern for the outcome. What is important is the effort to manage a situation, not the eventual outcome. As with process approaches in general, the process

and the outcome should be observed and measured independently (Lazarus, 1993). To summarize, coping is concerned with the individual's thoughts and actions which change depending on the setting and the focal point is the effort expended on dealing with a situation, not the actual outcome.

Coping as a Process

As the coping process is a dynamic process, situations are constantly being appraised and re-evaluated. In the coping process as defined by Lazarus and Folkman (1984), an appraisal consists of one's assessment of a given situation. This appraisal may take three forms: primary, secondary, and reappraisal (Lazarus & Folkman). It is important to note that these appraisals do not necessarily occur in an orderly fashion. Any one of the three may re-invoke a preceding appraisal and the entire set of appraisals may cycle repeatedly in a given situation. The coping process then is an evolving, iterative process and doesn't necessarily follow a systematic pattern but does include three forms that are used to appraise a situation.

Primary Appraisal

The coping process begins with the individual conducting a primary cognitive appraisal of a given situation (Lazarus & Folkman, 1984). The purpose of this primary appraisal is to ascertain if an event is or is not stressful. It involves a process that categorizes the situation and its elements with respect to the individual's well being. In the primary appraisal the individual examines a situation and available resources, and determines if the situation is too taxing or requires more resources than the individual possesses. The event may be viewed as irrelevant, benign-positive, or stressful.

If an event has no potential to affect the individual, the event is seen as irrelevant in that nothing can be lost or gained and has no value to affect the person (Lazarus & Folkman, 1984). Benign-positive refers to events that can be viewed as positive and can enhance or preserve well-being. Often pleasurable emotions accompany such benign-positive appraisals including joy, love, and happiness. Irrelevant and benign-positive appraisals do not require coping behavior on the part of the individual and are rarely given any additional thought.

If however an event is deemed as stressful, it can take the form of harm/loss, threat, or a challenge (Lazarus & Folkman, 1984). Harm/loss indicates that some damage has already occurred to the individual mentally and/or physically. A threat involves hurt or loss that has not yet occurred but it is anticipated. The challenge appraisal shares the notion of anticipation similar to the threat appraisal but the challenge anticipation is often accompanied by pleasurable emotions such as eagerness and excitement. Events appraised as a challenge focus on the potential for growth or gain in a given situation. Threat and challenge appraisals are not opposed and often times occur simultaneously.

Secondary Appraisal

When the primary appraisal has determined an event to be stressful, the secondary appraisal sorts out what might and can be done or how one can cope (Lazarus & Folkman, 1984). The secondary appraisal is complex and evaluates available coping alternatives, the likelihood that a chosen action will achieve the desired goal, and lastly if the person can actually carry out the choice of action. In the secondary appraisal, the individual begins to look at the available resources and strategies that may be invoked to help work through the situation. Self-efficacy, or how well an individual perceives his or

her ability to master a situation, also plays a role in the secondary appraisal (Santrock, 1997).

The resources available to the individual and any constraints to using those resources affect the individual's response when performing a secondary appraisal (Lazarus & Folkman, 1984). These resources include health and energy, a positive belief system (including hope and high self-esteem), problem solving skills, social skills, social support, and material resources. The more resources available and the fewer the constraints to using those resources increase the likelihood that an individual will be able to cope effectively.

There appears then to be a relationship between coping and resources. If more resources are available, then more effective coping can be achieved. Conversely, if fewer resources are available, poorer coping can be expected. With less effective coping, the resources available to support effective coping decrease and a downward spiral can begin that results in reduced ability to cope and further reduction of resources. Persons with lifestyle-related problems may often find themselves in this negative cycle.

Resources. Health and energy are key resources used in the coping process (Lazarus & Folkman, 1984). Without good health and a high energy level, the level of effort available for coping is reduced. Although persons in bad health may draw reserves of energy in a crisis with high enough stakes, it is generally easier for a person with good health and energy to cope better in enduring situations and in stressful encounters that are very demanding. It seems likely that a person suffering from addiction may have poor health and low energy which leads to less effective coping which in turn further compromises their health and energy levels.

Seeing oneself and the possible outcomes in a positive light can be an important resource for coping (Lazarus & Folkman, 1984). Positive beliefs contribute to hope and allow an individual to perceive some control over a given situation, that they somehow have power to affect a situation. Hope consists of seeing things as possible, if not probable. However, not all beliefs are coping resources and can in fact have a negative affect on an individual's coping ability. An external locus of control and a negative belief in one's capacity are but two examples of detriments to coping ability. It is almost as if believing something makes it so and that also includes believing in oneself.

Searching for information, analyzing a situation for possible solutions, weighing alternatives and their outcomes, and selecting and implementing a solution are problems solving skills that are important resources for coping (Lazarus & Folkman, 1984). Problem solving skills are expressed through actions and require other resources such as experience and knowledge. Problem solving skills allow people to handle situations with ease, with less stress, and require less coping behavior.

Social skills are important coping resources as they allow for effective interaction with others (Lazarus & Folkman, 1984). Social skills allow an individual to communicate with others and ask for support in solving their problems. It seems obvious then that developing social skills as a resource also allows greater control in social interactions.

Social support is a resource that includes people who can provide emotional, informational, and tangible support (Lazarus & Folkman, 1984). Instrumental support and expressive social support are two key areas in social support (Lyons, 1991). Instrumental support refers to helping the person through direct help, helping the person

deal with stress and everyday affairs. Expressive social support includes two aspects, direct effort being one. Through direct efforts, this social support entails trying to cheer up the person using jokes, smiling, and distractions. The second aspect of expressive social support involves being present and reassuring that he or she still has social ties. Baumeister et al. believe people have a powerful need to belong and that being said, receiving reassurance and affirmation from others would be a positive resource for coping.

The last resource identified by Lazarus and Folkman (1984) refers to money and the things it can buy. Material resources increase the coping options in almost all situations. Even if the resources are not used, just having access to material resources can reduce vulnerability and help an individual to cope better. Women in general often have less access to material resources and may have more fear and vulnerability because of the lack of material resources.

Constraints. Constraints to using resources reduce coping ability and include three distinct areas. First, Lazarus and Folkman (1984) state personal constraints are values and beliefs that form the basis for one' s actions and feelings, as well as any psychological deficits that are caused by one's development. One may not chose to use a resource based on their religion or personal agenda for example.

Second, environmental constraints can interfere with the most efficient use of resources. There may be competing demands for the same resources especially material resources or an institution may be unresponsive to an individual's needs.

Lastly, a high level of threat can constrain an individual if it elicits fear, or anger that prevents the individual from effective coping. The more intense the level of fear, the more primal is the coping response.

Constraints to using resources then can come from personal or internal sources including belief systems, environmental or external sources such as competing demands, and threats including fear and anger.

Reappraisal. Reappraisal is the final stage of coping that will be discussed. Simply put, a reappraisal is a changed appraisal born of new information from the person or the environment (Lazarus & Folkman, 1984). It occurs when the individual views the situation in a different light. This new appraisal can again be followed by a secondary appraisal or reappraisal if warranted.

Types of Coping

Once a situation is appraised as stressful, a decision must be made concerning a coping strategy to implement (Snyder & Dinoff, 1999). It should be noted that the benefits of a particular coping strategy are not inherently good or bad but are dependent on the person and the situation (Lazarus, 1993; Snyder & Dinoff). Also how a person copes over time depends on the context and this will change over time as well (Lazarus).

Many researchers have agreed there are two major types of coping (Lazarus & Folkman, 1984; Snyder & Dinoff, 1999). Coping directed at managing or altering the problem causing the stress is known as problem-focused coping (Lazarus & Folkman). The second form of coping, emotion-based coping, involves regulating one's emotional response to the problem. Problem-based coping and emotion-based coping are not mutually exclusive, and may occur simultaneously and be mutually facilitating (Snyder &

Dinoff). Gender differences often play a role in selection of a coping strategy. Men will frequently employ problem-focused coping strategies as our patriarchal society suggests. Women however are attracted to emotion-based coping (Michels et al., 1999).

Problem-Focused Coping

The function of problem-based coping is analogous to problem solving (Lazarus & Folkman, 1984). Its function is to change the situation by acting on the environment or oneself (Lazarus, 1993). The efforts are directed at defining the problem, generating solutions, weighing the options, choosing a plan, and then acting on that plan (Lazarus & Folkman). The difference between problem-focused coping and problem solving is that in problem-focused coping the effort may be applied inwards whereas problem solving the efforts are applied to the environment only. Problem-based coping is action-oriented and that action may be directed inward at self or outward toward the environment.

Emotion-Based Coping

Coping that is directed at regulating emotions is defined as emotion-based coping (Lazarus & Folkman, 1984). Its function is to change either the way one sees the situation or the relational meaning of what is happening (Lazarus, 1993). Examples of the emotion-based coping processes include avoidance, minimization, positive comparisons, and distancing (Lazarus & Folkman).

Of the two types of coping, Western thought seems to value problem-focused coping over emotion-focused coping (Lazarus, 1993). Taking action against a situation rather than spending time rethinking or reappraising a situation seems more desirable. However there is an abundance of evidence that supports that under certain conditions - especially those that cannot be changed - problem-focused coping maybe counter

productive. In this instance the best coping strategy would be emotion-based coping (Michels et al., 1999).

Coping and Appraisal

After exploring the types of coping it is important to examine the relationship between coping and the appraisal process. Folkman and Lazarus (1980) conducted a study of 100 middle-aged men and women focusing on stressful situations, their appraisal of those situations, and the type of coping selected. The subjects appraised situations as those in which something could be done to affect the situation or those situations that they had to accept. Lazarus and Folkman stress that one's appraisal of situation and the resources available play meditating roles in the selection of coping strategy and are strong predictors of coping strategy.

When a situation was appraised as changeable or where there could be effort applied to it to produce change, problem-focused coping was emphasized. If the situation was or had to be accepted, emotion-focused coping was chosen more often. In a study of coping strategies of women who are alcoholics, when they chose emotion-focused coping, they perceived themselves as failures and had a negative appraisal of their coping abilities (Michels et al., 1999). This helps to feed their already low self-confidence and self-respect, reducing their already low resources and ability to cope effectively. Other studies of similar focus support this theory and link coping type to appraisal (Carlson, 1997; Krantz, 1983).

It seems clear then that how an individual appraises a situation strongly influences the coping process, and the actions and emotions of the individual. Changing the appraisal process may well reduce the need for coping skills and behavior. Moreover, if

an individual learns new strategies that aid in appraising or reappraising events as not stressful, less coping would be necessary. Developing and discovering the resources available and reducing constraints could also have an effect on the appraisal process and reduce the need for coping skills.

Women and Coping

Research indicates that men and women often use different coping strategies (Folkman & Lazarus, 1980; Krum, 1997; Michels et al., 1999; Nelson-Zlupko et al., 1995; Ptacek, Smith, & Zanas, 1992). Folkman and Lazarus's study revealed that men use more problem-focused coping more often than women. Moreover, although men and women both use emotion-based coping, women do so with greater frequency (Ptacek et al.). In a study of college students, Ptacek et al. also found that women differ from men in the vigor with which they employ coping strategies and the sequencing of those strategies.

When examining women as a whole, Michels et al. (1999) found that women who are alcoholics were significantly more likely to favor maladaptive styles of coping, while women who are not alcoholic employed significantly more problem-solving and emotion-based coping strategies. They also indicate that neither age nor race significantly affect coping measure outcome when comparing women who are alcoholic and non-alcoholic. One possible avenue for helping women would be to examine and understand the strengths of each coping strategy. Women can explore their own coping history, accept what has worked in the past, and uncover effective coping strategies for use in the future.

Coping and Substance Abuse

Previous research regarding substance abuse indicated that substance abuse was the result of biological factors such as impulse control and psychological temptation but according to Wills and Shiffman substance abuse is actually the result of a maladaptive attempt to deal with the stresses of life (1985). Current research suggests that by developing and improving the coping skills repertoire of a client substance abuse and related behaviors may be treated (Beckman, 1994; Shiffman & Wills).

Monti and Rohsenow (1999) identified three ways in which effective coping can aid in addressing substance abuse. First, patients can learn coping skills in treatment that are specific to certain high-risk situations, such as refusing a drink, so they can better handle these situations in the future. Second, patients can learn social skills that will allow for improvement in family and work relationships and less conflict overall. Lastly. as a result of stronger coping and social skills, patients will develop increased self-efficacy and be more likely to use the coping skills they have learned when faced with difficult situations. Learning and improving one's coping skills then can provide a foundation of skills to help in risky situations, improve relationships and thereby reduce stress levels, and increase coping skills and confidence in one's ability to cope,

Longabaugh and Morgenstern (1999) have also examined coping skills and their relationship to treatment for substance abuse, particularly alcoholism. They believe that coping skills training can be used as an intervention by improving cognitive and behavioral skills related to changing problem behaviors. They suggest that alcohol dependence is a maladaptive learning process that can be un-learned and replaced with more effective responses. The client can learn new behaviors or coping skills to replace

those that precipitated substance abuse. In a review of nine clinical trials, Longabaugh and Morgenstern identified that better coping skills were associated with better recovery outcomes. They stated, "deficits in the ability to cope with life stresses in general and with alcohol-related stimuli in particular help maintain excessive drinking and lead to a resumption of drinking following aborted attempts at abstinence" (p. 80). The question then becomes – what coping strategies or mechanisms help individuals avoid substance abuse.

Research has shown then that coping skills can play a large role in the treatment of substance abuse but a more in-depth understanding of the connection between coping and substance abuse is required to develop effective treatment plans and programs (Beckman, 1994; Monti & Rohsenow, 1999; Shiffman & Wills, 1985). One model that has been popularized and used in many studies, the Wills and Shiffman model (1985), will provide the framework for this thesis.

Wills and Shiffman Model

Thomas Wills and Saul Shiffman (1985) developed a model that explains the linkage between coping and substance abuse. The Wills and Shiffman (1984) model includes the notions of stress and coping as well as problem- and emotion-based coping strategies that were previously defined by Lazarus and Folkman. The model is based on a combination of their areas of expertise, namely Wills' research regarding the means that persons use to deal with the demands of life and Shiffman's research on how persons attempt to achieve self-control in the face of temptation.

The model is based on research across a range of populations concerning coping and various substance abuse problems including tobacco, alcohol, opiates, prescription

drugs, and weight control. The intent of the model is to identify common coping processes of different substance users while recognizing the distinctive characteristics of each particular substance (Wills & Shiffman, 1985). Because of the widespread applicability of this model to substance abuse and it's focus on coping, this model will be used as the basis of this research project.

Wills and Shiffman's theory (1985) is based on two central postulates. First, a substance maybe used as a coping mechanism for two independent reasons: reducing negative affect and/or increasing positive affect. Although these two functions appear at first to be in opposition, Wills and Shiffman posit that substance abuse can accomplish both functions. Their second postulate states:

> It is useful to distinguish between stress-coping skills, which are cognitive or behavioral responses relevant for dealing with the stress evoked by negative life events or enduring strains, and temptation-coping skills, which are responses to cope with temptation for substance use that occur in particular situations. (p.4)

Information to support these two postulates will be presented in the following sections.

To establish how substances can be used to regulate affect Wills and Shiffman's (1985) stress appraisal process will be presented. Their model, shown in Figure 1, identifies several processes that can occur between a stressful event and one's subsequent reaction. Each of these processes has both a cognitive and physiological component resulting in a stress reaction.

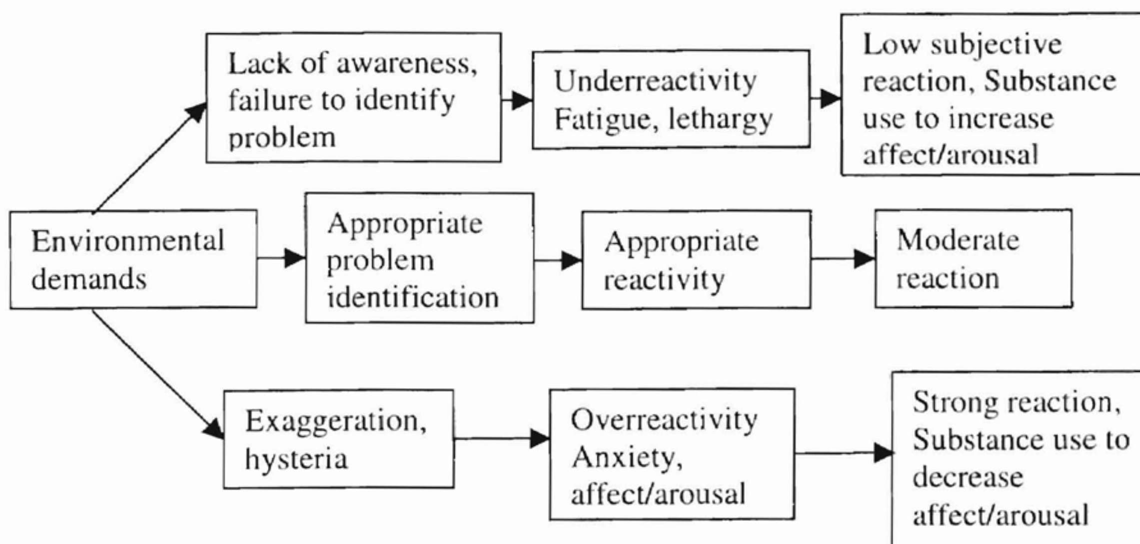

Figure 1. Components of the stress appraisal process (Wills & Shiffman, 1985)

Keeping with Lazarus and Folkman's (1984) belief that stress appraisal is a subjective process; Wills and Shiffman suggest that one of three cognitive appraisals is possible (1985). Some fail to recognize the problem, others correctly identify the problem, and still others overreact to the problem creating chaos and hysteria. One's physiological response to an appraisal may also take one of three forms. One may fail to react to the appraisal and be unresponsive, one may react appropriately, or the physiological response maybe one of over reactivity involving much arousal.

The stress reaction then is a function of the cognitive appraisal and the physiological response and indicates how substances may be used to reduce negative affect or increase positive affect. If a person exaggerates the stressfulness of an event and then reacts with frenzied activity to the appraisal, Wills and Shiffman (1985) predict that person may use substances to reduce negative affect. Conversely, if a person has a

relatively uneventful appraisal of life and is weary and sluggish, they predict that person may chose to use substances to increase positive affect. Thus, a person can use substances to reduce negative affect or increase positive affect – in effect regulating one's response to life events.

In their second postulate, Wills and Shiffman (1985) distinguish stress coping skills and temptation coping skills. Similar to Lazarus and Folkman (1984), Wills and Shiffman define coping as "activities or behaviors a person uses in an attempt to maintain the balance between demands from the environment and resources currently available to meet those demands" (p. 6). They go on to say that the general goal of coping is to achieve a balance between positive and negative affect. An outline of Wills and Shiffman's stress-coping process can be seen in Figure 2. Using their perspective, substances can help to achieve that balance of affect and become a coping mechanism. For example, some may use alcohol to reduce negative affect when anxious, or use to increase positive affect when tired or depressed.

The Wills and Shiffman model (1985) provides insight to allow for understanding how substances may be used to restore balance when one is facing stress and attempting to cope, thus establishing a relationship between coping and substance abuse. Additionally, through the stress coping process they have outlined, several areas of their model become obvious targets for coping skills training. Coping skills training can be addressed through leisure interventions that will have an effect on the process and promote more effective coping (Carruthers & Hood, 1992).

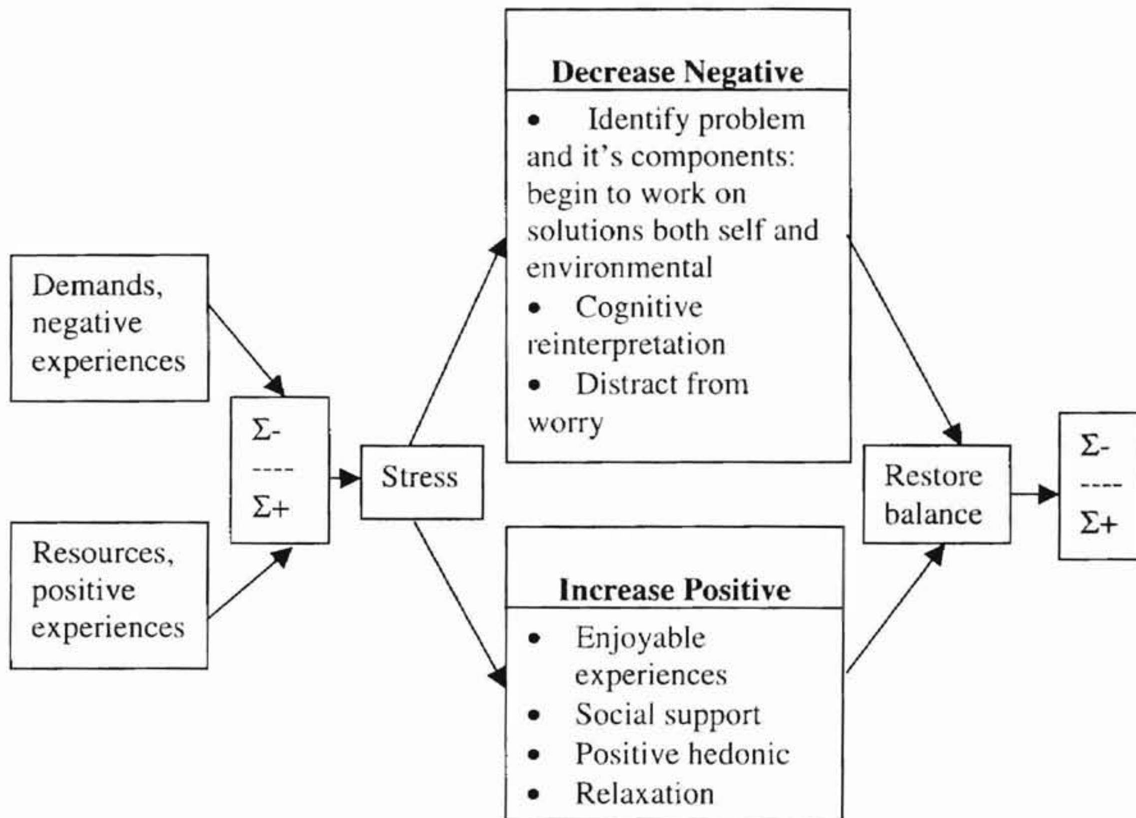

Figure 2. Outline of the stress-coping process (Wills & Shiffman, 1985)

It seems apparent that the use of problem- and emotion-based coping strategies, as defined by Lazarus and Folkman (1984), can help to decrease negative and increase positive affect, successfully replacing the need for substances. Problem-based coping, which is action-oriented, allows for problem identification and actions to be taken that decrease negative affect. Emotion-based coping on the other hand can increase positive affect by regulating one's emotions as well as seeking social support. Either coping strategy then can help to restore balance in the stress-coping process. These and other

areas of this process will be explored in determining effect treatment options for women who abuse substances.

Women and Substance Abuse

Alcoholism and drug abuse have often been considered male problems and consequently much research has involved only male subjects (Wilke, 1994). This feeds the assumption that female alcoholism is or should be the same as male alcoholism but recent research has shown that women have unique symptoms and can be served better with specialized treatment (Beckman, 1994; Wilke). Current studies involving women and substance abuse indicate women are distinct from men in onset and reasons for substance abuse, social consequences of abuse, physiological effects of substance abuse, and finally treatment needs to recover from substance abuse (Beckman; Davis, 1997; Gomberg, 1994; Lex, 1994; Wilke). This section will examine women and substance abuse, seeking to identify the unique characteristics and needs of women who abuse substances and determine implications for effective treatment.

Onset and Reasons for Women to Abuse Substances

Lex (1994) states, " the patterns, consequences, and reasons that women abuse alcohol and drugs differ from those of men" (p. 212). Factors contributing to these differences are complex and usually involve relationships and the physiological effects of the substance abuse (Lex; Wilke, 1994). For women the onset of abuse is sudden and heavy as compared to men and is frequently triggered by a traumatic event (Beckman, 1994; Nelson-Zlupko et al., 1995; Wilke). The reasons for rapid onset or "getting sicker quicker" are thought to be biological differences in metabolizing alcohol and other substances (Wilke).

The traumatic event precipitating substance abuse is often physical or sexual abuse given that between 12 and 85% of women who abuse substances have reported experiencing such an assault (Beckman, 1994; Gomberg, 1994). Many women also cite social causes for substance abuse in the form of an already abusing partner or spouse (Lex, 1994). Lack of family and social support networks cause greater conflicts for women substances abusers than men (Davis, 1997). Thus women may abuse substance to bury feelings associated with physical or sexual assault, or because they are in a relationship with abusing partner. The lack of social support for women also feeds in to their need to abuse substances.

Nelson-Zlupko et al. suggest that women abuse more licit substances, such as alcohol and prescription drugs, as compared to men using illicit substances, such as marijuana and cocaine (1995). In one study, women who are addicts were 116 times more likely to drink in stressful situation than those not addicted (Michels et al., 1999). Women generally use these substances in isolation, usually at home, when compared to men who more often use in public places. Regardless of age, geographic location, education, or socio-economic status the rates of licit substance abuse by women far exceed the rate of men (Nelson-Zlupko et al.).

Wilke (1994) believes it is important to acknowledge that society is male dominated and the resultant lack of power can effect women's self-esteem and sense of power over her own life. In a qualitative study on women healing from alcoholism, Davis (1997) notes that participants acknowledged their negative social stigma referring to this feeling as a "double whammy" for being a woman and an alcoholic. This "double whammy" increases women's already high occurrence of depression and serves to lower

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their self-esteem accentuating these existing differences between women and men (Beckman, 1994). For women who assume traditional sex-roles, increased depression and anxiety further reduces their self-efficacy and sense of purpose and mastery in life (Wilke).

Psychosocial Characteristics of Women Who Abuse Substances

Over half of women who are addicts come from families where substances are abused by at least one family member (Nelson-Zlupko et al., 1995). When compared to men, women who are addicts are more likely to be in a relationship with a partner or spouse who abuses substances (Lex, 1994). Family, spouses, and significant others can serve to undermine or encourage a women's abstinence depending on the relationship, and the number of supporting relationships has been shown to be a predictor of successful treatment (Beckman, 1994).

As with other women, women with addictions carry the brunt of child and family care responsibility (Beckman, 1994; Nelson-Zlupko et al., 1995). For this reason, many women are discouraged from seeking treatment because it appears as a threat to their ability to care for family members. Men who are addicts frequently exhibit more behavioral problems than women including financial difficulties, trouble with the police and un-safe driving, whereas women experience more interpersonal problems including arguments with family and friends, and depression (Wilke, 1994).

Women who abuse substances also have higher levels of guilt, depression, shame, and anxiety about their addiction than men (Nelson-Zlupko et al., 1995). They have lower expectations for their lives and focus more on merely surviving than getting ahead in life. These women are also more likely to be on public assistance or dependent on a

family member for survival and still they remain the primary care giver for their children. Women who are alcoholics are four times less likely to reach out for help and are generally less educated and have lower socio-economic status than women who are not alcoholics (Michels et al., 1999). This fact is posited to be due to the characteristics of the role models who taught maladaptive coping strategies.

Physiological Impact of Substances on Women

Given the same level of any substance, a woman will experience more damaging effects in a shorter time than a man (Davis, 1997; Nelson-Zlupko et al., 1995). Anatomical differences such as amount of fatty tissue and metabolic rate of substance break down allow women to get "sicker quicker" (Lex, 1994).

Reproductive and gynecological problems are also encountered as a result of substance abuse (Beckman, 1994). Excessive drinking and substance abuse can cause problems with menstrual cycle, fetal development, childbirth, and other sexual problems. According to Lex (1994) women who present with obstetric and gynecological problems have a higher rate of substance abuse than the general female population, suggesting that substance abuse may be associated with gynecological problems.

Treatment Needs of Women Who Abuse Substances

Previous sections of this literature review examined coping and its' connection to substance abuse, and particularly how substance abuse and ineffective coping affect women differently from men. Drawing from these sections and additional literature, the particular treatment needs of women were investigated. These needs were linked to coping skills training topics that can be facilitated through leisure using therapeutic recreation.

Margaret Kearney (1998) proposed a model for women's addiction recovery entitled Truthful Self-Nurturing. Using the combined results from ten research studies, Kearney posits that women must first see their addiction as a problem and then begin a process of change.

Kearney (1998) concurs with Wills and Shiffman (1985) that substance abuse usually begins as women attempt to ease their discomfort (reducing negative affect) and as an effort to care for themselves (increasing positive affect). In the case of women who become substance abusers, this attempt becomes harmful and creates more problems than it solves. Kearney's Truthful Self-Nurturing is a process of recovery that helps women to improve their understanding of themselves, and to learn improved self-care habits and relationship skills.

After recognizing that substance use is a problem, Kearney's (1998) model suggests that women begin the work of recovery, which includes abstinence-, self-, and connection-work. Kearney also indicated that work in these three areas can be accomplished sequentially or simultaneously. Kearney's self-work is closely related to coping and she stated that "self-work had two components: honest self-appraisal and responsible self-nurturing" (p. 505). It seems obvious that work in these two areas would be effective in increasing women's coping skills and lead to restoring balance in recovery.

Still others see women's substance abuse as maladaptive coping that can be unlearned and replaced with more effective coping as a part of the recovery process (Longabaugh & Morgenstern, 1999). Wills and Shiffman (1985) provided the linkage between coping and substance abuse by outlining the stress appraisal and stress coping

processes. Researchers have shown that ineffective coping skills can lead to substance abuse and that coping skills training is associated with better treatment outcomes and reduction in substance abuse (Longabaugh & Morgenstern; Monti & Rohsenow, 1999; Shiffman & Wills). By increasing the client's repertoire of coping skills and providing a safe arena to practice those skills, it seems probable that the client will cope more effectively and is less likely to turn to substance abuse for relief from stress. Furthermore, therapeutic recreation can be used to help develop those coping skills through substance-free leisure opportunities as well as provide an outlet for reduction of stress during and after treatment in leisure activities (Carruthers & Hood, 1992).

Throughout the literature review, many areas have been identified that can be addressed and enhanced to provide effective coping skills for women who abuse substances. The Wills and Shiffman model was used to identify specific areas where coping skills training can be successful in reducing the requirement for coping as well as improve coping ability for women who abuse substances.

The Appraisal

In their stress appraisal process, Wills and Shiffman (1985) show that how one appraises and event directly effects the stress reaction and the need for coping. In their stress-coping process, appraisal occurs when one evaluates demands and negative experiences, and resources and positive experience to determine the presence of stress. Additionally, in the coping process as defined by Lazarus and Folkman (1984), the first step is appraisal. How one assesses an event then is the beginning of determining one's coping response. It seems logical that changing one's appraisal of a situation is the first step in changing one's response to that situation. It follows that if more problems are

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appraised as irrelevant or benign-positive and fewer problems are appraised as stressful, less coping is required.

To increase the number of irrelevant or benign-positive appraisals, one has to believe that there are situations in which nothing is to lost or gained and quite possibly the situation may actually preserve or enhance well-being. For women who abuse substances experiencing the "double whammy" of being a women and an alcoholic, this notion of lack of power stems from a male dominated society that affects a woman's sense of power and self-esteem and the additional stigma relating to being an addict (Wilke, 1994).

It seems obvious that if one has a belief in one's power and has a sense of mastery over life events, fewer situations will be appraised as having the potential for harm, loss, or threat. This belief requires a sense of belief in self to handle such situations, otherwise known as self-efficacy (Santrock, 1997). By increasing the self-efficacy of women who abuse substances, more appraisals can be classified as irrelevant or benign-positive and thereby reduce the need for coping.

Therapeutic recreation and participation in leisure activities are excellent means to develop and improve self-efficacy. Leisure provides numerous opportunities for success that when structured to build on previous experiences, increase one's confidence in ability to succeed thereby improves self-efficacy. Interestingly, studies have shown that increased self-efficacy developed in a leisure setting generalized to other areas of one's life (Miles & Priest, 1999).

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Resources

Having a substantial number of resources promote effective coping by offsetting demands and negative experiences as seen in Wills and Shiffman's (1985) stress-coping process. Lazarus and Folkman (1984) also see these same resources and associated constraints as affecting one's secondary appraisal. All authors agree that greater resources available and the fewer constraints will reduce the need for coping and increase the likelihood of effective coping.

The resources that can increase effective coping include health and energy, a positive belief system, problem solving skills, social skills, and a competent social support system (Lazarus & Folkman, 1984). It seems obvious that developing and implementing these resources should be an important part of a treatment for women who abuse substances. Therapeutic recreation is one way that recovering women could develop their resources by participating in leisure activities that improve health and increase energy while developing cognitive skills such as problem solving. Leisure activities also provide an opportunity to develop new social skills and networks to cultivate a new and competent support system (McCormick & Datillo, 1995).

Restoring Balance

Once a stressful situation has been appraised, Wills and Shiffman (1985) posit that one is faced with the task of decreasing negative affect and/or increasing positive affect to restore balance and reduce stress. They suggest that one way to decrease negative affect is identifying the problem and beginning to work on solutions. Lazarus and Folkman (1984) support this idea of coping by defining problem-focused coping. If

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while in treatment women can be taught problem-solving skills and strategies, it appears obvious that this will increase their ability to cope effectively.

Another means Wills and Shiffman (1985) suggest to decrease negative affect is to enjoy distractions and/or ignore the problem. Teaching women in treatment the value of managing and disconnecting from stress appears to be a logical step in reducing negative affect. Leisure provides an ideal setting for stress management and allows diversion from focusing on daily problems (Carruthers & Hood, 1992).

The last method Wills and Shiffman (1985) suggest to reduce negative affect is through cognitive re-interpretation. This is similar to emotion-based coping identified by Lazarus and Folkman (1984), in that its function is to regulate emotion by changing the way one sees the situation or the relational meaning of what is happening. Traditionally society has valued problem-based coping over emotion-based coping and women are aware of this and tend to regard emotion-based coping as a weakness (Lazarus, 1993). It seems that teaching women about the types of coping and values associated with each type would be helpful not only in providing new alternatives but also to accept their previous methods of coping as valuable.

According to Wills and Shiffman (1985) increasing positive affect also contributes to restoring balance. Pleasurable experiences can help to increase positive affect. For many women, the only pleasure they derived was from using substances and they need assistance in identifying activities that are substance-free and pleasurable (McCormick & Datillo, 1995). Through leisure education, clients can learn leisure activities can provide pleasurable experiences that increase positive affect (Carruthers & Hood, 1992).

Wills and Shiffman (1985) also state that social support can increase positive affect. Lazarus and Folkman (1984) concur and believe that socials skills allow an individual to communicate with others and ask for assistance in solving their problems. If social skills can be taught and support networks formed while in treatment, effectively increasing positive affect, perhaps these women can cope more effectively. Therapeutic recreation can help clients see leisure as an opportunity to utilize the skills learned in treatment thereby developing social and communication skills, and providing improved social support through recreation activities (McCormick & Datillo, 1995).

The last suggestion Wills and Shiffman (1985) offer to increase positive affect is through relaxation. This can take the form of muscle relaxation, meditation, or stress management. If treatment can include a safe place for women who abuse substances to learn and practice relaxation, it seems they could use relaxation as a means to increase positive affect and help manage the stresses that led them to abuse substances. Leisure is an ideal setting for learning stress management techniques including relaxation that can be employed by clients after leaving the facility (Carruthers & Hood, 1992).

Together Wills and Shiffman, and Lazarus and Folkman have provided insight in coping and substance abuse. Using their models and terminology as well as research from others, numerous treatment needs have been identified for women who abuse substances. Due to the brief nature of this study, all of these needs cannot be addressed. Six areas have been selected that offer as comprehensive approach as possible within the limits of this study to help women who abuse substances cope more effectively. The areas include: 1) an introduction to leisure, stress, and coping, 2) self-awareness and self-

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talk, 3) the self and social support, 4) skills for social support, 5) creative problem solving, and 6) relapse prevention through recreation.

CHAPTER 3: METHODOLOGY

This study was conducted to examine women in recovery from substance abuse and their perceptions regarding a therapeutic recreation coping skills intervention based in leisure. The main focus was to examine what women believe is helpful in recovery with regard to coping and leisure. Throughout the literature review many researchers have written about the individual nature of the coping process and Lazarus and Folkman (1984) defined stress and coping as having a subjective nature. Wills and Shiffman (1985) added that the stress appraisal process leading to selection of a coping strategy is subjective as well. It is this subjective and individual nature of coping that directed the chosen research approach.

Research Approach

Paradigm Selection

To fully investigate coping as it relates to women who abuse substances, a constructivist paradigm was chosen. For in a constructivist paradigm, Guba (1990) saw reality existing, "in the form of multiple mental constructions, socially and experientially based, local and specific, dependent for the form and content on the persons who hold them" (p.27). Guba's definition of the ontology of the constructivist paradigm allowed the subjective nature of coping to be explored fully. This paradigm allowed the researcher to interpret coping through the participant's own meaning of it.

Guba defined the epistemology of this approach as subjectivist, meaning that the researcher and participant are meshed together and the findings are actually a result of this interaction (1990). As Guba states, "Constructivism thus intends neither to predict and control the 'real' world nor to transform it but to reconstruct the 'world' at the only point it exists: in the minds of the constructors" (p. 27).

Theoretical framework

The nature of the coping research suggests that a strong rapport and a trusting relationship would serve to maximize the amount of information obtained from the participants. Women who abuse substances have experienced events that many men cannot relate to such as sexual abuse or male dominance. This inability to relate with men has prevented many women from seeking treatment or caused women to leave a treatment setting (Beckman, 1994). A feminist framework allowed for the development of a strong rapport and trusting relationship between the researcher and the participant (Beckman). In this framework, the female researcher and female participants became co-creators of knowledge in an innovative way, empowering the women participants through discussion and participation. Adopting the feminist framework provided the researcher with guidance throughout the study.

With regard to interviews and client observation, the feminist framework provided guidance to the researcher regarding data collection. The interviews of the study were conducted so that the resultant data came from the participant's lived experience (Rothe, 1993). Participant observations were achieved by documenting the lives of the participants as full members of society including social, economic, and political worlds (Rothe). Participant observations were also used to understand and place

into perspective a major bias that trivializes female activities and thoughts when recorded by a male researcher. Lastly, the feminist framework allowed the researcher to view participant's behavior as shaped by social context rather than anatomy, personality, or social class.

Methodology

The focus of this study was to understand the nature of coping for women who abuse substances and understanding the effects of a six-session program designed to develop and improve coping skills. Throughout the study data comprised behaviors, actions, norms, and gestures. Qualitative analysis allowed the researcher to generate the most meaning from this class of data (Rothe, 1993). This study was designed to produce rich, thick, descriptive data, not to predict, but to understand and describe the journey of these women and observe their ability to cope prior to, during, and at the end of the six sessions.

Design

The design of this study included two individual participant interviews that book ended a six-session therapeutic recreation coping skills intervention. This design allowed the researcher an opportunity to interact with the participants individually as well as in the group setting, facilitating the gathering of rich, descriptive data.

Initial interview

The initial interview consisted of a semi-structured interview, where questions were used to guide the discussion with the participant but were not so structured so as to terminate a topic that may be ripe with information. This interview was designed to be an exchange with the participant, with sharing from both the researcher and the

participant. This exchange is also served to begin the development of a trusting relationship that facilitated the collection of meaningful data. Near the close of this interview the participant completed the Ways of Coping Questionnaire (Folkman & Lazarus, 1988).

Intervention/observation

A therapeutic recreation coping skills intervention consisting of six sessions was conducted with the aim of educating the participants in coping skill development and improvement. These sessions consisted of activities performed in a group setting that allowed for interaction between the participants as well as the researcher. Throughout the intervention, the participants' actions and thought processes were observed in accordance with a feminist framework. Individual copings styles were observed and monitored by the researcher throughout the intervention for changes during the course of the study. The effects of the sessions on coping ability were also investigated through participant feedback.

Final interview

After the completion of the six sessions, a final semi-structured interview was conducted with each participant. This interview again allowed exchange between the researcher and participant. This forum allowed the participant to contribute any additional information and comments that were difficult to present in the group context. Lastly, the participant repeated the Ways of Coping Questionnaire.

Participants

The original study proposed eight participants but due to lack of available women, the sample size was reduced to four women. This lack of women also expanded the

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range of sobriety from the proposed range of 6 months to 2 years to a new range of 3 days to 18 years. The women ranged from 38 to 54 years of age. All of the women were retired with a medical disability from the military and came to know one another in an arts and crafts group sponsored by a military organization.

Data Collection Methods

In keeping with the tenets of qualitative research, the researcher was the primary instrument through which data was collected and analyzed. Interview guides for the initial and final in-depth interviews added minimal structure and are included in Appendix B. The reliability and validity of the Ways of Coping Questionnaire also added to the integrity of this study. Finally, carefully recorded observations of the participants occurred throughout the study adding to the data.

In-depth interview

In-depth interviews are consistent within a feminist framework with the underlying interest of gathering data about individual experience (Rothe, 1993). These interviews were designed to develop a trusting relationship with the participant, and empower the participant to learn as much as possible from the experience while contributing to a body of knowledge that will help others learn and grow as well. These interviews were audio taped and later transcribed, allowing the researcher to be fully involved in the process.

Coping Skills Instrument

The Ways of Coping Questionnaire developed by Drs. Susan Folkman and Richard Lazarus (1988) was chosen for this study. Lazarus and Folkman also provided the working definitions of stress and coping as well as the outline for the coping and

stress appraisal process used throughout this research. The Ways of Coping Questionnaire was the natural choice for measuring coping styles before and after the intervention.

Because coping is subjective in nature, and varies by situation, traditional test-retest estimates of reliability are inappropriate. The Ways of Coping Questionnaire measures one's coping processes in a particular encounter and therefore this instrument will be used to provide data regarding how each women coped in one situation. The intent of using this instrument is to provide additional data and not infer causality from the intervention.

The Ways of Coping Questionnaire exhibits face validity since the strategies that it described are those that individuals have reported using when coping with stress. Evidence of construct validity is apparent in the results of studies using the instrument are consistent with theory. The theory identifying that coping consists of problem and emotion focused strategies and that coping is a process.

Table 1 describes the coping scales that are measured using the instrument.

Table 1

Description of Coping Scales

Confrontive Coping	Describes aggressive efforts to alter the situation and suggests some degree of hostility and risk taking.
Distancing	Describes cognitive efforts to detach oneself and to minimize the significance of the situation.
Self-Controlling	Describes efforts to regulate one's feelings and actions
Seeking Social Support	Describes efforts to seek informational support, tangible support, and emotional support
Accepting Responsibility	Acknowledges one's own role in the problem with concomitant theme of trying to put things right.
Escape-Avoidance	Describes wishful thinking and behavioral efforts to escape or avoid the problem. Items on this scale contrast with those on the distancing scale, which suggests detachment.
Planful Problem Solving	Describes deliberate problem-focused efforts to alter the situation, coupled with an analytic approach to solving the problem.
Positive Reappraisal	Describes efforts to create positive meaning by focusing on personal growth. It also has a religious dimension.

Observations

The researcher observed the participants at all times, mentally recording participant actions and reactions while audio taping the group sessions. Immediately following the interviews and coping skills sessions, the researcher entered notes, reflections, insights, and thoughts resulting from those interactions into a journal. Additionally throughout the study, journaling was used to add to the thick descriptions to increase transferability of the results.

Data Analysis

Data analysis is the process of bringing order, structure, and meaning to the data collected. Qualitative analysis is primarily the search for general statements about relationships among categories of data with the ultimate aim of theory generation. This research adopted a narrative analysis procedure with the objective of determining the

effects of a therapeutic recreation coping skills intervention on the coping skills of four participants.

Three types of data were collected and analyzed. Participant interviews, coping skills inventories, and observations allowed the researcher to crosscheck information resulting in triangulation. This triangulation of data allowed for a more complete picture of the effect of the therapeutic recreation coping skills intervention and the coping processes of the participants.

Organization of the data was critical for thorough analysis. This iterative process included four steps: reading, describing, classifying, and interpreting (Gay & Airasian, 2000). The interviews were transcribed and combined with session notes, memos, and journal entries. Reading referred to the act of becoming familiar with and organizing the data. Describing involved looking at the data in depth to provide rich, thick descriptions. Categorizing and coding of the data was performed during the classifying step.

The Wills and Shiffman (1985) model of the stress coping process was used initially as the basis for theme development during analysis. After analysis new themes emerged and original themes were discarded, a common part of qualitative analysis. Constant comparison of data was used as a technique throughout the analysis of data while developing themes.

Finally, the data was synthesized and interpreted into general conclusions. Thus through a systematic review of all data, the effects of a therapeutic recreation coping skills intervention on the coping skills of all participants was analyzed.

Trustworthiness

Qualitative research is often criticized for a lack of rigor, reliability, and generalizability (Baumgartner & Strong, 1998). To increase the trustworthiness of the qualitative data recorded by the researcher, the following areas that parallel quantitative research were addressed throughout the research process.

Credibility

Henderson stated that credibility, also referred to as internal validity, is often questioned in qualitative research due to the subjective nature of data collection (1991). She went on to say the effect of the researcher on the data is critical to providing valid data. It is essential to describe the participants as accurately as possible. To improve the credibility of the data, the researcher kept an extensive journal of reflections of the research process as well as provided quotes and descriptions that supported the conclusions. Additionally participants collaborated with the researcher in an intense and reflective manner through member checks. Member checks allowed the participants to review the data for accuracy of meaning and action.

Transferability

Transferability or external validity is concerned with how the participants being studied are representative of others to which generalization may occur (Baumgartner & Strong, 1998). Henderson (1991) stated that transferability might be a function of degree and to what degree must be considered. She continued by contending that a thick, rich description of data as well as observing the guiding hypotheses will assist in achieving transferability. To increase transferability, careful explanations of the research setting

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were provided as well as thick descriptions of data. These explanations and data descriptions will allow others to judge whether the results apply to specific situations.

Dependability

Dependability or reliability was referred to by Henderson (1991) as "a fit between what the researcher records as data and what actually occurs in the setting" (p. 137). Careful documentation of the research plan and notation of changes that occur to that plan increased dependability (Baumgartner & Strong, 1998). In addition to documenting and recording changes in the research plan, data were provided to show how conclusions were drawn, essentially leaving an audit trail for another to use to retrace the data interpretation. A journal of emerging reflections, ideas, and conclusions also increased the dependability of the study.

Confirmability

Henderson believed confirmability or objectivity is the essential foundation for all research and data (1991). She stated that to be objective implies seeing the world as an observer who has no prejudice. However in research under the constructivist paradigm it is important to recognize a certain amount of subjectivity did exist. This includes the notion that multiple realities exist and are the mental constructs of the participants, and the only way to access that reality is through a subjective position.

Nevertheless, researchers should strive to be objective by examining a variety of explanations for the behavior being studied (Henderson, 1991). Within this study efforts were made to attend to my own subjectivity by using peer reviews to examine emerging themes, using a semi-structured interview format to guide participant interviews, and

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collaborating with participants through member checks. A journal of emerging reflections, ideas, and conclusions also served to increase the confirmability of the study.

Ethical Concerns

The subjective nature of coping as well as the experiences of the women participating in this survey is of a very personal nature. Discussing past coping history and events leading to substance abuse can be traumatic as well as healing. Every effort possible was made to protect these women in mind and body throughout the study. At any time during the study a participant could have chosen to leave the study for any reason. In order to protect the participants, after coding and transcribing is accomplished, all original audio recordings were destroyed. Pseudonyms were used unless the participants wished to be identified. Prior to implementation of this study, the proposal was submitted to and approved by the Internal Review Board of Oklahoma State University. A copy of this approval is located in Appendix D.

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CHAPTER FOUR: LEISURE, STRESS, AND COPING

The purpose of this thesis was to capture and present the perceptions of recovering women who experienced a six-session therapeutic recreation intervention focused on improving coping skills. The subjective nature of coping as defined by Lazarus and Folkman (1984) and Wills and Shiffman (1985) required the researcher to utilize a constructivist paradigm. Guba (1990) contended that in this paradigm the researcher and participant are enmeshed and the findings are actually a result of their interactions. It is the recording and analysis of these interactions that determined the remainder of the approach. Although mixed methods were used to collect data during this study, a primarily qualitative approach was taken to accurately capture the thoughts and feelings of the women participating in the program. A feminist framework was chosen to permit the researcher to establish meaningful relationships with the women and to view the women's experiences through their eyes while providing a safe and nurturing context.

The Participants

The original study proposed the involvement of eight women but due to lack of available participants in the local area, the sample size was changed to four women who participated in the intervention. The original length of sobriety for the study was also modified to allow for a more diverse group. The women studied ranged in sobriety from three days to 18 years. Previously, all of the women were in a United States military

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organization and were retired due to a medical disability. These women met each other through a veteran's organization in a women's arts and crafts group, but that group did not directly address stress, coping, and recovery. A short sketch of each woman and her initial Ways of Coping Questionnaire scores are provided here to give a brief understanding of the participants.

The first woman interviewed was Dame. Dame drank up until three days before the initial interview. She offered to be a part of the program as a favor to another recreation therapist that was known to the researcher. Dame is 40 years old and had a history of drug and alcohol abuse. Dame experienced sexual and physical abuse as an adult. She quit using hard drugs when she became pregnant with her now 12-year-old son. She has used alcohol and marijuana off and on for the last 12 years, and in the last few months Dame said she was abusing it again. She wanted to stop and thought this program may help her to get sober and deal with life. Table 2 lists the results of Dame's initial Ways of Coping Questionnaire. The table identifies out of a possible 100 percent, the relative amount that each coping strategy was used in her particular situation. For Dame's situation, she appeared to use more strategies to elude the situation than to take action upon it.

Table 2

Dame's initial Ways of Coping Questionnaire scoring

Type of Coping	Percent of usage
Confrontive coping	6%
Distancing	18%
Self-controlling	19%
Seeking social support	16%
Accepting responsibility	3%
Escape-avoidance	21%
Planful problem solving	4%
Positive reappraisal	12%

The second woman, Rikki, joined the group in the first session. She has been drug and alcohol free for 18 years and owes her recovery to her church. As a child she was sexually abused by her father and physically abused by her mother. She was placed in a variety of different foster homes and experienced abuse in those homes as well. Rikki wanted to learn to accept leisure in her life and change her childhood view of leisure as time spent being alone locked in her room. In Table 3, Rikki's scores are listed and indicated that she also tends to avoid dealing with the situation at hand.

Table 3

Rikki's initial Ways of Coping Questionnaire scoring

Type of Coping	**Percent of usage**
Confrontive coping	7%
Distancing	10%
Self-controlling	12%
Seeking social support	21%
Accepting responsibility	16%
Escape-avoidance	16%
Planful problem solving	5%
Positive reappraisal	13%

The third woman, Sara, is 54 and lost her husband of 23 years in 1994 and her Mother in 1997. She has been sober for about one year but continues to struggle with depression and loneliness. She described herself as, "not a big talker" and believes that therapeutic recreation has saved her life. She comes to groups just to get out of the house. Sara says, "I come here everyday of the week just to get out of the house. You know not to be alone." Sara's scoring listed in Table 4 reflected her initial inability to reach out to others .

Table 4

Sara's initial Ways of Coping Questionnaire scoring

Type of Coping	Percent of usage
Confrontive coping	3%
Distancing	17%
Self-controlling	38%
Seeking social support	0%
Accepting responsibility	10%
Escape-avoidance	10%
Planful problem solving	17%
Positive reappraisal	3%

The final woman in the group was Bonnie, who had been sober for 10 years. She was involved in several treatment centers with limited success and had also suffered sexual and physical abuse as a child. Her only form of leisure prior to the intervention was folding laundry. Bonnie also admitted to having no idea of relaxation in her life. Bonnie wanted to take part in this intervention so that she could learn, "to cope with the ordinary things of everyday life." Table 5 indicates Bonnie used relatively equal amounts of each strategy and did not favor one strategy over another in this particular situation.

Table 5

Bonnie's initial Ways of Coping Questionnaire scoring

Type of Coping	Percent of usage
Confrontive coping	8%
Distancing	10%
Self-controlling	11%
Seeking social support	12%
Accepting responsibility	15%
Escape-avoidance	16%
Planful problem solving	11%
Positive reappraisal	16%

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The Intervention

The planned intervention consisted of initial and final one-to-one interviews, six group sessions, and one final session to review the results of the intervention. The initial interview served two purposes. First this meeting served as a chance for each woman to get to know and establish a relationship with the researcher and ask any questions. Second, the meeting was held to obtain information about each woman and her knowledge of stress, leisure, and coping using a semi-structured questionnaire. Each woman also completed the Ways of Coping Questionnaire before the interview ended.

The women in the group knew each other from attending a women's arts and crafts group. Because of the existing relationships among the women, little time was required to establish trust between them and they were already familiar with the setting of the sessions. The six group sessions were completed over the course of four weeks. Two sessions were held for each of the first two weeks and one session for each of the last two weeks. All of the women attended all of the sessions with the exception of Dame who did not attend the sixth session.

Each of the six sessions lasted approximately one hour and 30 minutes. The first session introduced the ideas of stress, coping, and leisure, and presented the Wills and Shiffman stress coping process. The next five sessions addressed self-awareness, social support, social skills, problem solving, and relapse prevention. Each session included a review of the previous session, an introduction to a new topic, an activity related to the topic, a discussion of the activity, and lastly a journal assignment that was to be completed before the next session. The journals were collected at the beginning of the final session.

Program Implementation and Participant Responses

After the six sessions, another individual interview was conducted with each woman to clarify what the sessions meant to her and to allow her to give additional comments or ask any questions. Each woman again completed the Ways of Coping Questionnaire. One final group meeting was held to present the findings of the study to the women for their concurrence and comments as well as to add to the credibility and confirmability of the study. The following sections provide a brief overview of the sessions including the session content, themes that emerged from the sessions, and the women's responses to the sessions

Session One: Introduction to Leisure, Stress, and Coping

Description of the Session

This session was originally designed as an icebreaker for the participants but this was unnecessary, as the participants knew each other from another women's group. To help the researcher become acquainted with the women and direct the focus to leisure, the session opened with each woman listing three leisure activities that began with the first letter of her first name. Next the group developed guidelines to follow to help ensure their physical and emotional safety during the sessions.

For the first activity, journals were distributed to the women for them to personalize. These journals were used to record their ideas outside of the sessions. While the women personalized their journals, each woman then shared her definitions of leisure, stress, and coping. After discussing these ideas, the women were asked to draw or otherwise illustrate current examples of leisure, stress, and coping in their lives. At the end of the session, the Wills and Shiffman model of coping was presented to the women

and it served as a map of the five remaining sessions. For the first assignment, the women were asked to record their occurrences of leisure, stress, and coping between the sessions.

Perceptions of Leisure

All of the women were able to articulate several leisure pursuits ranging from crafts including painting and ceramics, to being in the outdoors, to folding laundry. One of the women had a negative view of leisure that was developed in her childhood. She believed that leisure was punishment because as a child it was time she had spent alone in her room. Prior to recovery, the women saw leisure as a context for drinking and using drugs.

Although the women believed that free time was risky in recovery, they felt they did not have enough meaningful leisure in their lives. They also indicated they had difficulty filling blocks of free time when they were using and now in recovery. They wanted to learn new leisure activities that would help them to experience meaningful leisure and allow for their disabilities.

Stress and Coping

The women believed that recovery brought about new stressors and required new forms of coping. The acknowledged that they used drugs and alcohol as coping strategies before recovery and they wanted to learn new strategies to deal with stress.

Role of Leisure in Coping

The women understood that leisure has many benefits including helping them to cope with and reduce stress in their lives. They were able to identify several coping strategies they were already using to reduce stress and were anxious to gain additional

knowledge. Presenting the Wills and Shiffman model was helpful to the women as a visual representation of the process of coping and identified where leisure fit into the process. The model also permitted the women to see the foundation of the program.

Participant's Responses to the Session

Overall the session was well received by the women. They understood and had experienced leisure but desired more meaningful leisure experiences in their lives.

> *I don't know what to do with myself. Leisure time is stupid time. You do stupid things when you don't have something to do. Before that's when I was getting high or drunk or something stupid. You got free time, you got trouble.* (Bonnie, session one)

They articulated how stress manifested itself in their lives. Dame gave examples of how stress affected her physically.

> *I got sick. I started throwing up bile. Yes so I know stress has caused my intestines and stuff to shut off. I don't take care of myself when I'm in stress. I tend to let it go and take care of everything else instead of myself and that's what I get. It sucks.* (Dame, session one)

They also spoke of their current coping strategies and their desire to learn new and healthier ways of coping.

> *Stress is harder to deal with (now). Before I just went out and got shitfaced. Now I smoke a lot and mow the yard.* (Rikki, session one)

All of the women had experienced pain as a result of their disabilities and were anxious to find new activities that could accommodate their disabilities and not result in pain. They were able to see the connections between leisure, stress, and coping, and the Wills and Shiffman model was a useful tool to help them understand and become excited about the intervention.

Session Two: Self-Awareness

Description of the Session

The aim of this session was to help the women become aware of their public, private, and ideal selves as well as become aware of the messages they give to themselves. The women received a large brown envelope to decorate; showing their public self or how they believed the world saw them. Inside this envelope they placed pictures that represented their private self. A small white envelope was included inside the large brown envelope for items symbolizing their ideal self. Stack of magazines were available as well as blank paper, markers, and crayons for use during the activity.

The second activity of the session focused on the messages the women give to themselves. The women identified their self-talk and as a group re-phrased those messages to promote self-esteem and self-confidence.

Challenges in Becoming Self-Aware

This activity began slowly as if the women were afraid to look within or to disclose themselves. For many women in the group, they were aware that their drinking and drugging had helped them to avoid looking within or served as a means to deal with discomfort with self.

Three Facets of the Self

The public self was the easiest for the women to describe and was more of a physical inventory including qualities such as being fat, ugly, and disabled. Some non-physical attributes were also included in the public self such as smiling, laughter, being a smoker, and being scared. The women did not agree with each other's descriptions and offered each other new viewpoints.

The discussion of the private self began with a different tone. Talking about what was real for them generated fear and sadness. The women talked about their feelings of loneliness, insecurity, and depression. They saw that the other women had similar feelings and that knowledge gave them comfort.

The ideal self represented what the women wanted to become. This self included physical notions such as a perfect body but the overwhelming desire was for a meaningful life that included inner strength, serenity, self-love, happiness, and peace. Talking about the ideal self was a perfect place to begin discussing irrational self-messages for many of these messages are a result of the wanting to become one's ideal self.

Irrational Self-talk

The women offered many examples of irrational self-talk, many of which reflected their low self-esteem and desire for perfection. We discussed ways to reword those messages and create new encouraging messages that would help improve confidence and self-esteem.

Participant's Responses to the Session

From the beginning of the session, self-awareness was a difficult topic for the women. Dame and Sara talked about the connection between self-awareness, stress, and using.

> *Sometimes on the stress we have to look at ourselves and take time-out in order to fix it and some of us don't want to take time to look at our selves.* (Dame, session two)

> *That's right. Yeah that's where the drinking came in. It really hard to go from here to there.* (Sara, session two)

Being in a small group was very helpful to the women as the group provided comfort and security that enabled them to share their public, private and ideal selves.

> *You're trying to be with the group but you're talking through gritted teeth. Coming to these groups has really helped me, I don't shake any more. You grow through the group. One thing about our group, anything that happens or is said stays there.* (Dame, session one)

The discussion of self-talk was difficult for the women and they spoke of how they used humor to navigate this and other sensitive issues.

> *That's where my silliness comes in and I let it out. But deep down inside it still hurts and I try not to let anyone see that.* (Rikki, session two)

Most of the self-talk the women presented to the group was demeaning and destructive. Self-esteem was one area that was affected by self-talk for many of the women.

> *I am worthless.* (What else could you say? Worth a lot?) *I have said worthless so long, it's hard to say that.* (Sara, session two)

In general this session helped the women to become more aware of themselves on several levels and to monitor their self-talk. They also developed deeper relationships with one another that would be beneficial in future sessions and began to understand that leisure was a context that allowed them to explore themselves further.

Session Three: Social Support

Description of the Session

To initiate a discussion of social support the women were instructed to construct two columns on a piece of paper. In the first column they listed elements of social support that they had to give to others and in the second column they listed elements of social support that they desired from others. The group then discussed the lists and leisure's role in the exchange of social support. The women were provided with modeling clay and asked to make a representation of an element of social support that

they were willing to give to others. After the women completed their task, we discussed the pieces and they offered the art as gifts to one another.

Elements of Social Support

During the session the women expressed what they wanted and what they had to give to others in terms of social support. Often those elements were identical. They identified companionship, friendship, attention, a good listener, time, and faith as aspects of social support that they wanted and needed.

Role of Leisure in Social Support

Leisure offers women a unique opportunity to interact with other in a social context without pressure or an agenda. The women of this study acknowledged that using their own devices, they were unable to create this interaction because of their fears and insecurities. For them leisure provided a context they could not create on their own and allowed them to experience giving and receiving social support.

Participant's Responses to the Session

The women knew what they wanted and needed in terms of social support and admitted they did not know how to obtain it. Prior to the session the women understood that leisure could help to provide a place to interact socially but they did not categorize leisure as a means to give and receive social support. This realization helped to motivate the women to actively pursue leisure opportunities and to better understand the role of leisure in the Wills and Shiffman model.

The woman created especially imaginative representations of social support including ears to listen, a clock face to represent time to offer to others, and rocks for

strength. As an additional benefit of the session, each woman was able to take away a physical representation of social support that she needed and desired.

Session Four: Social Skills

Description of the Session

Two activities were used to identify and develop social skills. The first of these activities required the women to put together puzzles in groups of two, sitting back to back. Using the first puzzle, one person held the puzzle solution and gave instructions. The other women assembled the puzzle without talking or showing the other person her work. The groups of women then swapped puzzles and roles. Using a second puzzle the women continued; this time they asked only yes and no questions.

The last activity of the session was entitled recovery bags. Each woman was given a colored bag with several pieces of the same colored paper inside. They distributed one piece of their colored paper to each of the other women. Each woman then wrote one compliment for each of the other women regarding their participation in the intervention and then returned the papers to the same colored bag, allowing for anonymity.

The Importance of Communication in Recovery

Throughout the puzzle activity the women spoke of roles in communication of speaker and listener and the difficulties of each. They acknowledged that both roles could be difficult but without communication they could not recover and could not cope. All of the women experienced problems that resulted from poor communication and were aware that they needed help in learning to communicate effectively.

The Connection Between Communication, Coping, and Leisure

The women understood and have experienced the connection between communication, coping, and leisure. Leisure provided a context for the women to talk to one another and in talking they were able to solve problems and deal with stress. The connections were obvious but again the women had not viewed leisure in this manner. They now considered leisure as providing a sense of optimism and hope through communication.

Giving and Receiving Praise

The recovery bag activity appeared to be the more difficult of the activities for the women. Some had problems writing compliments but most of the women experienced discomfort accepting them. The women did not deny the compliments were factual but expressed reluctance in receiving and sharing them with the others.

Participant's Responses to the Session

The women understood and gave great examples of the connection between communication, coping, and leisure. Dame and Rikki spoke of a fishing trip where this connection was clear.

> *Well, when we went fishing that one time we did a lot of communicating. We sat and bullshitted for most of the time. That was the fun part.* (Rikki, session four)

> *We sat and fished and talked the whole time; that was nice. That was leisure. That was relaxing Even though we talked about stressful things it was leisure because we got to fish and hang out.* (Dame, session four)

The recovery bag activity seemed to indicate the women's on-going struggle with self-esteem. Bonnie and Sara expressed the sentiments of the group.

It's hard to accept positive thing being said about you. (Bonnie, session four)

I seldom say those things about myself. (Sara, session four)

Session Five: Problem Solving

Description of the Session

This session was designed to help the women examine and develop their resources, while learning effective problem solving techniques that employed their resources. Each woman was given a large sheet of poster board on which she was to depict where she wanted to be in five years on mental, physical, and spiritual levels. After this was completed each woman shared her vision with the others. On the reverse side of the poster each woman wrote at least one resource that was available for her to use to help her achieve her vision.

The group then set off on an adventure in time to reach their goals. Each woman used the resource side of her poster as a stepping-stone on her path to her goal. To reach their goals the group had to cross an imagined sea of despair using the stepping-stones to cross the water. Because the path was long, approximately 25 feet, she also had to borrow other's resources and explain how she used them in her quest. Each woman achieved her goal and used the combination of resources in a different manner showing the other women a variety of ways to utilize resources and realize goals.

Identifying, Developing, and Sharing Resources

Initially the women had difficulty identifying their available resources. With the help of the group each woman was able to list at least one unique resource. As a group they identified a higher power, determination, faith, friends, and a support group as resources that they could use to help t attain their goals. As the session progressed the

women identified additional resources that were at their disposal. As each woman progressed towards her goal, the shared resources were used in different ways and in a unique sequence that demonstrated novel solutions to the others.

The Connection Between Problem Solving, Coping, and Leisure

This activity helped the women explore different ways to cope with and solve problems through leisure. Using their friends, their support group, and their higher power the women were able to create unique paths and realize their goals. They enjoyed watching one another in the activity and learning how others coped with solving their problems.

Participant's Responses to the Session

The women really enjoyed this activity because they had a chance to examine their goals for the future and see how they could fulfill their dreams. This session gave them hope that with proper use of their resources, they could achieve their goals.

> *I'm gonna start out with my faith in my higher power, which is God, because I know I can't get through a day without him. And then God would say Dame get off your dead butt, which gives me my determination. And I get a lot of power in that. I don't really rely on my friends because they are few and far between. I did have a support group with friends in it that I consider family. Instead of using them to help me get there, I'd just take them all with me.* (Dame, session five)

The women also noted that none of the resources that they identified were material in nature. They believed they already had everything tangible that they needed but they needed a higher power and one another.

> *It takes both spiritual and people to get us where we want to be. If God want you to be there, he will supply the people and money to get you there.* (Rikki, session five)

This session also helped the women to see that there is often more than one solution to a given dilemma. Before recovery they thought that drinking and using was the only way to solve problems, now they recognize there are healthier ways of coping including leisure.

> *There's more than one way of doing things and it makes you think about where you want to go. When you are using you just think of one thing and that's using.* (Sara, session five)

Session Six: Relapse Prevention

Description of the Session

This final session was designed to review and emphasize the content of the previous sessions. We created medicine bags to provide the women with physical reminders of what they had learned and to hopefully prevent relapse in the future. Using the Wills and Shiffman model and a poster representation of the five sessions, the women painted rocks with words and symbols of things they wanted to remember. The topics from the five sessions included: 1) leisure, stress, and coping; 2) self-awareness; 3) social support; 4) social skills and communication; and 5) resources and problem solving.

Leisure, Stress, and Coping in Recovery

While painting the rocks the women spoke of how they learned that leisure could benefit them in a variety of ways in recovery. They were able to give specific examples of how leisure helped them cope with stress and issues related to recovery. For them leisure provided an opportunity to interact socially and to try new activities. Leisure helped to engage them in activities and forget about using, and on some occasions also allowed them to disengage from the stress. Leisure helped them to obtain social support

from others in a safe context. The Wills and Shiffman model was no longer foreign to them and they were able to explain how it functioned in their lives.

Participant's Responses to the Session

The women talked about their leisure activities and why as adults they stopped taking time for leisure. They believed that adults gave up having leisure because they thought too much.

> *They think it's childish and there are so many things they think they have to be doing that they can't do this. People forget how much fun it is.* (Bonnie, session five)

The women commented on how the sessions seem to pass quickly and they enjoyed the opportunity to get know one another on a more intimate level. At the end of the session I presented each woman with a black satin bag to hold her rocks and they were truly grateful for the token and my efforts expended during the intervention.

Ways of Coping Questionnaire Scoring Post Intervention

When all of the sessions were completed, the women participated in a final interview and contributed additional information or asked questions regarding the intervention. At the completion of the interview the women again completed the Ways of Coping Questionnaire. Listed below are the results of the questionnaires. Each score represents out of a possible 100 percent, the relative amount each strategy was used in a particular situation.

As stated previously coping is a subjective concept and is context specific, therefore The Ways of Coping Questionnaire cannot not be used to infer causality of the intervention using pre- and post-intervention scores. It is however interesting to note and discuss the changes in the women's percentages.

Table 6

Dame's final Ways of Coping Questionnaire scoring

Type of Coping	Initial percent of usage	Final percent of usage
Confrontive coping	6%	15%
Distancing	18%	9%
Self-controlling	19%	13%
Seeking social support	16%	12%
Accepting responsibility	3%	13%
Escape-avoidance	21%	17%
Planful problem solving	4%	11%
Positive reappraisal	12%	12%

Table 7

Rikki's final Ways of Coping Questionnaire scoring

Type of Coping	Initial percent of usage	Final percent of usage
Confrontive coping	7%	8%
Distancing	10%	14%
Self-controlling	12%	14%
Seeking social support	21%	12%
Accepting responsibility	16%	10%
Escape-avoidance	16%	10%
Planful problem solving	5%	15%
Positive reappraisal	13%	15%

Table 8

Sara's final Ways of Coping Questionnaire scoring

Type of Coping	Initial percent of usage	Final percent of usage
Confrontive coping	3%	12%
Distancing	17%	16%
Self-controlling	38%	27%
Seeking social support	0%	12%
Accepting responsibility	10%	6%
Escape-avoidance	10%	3%
Planful problem solving	17%	20%
Positive reappraisal	3%	3%

Table 9

Bonnie's final Ways of Coping Questionnaire scoring

Type of Coping	Initial percent of usage	Final percent of usage
Confrontive coping	8%	6%
Distancing	10%	11%
Self-controlling	11%	15%
Seeking social support	12%	13%
Accepting responsibility	15%	15%
Escape-avoidance	16%	16%
Planful problem solving	11%	12%
Positive reappraisal	16%	13%

As a group, Tables 6, 7, 8, and 9 indicate that all of the women's scores for planful problem solving increased. Perhaps the problem solving exercise from session five increased the women's confidence and ability to solve problems or at least made them aware of the need to be more thoughtful in their problem solving.

The percentages for all of the women for positive reappraisal changed the least from initial to final scores, with two of the women not changing at all and the remaining two women changed only two to three percentage points. In terms of the intervention there was no specific session designed that focused on cognitive restructuring or re-interpretation that might affect one's ability to reappraise positively. Moreover, changing one's thought patterns is a long-term process, which likely requires more than six sessions.

Regarding escape-avoidance, all of the women's scores decreased with the exception of one woman who score was unchanged. This strategy can be related to one of denial and the women in this intervention were all increasing aware of the effects of the substance abuse. The intervention also likely increased their awareness of the need to address the problem directly either through emotion-focused or problem-focused coping.

Interestingly, Dame and Sara, who had the least amount of sobriety, three days and one year respectively, had the largest changes in their relative scores as shown in Tables 6 and 8. This changes could either indicate they are unstable or experienced a greater effect from the intervention. Bonnie who had ten years of sobriety had the least amount of change in her relative scores as seen in Table 9.

Table 8 shows that Sara had the largest change in scoring in any one scale with a 12-percentage point increase in seeking social support. This increase appears to support that Sara's expressed desires for companionship throughout the intervention. Perhaps articulating her desire for companionship to herself and others served as a catalyst for beginning to take action.

It is also worthy to note that Dame was the only women whose score on accepting responsibility increased. When Dame agreed to become a member of this study she made a commitment to stay sober for the duration of the intervention and succeeded during the intervention. During her final interview, Dame also spoke about her sense of accountability to group as a reason for her sobriety. However when the sessions ended Dame returned to drinking. It appears her responsibility was linked to being connected to something outside of herself. When that connection was severed, so was her sense of responsibility to herself as evidenced by her return to drinking.

Themes Related to Coping

In order to make sense of the data collected throughout the interviews, sessions, and the Ways of Coping Questionnaires, the data were organized into two categories. The first category, sources of stress, describes the stressors that the women in this study experienced. The women in this study believed that although drinking and using created

one set of stressors and choosing recovery did eliminate some of those stressors; recovery also introduced new stressors that required new forms of coping.

The second category details how the women in this study view the process of recovery and coping. This category addresses the processes of recovering one's self as well as establishing connections to the outside world.

Sources of Stress

Coping has been defined as the response to stress and in an attempt to better understand the women of this study, a close examination of the stress present in their lives was necessary. The women in this study were recovering from alcoholism and drug addiction and although they had varying lengths of sobriety, the sources of stress that they experienced were very similar. A review of the sources of stress identified by the women indicates that there are essentially two types. Stresses that are brought about by others or result from factors outside the individual are viewed as external threats. Those that are inherent to the individual or arise from the thoughts and feelings of the individual are characterized as internal responses. The women in this study were able to express both external threats and internal responses.

External threats

The women in this study articulated several external threats that produced stress in their lives during the time they were using as well as in recovery. Some external threats can be easily connected as contributing to one's substance abuse while other external threats take on a less obvious influence as in the case of peer pressure and lack of employment. For these women when external threats involved people, they were not

irrational or dangerous strangers, but were family members or significant others in the woman's life.

Peer pressure. Peer pressure is often used to explain the behavior of youth but as adults peer pressure generally has less of an effect on one's behavior. But often the women indicated that the behaviors of significant others and family members impacted their own behavior as adults, especially with respect to their drinking and drugging. Bonnie speaks of the influence of her ex-husband on her sobriety.

> *Well I turned my life over to the Lord about two years ago and I guess that whatever I first sobered up and cleaned up I changed locations so that I would not start in again 'cause I knew I couldn't do that but then I started drinking again. But I was sober for almost two years before I started drinking and that was because my ex-husband and I went back halfway together. He drinks and he is an alcoholic and we got into it one day and I said, "fine, you want someone to drink with you, it doesn't bother me a bit!" I'll drink with you if that's what you want. You already know what I am like whenever I am drinking. Is that what you want? Tell me now. Cause I can go in there and get a beer just as easy as not. He mumbled and didn't believe me. I went in there and popped one and came back in and sat in the chair. He goes, "no, no, no!" I said, "It's too late. You got yourself a drinking party and a bitch 'cause you know what I'm like whenever I'm drinking.* (Bonnie, initial interview)

Friends and acquaintances also contributed to maintaining one's drinking and using, delaying possible recovery.

> *They weren't friends though. Now I think they were trying to kill me. I didn't have to pay for booze and drugs, they gave them to me.* (Rikki, session one)

Even after a long period of sobriety, the women still struggled with drinking locations and situations involving others.

> *Another thing is when they've been drinking and I said don't drink and go around with my hand over my glass because I am afraid that I'll pick up the wrong glass. I didn't enter or go back into a bar until about 10 years after sobriety, and it was a really weird thing on that occasion too, because I was with*

a bunch of ministers and watching ministers drink, because in our faith we do everything with moderation. So everything is okay if you do it in moderation and don't go out and get drunk. But it just weird watching these ministers drinking and it was like well… I was flabbergasted but we had gone a trip together and gone to a beer joint a couple times. (Rikki, initial interview)

Family history of substance abuse. For one woman a history of substance abuse in her family may have contributed to her propensity to abuse alcohol and drugs. It appeared that there maybe a link between her alcoholism and her family of origin.

> *My father was an alcoholic. I have a brother that's an alcoholic. I was an alcoholic and drug user. I have another brother that was a drug user and alcoholic dual.* (Rikki, initial interview)

Lack of employment. Lack of employment appeared to be another external threat for these women although they did not communicate it explicitly. It seems likely that lack of a meaningful job could promote a lack of sense of purpose. Dame spoke of her sister's employment and her unemployment.

> (Re: Do you ever feel like you don't deserve to have leisure in your life? Or like you've had too much of it and you need to work instead?) *Yeah, yeah because like I don't work and I feel real guilty about that sometimes. I know one of my sisters, she works. I feel bad because she has such a hard time at work and I feel like she needs* (more leisure?) *yeah, and here I have some and so yeah sometimes, like I said.* (Dame, initial interview)

Lack of employment is also connected to several internal responses that generated stress. It should be noted that all of the women in this study were unemployed.

Internal Reponses

It is very often one's response to an event and not the event itself that generates stress. Throughout the intervention, the women spoke of their own actions, thoughts, and feelings that created stress in their lives.

Depression. The first of these internal responses is depression, which was a contributing factor in the women's substance abuse and continued to produce stress in

recovery. In some cases the cause of depression was specific and could be linked to a precipitating event, but other times depression was ambiguous and hazy. The women were able to articulate feelings that contributed to depression in both cases. For Sara it seemed obvious that her depression was initiated by the loss of loved ones.

> *When I first came here, I was dealing with a lot of grief also. I lost my husband and then my Mom. It's just been a long session of trying to get over that grief. I don't think you really get over it you just learn how to live with it. I was married 23 years.* (Sara, initial interview)

Lack of contact with others and the ensuing loneliness also contributed to Sara's depression.

> *The big thing about me is dealing with being alone. That's why I come up here so often.* [Do you think that being alone feeds into stress?] *I think it depresses me more than stress, and that feeds into wanting to use.* (Sara, initial interview)

Lack of employment, in addition to being an external threat, also appeared to contribute to their depression by eliminating a sense of accomplishment for the women.

> *A lot of us suffer depression yeah and sometimes when we are just sitting around it makes us more depressed. So that's why when we have group no matter how I feel, I try to make myself get up and go to group at least. That way I can say I did at least one constructive today.* (Dame, initial interview)

Frustration that resulted from dealing with their disabilities also added to their depression. Often the women felt helpless and did not know how to ask for the support they needed.

> *You get tired of it, whether it's stress, or depression or the PTSD or whatever and it can be too much. You're left on your own and you have to figure it out yourself and I don't like that. It's at that point we don't know how to ask for help. We don't know how to tell them we need help on something. Do something. Do something for me.* (Dame, initial interview)

History of abuse. A past history of physical and sexual abuse was another source of stress. Although the abuse occurred years ago, it was the women's internal response to the event that has had lasting effects on the internal state of the women. Three of the four women in this study experienced physical and sexual abuse at the hands of their family members or significant others. Often the women hadn't resolved this issue and that lack of resolution was reflected in their coping ability. In initial interviews the women spoke of this abuse in a causal fashion as if attempting to deny the long lasting effects.

> (Re: relationships with men and women) *Well a lot of us have been sexually abused you know at one point in our lives. And a lot of us in our group don't trust men. You know* (Dame, initial interview)

As an example, Dame's past history of abuse seemed to have generated a hate for men that she is trying to heal.

> (Re: sessions with men and women) *They are mostly for men but women do get to go and I think that's good, especially for me because I hate men. But I need to be in there once in a while you know so I can learn how to interact with them. I have a son, and I have to not say I hate men around him so it helps me and I talk to the men about my son and they can kinda give me hints about what to do so it makes it nice.* (Dame, initial interview)

Rikki's abuse appeared to have initiated her alcohol use.

> *I started drinking and drugging when I was 14.*
> (Was there some incident that triggered all that?)
> *Yes, the drinking part mainly because my real father was real abusive.*
> (Physically abusive?)
> *Sexually abusive and my step mother very abusive physically. And we weren't allowed to go to the doctor. We'd end up with bruises after a fight, I'd just take a fifth and go to bed.*
> (How did you get the fifth?)
> *My dad.*
> (You took it from him?)
> *No he gave it to me. He said I could drink any thing I wanted to as long as I was in the house. He was an alcoholic too and so was my stepmother.*
> (It didn't seem like a big deal?)
> *It wasn't no big thing.* (Rikki, initial interview)

Physical pain. Pain resulting from disabilities was another common source of stress to all of the women who participated in this intervention. This constant source of pain was overwhelming and alcohol and drugs were one way to temporarily do away with this physical pain. In recovery, the pain persisted and they had to find alternative ways of responding to it.

> (Re: biggest source of stress today) *Physical pain 'cause when I was in the service I fell down a flight of stairs and I hurt my back. My knee, this knee, they're both bad. But I have had several surgeries on them. When I fell, I broke my wrist. So I just, I am constantly dealing with pain. And then a lot of us deal with pain on a day in day out basis and I'm not saying it's a job in itself but it's very draining. Yeah emotionally, physically. 'Cause sometimes, my head, I just can't deal with the pain. So I'd just as soon take a bunch of drugs. You know? That's when I gotta reach out for help. I hurt too much, do something for the pain or else. I leave it in their ball court that way they know, you know?* (Dame, initial interview)

The pain plagued some of the women constantly.

> *I've been having a lot of pain. I have fibromyalgia and with the medication I am pretty... I can handle it. You know how you feel when you have the flu and your body aches all over and you just feel like covering your head and telling the world to go away. That's how I feel on my good days.* (Bonnie, initial interview)

Lack of structure. The final source of stress was the women's internal response to a lack of structure to their days. Without the satisfaction and routine that employment can provide, many of the women lacked a sense of purpose and organization to their day, resulting in boredom and uneasiness. Additionally, relaxation and leisure were difficult for the women to accept, for in the past this time was usually spent using.

> (Re: Leisure is risky in recovery) *Because if you have too much free time on your hands, that's dangerous. Very dangerous* [So there's a struggle to fill the time and then you still want to relax and fill it too much] *Yeah, cause I still have to feel like I am in control of it.* (Bonnie, initial interview)

To compound those feelings, these women felt an obligation to be engaged at all times for fear of relapse.

> *It's because it gets, the way I look at it, like Bonnie said leisure to us was when we did our "stupid stuff". That's when we went and got drunk. When we didn't have nothing else to do that's what we did. In my case we went out and got shitfaced. It was stupid, which sometimes caused us to get in trouble.* (Rikki, initial interview)

> (Re: Do you relax much?) *No, I'm not. I'm usually geared up. I have a hard time being at home and doing nothing. Why am I just setting here?* (Sara, initial interview)

Accepting that leisure can be a time of idleness and relaxation was very difficult.

> (Re: A goal for this intervention) *I think that one thing is to accept leisure. For me being idle is like being punished. That's still comes back.* (Rikki, initial interview)

The Process of Recovery and Coping

This section details how the women attempted to cope with the sources of stress listed in the previous section and recover from substance abuse. The process of recovery that was observed in the women of this study consisted of two mutually supporting parts. One part consisted of recovering one's self and the other part was establishing connections to external world through social and leisure means. These two parts allowed the women to quit using their substance of choice and to also re-establish relationships with themselves and the rest of the world. This process of recovery and coping is not linear but inter-reliant where recovering one's self promoted increasing external connections and vice versa.

Internal Recovery

During the active drinking and using phase the women focused intently on obtaining and using their drug of choice and consequently did not focus on themselves. Often the drinking and using were effective tools to deal with the discomfort of examining one's self. This habit of ignoring self was still present in their recovery. In the intervention one entire session was devoted to self-awareness but this process of looking within was not one that the women of this study enjoyed.

> *Sometimes on the stress we have to look at ourselves and take time-out in order to fix it and some of us don't want to take time to look at our selves. I knew when I was getting carried away.* (Dame, session two)

In fact, according to them looking at themselves honestly was one of the most difficult tasks of this intervention.

> *I hated to say I knew I needed to take time in my life because I was 40 years old and I should know better. I don't like to look at myself.* (Dame, session two)

> *That's where drinking came in! It's really hard to go from here to there.* (Sara, session two)

For these women recovering self translated into getting to know one's self, beginning to like one's self and finally believing in one's abilities. In more academic terms, the intervention examined the self-awareness, self-esteem, and self-efficacy of the women. Reclaiming or developing a spiritual connection such as believing in and maintaining contact with a higher power was also very helpful to the women in this study.

Self-awareness. Self-awareness as a means of recovery meant that the women would acknowledge who they really were. Substance abuse had distorted the image the women had of themselves. During the self-awareness session when the women presented

their public self or how they felt the world saw them, it was evident that several of those images did not match reality. At times they saw themselves as liking to have fun, smiling, and enjoying lots of laughter but they also saw themselves as fat, ugly, mean, and disabled human beings. The group provided feedback to each woman to help clarify their perceptions and improve their self-awareness.

In that same session, these women also reported definite differences between their public and private self. They feared the world will see them as they truly are and they sought to hide what little they did know about themselves.

> *That's where my silliness comes in and I let it out but deep down inside it still hurts and I try not to let anyone see that.* (Re: How to deal with anger*) I'm afraid I'll go off and I don't want anyone to see me like that.* (Rikki, session two)

Self-esteem. This distorted version of self in combination with the shame from wanting to hide what the women know about themselves contributes to low self-esteem. Having an accurate view of one's self that includes positive and negative attributes seems to be necessary to develop self-esteem. Only by knowing who they were, were the women able to begin to appreciate themselves.

During the social skills session each women wrote one compliment for each of the other women and delivered it to them. Although they did not refute the compliments they had difficulty accepting them.

> *It really hard to accept positive things said about you.* (Bonnie, session four)

As an unexpected feature of this session, this exercise also served to give the women additional feedback on how others viewed them and caused them to look inward at how they presented themselves. Dame believed that she had become less serious in

recovery but discovered that others still considered her serious after reading her compliments.

> (Re: The social skills session) *It made me sit back and look at my.. how I am. How people perceive me. That was the group I got more out of than any of them. Because I think I expected something totally different but people see me as being real serious. I was hoping I had changed over the years but I guess that's how people still perceive me. So I guess I need to change some more.* (Dame, session four)

Another factor in recovering one's self and developing self-esteem is examining self-talk. The women reinforced their dismal perceptions of themselves through the use of negative self-talk. Their self-talk indicated they believed they were inherently bad and reflected a lack of self-esteem and confidence.

> *I am so stupid.* (Dame, session two)
>
> *I am stupid and dumb.* (Rikki, session two)

It was important to reframe those messages so that the women could begin to improve their self-esteem.

One way that the women improved their confidence and increased self-satisfaction was through the creation of something. The act of creating allowed them to feel good about themselves and helped to improve their self-esteem.

> *I come everyday of the week just go get out of the house. You know. Not to be alone.* (It's nice that this place is here for that) *Also you feel proud of something that you create. Feel good about yourself.* (Sara, initial interview)

Self-efficacy. The lack of self-awareness combined with their low self-esteem resulted in a perceived lack of personal power. The women in this group had a low opinion of their efficacy. One way they improved their sense of efficacy was through

exercising their cognitive abilities. By participating in mentally challenging activities the women became aware that they were capable.

> *Some of the things we did helped me get my thinker going because it's been so rusty for so long. Like those puzzles and the way there can be so many different ways. You have to figure out just how it goes. It makes me think more about it.* (For me I like to be challenged mentally every once in a while. I think that's what you are getting at.) *Yeah.* (But I get kinda stale if I sit around and do the same thing all the time.) *That's right. I can still think.* (Sara, final interview)

These women were unemployed, were not mentally challenged on a regular basis, and did not often take the steps necessary to cognitively stimulate themselves. Engaging in mentally stimulating activities appeared to have a positive effect on their self-efficacy.

Spirituality. For the women of this group having a higher power or some type of spiritual connection was an important factor for empowerment and coping capability. Their higher power provided assistance in completing their tasks as well as in helping them accept matters that they could not change. In session six Bonnie explained how she used her higher power when she experience hallucinations that resulted from a change in her medication. Each time that she began seeing the bugs, she would ask her God for help to cope with the situation.

> *It's gonna be hard but through anything I can. The Lord's gonna help me through it. He's has really helped me a lot. Whenever I see a bug or a snake coming out of the boxes or the walls I'll say, "Dear Jesus, leave me alone!" and then I'll be okay for a little bit.* (Bonnie, final interview)

The women relied on this power for guidance and direction throughout their days. Without this higher power they felt that they were lost.

> (Re: A higher power) *If it's meant for me to be there, where I want to go, it'll happen.* (Sara, session five)

(Re: Resources) [Mine are] *determination and faith. If it ain't for my determination, nothing's gonna get me there and I believe in God that he will set everything right to help me to get there.* (Dame, session five)

If God wants you to be there, he will supply the people and money to get you there. (Rikki, session five)

External Connections

Many of the women were first introduced to the substances they came to abuse in a leisure context. For example, alcohol provided at parties promoted a sense of relaxation and comfort. It was this desire for a sense of relaxation that evolved into dependence on substances. As the dependence increased, relationships with people that were not affiliated with substance use were ignored. Additionally leisure pursuits that did not include substance use were eliminated. During active drinking and using, the drive to obtain and use substances led to social isolation and cessation of leisure pursuits. It seemed obvious that for recovery and improved coping, these women must reconnect socially and develop a healthy leisure lifestyle.

Social connections. Reconnecting socially requires skills related to communication and social support. The established patterns of social isolation had to change. The women in this study had a long history of denying their feelings and burying them through substance use. To achieve recovery, they had to be able to identify and express those feelings appropriately. The women acknowledged their deficiencies in communicating and expressed a desire to improve.

Communication is vital to resolving problems. The women acknowledged that communication with others was essential to effective coping whether developing a solution using problem-focused coping or simply talking about the problem using emotion based coping.

> *Well what I found out was if you talk things out you usually find the solution by talking it out. Sometimes, not all the time. Sometimes there's no solution so you end up talking it out. Whatever it takes.* (Rikki, session five)

Effective communication is necessary to obtain what one needs and desires in recovery. The women in this study were aware they could not survive in isolation but had difficulty in breaking free, admitting they needed help, and reaching out to others.

> *If you don't communicate, you can't get what you want.* (Sara, session four)

> *Asking for help is the hardest.* (Rikki, session four)

Social support begins with developing relationships that serve several purposes. These relationships involve reciprocity between the women and are essential in recovery and coping. For example the relationships that were developed during the small group sessions of this study helped the women to understand one another and find security. When the same women were placed into a larger group, the relationships they nurtured during our sessions helped them to feel comfortable in a larger group.

> *Yeah, it was just...*(In here) *we get carried away and noisy but we have one conversation going. In there, there's not. And I....the disturbance between everybody talking. It's like my head doesn't wanna I feel better if I could go in the other room and be quiet and have the quiet time. In your group it's helped me to have acquaintances in the Thursday group so I don't feel quite so left out.* (Bonnie, final interview)

The relationships provided outlets for coping through communication. The women felt that having people that understood your situation was beneficial in coping. Being able to share their feelings in a safe environment eased their sense of uniqueness, offered them hope, and allowed the women to see they were not alone in their struggle.

> (Re: Is it nice to just to have women around?) *Well and their support 'cause we not only get together... when we're doing our crafts and stuff. We talk about personal things or maybe what's bothering us. And then we find out maybe somebody else is you know....*(Had the same problem?) *or maybe they have been*

through it and they can help us cope with it you know? And then you make new friends and I've never had friends before. I mean close friends and these woman are my closest friends right now. Even still I don't meet with them on the outside normally but I know if I really need to call somebody, I could call one of them. (Dame, initial interview)

(Re: What does coping mean to you?) *Sometimes just listening to me so I can dump or ah sometimes I feel like I'm only one. You know, going through a hard time at that time. But when I hear of other people and their problems and maybe theirs is worse than mine. It makes me feel like maybe I can carry on. You know and not let go and give up. Because theirs is worse than mine, well I can do this if they can.* (Dame, initial interview)

Reconnecting through social support also provided companionship to the women in the study. When asked what they wanted in terms of social support they responded that they wanted to share their lives with others. They wanted these relationships to reduce loneliness and isolation, and help them to be present with others.

I don't have any friends to do anything with. I want companionship, love, and attention. (Bonnie, session three)

I want friends. (Dame, session three)

I want companionship. (Rikki, session three)

I want someone to talk to. (Sara, session three)

Session five involved problem solving and each woman found a unique solution to the problem presented while being supported by the others. This kind of social support helped the women see how they could find unique and personally satisfying solutions while maintaining relationships with others.

I think it helped me see other people. It was like we were all standing in a line going to the same point and we all had to go through the same process. Even though each one of us went to a different spot first. Even though each of us had different goals, to me we all had the same goal and we were all going through the different processes at different times. So if somebody needed help going through one block, she had the other people to help her to go through that. That was a fun one. I really did enjoy that one. (Bonnie, final interview)

Having social connections and support also created a sense of accountability. After developing relationships and establishing commitments with others, one woman felt a sense of belonging and responsibility. This sense of accountability reinforced her commitment to her recovery and led to increasing her self-esteem and efficacy.

> (Re: What role does coping play in your recovery, helping you stay sober?) *It keeps me busy and also it made me accountable to the group because I pretty much promised that I wouldn't drink. In the time that I wanted to, the first thing I thought of was the group.* (Dame, final interview)

Reconnecting to one's family is another form of social support. Dame felt that the intervention helped her reconnect with her son. In her initial interview she said her son was stressing her and giving her the gray hairs. In her final interview Dame indicated there had been a change in her relationship with her son.

> *I think I needed this to open me up a little bit. Because before I just was so stressed and into myself that I couldn't think about nothing except the stressful stuff. And this, even at home with Jonathan going a hundred miles a minute, I could sit back and actually hear what he was saying to me for a change. You know, it really made a difference.* (Dame, final interview)

<u>Healthy leisure lifestyle.</u> The second component of re-connecting to the external world was developing a healthy leisure lifestyle that facilitated recovery and improved coping ability. However it is important in this process that the women examined their perceptions of leisure to ensure that they reconnected in a wholesome way.

To promote an understanding of leisure in the lives of the women, they were asked what leisure meant to them. The women communicated their understanding of leisure in their initial interviews and it included concepts of choice and enjoyment.

> *Leisure is something that you want to do that you don't have to do. It's something that you enjoy.* (Sara, initial interview)

(Re: What is leisure to you?) *Going and walking up and down the beach. I love the beach. If I could find a nice river or a lake where there's not a whole lot of people that are so close.* [So leisure is more solitary time or few people.} *Yeah.* (Bonnie, initial interview)

Dame's description transcended the other definitions and indicated that not only is leisure subjective but it is also dependent on one's emotional state.

(Re: how would you decide if something was leisure for you or not?) *Probably about how I felt about it at the time. Like when we go to the zoo, that is not leisure for me, that is hard work. All that walking is too hard on me, so I don't like going to the zoo. However, I will go if the other ladies want to go. I might not walk around the zoo. I might just sit there and watch the elephants. Now this next week going to play ball and have a picnic, that sounds like fun. So we'll just have to wait and see how I come back. You know? We've gone to the lake before and I love to fish. So that's leisure for me. I enjoy that. And it's not a lot of work that you know I'm gonna kill myself the next day. I mean physically hard, you know it's not gonna hurt me physically. So it's not like I'm gonna crash the next day but it's fun. So I think it just depends on how it reacts to your body or your emotions. 'Cause sometimes when we go to group and it will be real good for us, you know leisure.* (Dame, initial interview)

All of the women were able to articulate a few of their leisure pursuits however Bonnie was unable to list any current leisure pursuits apart from folding her laundry and Rikki had a negative view of leisure that carried over from childhood experiences.

I was raised in a foster home and had my own bedroom and there was many times I was locked in there. So leisure time to me when I wasn't drinking was punishment. (You were locked in there, you locked yourself in there or someone else?) *No someone else, that was punishment for me. I do something bad and they would lock me in my room. And so leisure, I mean I learned to play by myself, which is kinda hard when you didn't have much to do.* (Rikki, initial interview)

When asked about her hopes for the intervention, Rikki recognized that she wanted and needed to begin to accept leisure positively.

I think that one thing is to accept leisure. For me being idle is like being punished. That's still comes back. I find that to sit and watch TV I have to be doing something. (Rikki, initial interview)

From these statements, it was clear that the women did have a sense of leisure and wanted to develop a healthy leisure lifestyle. They had a desire for leisure in their lives and its physical and psychological benefits.

Reaping the physical benefits of leisure was important to these women for several reasons. The women expressed a need for leisure that adapted to their disabilities, improved or maintained their physical condition, and provided them with increased energy. This additional energy would help them expand their leisure pursuits as well as manage their disabilities and pain.

> (Re: What do you think about relaxation?) *To a certain extent mowing is relaxation but I have my disabilities.* (Physical disabilities?) *Yeah. So I told them I am glad we have a lawnmower that makes me get off to dump the grass. Yeah 'cause my Dad has one of those and when I'm done I need help getting off. I can't get off. I'm all cramped up and can't move. I get really frustrated when I've been able to do something and I go back and I can't do it.* (Rikki, initial interview)

The women spoke of their desire for the physical benefits of leisure, but their desire for the psychological benefits was overwhelming. A healthy leisure lifestyle served various functions; including supporting their recovery psychologically and helping them cope with life. First, leisure helped the women not to think about drinking.

> *If you are doing leisure or TR you're not gonna be thinking about drinking.* (Sara, initial interview)

For Dame, leisure helped to keep her engaged and provided a sense of hope for her own recovery. Her gardening helped her to remain optimistic about her own recovery.

> *But it helps me to stay busy. But sometimes while I am busy I can think about what's going on and you know whether I am working out in the garden or um and if it's just my time thing. You know. I work out in the garden a lot so if it's something for recovery, I can go out in the garden and I can think yeah I screwed up a lot. You know how am I gonna change it? Or today's another day..*

if I can just get this tree to grow maybe I can make it another day with this tree you know? But staying busy I think is a lot of it you know? (Dame, initial interview)

In recovery, leisure helped the women fill time previously engaged in drinking and using. Without a substitute for the old behaviors many of the women could not maintain sobriety.

> (Re: What role does leisure play?) *It's a gigantic one. I'm home all the time. If I didn't have this down here, or something to do I would be going back* (to drinking). (Sara, final interview)

Leisure also helped the women cope with other issues related to recovery. They saw leisure as an opportunity for personal reflection in addition to social interaction. On a personal level, leisure helped to improve self-esteem and self-acceptance.

> (Re: How is leisure important to your recovery?) *To find something else to do to occupy my time and to show that I am okay.* (Bonnie, final interview)

For others in the group leisure served a distraction and helped the women focus.

> (Re: What do you do now for leisure?) *Come up here. Well mostly painting. Paint by numbers. I do that at home because I can do that and not have to think about anything else. It's a get away. I just concentrate on what I am doing.* (Then you don't think about anything else?) *No.* (Sara, initial interview)

Leisure also provided a sense of disengagement from other duties.

> *Well I try to get off to myself. Whenever I get on the lawnmower and put on the headphones and I'm just (Happy). I couldn't do that yesterday because the mower had a flat so I had to use the push mower bit! But I get on the mower and cruise around. We have a great big lot next door and that's mainly where I go. And that's mainly why I mow, because it's so big and I am out there in my own little world.* (Rikki, initial interview)

The women noted that leisure also provided a context for social interaction and problem solving. This interaction helped them to understand the connection between communication, stress, and leisure.

Well when we went fishing that one time we did a lot of communicating. We sat and bullshitted for most of the time. That was the fun part. (Rikki, session five)

(In response to Rikki) *We sat and fished and talked the whole time; that was nice. That was leisure. That was relaxing Even though we talked about stressful things it was leisure because we got to fish and hang out.* (Dame, session five)

The last psychological benefit of a healthy leisure lifestyle that the women desired was balance in their lives on a daily basis. They indicated that this balance of leisure pursuits, time spent alone, time spent with family and time spent volunteering or contributing to others was crucial to their quality of life. The women wanted to know how to cope with the demands of life today. Bonnie expressed the sentiment clearly.

Tell me how I can cope with it. Tell me how I can do things now. I want to know how to cope with today. I want to learn about Bonnie today and tomorrow. How she can make it from today to next week. (Bonnie, final interview)

CHAPTER FIVE: A MODEL FOR COPING IN RECOVERY

Introduction

The intent of this study was to objectively capture the experiences and perceptions of the women who participated in a therapeutic recreation coping skills intervention and explore the effects of an all women milieu. However, the process of creating and developing this thesis drew me in from the beginning in so many ways. I have been deeply involved in the process and it has been difficult at times to separate the data from my individual experiences. My participation in this study not only encouraged me to grow academically but personally as well.

I feel certain that my passionate involvement has affected the results of this study. Due to the depth of my connection on academic and personal levels, it was at times difficult to remain an objective observer. However this stance also contributed to the meaningful relationships that were established with the participants. Those relationships were the windows that allowed me to see the participants' experiences from their perspective. Using journaling and peer checks I attempted to remove my biases and remain watchful to record precisely the women's perceptions of the intervention. In a final meeting with the participants I reviewed the resultant model and other conclusions. In this meeting the women were able to verify my perceptions or suggest changes.

Another limitation of the study lies in the design of the intervention. Although the content and sequence of the intervention were derived from in-depth research of the

needs of women in recovery in regard to their coping ability, being both the designer and implementer of the intervention introduced some amount of subjectivity.

The final limitation of this study relates to the chosen methodology. Qualitative research has been faulted for it's lack of generalizability but has also been praised for providing rich thick data that is not available using a qualitative approach. In the case of this study the fact remains the number of participants limits the generalizability. The study originally proposed the involvement of eight women but only four women participated in the intervention. However, this reduction in number did contribute to a more in-depth understanding of each participant that may not have been achieved with eight participants.

Redefining the Participants

The women of this study entered into this intervention with different lengths of sobriety ranging from three days to 18 years. Initially this range was thought to be problematic because the length of sobriety might stratify the women and cause the content of the sessions to be inappropriate. However, length of sobriety was not necessarily an indicator of progress in recovery and the content of the sessions were relevant to all of the women regardless of length of sobriety.

Throughout the sessions it became apparent that the women were actually more similar than different in their recovery than the initial interview data indicated. Margaret Kearney's (1998) theory of truthful self-nurturing helped to explain this fact. Her theory equated women's addiction recovery with the process of truthful self-nurturing.

According to Kearney, once addiction was seen as a problem, recovery consisted of work in three areas: abstinence work, self-work, and connection work. She posited

that work in theses areas can occur in sequence or simultaneously. All of the women believed that alcohol and drug use had presented problems in their lives and by attending the sessions the women completed abstinence work or did what was necessary to avoid using. Just leaving their homes to attend sessions allowed them to engage in another activity besides using or thinking about using. Although some of the women in this study continued to struggle on a daily basis with sobriety, others had no desire to begin using again.

Kearney's (1998) area of self-work was pertinent to all of the women regardless of length of the women's sobriety. Self-work included completing an honest self-appraisal and engaging in responsible self-nurturing. During the self-awareness sessions, it seemed obvious that the women wanted and needed work in these areas.

Through the practice of self-nurturing, Kearney (1998) thought that women could learn to be efficacious and begin to develop ways of interacting with others that were beneficial to them. Kearney referred to this as connection work and this is another area of need that unites the women together in their recovery process.

The self-work and connection work in Kearney's (1998) model provides an explanation of how the women in this study were actually situated in the same place in their recovery. It also helps to explain apparent success in helping the women become aware of the need for effective coping skills in recovery.

The Big Picture: A Model of Coping in Recovery

Throughout the intervention, the women described their coping experiences before and after recovery and the role leisure played in their recovery. The sessions presented the women an opportunity to practice new forms of coping in a leisure context

and the women voiced their opinions of what was most helpful to them. While completing a thorough analysis of the interviews, questionnaires, and the data collected in the sessions, several themes arose that indicated a similar approach to coping and recovery was common to the four women of the study. Interestingly, these themes and the categories within the themes were common to all the women regardless of length of sobriety further supporting the notion of the participants' similarities. These themes and categories have been combined in the form of a model to facilitate discussion of the interconnections between components. This model is limited to the experiences of the women who participated in this study.

This model, shown in Figure 3, illustrates that the process of coping begins with the creation of stress for the women in this study. The women supported Lazarus and Folkman's (1985) theory and indicated that to reduce or eliminate the stress developed, a coping response was required, and for recovery that response should not include drinking and using.

> *Coping is being able to do your daily routine without a whole lot of stress and to handle stress that comes along more readily than before just drinking* (Sara, initial interview)

In the second section of the model, labeled the process of coping and recovery, two unique processes facilitate one another to promote coping and recovery. The experience of self allows for one to reach out to others and by reaching out to others one becomes more conscious and accepting of one's self.

Sources of Stress

Lazarus and Folkman (1985) defined stress as a relationship between a person and her environment that is appraised as taxing or exceeding her resources. The women of

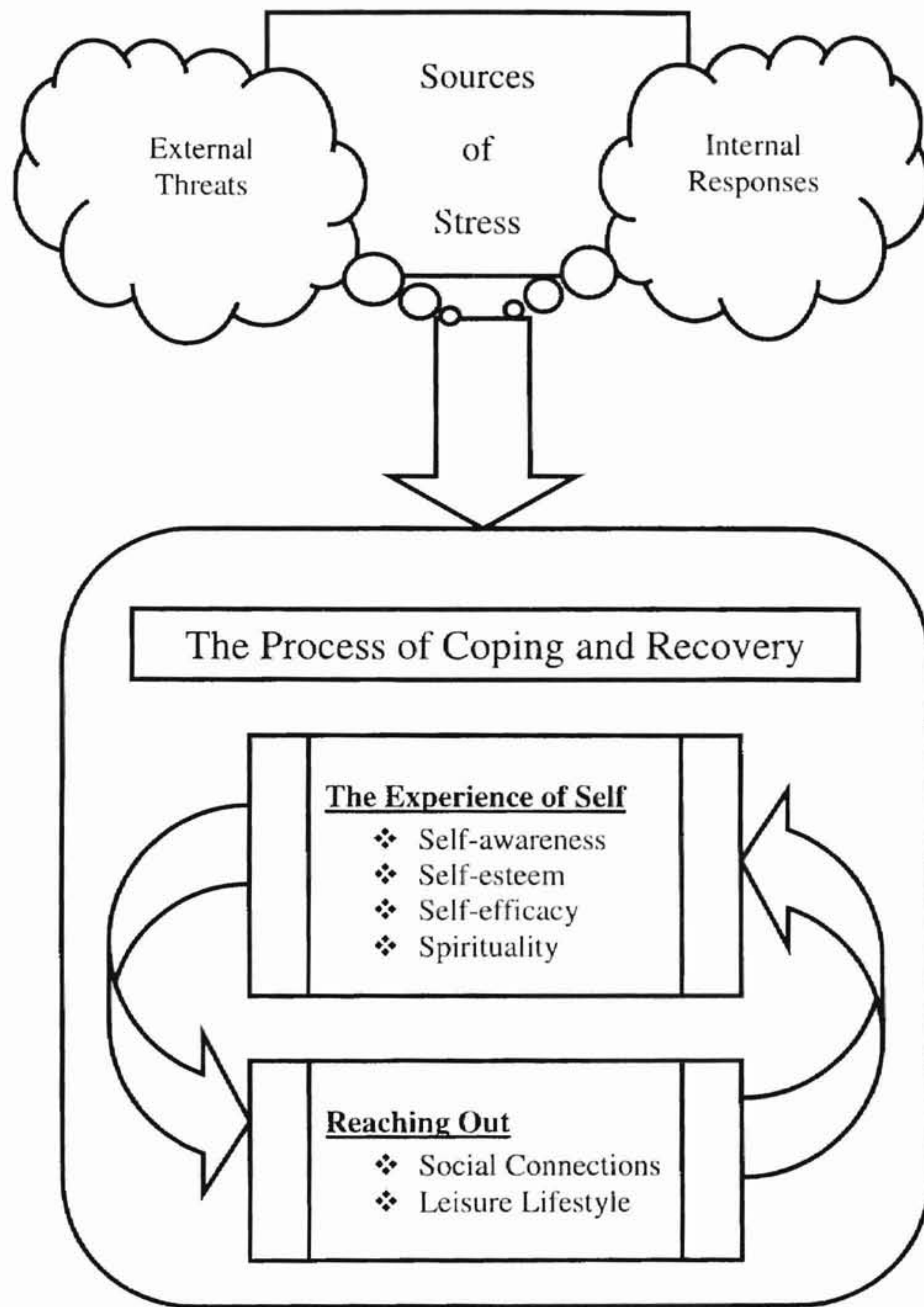

Figure 3. A model of women's coping and recovery based on a coping skills intervention

this study articulated many sources of stress in their lives both before and after recovery.

External Threats

As stated before, external threats are sources of stress that are brought about by others or result from factors outside of the women. External threats for these women included peer pressure, a family history of substance abuse, and a lack of employment.

Peer pressure. Peer pressure in this instance refers to the influence of family and significant others on the women's drinking and using habits. The women reported that the drinking and using of their husband and significant others influenced and often increased their substance use. This fact supports the literature that suggests that the drinking of a spouse or partner is an important component of alcoholism in women (Gomberg, 1994; Lex, 1994; McDounough & Russell, 1994).

Family history of substance abuse. Three of the four women in this study had a family history that included parents or siblings who abused alcohol and drugs. Dysfunctional family members who used drugs and alcohol to help manage their pain surrounded these women. The actions of their family members appeared normal and appropriate and served to teach the women how they should cope. Again this also supports recent literature that views a positive family history of substance abuse as a risk factor for substance abuse over a woman's lifetime (Gomberg, 1994).

Lack of employment. For the women in this study, gainful employment provided a sense of purpose and a lack of employment created feelings of guilt and shame that resulted in stress. Also viewed as an external threat, lack of employment was not directly cited in my review of literature as a possible source of stress for recovering women. The literature did suggest that retirement may contribute to older women's problem drinking.

Gomberg (1994) asserts that the absence of the social networks built by retired women is cause for stress, especially if family involvement in their lives is low. This model posits that those same social networks along with the sense of purpose that meaningful employment provides are not present for the women studied resulting in stress. Lack of employment also elicits internal responses that can create stress.

In the final review meeting the women also cited finances as an external threat that produced stress more often while drinking and using than during recovery. However, comments in sessions and previous interviews suggested that the women were not experiencing financial hardships at this time in recovery.

Internal Responses

Internal responses refer to how the women react to events in their lives and their environment. The women in this study wanted to learn new ways of coping with their world that could cause less stress

Depression. Depression appeared to be the most influential of all internal responses in creating stress. Each of the women identified how depression contributed to the stress in their lives. Their depression was caused by the loss of a loved one, loneliness, lack of employment, and frustration from dealing with their disabilities. Gomberg (1994) and Lex (1994) agreed and posited that depression is a factor in substance abuse across the lifespan of all women. Depression and substance abuse are so enmeshed that it is difficult to determine a causal relationship. It seems likely that depression can initiate substance abuse and the negative effects of substance abuse can create depression.

History of abuse. All of the women in this study revealed that there was abuse present in their childhood or adult life. This abuse varied and included verbal, physical, and sexual abuse and ended years ago. The implication here is that it is the woman's on-going response to the past abuse that created stress for the women. It's evident that the women feel ashamed of and sometimes responsible for the abuse. The pain that resides from the abuse seems to be deep within the women and they used alcohol and drugs to avoid resolving the issues. Two of the women expressed hate and anger towards their abusers that was present years later.

> *My real father is dead. He would have been 71 last Thursday. A lot if it isn't because I'm sorry he's dead. A lot of it is hostility. A lot of it is that I wished I could have chewed him out and said, "look this is what kind of a life that you have given to me."* (Rikki, initial interview)

> *I hate men. But I need to be in there once in a while you know so I can learn how to interact with them. I have a son, and I have to not say I hate men around him so it helps me to and I talk to the men about my son.* (Dame, initial interview)

These findings support Millar and Stermac's (2000) belief that childhood abuse negatively affects self-esteem and the reduced self-esteem often results in a pattern of using alcohol and drugs to cope with a negative view of one's self.

Physical pain. All of the women in this study were retired for a physical disability and experienced some form of resultant pain. The daily presence of this pain affected the women physically by limiting their activities and their response to these limitations produced stress that often reduced their perceived efficacy. In the final session Bonnie gave an example that the effort expended in taking a shower was great enough that she needed a nap afterward. Frustration with their body's abilities and pain was a daily stressor for the women.

Lack of structure. Lack of structure in their daily lives produced a sense of guilt and stress in the women. They believed that being idle was one of the most difficult problems in recovery. Not only did the women express guilt about not being productive but they also struggled to fill the time with meaningful activities. During the initial interview, Dame made a commitment to not drink throughout the intervention. At the final review meeting she announced that she had returned to drinking because she no longer had a commitment to the group. Perhaps a prolonged commitment to a recovery program that includes coping skills training might help Dame achieve extended recovery.

Two of the women also suggested that their response to prior military training created stress in their lives. They felt they had been programmed to exude and internalize toughness, a quality they did not possess prior to their military training. This mindset produced conflicting messages and set up dissonance resulting in stress. Their bodies would say they were hurting but their minds were conditioned to move them through the pain.

The Process of Coping and Recovery

The most striking result of this study lies in the process of recovery of coping and recovery. Prior to the intervention, I perceived the process as linear; women resolved issues regarding self and then advanced to reconnecting and reaching out to others. This intervention has shown that the process of coping and recovery for these women is not linear but consists of two processes that mutually support and encourage one another.

The Experience of Self

Throughout this intervention the women participated in many activities that allowed them to explore themselves while they developed and enhanced self-esteem and

self-efficacy. The women confirmed the importance of these activities and the effect of spirituality on the quality of their recovery. These experiences combined to form what this model refers to as the experience of self.

Although the women had difficulty with the self-awareness activities they were aware that these activities helped them to refashion their self-image. They were also aware that they had low self-esteem and needed help reframing their self-talk to begin to improve their self-esteem.

The sessions also allowed the women to experience success and contributed to their sense of efficacy. The women wanted to experiment with their abilities in a safe environment. During the sessions, the women shared their strengths and successes, allowing the others to see possibility of accomplishment. The women also shared their failures, and received support and encouragement to continue trying.

Kearney's (1998) process of truthful self-nurturing that was presented in the beginning of this chapter as a means of addiction recovery includes self-work, which is a similar process that includes self-appraisal and continual self-nurturing.

Many other researchers indicate that reclaiming or establishing a sense of self is critical for recovery. Dodge and Potocky (2000) studied 64 women substance abusers in an inpatient setting and found that self-esteem was important in producing positive treatment outcomes and suggested that recovery programs should address other aspects of self including self-sufficiency which relates self-efficacy.

McTintosh and McKegany (2000) reported in their recent study that in order for addicts to achieve recovery, they are required to construct a new non-addict identity. The findings of this thesis supported their model indicating the woman must experience

herself to achieve recovery. The experience of self would be beneficial in constructing a non-addict identity.

In another study of women who abused substances and had experienced childhood abuse, Millar and Stermac (2000) concur and suggested that reshaping one's self-concept is essential to recovery. They envision the reshaping self-concept as a process that includes developing a new sense of identity. Becoming self-aware, developing and improving one's self-esteem and self-efficacy, and addressing one's spirituality can achieve this identity.

For the women in this study, their spirituality was a source of hope and optimism. Lazarus (1999) believed people hope because without hope they must despair. This presence of hope in the women's lives allowed them to believe that things can and will be different in recovery. Lazarus posited hoping is a vital resource for coping in many situations including the recovery process from substance abuse. Carver and Scheier (1999) recognized the notions of hope and optimism as having a positive effect on one's coping ability. For the women of this study they believed that their higher power could do for them what they could not do themselves.

Reaching Out

This intervention provided the women of this study an opportunity to reach out to others through social interaction and helped them to discover for themselves what constitutes a healthy leisure lifestyle. This process of reaching out was helpful to their recovery and provided them impetus to continue the process of coping and recovery.

Social connections. The development of social skills and social support was important to the women to break out of the isolative habits developed while using.

Creating a social network helped the women practice communication and develop relationships that provided companionship. Through these relationships, the women learned to solve problems and to create a sense of accountability. The women wanted the benefits of social support including communication and companionship but initially they did not understand how leisure could help them to give or receive social support.

McDonough and Russell's (1994) holistic model of recovery included assertiveness and social skills training to increase a woman's ability to express her self. They found that teaching these skills in recovery also improved communication and problem solving skills and fostered the learning of relationship skills that helped to build social support systems.

This thesis also supports the Wills and Shiffman (1985) model of the stress-coping process that includes social support and enjoyable positive experiences as ways to restore balance in the stress and coping process. As the sessions progressed the women became more aware of how social support could help them to cope with the stress of recovery and became more eager to reach out to others.

Leisure lifestyle. The women of this study indicated that using behaviors and leisure allowed them to disengage from the stress present in their lives and that having a healthy leisure life style also improved their coping by providing activities that replace drinking. A healthy leisure lifestyle also provided a context for social interaction and problem solving. This intervention helped the women see and achieve these benefits.

The results of this intervention give support to the Wills and Shiffman model again by indicating that leisure can be used to decrease negative experiences by providing distraction and increase positive experiences through enjoyable and relaxing experiences.

Leisure and the Women of the Study

Although the women of this study were able to articulate leisure activities in the first session, they were not experiencing leisure in their lives and were not aware of how to create and implement a healthy and meaningful leisure lifestyle. The women understood leisure but could not act on their understanding.

These women were raised in environments that did not encourage a healthy leisure life style. For example, substance abuse was present in the early lives of three of the four women via parents and siblings. It seems natural that the women would adopt the examples and habits of their parents and siblings who used substances for leisure purposes and to cope with life. Rikki in particular has difficulty accepting leisure and is striving to overcome her negative view of leisure developed while her parents locked her away as punishment and not permitted to play with others.

The women of this study would benefit from additional sessions that include a variety of leisure activities that the women could experiment with in a safe environment. They could also benefit from leisure awareness training that would help them to pursue their leisure activities in the community, fostering community re-integration.

Is Recovery a Gender Issue?

After completing this study, I believe that in recovery one's needs are affected by gender and there are specific issues that should be addressed to provide the most effective treatment for women to recover. In the early stages of recovery, it appears that women would be better served by single gender groups and as their recovery progresses, mixed gender groups should be provided to allow women to resolve the issues discovered early in treatment. Following are several areas that indicate recovery is a gender issue.

Peer pressure

All of the women in this study were able to articulate situations in which their drug and alcohol usage was affected, either initiated or increased, by a family member or a significant other, indicating the destructive effects of peer pressure on these women. Additionally, current literature indicates that more women than men experiencing alcohol abuse have spouses or significant others who are problem drinkers (Gomberg, 1994). It seems apparent that peer pressure affected women's recovery to a greater extent than men's recovery. Having a women's only forum would allow women to explore the influence of significant others on their using and recovery.

Depression

Depression was a source of stress and an issue for all of the women in this study. Gomberg (1994) noted that problem drinking is related to depression across a woman's lifespan, but which is the antecedent is unclear. Depression may lead to drinking or drinking may lead to depression or some combination of both. She also stated that male problem drinkers are only slightly more prone (two percentage points) to depression that the general population but female problem drinkers are more likely (twelve percentage points) to exhibit depression than the general population. Depression appeared to be a more significant factor in women's recovery than men's.

Abuse

Sexual and/or physical abuse was present in the history of each of the women and according to the women, the experience impacted the women's self-esteem and contributed to their substance abuse. Although men are victims of abuse, more often that not women are the victims and men are the perpetrators, indicating a noteworthy link

between women, abuse, and coping. It unreasonable to expect men to understand an experience they rarely experience. Conducting treatment groups where these and similar issues are discussed with men present in the room creates an unsafe situation for women. This unsafe situation often prevents the women from disclosing fully and does not allow women to fully resolve the issues.

Trust Issues

Many of the women in the intervention expressed their anxiety in mixed gender treatment settings. Nelson-Zlupko et al. (1995) identified different psychosocial characteristics in men and women that accentuated the differences in treatment needs including trust. The women had difficulty expressing themselves in mixed groups when they felt unsupported or not understood by the men present. Sara spoke of her experiences when she was the only woman in a group session.

> *When I was in recovery upstairs, it was just me and a lot of other men and I couldn't talk much. When you have a lot of men you're not gonna deal with it and they're not gonna understand anyway.* (Sara, initial interview)

Often, for the women in this study, their perpetrators had been men and the women still harbored resentments. Dame believed that you had to learn to deal with men but it would be best if exposure to men in treatment were a gradual process.

> *We also have the coed but we still have a place reserved for just us. But I still think you need the coed part. At first there was no way I would go in there. But gradually you know I have gotten stronger. You know and you are gonna have men around you no matter where you go and you are gonna have to deal with them. So I still think that you need that. Not to force us in there, but to as a gradual thing if we want to.* (Dame, initial interview)

Coping Style

Researchers have examined the relationship between coping style and gender and found women used emotion-based coping more frequently than men, seeking to cope

with a problem by talking about it rather than seek a solution to it (Ptacek et al., 1992). They reported that men are prone to problem-focused coping, where the focus is on the solution. The women of this study employed more emotion-focused coping than problem-focused, noting its' effectiveness in coping with situations they were unable to change. It seems apparent that coping styles are a gender issue in recovery and should be addressed in treatment planning. If a woman is aware of her primary coping styles she can learn how to value and employ it effectively as well as learn other coping styles that would be effective in other contexts.

Implications for Practice in Therapeutic Recreation

According to the women in the study the intervention was valuable and beneficial in raising awareness and learning new coping strategies for use in recovery. The content areas of the intervention were very informative and well received by the women. The intervention implemented in this study helped to raise the awareness of the women with respect to themselves, coping, and leisure, but due to time constraints training in specific coping and leisure skill development was not provided. A more in-depth approach to the same or similar topics in a similar sequence is recommended. Including sessions on both awareness and skills development of coping and leisure would also prove helpful for the women.

An experiential format in lieu of didactic methods is recommended to engage the women during the sessions. The women in this study wanted to be useful, purposeful, and successful. The experiential context provided in these sessions was non-traditional and the women felt encouraged to be creative in response. For the sessions to have a deeper impact, the length of the session should be increased to two hours. One and one

half hours was generally too short and caused the group to rush through the ending discussions that were substantive in nature.

The journaling that was suggested as a part of the intervention was not as rich as anticipated. Journaling may be more beneficial to the participants and provide more rich data if the journal assignments are framed in a context that is not viewed as an assignment.

The women also enjoyed the cognitive stimulation that the sessions produced. Many of the women did not have daily cognitive stimulation. Including cognitive stimulation provided them with a sense of enjoyment and efficacy.

Bringing a physical representation of the model to the sessions was helpful to the women in that they could grasp the direction of the intervention. The model also gave them an understanding the session content and how it was a part of a larger process. The women wanted to understand the goals of the intervention.

Throughout the intervention I participated to the greatest extent possible in the sessions. The women indicated they were more comfortable revealing themselves when I brought and presented myself in the sessions. The relationships developed with the women were deeper because of this involvement and served to help them learn more and allowed me to understand their perceptions more precisely.

All of the women in this study were affiliated with a military organization that provided groups for them to attend, which is helpful in promoting recreation and leisure in their lives. However it appears the agency may in effect foster dependence on its programs by not encouraging the women to look outside of the agency. Regardless of length of sobriety all of the women appear to be at the same point in their recovery,

staying sober. They all voiced that without the institution they had nowhere else to turn. Dependence on the institution may have replaced their addictions. For a more fulfilling recovery the women should be encouraged and directed to reach out beyond the agency and further into the community.

Suggestions for Future Research

It is evident from their comments that women in this study were positively affected by this therapeutic recreation coping skills intervention. Although one woman did return to drinking after the sixth session, indicating how precarious sobriety can be, even she commented that the sessions increased her awareness of coping in recovery. Following are several suggestions for additional research to improve the intervention and expand the usefulness of the intervention to serve other populations.

Replication of this study is encouraged to increase knowledge in several areas. First, replication of this study as it appears would serve to validate the results of the intervention. Another version of this intervention could be replicated using additional content areas including skill development for coping and leisure, areas in which these women were lacking. Increasing the number of participants and varying the length of sobriety may influence the results of the intervention. It would also be interesting to focus on awareness or skill development based on length of sobriety or stage of recovery. Lastly, replication that involves varying the length of the sessions and of the intervention as a whole may serve to increase the overall effectiveness of the intervention.

This intervention could also be adapted and implemented with other populations. Maladaptive coping is not a concept that is unique to substances abusers. Person with

mental illness, behavior disorders and eating disorders may also be positively affected by this therapeutic recreation coping skills intervention.

Conclusions

The women in this study desired to learn new ways to cope in recovery. They expressed again and again their longing to learn to live in today and not live in the past. This therapeutic recreation coping skills intervention helped the women to become aware of their coping abilities in recovery and how leisure can help facilitate their recovery.

The duration and scope of this intervention did not allow the participants to fully develop their own coping style and strategies or allow the women to find answers to all of their questions about coping in recovery. I do I feel the intervention was successful in giving them sufficient information to begin raising questions and help them to find the courage to ask them.

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APPENDIX A

SUBJECT SOLICITATION

Dear Doctor,

I recently spoke with you about recruiting women in recovery to participate in a research study. This qualitative research study examines women in recovery from substance abuse and their perceptions of a therapeutic recreation coping skills intervention based in leisure. I am most interested in discerning what women believe is helpful in recovery with regard to coping and leisure. This study is being conducted to fulfill thesis requirements for my Masters Degree in Therapeutic Recreation at Oklahoma State University (OSU) and under the supervision of Dr. Colleen Hood, Associate Professor, School of Applied Health, and Education Psychology. .

I am looking for women in recovery from substance abuse, preferably alcoholism, with six months to two years of sobriety who are willing to participate in this free intervention that may benefit them as well as other women who are recovering. The intervention consists of two interviews which bookend the six sessions and one final group summary session. During the initial and exit interviews participants will be asked questions relating to coping, leisure, and recovery as well as completing the Ways Of Coping Questionnaire (Folkman & Lazarus, 1988). Each of these interviews should last approximately one hour.

The six group sessions are designed and sequenced to address topics significant to coping and recovery as they relate to leisure. The session titles include 1) Introduction to Leisure, Stress, and Coping, 2) Self-awareness and Self-talk, 3) The Self and Social Support, 4) Skills for Social Support, 5) Creative Problem Solving, and 6) Relapse Prevention through Recreation. In the first session, participants become aware and identify leisure, stress, and coping; and the connection to recovery. Using activities in the second session, participants learn about themselves and identify self-talk, and begin define themselves in a leisure context. In sessions 3 and 4, participants continue examining themselves and social support, assessing needs and wants as well as learning skills to create effective social support. In session 5, participants learn and practice creative problem solving techniques. In the last session, participants focus on using leisure as aid in relapse prevention, identifying substance-free leisure interests and resources required for those interests.

Each session includes learning activities related to the topic and homework assignments that allow the participant an opportunity to apply new ideas and practice acquired skills. Sessions will be conducted at a convenient time on the OSU Campus and last approximately an hour and a half. After completing individual final interviews with all participants, a final group summary session lasting approximately two hours will be conducted.

The purpose of this study is to identify women's perceptions of a therapeutic recreation coping skills intervention and its connection to leisure and recovery. The focus is on what works for women in recovery. There is no risk to the participants and it is my hope that these sessions will provide participants you may refer with skills and knowledge that can enhance recovery. The knowledge gained from this study may also benefit other women and the quality of their recovery.

Every reasonable effort will be made to protect the confidentiality of all participants during the duration of this study. As a group we will develop ground rules

for the group sessions to protect ourselves including confidentiality. During both individual interviews and group session, I will tape record the discussions. After the interviews and group sessions are completed I will transcribe the tapes into a written format and then erase them. Only a research number will identify all written transcriptions, and I will never use participant names in association with this project.

Participants may refuse to participate in this study and may end participation at any time during the study. If they are uncomfortable, they may refuse to answer any question asked during the study or refuse to complete the homework assignments. The information gained from this study may be used in conference proceedings, journal publications, and future research projects. It is hoped that not only will this study enhance the recovery of the participants, but also help identify ways that coping and leisure may enrich the recovery of other women.

I have included with this letter an introductory letter for potential participants as well as a consent letter to familiarize the participant with the study. If you have any questions or concerns, please feel free to contact me at (405) 743-4407 or (405) 269-5123. I would be happy to meet with you or discuss comments over the phone. If you require additional information about involvement in this study, you may contact Dr. Colleen Hood, Oklahoma State University, 108 Colvin, Stillwater, OK 74078. Phone no: (405) 744-5302.

Sincerely,

Beth Ryan
Graduate Student
Oklahoma State University

APPENDIX B

INTERVIEWS AND WAYS OF COPING QUESTIONNAIRE

Initial Interview

1. Can you describe what a good quality of life in recovery looks like to you?
    a. Your vision
    b. Your role in obtaining that vision

2. Research suggests that one's ability to cope with stress has an influence on recovery. What connections do you see between coping and recovery?
    a. How do you define coping?
    b. What role does coping play in your recovery?
    c. What strengths do you have in the area of coping skills/abilities?
    d. What areas of concern do you have?
    e. How has your coping style changed in recovery?

3. What kinds of things do you perceive as stressful?
    a. Work, home, family, friends, leisure?
    b. What resources do you have to help deal with stress?
    c. What skills and abilities do you have or want in the area of stress management?

4. What kinds of things do you do to cope with stress?
    a. At home, at work
    b. How effective do you think your strategies are?
    c. How have they changed with recovery?

5. What comes to mind when you think about leisure in your life?
    a. Definition
    b. Relaxation, fun and enjoyment, free time, friends and family
    c. Do you feel you have enough leisure in your life?

6. Research also suggests that leisure is a potentially beneficial but risky area for many in recovery. How do you view leisure and recovery; are they connected?
    a. What role does leisure play in recovery?
    b. How has leisure been a part of your recovery?

7. Please describe your leisure experiences in recovery.
    a. What strengths do you have for use in leisure?
    b. How has your leisure changed in recovery?
    c. What skills do you have/want to improve leisure in recovery?

8. What are you hoping to accomplish by participating in this intervention?
    a. What benefits are you seeking?
    b. What do you want to learn?

Exit Interview

The six sessions included in the intervention are 1) an introduction to leisure, stress, and coping, 2) self-awareness and self-talk, 3) the self and social support, 4) skills for social support, 5) creative problem solving, and 6) relapse prevention through recreation.

1. In what ways were the sessions helpful in terms of understanding leisure, stress, and coping?

2. How has your perception of stress changed?
   a. What things do perceive as stressful now?
   b. What resources do have to deal with stress now?

3. In what ways were these six sessions important to your coping ability?
   a. What role does coping now play in your recovery?
   b. What are you strengths do you have in coping now?
   c. Is there one session that was more important to you and why?

4. In what ways were these sessions important to your recovery?
   a. How has your idea of quality recovery change?

5. To what extent were these sessions important to your leisure involvement?
   a. Do you believe that leisure is necessary for recovery?
   b. How has your leisure involvement changed?

6. To what extent were these sessions important to improving your quality of life?

7. What other benefits have you received from participating in this intervention?

8. What additional areas do you wish we had covered?

9. Do you have suggestions for improving the format of the sessions?

10. Is there anything you would like to add or questions you would like to ask?

WOC NOT-PREPAID PROFILE	**WAYS OF COPING QUESTIONNAIRE** Susan Folkman, Ph.D. and Richard S. Lazarus, Ph.D.	CONSULTING PSYCHOLOGISTS PRESS, INC.

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RO. # CODE

DO NOT MARK IN THIS AREA

1 IMPORTANT MARK ONE

SEX
- Male
- Female

2 AGE

3 NAME: Print your name, one letter per box, in the boxes below. Print your last name first, skip one box, and print as much of your first name as possible. Fill in the appropriate bubble below each box, including blank bubbles for skipped boxes.

4 MARITAL STATUS
- Single
- Married
- Widowed
- Separated/Divorced

TO THE COUNSELOR:
FILL OUT YOUR INSTITUTIONAL ADDRESS IN WHITE AREA:

NAME/INSTITUTION

ADDRESS

ZIP CODE

(PLEASE DO NOT USE ADDRESS STICKER)

5 TODAY'S DATE

January, February, March, April, May, June, July, August, September, October, November, December

Day | Year

(OPTIONAL)

6 IDENTIFICATION NUMBER

MARKING INSTRUCTIONS
- Use a soft (No. 2) black lead pencil.
- Make dark, heavy marks that fill the bubble.
- Mark ONLY the bubble areas. Fill in only one response bubble per item.
- Erase completely any answer you wish to change. Make no stray marks.
- Please try to answer every question.
- Do not fold or staple answer sheet.

EXAMPLES:
Proper Mark
Improper Marks

DO NOT MARK IN SHADED AREAS

INSTRUCTIONS

To respond to the statements in this questionnaire, you must have a specific stressful situation in mind. Take a few moments and think about the most stressful situation that you have experienced in the *past week*.

By "stressful" we mean a situation that was difficult or troubling for you, either because you felt distressed about what happened, or because you had to use considerable effort to deal with the situation. The situation may have involved your family, your job, your friends, or something else important to you. Before responding to the statements, think about the *details* of this stressful situation, such as where it happened, who was involved, how you acted, and why it was important to you. While you may still be involved in the situation, or it could have already happened, it should be the most stressful situation that you experienced during the week.

As you respond to each of the statements, please keep this stressful situation in mind. Read each statement carefully and indicate, by filling in the appropriate circle, to what extent you used it in the situation. Please respond to each item.

0 Does not apply or not used
1 Used somewhat
2 Used quite a bit
3 Used a great deal

1. 0 1 2 3 I just concentrated on what I had to do next—the next step.
2. 0 1 2 3 I tried to analyze the problem in order to understand it better.
3. 0 1 2 3 I turned to work or another activity to take my mind off things.
4. 0 1 2 3 I felt that time would made a difference—the only thing was to wait.
5. 0 1 2 3 I bargained or compromised to get something positive from the situation.
6. 0 1 2 3 I did something that I didn't think would work, but at least I was doing something.
7. 0 1 2 3 I tried to get the person responsible to change his or her mind.
8. 0 1 2 3 I talked to someone to find out more about the situation.
9. 0 1 2 3 I criticized or lectured myself.
10. 0 1 2 3 I tried not to burn my bridges, but leave things open somewhat.

CONTINUE ON THE OTHER SIDE

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DO NOT MARK IN THIS AREA WOC-0187 2449-PFI-109876

Does not apply or not used
Used somewhat
Used quite a bit
Used a great deal

WAYS OF COPING QUESTIONNAIRE

11. 0 1 2 3 I hoped for a miracle.
12. 0 1 2 3 I went along with fate; sometimes I just have bad luck.
13. 0 1 2 3 I went on as if nothing had happened.
14. 0 1 2 3 I tried to keep my feelings to myself.
15. 0 1 2 3 I looked for the silver lining, so to speak; I tried to look on the bright side of things.
16. 0 1 2 3 I slept more than usual.
17. 0 1 2 3 I expressed anger to the person(s) who caused the problem.
18. 0 1 2 3 I accepted sympathy and understanding from someone.
19. 0 1 2 3 I told myself things that helped me feel better.
20. 0 1 2 3 I was inspired to do something creative about the problem.
21. 0 1 2 3 I tried to forget the whole thing.
22. 0 1 2 3 I got professional help.
23. 0 1 2 3 I changed or grew as a person.
24. 0 1 2 3 I waited to see what would happen before doing anything.
25. 0 1 2 3 I apologized or did something to make up.
26. 0 1 2 3 I made a plan of action and followed it.
27. 0 1 2 3 I accepted the next best thing to what I wanted.
28. 0 1 2 3 I let my feelings out somehow.
29. 0 1 2 3 I realized that I had brought the problem on myself.
30. 0 1 2 3 I came out of the experience better than when I went in.
31. 0 1 2 3 I talked to someone who could do something concrete about the problem.
32. 0 1 2 3 I tried to get away from it for a while by resting or taking a vacation.
33. 0 1 2 3 I tried to make myself feel better by eating, drinking, smoking, using drugs, or medications, etc
34. 0 1 2 3 I took a big chance or did something very risky to solve the problem.
35. 0 1 2 3 I tried not to act too hastily or follow my first hunch.
36. 0 1 2 3 I found new faith.
37. 0 1 2 3 I maintained my pride and kept a stiff upper lip.
38. 0 1 2 3 I rediscovered what is important in life.
39. 0 1 2 3 I changed something so things would turn out all right.
40. 0 1 2 3 I generally avoided being with people.
41. 0 1 2 3 I didn't let it get to me; I refused to think too much about it.
42. 0 1 2 3 I asked advice from a relative or friend I respected.
43. 0 1 2 3 I kept others from knowing how bad things were.
44. 0 1 2 3 I made light of the situation; I refused to get too serious about it.
45. 0 1 2 3 I talked to someone about how I was feeling.
46. 0 1 2 3 I stood my ground and fought for what I wanted.
47. 0 1 2 3 I took it out on other people.
48. 0 1 2 3 I drew on my past experiences; I was in a similar situation before.
49. 0 1 2 3 I knew what had to be done, so I doubled my efforts to make things work.
50. 0 1 2 3 I refused to believe that it had happened.
51. 0 1 2 3 I promised myself that things would be different next time.
52. 0 1 2 3 I came up with a couple of different solutions to the problem.
53. 0 1 2 3 I accepted the situation, since nothing could be done.
54. 0 1 2 3 I tried to keep my feelings about the problem from interfering with other things
55. 0 1 2 3 I wished that I could change what had happened or how I felt.
56. 0 1 2 3 I changed something about myself.
57. 0 1 2 3 I daydreamed or imagined a better time or place than the one I was in.
58. 0 1 2 3 I wished that the situation would go away or somehow be over with.
59. 0 1 2 3 I had fantasies or wishes about how things might turn out
60. 0 1 2 3 I prayed.
61. 0 1 2 3 I prepared myself for the worst.
62. 0 1 2 3 I went over in my mind what I would say or do
63. 0 1 2 3 I thought about how a person I admire would handle this situation and used that as a model.
64. 0 1 2 3 I tried to see things from the other person's point of view
65. 0 1 2 3 I reminded myself how much worse things could be.
66. 0 1 2 3 I jogged or exercised.

DO NOT FOLD DO NOT MARK BELOW BAR

APPENDIX C

CONSENT FORMS

Dear Participant,

My name is Beth Ryan and I am a student in the Therapeutic Recreation Masters Program at Oklahoma State University. To fulfill the thesis requirements for this degree, I am conducting an exploratory study. My thesis advisor is Dr. Colleen Hood. My thesis involves women in recovery from substance abuse and their perceptions regarding a therapeutic recreation coping skills intervention based in leisure. I am most interested in examining what women believe is helpful in recovery with regard to coping and leisure.

If you agree to participate in this study, I will make an initial one-hour interview appointment with you. Following that interview, you will participate with five other women in six group sessions devoted to leisure and coping as they relate to recovery. Each session will be conducted on the OSU campus and last approximately an hour and a half. Before the sixth session, I will schedule another individual one-hour interview with you. After the last interview, one final group session will be arranged. This meeting will last approximately two hours and be a summary session.

The purpose of this study is to identify women's perceptions of using coping skills and leisure to affect recovery. It is my hope that these sessions will provide you with skills and knowledge to enhance your recovery. The knowledge gained from this study may also benefit other women and the quality of their recovery. There is no risk to you by participating in this project; the focus is on what works for women in recovery.

Every reasonable effort will be made to protect your confidentiality while participating in all facets of this study. As a group we will develop ground rules for the group sessions to protect ourselves including confidentiality. During both individual interviews and group session, I will tape record our discussions. After the interviews and sessions are completed I will transcribe the tapes into a written format and then erase them. Only a research number will identify all written transcriptions, and I will never use your name in association with this project.

You may refuse to participate in this study and may end your participation at any time during the study. If you are uncomfortable, you may refuse to answer any question asked during the study or refuse to complete the homework assignments.

The information gained from this study may be used in conference proceedings, journal publications, and future research projects. It is hoped that not only will this study enhance your personal recovery, but help identify ways that coping and leisure may enhance the recovery of other women. If you have any questions or concerns, please feel free to contact me at (405) 269-5123. I would be happy to meet with you or discuss comments over the phone. If you require additional information about your involvement in this study, you may contact Dr. Colleen Hood, Oklahoma State University, 108 Colvin, Stillwater, OK 74078. Phone no: (405) 744-5302.

Sincerely,

Beth Ryan
Graduate Student
Oklahoma State University

Consent for Participation in:
A Study of Coping, Substance Abuse, and Women

I have read the description of the study provided by the researcher. I understand the purpose of this study is to identify women's perceptions of using coping skills and leisure to affect recovery and this study will last approximately 8 weeks. I have discussed my concerns that I have about my involvement in this study with the researcher. I understand I am being asked to participate in two one-hour interviews, six one and one half hour group sessions, and one two-hour summary session.

I understand that participation is voluntary and that I will not be penalized if I chose not to participate. I also understand that I am free to withdraw my consent and end my participation in this project at any time without penalty after I notify the project director.

I understand that every effort will be made to ensure my participation in this study is confidential and that all tape recording will be erased after the information is transcribed. I understand that the transcription of my comments will be identified by a research number only and will be available only to the researcher.

I realize that this research may provide benefits to me in coping skills and leisure related to recovery and may benefit the recovery and leisure of other women. I understand that these interviews and sessions pose no risk to me.

If I require additional information about involvement in this study or have concerns during the study, I may contact Dr. Colleen Hood, Oklahoma State University, 108 Colvin, Stillwater, OK 74078. Phone no: (405) 744-5302 or Sharon Bacher, 203 Whitehurst, Stillwater, OK 74078. Phone no. (405) 744-5700.

I have read and fully understand the consent form. I sign it freely and voluntarily. A copy has been given to me.

Date: ______________________________

Signature: ______________________________

APPENDIX D

INTERNAL REVIEW BOARD FORM

Oklahoma State University
Institutional Review Board

Protocol Expires: 4/3/02

Date : Wednesday, April 04, 2001

IRB Application No ED0194

Proposal Title: COPING, SUBSTANCE ABUSE, AND WOMEN

Principal
Investigator(s)

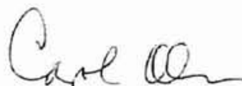
Beth Ann Ryan	Colleen Hood
115 Colvin Center	108 Colvin Center
Stillwater, OK 74078	Stillwater, OK 74078

Reviewed and
Processed as: Expedited

Approval Status Recommended by Reviewer(s) : Approved

Please include in the consent form the IRB contact person, Sharon Bacher, 203 Whitehurst, 405-744-5700.

Signature :



Carol Olson, Director of University Research Compliance

Wednesday, April 04, 2001
Date

Approvals are valid for one calendar year, after which time a request for continuation must be submitted. Any modifications to the research project approved by the IRB must be submitted for approval with the advisor's signature. The IRB office MUST be notified in writing when a project is complete. Approved projects are subject to monitoring by the IRB. Expedited and exempt projects may be reviewed by the full Institutional Review Board.

2

VITA

Beth Ann Ryan

Candidate for the Degree of

Master of Science

Thesis: WOMEN AND SUBSTANCE ABUSE: PERCEPTIONS OF A THERAPEUTIC RECREATION COPING SKILLS INTERVENTION

Major Field: Health, Physical Education, and Leisure

Biographical:

Education: Graduated from Susquehannock High School in Glen Rock, PA in June 1981; received Bachelor of Science in Aeronautical Engineering from Embry-Riddle Aeronautical University, Daytona Beach, FL in May 1985. Completed the requirements for a Master of Science Degree in Health, Physical Education, and Leisure with an emphasis in Therapeutic Recreation at Oklahoma State University in August, 2001.

Experience: Worked in Aeronautical Engineering for 13 years before realizing my true calling in Therapeutic Recreation. Have been employed in summer camps providing therapeutic recreation to populations with special needs.

Professional Membership: American Therapeutic Recreation Association (ATRA)