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THE ROLE OF SOCIAL SUPPORT IN ALCOHOL-RELATED DISORDERS

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Abstract
As stated in many studies, addiction derives from the person's life and problems and it represents a strategy of solving a failure or a painful situation. In this study we aimed to underline the existence of significant differences between individuals diagnosed with alcohol dependence and non-alcoholic individuals, concerning the role of the social support, the perception of stress and social support and the associations between these variables and an increased vulnerability towards alcohol dependence as a response to mental stress. Data were gathered using the Social Readjustment Rating Scale, Recent Life Events Scale, Perceived Stress Scale and Multidimensional Scale of Perceived Social Support. The results of this study show that the alcoholic subjects experience a higher level of perceived stress and have a low level of social support; also, they are more prone to maintain the alcohol addiction behaviors.

Keywords: social support, stress, alcohol-related disorders, alcoholism

Theoretical aspects

The origin of the word *stress* comes from the Latin *stringere* and it has been used for more than three centuries to describe difficulty. The Oxford English Dictionary explains the etymology of the word *stress* as originating in the abbreviation of the word *distress*, used in medieval English to describe difficulty, pain and trouble caused by external factors (see, for instance, Geoffrey Chaucer, *The Canterbury Tales*).

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Stress refers to experiencing various events that are perceived as dangerous, menacing to both physical and mental welfare. Stress causing events are called stressors or stressing agents and the people's reactions towards stress are called stress responses.

P. Fraisse (*apud* Iamandescu, 1993) sustains that stress embraces the totality of personal and social conflicts that have no solution. M. Golu (*apud* Iamandescu, 1993) offers a more extended definition of stress: psychological stress is a state of tension, strain and discomfort caused by emotional factors with a negative significance, by frustration or repression of some motivational states (needs, desires, aspirations), by the difficulty or impossibility of solving problems.

Stressors or stress factors are events or environmental conditions that are intense and frequent enough to induce physical and psycho-social reactions to the individual (Elliot & Eisdorfer, 1982; *apud* Derevenco, Anghel, & Băban, 1992). Stressors can be divided into three major categories: physical, psychological and social stressors. The psycho-social stressors are very important and they can originate at the individual level, family level, professional level or they can be related to society in general. There are a lot of types of stress generating events: major changes that affect a large number of people (natural disasters, wars), major changes in an individual's life, daily worries or troubles, professional stress. Stressors can be acute, meaning they last a shorter period of time or chronic, that last for many years. Sources of stress can be found within the individual, as conflicting motivations or desires.

An important role in the emergence and amplitude of psychological stress is played by the genetic cognitive, emotional, motivational characteristics of the individual, as well as his life experience, including previous traumatizing events. Therefore, the individual response to psychological stress depends both on his personality and on his biography, his somatic and mental affections. All of these contribute to creating a negative significance related to the stressing stimuli, capable of generating and inducing psychological stress (Iamandescu, 1993; Smith, Fredrickson, Loftus, & Nolen-Hoeksema, 2004). Consequently, we can state that some people show psychological vulnerability to stressors and that they are prone to mental stress.

The cognitive theory on emotional disorders is based on the assumption that these kinds of disorders appear and develop due to a misguided way of

interpreting external events. Behavioral responses, consequent to these interpretations, have an important role in maintaining emotional disorders. The cognitive approach uses the term "cognition" for explaining the basic mechanisms of the thinking process and thinking contents, these contents being in fact people's thoughts. These beliefs refer to attitudes like "must" or demanding requirements toward others and toward oneself and they are misadjusting and predisposing to emotional disorders.

Stress is considered to be an important factor in the initiation and continuance of alcohol and drug abuse, generating these disorders. Stress and stress responses have an important role in supporting alcohol abuse vulnerability, this relationship being caused in some extent by the neuro-chemical systems, like the serotininergic system, dopaminergic system, opioid-peptide systems or the hypothalamic-hipophysys-adrenal system (Brady & Sonne, 1999).

Alcoholics experience stress more frequently due to some professional, social, legal or financial difficulties. Thus, some researchers have decided to classify stressing events by their dependency/independency to the alcohol related disorders (Wand & Dobs, 1991). This classification has been rarely adopted by researchers and thus it cannot be established exactly which stressors cause alcohol abuse and which ones are causes of the abuse. Yet, this kind of delimitation is not necessary because it is more important that alcohol abuse subscribes the person into a vicious circle in which stressful events are both causes and consequences of alcohol consumption (for example, losing one's job, divorce etc.).

Social support refers to interpersonal relationships characterized by love and acceptance, by respect and appreciation, by the feeling of belonging to a communication network and mutual obligations, by emotional and material support in times of crisis (Booth, Laughlin, Russell, & Soucek, 1992; Solberg & Villarreal, 1997). Social support is psychologically oriented as a result of social interactions, interactions that are processed by the individual. Sommer and Fydrich (1989; *apud* Tudose, Tudose, & Dobranici, 2002) identify the following components of the social support: emotional support (closeness, trust, acceptance); informational support (relevant information for action); practical and material support (financial and material support); and social integration.

The term social support has been described by some researchers as a mechanism through which good interpersonal relationships can diminish stressful conjunctures. In the last years, numerous studies have shown that people who belong to social networks (husbands/wives, friends, family members) that offer psychological and material support are healthier and experience less stress than those who belong to deficient social networks (Booth et al., 1992; Solberg & Villarreal, 1997).

Method

Hypothesis

1. We assume that there are significant differences between alcoholics and non-alcoholics concerning perceived stress, perceived social support, experienced critical life events and daily distress.

2. The perception of stress of both the alcoholic and nonalcoholic groups is different for participants that benefit from various levels of social support.

For investigating the first hypothesis, we used a basic quasi-experimental design that involved the variables: diagnosis category (as the independent variable) and perceived stress, perceived social support, critical life events and daily distress (as dependent variables).

For the second hypothesis we used a basic design that involved the variables: level of perceived social support (as the independent variable) and perceived stress (as dependent variables).

Participants

In this study we included 40 patients diagnosed with alcoholism (alcohol addiction) from the Psychiatry and Neurology Clinic of Oradea and 40 non-alcoholic persons randomly selected from the non-clinic population. The non-alcoholic subjects that form the control group tally with the patients regarding to age, sex, level of education and social background. Among the patients there were 22 male and 18 female and among the non-alcoholic subjects there were 15 male and 25 female. In Table 1, we present the descriptive statistics regarding the age of the participants.

Table 1. Descriptive statistics regarding the age of the participants

	N	Minimum	Maximum	M	SD
Alcoholics	40	27.00	73.00	49.27	11.54
Non-alcoholics	40	18.00	54.00	28.40	10.93

Instruments

The Social Readjustment Rating Scale (S.R.R.S; Holmes & Rahe, 1967). In 1964, Holmes and Rahe have published a list with the most stressful life events, arranging them according to the degree of affecting personal life through stress. This scale contains 42 items representing life events and each item has a score according to the potential stress that this item can cause, a score based on the researches conducted by these two authors. The subject has to check those life events that he/she has experienced in the past 12 months. At the end, the scores are summed up, the higher the score, the greater the life crisis the subject experiences. This scale has been adapted to the Romanian population and the following standardized scores have been obtained: 0-150 no significant problems; 151-200 small life crisis; 201-300 moderate life crisis; over 301 major life crisis (Iamandescu, 1993). The psychometrical properties of this scale indicate a .90 internal consistency coefficient and the test-retest reliability of .64.

Perceived Stress Scale (P.S.S.) is a short and easy to administer instrument that assesses the degree to which life events are viewed as stressful. It consists of 14 items scored from 0 to 4, seven items are positive and seven are reversed; the higher the score, the greater the perceived stress level. Previous studies have demonstrated the substantial psychometric qualities of this scale: internal consistency – reliability coefficient .75; validity – correlation between P.S.S. and Life Events Scale r=.30, correlation between P.S.S. and Life Satisfaction Scale (where a high score suggests dissatisfaction) r=.47. This scale can be used to examine the role of stress in the etiology of some behavioral disorders; more exactly it can be used to determine the degree to which perceived stress is a risk factor for behavioral disorders. It can be used also to measure chronic stress, in repeated measures at one month period.

In order to use this scale correctly during the present research, we calculated the Cronbach's alpha after administering the scale to 70 non-alcoholic and 40 alcoholic subjects, inpatients of the Neurology and Psychiatry Clinique in

Oradea. The results show that this instrument may be used with confidence on Romanian population; Cronbach's alpha = .83

Multidimensional Scale of Perceived Social Support (M.S.P.S.S.; Zimet, Dahlem, Zimet, & Farley, 1988; *apud* Marian, 2006). It was designed to measure perceived social support through three subscales: family, friends and other significant persons. It contains 12 items that are responded to on a 7 point Likert scale (from 1 – strongly against to 7 – strongly agree). The authors have obtained the following psychometrical data: the internal consistency alpha coefficient had values between .85 and .91 for 275 subjects from 3 different samples. Test-retest reliability is comprised between .72 and .85 for the same samples. Construct validity has been obtained through significant correlations with the depression and anxiety scales from the Hopkins Symptom Checklist. There has been obtained an adequate internal consistency on Romanian population (Marian & Roşeanu, 2005).

Procedure

All subjects participated voluntarily. Each participant has filled in the battery of the following instruments: The Social Readjustment Rating Scale, The Recent Life Events Scale, The Perceived Stress Scale and The Multidimensional Scale of Perceived Social Support. There hasn't been a time limit for answering the items of these instruments.

The following variables were taken into account: DSM diagnosis: depression disorder and alcoholism; age; gender; marital status; the number of children; level of education; current occupation; age at the onset of the illness; duration of illness; number of previous hospitalizations; number of the hospitalization days; and type of the neuroleptic treatment.

A semi-structured interview was also conducted to reveal the events in the life of the patient during the last 6 months.

Analysis and interpretation of the results

We assumed that there are significant difference between alcoholics and non-alcoholics concerning perceived stress and perceived social support. The results can be observed in table 2.

Table 2. The differences between alcoholics and non-alcoholics concerning perceived stress and perceived social support

Dependent variable	Diagnosis category	Means	SD	t	df	Sig.
Perceived stress	Alcoholic	33.85	6.13	11.488	78	.001
	Non-alcoholic	20.10	4.43			
Social support	Alcoholic	41.15	10.62	-14.858	78	.001
	Non-alcoholic	70.90	6.88			

Examining these results, we can observe that there are strong significant differences between alcoholics and non-alcoholics concerning perceived stress, and social support. Consequently, alcoholic patients unlike the non-alcoholic subjects perceive a higher level of stress.

Our results confirm Stanton Peele's theory of the psycho-social determinism of alcohol addiction, which states that addiction comes from the person's life and problems and it represents a strategy of solving a failure or a painful situation. The same author asserts that in a critical life situation like stress, divorce, isolation etc., a difficult period of time during which the person has no positive perspective of the future or no social or family support, addiction has the role of organizing the individual's life; it offers him a sense of support and predictability. Probably, the lack of consistent social support predisposes individuals to experiencing higher levels of stress and initiating abusive alcohol consumption.

Based on these results, we conclude that non-alcoholics, in contrast with alcoholics, have the ability to adjust themselves efficiently to stress (regardless of the experienced critical life events) because among other individual characteristics, perceived social support probably influences stress perception. This assumption will be tested next. Thus, we assume that the perception of stress of both the alcoholic and nonalcoholic groups is different for participants that benefit from various levels of social support.

In order to verify this hypothesis, we divided the alcoholic group into two samples, depending on the median of the scores for the social support scale (MSPSS). Thus, we have one sample with a high social support (total score over 40.5) and one sample with low social support (total score under 40.5). The results after comparing the scores of these two samples on the dependent variable "perceived stress" depending on the level of social support are noted in

Table 3. We applied the same procedure for the non-alcoholic participants; the median of the social support scores was 71.6 and the results are noted in table 4.

Table 3. The difference in the perception of stress for alcoholic participants that benefit from various levels of social support

Dependent variable	N	Level of MSPSS	Means	SD	t	df	Sig.
Perceived stress	20 20	low high	36.30 31.40	4.48 6.66	2.727	38	.01

Table 3 indicates the existence of significant difference between those two groups of alcoholic patients regarding the level of perceived stress depending on the social support. Our results are in accordance with the existing theories in the scientific literature, concerning the influence of social support on the way that stress is perceived, numerous authors sustaining the idea that social support is a mechanism through which good interpersonal relationships diminish stressful conjunctures and recent studies have proven that people belonging to social networks (husbands/wives, friends, family members) that offer psychological and material support are healthier and experience less stress that those who belong to deficient social networks (Booth et al., 1992).

Table 4. The difference in the perception of stress for nonalcoholic participants that benefit from various levels of social support

Dependent variable	N	MSPSS	Means	SD	t	df	Sig.
Perceived stress	20 20	low high	21.00 19.20	3.82 4.90	1.294	38	.20

According to the data in table 4, we can state that social support doesn't influence stress perception in non-alcoholic subjects as there are no significant difference between the compared two groups. These results are opposite from those obtained for the alcoholic patients. One explanation might be that alcoholic persons have less social support, but the occasional presence of it can influence the way that stress is perceived, meaning that stress can be perceived as being lower. For non-alcoholics, the presence of social support is a normal aspect of life and thus the occasional absence of it does not exert a significant influence on perceived stress.

Another explanation for the results obtained for non-alcoholics would be the reduced attention that these subjects have for social support, non-alcoholic persons being probably involved in a lot of activities, their attention is focused upon these activities and social support is taken for granted. In conclusion, the occasional presence or absence of the social support to these people does not constitute a distinctive element for the general perception of social support. Another less probable explanation would be that these results are generated by the low number of participants included in this study.

Conclusions

Acute or chronic psychological stress generated by critical life events and daily stressors can be considered a cause for abusive alcohol consumption, a fact demonstrated by numerous other studies in this area of research. Stress is an important factor in the initiation and the continuance of alcohol or drug consumption, supporting the relapse towards these disorders.

Brady and Sonne (1999) have proven the psycho-social determinism of alcohol addiction, according to which addiction is generated by life difficulties (critical events that affect the state of mind, lack of social and family support) and it represents a strategy for solving failure or a painful situation.

We have proven as well, trough this research, the major involvement of mental stress associated with lack of social support in the development of alcoholic pathology. In difficult life situations, the lack of consistent social support predisposes individuals to experiencing higher levels of stress and initiating abusive alcohol consumption. The sedative action of the alcohol on the central nervous system serves to reduce tension, and because tension reduction is reinforcing, people drink to obtain this effect. Our data show that there are strong significant differences between alcoholics and non-alcoholics concerning the level of the perceived stress and social support; the alcoholic patients perceive a higher level of stress, which "has to be decreased".

The stress perception is greater when the level of the social support is reduced or absent; good and strong interpersonal relationships diminish the stressful situations and help individuals to overcome difficulties.

All these findings have to be taken into account when developing a rehabilitation program for alcoholic individuals.

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