

# research snapshot

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## Effective coping strategies for spouses of individuals with substance use or gambling disorder

### What this research is about

Substance use disorder and gambling disorder (SUD/GD) are two extremely stressful conditions for the entire family. SUD or GD not only affects the individual, but also their family members. It may add stress, financial strain, and conflict. Many family members have to cope with this situation over a long period of time.

Several studies have investigated the coping strategies that family members of someone with SUD/GD use. Stress and coping theory offers three types of coping strategies: engaged, tolerant, and withdrawal. Being engaged is about actively trying to help the person to cut down or quit. Being tolerant is about trying to put up with their condition. Withdrawal is about taking time away or removing themselves from the person with the condition.

Some research suggested that withdrawal is the best coping strategy because it successfully reduces family distress. However, another study found that family members did not find this coping strategy to be helpful. Thus, there are still inconsistencies in the findings. This research aimed to settle these inconsistencies by examining which coping strategies are helpful and whether people use them.

### What the researchers did

The researchers recruited 211 participants who were spouses or partners of someone with SUD or GD. The relationship had to be current or within the past year, and have lasted for at least six months. Almost all participants (96%) reported that their spouse or partner was male. Most participants (88%) were currently in the relationship. The participants completed an online survey.

### What you need to know

This research examined coping strategies of spouses or partners of people who have SUD or GD, and their rated helpfulness. The researchers recruited participants to complete an online survey. The findings revealed that the participants used tolerant coping the least. They also found it least helpful. They used engaged coping quite frequently but did not find it helpful. On the other hand, they used withdrawal coping quite frequently as well and found it the most helpful. Specifically, the participants found that shifting their focus towards their own needs and putting themselves first, and not focusing on the person with SUD and GD, helped them a lot.

The survey included screening questions and demographics. To measure distress, the researchers used the Depression Anxiety Stress Scale-21 (DASS-21). It included questions about symptoms in three domains: anxiety, depression, and stress. To measure coping, they used the Coping Questionnaire (CQ). It included three types of coping: engaged, tolerant, and withdrawal. Participants who responded that they used a specific coping strategy also rated its helpfulness. In other words, the researchers wanted to see how helpful the participants considered each strategy to be from 0 (not at all helpful) to 3 (very helpful).

### What the researchers found

The researchers found that participants were considerably distressed. About two-thirds reported symptoms of depression and anxiety. Almost half of the participants reported symptoms of stress. The

participants reported to use the three types of coping strategies. But they used them at different rates. For instance, they used tolerant coping the least, in comparison to engaged and withdrawal coping. They used engaged and withdrawal coping to the same extent.

Regarding the helpfulness of each type of coping, the participants rated tolerant coping as the least helpful. They rated engaged coping as more helpful, and withdrawal coping as most helpful. Even though many participants reported to use engaged coping, they did not consider it to be helpful. Especially strategies like arguing and getting emotional did not seem to help them at all. Three engaged strategies (getting emotional, pleading with partner, and telling the partner that SUD/GD had to change) were actually negatively associated with helpfulness. That is, participants who used them more frequently found them less helpful.

Regarding tolerant coping, the participants were least likely to use this type of coping and did not consider it helpful. The participants who used withdrawal coping considered it most helpful. Specifically, they reported that putting other family members' interests before their partner's interests, pursuing their own interests, and putting themselves first were helpful for them.

#### How you can use this research

This research could be used by service providers, clinicians, and other researchers. Service providers could develop interventions and preventions that target coping. Knowing which coping strategies are more effective could inform support services for family members of individuals who are battling with SUD or GD. Future studies could examine the reasons behind the use of each coping type and its long-term benefits.

#### About the researchers

**Megan M. Petra** is affiliated with the School of Social Justice at the University of Toledo in Toledo, Ohio, USA. For more information about this study, please contact Megan Petra at [Megan.Petra@UToledo.edu](mailto:Megan.Petra@UToledo.edu).

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